DISCHARGE SUMMARY

Name	Baby VANAM KRITARA RAGHAVI	**UHID**	HNH-00011289
Father/Guardian	Mr VANAM SANDEEP KUMAR	**Age/Gender**	1 Y 5 M 4 D/ Female
Address	18-3-463/1/100/A SHIVA JI NAGAR, Falaknuma, Hyderabad, Telangana, INDIA, 500053		
IP No	IP26-00006669	**Admission Date**	27-06-2026
Ref Doctor	Self.		
Discharge Date	29.06.2026		

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

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

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED LOWER RESPIRATORY TRACT INFECTION WITH RESPIRATORY DISTRESS	

Name	Baby VANAM KRITARA RAGHAVI	**UHID**	HNH-00011289
IP No	IP26-00006669	**Admission Date**	27-06-2026

History: Baby VANAM KRITARA RAGHAVI, 1 Y 5 M 4 D old girl presented with history of cough & cold since 2 days, loose stools, fever since 1 day prior to admission and fast breathing since morning on the day of admission. For the above complaints she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, SpO2 of 91 % at room air. Heart rate was 168/min and Respiratory Rate - 46 /min. Tachypnoea present. Peripheries were warm, pulses well felt. On examination dry lips, dry oral mucosa, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. .

On neurological examination, child was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 9.3 kgs.

Investigations: Enclosed reports.

VBG showed pH - 7.32, pCO2- 34.9 mmhg, pO2 - 84 mmhg, HCO3 - 18.1 mmol/l, BE: -8.5 mmol/l.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

Chest X ray shows Bilateral lung fields appear mildly hyperinflated. No obvious consolidation.

Name	Baby VANAM KRITARA RAGHAVI	**UHID**	HNH-00011289
IP No	IP26-00006669	**Admission Date**	27-06-2026

Date	**On 27.06.2026**
TEST	**Result**
CBP: Hemoglobin	10.1 g/dl
While blood cell	6640 cell/cmm
Platelets	3.19 lakh/cmm
CRP	7 mg/L

Management: She was admitted in PICU in view of respiratory distress and was started on HFNC with flow of 15L/min, Fio2 at 21% and maintenance IV fluids and IV antibiotics. In view of chest signs, she was frequently nebulised with Levolin and Ipravent.

Later child's distress subsided and hence HFNC was gradually tapered and stopped and taken on oxygen by nasal prongs by at 2L/min.

She was regularly monitored for hemodynamic status, oxygen saturations and vital parameters. Gradually her oxygen support was tapered & stopped. As she remained hemodynamically stable, maintaining saturations at room air, accepting orally well, she was shifted to ward for further management.

During ward stay she was regularly monitored for her hemodynamic status, oxygen saturations and vital parameters. As she remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well,

Name	Baby VANAM KRITARA RAGHAVI	UHID	HNH-00011289
IP No	IP26-00006669	Admission Date	27-06-2026

hence he is being discharged with the following advice.

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

Medication during hospital stay:
Nebulisation Levolin
Nebulisation Ipravent
Pro-GG drops
Nasoclear drops
Rashfree ointmnet
Z and D drops

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Pro-GG drops	15 drops	9am-9pm	For 3 days
2	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
3	NEBULISATION with Levolin (0.31 mg)	1 respule	6th hourly	For 2 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1.5 ml after food as and whenever

Name	Baby VANAM KRITARA RAGHAVI	**UHID**	HNH-00011289
IP No	IP26-00006669	**Admission Date**	27-06-2026

required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA **on Wednesday(01.07.26)** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by at least two hours.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breatlessness, refusal to feed occurs or any abnormal movements.

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

Name	Baby VANAM KRITARA RAGHAVI	**UHID**	HNH-00011289
IP No	IP26-00006669	**Admission Date**	27-06-2026

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**

Children's Medicare Ltd. Himayatnagar 500029

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006669 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:27 PM **UHID** : HNH-00011289

Patient Details :

Patient Name	: Baby VANAM KRITARA RAGHAVI	**Age**	: 1 Y 5 M 3 D
Guardian	: Mr VANAM SANDEEP KUMAR	**DOB**	: 24-01-2025 01:32 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 18-3-463/1/100/A SHIVA JI NAGAR Falaknuma Hyderabad Telangana INDIA 500053	**Phone No**	: 9248656827/ 7207374302
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr VANAM SANDEEP KUMAR **Relationship** : Father

Contact Address : 18-3-463/1/100/A SHIVA JI NAGAR Falaknuma Hyderabad Telangana INDIA 500053 **Phone No** : 9248656827 (7207374302)

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

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

Co-Consultant : Dr. SINDHURA MUNUKUNTLA

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 6 M 3 D (F)
Dr. PRITESH NAGAR

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ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ~~pediatrics~~

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/06/26	8:40pm	ER	PICU	
~~27/06/26~~				
28/6/26	9:12pm	PICU	209	Vaishnavi.

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
~~27~~/6/26	CBP ✓	10486 ✓	
〃	CRP ✓		
〃	Repeat pay ✓		
〃	RBS	10487 ✓	
〃	Chest x-ray	7672 ✓	Sig
	cross checked by Sister 28/6/26 at 10pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	Invasive Monitoring	27/6/26	28/6/26 at 9pm		
	Infusion Pump	9pm	28/6/26 at 2pm	8794	
	Oxygen				
	HFNC		28/6/26 6pm		
	cross checked by Smitha			28/6/26	at 10pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6/26	u placemul	1 ✓	8767	Kavitha
28/6/26	Nebulization	(6) ✓	8855	Sf
28/6/26	Nebulization.	(8) ✓	9021	Renuga
28/6/26	Nebulization C O_2.	2 ✓	9020	Smitha
	Cross checked by Smitha 28/6/26 at 10pm			
29/6/26 10am	NHPA	(1)	9136	(A)

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

Patient ID# : _____ HNH-00011289 IP26-00006569
Baby VANAM KRITARA RAGHAVI
24-01-2026 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o cold since 2 days
C/o cough since 2 days
C/o fast breathing since Today (morning)

History of present illness : C/o fever since 1 day
C/o loose stools x 1 day
pt was apparently almost 2 days before then had cold, runny nose C/o cough, dry cough.
C/o fast breathing since Morning
C/o fever since 1 day, on & off, moderate to high degree. relieves c medication
C/o loose stools since 1 day, (6-8 episods/day) watery, stools.
C/o decreased oral intake. since 2 days

Pediatric Multiorgan History & Physical Examination

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

Nothing significant.

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother : —.

Any additional Information :

Developmental History :

Developmentally normal child.

Immunization History :

Upto date till 12 months

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 9.58 kg (Centile _____)

On Examination :

Temperature : 98°F. Pulse Rate: _____ Description _____

B.P. _____ SPO2 91 %. at RA.

Resp. rate and type of breathing : 46 cpm. SCR (+)
fast breathing (+). Tachypnea (+).

Rash (-)

Lymphadenopathy (-)

Oedema : (-) dry lips
dry oral mucsa.
Sunken eyes.

Respiratory system :

Inspection (any s/o distress) : nasal flaring (+).

Air entry & breath sounds : B/L AE (+).

Any addes sounds : B/L wheeze B/L crepts (+).

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

Cardiovasclular System :

Inspection of procordium :

Heart Sounds : S_1S_2 heard

Any murmur : No murmur.

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

Per Abdomen :

Inspection

Palpation : Soft, non tender.

Ausculation : No organomegaly

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

(N).

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____ (N).

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Acute LRTI C Respiratory distress

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC CRP
Chest x RAY
VBG
Respiratory Panel
draw blood culture and keep
keep extra Sample.

Planned Management :

- Nebulisations
- IV fluids - DNS
- Neb levalin 0.3 mg Q2H
- Neb ipravent 1/2 respule Q6H

Please fill up the following details

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

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

Doctor's Signature Name Date Time

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6 7.30pm.	C/S/B Dr. pritesh fever, cold, cough] 2 days. fast breathing since Morning ↓. In ER. Baby. Tachypnea (+) ↑↑ WOB. SpO_2 - 88%. R/S - B/L wheeze B/L crepts (+) ↓. Back to Back. Neb c Levolin given Neb c ipravent given. ↓. 15 mints. Tachypnea (+) ↑↑ WOB. ⟹ Shifted to PICU. Nasal flaring (+). SpO_2 - 91%. N/B Vaishu	

HNH-00011289 IP26-00006669
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B. Dr. Pritesh	Dr. Naipuya
27/6 8:30pm.		
	Acute LRTI	ē dehydration
	on HFNC.	Plan
	Flow - 15 L/min	
	FiO2 - 25%.	- Cont HFNC
	Vitals - HR - 132	- Cont Neb levalin @ Q2H
	RR -	Neb ipravent Q6H
	SpO2 -	
		- Trace reports
	R/S - B/L AE (+)	
	B/L wheeze (+)	- Monitor RR, SpO2
	B/L Creps (+)	-
		N/B Senior
		[signature]

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI (F)
1 Y 5 M 3 D
24-01-2025
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/S/B - Dr. Prashanti / Dr. Naipunya.	
3:00 Am	Acute LRTI C dehydration	
	NO fever spikes. 15dt	
	On HFNC ↓ 25%	
	Child is sleeping	Plan
	Vitals	
		- Cont. HFNC
	HR - 118/min	
	RR - 33/min	- Cont. Neb levolin Q2H
	SpO_2 - 97% on HFNC	Neb Ipravent Q6H
	CFT < 3 sec	
	PP well felt.	- Trace reports.
	Peripheries warm.	
		- monitor RR, SpO_2, BP
	S/E	
	RS - NVBS+, B/L crepts+ B/L crepts+	
	CVS - S1S2+, No murmurs	noted by Sai SS
	CNS - WNL	
	P/A - Soft, Non tender.	

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/1/25 7:00 AM.	Cls/IB Dr. Naipunya / Dr. prashanthi	
	Acute LRTI & dehydration.	
	on HFNC	Plan
	FLOW - 15L/min	
	FiO_2 - 21%.	- Cont HFNC
	Vitals - HR - 124 bpm.	Taper flow if maintaining
	RR - 30 cpm.	
	SpO_2 - 98%.	- Neb c levalin @ 3H
		Neb c ipravent @ 6H.
	R/S - B/L AE (+)	
	B/L wheeze (+)	- (+) Resp panel.
	B/L Crepts (+)	~~Blood Cls.~~
		- Monitor RR, SpO_2
	P/A - Soft, NT	
	U/O/P - 1.5ml/kg/hr.	
		Noted by Saisri

HNH-00011289 IP26-00006669
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26. 9.35 AM	c/s/by - Dr. pritesh LRTI c RD c dehydration.	
	HFNC < Flow = 12 Lit/min FiO2 = 21%. distre - Improving. SpO2 = 93%. HR = 116/m.	Plan - Try to weanoff HFNC - by evening 2 lit 2 hrly (If Maintaing / No distre)
	RS B/L AE (+) NVBS (+) Rhonchi (↓).	- IV fluids (1/2 M) (wean off by afternoon.
	If Bronchospasm note { SOS - MgSO4 Methylpred	- ct NEB. O2 hly (stop if prevent aft 24 hour)

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

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:40am 28/06/26	Counselled	Family History +ve
	Severe RD	
	O_2 Level	(N) 98-100% ✓
	↓	94% ✓ ok
	86-88% ✓	
	CXR, Blood Test ok	HFNC, Neb → RD ↓↓
		✓ Like Asthma
	Slowly HFNC Decrease & stop ✓	
	Sos O_2 ✓	
	→ T/M Shift ✓	

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

HNH-00011289 IP26-00006669
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24-01-2025 1 Y 5 M 3 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 10:30 am	c/s/by Dr. Aniketh.	
	MIACRI c RD.	
	HR = 137/min	
	SpO2 = 100%.	
		⇒. ① Rep panel B/L/P.
		→ Ct. NEB. Q3hly Levolin.
		→ Inform off HFNC By Evening.
		— Tape Mylicon.

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

Dr. Aniketh

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:50AM	S/b Dr. Sindhura	
		Adv
	O/E child alert	Plan → To taper
	IIID	IV fluids & O_2 support
	— BAE (B)	PhO GG drops.
	— clear.	(F) Resp. panel.
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 68370	[signature]
28/6/26 2pm.	c/s/by Dr Anuhe	
	WALRI c̄ RD	
	Child on HFNC 10lit → (8lit)	
	No distress / retraction	
	RR = 33/min.	— stop IV fluids
	SpO_2 = 99% on HFNC c̄ 8lit 21% FiO_2	— Enhance orally
	CRT < 3sec	— NEB c̄ levolin Qu4hly.
	Intake good.	— (F) Adenovirus.
	(R/S) B/L AE (+) - good.	— (SOS) Inj MgSO4 / methylpred
	Wh3+	If Bronchospasm.
		— Monitor vitals
	[signature]	— Wean off HFNC By Evening
		NB Raya.

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2026 1 Y 5 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9 pm	· S/B Dr. Archana · WALRI c respiratory distress	
	on Room Air discontinued IVF on full feeds Accepting well orally No distress	Advice • Shift to ward • TPR/c/oC • watch for distress • Ct nebulisations c Levolin 6th hourly • Stop Nebulisation c Ipravent • Ct rest same
	o/e HR - 118 bpm RR - 32/min PP - Wf SPO_2 - 99% @ RA	
	o/e RS - AEBE, BL clear	Dr. Archana N/B Sunday

HNH-00011289 IP26-00006669
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8 AM	c/s/by. Dr Anush / Dr Aschan	
	N/ALRI c̄ RD.	
	Baby on RA	
	RR – 30/min	Plan
	SpO2 – 98% @ RA	– NEB c̄ Levolin Q6hly
	Activity Good	– Stop Neb c̄ Ipravent
	Intake Good	– N/t RR, SpO2
	vital stable	– Monitor vitals.
		– Ct symptomatic support.
	S/E (R/S) B/L AE (+)	
	No wheeze	
	(CVS) S1S2 (+)	
	No murmur.	

HNH-00011289 IP26-00006669
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10AM	c/i/by Dr pritesh	
	LAURI c RD	
	Child acti	
	Good Int	
		Plan
P/s	No diet	
	No whese.	- NEB c Levolin Q6hly x 2 days
		- disch tody - plan after Sindhu msm Soondr.
		- Monit vitals.
		- R/A 48 Hours.
		[signature]
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. .../184

HNH-00011259 IP26-00006569
Baby VANAM KRITARA RAGHAVI
24-01-2026 1 Y 5 M 5 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: .....

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. Prashanthi

Date & Time : 27/06/26 @ 7:55 PM

Nurse Name & Signature: Prabin

Date & Time : 27/6/26 @ 7:55 PM

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2026 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: 26/6/26 Drug Allergies: Nil ☐ 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 : Coocin Drops				Date / Time
Dose	Route	Frequency	Start Date	
1.5ml	PO	SOS	27/6	
Doctor's Signature		Valid Period	Pharm.	
Dey		>100F		
Additional Instructions: (1ml/100mg)				

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

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REGULAR PRESCRIPTIONS Weight. 9.3kg Ward. .....

DRUG : Neb C LEVOLIN.

Dose	Route	Frequency	Start Date
0.3ml	Neb	Q2H	27/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 27/6

CHANGED See the chart Changed 28/6.

DRUG : Neb C BPRAVENT

Dose	Route	Frequency	Start Date
1/2 respule	Neb	Q6H	27/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 28/6

Stop See the chart

DRUG : NEB C LEVOLIN.

Dose	Route	Frequency	Start Date
0.3ml	Neb	Q3H	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

See the chart

DRUG : PROG-G 2 sops

Dose	Route	Frequency	Start Date
15 days	PO	BD	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 28/6 28/6

10AM 12:20PM

10PM

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Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

DRUG : Nasoclear nasal drops

Dose	Route	Frequency	Start Dt.
2°	B/N	Q6 hly	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ 28/6 29/6
Time ➤ 6AM 12PM 6PM 12AM

DRUG : RASHFREE OINTMENT

Dose	Route	Frequency	Start Dt.
	Skin	TID	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: In diapel area

Daily Doctor's Endorsement by a Sign

Date ➤ 28/6 29/6
Time ➤

DRUG : Z & D DROPS

Dose	Route	Frequency	Start Dt.
1ml	oral	OD	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ 28/6 29/6
Time ➤

DRUG : Neb & LEVOLIN

Dose	Route	Frequency	Start Dt.
0-3 my		6 hourly	29/6/26.

Name & Signature of the Doctor Starting the Drugs: Dr. Archana.

Additional Instructions: See there.

Daily Doctor's Endorsement by a Sign

Date ➤
Time ➤

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

DRUG :				Date▸ / Time▾															
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 ....

Docu. No. : RCH /FRM / CLINICAL / 108 (P.T.O.)

24-01-2026 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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
27/6.		IVF DNS (2/3 M)	IV.	26ml/hr		Sairam	28/6		Suny
28/6		IVF DNS (1/2M)	IV.	↓ 20ml/hr.		St	28/6		
				d/c stop			28/6		

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levolin 0.31mg - 2nd hourly
Ipravent ½ respule - 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
28/6/26	00.00	levolin 0.31mg	Raj	
	01.00			
11	02.00	levolin 0.31mg + Ipravent	Raj	
	03.00			
11	04.00	levolin 0.31mg	8855	
	05.00			
11	06.00	levolin 0.31 mg		
	07.00			
11	08.00	Ipravent + levolin 0.31mg		
	09.00			
	10.00			
11	11.00	Levolin 0.3mg	9021 Sriram	
	12.00			
	13.00			
11	14.00	Ipravent + Levolin 0.31mg	(2) switched	
	15.00			
	16.00		(2)	
	17.00		switched 9020 Ramya	
11	18.00	levolin 0.31mg	in place nebulization total 10 Times.	
	19.00			
11	20.00	Ipravent 5		
	21.00			
	22.00	levolin (1)		
	23.00			

Doc. No. : RCH / FRM / CLINICAL / 170

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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			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
27/6/26	22.00	Levolin 0.31mg	Nurse 8855	
	23.00			

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Levolin 4th baby

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
29/6	01.00			
	02.00	Levolin, +ipravent (2)	Akil	
	03.00			
	04.00			
	05.00			
	06.00	Levolin (3)	Akil	
	07.00		Total nebs = 3 9089.	
	08.00			
	09.00	Total - (13)		
	10.00	Cross checked done by Amrutha		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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209.

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RESULT SHEET

Date	27/6/26					
Time	8:56PM					
Hb	10.1					
PCV	28.7					
RBC	4.45					
WBC	6.64					
N/L	53.2/34.0					
Platelets	319					
CRP	7.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Pati

M / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/6 Time:	10pm	2am	3am
Doctor / Nurse / Family Concern?			
Temperature (F)	98.2	98.4	97.6
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	112	110	
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	26	22	
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	100%	
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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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 :**					
29/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :							**Total Output :**					
29/6	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	

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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							
29/4/25	08:00 am											
	09:00 am											
	10:00 am							NA				
	11:00 am			NA								
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U -					M -	
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		Assess the baby Monitor the VS Administer the Medication		Assisted the baby Monitor the VS administer the Medications	Administered Medicine	Reassured the Pt	

Docu. No: RCH /FRM / CLINICAL / 148

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Patient

NURSING CARE RECORD

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Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am | 2pm	- Assess the PT condition - monitor vitals - maintain IV chart - medic					
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pritesh Department: PICU Date of Admission: .....

SITUATION

Diagnosis: LRTI & RD

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

	Area / Shift Time	27/6/26 Night	28/6 MG	28/6/26 E2	29/6 8AM		
BACKGROUND	Medical Condition (Any special condition to be noted):	RD	LRTI & RD	RD	LD		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.6°F	98.6°F	98.5°F		
	Res:	30 b/m	24 b/m	34 b/m	28		
	SpO_2:	98%	95%	97%	100%		
	Pulse:	156 b/m	111 b/m	137 b/m	122		
	BP:	-	-	-	-		
	Fall Risk Score:	-	-	-	-		
	Pain Score:	-	-	-	-		
Recommendations	Safety Needs:	-	yes	Yes	-		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-	-	-		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	-		
Post Operative Procedure Special Orders:		-	-	-	-		
Handed Over By Name :		Saroja	Suman	Ramya			
Signature :							
Date:		28/6/26	28/6/26	28/6/26	29/6		
Time:		8AM	2PM	8PM	8AM		
Taken Over By Name :		Suman	Ramya				
Signature :							
Date:		28/6/26	28/6/26	29/6			
Time:		8AM	2PM	8AM			

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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BRADEN 'Q' SCALE

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				Date : 20/6 / Time : NR	25/6/26 MG	28/1/26 EZ	29/6 NR
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	4
				TOTAL SCORE	26	26	26	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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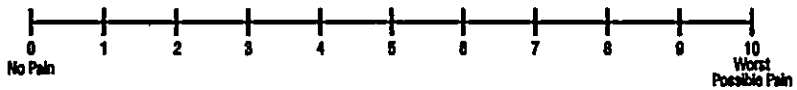
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6/26	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
28/6/26	10 AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
28/6/26	4pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
29/6	[illegible]	0	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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	27/6/26 DAY-1			28/6 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				
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	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	0				
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	NA	0				
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	NA	0				
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	NA	0				
		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 : Sahree

Signature of Ward In Charge :

Signature : ..... Name : Sujatha

Docu. No. : RCH /FRM / CLINICAL / 137

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/6/26	DATE 28/6/26	DATE 29/6/26	DATE 29/6	DATE
Age	Less than 3 years old	4	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	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	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	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	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	1	
	Total		14	14	14	14	

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	
	Other Intervention(s) Specify		—	—	—	X	
	Nurse's Name:		Saroja	Saroja	Pavithra	[illegible]	
	Signature:		[signature]	[signature]	[signature]	[signature]	
	Date:		27/6/26	28/6/26	29/6/26	29/6	
	Time:		10 PM	8 AM	8 pm	[illegible]	

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

PATIENT TRANSFER FORM

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Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

Date & Time of Admission	Date & Time of Transfer Order
27/6/26 at : 8:27 pm	28/6/26 at : 8pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Pritesh	Dr. Anusha	Stable

From Unit	To Unit	Information to Attendant
PICU (203)	2nd floor (209)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
33	Chest x-ray (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Thermometer	(1)
2.	Pro-EG	(1)
3.	Cronsin Syp	(1)
4.	Nasoclear	(1)
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramya	

Patient & Clinical Records Received by : Mounika 28/06/26 @ 9:2pm

Date & Time of Patient Received :

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

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

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PICU-202

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/6/26 Time: 10am

Weight: 9.58 kg Centile: <5th

Height: — Centile: —

Inference: Underweight child

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

Diet Recommendations: Semi solid high protein diet with liquid

Re-Assesment: No cold items, Oily, spicy food.

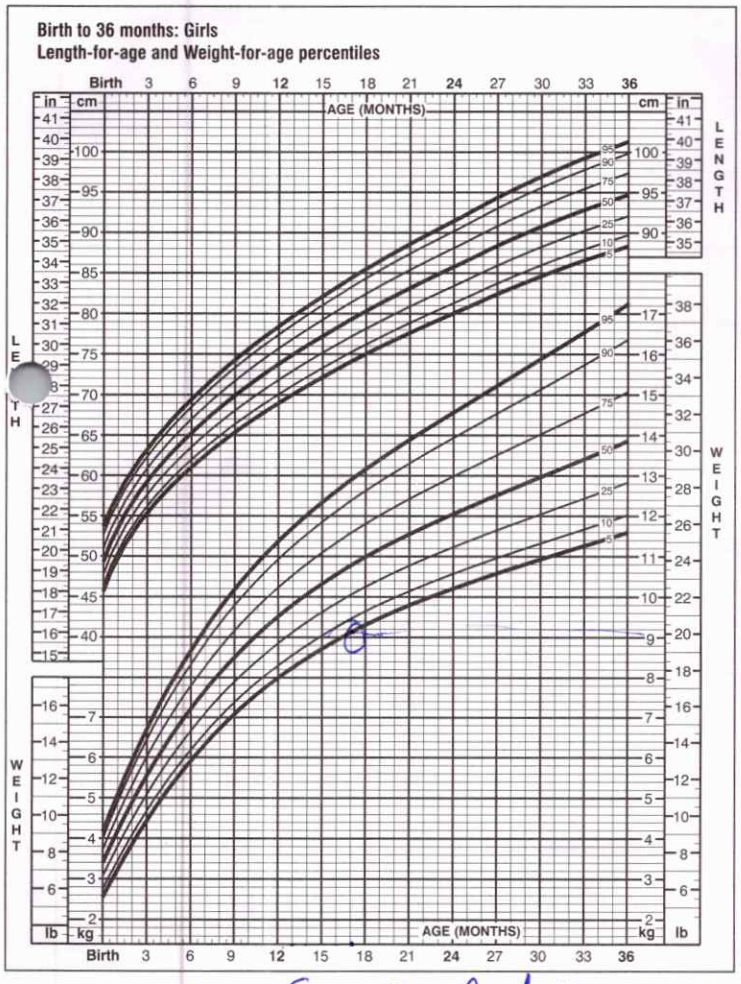
Food Allergies: NO Veg/Non-veg Non veg

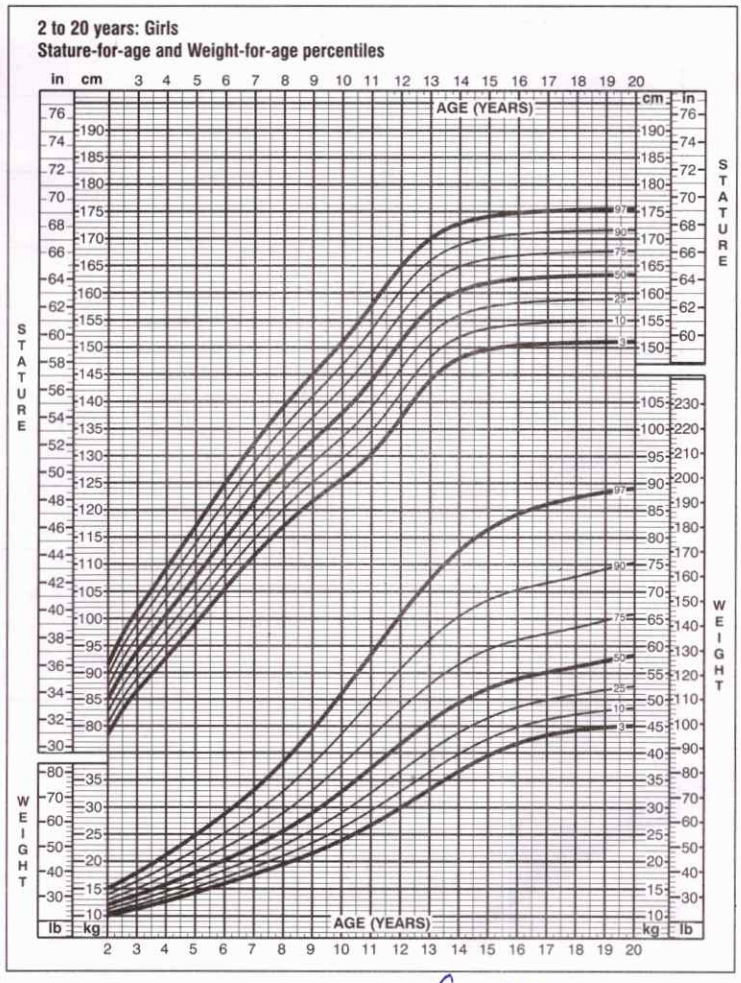
Diagnosis: LRTI & RD.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

Daily Notes:

PATIENT TRANSFER FORM

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Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

Date & Time of Admission	Date & Time of Transfer Order
27/06/26 @	27/06/26 @
Transfer Ordered by	**Reason for Transfer**
Dr. Prasanti	Admission.
From Unit	**To Unit**
ER	PICU
Information to Attendant	
Yes ☑ No ☐	
Number of Sheets in Clinical File	**Number of Imaging Films**
26	
Personal belongings including clinical documents. If any handed over to attendant	
Yes ☐ No ☑	
If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabin	Dr. Prashanth

Patient & Clinical Records Received by : Sai Sree

Date & Time of Patient Received : 27/6/26 @ 8:30pm

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

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 @ 9pm	Explain about Heated Circuit and Opti flow Nasal Cannula.	cost of ~~Inst~~ (Mother)

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

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wt - 9.32 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Vanam Kritara Age : 1 year Gender: ☐ Male ☑ Female

Date : 27/6/26 Time of Arrival : 7:40 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: 99.1°F PR: 168 b/m BP: ..... RR: ..... SpO_2: 98 %

Chief Complaints: C/o cold, cough since 2 days, with fast Breathing eve

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing	☑ Stable
☑ Normal	Circulation / Colour	☐ Normal ☐ Increased	☐ Unstable :
☐ Sick Looking	☐ Normal ☐ Abnormal ☐ Bleeding	☐ Decreased ☐ Gasping / Apnea	☐ 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 : 7:42 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Prabha

Signature of Triage Nurse : .....

Date & Time : 27/6/26 @ 7:42 PM

HNH-00011289 IP26-00006669
Baby VANAM KRITARA RAGHAVI
24-01-2025 1 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 7:40PM

Chief Complaints: c/o cold cough since 2 days Fast Breathing evening RBS: .....

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

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 7:42 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ Given medication

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:40pm	levalin	Neb	0.31 mg		
7:45	Ipravent	Neb	~~200 mcg~~ 250 mcg		
7:55	levalin	Neb	0.31 mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ..... BP: ..... CFT:	Shift - out from ER to: .....
RR: ..... SPO_2 :	Time of Shift - out: .....
GCS:..... Temperature :	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Rabin ..... Signature of the Nurse : .....

Date & Time : 27/6/26 @ 7:40 PM

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Your Right to a Safe Delivery

Name: ..... HNH-00011289 IP26-00006669 Baby VANAM KRITARA RAGHAVI 24-01-2025 1 Y 5 M 3 D (F) Dr. PRITESH NAGAR ..... Age: ..... Gender: Male ☐ Female ☑

UHID.No : .... Date: 28/6/26.

I ..... S/o, D/o, W/o, ... hereby declare that our patient ~~Master~~/Baby ..... Vanam Kritara Raghavi ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

..... WACRI & Respiratory distress. .....

.....

.....

The doctors have clearly explained to me that my patient ~~Master~~ / Baby ..... Vanam Kritara Raghavi ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : .... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: KATAKAM SRINIDHI

Relationship with Patient: Mother

Date & Time: 27/6/27 @ 10pm

Witness :

Signature: .....

Name: Sai Sri

Date & Time: 27/6/26 @ 10pm

Doctor (who is taking the consent) :

Signature: .....

Name: Anusha

Date & Time: 28/6/26.