DISCHARGE SUMMARY

Name	Master G RAGHURAM REDDY	**UHID**	HNH-00010163
Father/Guardian	Mr G KRISHNA REDDY	**Age/Gender**	14 Y 3 M 3 D/ Male
Address	flat no 202 pk haigub gayitrinagar, Madhapur, Hyderabad, Telangana, INDIA, 500081		
IP No	IP26-00006718	**Admission Date**	02-07-2026
Ref Doctor	SELF		
Discharge Date	04.07.2026		

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

DIAGNOSIS	ICD CODE
BLUNT TRAUMA ABDOMEN	

History: Master G RAGHURAM REDDY, 14 Y 3 M 3 D , old boy presented with history of pain abdomen, vomitings since 4 days following and history of trauma including fall from the cycle with blunt trauma abdomen against cycle handlebar prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 70/min, Blood pressure - 113/72

Name	Master G RAGHURAM REDDY	**UHID**	HNH-00010163
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mmHg and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, tachycardia, dry oral mucosa, sunken eyes, flushing, throat - congested were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft, sever tenderness noted in lower abdomen, in right hypochondrium region and epigastric region . On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 48 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 6920 cells/cumm, platelet count of 2.66 lakhs/cumm and C-Reactive Protein of 5 mg/l. Erythrocyte Sedimentation Rate (ESR) was 18 mm/hour. Liver function test showed total SBR of 0.4 mg/dl with indirect fraction of 0.3 mg/dl, SGOT - 25 U/L, SGPT - 13 U/L, ALP - 284 U/L, protein - 7.4 gm/dl, albumin - 4.1 gm/dl, globulin -3.3 gm/dl, A/G ratio of 1.2. Amylase was 47 U/L. Lipase was 30 U/L. Complete urine examination 3-4 pus cells, 2-3 epithelial cells. Serum Creatinine was 0.5 mg/dl.

Management: He was admitted in the ward , kept NBM and was started on Intra Venous fluids. He was treated symptomatically with antacids, antiemetics and pain management done.

Persistent vomitings with pain abdomen was noted post admission, which

Name	Master G RAGHURAM REDDY	**UHID**	HNH-00010163
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gradually resolved over medication. Multiple enema's and oral medication was started for constipation.

In view of pain abdomen ,Dr. Swapna paediatric surgeon consultation was done who gave dietary advice and adviced to continue symptomatic management.

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:
Injection. Pantop
Injection. Ondansetron
Syrup. Colax
Muout powder
Syp. Citralka

Advice:
* Diet as advised.

Name	Master G RAGHURAM REDDY	**UHID**	HNH-00010163
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Colax	5 ml	Twice daily	For 2 days.
2	MUOUT POWDER	mix 4 Scoops in 250 ml of water	10pm (after food)	For 3 months
3	Syrup. Citralka	10 ml	at bedtime	For 5 days.

Fever Management
* Tablet Dolo (Paracetamol - 650mg) 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. PRITESH NAGAR on (06.07.2026) Monday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* 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.**

Name	Master G RAGHURAM REDDY	**UHID**	HNH-00010163
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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. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006718 **Admit Date** : 02-Jul-2026 **Admit Time** : 01:51 PM **UHID** : HNH-00010163

Patient Details :

Patient Name	: Master G RAGHURAM REDDY	**Age**	: 14 Y 3 M 2 D
Guardian	: Mr G KRISHNA REDDY	**DOB**	: 31-03-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat no 202 pk haigub gayitrinagar Madhapur Hyderabad Telangana INDIA 500081	**Phone No**	: 9957576666
		E-mail	: kurmwali9@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 G KRISHNA REDDY **Relationship** : Father

Contact Address : flat no 202 pk haigub gayitrinagar Madhapur Hyderabad Telangana INDIA 500081 **Phone No** : 9957576666

G. Harshini
Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

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ACTIVIT HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR
G

Name: ---

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

Date of Admission : 2/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	21:00pm	ER	ward	
2/7	8 pm	221	218	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swapna Pala Keerthy	2/7/26	1011.	
2.				
3.				
4.	Dr. Swapna Palakeerthy	3/7/26	1044	
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked done by Sneha

Cross checked by Sujatha on 4/7/26 at 11am

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Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CBP, CRP, LFT	10797	
	~~LOP~~ Amylase, Lipase		
	ESR, Creatinine		
31/3/12	CRP	7896	
	X-Ray chest Abd.		
	RBS - 81 mg/dl	10799	
		Cross checked	done by Sneha
	CUE	10813	
	crox checked by Sujata		4/7/12
			~~OT~~ OG ~~TM~~

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Infusion pump	4PM	4/7/26 at 7am	10076	Pai
				Cross Checked done by Sneha	

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Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/2/26	I.V placement	(1)	10029	
2/2/26	NHA	(1)	[illegible]	

Cross checked

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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CROSS CONSULTATION FORM

Doctor Name: Dr. SWAPNA PALAKURTHY Date: 3/7/26 Time: 6PM

Diagnosis: ? CONSTIPATION

Hospital: RCH, Himayatnagar.

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Pain abdomen persistent.

Signature:

Findings and Recommendations :

Review with Dr. Swapna

- Pain Abdomen persistent (+) (intermittent)
- Pain (+) during passing urine

O/E - Vitals stable.

P/A - soft

Plan

1. Start syp. Citralka 10ml in 30ml water after food x 1 week
2. Adequate hydration.
3. High fibre diet.
4. Continue MO out
5. Review SOS.

Consultant :

Name : Dr. S SWAPNA Signature : [signature] Date & Time : 3/7/26 @ 6PM

Doc. No. : RCH / FRM / CLINICAL / 049

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : ___

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Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

Patient ID# : ___

Consultant : ___

Final Diagnosis : ___

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o pain abdomen : 4 days - following a fall on the cycle handle bar
- c/o vomitings : 4 days.

History of present illness :

child was apparently 4 days ago flb trauma to the abdomen — fall while riding the cycle on the handle bar.

↳ following which developed pain in the lower abdomen, ↑ after eating & while micturating, dull aching pain

child also developed vomitings after the incident - 2 episodes/day - contained food — non bilious, no blood.

- no c/o fever/loose stools/ burning micturition outside food intake

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date

Anthropometry

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

Weight (kgs)_____(Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate: 70 bpm Description _____

B.P. 113/72 (85) SPO2 100 % at _____

Resp. rate and type of breathing : Room air

14 cpm

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

BAE (+) clear

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System :

S1 S2 (+)
no murmurs

Inspection of procordium :

Heart Sounds :

Any murmur :

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

Per Abdomen :

- soft
- severe tenderness (+) in lower abdomen & epigastric region & (R) hypochondriac region

Inspection

Palpation :

Ausculation :

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes : (N)

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

handle bar injury

_____ to R/O traumatic Pancreatitis.

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

1) CBP
2) ~~LFT~~ LFT
3) amylase, lipase
4) ESR
5) ~~LFT~~ UE. Due
6) UA/P
7) creat
8) chest X Ray
9) X Ray erect abdomen.

noted by A

Planned Management :

1) NPO till further orders
2) IVF.
3) inj Pan, Zofer.
4) P. surgeon opinion.

noted by Aparna.

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

Doctor's Signature Name _____ Date 2/7/26 Time 8pm

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/3/26 4PM	C/S/b Dr. Varun / Dr. Thanvi	
	Δ - ? Acute pancreatitis	
	- 2 c/o vomiting since morning.	
	- c/o severe pain abdomen; NPO.	
	- No c/o fever, loose stools.	
	O/E - vitals stable.	
		Plan
	O/E - P/A - soft, tenderness	- Trace reports
	over epigastric,	- NPO
	~~+~~ hypogastrium,	- PDS opinion
	~~left &~~ rt ~~iliac fossa~~	in morning.
	hypochondrium.	
	R/F BAC(?), MUBC(?)	-
		[signature]

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

(P.T.O)

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	~~C/S/O~~ ~~Dr.~~ S/O Dr. Sujana	
	? ~~Acute pain in abdomen~~	
2/4/26 8pm	S/O Dr. Pritesh	
	on ~~Room Air~~	~~Advice~~
	pain per abdomen (+)	• Repeat enema @ 6pm
	No further episodes of vomitings	• Start colax (Na picosulfate) 5ml PO BD ↓
	o/e HR - 70 bpm	• Plan to start NVOut later liquid diet
	s/e P/A - Soft, non-tender	• shift to ward
		NB sr. c 8 Pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	S/B Dr. Archana / Dr. Sreegham	
2 AM		
	on Room Air	
	pain perabdomen ↓	Advice
	vomitings ⊖	• Enema at 6 am today
	stool	• Continue Colax syrup
		• Continue rest same
	o/e HR - 68 bpm	N/BL
	PP-wf	
	S/E	
	RS - AEBE, B/L clear	
	P/A - soft, nt -	
		Dr. Archana

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:15 AM	S/B Dr. Pritesh	
	Δ ? Acute pancreatitis	
		Plan
	CVS - S1 S2 (+)	
	RS - BAE NVB (+)	- Start NBM OUT
	P/A - soft	- Cap COLAX
	tenderness in umbilical region (+)	
	Conscious	Cap PANTOP
Supra pubic pain		
	RIF / LIF Pain reduced	
USG Normal	Passing stools	
CUE Normal		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7 2:30pm	C/S/O Dr. Pranav	
	S/- 2 Acute Pancreatitis / ? Acute Abdomen	
	Abdominal pain (+)	Plan 1) Inj PANTOP 2) Inj ONDEM 3) Syp COLAX 4) MVOVT Powder 5) SOS - Surgical opinion 6) Monitor Vitals NB Sneha (2:30pm
	No Vomiting	
	Child alert Vitals Stable Afebrile R-S-B/LAE (+) P/A - Soft Tenderness in Epigastrium (R) & (L) Iliac Fossa (Guarding)	Pranav
	Passed Stool - (Watery)	

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26	UNB Ref. patient	
4:20pm	? Acute abdomen	
	- Pain abdomen (+)	
	- no vomitings	Plan
	- passed stools - 4 times	1) P. Surgeon opinion
		now
	O/E	2) Ut. mw ont
	vitals: stable.	colax
	P/A : soft.	3) Rest Ut. as per Rx
	tenderness (+)	chart
	in suprapubic	NB Sneha @ 4:20 pm
	& epigastric region.	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7PM	c/c/b Dr. Varun / Dr. Sushanth.	
	S- Acute abdomen	
	- Pain abdomen - None	Plan
	- Stools - 2 times yesterday	✓ Ct. Mucout / Coke.
	- No c/o vomiting.	✓ Ct. meds as per Rx chart.
	O/E - vitals stable.	NB Sunanda @ 7am
	O/E - P/A - Soft, Tenderness better in epigastric region.	✓

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 9:15 AM	S/B Dr. Pritesh Nagar.	
	Δ: Acute abdomen* (Blunt trauma abdomen).	
	Pain per abdomen ⊕ ↓ vomitings ⊖ ↓ passed. S ↓	Advice . Discharge • Dietary Counselling given • Ct meds. (mucont, colax* 2 days, citralka).
	d/e vitally Stable	
	d/e P/A - Soft, ~~rare~~ tender ⊕ ↓.	
	Δ's Blunt Trauma Abdomen	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

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Master G RAGHURAM REDDY
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Dr. PRITESH NAGAR

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CROSS CONSULTATION FORM

Doctor Name : Dr. PRITESH Date : 2/7/29 Time : .....

Diagnosis : .....

Hospital : RCH, Himayathnagar.

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

k/c severe pain abdomen.

Signature:

Findings and Recommendations :

c/o Dr. Swapna.
- H/o trauma to abdomen.
? constipation.

O/E - vitals stable

O/E - P/A - Soft, no abd. distension, mild tenderness.
No guarding/rigidity.

Adv.
1. Send urine c/s.
2. Dulcolax 5mg supp. PR stat.

Consultant :
Name : Dr. SWAPNA Signature : ..... Date & Time : 2/7/29 5:00PM

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: NPKA ☑ 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

48 kg

REGULAR PRESCRIPTIONS Weight. ..... Ward. .....

DRUG : INJ PANTOP

Dose	Route	Frequency	Start Date
40mg	IV	OD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(PANTOPRAZOLE)

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7

Verified by Dr. Dhakshayani

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date
8mg	IV	TID	2/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7

Verified by Dr. Dhakshayani

DRUG : Syp COLAX

Dose	Route	Frequency	Start Date
5ml	PO	BD	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Sodium picosulfate (1mg/ml)

Daily Doctor's Endorsement by a Sign

Date / Time: 3/7

Verified by Dr. Dhakshayani

DRUG : MVOUT POWDER

Dose	Route	Frequency	Start Date
4 scoops	PO	OD	2/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
mix 4 scoops in 250ml water

Daily Doctor's Endorsement by a Sign

Date / Time: 3/7

Verified by Dr. Dhakshayani

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1-03-2012 14 Y 3 M 2 D (M)
r. PRITESH NAGAR

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Syp. CITRALKA

Dose	Route	Frequency	Start Dt.
10ml		HS	3/7

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

Additional Instructions: 10ml in 30ml water x 1 week.

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7, 10pm [signature]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY Name

Signature

Docu. No. : RCH /FRM / CLINICAL / 108

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Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

Weight. 48 kgs 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
2/7/26	1:15pm	inj Tramadol	50mg/IV one/hour	IV		A.R
2/7/26	6 pm	PROCTOCYSIS	100 ml Stat	P/R		
3/7/26	6 AM	PROCTOCYSIS	100 ml	P/R		

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

Dr. Pritesh Nagar Venkateswarlu

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 68kgs 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
2/7/26	1:15pm	IVF - PLASMALYTE (2/3rd main)	IV	60 ml/hr					

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

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

M

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/7/24 Time: 5pm

Weight: 48 kg Centile: 50th

Height: 160 cms Centile: 75th

Inference: Well Child

RDA: - Calories: Protein:

Diet Recommendations: Child is on NPO till further advice

Re-Assesment:

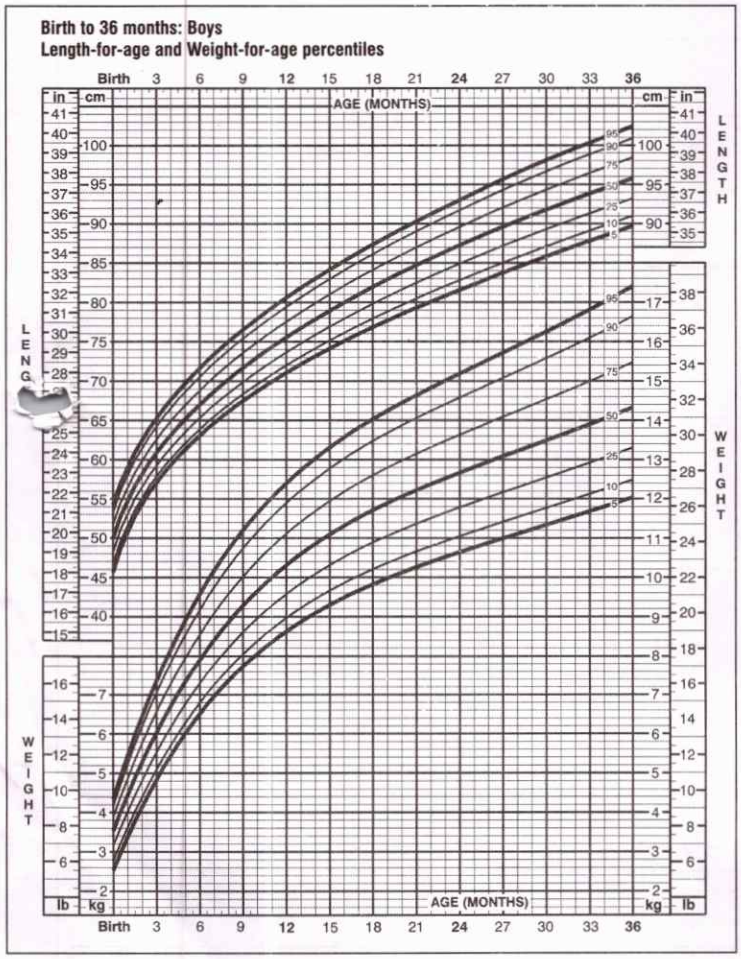
Food Allergies: NO Veg/Non-veg NON-VEG

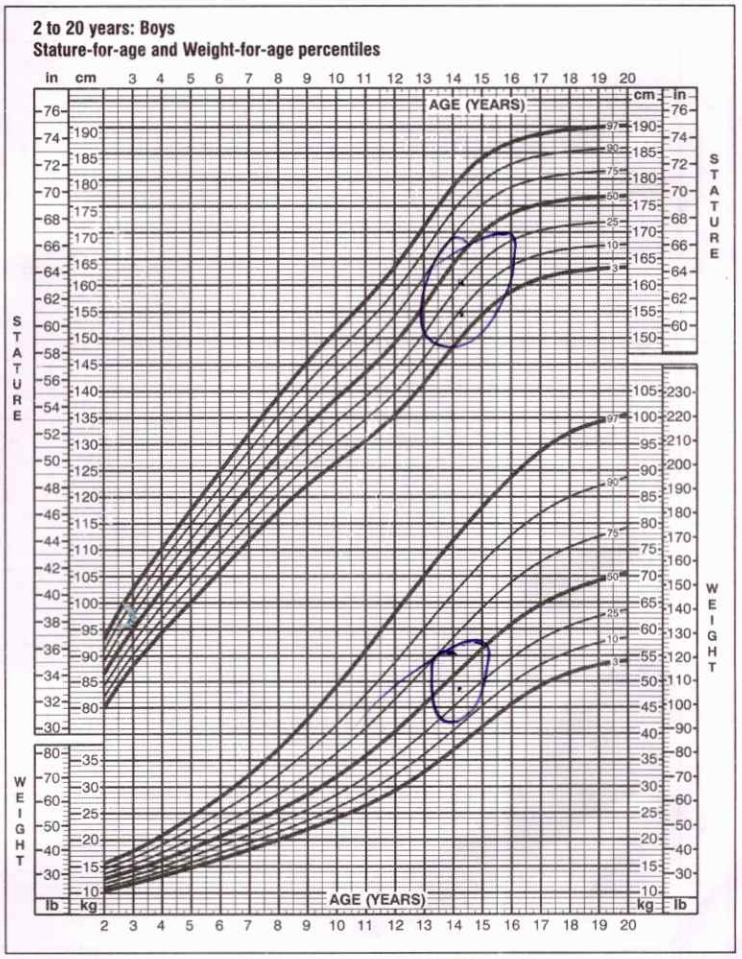
Diagnosis: ? Acute pancreatitis

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: G. Kalpana

GROWTH CHART (BOYS)





Dietician's Name Sathwika G Dietician's Signature

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

(P.T.O.)

Daily Notes:

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

Wt – 48 Kg.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast G RAGHURAM REDDY Age : 14y **Gender:** ☑ Male ☐ Female

Date : 2/07/26 Time of Arrival : 1:20pm.

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: 98.6°F PR: 135b/m BP: 113/72(85) RR: ..... SpO_2: 100%

Chief Complaints: c/o Stomach pain x 4 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

G. Kalpana
Signature of Parent / Guardian

Triage Completion Time : 1:22pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Anupama

Signature of Triage Nurse : .....

Date & Time : 2/07/26 @ 1:22pm.

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

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31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/07/26 Time of arrival : 1:24pm

Chief Complaints: ..... RBS: .....

Height : ..... Weight : 48.8 kg ..... BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 1:24pm / Anupam.

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

Time	Nursing Notes
	Assesses the Patient condition
	monitor vitals Done

Samples collected by: / Apurba Time:

Samples sent by : / Time: 1 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
2/7/26 1:55pm	Tramadol	IV	50mg		A.P

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 135 bl/m BP: 113/72(85) mmHg CFT:	Shift - out from ER to: (22) ward
RR: SPO$_2$: 100%	Time of Shift - out: 2 pm
GCS: Temperature : 98°F	Handover given to:
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Anupam Signature of the Nurse :

Date & Time : 2/7/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00010163 IP26-00006718 Master G RAGHURAM REDDY 31-03-2012 14 Y 3 M 2 D (M) Dr. PRITESH NAGAR	2/7/26 @ 1:57 pm.	2/7/26 @ 2:24 pm
	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 2 Nil	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupam /	Dr. Tanvi

Patient & Clinical Records Received by : Sneha 2/7/26 @ 3:22 pm

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

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....NIL..... ☐ 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: ....E.R..... Shifted to: ....(22) 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. Tanvi.....

Date & Time : ....24/07/26 @ 1:45 pm.....

Nurse Name & Signature: ....Anudam / @.....

Date & Time : ....24/7/26 @.....

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31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

21 218.

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RESULT SHEET

Date	2/7/26					
Time						
Hb	12.4					
PCV	35.0					
RBC	4.35					
WBC	6.92					
N/L	57.1/31.4					
Platelets	266					
CRP	5					
ESR	18					
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
ALP	284					
SGPT	13					
SGOT	25					
T.Bill/Conj	0.4/<0.1 0.3					
T.Protein	7.4					
S.Albumin	4.1					
S.Globulin	3.2					
A/G Ratio	3.2					
Uric Acid						
S.Amylase	47					
Sr.Lipase	30					
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	2/7/26					
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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Patient Dr. PRITESH NAGAR
Date of

EWS / 04

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 Time:	3:40 pm	6pm	10 pm	[illegible]	6am	
Doctor / Nurse / Family Concern?						

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F 97.6°F 96.4°F [illegible] [illegible]

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

113 (79) 64 | 111 63 | 110 (76) 59 | 180 64

Heart Rate (number)		86 bpm	72 bpm	74 bpm		97 bpm

Resp Rate (bpm) (over 1 minute)

70 60 50 40 30 20 10

Resp Rate (number)		20 bpm	23 bpm	25 bpm		20 bpm
Resp. Mod/Severe Distress None/Mild						
Receiving O2 (L/min) O2 saturations (%)		99%	100%	100%		100%
Conscious Normal Level Decreased						
GCS *		14/15				15/15
TOTAL SCORE Number of shaded boxes		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.

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

HNH-00010163 IP26-00006718
Master G RAGHURAM REDDY
31-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

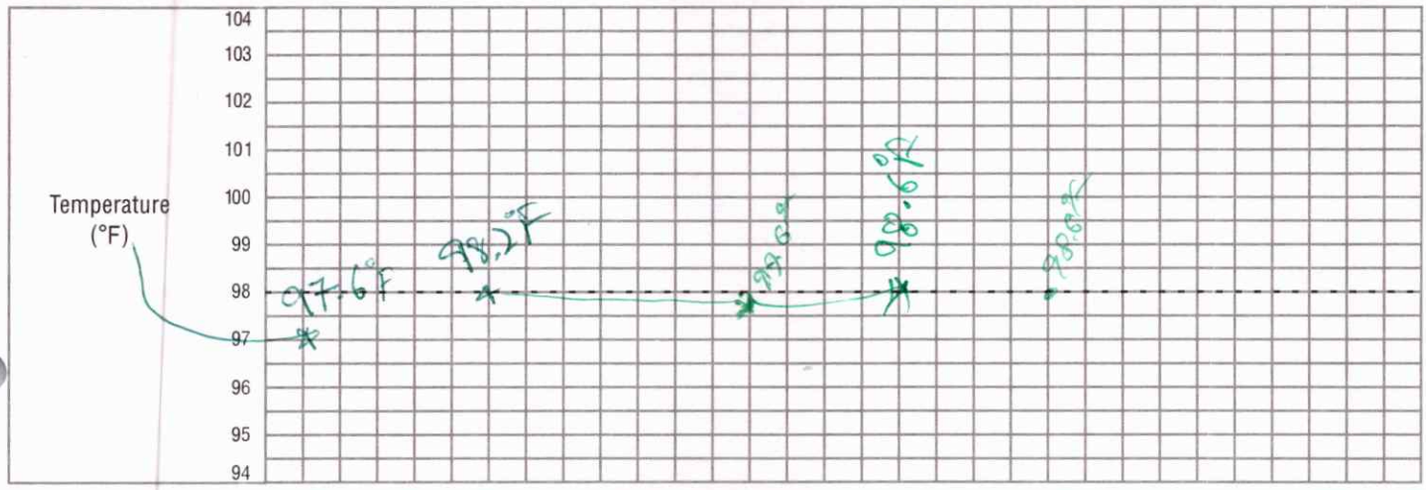
Patient N .....
Date of E .....

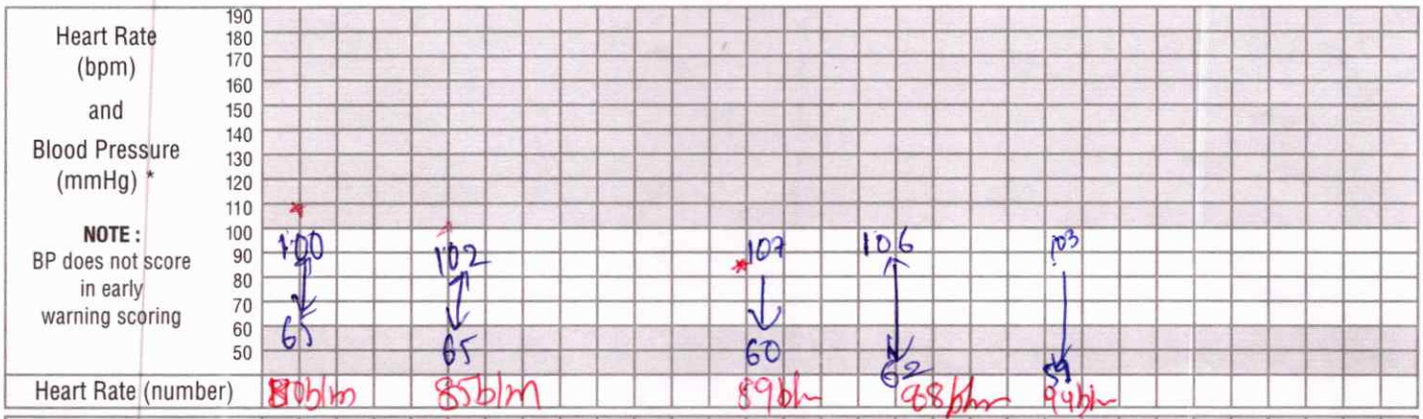
WS / 04

EARLY WARNING SCORE: CHILDREN'S UNIT

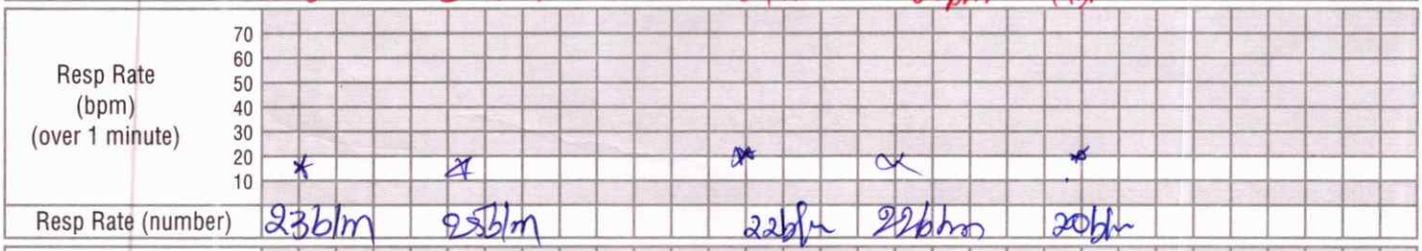
Date : 3/7/26 Time: 10Am 2pm 10pm 2 6

Doctor / Nurse / Family Concern? Am am





Heart Rate (number) 80b/m 85b/m 89b/m 98b/m 94b/m



Resp Rate (number) 23b/m 25b/m 22b/m 22b/m 20b/m

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%) 100 % 100 % 100 % 100 % 100 %

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes 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.

INH-00010163 IP26-00006718
aster G RAGHURAM REDDY
1-03-2012 14 Y 3 M 2 D (M)
r. PRITESH NAGAR

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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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am					E12						
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
2/7	02:00 pm	plasmalyte										
	03:00 pm			80ml								
	04:00 pm			60ml								
	05:00 pm			60ml	NA		0	NA			0	Sn
	06:00 pm			60ml						✓		
	07:00 pm			60ml								
Total Intake :						Total Output :				U-1	M-	
2/7	08:00 pm	Plasmalyte		–								
	09:00 pm			–								
	10:00 pm			60ml								
	11:00 pm		Nil	60ml		NA	NO	NA			0	[illegible]
	12:00 am		Hr	60ml								
	01:00 am			60ml								
Total Intake :						Total Output :				U-2	M-x	
3/7	02:00 am	Plasmalyte		60ml								
	03:00 am			60ml								
	04:00 am			60ml							0	
	05:00 am			60ml		NA	NO	NA				
	06:00 am		Nil	60ml								
	07:00 am			60ml								
Total Intake :						Total Output :				U-2	M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

INH-00010163 IP26-00006718
Master G RAGHURAM REDDY
11-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7/26	08:00 am	Plasmalyte		60ml			✓				0	
	09:00 am		Idly + milk	60ml	NA					✓	0	
	10:00 am			60ml			✓		NA		0	
	11:00 am			60ml							0	
	12:00 pm		H2O	60ml			✓			✓	0	
	01:00 pm			60ml							0	
Total Intake : Taken								**Total Output :**		M - 1	U - 2	
3/7	02:00 pm			60ml			✓				0	
	03:00 pm			60ml						✓	0	
	04:00 pm	Plasmalyte		60ml						✓	0	
	05:00 pm			60ml							0	Sns
	06:00 pm			60ml								
	07:00 pm			60ml								
Total Intake :								**Total Output :**		U -	M -	
3/7	08:00 pm		Upma + Idly	60ml		/			/	✓		
	09:00 pm			60ml								
	10:00 pm	Plasma lyte		60ml						✓	0	Sns
	11:00 pm			60ml	NA		0		NA	✓		
	12:00 am			60ml						✓		
	01:00 am			60ml								
Total Intake :								**Total Output :**		U - 3	M - 0	
4/7	02:00 am			60ml		/			/			
	03:00 am			60ml								
	04:00 am	Plasma lyte		60ml			0			✓	0	Sns
	05:00 am			60ml	NA				NA	✓		
	06:00 am			60ml						✓		
	07:00 am			60ml								
Total Intake :								**Total Output :**		U - 2	M - 0	

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00010163 IP26-00006718
Master G RAGHURAM REDDY
11-03-2012 14 Y 3 M 2 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				E P			
Afternoon	2pm to 8pm	Assess the pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	2pm to 8pm	Assessed the pt condition. Monitored vitals & recorded. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor.	pt is stable. vitals normal.	monitor vitals. maintain I/O chart	[illegible signature]
Night	8p to 8a	⇒ Assess the pt. condition. → Plan for v/s checks → Plan for I/O chart maintain	8pm to 8am	→ Assess the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]	[illegible] ✓	Reassess on [illegible]	[illegible signature]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM | | 2 pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain.	8 AM | | 2 pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ pt is stable	→ RC - checked the vitals	A
Afternoon	2pm to 8pm	~~Assess the pt condition~~ monitor vitals regularly maintain I/O chart. Provide the comfortable position. medication given as per doctor order.	2pm to 8pm	~~Assessed the pt condition~~ Monitored vitals regularly Maintained I/O chart. Provided the comfortable position. medication given as per doctor order	→ pt is stable. → vitals normal.	→ monitor vitals. → Maintain I/O chart	Sry Y
Night	8pm to 8am	→ Assess the pt cond. → Monitoring vitals and record → I/O chart maintain	8pm to 8am	→ Assessed the pt condition → Administration & medication given as per doctor order	→ Pt is stable	→ Monitor the vitals → Maintain I/O Chart.	d

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Patient

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Tamarind				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	2/7 E	3/7 Night	3/7 M	3/7 E	4/7 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:	98.2F	98.3F	98.2F	98.2F	98.6F	
	Res:	20 b/m	20 b/m	20 b/m	20 b/m	21 b/m	
	SpO_2:	99%	100%	98%	98%	98%	
	Pulse:	99 b/m	92 b/m	94 b/m	72 b/m	61 b/m	
	BP:	102/62	106/72	109/69	106/62	109/71	
	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):	-	-	NA	-	-	
Post Operative Procedure Special Orders:			-	NA	-	-	
Handed Over By Name :		Sneha	Afsal	Amrutha	Sri	Sindhu	
Signature / ID :		4(0)6031	Afsal	A	4(0)6031	Sindhu	
Date:		2/7/24	3/7	3/7	3/7	4/7	
Time:		8 PM	8 AM	2 PM	8 PM	8 AM	
Taken Over By Name :			Amrutha	Sri	Sindhu		
Signature / ID :			A	4(0)6031	Sindhu		
Date:		2/7	3/7	3/7	3/7		
Time:		8 PM	8 AM	2 PM	8 PM		

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31-03-2012 14 Y 3 M 2 D (M)
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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:							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 2/7	DATE 3/7	DATE 3/7	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1		
Gender	Male	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		
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		8	8	8		

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:		Sw	Mw	Sw		
	Signature:						
	Date:		2/7	3/7	3/7		
	Time:		2pm	5pm	2pm		

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	2/~~7~~/26 DAY-1			3/7 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	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	0	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	0	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	0	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	0	NA	NA	NA				
		Signature of the Nurse			Sneha		[illegible]	Sneha	[illegible]				

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

Signature of Shift In Charge :

Signature : Sneha Name : Sneha

Signature of Ward In Charge :

Signature : Balasani Name : Balasani

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PAIN ASSESSMENT FORM

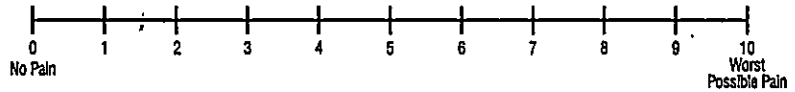
Date	Time	...re (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7	3Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
2/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
2/7	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
3/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
3/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/7	8p	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[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

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BRADEN 'Q' SCALE

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					Date :	2/7	3/7	3/7	3/7
					Time :	8PM	8AM	MC	MI
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.		3	3	3	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	23	23	26	26
					Evaluator's Name	SN	[illegible]	R	R

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

Docu. No. : RCH /FRM / CLINICAL / 119

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