BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Rainbow® Children's Hospital
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
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21	Anaestesia notes (Pre Anaesthesia& post)				
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29	TPR & BP chart	2			
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35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	26			

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

Signature and Date : 05/06/26 (P.T.O)
Jyotsna

DISCHARGE SUMMARY

Name	Baby KARISHA GEHLOTH	**UHID**	BAH-00503878
Father/Guardian	Mr JITENDER GEHLOTH	**Age/Gender**	4 Y 1 M 28 D/ Female
Address	H NO 14-2-191/92/13,MADHAV NIVAS,FLAT NO 3&4 GYANBHAGH COLONY, Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006493	**Admission Date**	04-06-2026
Ref Doctor	Self		
Discharge Date	05.06.2026		

Consultant:
Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

DIAGNOSIS	ICD CODE
FOCAL ONSET SEIZURE WITH IMPAIRED AWARENESS	

History: Baby KARISHA GEHLOTH, 4 Y 1 M 28 D , old girl presented with the history of blank staring look lasting for few seconds morning at 8:40 am immediately after walking up from sleep followed by loss of tone and 1 episode

Name	Baby KARISHA GEHLOTH	UHID	BAH-00503878
IP No	IP26-00006493	Admission Date	04-06-2026

of vomiting on the day of admission. For the above complaints, she was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: She was afebrile (99.1*F). Her heart rate was 100/min and Respiratory Rate - 25/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she 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 : 14.1 kilograms.

Investigations: Enclosed reports.

VBG showed pH of 7.33, pCO2 of 43.3 mmHg, pO2 of 54 mmHg, HCO3 of 21.8 mmol/L and BE of -3.0 mmol/L.

Initial hemogram showed Hemoglobin of 12.3 gm%, White Blood Cell count of 8130 cells/cumm, platelet count of 3.13 lakhs/cumm and C-Reactive Protein of 5 mg/l. Serum Calcium was 10.3 mg/dl. Magnesium was 1.7 mg/dl. Liver function test showed total SBR of 0.6 mg/dl with indirect fraction of 0.5 mg/dl, SGOT -34 U/L, SGPT - 15 U/L, ALP - 180 U/L, protein - 7.1 gm/dl, albumin - 4.4 gm/dl, globulin -2.7 gm/dl, A/G ratio of 1.6. Serum Creatinine was 0.3 mg/dl. Blood Urea was 17 mg/dl.

EEG was done which shows normal sleep record.

Name	Baby KARISHA GEHLOTH	UHID	BAH-00503878
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MRI brain done. Report awaited.

Management: She was admitted in the ward and started on Intra Venous fluids and loaded on IV levetiracetam followed by maintenance dose. She was treated symptomatically with antiemetics.

She was regularly monitored for hemodynamic & neurological status. She had no further seizure episodes during hospital stay.

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

Parents were counselled regarding the nature of disease. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Medication during hospital stay:
Injection. Ondansetron
Injection. Levetiracetam
Injection. Esomeprazole

Advice:
* Diet as advised.

Name	Baby KARISHA GEHLOTH	UHID	BAH-00503878
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. LEVIPIL (Levetiracetam - 1ml/100mg)	1.5ml	8am - 8pm (after food)	till further orders.

Plan: To collect MRI brain report on follow up.

* Midacip nasal spray (Midazolam = 0.5mg/puff), 1 puff intranasal (into each nostril) for future seizures.

Review consultation with Dr. ABHISHEK RAVINDRA JAIN on Wednesday evening on 5pm 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.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* **Antiemetics** can be taken before food.
* **Laxatives** may deplete/decrease absorption of fat soluble vitamins A,D,E & K. Laxatives can be taken One hour before food or 2 to 4 hours after food & recommended diet to be followed.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be

Name	Baby KARISHA GEHLOTH	UHID	BAH-00503878
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taken on an empty stomach /before food to increase their effectiveness.

* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**
* **Analgesics** without food/empty stomach can cause gastrointestinal irritation, frequent use of these drugs lowers the absorption of folate and Vit-C. **Analgesics** can be taken with food & recommonded diet to be followed.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded diet to be followed.
* Do not take **Iron supplements** and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart each medicine or dietary supplement. **Iron supplements** can be taken 1hr before food or 2 hours after food & recommended diet to be followed.
* **Anticonvulsants** along with food decreases absorption of nutrient vitamin D, K B6, B12, folate, calcium stores. Anticonvulsants can be taken at least one hour before food & recommended diet to be followed.

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

Name	Baby KARISHA GEHLOTH	UHID	BAH-00503878
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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 **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**

Registrar/Resident/C.M.O

Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

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 : IP26-00006493 **Admit Date** : 04-Jun-2026 **Admit Time** : 10:02 AM **UHID** : BAH-00503878

Patient Details :

Patient Name	: Baby KARISHA GEHLOTH	**Age**	: 4 Y 1 M 28 D
Guardian	: Mr JITENDER GEHLOTH	**DOB**	: 07-04-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 14-2-191/92/13,MADHAV NIVAS,FLAT NO 3&4 GYANBHAGH COLONY Gosha Mahal Hyderabad Telangana INDIA 500012	**Phone No**	: 9000700448/ 9000343819
		E-mail	: jaigehloth@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr JITENDER GEHLOTH **Relationship** : Father

Contact Address : H NO 14-2-191/92/13,MADHAV NIVAS,FLAT NO 3&4 GYANBHAGH COLONY Gosha Mahal Hyderabad Telangana INDIA 500012 **Phone No** : 9000343819

Signature

Doctor Details :

Doctor Name : Dr. ABHISHEK RAVINDRA JAIN **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 35000.00

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

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ACTIVITY RECORD FOR BILLING

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	11:6Am	ER	21s	A.D

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
	Iv canula	~~1~~ 1	4102	A.R
4/6/26 (11:15 am)	NHA	(1)	4193	Na
		Cross	Checked done by SN	
4/6/26	P.A.C	(1)	4255	Sneha
		Cross checked done by Supriyi		

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 : KANISHA.

Patient ID# :

Consultant :

Final Diagnosis : 1. ABSENCE SEIZURE.

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Blank stare today morning @ 8:40 AM.
1 e/o vomiting.

History of present illness :

Child was brought with c/o blank staring look lasting for few seconds @ ~8:40AM shortly after waking up from sleep followed by ~~post-ictal drowsiness~~ sudden loss of tone.
- Had 1 e/o vomiting after few min.
- No h/o post ictal cod.
- No h/o fever, abnormal jerky movements, tongue bite, drooling of saliva, bowel / bladder incontinence.
- No h/o similar complaints in the past.
- Growth & development - (N).
- No h/o cold, cough, dysuria symptoms.

Pediatric Multiorgan History & Physical Examination

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

History of seizure in elder sibling @ 1 1/2 yrs.
On Levipil X 1 yr.
↓
Repeat EEG → (N) → Discontinued Rx.

Birth & Neonatal History :

Term / AGA / Male.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : Developmentally (N).

Immunization History : As per NIS.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 14.1 kgs (Centile _____)

On Examination :

Temperature : 99.1°F Pulse Rate: 100/min Description _____

B.P. _____ SPO2 100%. at RA.

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : BAE(+), NVBS(+).

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : S1, S2(+).

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection S/NT, NT, NO Organomegaly, BS(+).

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____ M

Clinical Summary & Diagnostic :

? ABSENCE SEIZURE

_____

_____

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP, VBG, Ca^{2+} Mg^{2+},
Urea, Creat, LFT.
EEG - NOW.
MRI brain tomorrow
(PTC)

Planned Management :

- IVF 1/2 M.
- Inj. LEVIPIL loading fld
maintenance.
- Midaz Nasal spray SOS.
- Inj. ONDEM SOS.

Please fill up the following details

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

Dr. ABHINAV RAVINDRA JAIN

Doctor's Signature Name Date Time

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07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/06/26 2:30 PM	C/S/B. Dr. Saurabh / Dr. Prabhat	
	No fresh seizure episodes	
	No fresh vomiting	
	O/E:- GC-fair	
	vitals: stable	
	Hydration - ok	
	S/E:- CNS:- NAD	
		Adv
		Inj Levipil maintenance
		Trace blood reports
		EEG to be done
		w/f any fresh seizure episode
		Midaz nasal spray for
		NB by dose Sambhal
		Sneha @ 3PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 7:00 pm	C/s/13 Dr. Abhishek	
		Plan
	No fever No further seizures	
	Vitals - stable	MRI (Plain + Contrast) tomorrow
	R/S | NAD P/A |	Cont levipil
	CNS - Drowsy (post sedation)	monitor vitals
	EEG - Normal	W/F seizures
		[illegible]
	Dr. ABHISHEK RAVINDRA JAIN Reg. No. 02757	
		Abhishek

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26. 8AM.	c/s/B d8 Amuche	
	1 Abscess Seizures.	
	Child active.	
	Gcs 15/15	
	vital stab	Plan NPO from 5.30Am.
		✓ MRI (plain + contd) @ 11:30 Am. (appointment)
	S/G NAD	
	tone/power (+) (=)	✓ Ct CEVIPIL
		✓ w/f Seizu.
		✓ Monitor vitals.
	Af.	NB- Supriya 8:20AM @ 5/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6 2:00pm	C/S/B Dr. Naipunya	
	Sleep induced Seizure.	
	No fever	Plan
	No further seizures	Trace MRI films & report
	Vitals - stable.	
	RS - B/L AE(+)	Cont levipil
	P/A - soft	
	CNS - GCS - 15/15	Allow orally
		Monitor vitals
		NBS
5/6/24 3:30PM	C/d/w Dr. Abhishek	
	DISCHARGE NOTES	
	- No fever.	
	- No further seizures.	
	O/E - vitals stable.	Plan -
		- D/s today on Inj pil I.sulf BD.
	S/E - WNL.	- R/v on Wednesday in OPD at 5pm.

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

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DRUG CHART

Date of Admission: 4/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : MIDAZOLAM NS				Date / Time
Dose	Route	Frequency	Start Date	
1.5 PLAY		SOS	4/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG : Inj. ONDANSETRON				Date / Time
Dose	Route	Frequency	Start Date	
2mg	IV	SOS	4/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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REGULAR PRESCRIPTIONS

Weight. 14.11 kgs. Ward. ....

DRUG : Inj. ONDANSETRON				Date / Time	4/6	5/6
Dose	Route	Frequency	Start Date			
2 mg	IV	Q 8H	4/6	6am		
Name & Signature of the Doctor Starting the Drugs:				2pm		
Additional Instructions:				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG : Inj. LEVETIRACETAM				Date / Time	4/6	5/6
Dose	Route	Frequency	Start Date			10.30
150 mg	IV	Q 12H	4/6	11am		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				11pm		
Daily Doctor's Endorsement by a Sign						

DRUG : Inj. ESOMEPRAZOLE				Date / Time	4/6	5/6
Dose	Route	Frequency	Start Date			
15 mg	IV	OD	4/6			
Name & Signature of the Doctor Starting the Drugs:				6am		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

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

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/6/26	11:Am	Inj. LEVETIRACETAM 300mg over 30min		IV		A.R A.R
4/6/26	3:50pm	SYP. PEDICHLORYL (500mg/5ml)	7.5ml	P.O.		
4/6/26	4:15pm	INJ. AVIL	3mg	IV		

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I.V. FLUIDS CHART

Weight. 14.1 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
4/6/26	11P	IV PLASMALYTE 400ml + 100ml of 25% Dx	30mL	IV					

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

1503878 IP26-00006493
ARISHA GEHLOTH
4-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

215

RESULT SHEET

Rainbow® Children's Hospital
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Date	4/6/26					
Time						
Hb	12.3					
PCV	39.2					
RBC	4.50					
WBC	8.13					
N/L	55.2/36.7					
Platelets	313					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	10.3/1.7					
Phosphate						
Urea	17					
Creatinine	0.3					
ALP						
SGPT	15					
SGOT	34					
T.Bill/Conj	0.6					
T.Protein	7.1					
S.Albumin	4.4					
S.Globulin	2.6					
A/G Ratio	2.6					
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.,) : .....

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Patient Sti ... INICAL / 125

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

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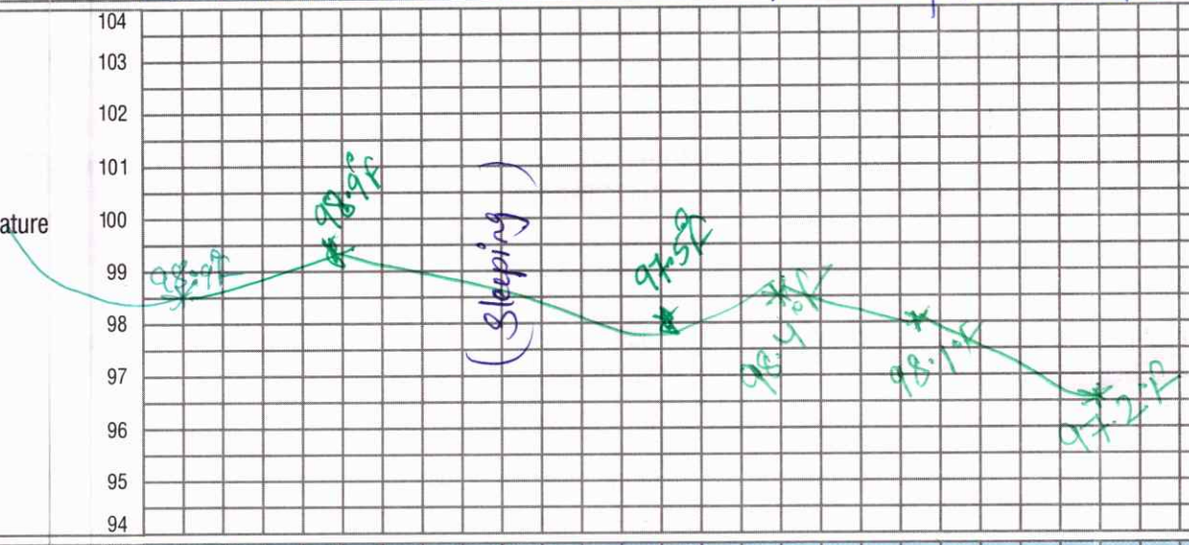
EARLY WARNING SCORE: CHILDREN'S UNIT

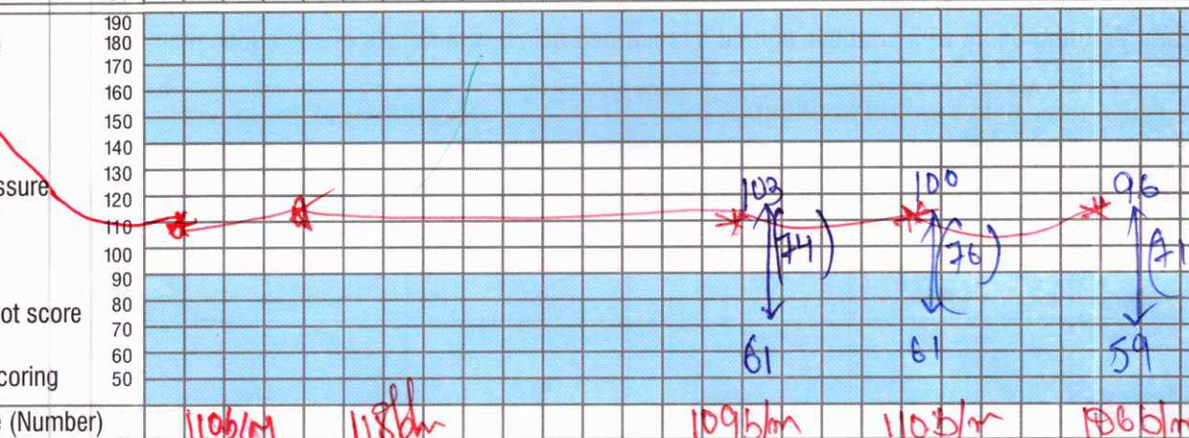
Date : 22/8/26 Time:	12 PM	3PM	6PM	8PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?							

Temperature (F)



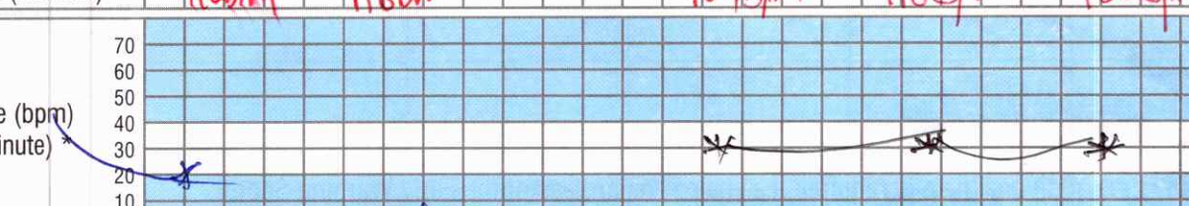
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	110b/m	118bm	109b/m	110b/m	96b/m

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



Resp Rate (Number)	20b/m	20bbm	28b/m	28b/m	28bbm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100%	99%	99%
Conscious Level: Normal / Altered					
GCS *			15/15	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					

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)

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F) CLINICAL / 125
Dr. ABHISHEK RAVINDRA JAIN

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

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ARNING SCORE: CHILDREN'S UNIT

Date : 5/6/26 Time: 10 2

Doctor / Nurse / Family Concern? AM PM

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.6°F 98.5°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
90/60 90/62

Heart Rate (Number) 105bpm 85bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number) 20bpm 25bpm

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)		99%	100%
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials			

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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.
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- 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)

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/6/26	08:00 am										1	
	09:00 am											
	10:00 am					NA					0	
	11:00 am							✓				
	12:00 pm	PLasmalyte 25% Dextrose									1	
	01:00 pm											
Total Intake :								**Total Output :**		U-	M-	
4/6/26	02:00 pm			30ml							0	
	03:00 pm	Plasmalyte + 25% Dextrose		30ml						✓	0	
	04:00 pm			30ml							0	
	05:00 pm			30ml				NA			0	
	06:00 pm			30ml		NA					0	
	07:00 pm			30ml							0	
Total Intake :								**Total Output :**		U-	M-	
4/6/26	08:00 pm			—							0	
	09:00 pm	Plasmalyte + 25% Dextrose	Rice +H2O	30ml			✓			✓	0	
	10:00 pm			30ml							0	
	11:00 pm			30ml							0	
	12:00 am			30ml						✓	0	
	01:00 am			30ml							0	
Total Intake :								**Total Output :**		U-	M-	
5/6/26	02:00 am	Plasmalyte + 25% Dextrose	N B M	30ml							0	
	03:00 am			30ml							0	
	04:00 am			30ml							0	
	05:00 am			30ml							0	
	06:00 am			30ml							0	
	07:00 am			30ml						✓	0	
Total Intake :								**Total Output :**		U-	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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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							
5/6/26	08:00 am		Coconut water									
	09:00 am											
	10:00 am	Plasmolyte 25% Dextrose			NG			NG		—	0	D
	11:00 am											
	12:00 pm									—		
	01:00 pm											
Total Intake :								**Total Output :**		U-2 M		
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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NURSING CARE RECORD

Date: 4/6/26

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 vitals → maintain flowchart → IV cannula present → medication as per drug chart	8am 2pm	→ Assessed the pt condition → Monitored vitals & recorded. → Maintained flowchart → Administered medication as per chart	→ Pt is stable.	→ recheck vitals	
Afternoon	2pm to 8pm	Assess the pt condition. Monitor vitals & record. Maintain IP chart. provide the comfortable position medication given as per as doctor's	2pm to 8pm	Assessed the pt condition. Monitored vitals. Maintained flowchart. Provided the comfortable position Medication given as per as doctor's	→ Pt is stable. → vitals norm.	→ monitoring vitals. → maintain I/O chart.	
Night	8pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8pm to 8AM	→ To assessed the pt. condition → To checked the vitals recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → NBM started at 5:30AM → IV fluid contd	→ Re-checked the vitals → I/O → MRI plain + contrast T/M 11:30AM	Supriya

Patient Sticker

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH (F)
07-04-2022 4 Y 1 M 28 D
Dr. ABHISHEK RAVINDRA JAIN

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 5/6/26

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 Vitals →Maintain I/O chart →Pt on liquid diet →IV cannula Present →Ct fluids. →Plan MRI Today.	8am 2pm	→Assessed the Pt condition →Monitor Vitals ✓ recorded →Maintain I/O chart →Pt on liquid diet →Medication as per chart →IV cannula present →Ct IV fluids	→Pt is stable	→Recheck ✓ Vitals	
Afternoon							
Night							

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: seizures			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	4/6/26 M6	4/6/26 E	4/6/26 N	5/6/26 M6		
	Medical Condition (Any special condition to be noted):	–	–	–	–		
	Diet:	–	–	Soft	liquid 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:	98.9°F	98.2°F	98.1°F	97.2°F		
	Res:	20b/m	20b/m	26b/m	27b/m		
	SpO_2:	99%	98%	99%	99%		
	Pulse:	112b/m	110b/m	114b/m	120b/m		
	BP:	–	–	101/66			
	LOC:	–	–	–	–		
	Fall Risk Score:	–	–	–	–		
	Pain Score:	–	–	"0"	"0"		
	Skin Integrity		–	Good	good		
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:	–	–	NBM	liquid 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:			–	MRI at 11:30 AM	MRI at 11:30 AM		
Handed Over By Name :		Diya	Sneha	Supriya	Diya		
Signature / ID :			4/6/2026				
Date:		4/6/26	4/6	5/6/26	5/6/26		
Time:		2pm	8pm	8AM	2pm		
Taken Over By Name :			Supriya	Diya			
Signature / ID :							
Date:		4/6/26	4/6/26	5/6/26			
Time:		2pm	8pm	8AM			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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CHECKLIST FOR THROMBOPHLEBITIS

4/6/26 5/6/26

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						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA						
			Signature of the Nurse										

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

Signature of Shift In Charge :
Signature : Sneh Name : Sneh

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

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

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

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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 : .....

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PAIN ASSESSMENT FORM

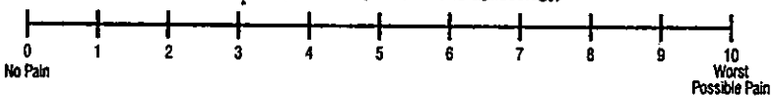
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/6/26	11AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/6/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/6/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH (F)
Pa 07-04-2022 4 Y 1 M 28 D
Dr. ABHISHEK RAVINDRA JAIN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 4/6	DATE 4/6	DATE 5/6	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		10	09	11		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X	X	X		
	Nurse's Name:			Sapna			
	Signature:						
	Date:		4/6	4/6	5/6		
	Time:		8pm	10pm			

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

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ 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: 21S

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. Varun

Date & Time : 4/6/26 @ 9:30 Am

Nurse Name & Signature: Anupam

Date & Time : 4/6/26 @ 9:30 Am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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Name: Baby. KARISHA GEHLOTH Age: 4 Yr Sex: Female UHID.No : BAH-0503878

Date: 04/06/2026 Time: 2:00pm Proposed Operation: MRI BRAIN + CONTRAST.

Diagnosis: ABSENCE SEIZURE ?

B.P / CRT: ..... H.R: ..... Weight: 14.0 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.3	Glucose:	Protein:	HIV:	X-Ray:
PCV: 39.2	Urea: 17	Alb:	HBS Ag:	ECG:
WBC: 8130	Creat: 0.3	Total Bill: 0.6	HCV:	2D Echo:
Plate: 3.13 Lakhs	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT: 15/34		

Allergies: NKDA

Medical History: CVS : —

RESP : No H/o Cough, Cold Diabetes : —

CNS : Baby had 1 Episode of Blank staring For few Seconds. Asso c/ Loss of tone and 1 Episode of Vomiting

Renal :

Hepatic / GE : — Physical Activity: —

Others : Baby : Term | | CSAS | No NICU Admission | Normal Growth & Development.

Past Anaesthetic History: NIL

Physical Exam: Sleepy.

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: No loose teeth

Lungs : B/L AE (+), clear

Heart : S1 S2 +

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : Peripheral Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☑ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
INJ LEVIPILL	150mg @ 12H

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

.....

.....

.....

Signature: ..... Name: Dr. SAMEER

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 80/m	B.P / CRT: (N) <2sec	SpO_2: 100%	R.R: 16	Last Feed: 7 6hrs

Pre-OP Diagnosis: Absent seizures Operation: MRI Date : 5/6

Surgeon: ← Anaesthesiologist: Dr Sanni Technician: Saraswati

TIME 1130 — 1230pm

N_2O /AIR /O_2 LPM: 4L/min >> >>

HALO /SO /SEVO

Drugs:

Inj. MIDAZOLAM 0.6mg iv

Inj. Propofol 20+20+10 mg intermittently

Antibiotic: –

Suppository: –

Blood Loss: –

NOTES

FIO_2 / SaO_2: 100 100 100 100

$ETCO_2$

ECG

Temperature

Urine Output

Fluids / Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

x = SpO2

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine

☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other Sheets

Times:
Anaes Start: 1130
OP Start: ↓
OP End: .....
Leave OR: 1230pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: RVA (L) UV
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☑ Other facemask

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to Room
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : Dr Sanni
Signature of the Doctor : [signature]

Patient Sticker

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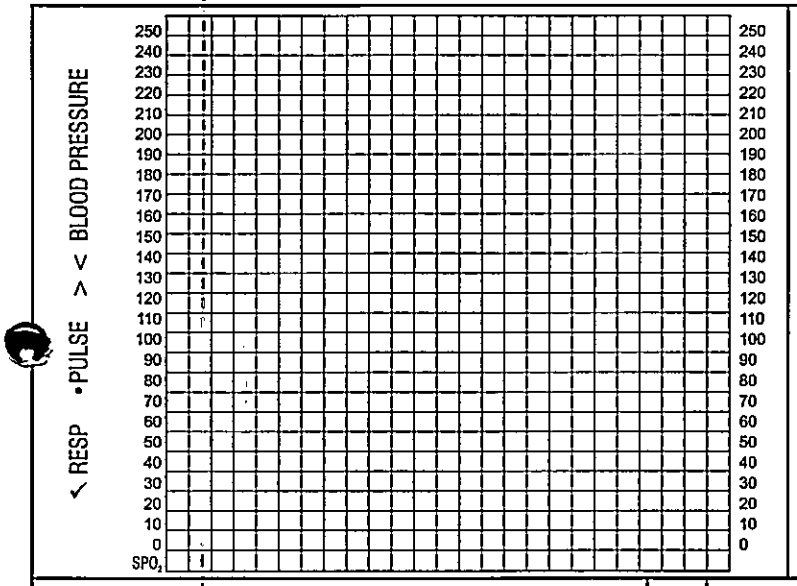
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☒ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

CONSENT FORM FOR ANAESTHESIA

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Patient Name : Baby. KARISHA GEHLOTH Age : 4 Yr Gender : Male ☐ Female ☐

UHID NO: BAH-050 3878 Surgeon Name: .....

Anaesthesiologist : Dr. SAMIR Operative procedure planned : MRI BRAIN + CONTRAST

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : SEIZURES.

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : .....

Name : ISHWAR

Relationship with Patient: FATHER

Date & Time : 04/06/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : ..... Name : Dr. SAMIR. Date & Time : 04/06/2026.

Docu. No. : RCH / FRM / CLINICAL / 021

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00503878 IP26-00006493 Baby KARISHA GEHLOTH 07-04-2022 4 Y 1 M 28 D (F) Dr. ABHISHEK RAVINDRA JAIN	4/6/26 10:2 Am	4/6/26 11:8 Am
	Transfer Ordered by Dr: varun	Reason for Transfer Admission
From Unit ER	To Unit 215	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 13	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
Anupam	Dr. varun ,

Patient & Clinical Records Received by :

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

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

wt - 14.1 kg

RBS - 110 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Karisha Age : 4y **Gender:** ☐ Male ☑ Female

Date : 14/06/26 Time of Arrival : 9 Am

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: 150 BP: 90/68 RR: 26 SpO_2: 99%

Chief Complaints: C/O seizure activity by 8:40 Am vomiting session since morning

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 : 9:03 Am

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 : Apurba

Signature of Triage Nurse : .....

Date & Time : 14/6/26 @ ~~9:13 Am~~ 9:03 Am

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/6/26 Time of arrival : 9 Am

Chief Complaints: C/O seizure Activity @ 8:40 Am Normiti

Height : — Weight : 14.1 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 : ..... 9:10 Am .....

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

Time	Nursing Notes
	Assessed the paliend condition
	vital checked.

Samples collected by:

Samples sent by : Sujand

Time:

Time: 9:30 pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 102 BP: 90/69 CFT:	Shift - out from ER to: ICU
RR: 22 SPO2 at FiO2: 99	Time of Shift - out: 11:AM
GCS: — Temperature : 98.3	Handover given to: .....
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Anjana

Signature of the Nurse : AP

Date & Time : 4/6/26 @ 9:10 AM

BAH-00503878 IP26-00006493
Baby KARISHA GEHLOTH
07-04-2022 4 Y 1 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/5/26 Time: 11:15am

Weight: 14.1 Kg Centile: 10th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1350 KCal/day Protein: 23 gms/day.

Diet Recommendations: High Calcium diet with liquids.

Re-Assesment: No Oily, Spicy, Junk Foods

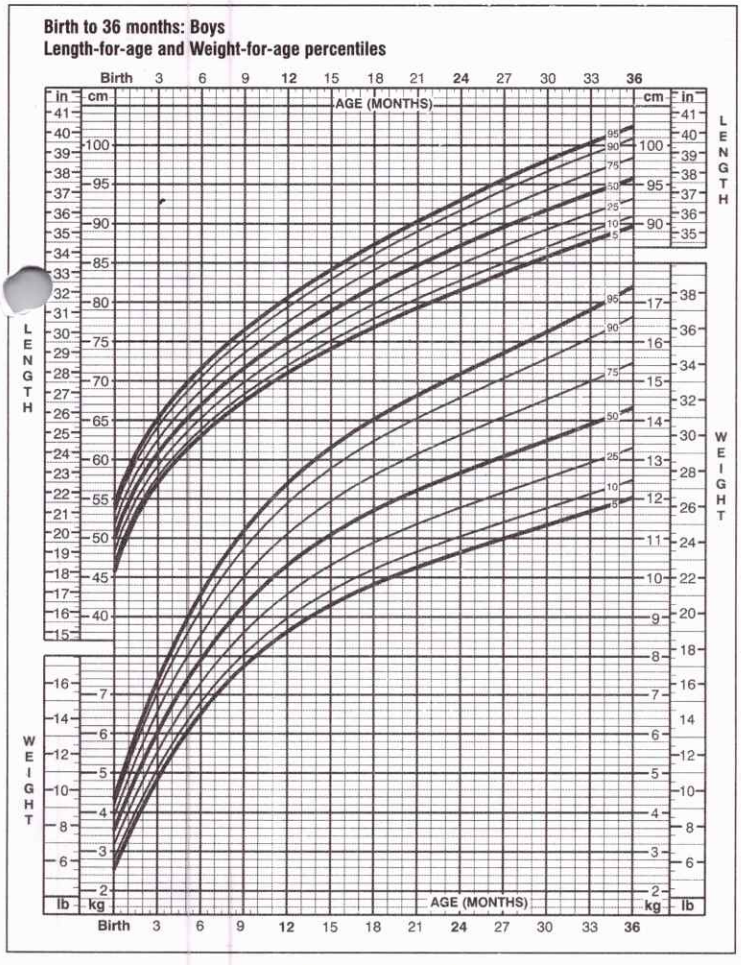
Food Allergies: No Veg/~~Non-veg~~ Veg

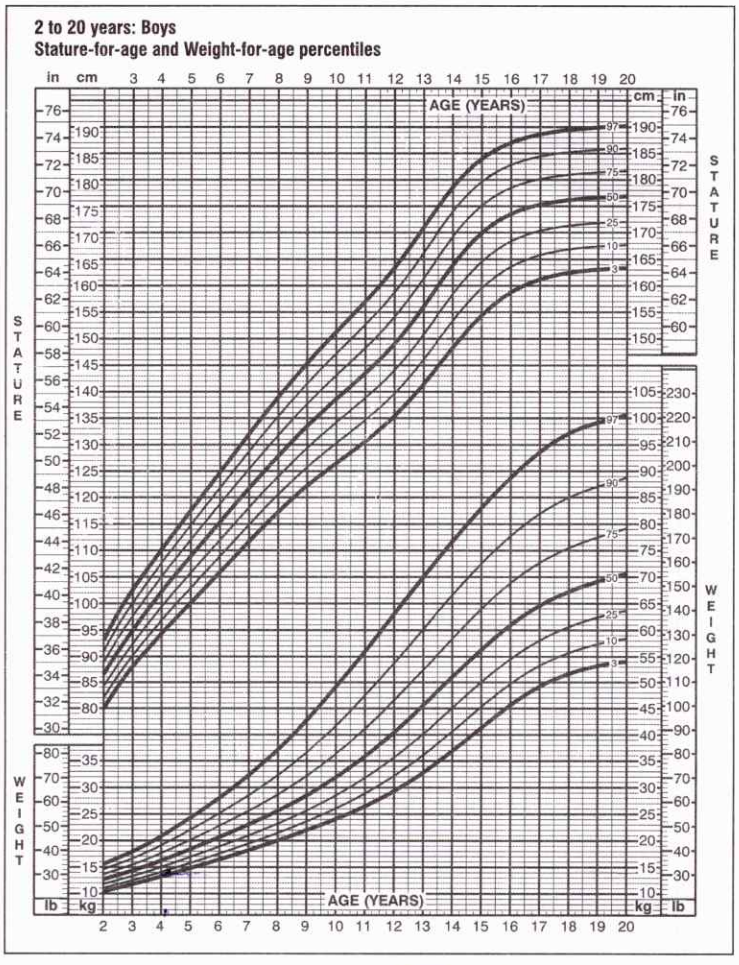
Diagnosis: Absence Seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya