DISCHARGE SUMMARY

Name	Master VEDANSH MAKHIJA	**UHID**	HNH-00002203
Father/Guardian	Mr AMEET SINGH	**Age/Gender**	8 Y 4 M 23 D/ Male
Address	16-10-182/10 NEAR POCHAMMA TEMPLE, Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006694	**Admission Date**	30-06-2026
Ref Doctor	SELF		
Discharge Date	03.07.2026		

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

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH DEHYDRATION	

History: Master VEDANSH MAKHIJA, 8 Y 4 M 23 D , old boy presented with history of high grade fever, cough and cold since 2 days, reduced oral acceptance present prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was febrile(104*F). His heart rate was 142 /min, Blood pressure - 106/64 mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of dehydration present . On auscultation, air entry was bilaterally equal with bilateral conducted sounds were present. Heart sounds were normal and there was no murmur. Abdomen was soft with mild hepatomegaly . On neurological

Name	Master VEDANSH MAKHIJA	UHID	HNH-00002203
IP No	IP26-00006694	Admission Date	30-06-2026

examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 30 kilo grams.

Investigations: Enclosed reports.

Adenovirus PCR was not detected.
GeneXpert SARS-CoV-2, FluA+FluB+RSV were sent, which shows:

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

VBG showed pH of 7.38, pCO2 of 34.9 mmHg, pO2 of 38 mmHg, HCO3 of 20.4 mmol/L and BE of -5.0 mmol/L.

Initial hemogram showed Hemoglobin of 13.0gm%, White Blood Cell count of 4800 cells/cumm, platelet count of 2.43 lakhs/cumm and C-Reactive Protein of 5.0 mg/l. Complete urine examination shows 3-4 pus cells, epithelial cells.

Management: He was admitted in the ward and was started on Intra Venous fluids . He was treated symptomatically with antacids and antipyretics . In view of chest signs started on Nebulisations with 3 % NS .

In view of fever , cough and cold baseline investigations sent , reports suggestive of influenza A positive for which started on Oseltamivir .

Name	Master VEDANSH MAKHIJA	**UHID**	HNH-00002203
IP No	IP26-00006694	**Admission Date**	30-06-2026

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

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

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

Medication during hospital stay:
Tablet. Paracetamol
Tablet. Lanzol JR
Syrup. Fluvir
Tablet. Ondensetron

Advice:
* Diet as advised.

Name	Master VEDANSH MAKHIJA	UHID	HNH-00002203
IP No	IP26-00006694	Admission Date	30-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. Ondansetron 4mg	1 tablet	sos	sos
2	Tablet. LANZOL DT (Lansoprazole - 30mg)	1 tablet	7am (before breakfast)	For 3 days
3	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	5 ml	9am-9pm (after food)	For 2 days.
4	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	5 ml	8am-8pm (1 hour before food)	For 3 days.
5	NEBULISATION with 3 % NS	1 respule	6th hourly	For 3 days

Fever Management
* Tablet. Paracetamol - 500mg, 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Tuesday(07.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

Name	Master VEDANSH MAKHIJA	**UHID**	HNH-00002203
IP No	IP26-00006694	**Admission Date**	30-06-2026

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006694 **Admit Date** : 30-Jun-2026 **Admit Time** : 01:16 PM **UHID** : HNH-00002203

Patient Details :

Patient Name	: Master VEDANSH MAKHIJA	**Age**	: 8 Y 4 M 23 D
Guardian	: Mr AMEET SINGH	**DOB**	: 07-02-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-10-182/10 NEAR POCHAMMA TEMPLE Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 9949379015/ 9573678411
		E-mail	: shubhangani_khanna@yahoo.com

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: ER02	**Ward Name**	: GF -EMERGENCY
Room No	: ER02	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr AMEET SINGH	**Relationship**	: Father
Contact Address	: 16-10-182/10 NEAR POCHAMMA TEMPLE Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 9949379015

Amt Singh

Signature

Doctor Details :

Doctor Name	: Dr. SINDHURA MUNUKUNTLA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTI HNH-00002203 IP26-00006694 **.ING**
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Date of Admission : 30/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	2pm	ER	ward	B) |TO

Cross Consultation Visit

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	CBP. CRP. Blood Respiratory panel 5 Viruses	0671	Sugandha
	UBG	0672	
30/6/26	CUE	0685	
	Cross checked by Counselor.		

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	Infusion Pomp	2pm	1/7/26 [illegible]	209667	
		cross checked by [illegible]			

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26.	Iv placement	01	9523.	Sugandha
30/6/26 (5:40pm)	NHA	(1)	9596	

Cross Checks by

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name :

Patient ID# :

Consultant : Dr. Sindhura .

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Vedansh. Age/Sex 8y/M.

Informant reliable / mother. Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o fever x 2 days
c/o cough & cold x 2 days.
c/o reduced oral acceptance (+)

History of present illness :

Pt was apparently asymptomatic 2 days ago, when he developed fever, undocumented high-grade, c headache & chills, reduced with medication.

c/o cough & cold x 2 days, dry spasmodic in nature, no diurnal variation, c reduced oral acceptance.

No history of travel.
Family history - cold in elder brother.

O/E

B/L congested eyes (+)

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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

Birth & Neonatal History :

born @ Guru Shiva hospital
FT/SVD/ 3.5 kgs Bwt
NO n/o NNH

Birth & Socio Economic History :

About Father : WNL
About Mother : WNL
Any additional Information : WNL

Developmental History :

Normal

Immunization History :

upto date.
Rhvaccine pending.

Anthropometry

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

Weight (kgs) 30 kgs (Centile _____)

On Examination :

Temperature : 104°F Pulse Rate: 142 bpm Description _____

B.P. 106/64 mm Hg (72) SPO2 99% at RA .

Resp. rate and type of breathing : 30/min

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖ .

Respiratory system :

Inspection (any s/o distress) : increased WOB ⊕ .

Air entry & breath sounds : AEBE

Any addes sounds : B/L conducted sounds ⊕

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

Throat - congested .

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕ M0 .

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, hepatomegaly ⊕

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements : N

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI c dehydration.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBG.
CBP
CRP
Blood culture - draw, dont send
CUE -
Resp. panel (5 viruses)
2 plain - extra.

Planned Management :

2/3 mtx - IVF
PCM 6 hourly
Ibugesic (sos)
Ondemetron sos
Pan - OD

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. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Doctor's Signature Name Dr Sindhura M Date 30/6/26 Time 2pm

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 1:30 pm	S/B Dr Sindhura MD Acute febrile illness c dehydration Child dull Temp - febrile Any - BAE/P B/L Crackles + (P)	Adv - IV fluids 2/3rd maint - Syptic care Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 S/ Sindhura MD

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Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/O C. Dr. Sankalp / D. Varun	
01/07/26	Influenza A Illness.	
	Fever ↓	
	pos nasal isolate	
	O/E: AC-fair	
	Vitals: Stable	
	Hydration - good	
		Adv
		- IV fluids (½ ns)
		- Syp. Ibuvir
		- Supportive care
		Sankalp

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 1pm	SB Dr. Archana.	
	Af IE dehydration.	
		Adv.
	cough (+)	
	fever spike - 103°F (+)	· TPR/IOC.
	signs of dehydration (+)	· Ct IVF.
	(chapped lips, ↑thirst, sunken eyes).	· (T) labs.
		· Ct PCM 6th hourly.
	O/E	
	HR - 132 bpm	
	BP - 107/60 mm Hg (74)	
	SpO_2 - 98% @ RA	
	S/E	
	RS - AEBE,	
	Bl. conducting sounds (+)	
	P/A - soft,	
	hepatomegaly (+).	
		Dr. Archana.

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Dr. Naipunya	
30/6 4:00pm	AFI c̄ dehydration	
	fever spikes (+) ~103°F	Plan
	Vitals - stable.	- Trace investigations
	R/S - B/L AE (+)	- Cont PCM Q6H.
	B/L Conducted	
	sounds (+).	- Cont IVF.
	P/A - soft,	
	hepatomegaly (+)	- Monitor vitals
		- Monitor fever spikes
	Oral intake - poor.	
		(Dr)
30/6/26	S/B Dr. Sindhura M	
5pm	AFI c̄ dehydration	
		Adv
	Fever spikes (+) continuing	- As per chart
	child dull	
	Tachy	
	Lungs - BAE (+)	
	B/L conducted sounds (+)	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

M. Sindhura
Dr. SINDHURA B.

NBA

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b Dr. Varun / Dr. Sudarshan.	
1/7/26		
7AM:	ARI c dehydration	?h/o plauenga A illness.
	- fever spikes (+). (persistent).	
	- child is dull.	Plan
	O/E - vitals stable.	- Trace official report of resp. panel.
	S/E - NAD.	- Ct. meds as per Rx chart.
		N/B of [illegible]

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

IHNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA (M)
07-02-2018 8 Y 4 M 23 D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/1/26	S/B Dr-Sindhura	
10:50Am	Δ ~~~ Influenza - A illness	
	fever spikes ⊕ 3 spikes in 24hrs	
	Oral acceptance - fair	
	Activity - improved	- Adv
	o/e	
	Temp - Euthermic	- contin IV fluids.
	Vitally stable	
	s/E	- supportive care
	wnl	
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 63970	[signature] DHRUVA - M.

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

MNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/26	c/o by. Ds Anusha	
2pm.	1 ylw Ailbea.	
	- fwa spik (+)	
	Oral Intak - Good Activity - Good.	
		Plan.
	vital stable	- ct same Mx.
	S/E NAD.	- Enhan orally.
		- Monit vitals.
	AP.	P.B Anusha @2pm

RNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/2/18 5:50PM	S/B Dr. Aniketh Δ Influenza A 9 11 yrs Plt	
	Fever spikes ↑	CT FLUVIR
	CVS - S1 S2 ✓ RS - BL - AE ✓	CT LANZOL PCM
	PA Tachy Conscious.	Monitor vitals Encourage orally
		CT IV Fluids @ 30 ml/hr
		NB Sucha @ 5:50PM
		Dr. D. Aniketh

Dr. Aniket Anil Parashar
Physician & Intensivist
Reg. No: 8588

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7:00 AM.	c/s/b Dr Pranav / Dr. Naipunya	
	Δ - Influenza B illness	
	Fever - (+)	Plan 1) Syp Flonis 2) Tab PCM - 6th hly 3) Tab Lanzol Js 4) ~~OE~~ Monitor Vitals
	oral intake - fair	
	child asleep Vitals stable R-S-B/L AE (+) P/A - Soft.	
	Passing Urine	Pranav
2/7/26	d/s/b 12/7. Sindhuri	
	INFLUENZA - B.	
	- Last spike yest evening - 5pm [101] - one episode of vomiting (+) - oral intake : fair	
	O/E Intakes : stable. S/E : RS : BAE (+) clear P/A : Soft	Plan 1) Tt. Syp flonis 2) PCM → SOS 3) Rest tt. as per Rx chart 4) monitor intakes 5) if high grade fever → consult

INH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
17-02-2018 8 Y 4 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan CBP, CRP.
		Plan [illegible] (2)
		if [illegible]
		[illegible]
	[stamp, illegible]	[signature]
		MUNUKUNTLA - [illegible]
		NB - [illegible] @ 2/7/26
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 669[illegible]	10:50 AM

INH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
17-02-2018 8 Y 4 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2:30 PM	c/s/o Dr. Varun / Dr. Thanvi Δ - Influenza B illness - Afebrile. (last spike @ 6 pm yesterday) - Vomiting - None. - Oral intake - fair. G/E - vitals stable. S/E - WNL.	Plan - If high fever ↓ complete CBP, CRP. 2 extra pkts. - Watch for fever - Ct. Rest as per Rx chart.

1NH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
17-02-2018 8 Y 4 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 8pm	S/B Dr. Sindhura	
	D Influenza B Illness	
		Plan
	Afebrile	– Cf' FLUVIR
	Vitals stable	
		– Plan discharge 24h no fever spikes
	CVS – S1S2 (+)	
	RS – BAE – AE (+)	
		– Encourage orally
	P/A – soft	
	conscious	NB Dr. C 8pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 7 AM	S/B Dr. Archana/Dr. Sreegham Δ: Influenza B illness c Dehydration.	
	Fever spikes ⊖ cough + cold ↓ oral acceptance - good signs of dehydration ⊖. U/passed. S/ P/E vitally stable S/E P/A - soft, non-tender.	Advice • Continue fluids for 5 doses • Continue rest same. N/B Dr. Archana.

INH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
17-02-2018 8 Y 4 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	c/o/B Dr. Sindhuri	
10am	Influenza - B	
	- afebrile : 24h	
	- no vomitings	
	- oral intake : good	Plan
		1) dietorage today
	O/E	
		2) tt. fluvir x 2 days
	vitals : stable	
		3) syp Pcetal plus x 3 days
	RS : BAE (+)	
	CVS	4) Syp enb x 3 days.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 69978

INH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
7-02-2018 8 Y 4 M 24 D (M)
Mr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKA ..... ☑ 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: ..... Ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Archana .....

Date & Time : 30/6/26 @ 1:10pm .....

Nurse Name & Signature: Bhangesi .....

Date & Time : 30/6/26 @ 1:15pm .....

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: Nill ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG : Syp Ibugesic				Date / Time
Dose: 8 ml	Route: PO	Frequency: SOS	Start Date: 30/6/26	
Doctor's Signature: [signature]	Valid Period:	Pharm.: [signature]		
Additional Instructions: (200 mg/5ml) (15ml if 100mg/5ml)				

DRUG : Tab ONDANSETRON				Date / Time
Dose: 4mg	Route: PO	Frequency: SOS	Start Date: 30/6/26	
Doctor's Signature: [signature]	Valid Period:	Pharm.: [signature]		
Additional Instructions:				

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

(Verified by Dr. Dhakshayani)

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 30kgs Ward. ....

DRUG : Tab PCM

Dose	Route	Frequency	Start Date
1 tab	PO	QID	30/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (500 mg)

Date/Time: 30/6, 1/7, 2/7 — 12AM, 6AM, 12PM, 6PM — SOS

Daily Doctor's Endorsement by a Sign

DRUG : Tab JUNIOR LANZOL

Dose	Route	Frequency	Start Date
2 tab	PO	OD	30/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 15mg - 1 tablet

Date/Time: 30/6, 1/7, 2/7, 3/7 — 6AM

Daily Doctor's Endorsement by a Sign

DRUG : SYP. FLUVIR

Dose	Route	Frequency	Start Date
5ml	PO	12H	30/06

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1ml/12mg)

Date/Time: 30/6, 1/7, 2/7, 3/7 — 10AM, 10PM

Daily Doctor's Endorsement by a Sign

DRUG : TAB ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	PO	TID	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 1/7, 2/7 — 6AM, 11:30 AM, 2PM, 10PM

Daily Doctor's Endorsement by a Sign

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07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

Weight. 30kgs. Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 30kg Ward. .....

		n of I.V. Fluid (...ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6/26	2pm	IVF PLASMALYTE ⊕ 100 ml D~~8~~-25% (2/3 M+x)	I/V	45 cc/hr	bf	~~A~~ ~~B~~	Stop	bf	A B
1/7/26	11 AM	" (1/2 M+x)	I/V	30 cc/hr	bf	~~A~~ ~~B~~	1/7	B	~~A~~ ~~B~~

Signature .....

VERIFIED BY : Name .....

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

2/2

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RESULT SHEET

Date	2pm					
Time						
Hb	13.0					
PCV	36.4					
RBC	4.82					
WBC	4.80					
N/L	72/13					
Platelets	243					
CRP	5					
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	17/26					
Time						
CUE - Alb						
CUE - Sugar	nil					
CUE - Ketones	negative					
CUE - PUS Cells	3-4					
CUE - RBC Cells	nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	Adenovirus: not detected					
	flu panel: Flu A positive					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

26

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/6 Time: 1:30pm 2:30pm 4pm 5:15pm 6:40pm 10pm 12am 2am 7am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

104°F (Crocin given in ER.) 100.3°F 103.2°F Ibugesic given 104°F 99.4°F 98.1°F 100.4°F Tab paracetamol given 99°F 98.6°F

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

Note: BP does not score in early warning scoring

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

111/87 101/70 104/87

Heart Rate (Number)

138bpm 138bpm 116bpm 104bpm 101bpm 109bpm

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

70 60 50 40 30 2 1

Resp Rate (Number)

28bpm 30bpm 38bpm 38bpm 38bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	98% 98%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0 0 0 0
Pain Score	1 0 0 0 0
Observer's Initials	N N [illegible] E [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

Rainbow® Children's Hospital
It takes a lot to beat the Rifle.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Patient Sticker

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/7/26

Time:	9Am	10Am	11:30Am	2pm	3 pm	4 pm	5:30 pm	6:30 pm	8 pm	10pm	2 Am	6 Am
Doctor / Nurse / Family Concern?												
Temperature (F) (104–94)	101.2 (Sponging given)	99.3	98.2	97.3	101.5 F (Sponging given)	99.5 F	99.1 F	100.0 F	99.1 F	98.4 F	98.6 F	98.6 F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	101/60 (75)		102/61 (77)	100/60			104/64			108/66 (76)	102/61 (70)	93/60 (71)
Heart Rate (Number)	107 b/m		106 b/m	105 b/m			108 bm			[illegible]	98 bm	98 bm
Resp. Rate (bpm) (Over 1 Minute) * (70–10)												
Resp Rate (Number)	28 b/m		22 b/m	25 b/m			25 bm			22	26 bm	24 bm
Resp Distress — Mod/ Severe / None / Mild												
Receiving O_2 (l/min) / O_2 Saturations (%)	100%		98%	100%			100%			99%	99%	99%
Conscious Level — Normal / Altered												
GCS *										15/15	15/15	
TOTAL SCORE Number of shaded boxes	0		0	0			0			1	0	0
Pain Score	0		0	0			4			8	0	0
Observer's Initials	[illegible]		[illegible]	[illegible]			[illegible]			[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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

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INH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
17-02-2018 8 Y 4 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

:H/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

Date : 21/7/26 Time: 10 2pm 6pm 10pm 2am 6am

Doctor / Nurse / Family Concern? AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.6F 98.2F 98.1F 99.5F 98.4F 98.2F

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

102 (76) 69 | 100 (80) 65 | 102 (75) 65 | 102 (62) 56 | 98 (62)

Heart Rate (Number) 113b/m | 110b/m | 115b/m | 107b/m | 112

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

70 60 50 40 30 2 1

Resp Rate (Number) 22b/m | 23b/m | 25b/m | 29b/m | 22

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% | 99% | 100% | 98% | 100%

Conscious Level: Normal | Altered

GCS * 15/15 | 15/15 | 15/15 | 15/15

TOTAL SCORE
Number of shaded boxes 0 | 0 | 0 | 0 | 1
Pain Score 0 | 0 | 0 | 0 | 0
Observer's Initials

ACTIONS

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Patient Sticker

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Patient

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
30/6	02:00 pm	Plasmalyte + 2.5% Dextrose	Rice + Dhal	45ml		N/A		N/A			0	
	03:00 pm			45ml								
	04:00 pm			45ml								
	05:00 pm			45ml								
	06:00 pm			45ml								
	07:00 pm			45ml								
Total Intake :						**Total Output :**						
	08:00 pm			45ml								
	09:00 pm			45ml								
	10:00 pm	Plasmalyte + 2.5% D	Rice Dhal	45ml		NO		NO			0	
	11:00 pm			45ml								
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake :						**Total Output :**						
	02:00 am			45ml								
	03:00 am			45ml								
	04:00 am	Plasmalyte + 2.5% D		45ml		NO		NO			0	
	05:00 am			45ml								
	06:00 am		Rice Dhal	45ml								
	07:00 am			46ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2026 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
1/7/26	08:00 am	100ml		45ml							0	
	09:00 am	250ml	Idly	45ml							0	
	10:00 am	250ml		45ml		NA	0	NA			0	
	11:00 am	250ml		30ml							0	A
	12:00 pm		H_2O								0	
	01:00 pm										0	
Total Intake : Taken								Total Output : M-0			0-3	
1/7/26	02:00 pm										0	
	03:00 pm										0	
	04:00 pm		Idly								0	
	05:00 pm		H_2O		NA			NA			0	Sne
	06:00 pm										0	
	07:00 pm										0	
Total Intake :								Total Output :		U-3	M-1	
1/7/26	08:00 pm										1	
	09:00 pm											
	10:00 pm		Roti								0	
	11:00 pm		H_2O		NA		0	NA				Sne
	12:00 am											
	01:00 am										1	
Total Intake : Taken								Total Output :		U-1	M-	
2/7/26	02:00 am										1	
	03:00 am											
	04:00 am		thr								0	
	05:00 am				NA		0	NA		0		Sne
	06:00 am											
	07:00 am										1	
Total Intake : Taken								Total Output :		U-	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
2/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
3/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

Intake						Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 30/6/26

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				NA			
Afternoon	2pm 8pm	- Assess the pt condition - Monitor vitals & record - Maintain I/o chart - Give medication as prescribed by doctor	2pm 8pm	- Assessed the pt condition - Monitored vitals & record - maintained I/o chart - Given medications as prescribed by doctor	patient is Stable now	Re-checked vitals	
Night	8pm 8pm	Assess the baby Monitor the VS administer Meds Maintain I/o chart	8pm 8pm	Assessed the baby Monitored VS administered Maintaining I/o chart	administer Meds	Reassess the pt	

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NURSING CARE RECORD

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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	8 Am | 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O. chart maintain	8 Am | 2pm	→ Assessed the pt condition → Administrating medication given as per doctor orders	→ pt is stable	→ Re-checked the vitals	Ammu
Afternoon	2pm | no | 8pm	Assess the Pt condition. Monitor, vitals record. maintain I/O Chart. Provide the comfortable Position. medication hive as per as doctor order.	2pm | no | 8pm	Assessed the pt condition. monitored vitals & record maintained I/O chart. provided the comfortable position. medication given as per as doctor order.	→ pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O Chart	Sneh
Night	8pm | 8am	Assis the baby Mouth fluids administer Medicin maintain I/O chart	8pm | 8am	Assisted the baby Mouth wash administer Medicine Maintain I/O chart	administer pt	Review	

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NURSING CARE RECORD

Date: 21/7/26

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	8pm 2pm	Assess the Baby general condition. Check vital records Administer medication as per doctor advice Do chart maintain	8pm 2pm	Assessed the Baby general condition. Checked vital recorded Administered medication as per doctor advice Do chart maintained	pt is stable	Re checked vitals	
Afternoon	2pm 8pm	Assess the pt condition. monitor vitals signs. maintain IV access Provide the comfortable position. medication give as per as doctor order.	2pm 8pm	Assessed the Pt condition monitored vitals signs. maintained IV access Provided the comfortable position. medication given as per as doctor.	pt is stable. vitals normal.	monitor vitals. maintain IV access	
Night	8pm	Assess the baby Observe the vitals administer the medication Maintain the IV	8pm	Assured the baby Observed the vitals administered Medicine given	administered the	Recorded the pt	

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AEI C dehydration

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	30/6/26 E2	1/7/26 8000	1/7/26 M6	1/7/26 E2	2/7 8:00	2/7/26 AM6
Medical Condition (Any special condition to be noted):	—	Flu	Flue	—	Flue	Flu tve
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	98.8°F	98.3°F	98.2°F	98.8°F	98.1°F
Res:	20/m	24/m	25/m	22/m	20/m	22/m
SpO_2:	100%	99%	98%	98%	100%	99%
Pulse:	135/m	112/m	105/m	104/m	102/m	104/m
BP:	101/60	106/62	64/60	101/62	100/62	101/62
LOC:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	"0"
Skin Integrity	—	—	—	—	—	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:	—	—	—	—	—	Soft
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:	—	(T) Repeat	(T) NS	—	—	—
Handed Over By Name :	Priyanka	—	Amruth	Sneha	—	Supriya
Signature / ID :						
Date:	30/6/26	1/7	1/7	1/7	2/7	2/7/26
Time:	8pm	8:00	2pm	8pm	8:00	2pm
Taken Over By Name :	—	Amruth	Sneha	—	Supriya	Sneha
Signature / ID :						
Date:	30/6	1/7	1/7	1/7	2/7/26	2/7
Time:	8pm	8Am	2pm	8pm	8AM	2pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Influenza B Illness			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	2/7 E	2/7 M				
	Medical Condition (Any special condition to be noted):	-	-				
	Diet:	Soft	-				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2 F	98.6 F				
	Res:	29b/m	22				
	SpO_2:	99%	WNL				
	Pulse:	100	102				
	BP:	99/59	WNL				
	LOC:	-	-				
	Fall Risk Score:	-	-				
	Pain Score:	0	-				
	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 :		[illegible]	[illegible]				
Signature / ID :		[illegible]	[illegible]				
Date:		2/7	2/7				
Time:		8 pm	8 am				
Taken Over By Name :		[illegible]					
Signature / ID :		[illegible]					
Date:		2/7					
Time:		8 am					

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 30/6	DATE 1/7	DATE 2/7	DATE 3/7	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	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	1	
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	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			9		
	Other Medications / None	1	1	1	9	1	
	Total		9	9	9	9	

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:		Bright			
	Signature:					
	Date:		30/6	1/7	2/7	3/7
	Time:		6pm	8pm	8pm	8pm

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

HNH-00002203 IP26-00006694
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CHECKLIST FOR THROMBOPHLEBITIS

30/6 1/7

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	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA		0	NA	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA		0	NA	NA	0				Cannula removed.
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA		0	NA	NA					
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA.		0	NA	NA					
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					
			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 : Balarani Name : Balarani

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00002203 IP26-00006694
Master VEDANSH MAKHIJA
07-02-2018 8 Y 4 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 30/6		1/7	1/7
					Time : E2	8am	MG	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	27
				Evaluator's Name				

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

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

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Master VEDANSH MAKHIJA
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BRADEN 'Q' SCALE

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				Date :	2/7	3/7		
				Time :	2pm	8		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
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				TOTAL SCORE	23	26		
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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PAIN ASSESSMENT FORM

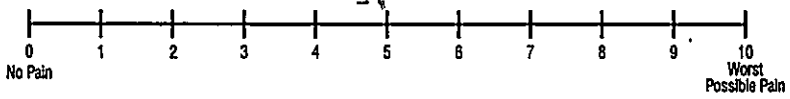
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

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101 -> 216

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 30/6/26 Time: 6:10 pm

Weight: 38.21kg Centile: 97th

Height: - Centile: -

Inference:

RDA: - Calories: 1550 kcal/d Protein: 27 gms/d

Diet Recommendations: Normal Diet with more liquids

Re-Assesment: Avoid Spicy, Chilled & outside foods

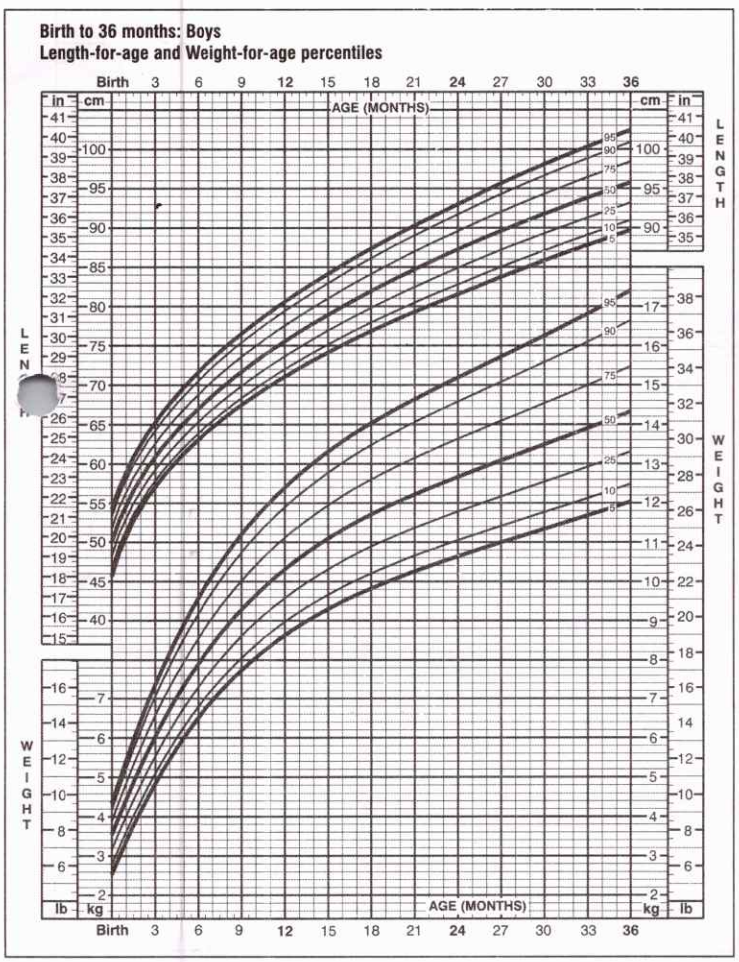
Food Allergies: NO Veg/Non-veg NON-VEG.

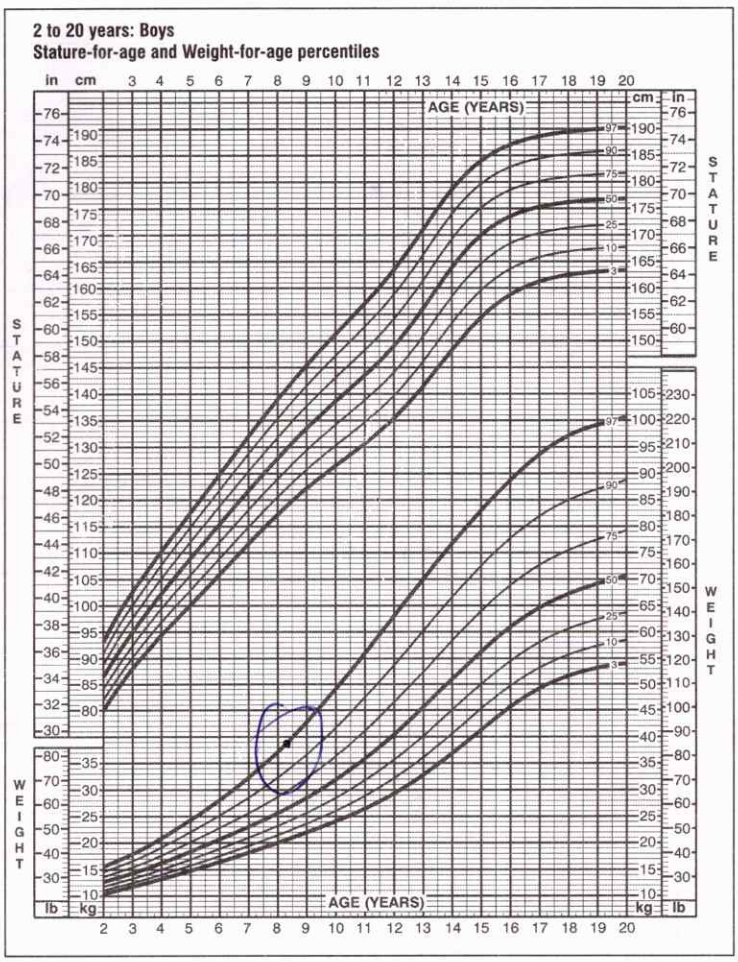
Diagnosis: AFI with Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Sathwika.G Dietician's Signature

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

Daily Notes:

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Master VEDANSH MAKHIJA
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wt - 38.21 wt.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. VEDANSH MAKHIJA Age : 8y 4m **Gender:** ☑ Male ☐ Female

Date : 30/06/26 Time of Arrival : 12:50pm

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: 104°F PR: 142/m BP: 102/60(74) RR: ..... SpO_2: 98%

Chief Complaints: c/o Fever since x2 days, cold cough since x2 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:52pm

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 : Atanu

Signature of Triage Nurse : .....

Date & Time : 30/06/26 @ 12:52pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/06/26 Time of arrival : 12:54pm.

Chief Complaints: c/o Fever, cold cough since x 2 days RBS: .....

Height : ..... Weight : 30.2kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ 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 : 12:54pm / [signature]

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

Time	Nursing Notes
	Assessed the Patient condition monitor rdly Done

Samples collected by: / Sugandha Time:

Samples sent by : Time: / 7:30pm

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: 142 b/m BP: 102/60 mm Hg CFT:	Shift - out from ER to: ward
RR: ..... SPO_2 : 98%	Time of Shift - out: 2pm
GCS: ..... Temperature : 104°F	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

..... IV placement Done .....

Name of the Nurse : Afsana Signature of the Nurse : .....

Date & Time : 30/06/26 @

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	30/6/26 @ 1:16pm	30/6/26 @ 2pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Archana	ADMISSION
From Unit	**To Unit**	**Information to Attendant**
ER	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
2		

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. Archana.

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 30/6/26 @ 2:15pm

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