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

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Your Right to a Safe Delivery

219 8.C

DISCHARGE SUMMARY

Name	Master DIYANTHICK	**UHID**	HNH-00013178
Father/Guardian	Mr PRABHAKAR	**Age/Gender**	0 Y 6 M 12 D/ Male
Address	rbi staff quts, musheera bad, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006773	**Admission Date**	07-07-2026
Ref Doctor	Self.		
Discharge Date	09.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
SEVERE ACUTE LARYNGOTRACHEOBRONCHITIS (CROUP) WITH RESPIRATORY DISTRESS	

History: Master DIYANTHICK, 0 Y 6 M 12 D , old boy presented with history of fever associated with cough, cold and noisy breathing since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 190/min, Blood pressure - 80/60 mmHg and Respiratory Rate -

Name	Master DIYANTHICK	UHID	HNH-00013178
IP No	IP26-00006773	Admission Date	07-07-2026

38/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present. On examination- noisy breathing, stridor were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 8.23 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.35, pCO2 of 33.5 mmHg, pO2 of 54 mmHg, HCO3 of 18.8 mmol/L and BE of -7.0 mmol/L.

Initial hemogram showed Hemoglobin of 10.9 gm%, White Blood Cell count of 11620 cells/cumm, platelet count of 4.05 lakhs/cumm and C-Reactive Protein of 5 mg/l.

Management: He was admitted in the ward and was started on Intra Venous fluids. In view of chest signs, he was frequently nebulised with Levolin, Budecort and Adrenaline. With frequent nebulization's stridor improved.
Oral antibiotics was added to cover for secondary bacterial infections.

He was regularly monitored for fever spikes, hemodynamic status. Child maintaining saturations on room air.

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

Name	Master DIYANTHICK	**UHID**	HNH-00013178
IP No	IP26-00006773	**Admission Date**	07-07-2026

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

Medication during hospital stay:
Nebulisation Levolin
Nasivion Paediatric
Nasoclear nasal drops
Syrup. Xyzal
Nebulisation. Adrenaline
Mucolite drops
Nebulisation. Budecort
Syrup. Augmentin DUO

Advice:
* Diet as advised.

Name	Master DIYANTHICK	UHID	HNH-00013178
IP No	IP26-00006773	Admission Date	07-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 200 + Potassium Clavulanate 28.5 mg/5ml)	4 ml	8am-8pm (after food)	For 5 days
2	Syrup. Xyzal	2.5 ml	8pm (1 hour after food)	For 3 days.
3	Mucolite drops	0.5 ml	thrice daily	For 3 days.
4	NEBULISATION with Budecort (2mg)	1 respule	12th hourly	For 3 days
5	NEBULISATION with Levolin (0.31 mg)	1 respule	6th hourly	For 3 days
6	Syrup. Omnacortil (PREDNISOLONE-5ml/5mg)	4ml	9am-9pm (After food)	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

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.

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IP No	IP26-00006773	**Admission Date**	07-07-2026

Review consultation with Dr. SINDHURA MUNUKUNTLA on Saturday (11.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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.

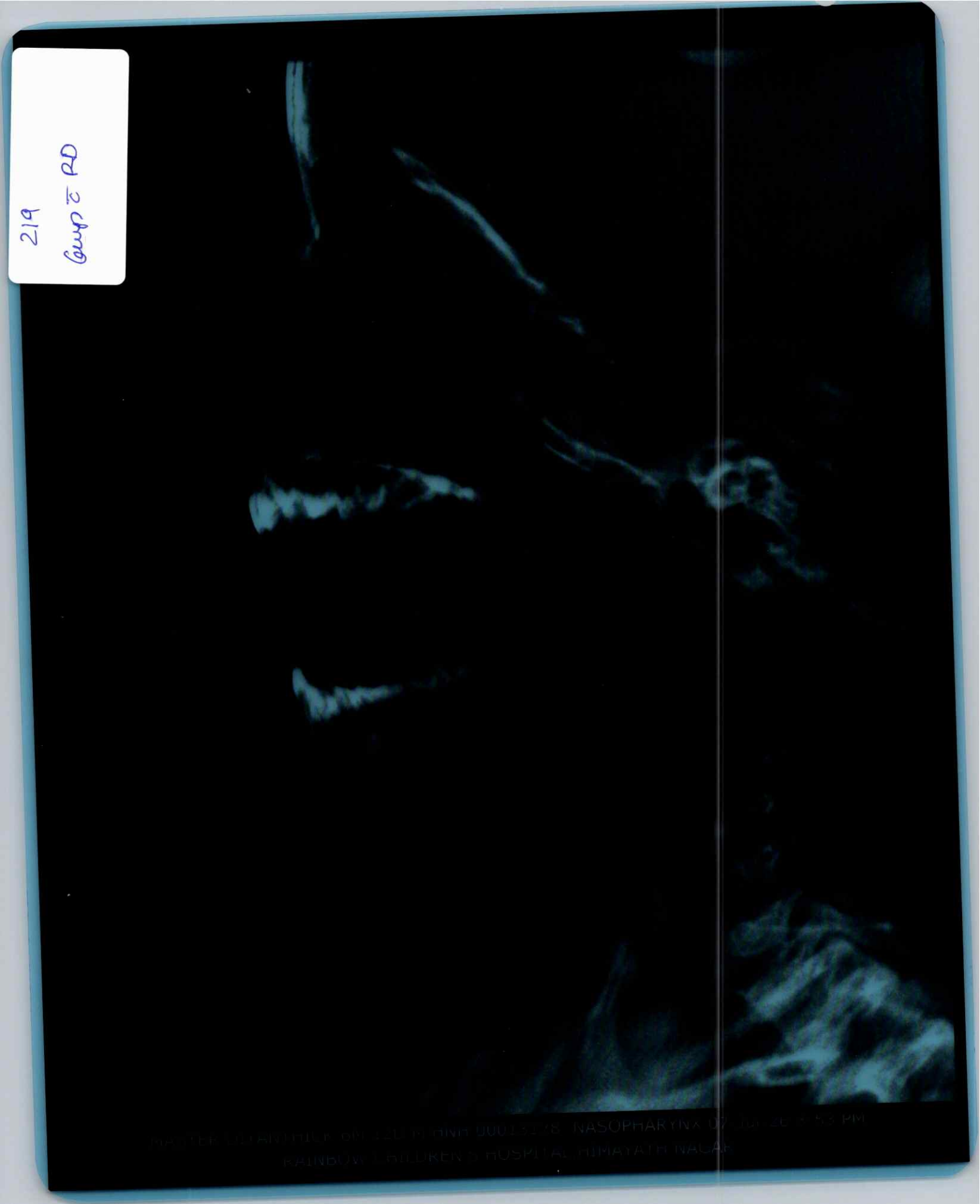
To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Master DIYANTHICK	**UHID**	HNH-00013178
IP No	IP26-00006773	**Admission Date**	07-07-2026

Rainbow Children's Medi... Himayathnagar 500029 ... Hyderabad

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970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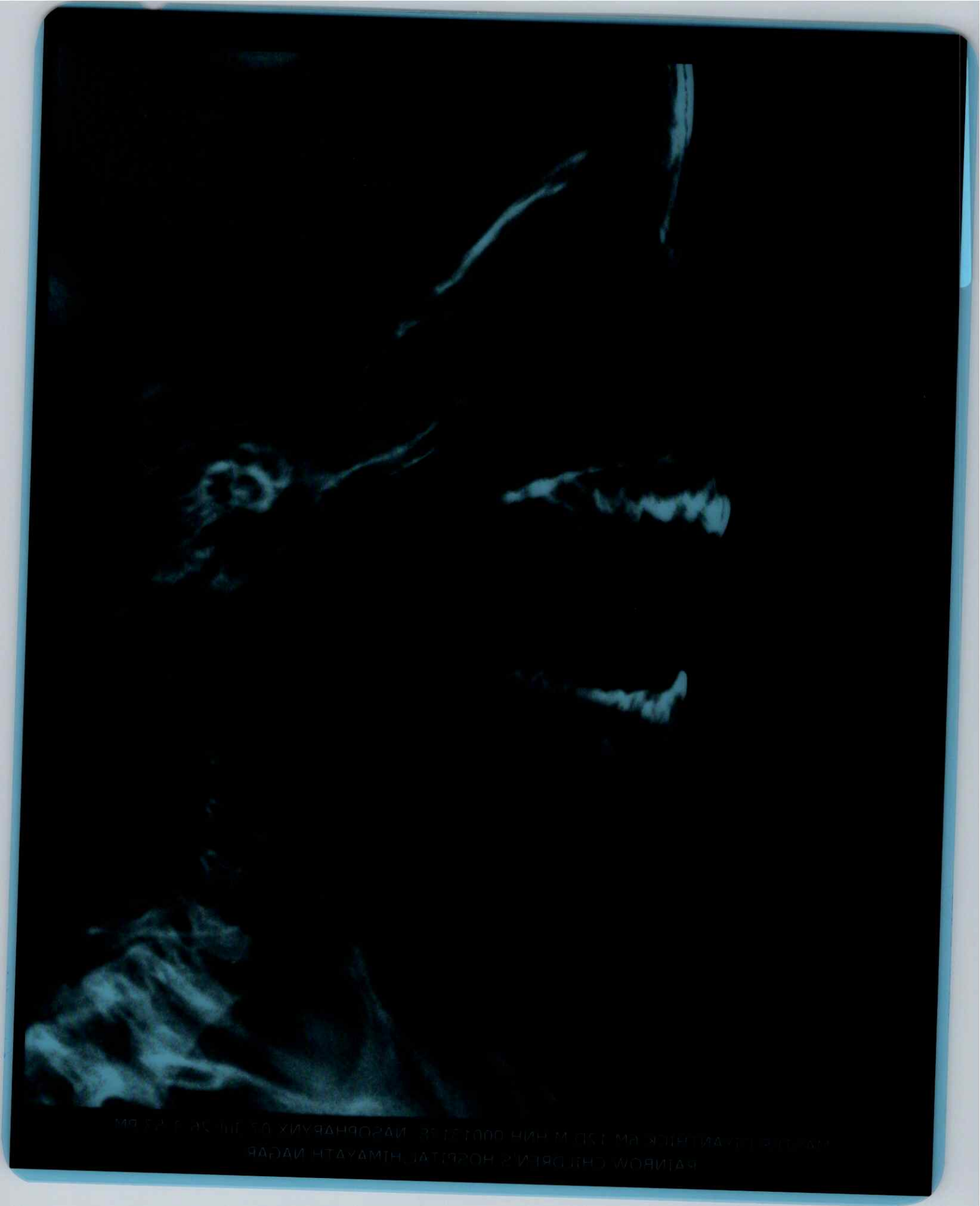
NASOPHARYNX
RAINBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR



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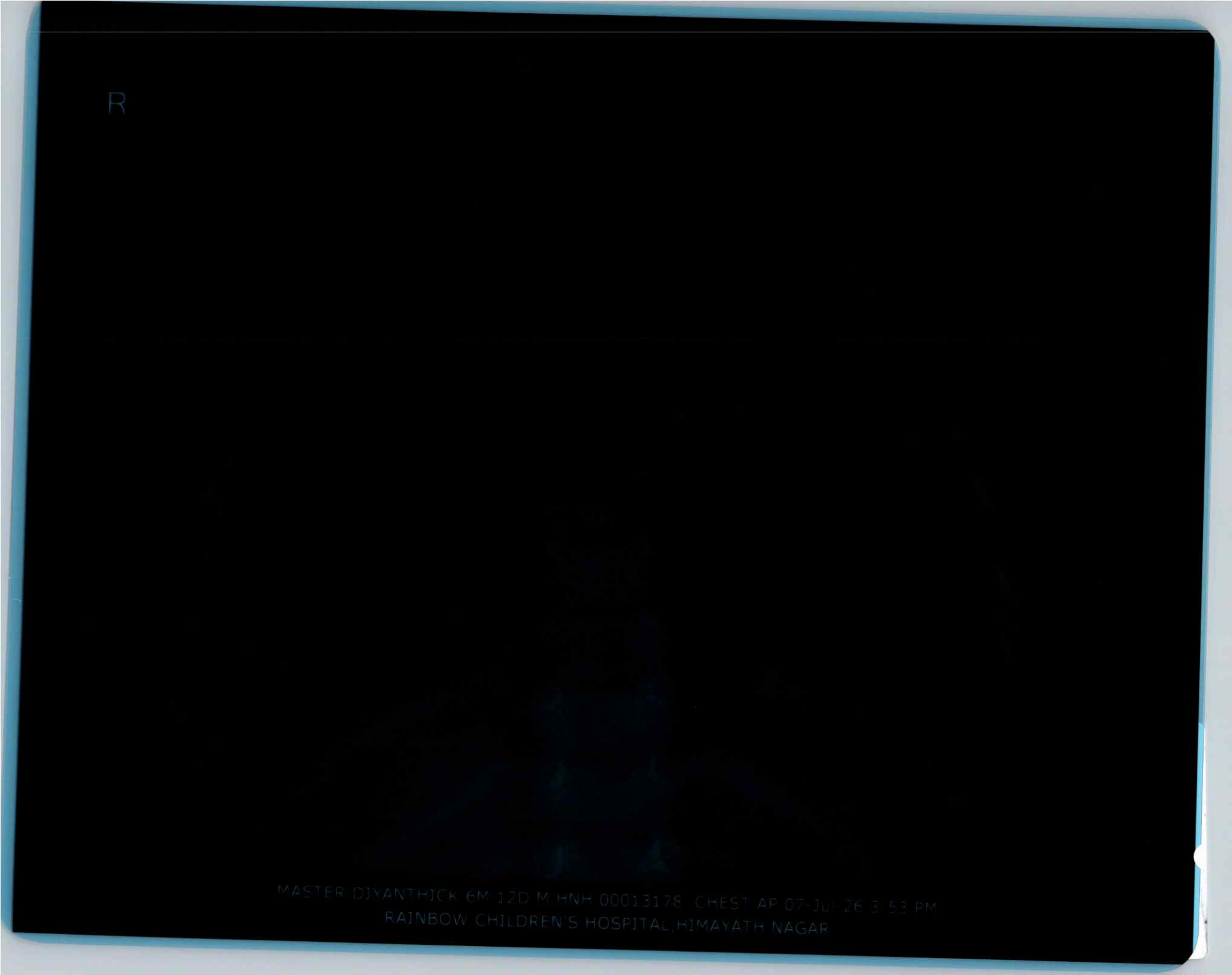
Comp & RD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MASTER DIVANTHICK 6M 12D M HNH 00013178 CHEST AP 07-Jul-26 3:53 PM
RAINBOW CHILDREN'S HOSPITAL,HIMAYATH NAGAR

Rainbow Children's Hospital | BirthRight by Rainbow

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 : IP26-00006773 **Admit Date** : 07-Jul-2026 **Admit Time** : 12:44 PM **UHID** : HNH-00013178

Patient Details :

Patient Name	: Master DIYANTHICK	**Age**	: 0 Y 6 M 12 D
Guardian	: Mr PRABHAKAR	**DOB**	: 25-12-2025 01:10 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: rbi staff quts, musheera bad Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 9603117771/
		E-mail	: 9603117771@d

Admission Details :

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

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

Contact Details :

Name : Mr PRABHAKAR **Relationship** : Father

Contact Address : rbi staff quts, musheera bad Ashok Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 9603117771

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 35000.00

Payment Mode : DC/CC Card **Payor Name** : RESERVE BANK OF INDIA

1NH-00013178 IP26-00006773
laster DIYANTHICK
5-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

levolin 4th hrly
Adrenaline 8th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00	Adrenaline + levolin (1)		
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00	levolin (2)		
	08.00	11993		
9/7/20	09.00	Adrenaline		
	10.00		1203	
	11.00	Levolin	12032	
	12.00			
	13.00			
	14.00	TOTAL NEBS = 15		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Levolin 4th hourly
Adrenaline 8th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
8/1/26	01.00	Adrenaline + Levolin (2)		Heena
	02.00			
	03.00			
	04.00			
	05.00	Levolin (3) 11665		Heena
	06.00			
	07.00			
	08.00			
	09.00	Adrenaline + Levolin (1)		
	10.00			
	11.00			
	12.00			
	13.00	Levolin (2)		
	14.00			
	15.00			
	16.00			
	17.00	Adrenalin (3)		
	18.00			
	19.00	Levolin (4)	Sangeetha	
	20.00	T(4) 11895		
	21.00			
	22.00			
	23.00			

HNH-00013178
Master DIYANTHICK IP26-00006773
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Levolin 4th dose

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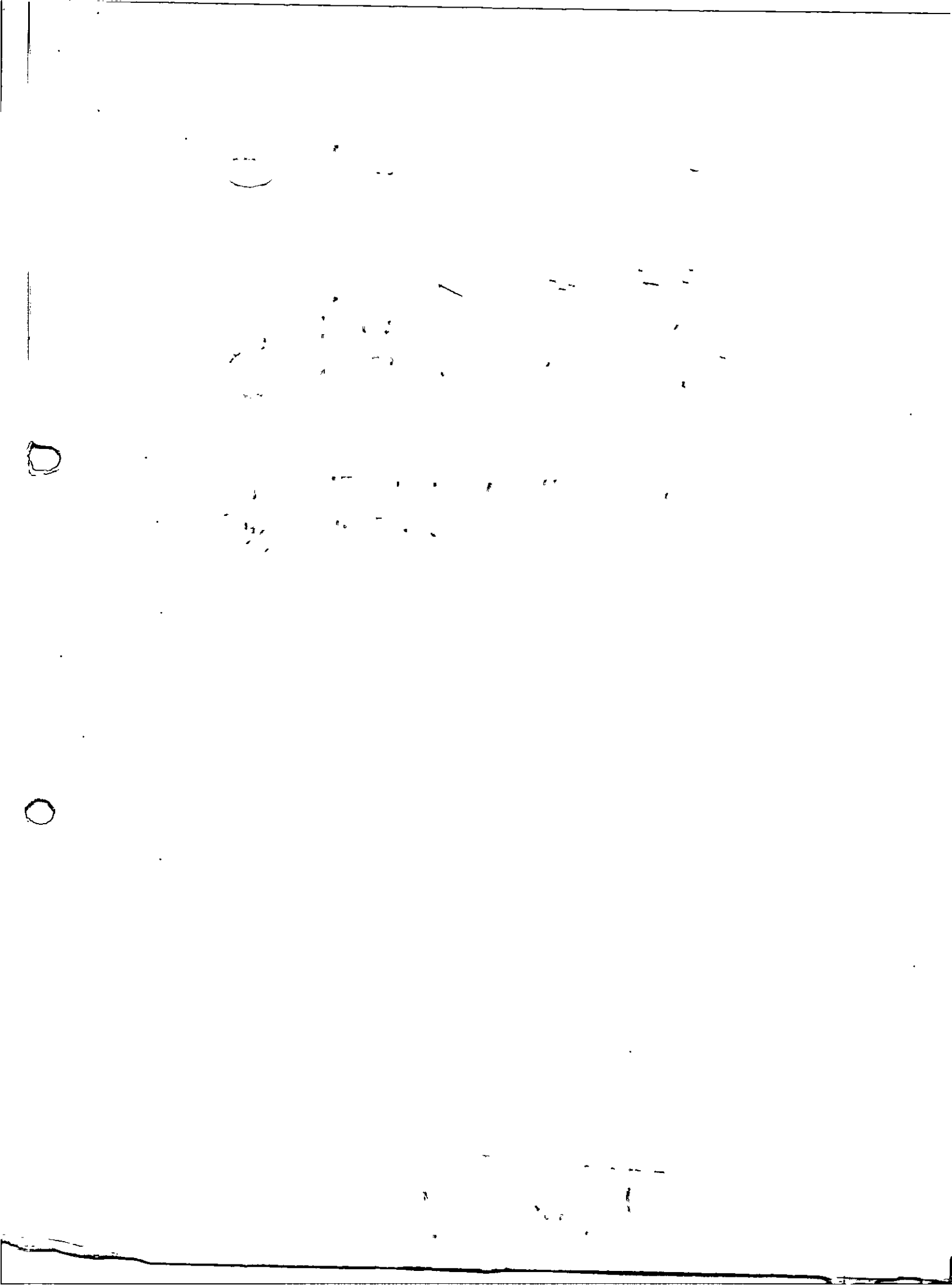
NEBULISATION CHART

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			
	11.00			
	12.00	Adrenaline (1)		
	13.00	Levolin, Budecort (2)		
	14.00			
	15.00			
	16.00	Adrenaline 3.5ml + 1.5NS (3)		
	17.00	Levolin (4)		
	18.00	Total (4) = 1592		
	19.00			
	20.00			
	21.00	Levolin (1)		Azeem
	22.00			
	23.00			



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ACTIVITY RECORD FOR BILLING

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Name: ---------- ----------

UHID No : ------- --- Consultant : ---------- Dept : ----------

Date of Admission : 7/7/26 Time : 7/7/26 Date of Discharge : ---------- Time: ----------

Room / Bed No : 2nd flr Ward : 219 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	12:44pm.	ER	2nd flr / 219	

Cross Consultation Visit

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

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investiga	Order No.	Sign
7/1/26	CBP ERP ~~RBS~~ ~~LFTs~~	1180	Suyanda
	~~RBS~~ Respiratory pannel		
	~~X-Ray~~ chest	8140	
	X-Ray nasopharyngeal	8140	
	VBG	481	
	Cross checked by Sunanda		

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7	Oxygen	3:30pm	8/7/26@ 8am	1551	
			Cross	checked by Sunanda	

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/26	IV placement	1	11521	
7/7/26	NHA	(1)	11849	

Entries checked by Sunanda

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

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : Master Raju Diyanthick

Patient ID# : HNH00013178

Consultant : Dr. Sindhura

Final Diagnosis : CROUP

Pediatric Multiorgan His

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Name : Master Diyanthick Age/Sex 6m

Informant Mother Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 1day
cold
cough } 1day

h/o voice change - today

History of present illness :

A 6month old child presented with c/o

Fever insidious onset, low - moderate grade
not associated with chills & rigor
no h/o travel
no h/o rash
not a/w cry during micturition

Cold - a/w Nasal discharge / not a/w snuffs
a/w Snoring

Cough - wet type, not a/w any post tussive vomiting
no h/o fast breathing, h/o noisy breathing + (Stridor)

h/o voice change present since today, noisy breathing ↑.

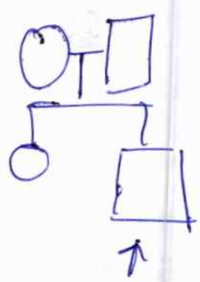
HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Uneventful
FT/LSCS (Prev LSCS), CIAB, Bwt-2.5kg.
PT x 24hrs
NO NICU admission, NNJ on 3rd day



H/O similar c/o in elder sister

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Uptodate

Immunization History : immunised upto 5 months.
influenza _ not sure

Anthropometry

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

Weight (kgs) 8.23 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 190/min Description Regularly Regular -

B.P. 80/60 SPO2 98% at RA

Resp. rate and type of breathing : 38/min H

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : Noisy breathing + → Stridor, no retractions.

Air entry & breath sounds : B/L AE ↓, Stridor +

Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium : (N) Shape

Heart Sounds : $S_1 S_2$ +

Any murmur : No murmur

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

Per Abdomen :

Inspection Shape (N)

Palpation : Soft, NT

Ausculation : BS +

Spine: N External Genitelia :

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

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

CROUP

Pediatric Multiorgan History & Physical Examin

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBG
CBP.
CRP.
→ Bl C/S (W/H)
XRAY NP CXR.
Activity thrust
5 min

Notre BSE

Planned Management :

- Adrenalin 3 ml + 1.5 ml NS
Start
- Cyp Dexamethasone 5mg / IM / IV
- Neb budecort 2 mg Start
- Low FO2 → 2lit / min
Repeat Adre > 4 hrs
x 4 2 al.
levolin Q 4h
To decide steroids / Ab's after reports.

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 Dr. Sindhura. M on whose name the patient is being referred

Doctor's Signature Name [signature] Date 7/7/20 Time 2pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/26 2pm	S/B Dr Sindhura	
		PLAN
	On admission	
	Stridor +	- Give Next Neb > 4hrs
	Air entry ↓	ADRENALINE 3.5 ml + 1.5 ml NS
	↓	- Cat 4pm
	Given Neb Adrenaline 0.5 mg/kg	Trace ~~Ad~~ Reports.
	↓ Budecort 2mg	
	↓ Levolin 0.31mg	- XRAY < Chest, Nasopharynx
	+ Inj. DEXA 0.6mg/kg IM stat	
	↓	- ct XYZAL
	O/E	- To decide About steroids/Ab's after Reports.
	Stridor ↓	
	RS - Air entry better	
	vitals stable	- Continue oral feeds.
	intermittent irritability +	
		M/medicine

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/1/26 5:45pm	S/B Dr. Sindhura	
	D CROUP	ē CPD Plan
	CNS - S4 S1 ⊕	- Monitor RR/SpO2
	RS - B/L - AE ⊕	
		- O2 by NP @ 2L/min ↓ 1L/min
	RR - 40/min	
	P/A - soft	- ~~[illegible]~~
		- Neb ē Adrenaline (2.5ml) 2.5ml NS) 8th
		- If CRP -ve ↓ give methyl prednisolone 1 bag stat
		- Trace reports
		[signature]

Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66070

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

1NH-00013178 IP26-00006773
Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8Am	s/b Dr. Archana / Dr. Nazneen.	
	Δ: CROUP c̄ distress.	
		Advice.
	on O_2 by np @ 1 litre	TPR / IOC
	Tachypnea (+) ↓↓	watch for distress
	Noisy breathing (+) ↓↓	Ct Nebulisations c̄
	fever spikes (−)	Levolin Q4 hourly &
		Adrenaline Q8 hourly
	o/e sleeping RR - 26-28/min	Ct rest same
	SpO_2 - 98%	NB Sn c̄ 8Am
	s/e CNS - active	
	CVS - S_1S_2 (+)	
	RS - AEBE, B/L conducting sounds (+)	
	P/A - soft, nt	
	Dr. Archana	

1NH-00013178 IP26-00006773
laster DIYANTHICK
5-12-2026 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	S/B Dr. Sindhura	-
10:30 Am		
	CROUP c distress	
		Adv.
	on Room Air	• Stop O_2 support
	Tachypnea ↓	• Closest care
	Noisy breathing (-)	
	SPO_2 - 94 to 95% @RA	
	S/E	
	RS - AEBE	
8/7/26	S/B Dr. Sneyhen	
1:45 PM	Δ CROUP c RD	Plan
	CVS - S1S2 (+)	- IF Neb c Adrenalin
	P/A - BU-AE (+)	8th L
	P/A Soft	- Monitor RR, SpO_2
	Conscious	
		-

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7 4:30pm	C/s/c/B, Dr. Sindhura	
	CROUP, ERD	
		Plan
	Stridor (+)	
		- Dexamethasone
	Vitals - Stable	
		- Cont Neb C Adrenaline Q8H
	R/S - B/L AE (+)	
	P/A - Soft, NT	- Neb C Levalin Q4H
		- monitor RR, SpO2
		- Cont Syp Xyzal
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66972	
		noted by Sr. Sandhya 8/7/26 4:30 pm

INH-00013178 IP26-00006773
Master DIYANTHICK 0 Y 6 M 12 D (M)
15-12-2025
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/b Dr. Suhasth / Dr. Varun	
09/02/26		
	Δ: Croup with RD	
7 AM		
	Stridor ⊕	
	O/E: Afebrile	
	vitals stable	
	Hydration - good	
	S/E: RS -	
	BCAE ⊕, conducting sounds ⊕	
		Adv
		- Neb c Adrenaline 8H
		- Neb c Levolin 4H
		- Supportive care
		- Monitor vitals and
		Inform SR
		[signature]

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

1NH-00013178 IP26-00006773
Master DIYANTHICK (M)
15-12-2025 0 Y 6 M 12 D
Dr. SINDHURA MUNUKUNTLA

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/S/B - Dr Sindhura.	
10Am	Δ - CROUP c̄ RD ALTB	
	Stridor + - better.	
		Plan
	O/E GC fair vitals stable hydration fair	Nebs Adrenaline q 8h - Stop Neb c̄ levolin q 6h Supp care Neb Budecort 2mg BD add Mucolite drops can discharge. crew [illegible] [illegible]
	S/E RS - NVBS+, B/L AE+ conducted sounds+	Syp. 2.4 Xyzal

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2026 0 Y 6 M 12 D (M)
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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG : PARACETAMOL drops				Date / Time 7/7 4.30 PM
Dose	Route	Frequency	Start Date	
1ml	PO	SOS	7/6	
Doctor's Signature		Valid Period	Pharm.	
			@	
Additional Instructions: (100 mg/ml)				

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

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

Verified by Dr. Dhakshayani

Sign

VERIFIED BY : Name

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Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 7.37 kgs Ward. ....

DRUG : NASIVION Paed				Date/Time	7/7	8/7
Dose	Route	Frequency	Start Date			
1drop	B/L Nostril	BD	7/7	6am	X	⊗
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti						
Additional Instructions:				6pm		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG : NASOCLEAR N/D				Date/Time	7/7	8/7	9/7
Dose	Route	Frequency	Start Date				
1drop	B/L Nostril	Q4th h	7/7	12am	X	⊗	⊗
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti				6am	X	⊗	⊗
Additional Instructions: Before feed.				12pm	X		
				6pm			
Daily Doctor's Endorsement by a Sign							

DRUG : NEB LEVOLIN				Date/Time
Dose	Route	Frequency	Start Date	
0.31mg	Neb	Q 4h	7/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti				
Additional Instructions: Levosalbutamol.				
Daily Doctor's Endorsement by a Sign				

STOP
See the chart

DRUG : Syp. XYZAL				Date/Time	7/7
Dose	Route	Frequency	Start Date		
5ml	PO	at night OD	7/7/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti				10pm	⊗
Additional Instructions: 2.5mg/5ml 0-0-1					
Daily Doctor's Endorsement by a Sign					

STOP.

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...7.31kg... Ward .....

Verified by Dr. Dhakshayani

DRUG : Neb ~ Adrenaline				Date / Time
Dose	Route	Frequency	Start Dt.	
	Neb	8 HL	7/7	
Name & Signature of the Doctor Starting the Drugs: B. Singh				
Additional Instructions: 2.5ml Adrenalk +2.5ml NS				8 pm
Daily Doctor's Endorsement by a Sign				

See the chart

Stop

DRUG : Neb ~ LEVOLIN				Date / Time
Dose	Route	Frequency	Start Dt.	
0.3/kg	Neb	8 GH	8/7	
Name & Signature of the Doctor Starting the Drugs: Neb				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See the chart

DRUG : Mucolife drops				Date / Time 9/7
Dose	Route	Frequency	Start Dt.	
0.5 ml	Po	TID	9/7	6 AM ✓
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanthi				12 pm 2 pm ✓
Additional Instructions:				✓
Daily Doctor's Endorsement by a Sign				

DRUG : Neb : Budecort				Date / Time
Dose	Route	Frequency	Start Dt.	
2mg	Neb	BP	9/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth				
Additional Instructions: (2mg : 4ml)				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date / Time	9/7
DRUG : Syp AUGMENTIN DUO					
Dose	Route	Frequency	Start Dt.		
4ml	PO	BD	9/7	12AM	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti [signature]					
				12PM	[signature]
Additional Instructions: Amoxycillin (200mg/5ml) Clavulanic Acid					
Daily Doctor's Endorsement by a Sign					

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

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

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

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

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Weight. 7.37kgs Ward. .....

DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date▸ Time	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.

VARIABLE DOSE

DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date▸ Time	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.	Nurse Sig.	Dose / Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	12:45pm	Neb ADRENALINE 1:1000 3-5ml + 1.5ml NS	stat	Neb		
7/7/26	1:10pm	Neb Levolin 0.31mg	stat	Neb		
7/7/26	1:15 pm	Inj. DEXAMETHASONE	5mg stat	IM.		
7/7/26.	1:30pm	Neb. BUDECORT	4ml + 2ml NS.	Neb		
7/7/26	4pm	Neb. ADRENALINE	3.5 ml + 1.5 ml NS	Neb		
7/7/26	10pm	Inj METHYL PREDNISOLONE	7mg stat + 2cc NS	IV.		
8/7/26	10pm	Inj. METHYL PREDNISOLONE.	7mg Stat + 2cc NS	IV.		

Verified by Dr. Dhakshayani

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

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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RESULT SHEET

Date	7/7/26					
Time						
Hb	10.9					
PCV	31.4					
RBC	4.30					
WBC	11.62					
N/L	69.8/24.6					
Platelets	405					
CRP	(5)					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A — } Negative						
B — }						
SARS - V —						
RSV — Negative						
Adenovirus — Neg						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

O2 2 litres – 1 hour @ 6pm

Patient Sticker

INH-00013178 IP26-00006773
Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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G SCORE: CHILDREN'S UNIT

Date: 14/8/26 Time:	2pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?				
Temperature (°F)	98.3°F	97.5°F	98.0°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Heart Rate (Number)	132 bpm	134 bpm	135 bpm	123 bpm
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	49 bpm	42 bpm	38 bpm	35 bpm
Resp Distress: Mod/ Severe / None / Mild	0L 1 Lit			
Receiving O_2 (l/min) O_2 Saturations (%)	100 %	99 %	100 %	99 %
Conscious Level: Normal / Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

Note: BP does not score in early warning scoring

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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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: 8/1/26 Time: 10:30 AM | 2PM | 6PM | 10PM | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.1°F | 98.3°F | 98.5°F | 97.3°F | 97.5°F | 98.1°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 138/m | 140/m | 138/m | 140/m | 140/m | 138/m

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

Resp Rate (Number): 44/m | 32/m | 42/m | 44/m | 38/m | 40/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 99% | 99% | 99% | 100% | 99% | 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes: 0 | 0 | 0 | 0 | 0 | 0
Pain Score: 0 | 0 | 0 | 0 | 0 | 0
Observer's Initials: [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible]

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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

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laster DIYANTHICK
5-12-2025 0 Y 6 M 12 D (M)
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Patient Sticker

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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: 9/7/26 Time: 10

Doctor/Nurse/Family Concern? AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97 8°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 126b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 32b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	100%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

Patient: INH-00013178 IP26-00006773
Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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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 :**				
7/7/26	02:00 pm											
	03:00 pm		M/C									
	04:00 pm		M/C	NP								
	05:00 pm		M/C									
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
7/7/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm											
	11:00 pm		Milk	NA				NP				
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
8/7/26	02:00 am		Milk									
	03:00 am											
	04:00 am		Milk									
	05:00 am			NA				NP				
	06:00 am		Milk									
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7/26	08:00 am										0	
	09:00 am		milk							✓	0	
	10:00 am						✓				0	
	11:00 am		milk								0	
	12:00 pm				NA			NA		✓	0	
	01:00 pm		milk									
Total Intake : Taken						**Total Output :** U-2 M-1						
8/7/26.	02:00 pm											
	03:00 pm		milk							✓		
	04:00 pm										0	
	05:00 pm		milk				✓					
	06:00 pm				NA			PM		✓		
	07:00 pm		milk									
Total Intake :						**Total Output :** U-2 M-1						
8/7/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm	0								✓	0	
	11:00 pm		Milk		NA			NA				
	12:00 am											
	01:00 am		Milk							✓		
Total Intake :						**Total Output :**						
9/7/26	02:00 am											
	03:00 am		Milk									
	04:00 am	0								✓	0	
	05:00 am		Milk		NA			NA				
	06:00 am											
	07:00 am		Milk							✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

1NH-00013178 IP26-00006773
Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 7/7/26

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				E 12			
Afternoon	2pm 8pm	Assess the baby general the v/s administer of feeding Maintain I/O chart	2pm 8pm	Assessed the baby general v/s administered feeds Maintain I/O chart	oxygen 1 litres	Reassessed the baby the hour intervals	[illegible]
Night	8pm to 8am	— Assess the pt condition — Monitor the v/s — Maintain the I/O — Drug as per chart	8pm to 8am	— Assess the pt condition — Monitor the v/s — Maintain the I/O — Drug as per chart	— Now baby is stable — O_2 1 Lit	— Rechecked the v/s	[illegible]

3178 IP26-00006773
YANTHICK
0 Y 6 M 12 D (M)
Patient Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 8/7/26

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 to 2Pm	Assess the pt condition. Monitor vitalsigns. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	8Am to 2Pm	Assessed the pt condition. Monitored vitalsigns. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal.	Monitor vitals. Maintain I/O chart.	Sm [signature]
Afternoon		DAY					
Night	8pm to 8Am	Assess the pt. condition. Monitor vitals & records. Maintain I/O chart. Give medications as prescribed by doctor	8pm to 8Am	Assessed the pt. condition. Monitored vitals & records. Maintained I/O charts. Given medications as prescribed by doctor	Patient is stable now	Re-checked vitals	[signature]

INH-00013178 IP26-00006773
Master DIYANTHICK
5-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA
Patient S

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: CROUP

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

Surgery / Procedure:

Post OP Day:

		Date / Shift	7/7/26 8M	8/7/26 N	8/7/26 M	8/7/26 N		
BACKGROUND	Medical Condition (Any special condition to be noted):		CROUP	–	–	–		
	Diet:		Milk	Milk	–	–		
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:		98.2°F	98.2°F	98.2°F	97.8°F		
	Res:		42b/m	42b/m	42b/m	40b/m		
	SpO_2:		100%	99%	99%	100%		
	Pulse:		132b/m	133b/m	132b/m	130b/m		
	BP:		NA	NA	NA	NA		
	LOC:		–	–	–	–		
	Fall Risk Score:		–	–	–	–		
	Pain Score:		–	0%	0	–		
	Skin Integrity		–	Good	Good	–		
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:			O2 2 Lmts	–	–	–		
Handed Over By Name :			Ayush	Sneha	Sneha	priyanka		
Signature / ID :								
Date:			7/7	8/7	8/7	8/7/26		
Time:			8pm	8pm	8pm	8AM		
Taken Over By Name :			Sneha	Sneha	priyanka			
Signature / ID :								
Date:			7/7	8/7	8/7/26			
Time:			8pm	8pm	8pm			

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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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:							

1NH-00013178 IP26-00006773
Master DIYANTHICK 0 Y 6 M 12 D (M)
15-12-2025
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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THE HUMPTY DUMPTY SCALE

7/7

PARAMETER	CRITERIA	SCORE	DATE M4	DATE M6	DATE N1	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3		
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	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					
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			15	15	15		

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		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:		[illegible]	Sn	Divya		
Signature:		[illegible]	[illegible]	[illegible]		
Date:		7/7	8/7	8/7		
Time:		8AM	2PM	10pm		

Docu. No. : RCH /FRM / CLINICAL / 005

4NH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		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	NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	NA	NA	NA	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	NA	NA	NA	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	NA	NA	NA	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	NA	NA	NA	NA				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

INH-00013178 IP26-00006773
Master DIYANTHICK
15-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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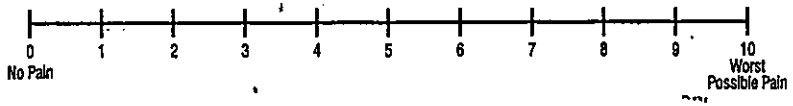
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7	8pm	0	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	NIL	
8/7	6pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NIL~~	
8/7	8Am	0	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
8/7	2Pm	0	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
8/7/26	6pm.	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	10pm	0/10	NA	☐ Continuous ☐ ~~Intermittent~~	☐ ~~Acute~~ ☐ Chronic	☐ ~~Sharp~~ ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ ~~Decreasing~~	☐ ~~Yes~~ ☐ No	NA	
8/7/26	2AM	0/10	NA	☐ Continuous ☐ ~~Intermittent~~	☐ ~~Acute~~ ☐ Chronic	☐ ~~Sharp~~ ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ ~~Decreasing~~	☐ ~~Yes~~ ☐ No	NA	
9/7/26	6AM	0/10	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		
				☐ 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

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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: ..... ED ..... Shifted to: ..... 219 2nd .....

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. Prasanthi .....

Date & Time : ..... 7/7/26 @ 2:30pm .....

Nurse Name & Signature: ..... Aruna / R .....

Date & Time : ..... 7/7/26 @ 3:10 Pm .....

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

PATIENT TRANSFER FORM

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HNH-00013178 IP26-00006773 Master DIYANTHICK 25-12-2025 0 Y 6 M 12 D (M) Dr. SINDHURA MUNUKUNTLA	Date & Time of Admission 7/7/26 @ 12:44 pm	Date & Time of Transfer Order 7/7/26 @ 3:10 PM
	Transfer Ordered by Dr, Rakshitha	Reason for Transfer Admission.
From Unit ER	To Unit 2nd Flr/219	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1	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.	Nebulization mask	1.
3.	Suction Set	1.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Aparna	Dr, Rakshitha.

Patient & Clinical Records Received by : 7/7/26 @ 3:13 pm

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

INH-00013178 IP26-00006773
Master DIYANTHICK
5-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

219

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 7/7/26 Time: 6pm

Weight: 7.37kg Centile: 25th

Height: — Centile: —

Inference: underweight child.

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

Diet Recommendations: DBF

Re-Assesment: Stage (1) weaning foods & HEE advised

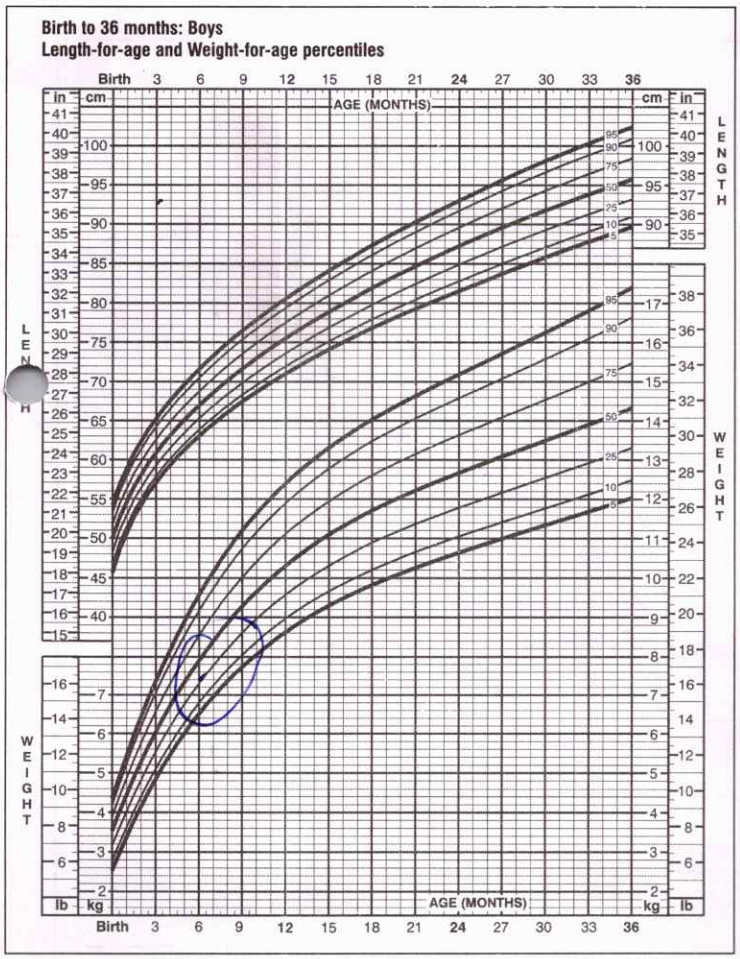
Food Allergies: NO Veg/Non-veg veg.

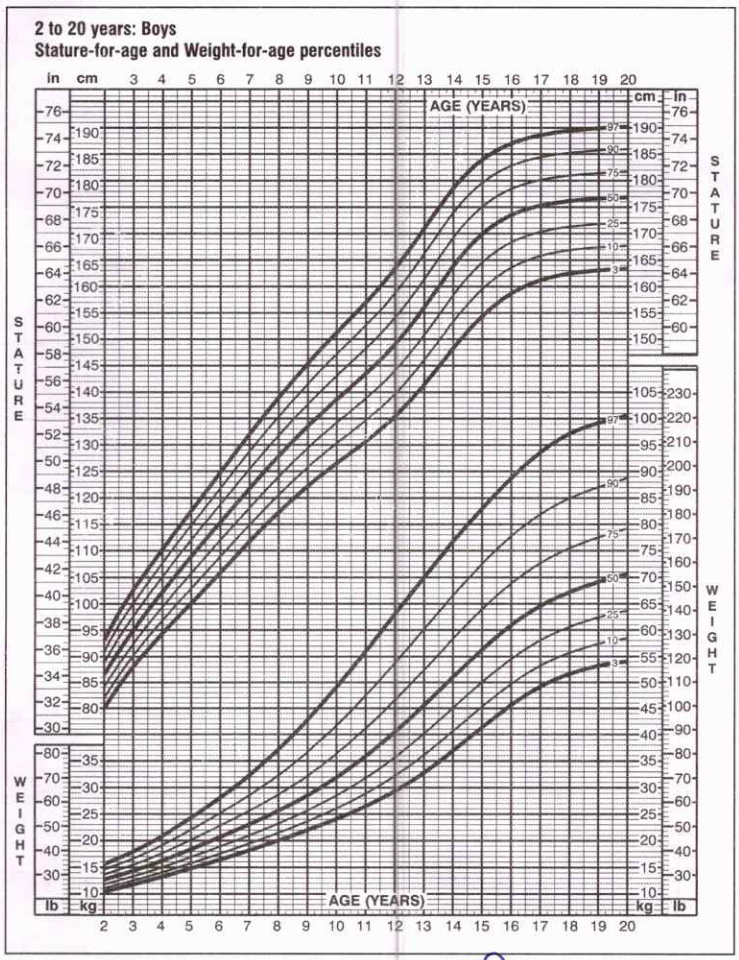
Diagnosis: croup & Distress

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Susmitha

GROWTH CHART (BOYS)





Dietician's Name Sathwika.G Dietician's Signature

Daily Notes:

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

wt - 7.37 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : master DIYA Age : 6m Gender: ☑ Male ☐ Female

Date : 2/7/26 Time of Arrival : 12:35 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: 99.3 PR: 125bpm BP: 92/69 RR: 40bpm SpO_2: 98%

Chief Complaints: c/o fever since 5 days, noisy breathing since morning.

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 : 12:37pm

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 : Atom

Signature of Triage Nurse : .....

Date & Time : 7/7/26 @ 12:37pm

Docu. No. : RCH /FRM / CLINICAL / 085

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 12:30pm

Chief Complaints: c/o Fever fits X 2 days Breathless morning

Height : .... Weight : 7.37 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 N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:			**Functional Screening:** ☑ No Abnormalities Detected
If patient is < 6 years	☐ Yes	☑ No	☐ Mobility Problem
If **'Yes'** tick below fall risk intervention directly			☐ Walking Problem
If Patient is > 6 years			☐ Developmental Delay
If **'Yes'** Assess the below parameters			☐ Musculoskeletal Congenital Abnormality
History of Falling: within past 3 months	☐ Yes	☑ No	**Inform consultant for positive criteria**
Ambulatory Aids:			
• Wheelchair	☐ Yes	☑ No	
• Uses furniture for support	☐ Yes	☑ No	
Gait/Transferring:			
• Bedrest / immobile	☐ Yes	☑ No	**Nutritional Screening:** ☑ No Abnormalities Detected
• Weak	☐ Yes	☑ No	☐ Underweight
• Impaired	☐ Yes	☑ No	☐ Overweight
Mental Status: Forgets limitations	☐ Yes	☑ No	☐ Feeding Problem
IF YES FOR ANY CATEGORY = RISK FOR FALLING			☐ Special diet
Fall Risk Intervention:			☐ Special feeding method
☐ Escort while ambulating			**Inform consultant for positive criteria**
☐ Assist Patient			
☐ Educate patient and family on fall precautions/prevention			

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 : [signature] 12:30pm

Docu. No. : RCH/FRM/CLINICAL/120

(P.T.O.)

HNH-00013178 IP26-00006773
Master DIYANTHICK
25-12-2025 0 Y 6 M 12 D (M)
Dr. SINDHURA MUNUKUNTLA

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

Time	Nursing Notes
	Assessing the patient condition
	monitor vitals

Samples collected by: Sushma 7/7/26 Time: 2:38pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/m BP: — CFT: —	Shift - out from ER to: 2nd 219
RR: — SPO2 at FiO2: 97%	Time of Shift - out: 3:10 pm.
GCS: 15/15 Temperature : 98°F	Handover given to: (Nurse's Name) Pramila
Pain Score: 0	
Repeat RBS (if applicable): NA	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Dr Paramesh Rao

Name of the Nurse : Asma Signature of the Nurse : [signature]

Date & Time : 7/7/26 12:41