211
PC

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby PAMULU SRI LAHANVI	**UHID**	VIH-00159131
Father/Guardian	Mrs BANDA SRI HARSHINI	**Age/Gender**	3 Y 5 M 3 D/ Female
Address	6-1-291, SREENIKETAN, PADMARAO NAGAR, Padmarao Nagar, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006707	**Admission Date**	01-07-2026
Ref Doctor	Self.		
Discharge Date	03.07.2026		

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

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History : Baby PAMULU SRI LAHANVI is a 3 Y 5 M 3 D , old girl presented with history of vomiting and loose stools since 3 days, abdominal pain since 2 days , poor oral intake, reduced urine output since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby PAMULU SRI LAHANVI	UHID	VIH-00159131
IP No	IP26-00006707	Admission Date	01-07-2026

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 142/min, blood pressure was 109/65 mmHg and RR - 28 /min. On examination Signs of dehydration were present, dry lips, dry oral mucosa, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 13 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.35, pCO2 of 38.9 mmHg, pO2 of 40 mmHg, HCO3 of 20.9 mmol/L and BE of -4.2 mmol/L.

Initial hemogram showed Hemoglobin of 12.1 gm%, White Blood Cell count of 14990 cells/cumm, platelet count of 3.09 lakhs/cumm and C-Reactive Protein of 5.0 mg/l.

Ultrasound abdomen shows
* Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region - in keeping with mesenteric adenopathy.

Management: She was admitted in the ward and started on intra venous fluids . She was treated symptomatically with antiemetics, antacids and antipyretics . In view of loose stools , she was administered probiotics , ORS and advised gastrodiet.

Base line investigations sent , infective markers (CBP and CRP)showed

Name	Baby PAMULU SRI LAHANVI	**UHID**	VIH-00159131
IP No	IP26-00006707	**Admission Date**	01-07-2026

negative , hence continued symptomatic management .

She was regularly monitored for her loose stool frequency and hydration status . Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Ondensetron
Injection. Esomeprazole
Syrup. Zinconia
Pro GG sachet

Advice:
* Diet as advised.

Name	Baby PAMULU SRI LAHANVI	UHID	VIH-00159131
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZINCONIA	5 ml	10am (after food)	For 12 days
2	PRO GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			
4	WHO ORS (4.4 GM SACHET IN 200ML WATER) ADLIB / TO GIVE 100ML OF ORS AFTER EACH STOOL .			

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. PRITESH NAGAR on Monday(06.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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

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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**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006707 **Admit Date** : 01-Jul-2026 **Admit Time** : 06:08 PM **UHID** : VIH-00159131

Patient Details :

Patient Name	: Baby PAMULU SRI LAHANVI	**Age**	: 3 Y 5 M 2 D
Guardian	: Mrs BANDA SRI HARSHINI	**DOB**	: 29-01-2023
Gender	: Female	**Religion**	:
Occupation		**Martial Status**	:
Address (H)	: 6-1-291, SREENIKETAN, PADMARAO NAGAR Padmarao Nagar Hyderabad Telangana INDIA 500061	**Phone No**	: 9030889470
		E-mail	: na123@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 : Mrs BANDA SRI HARSHINI **Relationship** : Mother

Contact Address : 6-1-291, SREENIKETAN, PADMARAO NAGAR Padmarao Nagar Hyderabad Telangana INDIA 500061 **Phone No** : 9030889470

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name: ------ VIH-00159131 IP26-00006707 ----------
Baby PAMULU SRI LAHANVI
UHID No : -- 29-01-2023 3 Y 5 M 2 D (F) -------- Consultant : ---------- Dept : Pediatric
Dr. PRITESH NAGAR

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 211 ------- Ward : 2nd floor ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	6:30pm	ER	2nd floor/211	

Cross Consultation Visit

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

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/7/26	CRP	10748	
	CRP		
	RBG	10747	
	Cross Checked done by Sneha		
2/7/26.	USG Abdm	7874	
	Cross checked done by Anusuya		

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Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7/26	Infusion Pump	7pm	3/7/26 10AM	9833	

Cross checked done by Sneha

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29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/7/26	IV placement	1	9828	[signature]
2/7/26	NHA	1	0008	[signature]
2/7/26	IV Placement	1	10119	[signature]

Cross checked done by Sus

Cross checked done by Amouth

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 : VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis :

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

ıltiorgan History & Physical Examination

Name : Sri Lahanvi Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o Vomitings :: 3 day
c/o Loose stool :: 1 day
c/o Abdominal pain :: 2 day
c/o ~~Vomitings~~ Poor Oral intake } :: 1 day
c/o Reduced Urine Output

History of present illness :

child brought with
c/o Vomitings :: 3 day
Initially 3- 4 episodes / day
Now - 8 episodes (Multiple) :: after no
not better with oral Ondem
Non bilious / Non blood Stained

c/o Loose stool :: 1 day
Multiple episodes, Watery - sticky
Foul Smelling
ass c Abd pain
c/o Abdominal pain :: 2 day
c/o Poor Oral intake } :: 1 day
c/o Reduced Urine Output

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Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

FT / LSCS / CIAB / AGA

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Up to date

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Exami

Anthropometry

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

Weight (kgs) 17 kg (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate: 162/m Description _____

B.P. 109/65 SPO2 97% at _____

Resp. rate and type of breathing : _____

Rash _____ Sign of Dehydration (+) - Sunken eye, Dry lips & oral mucosa

Lymphadenopathy _____

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 : $S_1 S_2$ (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, Epigastric Tenderness

Ausculation : BS (+)

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15 – Dull & drowsy

Cranial Nerves : (N)

Motor System :

Nutrition :

Tone : Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic :

Severe Acute Gastroenteritis c Dehydration

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Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment : Shock

Desired goals of the treatment : Correct Dehydration

Planned Labs :

GRBS - 96 mg/dl
VBG
CBP
CRP

Notes by Dr.

Planned Management :

- IVF - Plasmalyte (400ml) + 25% D (100ml)] 7/3 kg
- Inj Ondem
- Inj Esomeprazole

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 whose name the patient is being referred Dr. Pritesh on

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

Doctor's Signature Name _____ Date 1/7/26 Time 9pm

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Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7 8:30p	c/s/B Dr. Pritesh Sir	
	Acute Gastroenteritis c Dehydration	
	- Vomiting - 6eth - Abdominal pain (P)	Plan 1) IVF - 2/3rd (M)
	- Poor oral intake	2) Inj Ondem Inj Esomeprazole
	Dull activity child dull Vitals stable Afebrile R-S - B/L AE (R) P/A - Soft Mild Epigastric tenderness	3) If Abd pain - Tramadol SOS - USG Abdomen - T/o 4) WHO - ORS 5) Monitor Vitals 2/B Sd.
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47134

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7:30 PM	C/S/B Dr. Pranav / Dr. Naipunya	
	Acute Gastroenteritis c̄ Dehydration	
	Vomiting - Both	Plan
	Loose Stools - (1 big & 1 small)	1) IVF - 2/3 rd (M)
	Oral intake - Poor	SOS - USG Abd
	Abdominal pain - On & off	2) Inj Ondem
	Vitals stable	Inj Esomeprazol
	Afebrile	
	R-S ~ B/L AE ⊕	3) Monitor Vitals
	P/A - Soft.	4) Pro-GA sachet, Zinc syp.
		Infor SOS
		NB [signature]
		Plan.

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
9-01-2023 3 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 9am	c/s/b Dr. Pritesh	
	Acute Gastroenteritis c̄ Dehydration	
	- loose stool - 4-5 episodes	Plan
	- Vomiting - ↓	1) IVF - 2/3 rd (M)
	- Oral intake - less	2) Inj Ondem
	- Abdominal pain (On & off)	3) Inj Esomeprazole
	Child asleep	4) Pro-GG Sachet
	Vitals Stable	5) Syp Zincovit
	R.S - B/L AE ⊕	6) USG Abdomen - Now
	P/A - Soft	if pain increase
	Non tender	7) WHO - ORS
		8) Monitor Vitals
		9) Gastro Diet.
		10) B4 Nappy Cream for Diaper Rash
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184

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

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
19-01-2023 3 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2:30PM	C/S/O Dr. Varun / Dr. Thanvi	
	D- AGE c dehydration.	
	- Afebrile since admission.	
	- Vomiting None.	
	- 3/0 loose stools.	
	Oral intake - less.	
		Plan
	O/E - vitals stable.	- Ct. IVF 2/3 M → 1/2 M.
		- Ct. other meds as
	O/E - WNL.	per Rx chart.
		- Monitor vitals.
		Ls

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19-01-2023 3 Y 5 M 3 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 8pm	S/B Dr. Pritesh. Δ: AGE c̄ dehydration Afebrile ·loose stools ⊕ oral intake - reduced. o/e vitally stable s/e P/A - soft, nontender.	Advice · Reduce IVF to 25cc/hr. Reassess & discontinue c/m: if oral acceptance is good. · ct rest same. N/B Sl Dr. Pritesh Nagar Consultant Paediatrician & Intensivist Reg. No. 47184
3/7/26 9AM	S/B Dr. Archana/Dr. Sreeghan Δ: AGE c̄ dehydration fever spikes (100.8°F) @ 10pm. loose stool ⊖ oral acceptance - improved. pain per abdomen ⊖. o/e HR - 108 bpm. PP - wf. s/e P/A - soft, non-tender.	Advice. . Ct ondansetron & esomeprazole . ct rest acc to chart. N/R Hr Dr. Archana

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19-01-2023 3 Y 5 M 3 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:20 AM	S/B Dr. Pritesh	
	DAGE ē dehydration	
	Loose stool	Plan
	(1 episode)	
		- Discharge
	C/I - S1, S2 (+)	
	RS - BLAE (+)	- F/up on Monday
	P/A Soft	- Zinc - 14 days
		ProCel - 3 days
		- WHO ORS 100ml each loose stool.

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 77154

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 2nd floor / 211

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. Pravallika

Date & Time : 1/4/26 @ 6:15 PM

Nurse Name & Signature: [illegible]

Date & Time : 1/4/26 @ 6:30 pm

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

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DRUG CHART

Date of Admission: 1/7/26 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				Date / Time
Dose: 4ml	Route: Po	Frequency: SOS	Start Date: 1/7	
Doctor's Signature: Pharm	Valid Period	Pharm.		
Additional Instructions: If T > 100°F				

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

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

Signature .....

VERIFIED BY : Name .....

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. ...13.4kg..... Ward. .....

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
2.5mg	IV	TID	1/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 0.2mg/kg

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7	3/7
6AM	✓		
2PM	6:20	—	
10PM			

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	Once Daily	1/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7	3/7
6AM	6:10PM		

DRUG : PROCIG Sachet

Dose	Route	Frequency	Start Date
1 sachet	PO.	BD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7/26
10AM	10:13 AM
10PM	

DRUG : Syp. Zincovea.

Dose	Route	Frequency	Start Date
5ml	PO	OD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7/26
10AM	10:13 AM

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Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

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

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

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
1/7	6pm	IVF → PLASMALYTE (400 ml) + 25% DEXTROSE (100 ml) (2/3rd M)	IV	30	[signature]	[signature] / [signature]	~~2/7~~ / 2/7	[signature] / [signature]	[signature] / [signature]
~~2/7~~	~~6pm~~	↓		↓					
2/7	8pm	"	IV	25 cc	[signature]	[signature] / [signature]	2/7	[signature]	[signature] / [signature]

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

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
19-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

211

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RESULT SHEET

Date	1/7/26					
Time						
Hb	12.1					
PCV	34.4					
RBC	4.64					
WBC	14.99					
N/L	11.2/20.7					
Platelets	304					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
19-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Patient S

.INICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/07/26 Time: 4pm 10pm 2 6

Doctor / Nurse / Family Concern? Amy Amy

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.5 97.97 98.96 98.96

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

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

95/65 (30) 109/68 (67) 102/64 (63) 102/66 (67)

Note: BP does not score in early warning scoring

Heart Rate (Number) 120bpm 109bpm 116bpm 118bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 39bpm 29bpm 28bpm 28bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	100% 100% 100% 100%
Conscious Level	Normal / Altered
GCS *	15/15 15/15 15/15
TOTAL SCORE Number of shaded boxes	0 1 0 0
Pain Score	0 0 0 0
Observer's Initials	AM [illegible] [illegible] [illegible]

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)

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
19-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Patient

CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/10 ....

Time:	10Am	2 Pm	6Pm	10pm	1am	6am
Doctor / Nurse / Family Concern?		Dr.				
Temperature (°F) (104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94)	98.3°F	97.9°F	98.2°F	100.8 [illegible]	98.8°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50) — Note: BP does not score in early warning scoring						
Heart Rate (Number)	112b/m	113b/m	118b/m	118b/m		106
Resp. Rate (bpm) (Over 1 Minute) * (70 / 60 / 50 / 40 / 30 / 20 / 10)						
Resp Rate (Number)	25b/m	28b/m	25b/m	28b/m		28b/m
Resp Distress — Mod/ Severe / None / Mild						
Receiving O_2(l/min) / O_2Saturations (%)	100%	99%	99%	99%		100%
Conscious Level — Normal / Altered						
GCS *		15/15				15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	0	0		0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

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

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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)

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
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.

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 :**						
1/07/26	02:00 pm	Plasmalyte 25% DEX				NA	0	NA				
	03:00 pm											
	04:00 pm										0	
	05:00 pm											
	06:00 pm			30ml						✓		
	07:00 pm			30ml								
Total Intake :						**Total Output :**						
1/7/26	08:00 pm	Plamalyt + 25D	Nil Po	50ml		NA		NA				
	09:00 pm			30ml								
	10:00 pm			30ml			✓			✓		
	11:00 pm			30ml							0	
	12:00 am			50ml						✓		
	01:00 am			30ml								
Total Intake :		Taken				**Total Output :**				U-2		M-1
2/7/26	02:00 am	Plamalyt + 25D		30ml		NA		NA				
	03:00 am			30ml								
	04:00 am			30ml							0	
	05:00 am			30ml			0			0		
	06:00 am			30ml			6:30AM 1 loose					
	07:00 am			20ml								
Total Intake :		Taken				**Total Output :**				U-0		M-0

Total 24 hrs. Intake	

Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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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							
2/7	08:00 am	Plasmalyte + 25% Dextrose	Soup	30ml			8:30 100ml			✓	0	
	09:00 am			30ml					✓			
	10:00 am		Idly	30ml				NA				
	11:00 am			30ml	NA							
	12:00 pm			30ml						✓		
	01:00 pm			30ml								
Total Intake :								**Total Output :**				
2/7	02:00 pm											
	03:00 pm		piece			✓			✓			
	04:00 pm											
	05:00 pm	Plas.	1		NA		✓	NA		200ml		→ 5:31 pm
	06:00 pm	+ 25%	1 piece	30ml		✓						
	07:00 pm			25ml				✓				
Total Intake :								**Total Output :**		U-	m-	
2/7	08:00 pm			20ml								
	09:00 pm	Plasmalyte		20ml								
	10:00 pm	+		20ml								
	11:00 pm	25%		20ml								
	12:00 am	Dextrose		20ml								
	01:00 am			20ml								
Total Intake :								**Total Output :**		U-2	m-1	
3/7	02:00 am			20ml								
	03:00 am	Plasmalyte		20ml								
	04:00 am	+		20ml								
	05:00 am	25%		20ml								
	06:00 am	Dextrose		20ml								
	07:00 am			20ml								
Total Intake :								**Total Output :**		U-2	m0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 1/7/26

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							
Afternoon							
Night	8pm 8am	Assess the baby Monitor the vitals administer Medication Maintain the chart	8pm 8am	Assessed the baby Monitored vitals administer Medication Maintain the chart	administer Medicine	Reassured	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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Baby PAMULU SRI LAHANVI
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NURSING CARE RECORD

Date: 2/7/26

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 pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart → ct. IV Fluids	8Am to 2pm	→ Assessed pt condition → Monitored vitals → maintained I/O chart → Administered medication as per drug chart → Ct. IV Fluids	Patient is stable	Re-checked vitals	[signature]
Afternoon	2Pm to 8Pm	Assess the pt. condition Monitor vitals and care Maintain I/O chart Provide the comfortable position Medication give as per as doctor.	2Pm to 8Pm	Assessed the pt condition Monitored vitals and care Maintained I/O chart Provided the comfortable position Medication given as per as doctor order	→ pt is stable → vitals normal	→ monitor vitals → maintain I/O chart	[signature]
Night	8P to 8	Assess the baby condition [illegible] admin [illegible] [illegible]	8P to 8P	Assessed the baby [illegible] vitals admin [illegible] [illegible]	[illegible]	[illegible]	[signature]

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19-01-2023 3 Y 5 M 2 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: fw				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	1/07/26 EV	2/7 8am	2/7 8AM	2/7 EV	3/7 N	
	Medical Condition (Any special condition to be noted):	NA	NO	NA	—	—	
	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	98.5F	98.5F	98.2°F	98.6°F	
	Res:	29 b/m	28 b/m	23 b/m	23 b/m	20 b/m	
	SpO_2:	100	100	100%	99%	99%	
	Pulse:	120	115	115 b/m	115 b/m	121 b/m	
	BP:	—	—	—	—	—	
	LOC:	—	—	—	—	—	
	Fall Risk Score:	—	—	—		—	
	Pain Score:	—	—	—	—		
	Skin Integrity	—	—	—	—	—	
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	
Post Operative Procedure Special Orders:		NA	—	—	—	—	
Handed Over By Name :		Madhu	[illegible]	Anusha	Sri	Manisha	
Signature / ID :		[signature]	[signature]	[signature]	[signature] (8/603)	[signature]	
Date:		1/07/26	2/7	2/7/26	2/7	3/7	
Time:		8pm	8am	2pm	8pm	8am	
Taken Over By Name :		[illegible]	Anusha	Sri	[illegible]		
Signature / ID :		[signature]	[signature]	8/603	[signature]		
Date:		2/7	2/7/26	2/7	2/7		
Time:		8am	8AM	2pm	8pm		

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

/IH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
19-01-2023 3 Y 6 M 2 D (F)
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..URSING SHIFT HAND OVER FORM

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

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CHECKLIST FOR THROMBOPHLEBITIS

2/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0		0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	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			0	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			0	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			0	0	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 : Balarami Name : Balarami

IH-00159131 IP26-00006707
aby PAMULU SRI LAHANVI
9-01-2023 3 Y 5 M 2 D (F)
r. PRITESH NAGAR

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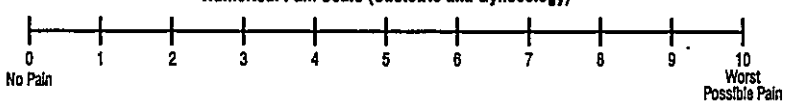
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
3/7	6a	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Patient Sticker

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PAIN ASSESSMENT FORM

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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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PAIN ASSESSMENT TOOLS

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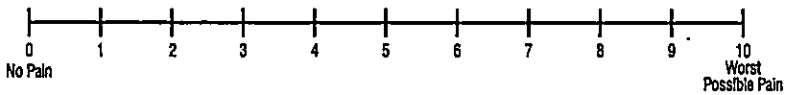

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PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00159131 IP26-00006707 Baby PAMULU SRI LAHANVI 29-01-2023 3 Y 5 M 2 D (F) Dr. PRITESH NAGAR	1/7/26 @ 6:08pm	1/7/26 @ 6:30pm
	Transfer Ordered by Dr. praveen	Reason for Transfer Admission.
From Unit ER	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films 1	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
Sunitha	Dr. praveen

Patient & Clinical Records Received by : Madhuri 1/7/26 @ 6:40pm

Date & Time of Patient Received :

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

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

MH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
9-01-2023 3 Y 5 M 3 D (F)
Dr. PRITESH NAGAR

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/7/26 Time: 12pm

Weight: 13kg Centile: 25th

Height: ..... Centile: .....

Inference: underweight Child

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

Diet Recommendations: Gastro Diet

Re-Assesment: Avoid Spicy, Chilled & outside food.

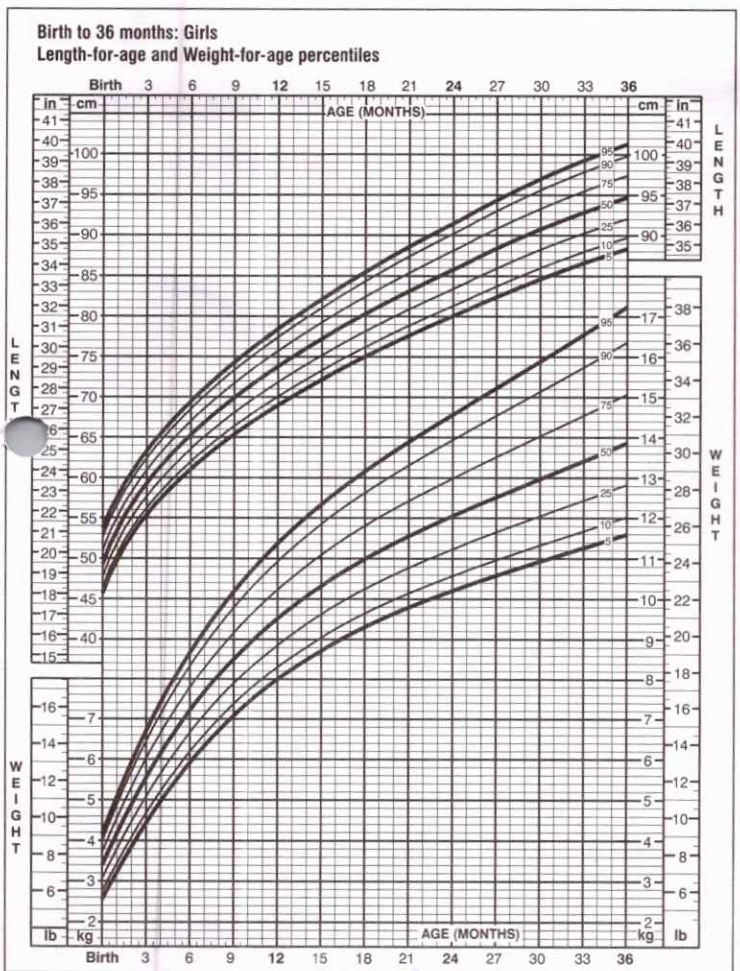
Food Allergies: NO Veg/Non-veg NON-Veg.

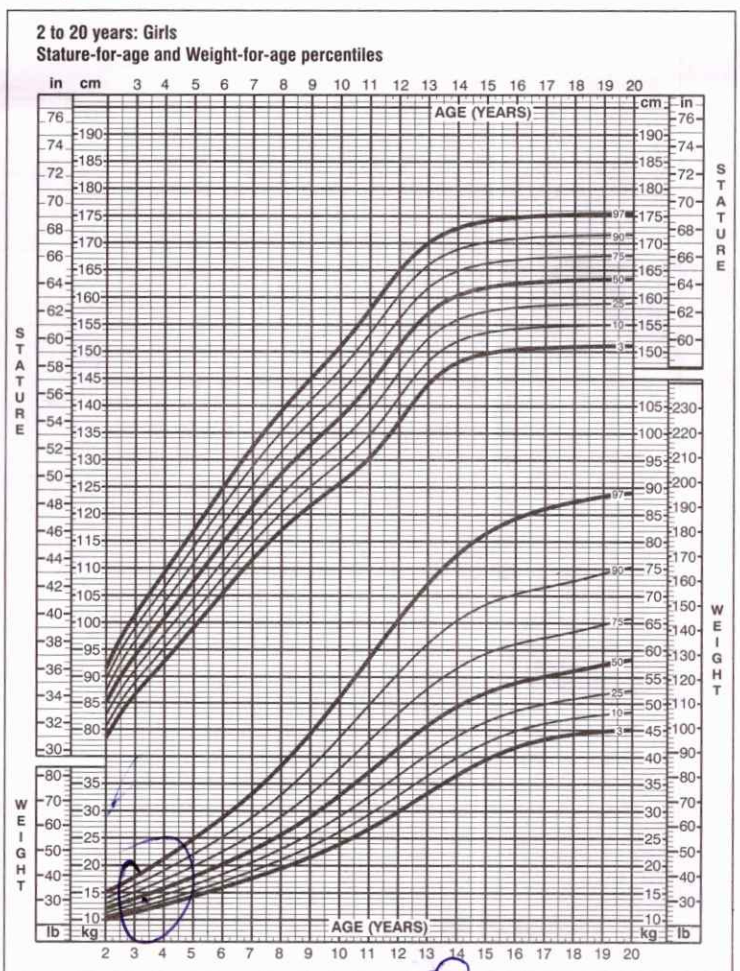
Diagnosis: AGE = Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Harsha

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

VIH-00159131 IP26-00006707
Baby PAMULU SRI LAHANVI
29-01-2023 3 Y 5 M 2 D (F)
Dr. PRITESH NAGAR

Hgb:- 13.4 gm%.
GRBS 96 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby P Shri Laheri Age : 3y **Gender:** ☐ Male ☑ Female

Date : 1/07/26 Time of Arrival : 5:50pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.9°F PR: 140 BP: 109/65 RR: ..... SpO_2: 98

Chief Complaints: C/o vomiting since on After noon x 8 Hrs. Stomach Pain.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Decreased ☐ Increased ☐ 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

P. Hemanth Kumar
Signature of Parent / Guardian

Triage Completion Time : 5:52 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 : Anupama

Signature of Triage Nurse : .....

Date & Time : 1/07/26 @

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

VIH-00159131 IP26-00006707
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29-01-2023 3 Y 5 M 2 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/6/26 Time of arrival : 5:30pm

Chief Complaints: vomiting since Afternoon & 8 × episode RBS: .....

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

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Family .....

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

Time of Initial assessment completed by ER Nurse : 6:00 Pm .....

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

Time	Nursing Notes
	Assessed the patient condition vital checked.

Samples collected by:

Samples sent by : vidya

Time:

Time: 5:55 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	Ondem	IV	10 mg		A.D
6.10 PM	esomeprazole.	IV	15 mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 131 b/m BP: ..... CFT:	Shift - out from ER to: 2nd floor (ICU
RR: — SPO$_2$: 98%	Time of Shift - out: 6:30 pm.
GCS: — Temperature : 98.3°F	Handover given to: Madhuri (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Ampam Signature of the Nurse : A.D

Date & Time : 1/07/22 @ 6:00 PM