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D.C

Rainbow® Children's Hospital
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DISCHARGE SUMMARY

Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
Father/Guardian	Mr PYDA MURALI VENKATA SAI SANTOSH	**Age/Gender**	1 Y 7 M 7 D/ Male
Address	501,SENETE APARTMENT ,STREET NO"-12,HIMAYATHNAGAR, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006768	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	09.07.2026		

Consultant:
Dr. PRANEET REDDY NAYINI
MBBS- MD
CONSULTANT PEDIATRICIAN

Co Consultant
Dr. ANIKET ANIL PARASHAR
MBBS- MD
CONSULTANT PEDIATRICIAN
TSMC/FMR/08568

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION (CULTURE POSITIVE - e.coli)	

Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
IP No	IP26-00006768	**Admission Date**	06-07-2026

History: Master PYDA SHRI NAGA AGASTYA, 1 Y 7 M 7 D , old boy presented with history of fever since 5 days, dull activity and poor oral intake since 2 days, reduced urine output since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Outside investigations: Done on 06.07.2026: CBP showed Hemoglobin - 11.0 gm%, White blood cells - 16600 cell/cmm, Platelets - 2.44 lakh/cmm, C-Reactive Protein - 115.75 mg/L. Complete urine examination shows 10-15 pus cells, 6-8 RBC.

Examination: He was febrile(102*F), maintaining saturations at room air and was hemodynamically stable. His heart rate was 138/min and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present, dry lips, dry oral mucosa, delayed skin turgor, sunken eyes were present. On auscultation, air entry was bilaterally equal 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.

Weight on admission: 13 kilo grams.

Investigations: Enclosed reports.

Serum electrolytes showed sodium of 135 mmol/L, potassium of 4.4 mmol/L & Chloride of 105 mmol/L. Serum Creatinine was 0.4 mg/dl. Blood Urea was 25 mg/dl. Widal was negative.
Blood culture and sensitivity shows no growth after 48 hours of incubation.

Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
IP No	IP26-00006768	**Admission Date**	06-07-2026

Urine culture and sensitivity shows
Gross examination : Pale yellow in colour, clear.
Gram stained smear - Shows no polymorphs or organisms.
Colony count: - $>10^5$cfu/ml
Culture : - **E. coli isolated.**
Susceptible to –
Amoxycillin-Clavulanic acid, Cephalexin, Cefotaxime, Ceftriaxone, Cefpodoxime, Cefixime, Gentamicin, Amikacin, Tobramycin, Sulfamethoxazole-Trimethoprim and Trimethoprim.
Resistant to –
Ampicillin, Ampicillin-sulbactam, Cefuroxime, Nalidixic acid, Piperacillin and Nitrofurantoin.

Management: He was admitted in the ward and was started on Intra Venous fluids . He was treated symptomatically with antacids and antipyretics.

In view of significant pus cells in urine routine urine culture was sent and started on Intra Venous antibiotics .Urine culture showed growth for E coli , for which susceptible antibiotics continued .

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

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

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

Name	Master PYDA SHRI NAGA AGASTYA	UHID	HNH-00016405
IP No	IP26-00006768	Admission Date	06-07-2026

stable.

Medication during hospital stay:
Injection. Amikacin
Injection. Ceftriaxone
Injection. Esmoprazole
Injection. Ondansetron

Advice:
* Diet as advised.

Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
IP No	IP26-00006768	**Admission Date**	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Injection. Ceftriaxone	650 mg in 20cc NS over 1 hours	twice daily	For 1 day.
2	Injection. Amikacin	200 mg IN 20CC NS over 30 mins	Once daily	For 1 day
3	Syrup. Bevon	3 ml	once daily	For 30 days
4	Syrup. ONDEM (Ondansetron – 5ml/2mg)	5ml	7am-7pm (30 minutes before food)	SOS
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

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. PRANEET REDDY NAYINI on (13.07.2026) Monday at his clinic.

Food instructions while taking medications:

Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
IP No	IP26-00006768	**Admission Date**	06-07-2026

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

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

If any IV antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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**

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Name	Master PYDA SHRI NAGA AGASTYA	**UHID**	HNH-00016405
IP No	IP26-00006768	**Admission Date**	06-07-2026

Registrar/Resident/C.M.O

Consultant:
Dr. PRANEET REDDY NAYINI
MBBS- MD
CONSULTANT PEDIATRICIAN

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 : IP26-00006768 **Admit Date** : 06-Jul-2026 **Admit Time** : 09:47 PM **UHID** : HNH-00016405

Patient Details :

Patient Name	: Master PYDA SHRI NAGA AGASTYA	**Age**	: 1 Y 7 M 6 D
Guardian	: Mr PYDA MURALI VENKATA SAI SANTOSH	**DOB**	: 30-11-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 501,SENETE APARTMENT ,STREET NO"-12, HIMAYATHNAGAR Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9652002582/ 8106709017
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr PYDA MURALI VENKATA SAI **Relationship** : Father

Contact Address : 501,SENETE APARTMENT ,STREET NO"-12,HIMAYATHNAGAR Himayathnagar Hyderabad Telangana INDIA 500029 **Phone No** : 9652002582

Signature

Doctor Details :

Doctor Name : Dr. PRANEET REDDY NAYINI **Specialisation** : GENERAL PEDIATRICS

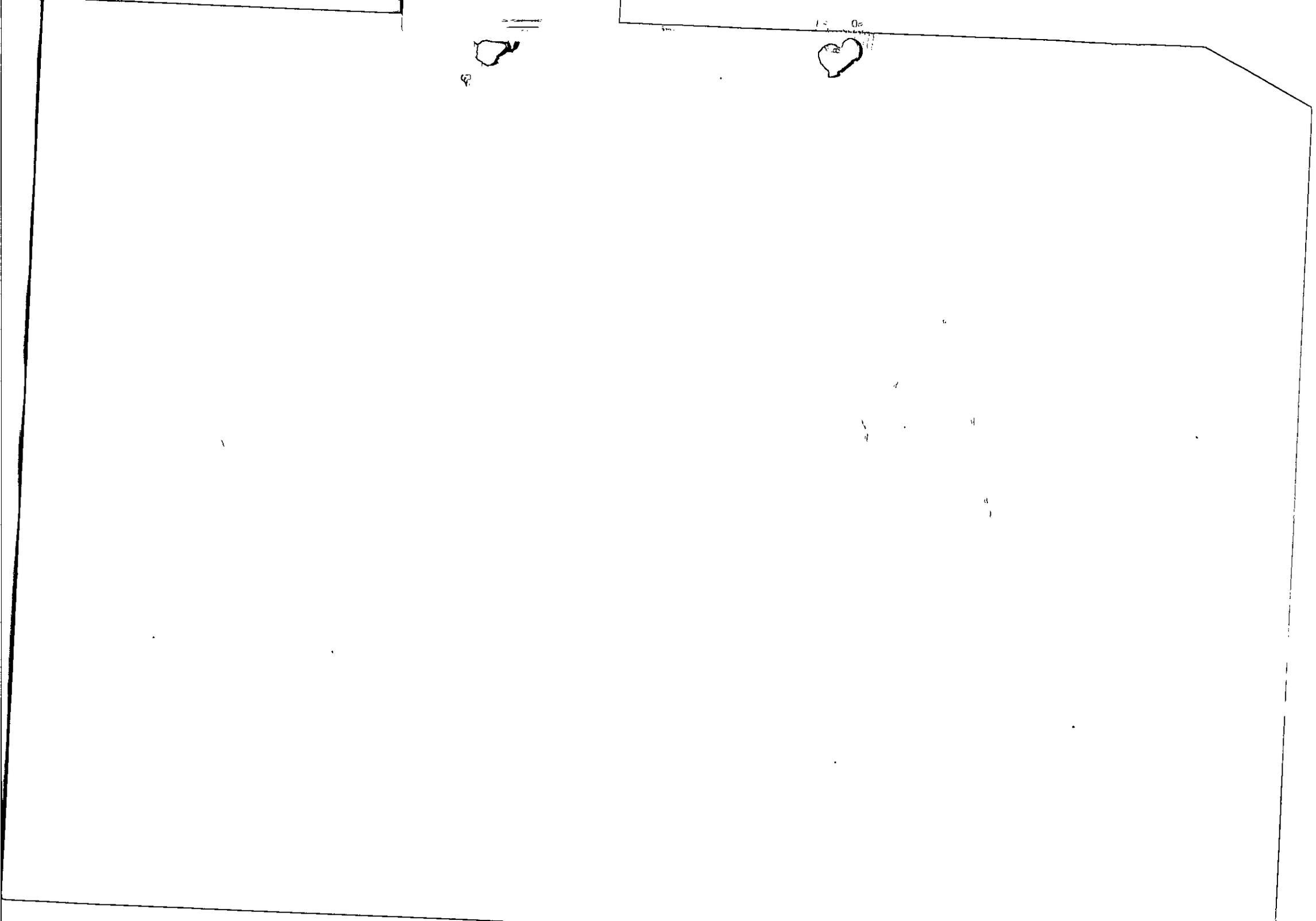
Referral Doctor : Self. **Phone No** :

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : ICICI ICICI LOMBARD GENERAL INSURANCE



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ACTIVITY RECORD FOR BILLING

Name: ------ HNH-00016405 IP26-00006768 Master PYDA SHRI NAGA AGASTYA 1 Y 7 M 6 D (M) 30-11-2024 Dr. PRANEET REDDY NAYINI ----------

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

Date of Admi ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	10:30pm	ER	Ward	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	Blood C/S, urine c/s widal, urea, electrolyte creatinine	1130	
		Cross checked done by Amrutha 8/7/26 @12AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6/26	Infusion pump	8/6/26 c 11pm	8/7/26 c 4pm	11310	[signature]
			Cross checked	done	by
				Amrutha	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV Placement	(1)	1305	
7/7/26	NHA	(1)	~~H52U~~	~~Q~~
		Cross	checked	done by
			Amrutha	

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 : HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Reg.

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 5 day
c/o Dull activity & Poor oral intake :: 2 day
c/o Reduced Urine :: 1 day

History of present illness :

Child brought with
c/o Fever :: 5 day
Persistent high grade fever - 103-104°F
ass c chills & rigor
Every 5-6 hours, not responding
to oral PCM

c/o Dull activity & } :: 2 days
c/o Poor oral intake }

c/o Reduced Urine output :: 1 day

Outside Labs
6/7 → CRP - 115
CUE → 10-15 pus cells
2+ Ketones

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 :

Immunization History :

Upto date

Pediatric Multiorgan History & Physical Examina

Anthropometry

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

Weight (kgs) 13 kg (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate: 138/m Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : 30/m

Rash Signs of Dehydration - Sunken eye, dry lips & oral mucosa

Lymphadenopathy Delayed skin turgor

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE ⊕

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Drowsy & Irritable 13/15

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI - D4 c Dehydration
UTI

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

3 Ph
Urea
Creat
S. Electrolyt
WIDAL - 1
Blood c/s -
Urine c/s - Catheter Sample

Noted By Brabin

Planned Management :

IVF - DNS
Inj Ceftriaxone
Inj Amikacin
PAN
ZOFER
PCM

USG Abd - T/Fm

Noted By Brabin

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. Praneeth / Dr. Aniket on whose name the patient is being referred

Dr. Aniket Anil Parashar
Consultant Pediat...
Reg. No. ...

Doctor's Signature Name Date Time

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:45am	C/O/E Dr Ramu / Dr. Nagaraju	
	AFI ↓ Dehydration - D5 UTI	
		Plan
	Fever ↑	1) IVF
	Pod 0 day	2) IV ceftriaxone
		3) IV Amikacin
	child asleep	4) IV Esomeprazole
	V/S/ Stable	5) IV ondn
	R-S - B/L/AE ↑	6) T Syr WIDAL
	CVS - S1S2 ↑	Blood C/S
	P/A - Soft	Urine C/S
		7) USG Abdomen after wound
		Plan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8:00 A		S/B Dr Praneet Reddy
		? UTI
		fever spikes ⊖
		child sleeping
		Afebrile
		vitals stable
		pulses perf good
		BS ⊕ ⊕ clear
		P/A S/T, S/O
		100 g → 7 L
		Rx
		IVF ½ DNS @ 28 ml/hr
		- Inj CEFTRIAXONE 650 mg/IV/BD
		→ Inj AMIKACIN 200 mg/IV/OD
		→ Inj ONDEM 2 mg/IV/TDS
		→ Inj ESMOPRAZOLE 15 mg/IV/OD
		→ Syp CROCIN DS 4 ml/PO/SOS
		- trace Blood cls, urine cls, widal
		Dr Reddy
		noted by Sr Sandhya 7/7/26 8:—

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:30PM.	c/o/b dr. Varun A - 2, UTI fever - 101.4°F (12:30 pm). Oral intake - poor. O/E - vitals stable. S/E - WNL.	Plan ① Inj. Ceftriaxone. ② Inj. Amikacin ③ Inj. ondem/ESMO/Cravin OS. - Trial urine C/S, blood c/c. NB bupirayen @2:30pm

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5PM	c/o/b Dr. Aniket → ? UTI	
	fever (+)	
	oral intake - fair.	
	Urine output - (✓)	
	O/E - vitals stable.	Plan
		- Rf persistent fever, get - USG KUB done tomorrow.
	O/E - DNL.	
		- Ct. Ceftriaxone Amikacin.
	- ↓ IVF to 1/2 M.	- Trace blood/urine dg.
		- Rf next line changes, send CBP, LFP.
		Sign: Dr. Aniket

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

N.B Supervised

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2020 8am	S/B Dr. Nameen / Dr. Archana	
	? UTI	
	Fever spikes (+)	Plan
	oral intake fair	(1) ct ceftriaxone
	urine output good	Amikacin
	activity better	(2) Trace blood c/s
	hemodynamically stable	urine c/s
		(3) In case of persistent fever spikes - SOS USG KUB
		(4) CBP, CRP c̄ next prick
		N.B Amruth
8/7/24 8Am	S/B Dr. Praneet Reddy	
	fever spike (-)	Max temp - 102.3 F
	child sleeping	
	Afebrile	
	Vitals stable	
	pulse [illegible] good	
	BA [illegible]	
	PA [illegible]	
	[illegible] 79	
	To add Cango if further fever spikes.	Rx - CST
		[illegible]
		N.B Amruth

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30-11-2024 1 Y 7 M 6 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 2:30 pm	URB Re-Examin UTI	
	- Low spike @ 9:30 pm yesterday. - no fresh complaints - overall intake: good O/E vitals: stable SE - normal	Plan 1) Inj. ceftriaxone maintain 2) Trend Blood cs Urine cs 3) CBP, CRP - next peak 4) if fever spikes (+) - get USG KUB done 5) Refer to as per Rx chart 6) monitor vitals

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 spon	UMB Dr. Aniket UTI / urine cls (+) – E coli	
	- last spike @ 9:30 PM yesterday. - no fresh clo - oral intake: good	Plan
	O/E vitals: stable SKT – (N) P/A – soft	1) Inj. Ceftriaxone + Amikacin 2) Trend Blood cls 3) CBP, CRP } next peak 4) Plan d/c – T/M after Dr. praneeth 5) if fever spikes (+) get USG KUB done 6) Rest as pre Rx chart. NB- Monitor @6PM.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	c/s/b Dr. Varun	
	Δ - UTI (culture +ve - E. coli)	
	- fever spikes ↓	
	- oral intake - Good.	
		Plan
	O/E - vitals stable.	
		- CBP, CRP } Next prick.
	S/E - WNL.	
		- Trace urine C/S. Blood C/S.
		- If fever spikes (+),
		USG KUB ~~tomorrow~~ today.
		- D/S ~~tomorrow~~ after
		Praneet sir rounds.

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Praneeth [illegible]	
9/7/26 8 AM	No fresh complaints child active Afebrile [illegible] orally well vitals stable [illegible] [illegible] P/A [illegible] [illegible]	
	P/w Discharge today	Rx → ~~INJ CEFTRIAXONE 650mg/IV/BD x 1day~~ → ~~INJ AMIKACIN 200mg/IV/OD x 1day~~ → ~~SYP CROCIN DS 4ml/PO/SOS if fever spike~~ → ~~SYP BOVON 3ml/PO/OD x 1 month~~
		Dr [illegible] N. B [illegible]

HNH-00016405 IP26-00005768
Master PYDA SHRI NAGA AGASTYA
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Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/K/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: ..... 4 Gen ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .... Dr. Pranav .....

Date & Time : ..... 6/7/26 @ 9:40 PM .....

Nurse Name & Signature: ..... Jyoti / SN .....

Date & Time : ..... 6/7/26 @ 9:42 PM .....

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

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp CROCIN-DS

Dose	Route	Frequency	Start Date
4 ml	PO	SOS 6th hrly	6/7

Doctor's Signature: Pranee | Valid Period | Pharm.: (a)

Additional Instructions: If T > 100°F

Date / Time

DRUG : Syp IBUGESIC

Dose	Route	Frequency	Start Date
4 ml	PO	SOS 8th hly	6/7

Doctor's Signature: Pranee | Valid Period | Pharm.: (a) 4:30 pm

Additional Instructions: If T > 102°F

Date / Time: 7/7 12 MD pm

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date / Time

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

REGULAR PRESCRIPTIONS

Weight. 13.2 kg Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
650 mg	IV	BD	6/7

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7	9/7
10 AM	X			
10 PM				
	✓			

DRUG : Inj AMIKACIN

Dose	Route	Frequency	Start Date
200 mg	IV	One Daily	6/7

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
11 PM			
6 PM			
	✓		

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
15 mg	IV	One Daily	6/7

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7	9/7
11 PM				
6 AM				
	✓			

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
2 mg	IV	TID	6/7

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7	9/7
6 AM	X			
2 PM	X			
10 PM				
	✓			

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

I.V. FLUIDS CHART

Weight. 13 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7	10pm	IVF - DNS (2/3rd M)	IV	30			7/7		
7/7	8:30 am	IVF - DNS	IV	25			8/7		
7/7/24	5PM	1/2 M.		18 ml ↓			8/7		

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

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1Y7M6D (M)
Dr. PRANEET REDDY NAYINI

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RESULT SHEET

Date	6/7	6/7				
Time	Outside	10:30 pm				
Hb	11.0					
PCV	33.5					
RBC	4.4					
WBC	16,600					
N/L	66/27					
Platelets	2.44					
CRP	115.75					
ESR						
PCT						
RBS						
Na		135				
K		4.4				
Cl		105				
Ca/Mg						
Phosphate						
Urea		25				
Creatinine		0.4				
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						

Date	6/7					
Time						
CUE - Alb	Trace					
CUE - Sugar	Neg					
CUE - Ketones	2+					
CUE - PUS Cells	10-15					
CUE - RBC Cells	6-8					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue Ig M, Ig G, NS1	Neg					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

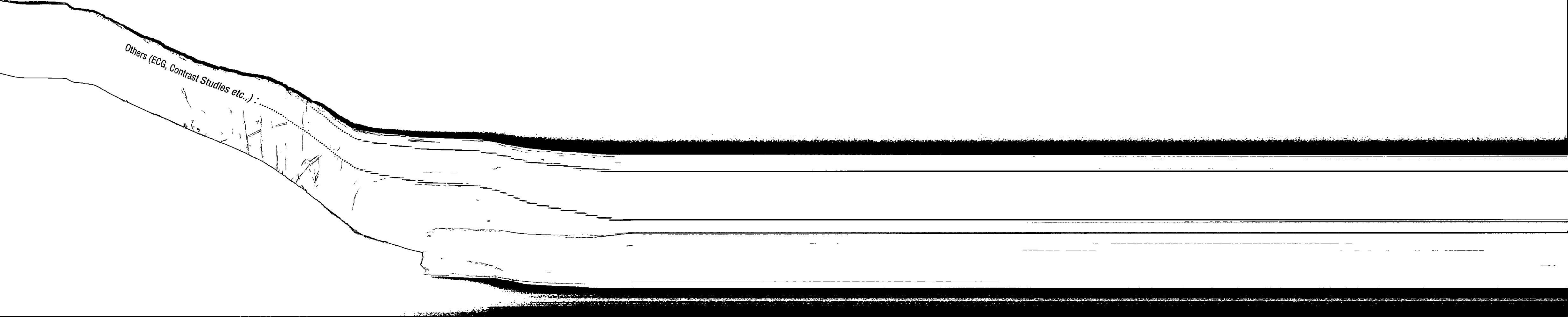
ECHO : .....

CT : .....

MRI .....

AL/0139

(P.T.O)


Others (ECG, Contrast Studies etc.,) :

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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 : 6/7

Time:	10 pm	2 pm	5:30 AM	6:30 AM
Doctor / Nurse / Family Concern?				
Temperature (°F) (scale 94–104)	97.3°F	98.2°F	100.5°F (Crocin given)	99.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*	*		*
Heart Rate (Number)	130 b/m	128 b/m		130 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	28 b/m	28 b/m		29 b/m
Resp Distress — Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	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	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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UNICAL / 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 : 7/7/26. Time: 10am 12:30 pm 1:30 pm 2pm 6pm - 9:30 PM 8pm 6pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F 101.4°F Syp Ibugesic given 99.6°F 98.3°F 99.4°F 102.3°F (Ibugesic given) 98.1°F 98.6°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) 126/m 140/m 135/m 140/m 138/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 34/m 40/m 40/m 40/m 34/m 40/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	99% 99% 99% 99% 99% 99%
Conscious Level	Normal / Altered
GCS *	

TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FRM / CLINICAL / 125

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

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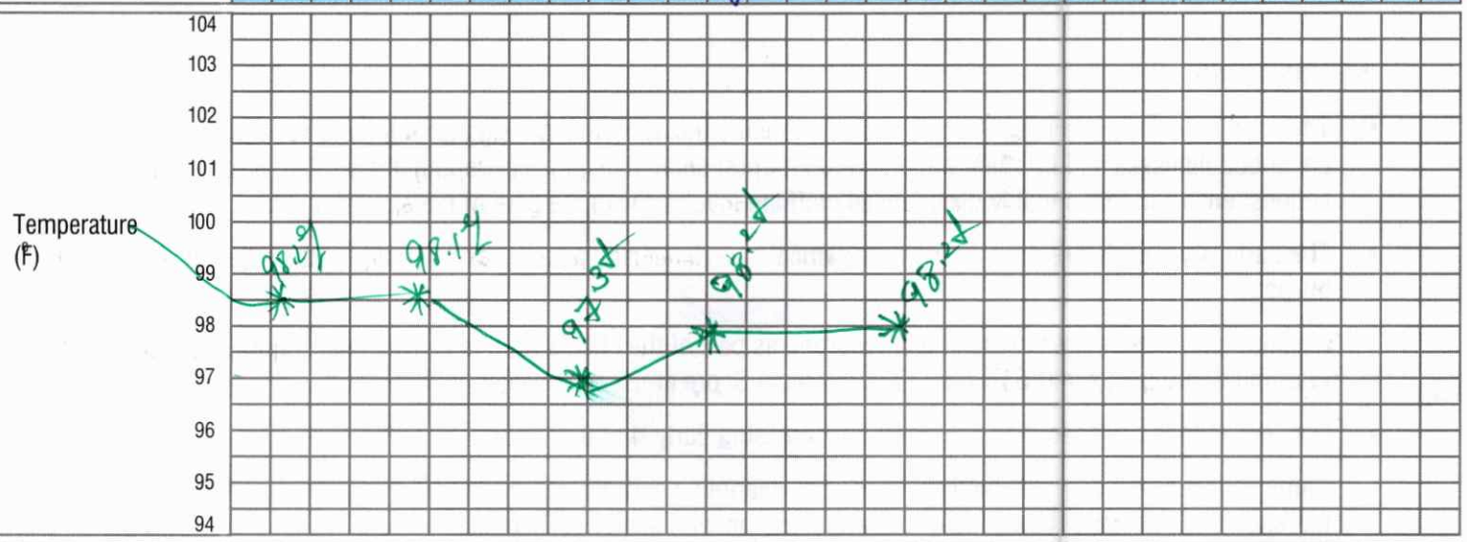
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/24 Time: 6pm 7pm 8pm 9pm 6am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 136bpm 134bpm 126bpm 140bpm 136bpm

Resp Rate (Number) 36bpm 36bpm 38bpm 38bpm 35bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	99% 99% 99% 100% 100%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0 0 1 0
Pain Score	0 0 0 0 0
Observer's Initials	

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

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30-11-2024 1 Y 7 M 6 D (M)
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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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					NA						
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
6/7	08:00 pm			30ml							0	
	09:00 pm			30ml			L				0	
	10:00 pm	ORS		—			0			✓	0	
	11:00 pm			30ml							0	
	12:00 am	ORS	H2O	30ml		NA	J	NA			0	
	01:00 am			30ml							0	
Total Intake : Taken										**Total Output :** M-0	U-1	
7/7	02:00 am			30ml							0	
	03:00 am	ORS	milk	30ml			L				0	
	04:00 am		+	30ml		NA				—	0	
	05:00 am		H2O	30ml			0				0	
	06:00 am	ORS		30ml				NA			0	
	07:00 am			30ml			J			✓	0	
Total Intake : Taken										**Total Output :** M-0	U-2	

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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							
7/7/26	08:00 am			25ml								
	09:00 am			25ml								
	10:00 am			25ml								
	11:00 am	DNS	milk	25ml		NA		NA				
	12:00 pm			25ml								
	01:00 pm			25ml								
Total Intake :										Total Output : U-2 M-		
7/7/26	02:00 pm			25ml								
	03:00 pm			25ml								
	04:00 pm	DNS		25ml								
	05:00 pm			18ml		NA		NA				
	06:00 pm			18ml								
	07:00 pm			18ml								
Total Intake :										Total Output :		
7/7	08:00 pm			18ml								
	09:00 pm			18ml								
	10:00 pm	DNS	milk +	18ml		NA		NA				
	11:00 pm			18ml								
	12:00 am	DNS	H2O	18ml								
	01:00 am			18ml								
Total Intake : Tal/scn										Total Output : M-0 U-2		
8/7	02:00 am			18ml								
	03:00 am			18ml								
	04:00 am	DNS	milk	18ml		NA		NA				
	05:00 am		+	18ml								
	06:00 am	DNS	H2O	18ml								
	07:00 am			18M								
Total Intake : Tal/scn										Total Output : M-0 U-1		

Total 24 hrs. Intake		Total 24 hrs. Output	

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30-11-2024 1 Y 7 M 7 D (M)
Dr. PRANEET REDDY NAYINI

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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							
8/5/26	08:00 am	↑		18ml								
	09:00 am			18ml								
	10:00 am	DNS	milk	18ml								
	11:00 am	↓		18ml								
	12:00 pm	↓	milk	18ml								
	01:00 pm			18ml								
Total Intake : Taken						Total Output :						
8/7/26	02:00 pm	↑										
	03:00 pm		milk									
	04:00 pm	DNS		IVF full								
	05:00 pm	↓		Stop								
	06:00 pm		milk									
	07:00 pm	↓										
Total Intake : Taken						Total Output : U- 2 M- 0						
8/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		milk									
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake : Daily						Total Output : M-0 U-1						
9/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am		milk									
	06:00 am											
	07:00 am											
Total Intake :						Total Output : M-0 U-2						

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							
9/7	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**	

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Master PYDA SHRI NAGA AGASTYA
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Dr. PRANEET REDDY NAYINI

NURSING CARE RECORD

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Date: 6/7

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 pt condition → monitoring vitals checked and recorded → I/O charting maintained	8pm | 8AM	→ Assessed the pt condition → monitoring vitals checked and recorded → I/O charting maintained	→ pt is stable	→ Re-checked vitals	

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NURSING CARE RECORD

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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→ Assess the pt condition. → monitor the vitals. → plan to continue IV fluids → drugs give as per drug chart.	8Am 2pm	→ Assessed the pt condition. → monitored the vitals. → planned to continue IV fluids → drugs given. as per drugs chart.	→ pt is stable Now.	→ Reassessed the vitals.	
Afternoon	2pm 8pm	→ Assess the pt Cadit — monitor vitals & I/O chart → drugs as per chart → provided Comfort pt		→ Assessed the pt Condition — monitored vitals & I/O → provided Comfort pt	→ pt is stable	Reassessed with	X
Night	8pm | 8Am	⇒ Assess the pt condition ⇒ monitoring vitals checked and recorded ⇒ I/O chart maintain	8pm | 8Am	⇒ Assessed the pt condition ⇒ Administration & medication given as. per doctor orders	→ Pt is stable	→ Re - Assess the vitals	

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NURSING CARE RECORD

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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	→Assess the pt condition. →monitor the vitals. →maintain I/o chart. →drugs give as per drug chart.	8AM 2pm	→Assessed the pt condition. →Monitored the vitals. →Maintained I/o chart. →drugs given as per drug chart.	→pt is stable now.	→Re assessed the vitals	
Afternoon	2pm 8pm	- Assess the pt condition - monitor vitals - maintain I/o Chart - drug Give as per drug chart	2pm 8pm	- Assessed the pt condition - monitor vitals - maintain I/o Chart - drug	pt is stables	Rechecked vitals	
Night	8pm to 8pm	→Assess the pt condition →Monitor vitals & record →maintain I/o chart →Administer medications as per drug chart	8pm to 8AM	→Assessed pt condition →monitor vital & record →Maintained I/o chart →Administered Medicines as per drug chart	→ Pt is stable	→ Rechecked Vi	

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NURSING CARE RECORD

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Date: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am | 2pm	- Assess the pt Conditio - monitor vitals - maintain I/O Chart - Medicin Critera as per drug chart	8am | 2pm	- Assessed the Pt Condition - Monitored vitals - Maintained ~~vitals~~ I/O Chart - Medicin Criteria as per drug Chart	Pt is Stable	Rechecked vitals	
Afternoon							
Night							

Patient Sti

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30-11-2024 1 Y 7 M 6 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 7/7			DAY-2 8/7			DAY-3 9/7			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			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	NA	NA	NA		NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	NA	NA	NA		NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	NA	NA	NA		NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	NA	NA	NA		NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	NA	NA	NA		NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/12			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						
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						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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						
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						
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						
			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 : Amruth Name :

Signature of Ward In Charge :
Signature : Baladam Name :

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis:

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

BACKGROUND

Area / Shift Time	6/7 N1	7/7 M6	7/7 E2	7/7 N1	8/7 M6	8/7/26 E2
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

	6/7 N1	7/7 M6	7/7 E2	7/7 N1	8/7 M6	8/7/26 E2
Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2F	98.1°F	98.1F	98.2F	98.1°F	98.6°F
Res:	28b/m	28bm	29b/m	29b/m	30b/m	30bm
SpO_2:	100%	100%	100%	100%	100%	100%
Pulse:	121b/m	128b/m	129b/m	121b/m	120b/m	120bm
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

	6/7 N1	7/7 M6	7/7 E2	7/7 N1	8/7 M6	8/7/26 E2
Safety Needs:	—	Yes	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Ammu	Mahi		Amrutha	Mahi	Mrudushi
Signature :						
Date:	7/7	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:	8pm	8pm	8pm	8AM	2pm	8pm
Taken Over By Name :	Mahi	Amrutha	Amrutha	Supriya	Mrudushi	Supriya
Signature :						
Date:	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26	8/7/26
Time:	8AM	8pm	8pm	8AM	2pm	8am

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Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 9 D (M)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	9/7 M6					
	Medical Condition (Any special condition to be noted):	~					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	32 b/m					
	SpO_2:	~~					
	Pulse:	119 b/m					
	BP:	94/60					
	Fall Risk Score:	~0~					
	Pain Score:	Good					
Recommendations	Safety Needs:	~					
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	~					
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	~					
Post Operative Procedure Special Orders:		~					
Handed Over By Name :		G Supriya					
Signature :		(S)					
Date:		9/7/24					
Time:		4pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	8/2 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								
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								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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								
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								
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								
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

BRADEN 'Q' SCALE

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				Date : 6/7	11/7	28/7	7/7
				Time : N	Morning	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	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	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	20	24	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

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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Master PYDA SHRI NAGA AGASTYA
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BRADEN 'Q' SCALE

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

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					Date : 8/7	8/7		
					Time : MG	EA		
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		
"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.	3	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	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		
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		
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		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4		
				TOTAL SCORE	26	28		
				Evaluator's Name	[illegible]	[illegible]		

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016405 IP26-00006768 Master PYDA SHRI NAGA AGASTYA 30-11-2024 1 Y 7 M 6 D (M) Dr. PRANEET REDDY NAYINI	6/7/26 @ 9:47pm	6/7/26 @ 10:30pm
	Transfer Ordered by Dr. Rao	Reason for Transfer Admission
From Unit ER	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	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
Bhargavi.	Dr. Rao

Patient & Clinical Records Received by : Amrutha

Date & Time of Patient Received : 6/7/26 @ 10:40pm

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

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 7/7/26 Time: 11:40 Am

Weight: 13/cg Centile: 75th

Height: — Centile: —

Inference: wdl child

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

Diet Recommendations: Soft Diet & more liquids

Re-Assesment: Avoid Spicy, chilled & outside foods.

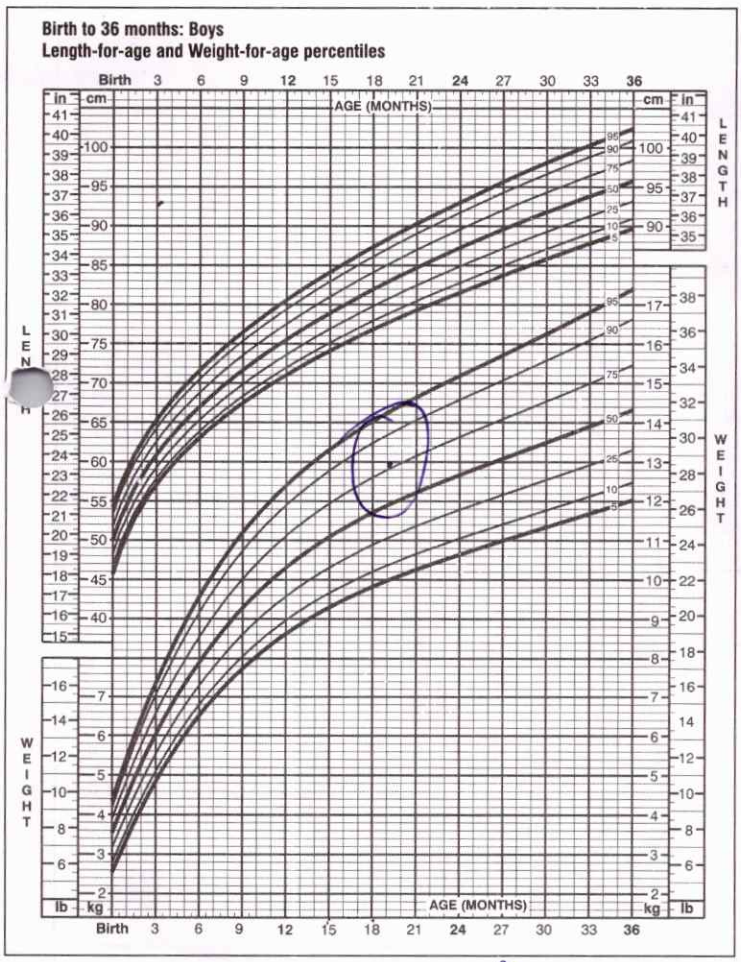
Food Allergies: NO Veg/Non-veg veg.

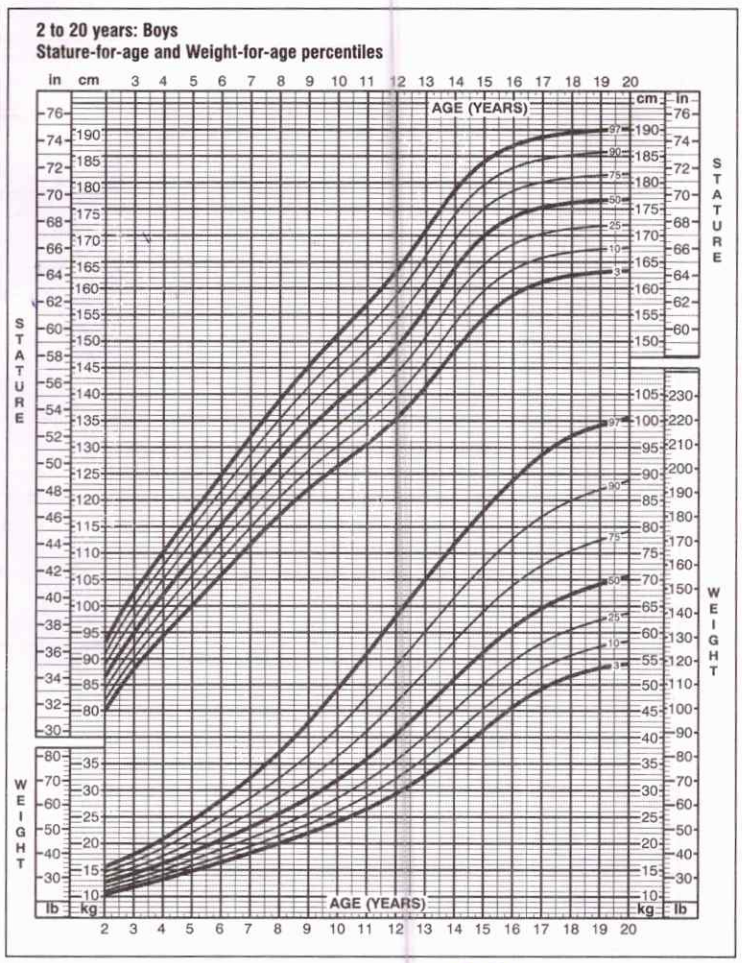
Diagnosis: ~~AFI~~ & Dehydration & UTI

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M. Sathwik Reddy

GROWTH CHART (BOYS)





Dietician's Name Sathwik. G Dietician's Signature

Daily Notes:

HNH-00016405 IP26-00006768
Master PYDA SHRI NAGA AGASTYA
30-11-2024 1 Y 7 M 6 D (M)
Dr. PRANEET REDDY NAYINI

wt - 13 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Agastya Age : 1 year 7 m **Gender:** ☑ Male ☐ Female

Date : 06/07/26 Time of Arrival : 9:30 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: 100.9°F PR: 146 b/m BP: ..... RR: ..... SpO_2: 97%

Chief Complaints: C/o Fever since 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 9:32 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 : Prabin

Signature of Triage Nurse : .....

Date & Time : 06/07/26 @ 9:32 pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 06/07/26 Time of arrival : 9:30 pm

Chief Complaints: c/o Fever since 4 days

Height : ..... Weight : 13 kg 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 ☐ Yes ☐ No

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

If Patient is > 6 years

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

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 9:32 pm

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

Time	Nursing Notes
	→ Assessed the pt. condition
	→ Checked the pt vitals

Samples collected by: Jyothi. Time:

Samples sent by : Jyothi. Time: 10pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:30pm	Crocin.	PO	4 ml	Dr. pranav	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 110bl/m BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO2 at FiO2: 97%.	Time of Shift - out: 10:30pm
GCS:..... Temperature : 100.9°F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement done

Name of the Nurse : Babin Signature of the Nurse : .....

Date & Time : 06/07/26 @ 9:32 PM