212 - PC

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DISCHARGE SUMMARY

Name	Master SYED ANAS UDDIN GHORI PATEL	**UHID**	HNH-00016047
Father/Guardian	Mr SYED ILLYAS GHORI PATEL	**Age/Gender**	1 Y 9 M 3 D/ Male
Address	Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006897	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	23.07.2026		

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

DIAGNOSIS	ICD CODE
SIMPLE FEBRILE SEIZURE	
INFLUENZA A ILLNESS	

History: Master SYED ANAS UDDIN GHORI PATEL , 1 Y 9 M 3 D , old boy presented with the history of fever since 1 day, 1 episode of seizure (GTCS type) associated with uprolling of eyeballs and generalised tonic clonic movements of all 4 limbs lasting for 5 minutes, and drooling of saliva, not followed by post ictal drowsiness. For the above complaints, he was

Name	Master SYED ANAS UDDIN GHORI PATEL	UHID	HNH-00016047
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investigated and treated at nearby hospital. In view of persistence of symptoms, he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was febrile (100*F), maintaining saturations at room air and was hemodynamically stable. His heart rate was 154/min and Respiratory Rate - 32/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 13 kilograms.

Investigations: Enclosed reports.

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

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

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 8130 cells/cumm, platelet count of 2.68 lakhs/cumm and C-Reactive Protein of 6.0 mg/l. Complete urine examination was normal. Adenovirus PCR was not detected.

Management: He was admitted in the ward and started on Intra Venous fluids

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and symptomatic management with antacids and antipyretics.in view of febrile seizure he was started on febrile seizure prophylaxis with Clobazam and antipyretics.

on day 1 of admission, respiratory panel was sent which showed influenza A positive hence, Oseltamavir was started.

He was regularly monitored for fever spikes, hemodynamic & neurological status. His fever spikes gradually settled and there were no further seizure episodes during hospital stay.

He remained hemodynamically stable and is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Medication during hospital stay:
Syrup. Crocin DS
Syrup. Clobazam
Nasoclear nasal drops
Syrup. Fluvir
Injection. Esmoprazole

Advice:

Name	Master SYED ANAS UDDIN GHORI PATEL	UHID	HNH-00016047
IP No	IP26-00006897	Admission Date	20-07-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	2.5 ml	9am-9pm (after food)	For 3 days.
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Febrile Seizure Prophylaxis:
* 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.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 2 ml twice daily for 3 days every time with fever.
* Medistat - nasal spray (Midazolam = 1.25 mg/puff), 1 puff intranasal (into each nostril) for future seizures.

Review consultation with Dr. PRITESH NAGAR on Saturday (25.07.2026) at 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.

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Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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ACTIVITY RECORD FOR BILLING

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

Name ----------

UHID N ---------- Consultant : ---------- Dept : pediatric

Date o ---------- Time : 2:23pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	2:23pm	ER	2nd Floor(214)	

Cross Consultation Visit

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

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	CBP, CRP	12137	
	VBG	12138	
	Respiratory Panel	12137	
	5 Viruses		
21/7	CUE	2163	

Cross Checked done by

Cross checked done 23/7/26

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	Infusion pump	2:30pm	22/7/26 CHAM	5485	

Cross checked done by Sneh
Cross checked done 23/7/26

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17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	IV placement	I	15389	Sup
20/7/26	NHA	(1)	Susu	GA

Cross checked done by Sneha
Cross checked done 23/7/26

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Syed Anas .

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Syed Anas. Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since 1 day.
c/o. 1 Episode of seizure activity. today morning
c/o dull look & decreased oral Intake.

History of present illness :

Child presented to ER with c/o fever. since 1 day, high grade Intermittent not a/w rash / rigors.

c/o. 1 Episode of seizure activity today ~~morning~~ at 1pm. a/w GTCS movements of all 4 limbs uprolling of eyeballs & drools of saliva. last for 5 min, No post ictal drowsiness.

c/o decreased activity & decreased acceptance of feed.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Up to date.

Anthropometry

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

Weight (kgs) 13 kg. (Centile _____)

On Examination :

Temperature : 100F Pulse Rate: 154 Description _____

B.P. _____ SPO2 92% RA at _____

Resp. rate and type of breathing : _____

Sign of dehydration (+)

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : Bilat AE (+)

Any addes sounds : NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No.

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

Per Abdomen :

Inspection _____

Palpation : Soft, Not distended

Ausculation : No organomegaly.

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars ⊖

Sensory System :

N

Bladder / Bowel :

Clinical Summary & Diagnostic :

?AFI ē dehydration

Simple febrile Seizures.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
VBG.
CUE → due
Rup panel.
1 Extra plain sample.

N/B shirish

Planned Management :

- IV fluid (1/2 M) 23 ml/h.
- CROSIN DS syp 4ml po QID
- Syp IBUGESIC 4ml (SOS).
- Syp CLOBAZAM .2ml po BD. (1ml/2.5mg)
- w/f further seizure activity.
- MIDAZOLAM spray 2 puff (SOS). # seizure > 2min

N/B shirish

Please fill up the following details

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

Doctor's Signature Name Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184 Date Time

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/24 2.30pm.	c/s/by Dr Anusha / Dr pritch.	
	? Simple febrile Seizure.	
	AFI c dehydration	
	— HR = 154/min	
	SpO2 97% RA	
	Temp 100 F —	Recheck after 30 min
		If ↑ Sponging.
		>101 — IBUGESIC.
RBS		
RBS	B/c AC-(+)	
	NVBS (+)	
P/A	soft Not distended.	
		Plan
		— IVfluids
		— Send sample.
		— CROSIN QID.
		— IBUGESIC (SOS)
		— a/f with Seizure activity.
		— IVform (SOS).

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

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Dr. PRITESH NAGAR (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 5pm	CBIB Dr. Pritesh Febrile Seizure - 1 episode	
	Febrile ⊕ Cold ⊕ No further Seizures O/E - child asleep R/S - B/L AE ⊕ P/A - Soft Oral intake - less	Plan 1) IVF 2) Syp Cloba Syp Crocin 3) Tissa reports 4) Send CUE 5) Monitor Vitals
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	[signature]

HNH-00015047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26. 8 AM.	S/B Dr. Archana/ Dr Manni	
	case of simple febrile seizure c/c [Influenza A illness]	
	fever ← 100.9° @ 9 AM, 102° @ 1 AM, 100° @ 6 AM cold (+) seizure activity. oral acceptance.	Advice. (T) CUE Respiratory panel.
		: Continue Clobazam - Ct rest same. - watch for fever spikes & further episodes of seizure - Add Nasoclear n/d. - start fluvir.
	O/E vitally stable. S/E WNL.	

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

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17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 4:30am	u/c/b Dr. Pritesh	
	influenza A illness c̄ simple febrile seizures	
	- fever spikes (+)	
	- no further seizures	
	- cold (+)	
	- oral intake : fair	Plan → (N)
		1) trace U/E
	O/E	Resp. panel (adeno)
	vitals : stable	2) ct. fluids
		clobazam
	S/E :	3) Reassess for wheeze
	RS: RAE (+)	after 2h.
	? wheeze (+).	4). monitor vitals.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 2 pm	S/B Dr. Sneyhan	
	D Simple febrile seizure	
	E Influenza A Illness	P/a
	Fever spikes (+)	- Trace Adenovirus PCR
	CNS - S,S,(+)	- c/c FLUVIR
	A/- Ble-Ale (+)	CLOBAZAM
	P/A - Sol	- Monitor Vitals
	Condition.	
		- Encourage orally
		N/B Sneha

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 5:00pm	C/S/13 Dr. pritesh simple febrile Seizure Influenza A illness fever (+) Vitals - Stable. oral intake - poor. R/s - B/L AE (+) P/A - soft, NT	Plan - (T) Adenovirus - Cont Fluvir Clobazam - Cont syp Crocin DS - monitor vitals - Encourage orally - Cont IVF - 1½ M N/B Supp @ SOS

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

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ter SYED ANAS UDDIN GHORI
0-2024 1 Y 9 M 4 D (M)
'RITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 8am	s/B Dr. Nameen / Dr. Anusha.	
	Simple Febrile Seizures	
	Dyspnea A Illness	
	R/ Fever spikes - last spike 102.3°F → 10:57pm	Plan
	oral intake - ~~fair~~ poor	(1) ct Fluir, clobazam
	hemodynamically stable	(2) R/v to stop regular PCM
	chest clear	(3) Encourage orally
	P/A soft.	(4) IVF - 1/2 M.
		(5) Monitor vitals
	Adenovirus PCR - negative	
		Nau (Dr. Nameen)
22/07/2026 9:30 am	s/B Dr. Ritesh	
	Simple Febrile seizures	
	Dyspnea A. illness	
-	fever spikes - better	Plan
-	oral intake - poor	(1) ct Fluir. ; Clobazam (D3)
	hemodynamically stable	(2) Encourage orally
	chest clear	(3) ct IV fluids
	Dr. Ritesh Nagar Consultant Physician & Intensivist Reg. No: 47184	(4) Monitor vitals
		NB Review @ 9:30 pm

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er SYED ANAS UDDIN GHORI
)-2024 1 Y 9 M 4 D (M)
RITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 3pm	S/B Dr. Archana / Dr. Tarani	
	Δ: Simple febrile seizure	
	Influenza A illness.	Advice
	Last spike @ 11pm yesterday night.	• Continue oral medication as per Rx chart.
	No fresh complaints	
	oral acceptance - good.	• Stop IVF.
		• Ct test same.
	o/e	
	vitally stable.	
	s/e	
	WNL.	

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-2024 1 Y 9 M 4 D (M)
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 5:00pm.	C/S/r/3 Dr. Pritesh Simple febrile seizure. Influenza A illness Last fever spike - 11 PM. yesterday No fresh issues. Oral intake - fair.	Advice - Throat examination. - Cont. CST - Cont Syp. Fluvir Syp. Clobazam Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184
23/7/26 7.30 Am	S/B Dr. Sneyhan D Simple febrile seizure c Influenza A illness P ly No further seizures Afebrile now Vitals stable CNS - S,,S ① R/ - 3U - AEF ⊕	- Ct FLUVIR - Stop CLOBAZAM - Plan discharge

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/24 8:40 AM	SLB Dr. Pritesh Δ Simple febrile seizure Influenza A Illness	
	Afebrile Vitals stable	Plan - TAB VIRAZOLE 5 days (total)
	Sleeping.	- Thyrocare Saturday - Discharge
		-

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: NKA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp IBUGESIC.	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm.	Additional Instructions:	Date/Time
	4ml	PO	SOS	20/7					20/7 9pm

DRUG: MIDAZOLAM spy	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm.	Additional Instructions:	Date/Time
	2puffs	nasal	SOS	20/7				1.25mg/1puff	

DRUG: Inj. ondensetron	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm.	Additional Instructions:	Date/Time
	2mg	IV	SOS	21/7					21/7 12p

Verified by Dr. Dhakshayani

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

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS Weight. 13 kg Ward.

Verified by Dr. Dhakshayani

DRUG: CROSIN DS SYP

Dose	Route	Frequency	Start Date
4ml	PO	QID	20/7

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

Additional Instructions: (240mg/5ml)

Daily Doctor's Endorsement by a Sign

Date/Time	20/7	21/7	22/7
12AM	x	[signature]	[signature]
6AM	x	[signature]	[signature]
12pm	x	[signature]	[signature]
4pm			
6pm	[signature]	[signature]	

STOP 22/7

Verified by Dr. Dhakshayani

DRUG: SYP CLOBAZAM

Dose	Route	Frequency	Start Date
2ml	PO	BD	20/7

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

Additional Instructions: (2.5mg/5ml)

Daily Doctor's Endorsement by a Sign

Date/Time	20/7	21/7	22/7	23/7
6AM	x	[signature]	[signature]	[signature]
6pm	[signature]	[signature]	[signature]	

STOP 23/7

Verified by Dr. Dhakshayani

DRUG: Naso clear nasal drops

Dose	Route	Frequency	Start Date
1°	both nostrils	QID	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7	22/7	23/7
6AM	8AM [signature]	[signature]	[signature]
12PM	[signature]	[signature]	
6PM	[signature]	[signature]	
12AM	[signature]	[signature]	

DRUG: Syp FLUVIR

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	21/7/26

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

Additional Instructions: (12 mg/ml) 30 mg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
9AM	[signature]
9PM	

STOP 21/7

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13/4 Ward .....

DRUG : Syp. FLUVIR	Dose	Route	Frequency	Start Dt.
	2.5ml	oral	BD	21/7

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

Additional Instructions: OSELTAMIVIR (5ml/60mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 21/7/2024

DRUG : Inj. ESMOPRAZOLE	Dose	Route	Frequency	Start Dt.
	18mg	IV	OD	21/7

Name & Signature of the Doctor Starting the Drugs: Roof

Additional Instructions:

STOP.

Daily Doctor's Endorsement by a Sign

DRUG :	Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :	Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY · Name ..... · Signature .....

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 13/5 Ward. .....

Date	Time	Position 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
20/7/26.	2:20pm	I.V fluids DNS.	iv	23ml/h			22/7		

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

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

212

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RESULT SHEET

Date	20/7					
Time	2:30 PM					
Hb	12.4					
PCV	39.1					
RBC	4.25					
WBC	8,130					
N/L	76/13					
Platelets	2.68					
CRP	6.0					
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	20/2/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Adenovirus:-	Not detected					
Influenza:-	A Positive					
	RSV & SARS negative					
	B					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

CLINICAL / 125

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

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

Date 20/7/25 Time: 4pm 6pm 9pm 10pm 11pm 12:30am 1am 2am 4am 4:30am 5am 8:30am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 125/m 112/m 126/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 29/m 25/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	RA 100%
Conscious Level	Normal / Altered
GCS *	

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)

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/10 Time:	10Am	12:30	2am	4:15Am	6pm	10:50pm	11pm	12am	2am	7am
Doctor / Nurse / Family Concern?										
Temperature (F) (104–94)	101.7	99.2°F	99.5°F	101.6°F	100.5°F	102.3°F	101.0°F	99.9°F	98.0°F	99.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	98/59 (71)	100/61 (69)		101/62 (68)						
Heart Rate (Number)	128 b/m	120		122 b/m						
Resp. Rate (bpm) (Over 1 Minute) * (70–10)										
Resp Rate (Number)	29 b/m	27		28 b/m						
Resp Distress — Mod/ Severe / None / Mild										
Receiving O_2(l/min)										
O_2Saturations (%)	98%	99%		99%						
Conscious Level — Normal / Altered										
GCS *										
TOTAL SCORE Number of shaded boxes	0	0		0						
Pain Score	0	0		0						
Observer's Initials	[illegible]	[illegible]		[illegible]						

Chart annotations: Ibugesic given; Sponging given; Ibutal

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift 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!
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

NH-00016… IP26-00006897
Master SY-D ANAS UDDIN GHORI (M)
1 Y 9 M 4 D
-10-2024
PRITESH NAGAR

Patient

CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 22/8 Time:	10AM	2PM	6 PM	8:30pm	10pm	2am	6am
Doctor / Nurse / Family Concern?							
Temperature (F) (scale 94–104)	97.4F	98.2F	97.4F	100.6	[illegible]	[illegible]	[illegible]
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)							
Heart Rate (Number)	135b/m	128b/m	122b/m				
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)							
Resp Rate (Number)	30b/m	28b/m	20b/m				
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min)							
O_2Saturations (%)	98%	99%	100%				
Conscious Level: Normal / Altered							
GCS *	-	-					
TOTAL SCORE Number of shaded boxes	0	0	0				
Pain Score	0	0	0				
Observer's Initials	[illegible]	[illegible]	[illegible]				

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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…elow 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

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IH-00016047 IP26-00006897
ster SYED ANAS UDDIN GHORI
10-2024 1 Y 9 M 4 D (M)
PRITESH NAGAR

FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																															
Doctor / Nurse / Family Concern?																															
Temperature (℉)	104																														
	103																														
	102																														
	101																														
	100																														
	99																														
	98																														
	97																														
	96																														
	95																														
	94																														
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
Note: BP does not score in early warning scoring	90																														
	80																														
	70																														
	60																														
	50																														
Heart Rate (Number)																															
Resp. Rate (bpm) (Over 1 Minute) *	70																														
	60																														
	50																														
	40																														
	30																														
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	10																														
Resp Rate (Number)																															
Resp Distress: Mod/ Severe																															
Resp Distress: None / Mild																															
Receiving O_2(l/min)																															
O_2Saturations (%)																															
Conscious Level: Normal																															
Conscious Level: Altered																															
GCS *																															
TOTAL SCORE Number of shaded boxes																															
Pain Score																															
Observer's Initials																															

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00016047 IP26-00005897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 1

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 :**						
20/7/26	02:00 pm			–								
	03:00 pm			–								
	04:00 pm	DNS		23ml								
	05:00 pm	DNS		23ml								
	06:00 pm	DNS	2dly	23 ml								
	07:00 pm	DNS	Tab	23ml								
Total Intake :						**Total Output :**						
	08:00 pm			23ml								
	09:00 pm			23ml								
	10:00 pm			23ml								
	11:00 pm	DNS		23ml								
	12:00 am			23ml								
	01:00 am			23ml								
Total Intake :						**Total Output :**						
	02:00 am			23ml								
	03:00 am			23ml								
	04:00 am	DNS		23ml								
	05:00 am			23ml								
	06:00 am			23ml								
	07:00 am			23ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
21/7	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-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 3

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							
22/7	08:00 am			23ml								
	09:00 am			23ml								
	10:00 am	DNS		23ml		NA		NA			0	
	11:00 am			23ml								
	12:00 pm			23ml								
	01:00 pm											
Total Intake :								**Total Output :**				
22/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	O			NA			NA			0	
	06:00 pm											
	07:00 pm											
Total Intake :		Taken						**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-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI (M)
17-10-2024 1 Y 9 M 4 D
Dr. PRITESH NAGAR

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NURSING CARE RECORD

Date: 20/7/26

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	3pm to 8pm	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	3pm to 8pm	→ Assessed pt condition → monitored the vitals → maintained I/O chart → Administer the medication as per drug chart	Patient is stable	Re-checked vitals	[illegible]
Night	8pm to 8	Assess the baby Monitor v/s administer medi[illegible] Maintain [illegible] [illegible]	8pm to 8	Assessed the baby Monitored v/s administer [illegible] Maintain [illegible]	[illegible] [illegible]	[illegible] the [illegible]	[illegible]

HNH-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

Patient Sticker

NURSING CARE RECORD

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Date: 21/7/26

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 vitalsigns maintain I/O chart. Provide the comfortable position.	8Am to 2Pm	Assessed the pt condition monitored vitals maintained I/O chart provided the comfortable position	⇒ Pt is stable ⇒ vitals normal	⇒ monitor vitals ⇒ maintain I/O chart	[signature]
Afternoon	8Am 2	→ Assess the pt condition → monitor vitals & I/O chart → drugs as per chart		→ Assessed the pt condition → Monitored vitals I/O chart → drugs as per chart	pt is stable	Recheck vitals	[signature]
Night	8pm 8am	Assess the baby Monitor the vitals administer Medication Maintain I/O chart	8pm 8am	Assessed the baby Monitored vitals administer Medication Maintain I/O chart	administer Medication	Reassess the pt	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

H-00016047 IP26-00006897
Master SYED ANAS UDDIN GHORI
10-2024 1 Y 9 M 4 D (M)
PRITESH NAGAR

NURSING CARE RECORD

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Date: 22/7/26

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 10 2Pm	Assess the pt condition, monitor vitals and maintain I/O chart, provide the comfortable position. medication give as per as doctor order.	8Am 10 2Pm	Assessed the pt condi, monitored vitals, maintained I/O ch, provided the comfort positi, medication give as per as doctor order	→ pt is stable → vitals normal	→ monitor vi. → maintain I/O chart	[signature]
Afternoon	2pm 8pm	→ Assess the pt condition → monitoring vitals checked and record → I/O chart maintain	2pm 8pm	→ Assessed the pt condition → Administrations medication given as per doctor order's	→ pt is stable	→ Re-checked vitals	[signature]
Night	8pm 8am	Assess the baby [illegible] vital administer [illegible] [illegible] I/O ch	8pm 8am	Assessed the baby [illegible] vital administered [illegible] [illegible] I/O ch	[illegible]	[illegible]	[signature]

No: RCH /FRM / CLINICAL / 148

Patien

4-00015047 IP26-00006897
ter SYED ANAS UDDIN GHORI
0-2024 1 Y 9 M 4 D (M)
PRITESH NAGAR

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ 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							

Patien

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Seizures

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	20/7 E2	21/7 M	21/7 E2	22/7 M	22/7 E2	23/7 M
	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:	96.3°F	98.2°F	98.2°F	98.2°F	98.0°F	98.2°F
	Res:	35/min	20/min	30/min	30/min	32/min	30/min
	SpO_2:	99%	100%	99%	99%	100%	99%
	Pulse:	115/min	112/min	115/min	112/min	100/min	112/min
	BP:	–	–	–	–	–	–
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	0	–	–	–	–	–
	Pain Score:	1	–	–	–	–	–
	Skin Integrity	yes	–	–	–	–	–
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 :		Anusha	Sneha	Sneha	Sneha	Sneha	Anusha
Signature / ID :		A	46/6053	46/6053	46/6053	46/6053	A
Date:		20/7/26	21/7	21/7	21/7	22/7	22/7
Time:		8pm	8am	2pm	8pm	8am	2pm
Taken Over By Name :		Sneha	Sneha	Sneha	Sneha	Sneha	Anusha
Signature / ID :		46/6053	46/6053	46/6053	46/6053	46/6053	A
Date:		20/7	21/7	21/7	21/7	22/7	22/7
Time:		8pm	8pm	2pm	8pm	8am	2pm

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 4 D (M)
Dr. PRITESH NAGAR

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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	22/7 E2	23/7 8000				
	Medical Condition (Any special condition to be noted):	–	–				
	Diet:	–	–				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	–				
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3 F	98.3				
	Res:	30b/m	32				
	SpO_2:	100%	100%				
	Pulse:	135/m	132				
	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:	NA	–				
	Critical Lab Test / Values:	NA	–				
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	–				
Post Operative Procedure Special Orders:		NA	–				
Handed Over By Name :		Amrutha					
Signature / ID :							
Date:		22/7	23/7				
Time:		8pm	8000				
Taken Over By Name :							
Signature / ID :							
Date:		22/7					
Time:		8pm					

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 (21/7)			DAY-3 (22/7)			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	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	0	NA	NA	0	NA	NA		Cannula Removed 22/7/25 @9pm
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	0	NA	NA	0	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	0	NA	NA	0	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	0	NA	NA	0	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	0	NA	NA	0	NA	NA		
		Signature of the Nurse			[signature]	[signature]	[signature]	[illegible]	[signature]	[signature]	[illegible]		

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 : [signature] Name : [signature]

Signature of Ward In Charge :

Signature : Balamani Name : Balamani

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Master SYED ANAS UDDIN GHORI
17-10-2024 1 Y 9 M 3 D (M)
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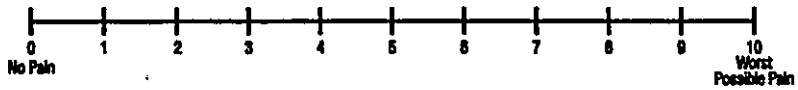
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	PA	
21/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
21/7	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016047 IP26-00006897 Master SYED ANAS UDDIN GHORI 17-10-2024 1 Y 9 M 3 D (M) Dr. PRITESH NAGAR	20/7/26 @ 2:23 PM	20/7/26 @ 3:08 PM
	Transfer Ordered by Dr Anusha	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (214)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
Aroma /	Dr Anusha.

Patient & Clinical Records Received by : Medha @ 4pm

Date & Time of Patient Received : 20/7/26 @ 4:1pm

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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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☐ 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: ..... 2nd Floor (214) .....

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, Abdullah. .....

Date & Time : ..... 20/7/26 @ 2:20pm .....

Nurse Name & Signature: ..... Afsana .....

Date & Time : ..... 20/7/26 @ 3:08PM .....

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

Patient Sticker 1yam

214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/7/26 Time: 3pm

Weight: 13kg Centile: 75th

Height: - Centile: -

Inference: WellChild

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

Diet Recommendations: Soft Diet with more liquids

Re-Assesment: Avoid spicy, Chilled & outside foods

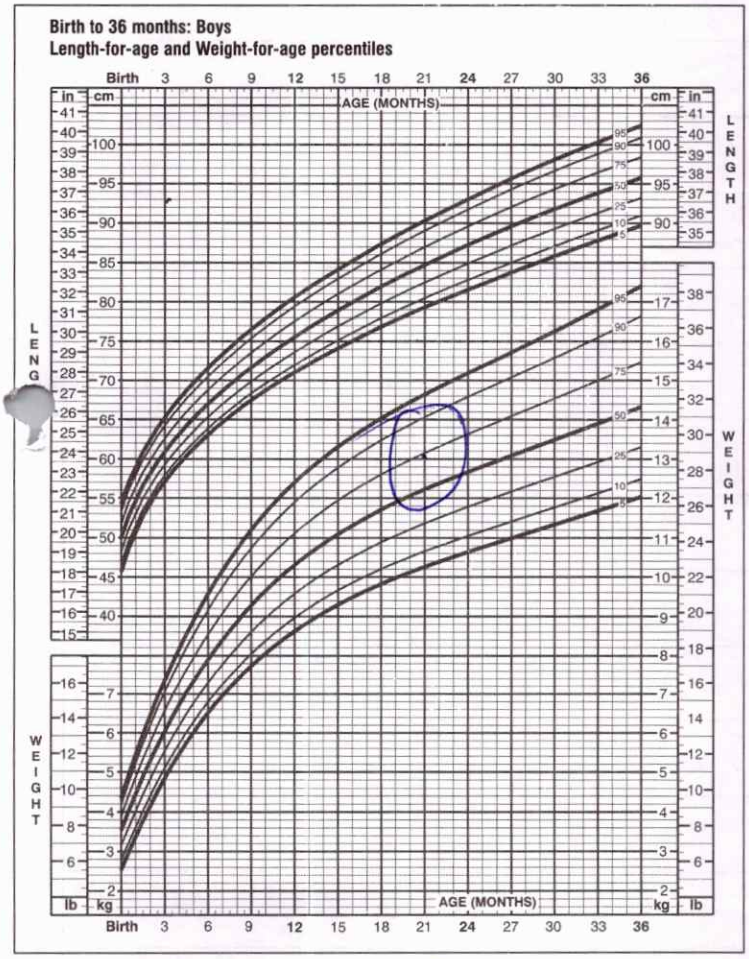
Food Allergies: NO Veg/Non-veg NON-VEG

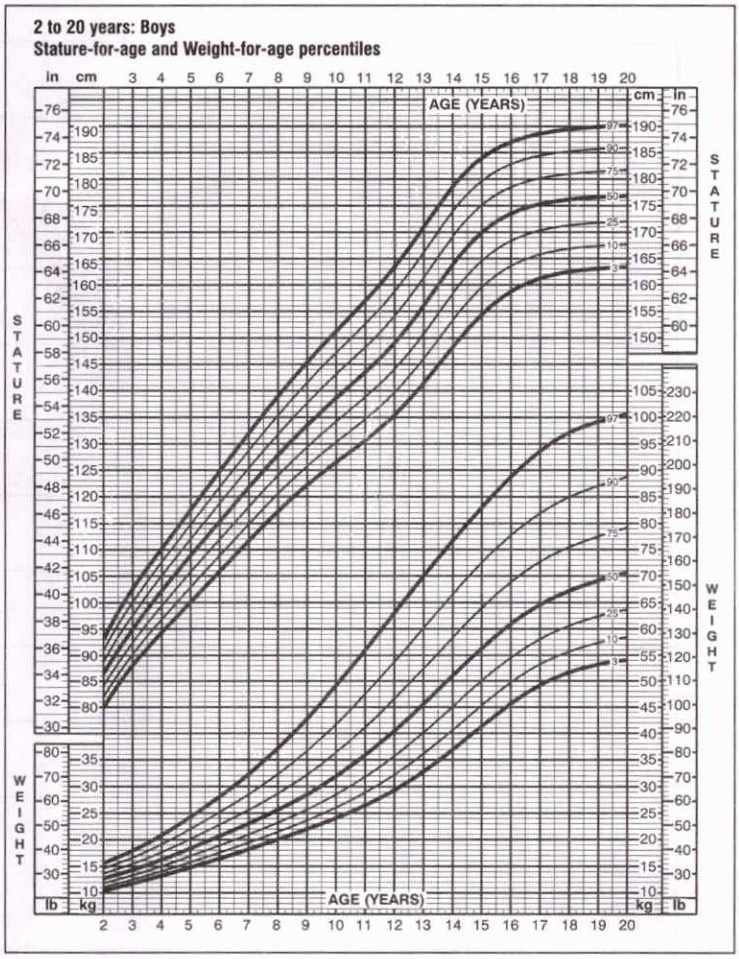
Diagnosis: AFI with Dehydration ? Simple febrile seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sangeeta

GROWTH CHART (BOYS)





Dietician's Name Sathwika.G

Dietician's Signature

Docu. No. : RCH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Anas Age : 1y8m Gender: ☑ Male ☐ Female

Date : 20/7/26 Time of Arrival : 2:10 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: 100°F PR: 164b/M BP: .... RR: 32b/m SpO_2: 96%

Chief Complaints: C/o seizure 1 episode fever since today

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:12 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 : Apam

Signature of Triage Nurse :

Date & Time : 20/7/26 @ 2:12Pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/7/26 Time of arrival : 2:14PM

Chief Complaints: c/o Seizures / Episode Fever since 1 day RBS: N/D

Height : - Weight : 13.45 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 N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With Family.

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

Time of Initial assessment completed by ER Nurse : 2:14pm / [illegible]

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

Time	Nursing Notes
2:40pm	Assessed the Patient condition
	monitor vitals Done

Samples collected by: /

Samples sent by : / vijaya

Time:

Time: / 2:40 PM

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 154bpm BP: CFT: WNL	Shift - out from ER to: 2nd floor (24hrs)
RR: 36 b/m SPO_2 : 96%	Time of Shift - out: 3:06 PM
GCS: 15/15 Temperature : 97.8	Handover given to:
Pain Score: 6	(Nurse's Name)
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement Done

Name of the Nurse : Atara

Signature of the Nurse :

Date & Time : 20/7/26