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212

DISCHARGE SUMMARY

Name	Master A SRI BHAVESH CHANDRA	**UHID**	HNH-00001234
Father/Guardian	Mr A NARSING	**Age/Gender**	3 Y 5 M 6 D/ Male
Address	HNO-18-07-614/52/A HANUMAN NAGAR, Uppuguda, Hyderabad, Telangana, INDIA, 500053		
IP No	IP26-00006882	**Admission Date**	18-07-2026
Ref Doctor	SELF		
Discharge Date	20.07.2026		

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

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS	

History: Master A SRI BHAVESH CHANDRA, 3 Y 5 M 6 D , old boy presented with history of high grade fever associated with cold & cough since 5 days, associated with poor oral intake and dull activity, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Outside investigations:
Chest X-ray shows: Peribronchial infiltrates present.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 140/min, Blood pressure - 99/66 mmHg and Respiratory Rate - 25/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Nose - nasal congestion present, oral cavity - congested, On examination Signs of dehydration were present, throat - congested were present. On auscultation, 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, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Name	Master A SRI BHAVESH CHANDRA	UHID	HNH-00001234
IP No	IP26-00006882	Admission Date	18-07-2026

Weight on admission: 13.2 kilo grams.

Investigations: Enclosed reports.

GeneXpert Flu A + Flu B+ RSV+ SARS-COV were sent, which showed Influenza A positive.
Adenovirus report - awaited.

Initial hemogram showed Hemoglobin of 10.4 gm%, White Blood Cell count of 3330 cells/cumm, platelet count of 1.88 lakhs/cumm and C-Reactive Protein of 34 mg/l.
Complete urine examination shows: Pus cells -4-6, epithelial cells - 3-4, RBCS - 3-5.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of chest signs, he was frequently nebulised with 3% NS. Child started on Oseltamivir, after Flu A report was positive.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, His fever spikes and other symptoms gradually settled.

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

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

Medication during hospital stay:
Injection. Augmentin
Injection. Esmoprazole
Nebulisation 3 % Nacl
Syrup. Fluvir
Syp. Relent Plus

Advice:
* Diet as advised.

Name	Master A SRI BHAVESH CHANDRA	**UHID**	HNH-00001234
IP No	IP26-00006882	**Admission Date**	18-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DDS (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	3.5 ml	8am-8pm (after food)	For 5 days
2	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 5 days
3	Syrup. FLUVIR (OSELTAMIVIR – 5ml/6mg)	2.5 ml	9am-9pm (after food)	For 3 days.
4	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	2.5 ml	8am-8pm (1 hour before food)	For 3 days.
5	NEBULISATION with 3% NaCl (Hypertneb)	1 respule	6th hourly	For 3 days
6	Nasivion -P Nasal Drops	1 drop each nostril	8th hourly	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect adenovirus on followup.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 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. SINDHURA MUNUKUNTLA on Thursday (23.07.2026) 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,

Name	Master A SRI BHAVESH CHANDRA	**UHID**	HNH-00001234
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breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

0001234 IP26-00006882
er A SRI BHAVESH CHANDRA
02-2023 3 Y 5 M 7 D (M)
SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	2			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Extras	6			
	Total No. of Pages	30			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 20/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006882 **Admit Date** : 18-Jul-2026 **Admit Time** : 06:31 PM **UHID** : HNH-00001234

Patient Details :

Patient Name	: Master A SRI BHAVESH CHANDRA	**Age**	: 3 Y 5 M 5 D
Guardian	: Mr A NARSING	**DOB**	: 13-02-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-18-07-614/52/A HANUMAN NAGAR Uppuguda Hyderabad Telangana INDIA 500053	**Phone No**	: 9550571659
		E-mail	: niveditha19.chutky@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 A NARSING **Relationship** : Father

Contact Address : HNO-18-07-614/52/A HANUMAN NAGAR Uppuguda Hyderabad Telangana INDIA 500053 **Phone No** :

D-Narsing

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 35000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

Neb 3% NS 6th hrly

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HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/7/26	00.00			
	01.00			
	02.00			
	03.00			
	04.00	3% NS (2) 215229		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	3% NS (1)	Nadh	T. Nivedhitha
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00	3% NS (2)		
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00	3% NS (3)		
	23.00			

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

3% NS 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00	3% NS. 4 215230		
	05.00			
	06.00			
20/11/26	07.00			J. Sindhura
	08.00			
	09.00	5288		
	10.00	3% NS		
	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			

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Nebulization 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
18/7/26	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			
	22.00	3% NS (1)		
	23.00			

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ACTIVITY RECORD FOR BILLING

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/1/26	1:30 PM	ER	R12	A.12

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
18/7/26	CBP, CRP, Respiratory	12051	[signature]
	panel		
18/7/26	CUE	2066	[signature]

cross check done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7	Infusion pump	8pm.	20/7/26 @10AM	15055	[signature]
				cross check done.	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/7/26	Iv placement	(1)	15045	
19/7/26	NHA	(1)	15133	

Cross checked done by Sm

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : Bhavesh Chandra

Patient ID# : HNH 00001234

Consultant : Dr. Sindhura M.

Final Diagnosis : _____

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Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Exam

Name : Bhavesh d/male

Informant Parents Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever, cold, cough × 5 days

History of present illness :

A 3y 5m old male child presented with c/o

fever - (103 F) Insidious onset, high grade, intermittent type, subsided on taking medication but recurred, no h/o rash, c/o consuming soft drinks/bakery items+, no h/o similar c/o.

~~cough~~ Cold - A/w running nose, nasal discharge +, nose block +

cough - wet type, a/w 6 episodes of post-tussive vomiting, content phlegm + food, no h/o hurried breathing / noisy breathing.

↓ Oral intake

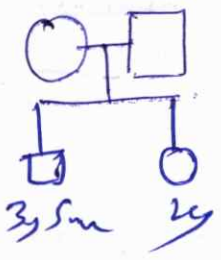
Urine output OK

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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

Birth & Neonatal History :

Term / NVD / 2.3kg / NICU Admission
↓
MSL - 3days



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate

Immunization History :

uptodate NIS - Schedule

Pediatric Multiorgan History & Physical Examin

Anthropometry

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

Weight (kgs) 13.2 kg. (Centile _____)

On Examination :

Temperature : 102F Pulse Rate: 140 Description regular

B.P. 99/66 mmhg SPO2 98% at RA

Resp. rate and type of breathing : Rhythmic

Rash _____ Signs of dehydration +

Lymphadenopathy _____ NO

Oedema : _____ Nose - Nasal discharge +
Oral cavity - congestion +

Respiratory system :

Inspection (any s/o distress) : Normal shape, WOB -ve

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

Any addes sounds : BL Crepts + (Left > Right)

Relevant data from outside (Chest X-Ray, ABG, etc.,) CPD: Peribronchial infiltrate

Cardiovasclular System :

Inspection of procordium : normal shape

Heart Sounds : S1S2 +

Any murmur : No murmur

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

Per Abdomen :

Inspection (N) shape

Palpation : Soft, non-tender

Ausculation : BS +

Spine: WNL External Genitelia : WNL

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

Central Nervous System : 15/15

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :** WNL

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Lower Respiratory tract infections

? Pneumonia = Dehydration

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Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

IV Antibiotics,

Desired goals of the treatment :

Fever subsidence

Planned Labs :

CBP, CRP, (c/s draw & Resp) c/w/H,
CUE. 5 VIRUS Respiratory pahel
(mycoplasma IgM) c/w/H
NPO Ampam

Planned Management :

- Ceftriaxone after blood c/s (c/w/H)
- Syp. CROCIN-DS 4ml 10s/6hrly
- IVF PLASMALYTE @35ml
- Monitor vitals
NPO Ampam

Please fill up the following details

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

Dr. Sindhura Munukuntla Pediatrician Reg. No: 66970

Doctor's Signature Name _____ Date 16/2/26 Time 7:20pm

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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;RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9:20 pm	S/B Dr Sindhura	
	LRTI ē dehydration	
	Child ill	
	febrile	
	Lungs - BAE (+)	
	B/L crepts (+)	
		Adv
		- To decide on Abx after CBP, CRP
	- Syp Relent	
	- Nimuli Pred	
	- 3% NS Neb Q6H	
	- IV fluids as per chart	
		Dr Sindhura [signature] Munukuntla
		NB priyanka
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 10 pm	Case d/w Dr. Sindhura	
		P/c
	WBC count 31000	
	Platelet - 1,88,000	- Start FLUVIR
		Start AMOXYCLAV.
19/7/26 7:	S/B Dr. Snehalatha	
	Δ LRTI c̄ dehydration	
		P/a
	Fever spikes ⊕	
		- C/c AMOXYCLAV
	CVS - S1, S2 ⊕	
	RS - BL - AE ⊕	- C/c FLUVIR
	P/A - Soft	- C/c IV fluids
	Conscious.	
		- Trace Respiponent.
		- Encourage orally
		K/B Ky
		noted by sr. sandhya 18/7/26 7.a

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/3/26 10AM	c/s/b Dr. Sindhura	
	D LRTI E dehydration.	
	Influenza A illness	
	fever spikes (+)	
	Oral intake – Fair.	
	O/E – vitals stable.	Plan
		– Ct. Inj. Amoxyclav.
		Ct. Oral flu vir.
	S/E – R/S – BAE (+),	Add sedant plus, mometasone p/ nasal drops.
	B/L wheeze & crepts (+).	
		Trace adenovirus.
		– ↓ IVF to 20ml/hr.
		Neb. 3% NS Q4H
		NB Snchd/…
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66979	Sindhura / ANITHA M

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

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 6PM	c/s/b Dr. Varma	
	Influenza Illness.	
	- fever spikes (+)	
	- Oral intake - fair	
	- not passed stools since 2 days.	
	O/E - vitals stable.	
		Plan
	O/E - WNL.	- Dulcoflex supp. 5mg PR stat.
		- Neb. 3% NS q6H.
		- Trace resp. panel, adenovirus.
		[signature]

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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/26 8 AM	C/S/O Dr. Varun / Dr. Sushanth. Influenza A illness. fever spikes - 5pm (100.5°F) yesterday - Orcl intake - Good. O/E - vitals stable. S/E - WNL.	Plan - Trace resp. panel. - Probable D/S today Noted by Sunitha 20/1/26 @ 8:20 AM

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	C/s/b Dr. Sindhura	
9AM	D - Influenza A illness.	
	- Afebrile.	
	- Oral intake - good.	
	- Cough ↓↓.	
		Plan
	O/E - vitals stable.	- Ct. oral Abx for total (Amoxyclav) 7 days.
	O/E - R/s - BAE(+), B/L creps(+).	- Ct. flavir for total 5 days.
		- D/s today
		- R/V on Thursday.
		- MP detail + BG
		- Tra[illegible]
		[signature] MUNUKUNTLA
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

212

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RESULT SHEET

Date	18/7/26					
Time						
Hb	10.4					
PCV	30.2					
RBC	4-35					
WBC	3.33					
N/L	57.9/30.3					
Platelets	188					
CRP						
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	18/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	Trace					
CUE - PUS Cells	4-6					
CUE - RBC Cells	3-5					
CUE						
Epithelial cells	3-4.					
Uro Bilinogen	0.4					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Stick

L / 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 : 18/7/24 Time: 8pm 10pm 11:30 pm 12am 2am 7 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.8°F 98.3°F 100.4°F Syp crocin given 99.6°F 98.4°F 97.7°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 118b/m 113b/m 112b/m 112b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 30b/m 30b/m 29b/m 30b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	99% 99% 99% 97%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0 0 0 0
Pain Score	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:

- 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)

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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 : 19/7/26

Time:	9:30 Am	1:30 pm	5pm	9pm	10pm	2Am	6Am
Doctor / Nurse / Family Concern?							
Temperature (°F) (scale 94–104)	97.3°F	97.8°F	100.5°F (Given ceasin syp)	98.5°F	97.7°F	98.2°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)							
Heart Rate (Number)	114 b/m	112 b/m		118 b/m	11[illegible] b/m	115 b/m	125 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)							
Resp Rate (Number)	28 b/m	28 b/m		30 b/m	30 b/m	28 b/m	30 b/m
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	100%	100%		100%	100%	100%	100%
Conscious Level: Normal							
Conscious Level: Altered							
GCS *				-			
TOTAL SCORE Number of shaded boxes	0	0		0	0	0	0
Pain Score	0	0		0	0	0	0
Observer's Initials	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA (M)
13-02-2023 3 Y 5 M 5 D
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : ....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		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 :						
18/7/26	08:00 pm	plasmalyte		30 ml	NA			NA			0	
	09:00 pm		Rice + H2O	30 ml						✓		
	10:00 pm			30 ml								
	11:00 pm			30 ml								
	12:00 am			30 ml						✓		
	01:00 am			30 ml								
Total Intake :						Total Output : U-2 M-						
19/7/26	02:00 am	plasmalyte		30 ml	NA		0	NA			0	
	03:00 am			30 ml						✓		
	04:00 am			30 ml								
	05:00 am			30 ml								
	06:00 am			30 ml						✓		
	07:00 am			30 ml								
Total Intake :						Total Output : U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/7	08:00 am	Plasmalyte		35ml							0	
	09:00 am		Rice + H20	35ml							0	
	10:00 am			35ml				NA			0	
	11:00 am			35ml	NA						0	
	12:00 pm			35ml							0	
	01:00 pm			35ml							0	
Total Intake :						**Total Output :** U-2 ml = 0						
19/7/26	02:00 pm	Plasmalyte	Rice + H20	20ml							1	
	03:00 pm			20ml							1	
	04:00 pm			20ml							1	
	05:00 pm			20ml			L	NA			0	
	06:00 pm			20ml							1	
	07:00 pm			20ml	NA						1	
Total Intake :						**Total Output :**						
19/7	08:00 pm			20ml							1	
	09:00 pm			20 ml								
	10:00 pm	Plasmalyte -ks	Rice + H20	20ml								
	11:00 pm			20 ml							0	
	12:00 am			20 ml	NA			NA			1	
	01:00 am			20 ml								
Total Intake :						**Total Output :** U - T M-0						
20/7	02:00 am			20ml								
	03:00 am			20ml								
	04:00 am			20ml								
	05:00 am	Plasmalyte B	H20	20 ml				NA			0	
	06:00 am			20 ml			0					
	07:00 am			20ml	NA						1	
Total Intake :		Foley				**Total Output :** U - 2 M - 0						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/7/26	08:00 am	plasmalyte	Idli + H_2O	20ml		NA			NA		0	[signature]
	09:00 am			20ml								
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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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 :**						
	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**	

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 18/7/26

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							
Afternoon							
Night	8PM ↓ 8am	→ Assess the patient general condition + Plasmalyte 30ml/kg to Continue → Administer medications as Per doctor's orders.	8PM ↓ 8am	→ Assessed the patient general condition → Monitored vitals → Administered medications as Per doctor's orders.	Patient is stable	Rechecked vitals	

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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RSING CARE RECORD

Date: 19/7/26

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 to 2Pm	Assess the Pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	8Am to 2pm	Assessed the pt condition. Monitored vitals & record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal.	Monitor vitals. Maintain I/O chart	[signature]
Afternoon	2pm to 8pm	- Assess the pt. condition - Monitor vitals & record - Maintain I/O chart - Give medication as prescribed by doctor	2pm to 8pm	- Assessed the pt. condition - Monitored vitals & record - Maintained I/O chart - Given medication as prescribed by doctor	Patient is stable now	Re-checked vitals	[signature]
Night	8pm to 8Am	→ Assess the pt condition → monitor vital & record → maintain I/O chart → Administer medication as per drug chart	8pm to 8Am	→ Assessed the pt condition → monitored vital & record → maintained I/O chart → Administered medication as per drug chart	→ pt is stable	Rechecked vital	[signature]

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
Patient 13-02-2023 3 Y 5 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

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SHIFT HAND OVER FORM

SITUATION	Diagnosis: LRTI				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	18/7/26 N	19/7 M	19/7 E	20/7 N		
	Medical Condition (Any special condition to be noted):	LRTI	—	—	—		
	Diet:	Soft	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.4 F	98.2 F	97.8 F	96.5 F		
	Res:	20 b/m	26 b/m	20 b/m	20 b/m		
	SpO2:	99%	98%	100%	100%		
	Pulse:	135 b/m	134 b/m	130 b/m	128 b/m		
	BP:	100/70	102/62	101/63	100/70		
	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 :		Sandhya	Sw	Priyanka	Swetha		
Signature / ID :		[signature]	[signature] (603)	[signature]	[signature]		
Date:		19/7/26	19/7	19/7	19/7		
Time:		8am	2pm	8pm	8Am		
Taken Over By Name :		Sw	Priyanka	Swetha			
Signature / ID :		[signature] (603)	[signature]	[signature]			
Date:		19/7	19/7	19/7			
Time:		8Am	2pm	8pm			

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

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13-02-2023 3 Y 5 M 5 D (M)
Patie Dr. SINDHURA MUNUKUNTLA

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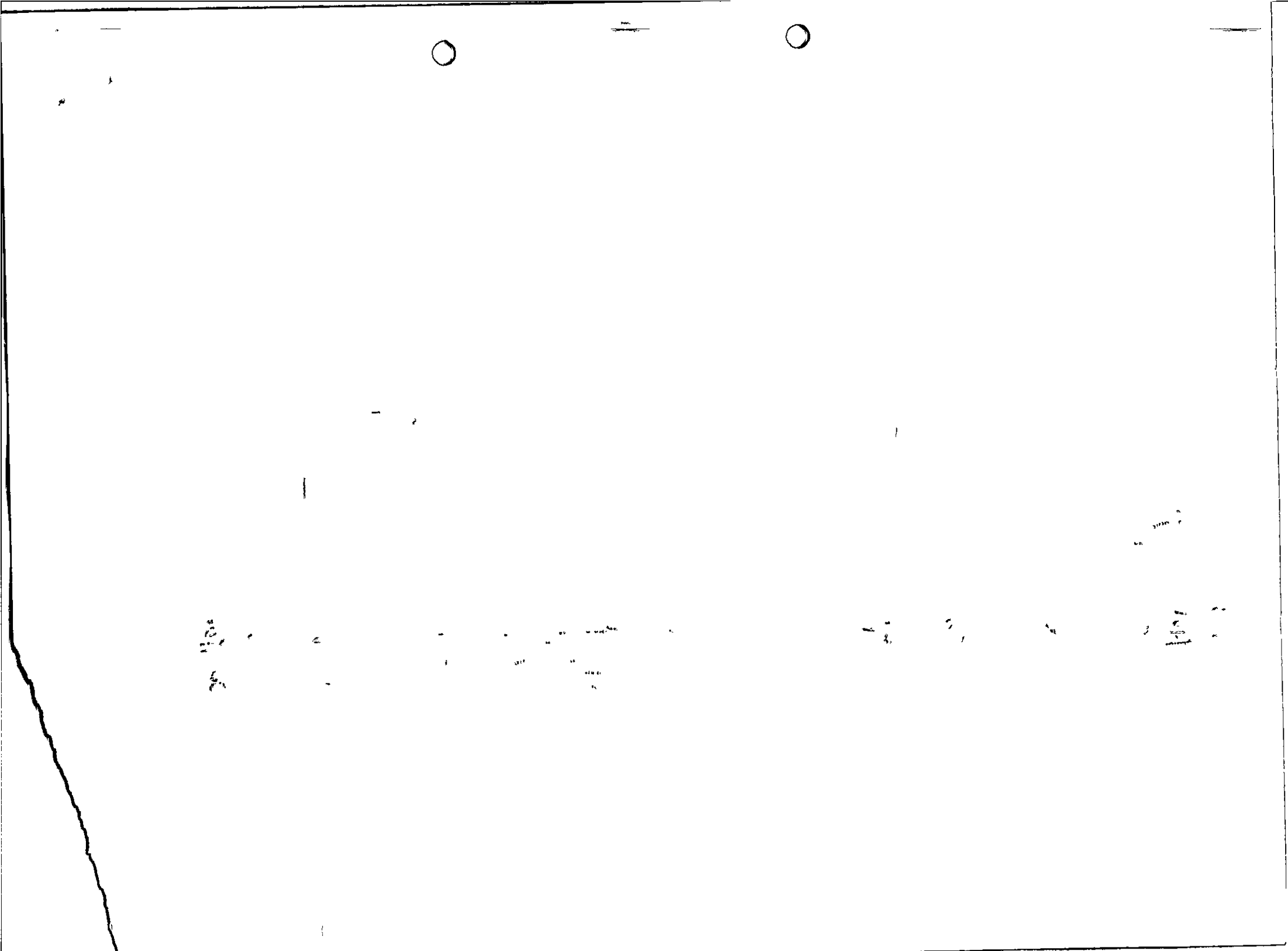
THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/7	DATE 20/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	-			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1				
	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					
	Outpatient Area	1	1				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
	Total		10				

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:		Sm				
	Signature:		ch				
	Date:		19/7				
	Time:		2pm				



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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

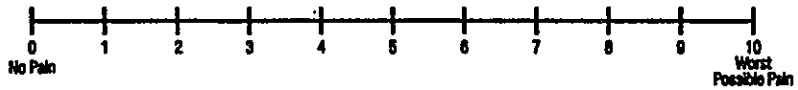
Signature : Sneha Name : Sneha

Signature of Ward In Charge :

Signature : Balaraju Name : Balaraju

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 drawn 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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/7	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
19/7	10pm	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.

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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BRADEN 'Q' SCALE

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					Date : 13/2/26	19/2/26	19/2/26	
					Time : 10pm	11 a	11 p	
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	
"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	3	3	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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	
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	
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	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	20	23	23	
				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

Docu. No. : RCH /FRM / CLINICAL / 119

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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. CROCIN-DJ				Date ▸ / Time ▾	18/7	19/7												
Dose	Route	Frequency	Start Date		11:35 pm	5 am												
4ml	oral	SOS/6hr	18/7		[signature]	[signature]												
Doctor's Signature		Valid Period	Pharm.															
[signature]																		
Additional Instructions: Paracetamol / 15 mg/kg / 240 mg																		

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. 13.02 kg Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
650 mg	IV	Q12h	18/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	

DRUG : Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
10 mg	IV	OD	18/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	18/7	19/7	20/7
	6AM		

DRUG : Neb ⊂ 3% NaCl

Dose	Route	Frequency	Start Date
2 puffs	Neb	6 hrly	18/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

see the chart

DRUG : Inj. AMOXYCLAV

Dose	Route	Frequency	Start Date
450 mg	IV	TID	18/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	18/7	19/7	20/7
	6am		
	2pm		
	10pm		

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REGULAR PRESCRIPTIONS

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

DRUG : Syp. FLUVIR

Dose	Route	Frequency	Start Dt.
2.5ml	oral	BD	18/7

Name & Signature of the Doctor Starting the Drugs: B. Sreejan IR

Additional Instructions: OSELTAMIVIR (5ml/6kg)

Daily Doctor's Endorsement by a Sign

Date / Time			
18/7	19/7	20/7	
9am	X	Nadella	
9PM	10:PM.		

DRUG : Syp. REFENT PLUS

Dose	Route	Frequency	Start Dt.
2.5ml	PO	Q12H	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
19/7	20/7	
10Am	Sig	
10Pm		

DRUG : NEBULIZATION WITH NORMAL SALINE

Dose	Route	Frequency	Start Dt.
1ml	Neb	Q12H.	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
19/7	20/7	
10Am	Sig	
10Pm		

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

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																		

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7/22	7PM	DULCOLAX SUPP.	5mg ×	PR		

Signature

VERIFIED BY : Name

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 13.2 Ward. .....

		osition 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
18/7	7PM	PLASMALYTE	IV	35 ml/h	R		19/7		
19/7	10AM			20ml	R		20/7		

Signature .....

VERIFIED BY : Name .....

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..IEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 212

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prasanth

Date & Time : 18/7/26 @ 6:30 PM

Nurse Name & Signature: Anupam

Date & Time : 18/7/26 @ 6:26 PM

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00001234 IP26-00006882 Master A SRI BHAVESH CHANDRA 13-02-2023 3 Y 5 M 5 D (M) Dr. SINDHURA MUNUKUNTLA	18/7/26 @ 6:30pm	18/7/26 @ 6pm
	Transfer Ordered by Dr. Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit 212	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 01	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 18/7/26 @ 7:50pm.

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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212

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 11 Am

Weight: 13.2 kg Centile: 10th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1300 kcal/d Protein: 22 gms/d

Diet Recommendations: soft high protein diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

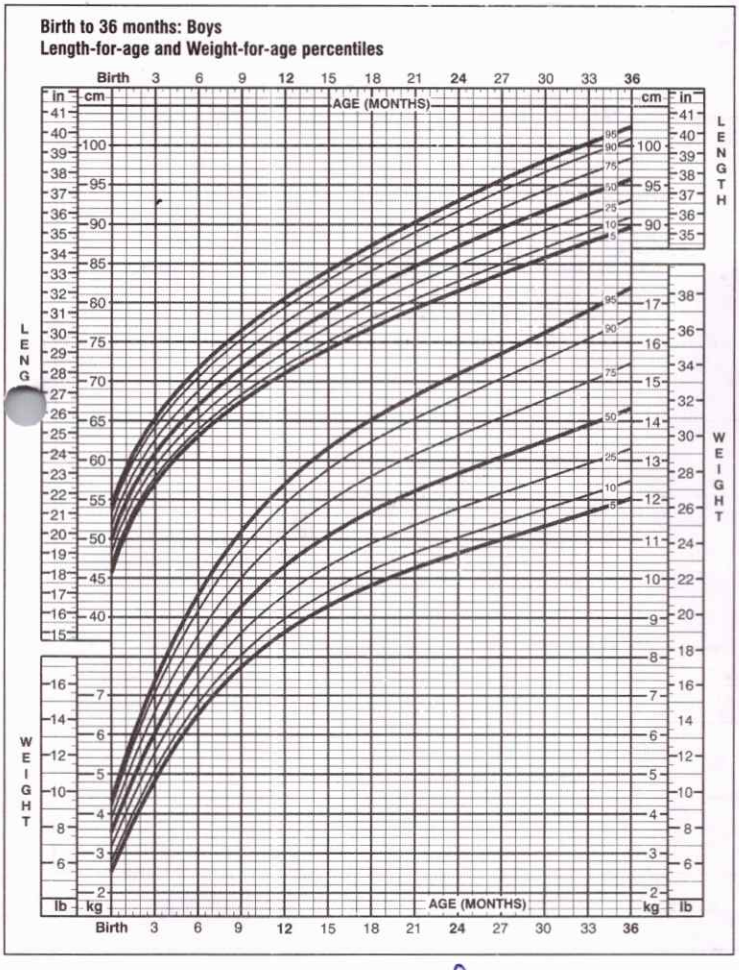
Food Allergies: NO Veg/Non-veg NON-Veg.

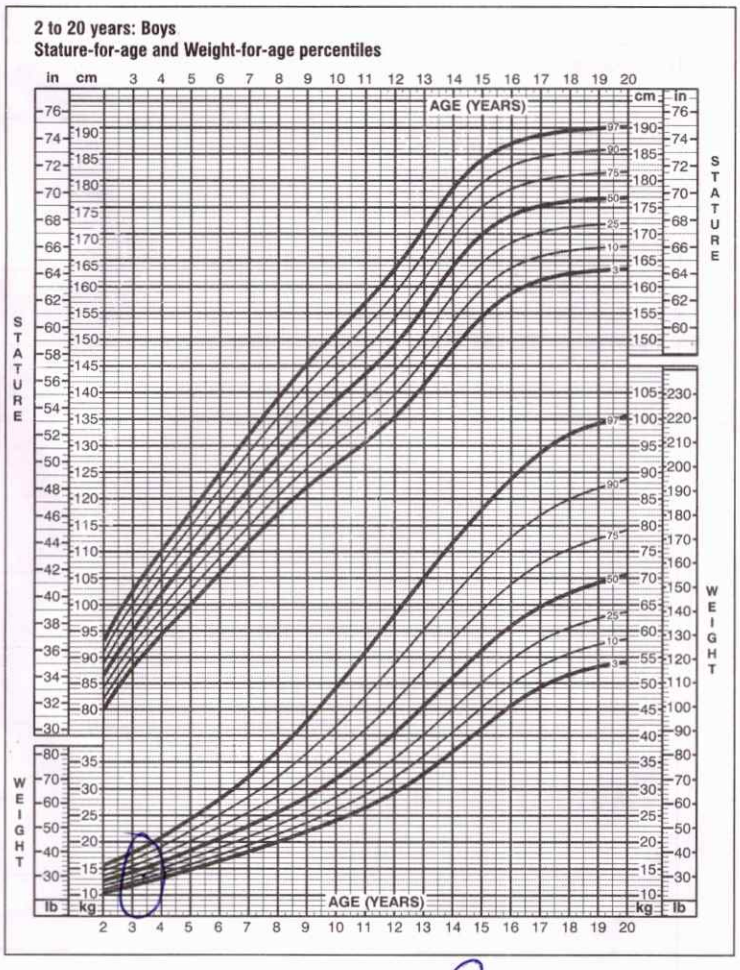
Diagnosis: LRTI & Dehydration & Influenza "A" Illness

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: J. Niveditha

GROWTH CHART (BOYS)





Dietician's Name Sathwika.G Dietician's Signature

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

HNH-00001234 IP26-00006882
Master A SRI BHAVESH CHANDRA
13-02-2023 3 Y 5 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Bhavesh chandra Age : 3Y **Gender:** ☐ Male ☐ Female

Date : 18/7/26 Time of Arrival : 5: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: 98.2 PR: 139 BP: 99/66 RR: ..... SpO_2: 99

Chief Complaints: c/o Fever since 5 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

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

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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.

J. Nivedita
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 5:27pm

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 : Anupam

Signature of Triage Nurse : A.N

Date & Time : 18/7/26 5:27pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/7/26 Time of arrival : 5 PM

Chief Complaints: Fever since 5 days. RBS: No

Height : ..... Weight : 13.2 Kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..... 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 : 5:15 PM

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

Time	Nursing Notes
	Assessed the patient condition vital checked.

Samples collected by:

Samples sent by : Apurba

Time:

Time: 6:PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:10 PM	Ibustics.	oral	4 ml		A.P

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 101 BP: 90/60 CFT: ND	Shift - out from ER to: 212
RR: 21 SPO_2 : 99	Time of Shift - out: 7:30
GCS: 15/15 Temperature : 98	Handover given to: Priyanka (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Anupam Signature of the Nurse : A.P

Date & Time : 18/7/26 @ 5:5 PM