215 O.C

DISCHARGE SUMMARY

Name	Baby KALWACHERLA RIYANSHI ADDYA	**UHID**	BAH-00627593
Father/Guardian	Mr KALWACHERLA RAKESH	**Age/Gender**	1 Y 0 M 4 D/ Female
Address	H NO 3-7-338, STREET NO 16, NALANDA NAGAR, UPPARPALLY, Attapur, Hyderabad, Telangana, INDIA, 500048		
IP No	IP26-00006755	**Admission Date**	06-07-2026
Ref Doctor	SELF		
Discharge Date	07.07.2026		

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	
SARS -COV2-POSITIVE	

History: Baby KALWACHERLA RIYANSHI ADDYA is a 1 Y 0 M 4 D , old girl presented with history of fever associated with multiple episodes of non bilious, non projectile vomiting since 1 day, decreased activity and decreased acceptance of feeds since evening on the day of admission. For the above

Name	Baby KALWACHERLA RIYANSHI ADDYA	UHID	BAH-00627593
IP No	IP26-00006755	Admission Date	06-07-2026

complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 154/min and RR - 26/min. On examination Signs of dehydration were present such as dry lips, dry oral mucosa, sunken eyes 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: 9.6 kilo grams.

Investigations: Enclosed reports.

GENEXPERT SARS-CoV-2, FLU A, FLU B AND RSV shows

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Initial hemogram showed Hemoglobin of 12.8 gm%, White Blood Cell count of 5460 cells/cumm, platelet count of 2.21 lakhs/cumm and C-Reactive Protein of 5 mg/l. Complete urine examination was normal.
Adenovirus PCR was not detected.
Urine culture was 24 sterile.

Management: She was admitted in the ward and started on intra venous

Name	Baby KALWACHERLA RIYANSHI ADDYA	UHID	BAH-00627593
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fluids and In venous antibiotics. She was treated symptomatically with antiemetics, antacids and antipyretics. In view of vomitings, she was administered probiotics and advised gastrodiet.

Respiratory panel was sent(5 viruses) which was positive for SARS-Co V-2 and hence iv antibiotics were stopped.She was regularly monitored for vomitings and hydration status .Her fever spikes and other symptoms settled gradually.Urine culture was sent which was sterile after 24hrs of incubation.

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:
Injection. Ondansetron
Injection. Ceftriaxone
Injection. Esmoprazole
Syrup. Xyzol
Drops. Crocin

Advice:
* Diet as advised.

Name	Baby KALWACHERLA RIYANSHI ADDYA	UHID	BAH-00627593
IP No	IP26-00006755	Admission Date	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ONDEM (Ondansetron – 5ml/2mg)	5 ml	SOS (30 minutes before food)	maximum 3 times a day
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 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. PRITESH NAGAR on Thursday(09.07.2026) 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

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Name	Baby KALWACHERLA RIYANSHI ADDYA	**UHID**	BAH-00627593
IP No	IP26-00006755	**Admission Date**	06-07-2026

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**

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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 : IP26-00006755 **Admit Date** : 06-Jul-2026 **Admit Time** : 02:11 AM **UHID** : BAH-00627593

Patient Details :

Patient Name	: Baby KALWACHERLA RIYANSHI ADDYA	**Age**	: 1 Y 0 M 4 D
Guardian	: Mr KALWACHERLA RAKESH	**DOB**	: 02-07-2025 05:33 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 3-7-338, STREET NO 16, NALANDA NAGAR, UPPARPALLY Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 8125605506/ 8885111213
		E-mail	: HEMA.B1010@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-105 **Ward Name** : 1F -PRIVATE ROOM

Room No : PVT-105 **Admission Type** : First Visit

Contact Details :

Name : Mr KALWACHERLA RAKESH **Relationship** : Father

Contact Address : H NO 3-7-338, STREET NO 16, NALANDA NAGAR, UPPARPALLY Attapur Hyderabad Telangana INDIA 500048 **Phone No** : 8125605506 / 8885111213

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

Rainbow Childrens Hospital-Himayatnagar

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		E-mail	: HEMA.B1010@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr KALWACHERLA RAKESH **Relationship** : Father

Contact Address : H NO 3-7-338, STREET NO 16, NALANDA NAGAR, UPPARPALLY Attapur Hyderabad Telangana INDIA 500048 **Phone No** : 8125605506 / 8885111213

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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PAT[illegible] M

AH-00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 @	6/7/26 @ 3Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Anusha	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	ward	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
27/-		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
Bhargavi	Dr. Anusha.

Patient & Clinical Records Received by : Sunanda @ 3.30am

Date & Time of Patient Received : 6/7/26 @ 3.30am

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

Docu. No. : RCH /FRM / CLINICAL / 102

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IAH-00627593 IP26-00006755
ACTIVIT baby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

Name: ----

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 6/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	3 Am	ER	ward	Bhargavi

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
6/7/26	CBP, CRP	41043	jyoti
	GUE		
	Urine c/s		
	Respiratory panel		
	Cross checked by Sowanda 7/7/26 at 10am		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusion pump	4 am	7/7/26 at 9:30am	4064	[illegible]

Cross checked by Sonanda on 7/7/26 at 10am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	①	11055	[illegible]
6/7/26	NHA	①	11194	[illegible]
		Cross check	by	
			Sunanda	on 7/7/26 [illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

AH-00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ A

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o fever since Evening
- c/o. vomiting since Evening
- c/o decreased activity & decreased acceptance of feeds since Evening.

History of present illness :

- Child presented with c/o. fever since Evening high grade Intermittent, not alw sashp/sign. not relieving on medicable
- c/o vomiting multiple Episode since Evening contains food particles / bilious / non projectile.
- c/o decreased activity & decreased acceptance of feeds.
- c/o cold since 1 day.

Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History :

Birth & Socio Economic History :

About Father : Not significant

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

up to date

Anthropometry

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

Weight (kgs) 9.6 kg. (Centile _____)

On Examination :

Temperature : 103 F Pulse Rate: 154. Description _____

B.P. _____ SPO2 96%. at _____

Resp. rate and type of breathing : _____

dull look - sign of dehydration (+)

Rash _____ sunk eyes

Lymphadenopathy _____ dry lip, dry oral mucosa.

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAE (+)

Any addes sounds : NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No murmur.

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

Per Abdomen :

Inspection _____

Palpation : Soft, not distended.

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutrition : N

Tone : N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars N

Sensory System :

N

Bladder / Bowel :

Clinical Summary & Diagnostic :

@ AFI & dehydration.
? UTI.

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Rup panel.
CBP
CRP
U/c/s — collect — if 50% fever send
CUE
B/c/s — W/H collect it — if CRP +ve send.

If CRP (+) ⇒ plan Rup panel
Noted by Jyothi

Planned Management :

— Send. CBP
— CRP.
— CUE
— U/c/s.
— B/c/s
— Inj CEFTRIAXONE (If CRP +ve)
— USG Abd Tm (plan)
— CROSIN DS syp 2.5ml po QID
— Syp IBUGESIC 2.5ml po SOS.
— Inj ONDAM 2mg iv TID.
— Inj ESMOPR 10mg IV OD.
— Hfr SOS.
— Syp XYZOL 2.5ml po H/S

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. Sindhu. M on
whose name the patient is being referred

Doctor's Signature Name [signature] Date 6/1/26 Time 2AM

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/3/26 1:50 AM.	c/o/hy. Dr. Sindhu	
	AFI c̄ dehydration ? UTI.	
	fever (+) 102°F	
	vital stable.	sign of dehydration (+). dull look (+).
	S/E	Plan.
	(R/S) B/L AE (+) NVBs	— IV fluids.
	(P/A) soft No organomegaly	— Inj CEFTRIAXONE. (plan) If pus cells ↑ (w/H)
		— CROSIN DS QID.
		— IBUGESIC (SOS).
	Send Resp panel. CBP. CRP. CUE } catheter U/C/S. B/C/S - collect (send If CRP ↑).	— ⓣ sample. - Inj ondem — Inj Emeset (?) - Inform (SOS).
		[signature] SINDHURA M. Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

(P.T.O)

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anuchi	
6/7/25 7.15AM.	AFI c dily detin	
	febrile spike (+) [104°F 7am]	✓ Novomiting aft adinion.
	vital - stable.	✓ (T) Resp. panel U/c/s.
	S/E	✓ ct IV fluids.
(R/S)	B/L AE (+) NVBS (+)	✓ ct other. support Mx
(P/A)	Soft Not distended.	✓ Monitor vitals.
		NB Sunanda
	(covid +ve) AP 11am.	

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

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10 AM	c/s/b Dr. Sindhura A - API c dehydration. (COVID +ve) fever spikes (+) on Room Air Euthermic now Signs of dehydration (+) o/e - vitally stable de wnl	Adv oral PCM Q6 hourly. • Monitor temperature charting • Improve oral feeds • (-) Adeno urine c&s • Ct rest acc. to medication chart NB - Mouth wash @ 11 AM.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

AM-00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2026 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr Pritesh	
1PM	fever spikes (+)	
	poor oral intake.	
	O/E - vitals stable.	
	C/E - R/S - BAE (+), IVUBS.	Plan - ↓ IVF to 2ml/hr - encourage orally. - watch for fever. - Trade Adenovirus Urine c/s.

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

IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 2pm	S/B Dr. Archana / Dr. Varun. AFI c̄ dehydration (SARS-CoV-2 positive)	
		Adv
	fever spikes (+)	Ct IVF @ 20 cc/hr.
	oral intake ↓	(T) Adenovirus,
	Euthermic	Urine C&S.
	o/e vitally stable.	Ct rest same.
	s/e wnl.	NB - Manjush @ 2PM
	Dr. Archana	

IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 5PM	c/s/b Dr. Pritesh COVID +ve/ARI - fever spikes (+)	
	- Oral intake - fair	
	O/E - vitals stable.	
	C/E - R/S - BAE (), NVBS (+)	
		Plan
	Adenovirus not detected.	- IVF.
		- Trace admissions, urine c/c.
		- Snd creatinine on next prick.
		- Make PCM SOS after 12AM dose.
		NBM after

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 47134

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

IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1Y0M4D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:00 Am	C/s/b Dr. Naipunya | Dr. praveen	
	AFI c̄ dehydration (SARS-COVID +ve)	
	Fever spike	Plan
	Oral intake - fair.	✓ (T) Urine C/s.
	Vitals - stable	✓ Next prick send Sr. Creatinine.
	R/S - B/L AE (+). B/L NVBS	✓
	P/A - soft, NT	✓ Monitor vitals
		NB Sunanda @ 7am
7/7 9:15Am	C/s/b Dr. Pritesh Sir	
	AFI c̄ Dehydration - (SARS-COV +ve)	
	- Fever Spike - Better	Plan
	- Oral intake - improving	1) Track Urine C/S
		2) If No fever -: D/C by 12pm
	B/L puffy Eye lid edema	3) Stop IV fluids
	Child alert	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184
	Vitals stable	
	R.S - B/L AE (+)	

AH-00827693 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1Y0M4D (F)
r. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

215 → 105

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RESULT SHEET

Date	6/7/26					
Time						
Hb	12.8					
PCV	36.2					
RBC	4.60					
WBC	5.46					
N/L	64.9/22.8					
Platelets	221					
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	6/APR					
Time						
CUE - Alb						
CUE - Sugar	NiL					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	NIL					
CUE - Epithelial	1-2					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A —	Negative					
B						
RSV —	Negative					
SARS-V —	Positive					
Adeno —	Negative					

Culture and Sensitivities : Urine c/s

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26

Time:	3 Am	7 am	8 Am
Doctor / Nurse / Family Concern?			
Temperature (F) (scale 94–104)	98.6°F	104°F	101.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)			
Heart Rate (Number)	128 b/m		123 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			
Resp Rate (Number)	28 b/m		45 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%		99%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0		0
Pain Score	0		0
Observer's Initials	[illegible]		[illegible]

sponging [illegible]

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 6/7/26 Time: 10AM 2pm 4pm 6pm 8pm 10pm 2am 4am 6am

Doctor / Nurse / Family Concern?

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

99.1F 99.8F 99.2F 99.3F 100.6F 98.6F 99.2F 99.8F 98.8F 99.6F

Paracetamol Paracetamol

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) 125bl/m 122bl/m 122bl/m 122bl/m 124bl/m 128bl/m

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

Resp Rate (Number) 33bl/m 35bl/m 33bl/m 32bl/m 30bl/m 32bl/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	100% 99% 99% 99% 99% 99%
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	

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

3AH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

...ICH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha™ Rainbow Children's Hospital
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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) *	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
Note: BP does not score in early warning scoring	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																															
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O_2Saturations (%)																															
Conscious Level: Normal																															
Conscious Level: 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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
6/7/26	02:00 am											
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am	DNS		30ml								
	06:00 am			30ml								
	07:00 am			30ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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		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							
6/7/26	08:00 am			30ml								
	09:00 am			30ml						✓		
	10:00 am	DNS	milk	30ml			0				0	
	11:00 am			30ml								
	12:00 pm			30ml						✓		
	01:00 pm			30ml								
Total Intake :						**Total Output :**						
6/7/26	02:00 pm			30 ml								
	03:00 pm			30 ml						✓		
	04:00 pm	DNS		30 ml			0				0	
	05:00 pm			30ml						✓		
	06:00 pm			30ml								
	07:00 pm			30ml						✓		
Total Intake :						**Total Output :** U-3 M-0						
6/7/26	08:00 pm			20 ml								
	09:00 pm		Cereal Rice	20ml						✓		
	10:00 pm	DNS		—			0				0	
	11:00 pm			20ml								
	12:00 am		milk	20ml						✓		
	01:00 am			20ml								
Total Intake :		Taken				**Total Output :**				U	m	
7/7/26	02:00 am			20ml								
	03:00 am		milk	20ml						✓		
	04:00 am	DNS		20ml			0				0	
	05:00 am			20 ml								
	06:00 am			20 ml						✓		
	07:00 am		milk	20 ml								
Total Intake :		Taken				**Total Output :** U-2 m-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

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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 :**						
6/7/25	02:00 am											
	03:00 am	↓										
	04:00 am											
	05:00 am	~~DNS~~										
	06:00 am	↓										
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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	12:00 pm											
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Total Intake :						**Total Output :**						
	02:00 pm											
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	07:00 pm											
Total Intake :						**Total Output :**						
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	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**	

AAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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

Date: 3/7/26

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				NVR			
Afternoon							
Night	3 Am	- Assess the pt condition - monitor vitals - maintain I/O Chart - medication criteria as per drug chart	3 Am	- Assessed the pt condition - monitor vitals - maintain I/O Chart - medication criteria as per drug chart	Pt is Stable	Rechecked vitals	
	8 Am		8 Am				

Patient Sticker

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Baby KALWACHERLA RIYANSHI
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 6/7/26

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	8AM 2pm	→Assess the pt condition →Monitor the vitals. →maintain I/O chart. →drugs give as per drug chart.	8AM 2pm	→Assessed the pt condition. →monitored the vitals. →maintained I/O chart. →drugs give as per drug chart.	→pt is stable now.	→Reassessed the vitals	
Afternoon	2pm 8pm	Assess the baby Monitor the vitals administer Medicine Maintain I/O chart	2pm 8pm	Assessed the baby checked the vitals administer Medicine Maintain I/O	administer the	heard the pt	
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	— Rechecked the v/s	

AH-00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

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: .....

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 2PM	→Assess the Patient General condition →Monitor vital & recorded →Maintain R/o chest →Given drugs as Per doctor orders.	8am 2PM	→Assessed the Patien General Condition →Monitor vital & recorded →Maintain R/o chest. →Administer drug as Per doctor orders	checked the vital sign	Pt is stable	Staff nurse
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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

Date: .....

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 5/7			DAY-2 6/7			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				
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			NA	NA	0	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	0	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	0	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	0	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 : Rani Name : Rani

Signature of Ward In Charge :

Signature : Balarin Name : Balarani

Patient Sticker

AH-00627593 IP26-00006755
aby KALWACHERLA RIYANSHI
2-07-2025 1 Y 0 M 4 D (F)
r. PRITESH NAGAR

HECKLIST FOR THROMBOPHLEBITIS

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

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 : .....

AH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

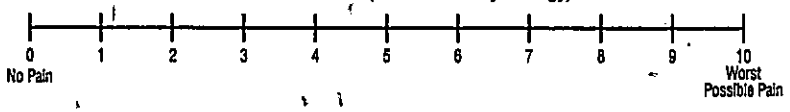
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

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

Patient Sticker

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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
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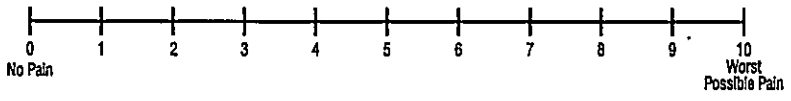
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
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3AH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI c dyselectrolytemia			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 N1	6/7 MG	6/7 SM	7/7 N1		
	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:	98.6°F	98.1°F	98.2°F	98.3°F		
	Res:	30 b/m	30 b/m	22	21 b/m		
	SpO₂:	100%	100%	100%	99%		
	Pulse:	128 b/m	130 b/m	122	123 b/m		
	BP:	–	–	–	–		
	LOC:	–	–	–	–		
	Fall Risk Score:	–	–	–	–		
	Pain Score:	"0"	"0"	–	"0"		
	Skin Integrity	Good	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:		–	–	–	–		
Handed Over By Name :		Sunanda	mahi	April	Sunanda		
Signature / ID :		[signature]	[signature]	[signature]	[signature]		
Date:		6/7/26	6/7/26	6/7	7/7/26		
Time:		6am	2PM	8pm	8am		
Taken Over By Name :		maheshwari	[signature]	Sunanda			
Signature / ID :		[signature]	[signature]	[signature]			
Date:		6/7/26	6/7	8/7			
Time:		8am	2pm				

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:							

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp IBUGESIC.				Date / Time
Dose	Route	Frequency	Start Date	
2.5ml	PO	SOS	6/7	
Doctor's Signature	Valid Period	Pharm.		
AF		(a)		
Additional Instructions: (100mg/5ml)				

DRUG : Pedialyte ORS				Date / Time
Dose	Route	Frequency	Start Date	
	PO	ad lib	6/7	
Doctor's Signature	Valid Period	Pharm.		
AF				
Additional Instructions:				

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

Verified by Dr. Dhakshayani

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

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 9.62kg Ward. ....

DRUG: Inj CEFTRIAXONE				Date / Time
Dose	Route	Frequency	Start Date	
1gm	iv	OD	6/7	Stop
Name & Signature of the Doctor Starting the Drugs: [signature]				W/H
Additional Instructions: 1gm in 20cc NS over 2 hours				
Daily Doctor's Endorsement by a Sign				

DRUG: Inj ONDEM.				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
2mg	iv	TID	6/7	6am	4am syp	[sign]
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	[sign]	
Additional Instructions: ONDENSETRON				10pm	[sign]	
Daily Doctor's Endorsement by a Sign					[signature]	

DRUG: Inj ESMOPRAZOLE				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
10mg	iv	OD	6/7			
Name & Signature of the Doctor Starting the Drugs: [signature]				6am	4am [sign]	[sign]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

DRUG: SYP XYZAL				Date / Time	5/7	6/7	7/7
Dose	Route	Frequency	Start Date				
2.5ml	po	H/s.	6/7				
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	4am [sign]	[sign]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]		

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
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Your Right to a Safe Delivery

Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 9.62kg Ward ....

DRUG : CROSIN DS SYP

Dose	Route	Frequency	Start Dt.
2.5ml	PO	QID	6/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (240mg/5ml)

Date ▸ Time ▾: 6/7, 7/7
12am
6am gam Supp
12pm
6pm

STOP

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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:

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Date / Time

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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

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

BAH-00827593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2026 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

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

...me		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. ~~22.4kgs.~~ 9.62 Ward. ....

D		of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26	2AM	IV fluid DNS. (R/3)	iv	30ml/h	[signature]	[signature]	6/7/26	[signature]	[signature]
6/7/26	2pm	IVF DNS (1/2 Mtn)	IV	20ml/hr	[signature]	[signature]	7/7		

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

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Baby KALWACHERLA RIYANSHI
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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: ..... ER ..... Shifted to: ..... ward .....

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

Date & Time : ..... 6/7/26 @ 2:30am .....

Nurse Name & Signature: ..... Bhargavi .....

Date & Time : ..... 6/7/26 @ 2:35am .....

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

BAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
02-07-2025 1 Y 0 M 4 D (F)
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Wt- 9.62 kg

GRBS - 104 mg%

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Riyanshi Addya Age : 4 years **Gender:** ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 12:30 Am

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: 102.5°F PR: 164 b/m BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o fever since evening today

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 : 12:32 Am

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 : Robin

Signature of Triage Nurse : .....

Date & Time : 06/07/26 @ 12:32 Am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 06/07/26 Time of arrival : 12:30 PM

Chief Complaints: C/6 fever since today evening

Height : ..... Weight : 9.62kg Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..NO.. Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

If patient is < 6 years ☑ Yes ☐ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 12:32 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ Given medicine to the Pt

Samples collected by: Jyothi Time:

Samples sent by : Time: 2:30am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4Am	Ondem	PO	3.5 ml	Dr. Anush	
2Am	Para Neomol Suppsit	PR Rectal	170 mg	Dr. Anusha	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 150 b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO2 at FiO2: 96%	Time of Shift - out: 3 Am
GCS: ..... Temperature : 103 °F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable): 104 mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement done

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

Date & Time : 06/07/26 @ 12:32 AM

IAH-00627593 IP26-00006755
Baby KALWACHERLA RIYANSHI
12-07-2025 1 Y 0 M 4 D (F)
Dr. SINDHURA MUNUKUNTLA

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/26 Time: 10:15 Am

Weight: 9.6 kg Centile: <50th

Height: — Centile: —

Inference: well Child

RDA: — Calories: 1200 kcal/d Protein: 20 gms/d

Diet Recommendations: Soft Diet & more liquids

Re-Assesment: Avoid Spicy, chilled & outside foods

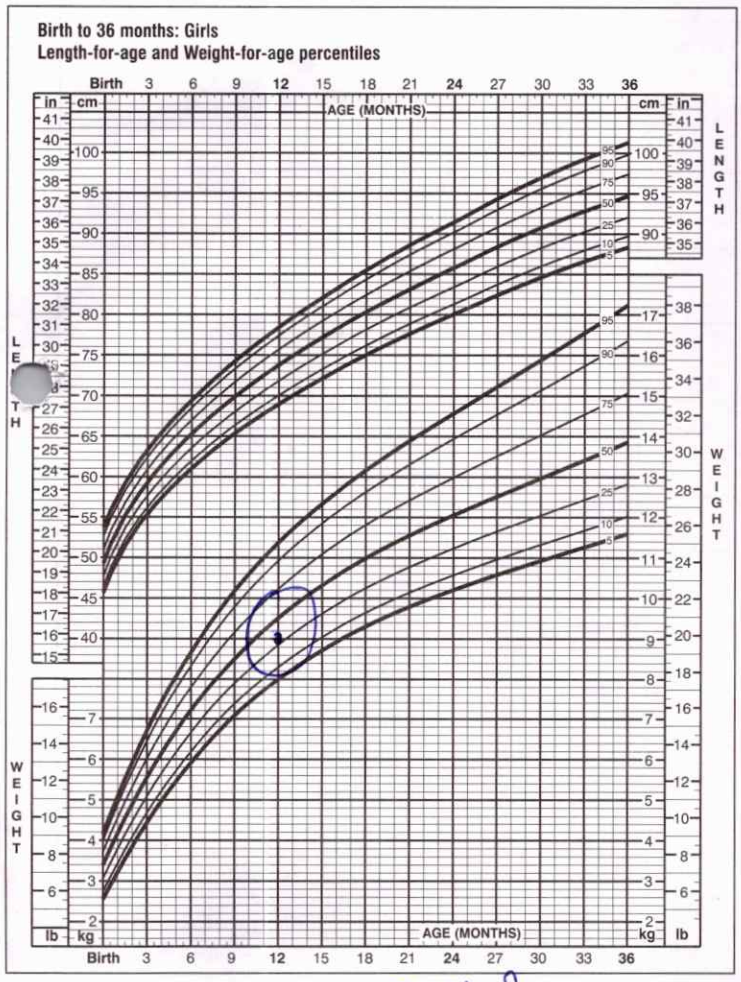
Food Allergies: NO Veg/Non-veg NON-Veg.

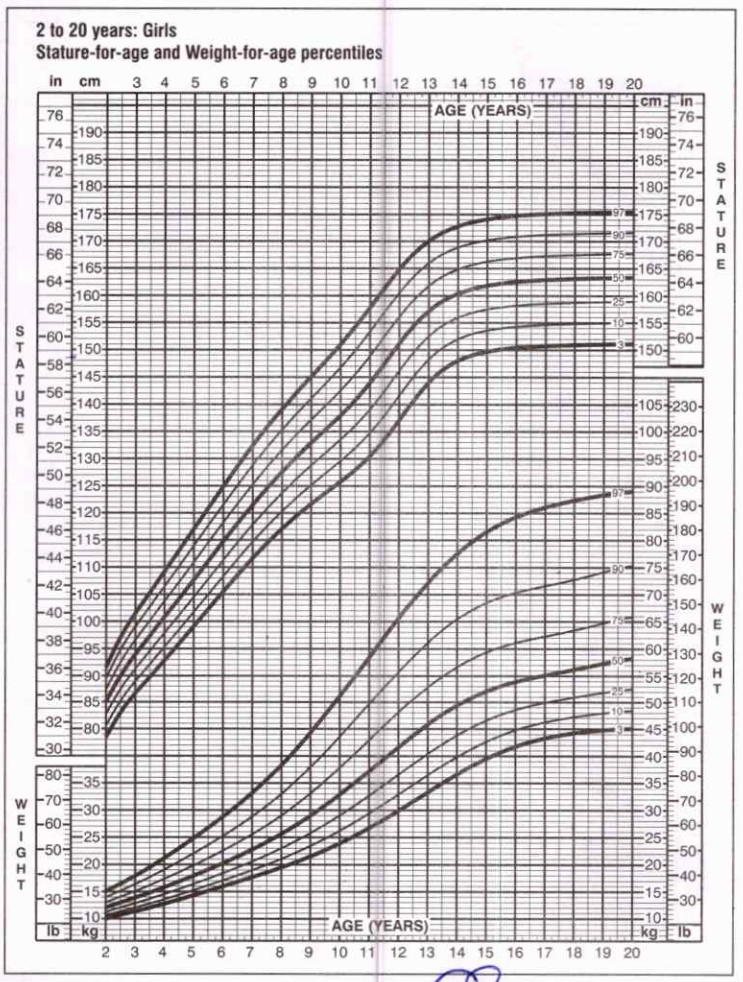
Diagnosis: AFI with Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika.G Dietician's Signature

Daily Notes: