209
D.C

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby NYRA DASU	**UHID**	HNH-00012343
Father/Guardian	Mrs SRAVANTHI SAKA	**Age/Gender**	0 Y 7 M 10 D/ Female
Address	H.NO: 1-1-5/2, Jawahar Nagar , rtc x roads , Hyderabad, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006377	**Admission Date**	19-05-2026
Ref Doctor	Self.		
Discharge Date	27.05.2026		

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

DIAGNOSIS	ICD CODE
ATYPICALKAWASAKI DISEASE (IVIG RESISTANT)	

History: Baby NYRA DASU , 0 Y 7 M 10 D , old girl presented with the history of fever since 4 days, vomitings, decreased oral intake since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 143/min and Respiratory Rate -

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143/min . Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of 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. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 7.72 kilo grams.

Investigations: Enclosed reports

Date	**On 19.05.2026**	**On 21.05.2026**	**On 23.05.2026**	**On 24.05.2026**
TEST	**Result**	**Result**	**Result**	**Result**
CBP: Hemoglobin	10.7g/dl	10.4g/dl	9.8g/dl	9.3g/dl
While blood cell	15830cell/cmm	1320cell/cmm	6.43cell/cmm	8.34cell/cmm
Platelets	3.85lakh/cmm	2.67lakh/cmm	20780lakh/cmm	13650lakh/cmm
CRP	34.0mg/L	19.0mg/L	9.0mg/L	

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S.electrolytes: Natrium (Na)		139mmol/L	138mmol/L	
Potassium (K)		5.0mmol/L	6.5mmol/L	
Chloride (Cl)		105mmol/L	105mmol/L	
Serum.CREATININE		mg/dl	mg/dl	
BLOOD UREA		mg/dl	mg/dl	
IL6		pg/ml	pg/ml	
Serum.FERRITIN		180ng/ml	ng/ml	
ESR		55.0 mm/hour	90.0mm/hour	
PROCALCITONIN		1.62ng/ml	ng/ml	
CUE	Normal			
CSE	Normal			
NT-PRO-				

Name	Baby NYRA DASU	UHID	HNH-00012343
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BNP		819 pg/ml		
LFT: SBR		0.2mg/dl	0.3mg/dl	mg/dl
DIRECT FRACTION		0.1mg/dl	0.2mg/dl	mg/dl
SGOT		42U/L	38U/L	U/L
SGPT		23U/L	23U/L	U/L
ALP		115U/L	124U/L	U/L
PROTEIN		6.0g/dl	8.6g/dl	g/dl
ALBUMIN		3.6g/dl	4.0g/dl	g/dl
GLOBULIN		2.5g/dl	4.6g/dl	g/dl
A/G ratio		1.4	0.8	

Mycoplasma IGM was non reactive.
Urine culture and sensitivity shows: No growth 24 hours incubation.
Adenovirus PCR was not detected.
GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.
Scrub Typhus IGM antibody was non reactive

EBV ANTIBODIES TETRA PANEL :
EBNA IGG - Non reactive
EBNA IGM - Non reactive
EBV VCA IGM - Non reactive
EBV VCA IGG - Non reactive

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NT-PROBNP (N-TERMINAL PRO-B-TYPE NATRIURETIC PEPTIDE) - 819 pg/ml

MEASLES - IGM ANTIBODIES - 0.15 negative

Chest x-ray shows done on 20.05.2026 :
Mildly increased perihilar and peribronchial markings.

NASOPHARYNX x-ray done on 20.05.2026 :
Suboptimal radiograph.
Lobulated soft tissue along posterior nasopharyngeal wall causing moderate narrowing of nasopharyngeal air way - Likely enlarged adenoid.
Prevertebral soft tissues normal.
Cervical spine normal.

Ultrasound abdomen done on 22.05.2026
No significant sonographic abnormality detected.

2D ECHO done on 21.05.2026 :
LMCA = 5 mm with aneurysm Z Score +10.15
LAD = 1.4 Z Score (0.53)
RCA = 1.5 Z Score (0.66)
LCX = 1.6 Z Score (1.36)
GOOD BIVENTRICULAR FUNCTION
LEFT ARCH , NO COA

Name	Baby NYRA DASU	UHID	HNH-00012343
IP No	IP26-00006377	Admission Date	19-05-2026

2D ECHO done on 23.05.2026 :
LMCA = 4 mm Z Score (6.97)
LAD = 1.4 Z Score (0.43)
RCA = 1.5 Z Score (0.96)
GOOD BIVENTRICULAR FUNCTION
LEFT ARCH , NO COA

2D ECHO done on 25.05.2026 :
LMCA = 3.4 mm with aneurysm Z Score +5.19
LAD = 3.4 Z Score (0.75)
RCA = 1.4 Z Score (0.63)
GOOD BIVENTRICULAR FUNCTION
LEFT ARCH , NO COA

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics . She was treated symptomatically with antacids and antipyretics. Fever was persistent even after 48 hours of IV antibiotics.
I/v/o persistant fever spikes , Left eye subconjuctival haemorrhage , dry lips, loose stools - further infective workup was done and 2D echo was done .
2D echo showed - LMCA dilatation-5mm with aneurysm (z score - 10)
hence a diagnosis of atypical kawasaki was made and IVIG was given and started on aspirin.
2D echo after 48 hours og IVIG - LMCA dilatation - 4mm (z score- 6.9)
Despite the IVIG therapy, fever persisted beyond 36 hours, with thrombocytosis , consistent with IVIG- resistant Kawasaki disease .

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Peadiatric cardiologist and Paediatric immunologist consultation was taken and subsequently child was started on pulse therapy of methylprednisolone for 3 days and Inj Infliximab was given .
Gradually fever subsided and prednisolone is being tapered.
Repeat 2D echo on on 25/5/26 - LMCA dilatation of 3.4mm (Z score 5.1)

She was regularly monitored for fever spikes, hemodynamic status. Child maintaining saturations on room air.

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

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

Medication during hospital stay:
Injection. Esomeprazole
Injection. Ondansetron
Injection. Methylprednisolone
Injection. IVIG
Injection. Infliximab
Crocin drops
Toba eye drops
Metatop nasal spray
Tablet. Ecosprin
Z and D drops
Pro GG drops
D4 napi cream
Sucral ANO

Name	Baby NYRA DASU	UHID	HNH-00012343
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Syp. Sucralphate
Syp. Omnacortil
Nexpro sachet

Advice:
* Diet as advised.
  2D ECHO to repeat on next Monday.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	5ml	once daily 9am (after food)	For 4 days From 26.05.2026 to Till 30/5/26
	Followed by Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	4ml	once daily 9am (after food)	For 5 days From 31.05.2026 to Till 04/6/26
	Followed by Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	3ml	once daily 9am (after food)	For 5 days From 05.06.2026 to Till 09/6/26
	Followed by Syrup. OMNACORTIL		once daily	For 5 days From

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	(PREDNISOLONE - 5ml/5mg)	2ml	9am (after food)	10.06.2026 to Till 14/6/2026
	Followed by Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	1ml	once daily 9am (after food)	For 5 days From 15.06.2026 to Till 19/06/2026
2	CALCIMAX -P SYRUP	3ml	Bed time	Till further advice
3	Tablet Ecospirin (1 tablet = 75mg)	1 tablet	thrice daily	Till cardiologist review. further advice
4	Nexpro Junior sachet (1 sachet = 10mg)	1 sachet	8am, once daily (before breakfast)	4 weeks
5	Metaop nasal spray	1 spray	at bed time	For 3 weeks
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management

* Drops Paracetamol - 120mg 1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Name	Baby NYRA DASU	UHID	HNH-00012343
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Review consultation with Dr. SINDHURA MUNUKUNTLA on Friday (29.05.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

REVIEW WITH PEDIATRIC CARDIOLOGIST ON NEXT MONDAY AND PLAN 2D ECHO

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

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

Name	Baby NYRA DASU	**UHID**	HNH-00012343
IP No	IP26-00006377	**Admission Date**	19-05-2026

acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006377 **Admit Date** : 19-May-2026 **Admit Time** : 12:04 PM **UHID** : HNH-00012343

Patient Details :

Patient Name	: Baby NYRA DASU	**Age**	: 0 Y 7 M 10 D
Guardian	: Mrs SRAVANTHI SAKA	**DOB**	: 09-10-2025 12:58 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 1-1-5/2, Jawahar Nagar , rtc x roads , Hyderabad Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 7569613599/ 9391115442
		E-mail	: sravanthisaka97@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER03 **Ward Name** : GF -EMERGENCY

Room No : ER03 **Admission Type** : First Visit

Contact Details :

Name : Mrs SRAVANTHI SAKA **Relationship** : MOTHER

Contact Address : **Phone No** : 7569613599

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin 6th + 3% NS - 6th Hr

Stop - Neb

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
21/5/26	02.00	Levolin + 3% NS (2)	Sneha	
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00	Levolin + 3% NS (3)	Sneha	
	09.00		1063	
	10.00			
	11.00			
	12.00	Cyass chafed by mouthsl @ 10AM 26/5/26		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	~~Levolin~~ + 3% NS		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin - 4th Hly
3% NS - 6th Hly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00	Levolin + 3% NS		Sudhi
	21.00			
	22.00			
	23.00			

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ACTIVITY RECORD FOR BILLING

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2026 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	12:51 pm	GR	Ward d	
21/5/26	7.30	2nd Floor	PICU	
22/5/26	10.40 AM	PICU	Ward 209	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Alisha Babbar	23/5/26	1664	
2.	Dr. chandrika	25/5/26.	2005	
3.	Dr. chandrika	23/5/26	2173	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

	Investigations	Order No.	Sign
19/5/26	CBP CRP Respiratory panel	8401	
19/5/26	CUE	8430	
19/5/26	Blood culture	8438	
19/5/26	Urine c/s	8443	
	Cross checked done by Sneha		
20/5/26	Chest x-ray Nasopharyngeal swab	6148	
21/5/26	2-D-ECO	6191	
21/5/26	CBP CRP, ESR, Measles-IgM Scrub-typhi IgM, EBV, Antibody + Tetra panale, Myco-plasma-IgM, LFT, PCT, ~~PT-APTT~~, Ferritin, & electrolytes	8594	
21/5/26	NT-pro BNP	8607	
22/5/26	USG Abd & pelvis	6215	
22/5/26	CSF	8659	
23/5/26	2D Echo	6255	
23/5/26	myco plasma igg	8718	
23/5/26	CBP, CRP, LFT, Electrolytes, ESR	8739	
24/5/26	CBP	8775	

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ACTIVITY RECORD FOR BILLING

Name : HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/5/26	2 DECHO.	6311	Swetha
	Cross checked by Meerfuddi @ 12 AM, 26/5/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5/26	Infusion pump.	19/5/26 @ 2pm	21/5/26 at 11pm	200666	[illegible]
			Cross	Checked	done by Sn
21/5/26	Invasive Montior	21/5/26 @7pm	22/5/26 at 10.30 am	01216	[illegible]
	Infusion pump	21/5/26 @7pm	22/5/26 at 6.40am	01216	
	Cross checked by Sonam on 22/5/26 at 11am				
	Cross checked by Mouftah @ 12AM, 26/5/26				

HNH-00012343
Baby NYRA DASU
IP26-00006377
09-10-2025
0 Y 7 M 10 D
(F)
Dr. SINDHURA MUNUKUNTLA

PROCEED

Date	Proceedure	Quantity	Order No.	Signature
19/5/26	IV placement	2	0648	
19/5/26	NHA	1	200672	
21/5/	IV-placement	1	1128	
22/5/26	IV IG transfusion	1	1297	

Cross checked done by Sneha

Cross checked by Sonam on 22/5/26 at 1a

cross checked by Moutish @ 12 pm. 26/5/26

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : NYRA DASU / 7 months / Female

Patient ID# : HNH-00012343 IP26-00006377

Consultant : Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

(1o 1) Fever since 4 days.
2/ vomiting since morning.
3/ Decreased oral intake since 1 day.

History of present illness:

Baby ~~child~~ was apparently asymptomatic 4 days back after which she had fever which is high grade, intermittent not responding to oral paracetamol.

Multiple episodes of non-bilious non-projectile vomiting since morning.

Decreased oral intake since 1 day.

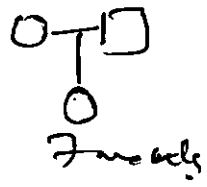
Pediatric Multiorgan History & Physical Examina

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Birth & Neonatal History :

Term / 3.02 kg / LSCS / CIAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Flu vaccine - pending.

Australian Schedule - Initially fit 1½ month

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.72 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 98 % at RA

Resp. rate and type of breathing : _____

dry skin ⊕

Rash dry oral mucosa ⊕

Lymphadenopathy ↓ SKG, tongue

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L ACE ⊖

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 ⊖

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : P/A soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : P

Cranial Nerves : N

Motor System :

Nutrition : Normal

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars P

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Febrile Illness
Dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

IV Fluid

Desired goals of the treatment :

Fever subsidence

Planned Labs :

CBC
CRP
UE (DUE)
Blood C/S - Hold.
Resp. panel (5 viruses)
Extra plain - 1.

MB Reddy

Planned Management :

- IVF ½ DNS @ 20ml/h
- Inj. ESMOPRAZOLE 8 mg IV OD
- Drop. CROCIN (1ml/100mg) 1.1ml 6th h
- Syp. Ibugesic 2ml SOS / 8th h

MB Reddy

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: [illegible]

Doctor's Signature Name Dr. Sindhura M Date 19/5/26 Time 8pm

HNH-00012343 IP26-00006377
Baby NYRA DASU
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26. 2.30pm	c/s/by. Ds Anuha	
	AFI c dehydration	
	vital stable.	c/o pain & vomit
	HR = 140/m	
	SpO2 100%.	
	RR 32/min.	
	Temp Afebrile.	— Ct IV fluids.
		— Ct Inj OSMOPRAZOLE
		CROSIN DS SYP.
		— Monit vitals
		— (T) CRP, Resp. panel.
		— Send CUE
		N.B Amoxyth @ 3pm

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09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 6pm	C/S/B - Dr. Sindhura	
	Case of Acute febrile illness	(i) Send Blood Culture, Urine Culture (Send Catheterised sample)
	Oral intake - not good.	
Sub	Conjuctival hemorrhage (+) (+) eye.	(ii) Start IV Ceftriaxone
	Ole - Vitals stable.	(iii) Monitor vitals
	Rs: RVS ↓ Gross PIA	(iv) Continue O2 maintenance
		(v) TOBA EYE Drops.
		(vi) Trace Respiratory panel.
		(vii) Measure Urine output (diaper weight)
		(viii) 4 H temperature monitoring.
		(ix) Paracetamol 6 H for ANALGESIC.
		NB: Mantush @ 6PM.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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Baby NYRA DASU
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 8 am	C/S/R — Dr. Pranav / Dr. Vidhya	
	Case of AFI.	
	Fever spikes (+) 3 am 102°F	
	Oral intake —	
	NOSE BLOCK — Disturbed sleep	(I) Trace Adenovirus PCR
	O/E — Vitals stable.	(II) Monitor vitals
		(III) Trace { Blood Culture, Urine Culture, Adeno }
	(Ple) RS — SiS2	(IV) Paracetamol 0.6 H.
	CVS — NVBS	
	P/A — Soft	(V) Add NASIVION — MINI nasal drops.
		NB Sun CSN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 11am	c/o/B Dr. Sindhura	
	DFI c dehydration	
	- high grade fever spikes (+)	
	- nose clear (+)	
	- no vomitings] today	
	- no loose stools]	
	- conjunctival redness (+)	
	O/E	
	vitals: stable	Plan
	SLE:	1) Inj. ceftriaxone
	- P/A: soft	2) Inj. Round the clock PCM.
	- RS: BAE (+)	
	conducted rounds (+)	3) tease adenomeus.
		Blood cs
		urine cs
		4) X Ray of nasopharynx
		5) Rest Inj. as per Rx chart
		6) monitor vitals.
		7) chest X Ray now.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

Dr B Amrutha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26. 3pm	c/s/by Dr Anuche / Dr Thanoi	
	AFI c̄ dehydration.	
	Nasal block (+)	
	Fever spike (+).	
		— Ct CEFTRIAXONE.
	vital - stable.	— (T) Adeno.
		— B/c/p. O/c/p.
	S/E	
	(P/A) soft Not distended.	— Rest ct as per chart.
	(RS) B/L AE (+). conducted sounds (+).	— (T) CXR XR NP.
		— CROSIN DS syp Q6hly.
	Al	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/26 6pm	S/B Dr Sindhura	
	△ AFI c̄ Dehydrate	
	fever spikes + 5pm 102.2°F, spacing out	
	CXR: Oral intake - better	
	B/L infiltrates Child stable, snoring +	
	Cough + occasional	Adv.
	X-Ray NP No Tachypnea	
	Adenoid Hypertrophy O/E Vitals	(1) Trace Adenovirus
	stable	if ⊖
	RR 38/min.	plan to add Azithromycin
		(2) Trace Blood c/s
	RS: BAE +	Urine c/s
	Occasional	
	wheeze +	(3) Metatop nasal
		spray 1 puff BD
		(4) Neb. levolin Q6H
		3% NS Q6H
		(5) ~~[illegible]~~ w/f fever
		spikes
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	
		(6) IV Ceftriaxone
		(7) ~~Crocin~~ Lo S
		P-100 drops

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	S/B. Dr Prabhath / Pr Shreyhan	
11 PM	△AFI c̄ Dehydration	
	Snoring +	Adenovirus ⊖
	Fever spikes + 10pm 102°F.	
	Oral intake - for	Adv
	Cough - +	
	Tachypnea - ↓.	(1) Trace Blood c/s
	Chill / urntake	Urine c/s.
	O/E Vitals	
	RR - 36/m	(2) Metatop nasal spray 1 puff
	Rs. - Occasional wheeze +.	
		(3) Add. Azithromycin.
		(4) CT. Rest.
		NB Sneh @ 11 Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	S/O Dr. Sanghay	
7.30 AM	DAKI c dehydration	Plan
	Fever spikes (+)	IV CEFTRIAXONE
	C/o Vomiting	—
		IV ONDANSETRON
	CVS - S1 S2 (+)	ESMOPRAZOLE
	RS - BL-AE (+)	—
		Monitor vitals
	P/A - soft	
	Conscious.	NB - Mouthwashes @ 8AM
	B.Sy	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10:30 am	C/S/B - Dr. Sindhura	
	Acute febrile illness c̄ dehydration (1)	
	Day 6 of fever	Send CBC; CRP LFT; Serum Electrolytes ESR
	High grade fever spikes @ 3 am; 5 am; 101.9°F	
	B/C - 24 hrs No growth	
	U/C - No growth	
	Adenovirus - Neg; Flu - Neg.	
	O/E - Dry lips. Mild throat congestion	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/2026	S/B Dr Sindhura M	
	Day (6) term	
D/D	injection.	Incomplete KD
		- Ferm 7 5 days.
		- cracked dry lips. (+)
	Incomplete KD 7	⇓
		Mat study
		⇓
		Plan → 2DECHO.
		- CBP ; ~~ESR~~
		- CRP
		- Maternal Ig M
		- Serum hypotonia Ig M
		- EBV Jelia Panel
		- Mycoplasma Ig M
		- LFT - Serum electrolytes
		- Renal - CUE - present
		- PCTQ
		- PT & INR APTT
		- 2DECHO at RHB.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselled by Dr. Sindhura.	
21/8/26 11 AM	/ Day (6) of Fever.	
	Hyps grade for spikes	
	Day (4) -	Day (1).
	Day (6) —	B/d c/s - 24hr - negative
		urine S — negative
		4 days Day
		Fever Day
	WBC - 15000	→ 9 day.
	Plt - (1).	→ 9 day
	CRP - 34 mg/dl.	→ 9 day
	↓	↓
	/ Mantoux	- Fever spikes.
	- Widal typhoid	- dry lips
	- EBV - IgM capt	- urine.
	- CBP.	↓
	- CRP	✓ 2D ECHO →
	- LFT	dilation
	- Ferritin	
	/ PCTR.	✓ urine culture
		culture LD
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66070	
	Sowmya (Intern) Sindhura MD	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipunya	
21/5 4:00pm	→ AFI c̄ dehydration	
	ATYPICAL KAWASAKI DISEASE	
	on room air.	Plan
	Fever spikes (+).	
	Vitals - stable	- Trace - repeat
	loose stools (+).	- Cont ceftriaxone
	Oral intake - poor.	Syp. Azithral
	R/S - B/L AE (+)	- Neb c̄ levolin.
	P/A - soft, NAD	Neb c̄ 3% NS.
		- Cont Pro GG, Zinc
		OD
	2Decho - LMCA Aneurysm	
		- Same Sample Pro BNP
		- shift to PICU for IVIG
		- IVIG - 15g / iv over 15hr
		- Start Ecosprin - 75mg/TID

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 6:24PM	c/c by Dr Sindhura	
	Atypical Kawasaki ds -	Atypical K'D
	loose stools (+)	
	fever spike (+).	
		(T) Reports pp/so P3NP.
	vital stable.	
	(HR)	ct CEFTRIAXONE
		(AZITHRAL) syp
	poor oral intake	
	Activity - Moderate.	NEB Budin
		3% NS
		PROG-4 SINC
		→ To DO USG abdomen &.
		B4 Napi Cream L/A TID

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

(P.T.O)

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 8:30pm	CSB Dr. Pravin	
	Atypical Kawasaki Disease c Aneurysm	
	· SV on Room Air	Pn
	· Fever – 101.6°F @ 7:45-8pm	1) Send NT-PRO-BNP
	· Irritability (+)	
		2) IVIG – 2g
	Vital	
	HR – 160/m	3) Ct – Ceftriaxone
	SpO_2 – 99%	
	RR – 28/m	4) Neb c Levolin 3% Nacl
	BP – 132/78 (crying)	
	CVS – $S_1 S_2$ (+)	
	R.S – B/L AE (+), conducted sounds	5) USG Abdomen – T/a
	P/A – Soft	
		6) Monitor Vital Inform SOS
		Noted by Sunitha
		Pravin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 9 pm	CB/B Dr-SINDHURA	
	Atypical KAWASAKI DISEASE	
	- Fever (+) - 101.6°F - Irritability	Pl 1) Inj Esomeprazole 2) Inj Ceftriaxone 3) Tab Eye drop
	child asleep Vitals HR - 122/min SpO_2 - 98% RR - 34/min BP - 102/57(71) mmHg	4) NASIVION MEFATOP Nasal Spr 5) PROGS 2 & D 6) Monitor Vitals 7) Continue - IVIG infusion & Aspirin (TID) 8) Trace NT-Pro BNP
	CVS - S_1S_2 (+) R/S - B/L AE (+) PA Soft	9) W/H < Serum Typhi EBV & Mycoplasma. 10) Inform SOS 11) VSG AM - T/m after shift out.
	(*) Monitor Urine Output	
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	Noted by Sunith

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26. 10:45PM	C/S/O Dr. Sindhura	
	- Last fever spike at 8pm (100.5°F).	
	- Irritable.	
	- (R) eye lower eyelid swelling / No c/o conjestion / orbital cellulitis.	
	O/E - HR - 140/min.	
	RR - 30/min.	Plan
	SpO_2 - 100% @RA.	(1) withold IVF.
		(2) tsc NVG infusion rate to 1ml/hr.
	O/E - WNL	(3) strict I/O monitoring /
	O/E - (R) lower eyelid swelling (+) No Redness conjunctiva normal ? thick orbital ? excessive crying No c/o periorbital cellulitis.	Worsening of periorbital edema.
		(4) watch for fever spikes.
		- Add Sucral Ano cream for Diaper dermatitis.
		Noted by Sunitha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26. 8 30AM	c/s by. Ds Anuhu / Ds. Varun	
	Atypical ~~Acute~~	Kawaki ds c̄ Aneurysm.
		cannulasit - (n) Plan
	- fever spike (+)	
	- IVIG completed.	
		- stop IVF
	- loosstools (+) irritable (+).	- ct CEFTRIAXONE
		- Enter orally
	- HR = 122/min SpO2 = 98% RA BP = 95/54(66) mmHg CFT < 3 sec.	- (T) Reports
		- USG Abd aft shifting Room.
	s/e NAD.	- Obs temp, vital monitoring.
		- ct SUCRAL Ano Bg Napi Cum.
	Af.	- shift out plan (aft Rounds)
		- Inform sos
		Noted by Sunitha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9:30am	c/o Dr. Sindhura	
	Atypical kawasaki c̄ aneurysm.	
	4 episodes of	
	- loose stools (+)	
	- no vomitings	
	- fever spikes (+)	Plan
		1) shift out.
	O/E	2) Ut. ceftriaxone
	HR: 130 bpm	3) STOP IVF.
	RR: 36 cpm	4) Ut. aspirin
	SpO2: 100%.	5) Ut. supportive care.
	BP: 108/76(86).	
	RS: BAE (+) B/L conducted sounds (+)	6) USG abd & Pelvis now.
	if large loose stools (+)	7) send stool routine
	↓	8) 2D echo - T/m at RCHI
	then start IVF	
		Sindhura
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	S/b. Dr. Prabhath.	
5pm	△ Atypical Kawasaki ⊂ Aneurysm.	
	Last fever spike 11:20 AM 101.1°F yesterday	
	No further spikes.	
	1 episode of loose stools from morning	
USG abd	No Vomitings, No fresh c/o	
Normal.		
	O/E Gc. fair	Adv
	Vitals stable	(1) CT. Ceftriaxone
	PA: SNA.	(2) Encourage Orally
		(3) CT. Aspirin
		Supportive Care.
		(4) 2D Eko T/m at RCH I
		(5) Trace stool R/m

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09-10-2025 0 Y 7 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	c/s/B Rs. Amlcut	
5:30pm	Atypical Kawasaki C aneurysm	
	- high grade spike	
	@ 12pm	
	- 2 episode of loose stool (+)	
	- oral intake : good	
	O/E	Plan
	vitals : stable	1) ct. Aspirin
	P/A : soft.	2) 2D echo T/m at RIAH
		3) trace stool routine
		4) ct. ceftriaxone
		5) monitor vitals.
		N/B Opinion

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 7:00AM	c/s/o: Dr. Sinhanth / Dr. Nagarjun	
	D: Atypical Kawasaki with aneurism	
	fever (+) @ 2 AM (100.4F)	
	6 AM (101.5F)	
	No loose stools	
	Accepting orally	
	O/E:- vitals: stable	
	Hydration - good	
	S/E:- PAL soft NT	
	RS: B/L AE (+). clear	Adv
		+ IV Ceftriaxone
		+ Aspirin
		+ Supportive care
		+ Monitor vitals and Inform SOS
		+ Trace stool routine
		Sinhanth
		NB - Sneha 23/5/26 @ 7AM

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9-10-2025 0 Y 7 M 14 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 10:45 AM	S/B Dr. Sindhura	
	Δ Atypical Kawasaki disease	
	Fever spikes ⊕	Plan
	on Aspirin - 30mg/kg/d	- 2D-Echo @ RCHI Review today
	CVS - S1 S2 ⊕	
	Pr-Abd - ACF ⊕	- CT CEFTRIAXONE
	P/A soft	- CT 2KD Pro-GG
	Conscious	
	post - IVIG infusion more than 24hrs - for now	- Kitchen feeds to start today
		- Send Mycoplasma IgM EBV Tetra panel

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

NB- Supriya 10:30AM @ 23/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 2 pm	S/B Dr. Sneyhas	
	Δ Atypical Kawasaki disease	
		Plan
	CVS - S1S2	- CF CEFTRIAXONE
	M - BL-ACPO	
		- CF 2D Echo
	P/A - Soft	
	Conscious	- Send Mycoplasma IgG
		- CF ECOSPRIN
		ESMOPRAZOLE
		- Trace Mycoplasma IgM
		EBV tetra panel
	Dr. Sneyhas	
		NB - Supriya 2:10 pm @ 23/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 6:30 pm	US/B Dr. Sindhura	
	Atypical Kawasaki & aneurysm.	
	- fever spikes (+)	
	- 2-semi solid stools (+)	
	- oral intake : fair.	
	O/E	Plan LFT, CBP, CRP, Plain. — NPO on monday ~~[illegible]~~ if [illegible] ~~changes seen~~.
	- vitals : stable	
	- mild irritability (+).	
	- S/E : normal.	
		2) Dr. Chandrika consultation.
		3) Rest it as per chart
		Sindhura Munukuntla
		4) send adenovirus PCR.
		5) Send S. electrolytes and ESR.
		6) start methyl pred.
		NB Sneha CBPN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 7PM	Nyra →	Day (7)(8) of fever.
		Incomplete KD → 2D ECHO Arrange 2nd (10)
		– IVIG
		– Aspirin
		7pm 48hrs
		2D ECHO
		20cm – ↓10 (5)
	(+) Rem spikes.	
		– Methylprednisolone
		– Infliximab
		CBP, CRP (Pre-medication)
		– Inotropes
	48hrs of IVIG →	IVIG Resistant KD
		– Infliximab
		– Methylprednisolone
		– Aspirin
Growth	– Dr. Chandrika, Rheumatology	– IVIG Resistant KD
		Infliximab

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Sindhura
SINDHURA M.D.

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	UVB Dr. Thanvi	
7:30 am	IVIG Reinstart	Atypical Kawasaki
	- Cont fever since yesterday	
	c 2pm	
	- no loose stools.	
	- activity: better	
	- oral intake: fair.	
	vitals: stable	Plan
	S/E: CVS: $S_1 S_2$ (+)	1) ct - ceftriaxone
	RS: BAE (+)	methyl pred
		aspirin
		2) trace adenovirus PCR
		3) 2D echo in KIMS
		on monday
		4) plan to start
		Infliximab today
		5) Rest ct as per RX
		chart
		6) monitor vitals

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10:45 am	C/S/B - Dr Sindhura	
	· IVIG resistant atypical Kawasaki	
	Last fever spike → 101°F at 3pm yesterday. feeding better.	
	200ml intake since morning. Loose stools 2 episodes	Advise:
	O/E - Warm Peripheries vitals stable Pulse volume - (N) CFT - < 2sec CVS - S1S2 Ab - B/L AE (+) P/A - SO/T	(i) Stop Ceftriaxone
		(ii) Inj Infliximab 10mg/kg over 3hours in PICU ↓ slipt out after that
		(iii) BP & HR monitoring 8 H
	(N) current pulse multiple medi	(iv) 2D-Echo & RCH-I tommorow morng.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	(v) Strict I/O monitoring
	Dr Sindhura M.	(vi) Dr. Chandrika's consultant tommorow.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/8/26 11:20 Am	Counselling	
	Atypical Kawasaki – IVIG given 2gm/kg	
	↓	
	>36 hrs → Persistent fever	
	↓	
	referred for alternative.	
	↓	
	Alternative drugs – Anakinra	
	Rpt – Hb ↓ 10.4 → 9.8	
	TLC ↑ 13,200 → 20,780 ↑ ↑.	
	plt 2.64 → 6.93 lakh ↑ ↑.	
	ESR ↑ → 55 → 90 ↑	
	Albumin → 3 mg/dl.	
	Na → >134 mg/dl.	
	↓	
	urgent → chance of IVIG resistance	
		likely.
	* AHA – 2025 guidelines	
	* Indian society of Kawasaki disease 2025.	
	↓	
	1st IVIG	
	↓	
	>36 hrs →	Steroid Infliximab

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	AHA → 5mg/kg/day	
	✓ Inotrop → Pulse steroid	30mg/day
	↓	
	Expert →	Dr. Chandrika Reddy
	↓	
	(1) Aspirin →	72hrs after birth
		30 mg/kg/day
	Amrinone / Milrinone →	↓
		3-5 mg/kg/day → 6 weeks or more based on echo
	- 2 stones (10) →	(6).
	Amrin → Clopidogrel	↑
		(+) clopidogrel
	2 stones →	(+) cloxidyll.
		↓
		✓ LMWH
	Amrinone / Milrinone → (2) IVIG	2gm/kg — 2nd dose.
	(3) Steroid →	Indicate Faculty Pulmonologist.
	(4) Injectable →	10 gm/kg measure.
	AHA + Inotrop	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(2) every 48 hrs	2D ECHO.
	(3) every – CBP, CRP every 48 hrs monitoring	
	Long term follow up →	48 hrs – 2D ECHO ↓ Week 2 ECHO
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970	Dr. SINDHURA M.D
11:50am	10 days wt → 7.4kg	
		– Secure new cannula
		– Inj INFLIXIMAB – 100mg
		1 vial dilute in 10ml sterile water
		↓
	0.4mg/ml to 4mg/ml max	– gently swirl and dissolve do not shake.
		↓
		Wait for 5 min solution colourless or light yellow

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 9pm	C/S/B - Dr. Alekhya	
	Case of Atypical KD.	
		Advise:
	O/e - Vitals stable.	(i) Methyl Prednisolone to give now
		(ii) Infliximab at 4pm in PICU.
	Cus of GNBD PIM	(iii) Monitor vitals

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 4pm	c/s/B - Dr Aleldya	
	D: Atypical KD.	
	O/e —	Advise
	HR - 88bpm (deep sleep)	(1) pt shift to PICU
	RR - 22cpm.	
	CFT - < 2 sec	
	warm peripheries.	(W) Secure new IV line & send CBC
	SpO2 - 98%.	
	(Sa)	
	cvs RS PA } WNL.	(H) Start Infliximab
24/5 9:10pm	c/s/B - Dr Aleldya	
	Infliximab infusion ended.	
	O/e - Vitals stable	
	Advise: pt shift out to ward.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 8am	C/S/R - Dr. Alekhya (IVIG Resistant)	
	Atypical KD. // incomplete Advice.	
	Fever spikes - No. Oral intake good. Infliximab given O/e -	(i) Monitor vitals.
		(ii) 2D Echo at RCHI after 2 weeks.
	Vitals stable.	
	O/e	(iii) Appointment c Dr Chandrika
	CVS NAD RIA good	NB since 8th
		mf

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/L. Dr. Sindhura	
25/05/26 10 AM	Atypical Meningitis	(DVZ Resistant) (post Infliximab)
	Afebrile	
	Accepting orally	
	O/E: Alert & active	
	vitals: stable	
	Hydration: good	
	BP: 76/59 mm Hg	
	S/E: NAD	
		Advice
		- Inj Methylprednisolone / Aspirin
		- Supportive care
		- 2D Echo @ RCHI
		- BP monitoring 8 4H, HR
		- I/O monitoring strict
		- Dr. Chandrika consultation
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/26 3PM	Atypical kawasaki	
	Afebrile	
	Accepting orally	
	O/E: Alert and Active	
	Vitals stable	
	Hydration - good	Adv
		Inj Methylpred
		Aspirin
		- ~~2D Echo~~
		- BP monitoring 4H
		- I/O monitoring
		- Dr. Chandraka Consultation
		Sindhuja
25/5/26 5:30pm	Case d/w Dr. Shwetha Cardiologist	
		Plan
		Advised to hold Clopidogrel
		- Ct Aspirin 75mg TID
		1/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 6PM	c/s/b Dr. Sindhura	
	? Atypical KD.	
	- Afebrile.	
	- Accepting feeds well	
		Plan - Add Metaclop x 2 days.
	O/E - vitals stable.	- Cont. ceftriaxone iv.
	S/E - WNL.	- Start oral prednisone
	Urine output - Good	- Review from tomorrow
		- R/V with cardiologist after 1 week.
		- Probable D/S on 27/5/26.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	Dr. Sindhura MD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8 AM	c/o/B Dr. Pranav / Dr Varun	
	Atypical Kawasaki Disease	
	Fever – ↓	
	Irritability – ↓	Plan
	Loose stools – absent.	1) Oral Bedinsola Afrin today.
	Oral intake – Fair	
		Inj Esomeprazole
	Vitals stable	Tab ECOSPRIN
		Z & D drop
	Child alert	Syp Sucral
	Afebrile	Metstop Nasal Spray
	R.S – B/L AE (+)	
	PA – Soft	Cardiologist review after 1 week
		- Plan D/C on 27/5

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	c/o by: Dr Sindhura M	
10 Am	Atypical KD	
	- No pus	
		- Remove Cannula
	- Taking liquids well	- Enhance orally
	- vitals stable	- ct ~~3 GD~~
		~~Syp Sodamint~~
		Metatop Nasl spy,
		NEXPRO
		OMNOCARTIL
		- monitor HR, BP, temp
		O/o
		- Tm dly plan
		- D/s sunny Ready for today.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

N.B Amoxyclav
e10AM.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2pm	UB Dr. Manni	
	Atypical KD [IVIG Resistant]	
	- no fever spikes	
	- oral intake - good	
	- passing urine adequately	
	O/E	
	vitals : stable	
	SME - normal	Plan
		1) ~~c~~t. prednisolone
		metacip
		sucral
		Aspirin
		neppro
		2) t/m drainage plan
		3) monitor vitals.
		4) Rest c. as per Rx chart
		D.B Amrut

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Aniket	
26/5 5:00pm.	Atypical KD	
		Plan
	No fever.	
		- Cont prednisolone. Aspirin
	oral intake - Good	
	Vitals - Stable.	- Nexpro Junior Sachet
	U/O/P - Adequate	- Cont Metatop. Nasal spray
		- T/m discharge plan
		noted by Supriya @ 5pm
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	Dr. Aniket P

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/10/25 8am	S/B. Dr Prabhath / Dr. Sushanth.	
	△ Atypical KD.	
	fever spikes ↓	Adv
	Oral intake ↑	
	vitals - Stable	- Tab. Prednisolone
	U/O - adequate	Aspirin.
	fG GC ↑	- Neugro JR sachet.
	fG CVS S1S2 NoMurmur	- Metatop. Nasal spray.
	CA RA	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sindhura	
27/5		
10:30 AM	Atypical KD	
	No fever	Plan
	Vitals - Stable.	- Cont omnocurtil
	oral intake - fair.	- Cont Tab. Fosprin 75mg 1 tab TID x week
	R/S - B/L AE(+)	
	CVS - S1S2 heard	- Review c̄ Cardiologist
	P/A - soft, NT	on next monday, Plan 2D echo
	BP - Normal.	- F/U/P after 48 hours (Friday)
		-
		Cont T. lanzole 5r
		Syp. Sucral. 2.5ml
		- Discharge today

Dr. Sindhura Munukunlla
Consultant Pediatrician
Reg. No: 60970

M. Sindhura
Pediatrician

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : 25/5/26 ..... Time : 12:30 pm

Diagnosis : .....

Hospital : .....

.....

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:

Signature:

Findings and Recommendations :

Received IVIG & Infliximab.
NOW no fever.
CRP - 9. Plt - 8.34 lacs.
Hb - 9.3gm/dl

ECHO! KILLA KD. LMCA Aneurysm c IVIG Received

LMCA - 3.4 (+5.19) -
LAD. 1.5 (0.75)
RCA. 1.4 (0.63)

KBLSL
NO CoA

Shen

Consultant :

Name : ..... Signature : ..... Date & Time : .....

No. : RCH / FRM / CLINICAL / 049

Adv

1. Tab. Ecosprin (75mg) x 1 week.
   1 tab — 1 tab — 1 tab

2. Tab. Lanzol Jr 1mg OD

3. Tab. Sucral
   2.5ml — 2.5ml — 2.5ml

4. R/A 1 week.

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : 23/05/26 Time : .....

Diagnosis : .....

Hospital : .....

.....

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:

Signature:

Findings and Recommendations :

Received IVIG, No new symptoms
temperature - 100 - 100°.
Improving.

K/c/o KD. IVIG Rec'd

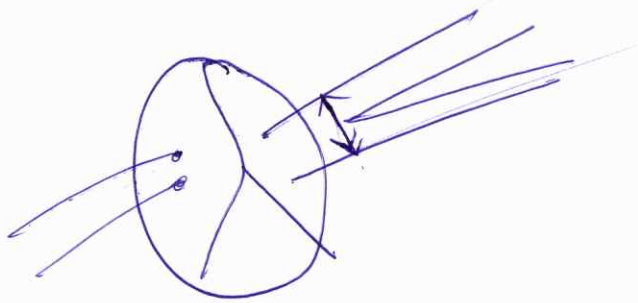
ECHO! - LMCA : 4 mm (6-97)
LAD - 1.4 (0.43)
RCA - 1.5 (0.94)

(NO) KASL
NO CON

Consultant :

Name : ..... Signature : ..... Date & Time : .....

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



Mycoplasma IgG, IgM.

Adv -

1. Tab. Ecosprin (75mg)

1 ——— 1 ——— 1

2. ct Lanzol & sucral.

3. R/ on monday.

CBC, CRP.

Ahmed

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : 21/8/26 ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

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:

Signature:

Findings and Recommendations :

c/o fever x 5-6 days
NO rash
NO congestion
~~NO~~ ~~mm~~ mild clyness of
High grade fever.

ECHO! LMCA: 5mm ε Aneurysm (+(0.15)
LAD. 1.4 (0.53)
RCA. 1.5 (0.66) dMCA dilated
LCx. 1.6 (1.38)

NO BUST
NO CON

Consultant :

ne : ..... Signature : ..... Date & Time : .....

Imp -

? Atypical KD

ESR, LFT, urine R/M.

Adv

- IVIG 2gm/kg over 14 - 16 Hrs

- Tab. ecospirin 75mg TID ✓ ✓ ✓

→ Syp. Lanzol Jr. 7mg OD ✓

→ Syp. Sucral 2.5ml ✓ ✓ ✓

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09-10-2025
D Dr. SINDHURA MUNUKUNTLA

UHID NO:
Date:
Done by:

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	
Systemic Veins	
Pulmonary Veins	
Atrio ventricular connection	
Ventricular arterial connection	
Great artery relationship	
Right atrium	
Left atrium	
Inter atrial septum	
Mitral Valve	
Tricuspid Valve	
Right ventricle	
Left ventricle	
Inter ventricular septum	
Aorta and aortic arch	
Pulmonary artery and branch PA	
Aortic Valve	
Pulmonary valve	
Coronaries LMCA. 5mm (+0.15)	LAD. 1.4 (0.53
PDA	LCX 1.6 (1.36)
Pericardium	RCA 1.6 (0.88)
Others	N

DOPPLER / TISSUE Variables	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow		
Pulmonary flow		

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE (cm)	Z score	PARAMETER	ABSOLUTE (cm)	Z score
AO	13		Tricuspid Annulus		
LA	18		Mitral Annulus		
IVSd	0.7		Aortic Annulus		
LVIDd	24		PA Annulus		
LVPWd	0.7		RPA		
IVSs	1.5		LPA		
IVIDS	1.5		MPA		
LVPWs	0.8		AO Isthmus		
EF	61 %		LV Mass		
FS	30 %		Others		

IMPRESSION:

Dilated MCA c̄ Aneurism

No BLS

No WO CVA

No [illegible]

CONSULTANT:

Performed By:

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..TATION FORM

Doctor Name: Dr. Chandrika S. Tshat Date: 25/05/26 Time: 4 PM

Diagnosis: Incomplete Kawasaki

Hospital: .....

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:

Signature:

Findings and Recommendations: k/c/o Kawasaki disease

Received IVIG, Inflximab, Methylprednisolone

Afebrile, CRP - 9

2D Echo - LMCA Z 5.13

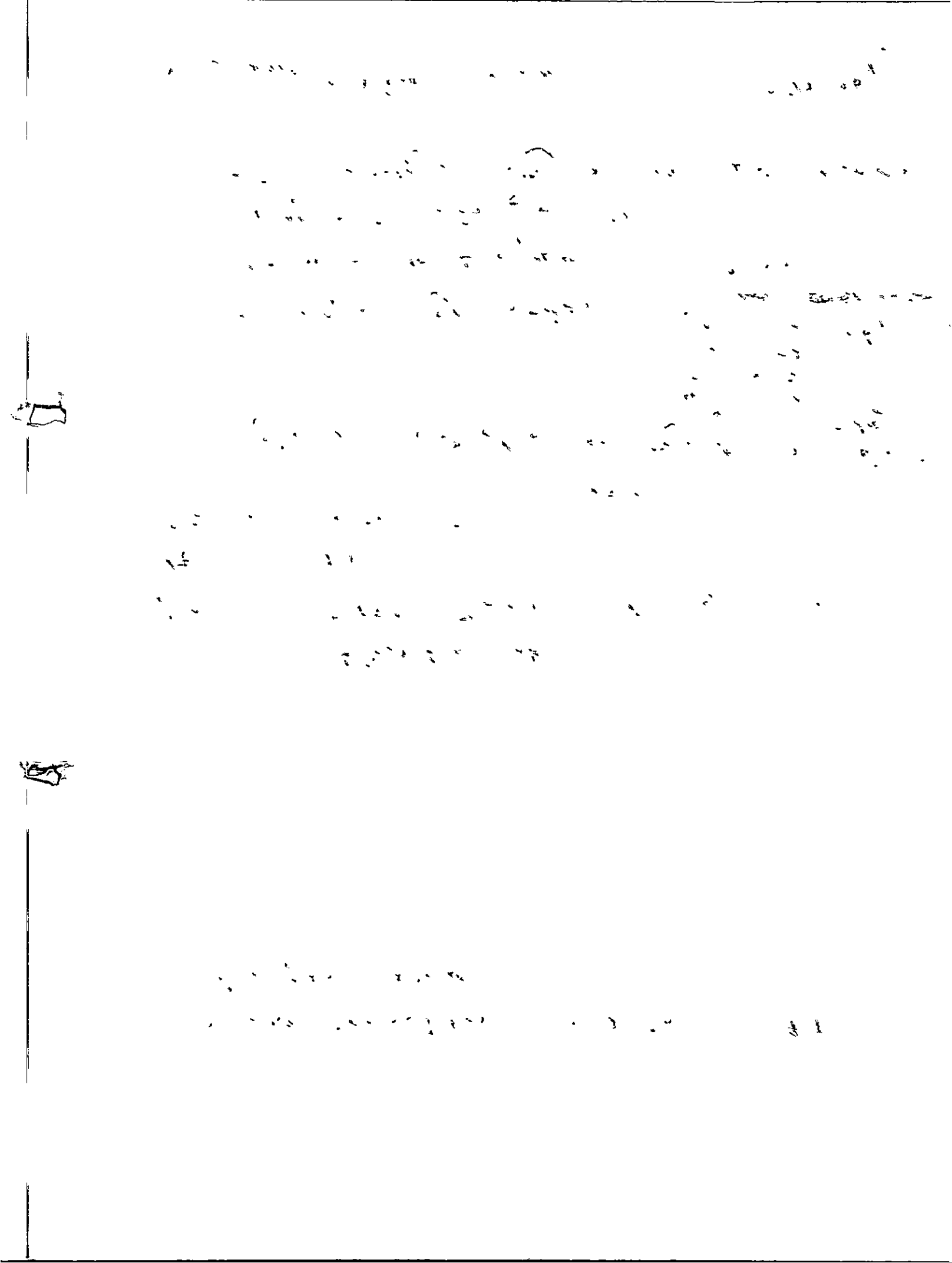
Adv

- Syp. Omnacortil forte (5ml/15mg) 5ml once daily × 5 days
  4ml × 5d
  3ml × 5d
  2ml × 5d
  1ml × 5d → stop
- Tab. Aspirin 75mg 1/2 tablet once daily ~~until LMCA Z<2~~ to continue
- Calcium + Vit. D Supplements
- Repeat 2D Echo after 1 week
- Tab. Clopidogrel 1.5mg once daily until LMCA Z<2

Consultant:

Name: Dr. Chandrika S. Tshat Signature: Signature Date & Time: 25/05/26 4PM

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



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09-10-2025 0 Y 7 M 14 D (F)
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CROSS CONSULTATION FORM

Doctor Name: Dr. chandeika Date: 23/5/26 Time: 6:45pm

Diagnosis: Atypical Kawasaki c̄ aneurysm.

Hospital: .....

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:

Signature:

Findings and Recommendations:

Plan

1) IVIG - 2g/day → alternate gmin
2) inj. methyl Pred. 30mg/kg OD x 3day (200mg) ✓
   [20mg/kg OD x 3day. (100mg)
   1mg OD x 5day (100mg) x 5day
   ↳ taper]
3) inj infliximab @(10mg/kg) → 70mg/IV.
4) Aspirin to ↓ : @ 5mg/kg/day
5) Repeat 2D echo every 48H → if z score (5-10] - dual anti PLT + clopidogrel (0.2mg/kg)
   If z score <5 → Aspirin
   - <2 - Nil - Aspirin and

Consultant:

Name: Dr. chandeika Signature: ..... Date & Time: .....

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

Punt mellyl med — f/b · apt sem — hylixulat

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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CROSS CONSULTATION FORM

Doctor Name: Dr Alisha B Date: 23/5/2026 Time:

Diagnosis: A Kawasaki ds.

Hospital:

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:

Signature:

Findings and Recommendations :

→ H/o fever-high grade - 7 days
no h/o vomiting/rash.
H/o loose stools ⊕ - 3 days
Yesterday → 5-6 episodes of greenish stools.
today → 2 formed stools ⊕.

Issue - Poor oral intake.
Recurrence of fever after completion of IVIG

On Aspirin D_3

Consultant :

Name: Dr Alisha Signature: Alisha Date & Time: 23/5/2026

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

O/e

- vitals stable
- Not dehydrated

Adv.

1) Continue inj Esomeprazole 8 mg IV OD.

2). ~~Consider~~ Consider adding syrup sucralfate 3 ml TDS.

3). Consider adding
- Nestum Rice for diet
- Banana
- food of child's preference.

4) Minimal oral medication dosing till improvement of oral intake.

5). will review.

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☑ Not known any Drug Allergies

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

Shifting From: EP 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. Sreeghan

Date & Time : 19/5/26 @ 12:10 PM

Nurse Name & Signature: Prabha

Date & Time : 19/5/26 @ 12:10 PM

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

209

Wt - 26/5/26 7.460 kg.

RESULT SHEET

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Date	19/5/26	21/5	23/5	24/5/26		
Time						
Hb	10.7	10.4	9.8	9.3		
PCV	30.0	29.3	27.6	26.8		
RBC	4.07	4.00	3.77	3.67		
WBC	15.83	13.20 →	20.78	13.65		
N/L	39.0/56.2	36.9/58.8	57.3/40.4	69.2/29.6		
Platelets	385	267	643	834		
CRP	34	19.0	<9.			
ESR		55	90.			
PCT		1.62				
RBS						
Na		139	138			
K		5.0	6.5			
Cl		105	105			
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP		115				
SGPT		23				
SGOT		42				
T.Bill/Conj		0.2/0.1				
T.Protein		6.0				
S.Albumin		3.6				
S.Globulin		2.5				
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
~~Cells~~ NT pro BNP		819				
~~N/L~~ ferritin		180				

Date	19/5/26	22/5/26				
Time						
CUE-Alb	Nil					
CUE-Sugar	Nil					
CUE - Ketones	Negative					
CUE-PUS Cells	4-6					
CUE - RBC Cells	Absent					
CUE						
Epithelial cells -	3-5					
Leucocyte -	Present					
Stool Pus Cell		2-3				
OVA/Cyst						
Occult Blood						
RBC (stool)		1-2				
Adenovirus :-		Not detected				
Rotavirus :		negative.				

Culture and Sensitivities : Urine c/s - 24 hrs. No growth.
Blood c/s - 24 hrs - No growth.

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Pati

RM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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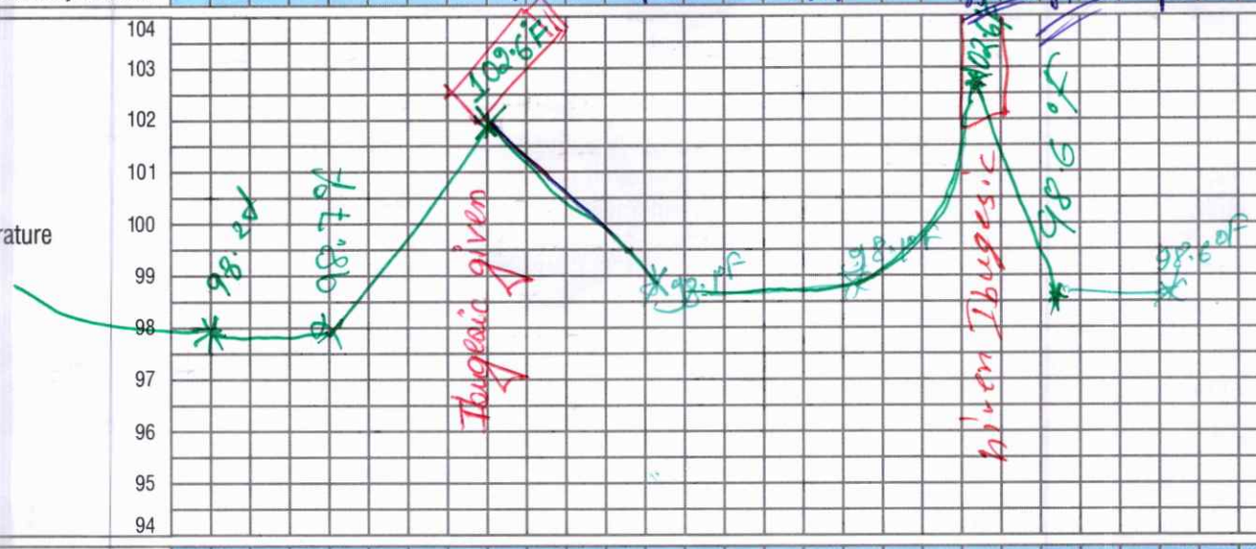
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/26 Time:	2pm	6pm	7:30 PM	10 PM	2 AM	2:55 AM	4 AM	6 PM
Doctor/Nurse/Family Concern?								

Temperature (°F)



Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*		*	*			*
Heart Rate (Number)	142b/m	137bb		140bm	139bm			126bm
Resp. Rate (bpm) (Over 1 Minute) *	*	*		*	*			*
Resp Rate (Number)	36b/m	38bb		35bm	35bm			35bm
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min) O_2Saturations (%)	100%	100%		98%	99%			98%
Conscious Level: Normal / Altered								
GCS *								
TOTAL SCORE Number of shaded boxes	0	0		0	0			0
Pain Score	0	0		0	0			0
Observer's Initials	AD	AD		K	K			K

Note: BP does not score in early warning scoring

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

*2 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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)

HNH-00012343 IP26-00006377
Baby NYRA DASU (F)
09-10-2025 0 Y 7 M 10 D
Dr. SINDHURA MUNUKUNTLA

FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5 Time:	10 AM	12 PM	2 PM	5 PM	6 PM	9:30 PM	10:30 PM	2 AM	3:15 AM	5 AM
Doctor/Nurse/Family Concern?										
Temperature (°F)	101.9°F Hypothyroidism	99.5°F	97.2°F	102.2°F Given Crocin drops	99.0°F	102.4°F Given Thyroxine	99.4°F	98.6°F	101.9°F Given Paracetamol	101.7°F Given Thyroxine
Heart Rate (bpm) and Blood Pressure (mmHg) *										
Heart Rate (Number)	131bm	126bm	129bm	126bm	140bm					
Resp. Rate (bpm) (Over 1 Minute) *										
Resp Rate (Number)	30bm	29bm	32bm	30bm	30bm					
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2(l/min) O_2Saturations (%)	100%	98%	98%	100%	100%					
Conscious Level: Normal / Altered										
GCS *										
TOTAL SCORE Number of shaded boxes	0	0	0	0	0					
Pain Score	0	0	0	0	0					
Observer's Initials	K	K	K	K	K					

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

Pat

FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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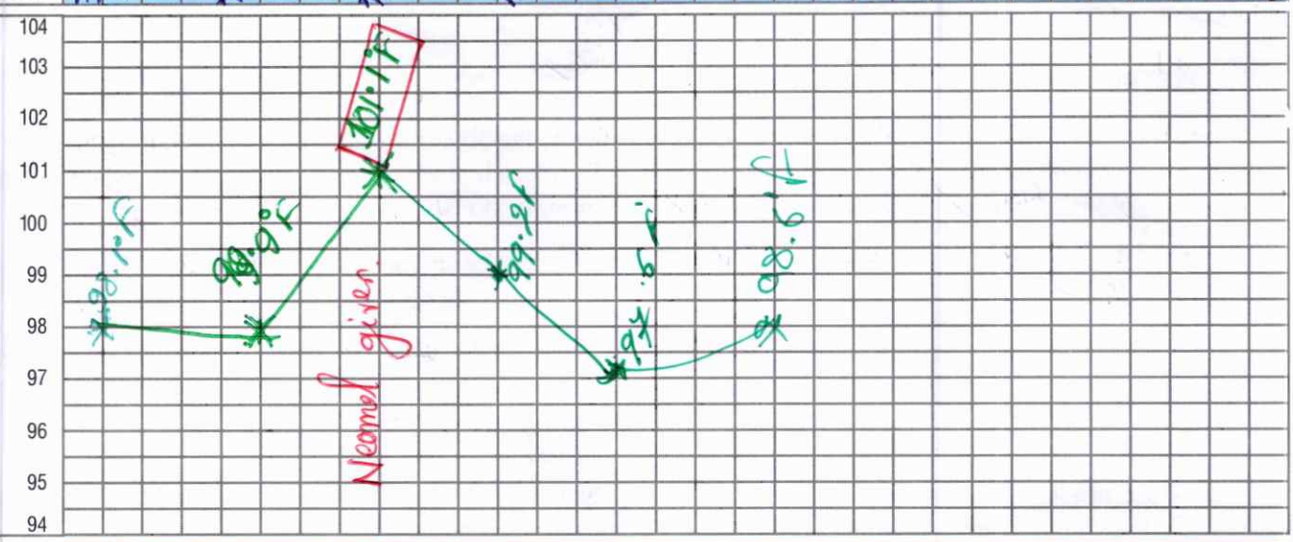
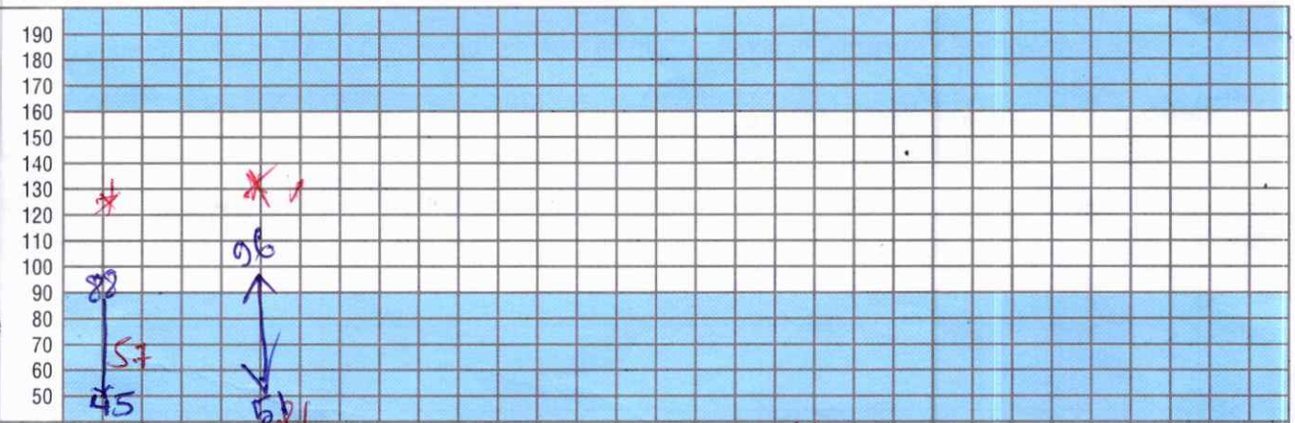
Y WARNING SCORE: CHILDREN'S UNIT

Date: 21/5/26 Time:	6	10	11:20	1:30	3:30	5:30 pm
Doctor/Nurse/Family Concern?	AM	AM	AM	PM	PM	

Temperature (°F)



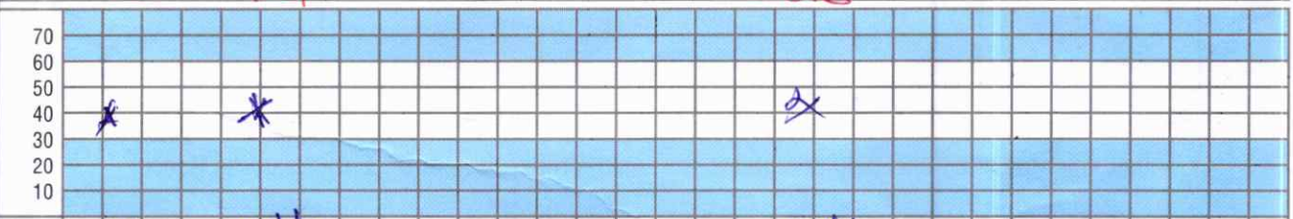
Heart Rate (bpm) and Blood Pressure (mmHg) *



Note: BP does not score in early warning scoring

Heart Rate (Number)	122bm	130bm	127bm

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



Resp Rate (Number)	32bm	40bm	40bm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	97%	99%	99%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	B	M	B

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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)
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00012343
Baby NYRA DASU
09-10-2025
Dr. SINDHURA MUNUKUNTLA
IP26-00006377
0 Y 7 M 13 D
(F)

Patie

/ CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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/ WARNING SCORE: CHILDREN'S UNIT

Date: 22/5/26 Time:	10 AM	2 PM	6 pm	10 PM	1 AM	2 AM	3:36 AM	6 AM	7 AM
Doctor/Nurse/Family Concern?									
Temperature (°F)	97.0°F	97.2°F	98.3°F	97.6°F	99.2	100.4°F Give Sip. Normal	99°F	101.8°F Given Sponging & Tablets	99.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				100 (45) 65					92 75 65
Heart Rate (Number)	118b/m	120b/m	121b/m	130b/m					139 bm
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	28b/m	30b/m	30b/m	30b/m					30bm
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	98%	100%					97%
Conscious Level: Normal / Altered									
GCS *									
TOTAL SCORE Number of shaded boxes	0	0	0	0					0
Pain Score	0	0	0	0					0
Observer's Initials	R	A	A	A					A

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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* 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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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Patient Dr. SINDHURA MUNUKUNTLA

CLINICAL / 124

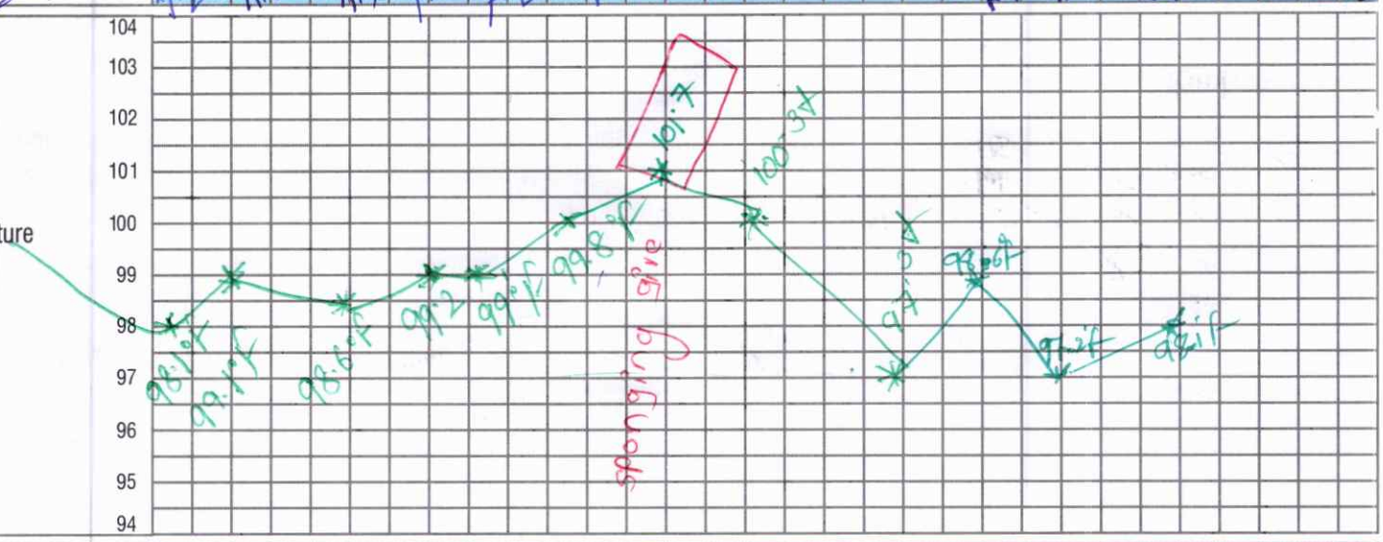
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

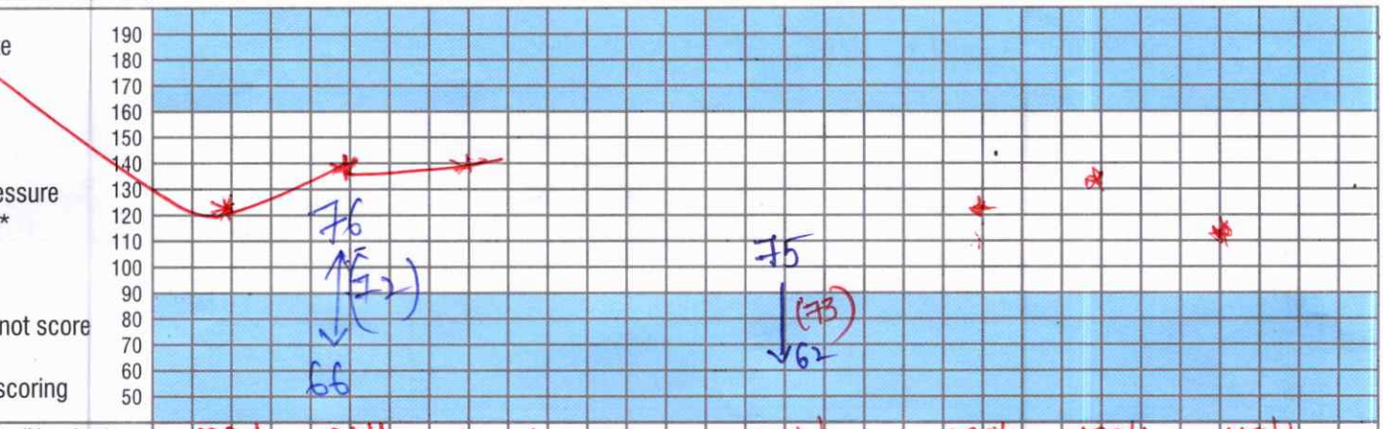
Rainbow® Children's Hospital — It takes a lot to treat the little.

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

EARLY WARNING SCORE: CHILDREN'S UNIT

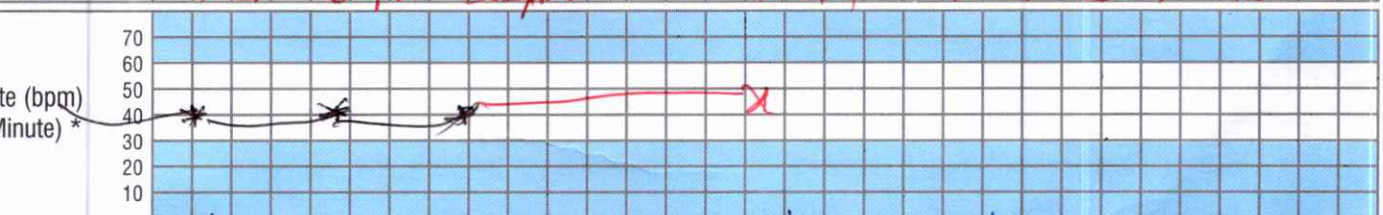
Date: 23/5 Time:	9	10:20	11	1	1:30	2:17	3pm	5pm	7pm	11	3	4
Doctor/Nurse/Family Concern?	AM	AM	AM	PM	PM	PM				PM	AM	AM





Note: BP does not score in early warning scoring

Heart Rate (Number)	122b/m	136b/m	136b/m	131b/m	128b/m	132b/m	118b/m



Resp Rate (Number)	36b/m	36b/m	36b/m	35b/m	30b/m	30b/m	20b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	99%	100%	100%	98%	99%	98%	99%
Conscious Level: Normal / Altered							
GCS *	15/15	15/15	15/15				
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

INSTRUCTIONS:

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

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

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

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/5 Time:	10 AM	12 PM	2 PM	6 PM	9 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?							
Temperature (°F)	97.6°F	98.3	98.6°F	96.6°F	98.1	96.8°F	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	76/60		90/63	110/86	100/62	101/73	
Heart Rate (Number)	128bm	128bm	130bm	96bm	115	126	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	20bm	20bm	20bm	21bm	20bm	20bm	
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	98%	98%	99%	99%	
Conscious Level: Normal / Altered							
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5 Time:	10AM	4pm	8pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	96.4°F	97.5°F	97.4°F	97.5°F	96.5°F	95.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	120/60	132/60	120/69	115/60	136/60	108/52
Heart Rate (Number)	120/min	132/min	120/min	115/min	136/min	108/min
Resp. Rate (bpm) (Over 1 Minute) *	28/min	35/min	36/min	28/min	36/min	36/min
Resp Rate (Number)						
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *	15/15					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

MNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 16 D (F)
Dr. SINDHURA MUNUKUNTLA

FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5/24 Time:	10 am	2 pm	6 pm	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

Temperature (°F): 98.8°F, 98.6°F, 98.4°F, 98.4°F, 98.1°F, 97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*	* 98/68	95/61	90/63	97/63
Heart Rate (Number)	127 bpm	135 bpm	119 bpm	130 bpm	112 bpm	128 bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	34 bpm	32 bpm	32 bpm	30 bpm	32 bpm	31 bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	99%	100	100
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	B	B	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
19/5	08:00 am											
	09:00 am						NA					
	10:00 am											
	11:00 am											
	12:00 pm	DNS	milk	20ml							0	
	01:00 pm			20ml							0	
Total Intake :						Total Output :				U -	M -	
19/5/26	02:00 pm			20ml								
	03:00 pm		Milk	20ml								
	04:00 pm	DNS		20ml							0	
	05:00 pm			20ml		NA		NA				
	06:00 pm			20ml								
	07:00 pm			20ml								
Total Intake :						Total Output :				U - 2	M -	
19/5/26	08:00 pm			20ml							0	
	09:00 pm			20ml						20ml	0	
	10:00 pm	DNS	Khichdi	20ml							0	
	11:00 pm			20ml		NP		NP			0	
	12:00 am			20ml							0	
	01:00 am			20ml							0	
Total Intake :						Total Output :				U - 1	M - 1	
20/5/26	02:00 am			20ml								
	03:00 am		milk	20ml								
	04:00 am	DNS		20ml							0	
	05:00 am			20ml		NA		NP		20ml		
	06:00 am		milk	20ml						40ml		
	07:00 am			20ml								
Total Intake :						Total Output :				U -	M - 1	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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							
20/5	08:00 am			20ml						100ml	0	
	09:00 am	DN5	milk	20ml			✓	NA			0	
	10:00 am			20ml	NA						0	
	11:00 am	DN5	milk.	20ml						125ml	0	
	12:00 pm			20ml							0	
	01:00 pm			20ml			✓				0	
Total Intake : Taken						Total Output : M-1					U-2	
20/5	02:00 pm			20ml								
	03:00 pm		milk	20ml			✓			~~120ml~~		
	04:00 pm	DN5		20ml		NA					0	
	05:00 pm			20ml				NA		~~150ml~~		
	06:00 pm			20ml								
	07:00 pm			20ml						~~120ml~~		
Total Intake :						Total Output : V-3 M-1						
20/5 to 21	08:00 pm			20ml								
	09:00 pm			20ml						60ml		
	10:00 pm	DN5	milk	20ml			✓	✓			0	
	11:00 pm			20ml		NA		NA				
	12:00 am			20ml								
	01:00 am			20ml								
Total Intake :						V-1 Total Output : U-1 M-1						
21/5/26	02:00 am			20ml								
	03:00 am			20ml						120ml		
	04:00 am	DN5		20ml								
	05:00 am			20ml		NA	✓	✓	NA		0	
	06:00 am			20ml								
	07:00 am			20ml								
Total Intake :						V-1 Total Output : U-- M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

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Your Right to a Safe Delivery

FLUID CHART

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		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							
21/5/26	08:00 am			20ml								
	09:00 am			20ml								
	10:00 am	RNS		20ml				NA			0	
	11:00 am			20ml	NA							
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output : U-2 M-2						
21/5/26	02:00 pm											
	03:00 pm		MILK									
	04:00 pm							NA				
	05:00 pm				NA							
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm					PICU						
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am					PICU						
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012343 IP26-00006377
Baby NYRA DASU (F)
09-10-2025 0 Y 7 M 13 D
Dr. SINDHURA MUNUKUNTLA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
22/5/26												
	08:00 am											
	09:00 am		Milk									
	10:00 am							NA			0	Ayu
	11:00 am		Milk		NA							
	12:00 pm											
	01:00 pm		H_2O									
Total Intake :						**Total Output :**						
22/5	02:00 pm											
	03:00 pm		Milk									
	04:00 pm	Milk									0	
	05:00 pm		Milk		NA			NA				Ayu
	06:00 pm											
	07:00 pm		Milk									
Total Intake : Taken						**Total Output :** m-2 U-1						
22/5	08:00 pm										0	
	09:00 pm		milk								0	
	10:00 pm										0	
	11:00 pm		+		NA			NA			0	Sw
	12:00 am		milk								0	
	01:00 am										0	
Total Intake :						**Total Output :** U-2 m-0						
23/5	02:00 am											
	03:00 am		milk									
	04:00 am		+		NP			NP			0	
	05:00 am		milk									Sw
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-2 m-1						

Total 24 hrs. Intake		**Total 24 hrs. Output**	U - m -

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
23/05/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
23/5	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
23/5	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
24/5	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	

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
24/05/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-2 M-1						
24/5	02:00 pm											
	03:00 pm											
	04:00 pm		milk									
	05:00 pm		+									
	06:00 pm		H2O									
	07:00 pm											
Total Intake : Tolsen						**Total Output :** M-1 U-2						
24/5/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm									0.120		
	11:00 pm		Milk									
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-2 M-0						
25/5/26	02:00 am											
	03:00 am		milk									
	04:00 am											
	05:00 am		milk									
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-1 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
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							
25/5	08:00 am									80ml		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
25/5	02:00 pm											
	03:00 pm		milk									
	04:00 pm											
	05:00 pm		milk									
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
25/5	08:00 pm											
	09:00 pm											
	10:00 pm		milk									
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
26/5	02:00 am											
	03:00 am											
	04:00 am		milk									
	05:00 am											
	06:00 am											
	07:00 am		milk									
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 16 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
26/5/26	08:00 am		milk									
	09:00 am											
	10:00 am				NA			NA				
	11:00 am		milk									
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :				V-2	M-	
26/5/26	02:00 pm											
	03:00 pm		milk									
	04:00 pm							NA				
	05:00 pm			NA								
	06:00 pm		milk									
	07:00 pm									60ml		
Total Intake :						Total Output :						
27/5/26	08:00 pm									60ml		
	09:00 pm									60ml		
	10:00 pm		milk									
	11:00 pm				NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
27/5/26	02:00 am											
	03:00 am									60ml		
	04:00 am		milk									
	05:00 am				NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/5/26

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 → Administrationg medication given as per doctor order's	8 Am 2 Pm	→ Assessed the pt condition → monitoring vitals checked recorded → I/O chart maintain	→ Pt is stable	→ Re-Assessed the vitals	
Afternoon	2PM 8PM	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication	2PM 8PM	→ Assesd the general condition of pt. → Monitored vitals. → Maintaind I/O chart. → Administered medication	Pt is stable.	Re-assess vitals	
Night	8Pm to 8Am	Assess the pt condition. Monitor vitals and record. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	8Pm to 8Am	Assessed the pt condition. Monitored vitals and record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	→ Pt is stable → vitals norm	→ monitor vitals → maintain I/O chart	

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Patie

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	→ Assess the patient general Condition → monitor vitals. → DNS @ 20ml/hr to confine → Administer medication as per doctor's orders.	8am – 2pm	→ Assessed the patient general Condition. → monitored vitals. → Administer medications as per doctor's orders.	Patient is stable	Rechecked vitals	[illegible]
Afternoon	2pm – 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	2pm – 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	[illegible]
Night	8PM – 8AM	Assess the pt. condition monitor vitals Maintain I/O chart Give medication as per doctor order	8PM – 8AM	Assessed the pt. condition monitored vitals Maintained I/O chart Given medication as per doctor order	Patient is stable now	Re checked vitals	[illegible]

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2pm	→ Assess the general condition of pt. → Monitor vitals → Administer medication → Maintain I/O chart.	8AM / 2pm	→ Assessed the general condition of pt. - Monitor the vitals - maintain I/O charts - Medication given as per drugs chart	- Pt is more stable	- Monitor the vitals	Hely
Afternoon	2pm	2D echo @ Bmgonchlk. with Dr. Sowmya Mde					
Night	8Pm / 8Am	Assess the pt condition. monitor vitals every hour. maintain I/O charts. Provide the comfortable position. Medication give as per as doctor order.	8Pm / 8Am	Assessed the pt condition. monitored vitals. maintained I/O charts. Provided the comfortable position. Medication given as per as doctor order.	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart.	Snehal

Patient Sticker

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 23/5/26

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	8pm to 2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8pm to 2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable now → IV cannula is present	→ Re-checked the vitals → I/O → 2D Echo plan today	Supriya
Afternoon	2pm 8pm	→ Assess the pt condition. → monitoring vitals checked and recorded → I/O chart maintain	8pm 8pm	→ Assessed the pt condition → Administration medication given as per doctor orders	→ pt is stable	→ ~~Pt is~~ Re-checked vitals	
Night	8pm to 8am	Assess the pt condition. monitor vitals system maintain I/O chart. Provide the comfortable position medication given as per as doctor's	8pm to 8am	Assessed the pt condition. monitored vitals system maintained I/O chart. provided the comfortable position medication given as per as doctor	→ Pt is stable → ~~Pt is stable~~ vitals system	→ monitor vitals → maintain I/O	Sn S

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the Baby condition → monitor vitals → check the vitals → Maintain Iochart	8AM to 2pm	→ Assess the Baby condition. → monitor vitals → check the vitals → Maintain Iochart	pt is a stable.	check the vitals	Nadhiya
Afternoon	2pm | 8pm	· Assess the pt condition - Monitor vitals - Maintain IoChar Administer Medication	2pm | 8pm	→ Assessed the pt condition → T/m plan & RCho CBP, CRP, atleast rounds	→ Pt is stable	→ Re-checked vitals	A S
Night	8PM | 8AM	Assess the Pt condition monitor vitals Maintain Iochart drug as P Give as per drug chart.	8PM | 8AM	Assessed the Pt. condition monitored vitals Maintained Iochart. drug as P Given as per drug chart.	Patient is Stable now	Rechecked vitals	Khushboo PG

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 25/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medication as per drug chart	8AM to 2pm	→ Assessed the pt condition → Monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart	→ Baby is stable	→ Rechecked vitals & record → 2 DECHO after rounds	[illegible]
Afternoon	2pm – 8pm	- Assess the pt Condition - Monitor vitals & I/O chart - provided Comfortable position - drug as per chart		- Assessed the pt Condition - Monitored vitals & I/O chart - provided Comfortable position - drugs as per chart	→ pt is stable → Baby feel good	Rechecked vitals	[illegible]
Night	8pm to 8Am	Assess the pt condition. Monitor vitals & record. Maintain I/O chart. Provide the Comfortable position. Medication give as per as doctor order.	8pm to 8Am	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	→ monitoring. → maintain I/O chart.	Sreh

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 16 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 26/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Administer Medication as per drug chart	8Am 2pm	- Assessed the pt condition - Monitored vitals - Maintained I/O Chart - Administered Medition as per drug chart	Pt is stable	Re checked vitals	
Afternoon	2pm 8pm	- Assess the pt Condition - Monitor vitals & I/O Chart - drugs as per chart - provided Comfortable position		- Assessed the pt Condition - Monitored vital & I/O chart - drugs as per chart - provided Comfortable position	pt is stable	Rechecked vitals	
Night	8PM 8AM	→ Assess the pt condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8PM 8AM	→ Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals	

Patient Sticker

NURSING CARE RECORD

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

Date: .....

Goals

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
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Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	19/5 M6	19/5/26 E2	19/5 N1	20/5 MYNG	20/5 E2	20/5/26 N1
	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:	98.2 F	98.4 °F	98.2 °F	98.5 °F	97.8 °F	98.1 °F
	Res:	30 b/m	30 b/m	32 b/m	30 b/m	30 b/m	30 b/m
	SpO_2:	100%	100%	99%	99%	100%	99%
	Pulse:	142 b/m	140 b/m	142 b/m	142 b/m	140 b/m	142 b/m
	BP:	–	–	–	–	–	–
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
	Skin Integrity					–	–
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA	–	–	–	–
Post Operative Procedure Special Orders:		NA	NA	–	–	–	–
Handed Over By Name :		Amoutha	Mautual	Sneh	Sandhya	Priyanka	Sneh
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		19/5/26	19/5/26	20/5	20/5/26	20/5/26	21/5
Time:		2pm	8pm	8am	2pm	8pm	8am
Taken Over By Name :		Mautual	Sneh	Sandhya	[signature]	Sneh	Supriya
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		19/5/26	19/5/26	20/5/26	20/5	20/5	21/5/26
Time:		2pm	8pm	8am	2pm	8pm	8AM

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	21/5/26 N1	22/5/26 M6	22/5 N1	23/5/26 M6	23/5 E2	23/5 N1
	Medical Condition (Any special condition to be noted):		AFI	—	—	—	—
	Diet:			—	Soft	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:	99.8°F	99.7°F	98.2°F	98.1°F	98.3°F	98.2°F
	Res:	37b/pm	31 b/m	32b/m	34b/m	32b/m	32b/m
	SpO_2:	100%	100%	99%	99%	100%	99%
	Pulse:	132b/pm	137b/pm	132b/m	132b/m	131b/m	132b/m
	BP:	102/52	93/66	102/62	98/62	97/62	99/62
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	"0"	"0"	—
	Skin Integrity	—	—	—	Good	good	good
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	Soft	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:		NA	NA		2D Echo	NA	—
Handed Over By Name :		Sunitha	Sona	Sri	Supriya	Amruth	Sri
Signature / ID :							
Date:		21/5/26	22/5/26	23/5	23/5/26	23/5	24/5
Time:		8pm	2pm	8.Am	2pm	8pm	8AM
Taken Over By Name :			Sri	Supriya	Amruth	Sri	madhu
Signature / ID :							
Date:			22/5/26	23/5/26	23/5	23/5	24/5/26
Time:			8pm	8AM	2pm	8pm	8AM

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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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	24/5/26 M6	24/5 E2	24/5/26 N1	25/5 M6	25/5 E2	25/5 N1
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	soft	Soft	Soft	Soft	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:	98.3°	98.2°f	98.3°f	98.6°f	98.4°f	98.2°F
	Res:	32	30b/m	32b/m	30b/m	31b/m	32b/m
	SpO_2:	99%	100%	99%	99%	99%	98%
	Pulse:	132b/m	131b/m	132b/m	130b/m	129b/m	129b/m
	BP:	104/62	101/60	101/62	101/62	105/65	105/62
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	"0"	"0"	"0"	—
	Skin Integrity	—	—	Good	Good	Good	Good
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	—	—
	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	NA	NA	NA	—
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	—
Handed Over By Name :		Madhuri	Anoush	Sneha	Swetha	Gopi	Sneha
Signature / ID :							40/6031
Date:		24/5/26	24/5	25/5/26	25/5/26	25/5/26	26/5
Time:		2pm	8pm	8am	8pm	8pm	8AM
Taken Over By Name :		Anoush	Sneha	Swetha	Gopi	Sri	Manisha
Signature / ID :						40/6031	
Date:		24/5	24/5/26	25/5/26	25/5/26	25/5	26/5/26
Time:		2pm	8pm	8AM	2pm	8PM	8Am

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 16 D (F)
Dr. SINDHURA MUNUKUNTLA

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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	26/5/26 M6	26/5/26 E2	26/5/26 N			
	Medical Condition (Any special condition to be noted):	-	-	-			
	Diet:	soft	soft	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:	98.6°F	98.4°F	97.4			
	Res:	36bpm	37bpm	34bpm			
	SpO_2:	100%	100%	100%			
	Pulse:	120bpm	129bpm	130bpm			
	BP:	102/64	112/65	102/64			
	LOC:	-	-	-			
	Fall Risk Score:	-	-	-			
	Pain Score:	0"	0'	-			
	Skin Integrity	Good	Good	Good			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-	-	-			
	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 :		Manisha	Apriya	mahi			
Signature / ID :							
Date:		26/5/26	26/5/26	27/5/26			
Time:		2pm	8pm	8AM			
Taken Over By Name :		Apriya	mahi				
Signature / ID :							
Date:		26/5/26	26/5/26				
Time:		2pm	8PM				

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/5 DAY-1			20/5 DAY-2			21/5 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	0			0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA			NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA			NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA			NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA			NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	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 : Sneha Name : Sneha

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	22/5 DAY-1			23/5 DAY-2			24/5 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	0	NA	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
			Signature of the Nurse										

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

Signature of Shift In Charge :
Signature : Sneha Name : Sneha

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
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PAIN ASSESSMENT FORM

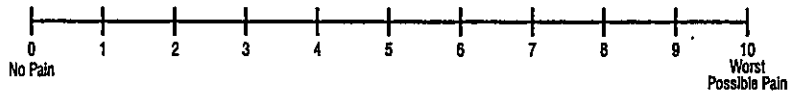
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/5/26	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/5	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5/26	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

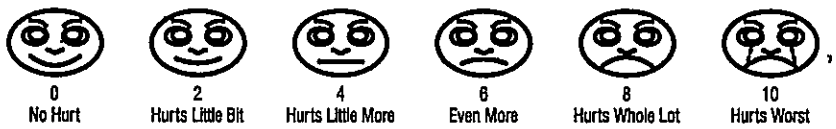
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

MU-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
Dr. SINDHURA MUNUKUNTLA

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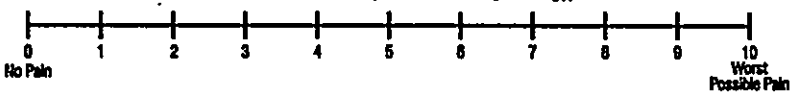
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/5	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
22/5	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/5	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/5	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
24/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
24/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
24/5	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Madhu

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 :	19/5	19/5	19/5	20/5/26
				Time :	M6	E2	N1	Mrng
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	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	28	28	27	28
				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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 20/5	20/5		21/5
				Time : E2	N1		N1
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
"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	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
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
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
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
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
				TOTAL SCORE	28	27		28
				Evaluator's Name	[illegible]	[illegible]		[illegible]

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 13 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 22/5	22/5	23/5	23/5
				Time : M	AN	MG	EL
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	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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
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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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

				Date :	25/5	24/5	24/5	24
				Time :	8PM	10AM	12	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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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
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				TOTAL SCORE	21	28	27	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. IBUGESIC

Dose	Route	Frequency	Start Date
2ml	oral	SOS/8H	19/5

Doctor's Signature: [signature] Valid Period: Pharm.: (a)

Additional Instructions: IBUPROFEN (5ml/100mg)

Date/Time													
19/5	20/5	21/5											
7:00pm	2:55	5:00											
[signature]	[signature]	[signature]											
	9:30												
	[signature]												

DRUG: P-100 DROPS

Dose	Route	Frequency	Start Date
1ml	Po	SOS T>100°F	20/5

Doctor's Signature: [signature] Valid Period: Pharm.:

Additional Instructions: (100mg/ml)

DRUG: P-120 DROPS

Dose	Route	Frequency	Start Date
1ml	Po	SOS T>100°F	20/5

Doctor's Signature: [signature] Valid Period: Pharm.:

Additional Instructions: (120mg/ml).

Date/Time													
21/5													
3:39													
[signature]													

Verified by Dr. Dhakshayani

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 7.72kg ..... Ward. .....

DRUG: Drop. CROCIN

Dose	Route	Frequency	Start Date
1.1ml	oral	6th H	19/5

Name & Signature of the Doctor Starting the Drugs: B. Sneghan

Additional Instructions: Paracetamol (1ml/10kg)

Date / Time	19/5	20/5
12AM	X	
6AM	X	
12pm	1pm	
6pm		

STOP

Daily Doctor's Endorsement by a Sign: 6

DRUG: Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
8mg	IV	OD	19/5

Name & Signature of the Doctor Starting the Drugs: B. Sneghan

Additional Instructions:

Date / Time	19/5	20/5	21/5	22/5	23/5	24/5
6pm	2pm					

Daily Doctor's Endorsement by a Sign: 6

DRUG: Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
1.5mg	IV	TID	19/5

Name & Signature of the Doctor Starting the Drugs: B. Sneghan

Additional Instructions:

Date / Time	19/5	20/5	21/5
6AM	X		
2pm			X
10pm			

STOP 21/5/26 9AM

Daily Doctor's Endorsement by a Sign: 6

DRUG: INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
800mg	i.v	OD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (100mg/kg/day)

Date / Time	19/5	20/5	21/5	22/5	23/5
6pm	8pm				

STOP

Daily Doctor's Endorsement by a Sign: 6

Verified by Dr. Dhakshayani

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.72 kg Ward .....

DRUG: TOBA EYE DROPS	Date/Time 19/5	20/5	21/5	22/5	23/5
Dose 2° · Route UA · Frequency 1-0-1 · Start Dt. 19/5	6AM				
Name & Signature of the Doctor Starting the Drugs:					STOP
Additional Instructions:	6PM				
Daily Doctor's Endorsement by a Sign					

DRUG: NASIVION - MINI NASAL Drop	Date/Time 20/5	21/5	22/5	23/5
Dose 2° · Route P/N · Frequency BD · Start Dt. 20/5	6AM 5PM			
Name & Signature of the Doctor Starting the Drugs:				STOP
Additional Instructions:	6PM			
Daily Doctor's Endorsement by a Sign				

DRUG: METATOP NASAL SPRAY	Date/Time 20/5	21/5	22/5	23/5
Dose 1 puff · Route PN · Frequency BD · Start Dt. 20/5	6AM			
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath				change dose.
Additional Instructions:	6PM			
Daily Doctor's Endorsement by a Sign				

DRUG: NEB. LEVOLIN	Date/Time
Dose 0.31mg · Route Neb · Frequency Q 6H · Start Dt. 20/5	
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath	CHANGED
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NEB i 3% N S

Dose	Route	Frequency	Start Dt.
1 respule	Neb	Q6H	20/5

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

STOP

DRUG : Syp. AZITHRAL-XL

Dose	Route	Frequency	Start Dt.
2ml	oral	OD	20/5

Name & Signature of the Doctor Starting the Drugs: B. Sneyhan

Additional Instructions: AZITHROMYCIN (5ml/200mg)

Daily Doctor's Endorsement by a Sign

Date/Time 20/5 21/5

8pm

21/5 STOP

DRUG : PROCIG sachet

Dose	Route	Frequency	Start Dt.
1 sachet		BD	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

CHANGED

DRUG : Syp. Zincovea

Dose	Route	Frequency	Start Dt.
2.5ml	PO	OD	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

CHANGE

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

(P.T.O.)

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Baby NYRA DASU
09-10-2026 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
21/5/26	11:15 am	NEOMOL SUPPOSITORY	80mg (1 & 1/2)	P/R		
21/5	7:45pm	Inj IVIG. (IMMUNOGLOBULIN)	15g	IV over 15 hr	Pran	Sunitha Sonam
		2g/kg => 15g.	0.5 ml/kg/hr =>	3.5 ml/hr for 30 minutes		
			1 ml/kg/hr =>	7 ml/hr for 30 minutes		
			14 ml/hr for 30 minutes			
			28 ml/hr for Rest hours			
21/5		NEOMOL SUPPOSITORY (PARACETAMOL)	120mg (80mg + 40mg)	P/R	Pran	
21/5	10:20PM	COLIC AID DROPS	1ml	PO		Sunitha Vaishnavi

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

		on 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
19/5	1pm	½ DNS	IV	20 ml/h	[illegible]	[illegible]	21/5	[illegible]	Sonam Soni Sharma
21/5	7:30pm	1/2 DNS	IV	10 ml/hr	[illegible]	Sonam Sutha	21/5/26	[illegible]	Sudha Vaishnavi
24/5/26	4pm	INJ. INFLIXIMAB 1vial - 100mg + 10ml SWF			[illegible]	Ramya Sutha	24/5/26	[illegible]	Sudha Vaishnavi
		Take 7.5ml from the 10ml and add 42.5ml 0.9% NS to total of 50ml over 2 hours.							
		1st 15mins - 2.5ml/hr 2nd 15mins - 5ml/hr 30mins - 10ml/hr							
		last 2 hours - 16.2ml/hr							

Signature .....

VERIFIED BY : Name .....

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : TAB. ECOSPRIN

Dose	Route	Frequency	Start Dt.
75mg	PO	TID	21/05

Name & Signature of the Doctor Starting the Drugs: Sukanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	26/5
6am	✓	Sm
2pm	Nili	
10pm		Sm

DRUG : INJ. ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
8mg	IV	OD	19/05

Name & Signature of the Doctor Starting the Drugs: Sukanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	26/5
6am	✓	Sm

CHANGE

DRUG : Z & D drops

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	21/05

Name & Signature of the Doctor Starting the Drugs: Sukanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	26/5
2pm	Nili	

stop

DRUG : SYP. SUCRALFATE

Dose	Route	Frequency	Start Dt.
3ml	PO	TID	23/05

Name & Signature of the Doctor Starting the Drugs: Sukanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	26/5
6am	✓	Sm
2pm	Nili	
10pm		Sm

stop

Signature

VERIFIED BY : Name

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 16 D (F)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : METATOP NASAL	Date/Time	25/5	26/5
Dose: 1 SPRAY	Route: NASAL	Frequency: HS	Start Dt.: 25/5/26
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

DRUG : SYP. OMNACORTIL FORTE	Date/Time	26/5
Dose: 5ml	Route: PO	Frequency: OD	Start Dt.: 26/5
Name & Signature of the Doctor Starting the Drugs:		
Additional Instructions: (15mg/5ml) x 5d.		
Daily Doctor's Endorsement by a Sign		

DRUG : NEXPRO SACHET JUNIOR	Date/Time	27/5
Dose: 1	Route: PO	Frequency: OD	Start Dt.: 27/5
Name & Signature of the Doctor Starting the Drugs:		
Additional Instructions: 1 SACHET = 10mg		
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	

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

(P.T.O.)

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Tab. Ecosprin

Dose	Route	Frequency	Start Dt.
75mg	PO	TID	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5

DRUG : Z & D drops

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5

STOP

DRUG : PROCIN drops

Dose	Route	Frequency	Start Dt.
15°	PO	BD	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5

STOP 22/

DRUG : Q4 Napi Cream

Dose	Route	Frequency	Start Dt.
	C/A	TID.	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5

Signature

VERIFIED BY : Name

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

HNH-00012343 IP26-00006377
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09-10-2025 0 Y 7 M 12 D (F)
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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 7.7 kgs Ward .....

DRUG : SUCRALFATE CREAM

Dose	Route	Frequency	Start Dt.
4	4	TID	21/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/5	22/5	23/5	24/5	25/5
7AM	X				
3PM	X				
11PM					

DRUG : SYP SUCRALFATE

Dose	Route	Frequency	Start Dt.
3ml	PO	TID	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	24/5	25/5
6AM	X		
2PM	X		
10PM	5AM		

DRUG : INJ METHYL PREDNISOLONE

Dose	Route	Frequency	Start Dt.
200mg	IV	OD	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: To give at 8PM give one hour x 3 days.

Daily Doctor's Endorsement by a Sign

Date/Time	23/5	24/5	25/5
8PM			

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

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

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
23/5	2:00Am	Neomol Suppository	120 mg	P/R	[illegible]	[illegible]	[illegible]
23/05	6:30am	SYP. ZINCOVIT	2 ml	PO	[illegible]	[illegible]	[illegible]

CONSENT FOR ~~BLOOD~~ IVIG TRANSFUSION

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Name: NYRA DASU Age: 7m Gender: Male ☐ Female ☑

UHID.No : MNH - 0001234 3 Date: 21/5/2026

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☑ Others IVIG

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is None

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: Sravanthi

Name: Sravanthi

Date & Time 21/5/26 @ 7pm

Doctor (Who is talking the consent)

Signature: [illegible]

Name: Dr. PRANAV

Date & Time 21/5/26

Witness

Signature: [illegible]

Name: Sonam

Date & Time 21/5/26 @ 7pm

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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Infliximab injection infusion

~~BLOOD PRODUCTS TRANSFUSION~~ MONITORING FORM

Date: 24/5/26 Time: 5:10 pm

Blood Group of the Patient: ..... Blood Group on the Blood Bag: .....

Blood Bank Issue No: ..... Date of Collection: ..... Date of Expiry: .....

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: .....

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: ..... Nurse 2: .....

Before starting transfusion vitals: Temp: 96.5°F HR 89 RR: 20 BP: 112/77 SpO_2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
24/5/26	15 Min	78/m	98.6°F		99%	—	—	—	—
"	15 Min	81/m	96.6°F		98%	—	—	—	—
"	30 Min	116/m	96.5°C		98%	—	—	—	—
"	30 Min	128/m	96.6°F	112/77	96%	—	—	—	—
"	30 Min	112	95.6°F		98%	—	—	—	—
"	1 Hr	106	96.6°F		97%	—	—	—	—
	1 Hr								

Comments: .....

.....

Name of the Incharge-Nurse: ..... Name of the Nurse: .....

Signature of the Incharge-Nurse: ..... Signature of the Nurse: .....

Date & Time: ..... Date & Time: .....

Docu. No. : RCH /FRM / CLINICAL / 078

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
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~~BLOOD~~ PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/05/26 Time: 8.30pm

Blood Group of the Patient: ..... Blood Group on the Blood Bag: .....

Blood Bank Issue No: ..... Date of Collection: ..... Date of Expiry: .....

Date & Time of Starting Transfusion: 21/5/26 @ 8.30pm Planned duration of Transfusion: 15 hrs.

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sunitha Nurse 2: Sonam

Before starting transfusion vitals: Temp: 99.0°F HR 139 RR: 38 BP: 102/57 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/5/26	15 Min	136	99.1°F	102/56	100%	—	—	—	—
"	15 Min	110	98.6°F	91/33 (53)	100%	—	—	—	—
"	30 Min	139	98.9°F	92/56 (65)	99%	—	—	—	—
"	30 Min	120	97.0°F	97/55 (68)	99%	—	—	—	—
22/5/26	30 Min	112	98.7°F	90/53 (63)	97%	—	—	—	—
"	1 Hr	116	98.3°F	88/47 (58)	100%	—	—	—	—
"	1 Hr	105	99.0°F	91/51 (64)	99%	—	—	—	—
"		101	98.3°F	91/56 (66)	100%	—	—	—	—
"		116	98.2°F	97/56 (68)	99%	—	—	—	—

Comments: .....

Name of the Incharge-Nurse: Sujatha Name of the Nurse: Sunitha

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 22/5/26 at 7AM Date & Time: 22/5/26 at 7AM

100 mL

℞

HUMAN NORMAL IMMUNOGLOBULIN FOR INTRAVENOUS USE I.P. 5% SOLUTION

PlasmaGlob®

For I.V. Use only

5 g

Plasmagen BIOSCIENCES

Mfg. Lic. No.: KTK/28E/001/2023

Batch No.: IG0225006

Mfg. Date: FEB/2025

Expiry Date: JAN/2027

M.R.P. ₹: 20160.00

(Inclusive of all taxes)

Manufactured By:

Plasmagen BIOSCIENCES

Plasmagen Biosciences Private Limited
Plot No. 91, 92, Survey No. 60/2, 60/3c, 61, 62, 63, 71,
Kurugal Village of Vemgal Industrial Area,
Kolar Taluk and District – 563 101.

100 mL

℞

HUMAN NORMAL IMMUNOGLOBULIN FOR INTRAVENOUS USE I.P. 10% SOLUTION

PlasmaGlob®

For I.V. Use only

10 g

Manufactured from qualified Human Plasma

Plasmagen BIOSCIENCES

Mfg. Lic. No. : KTK/28E/001/2023

Batch No. : IG0725001

Mfg. Date : JUN/2025

Exp. Date : MAY/2027

M.R.P. ₹ : 26999.00

(Inclusive of all taxes)

Manufactured By:

Plasmagen BIOSCIENCES

Plasmagen Biosciences Private Limited
Plot No. 91, 92, Survey No's. 60/2, 60/3C, 61, 62, 63 & 71 of Kurugal Village, Vemgal Industrial Area, Kolar Taluk and District – 563 101, India.

8 906091 790085

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 12 D (F)
Dr. SINDHURA MUNUKUNTLA

Date & Time of Admission	Date & Time of Transfer Order
19/5/26 @ 12:4PM	22/5/26 at 10AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Sindhura	DR. Sindhura	Baby stable.

From Unit	To Unit	Information to Attendant
PICU	2nd floor ward (209)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
36	2	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Thermometer	1
2.	I & D drops	2
3.	Nasoclear Nasal Drops	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Suman	

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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PATIENT TRANSFER FORM

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2026 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
	19/5/26 @ 1:00pm	19/5/26 @ 1:00pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. sindhura	Dr sreeghan	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
26		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
Prabin,	Dr. Sreeghan

Patient & Clinical Records Received by : Amrutha @ 19/5/26 1:10 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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

209

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/5/26 Time: 1:15 pm

Weight: 7.72 kg Centile: 25th

Height: – Centile: –

Inference: Underweight child

RDA: – Calories: 0.98 Kcal/kg/day Protein: 1.6 gms/kg/day

Diet Recommendations: Semisolid food with Adequate fluids

Re-Assesment: No oily, spicy food

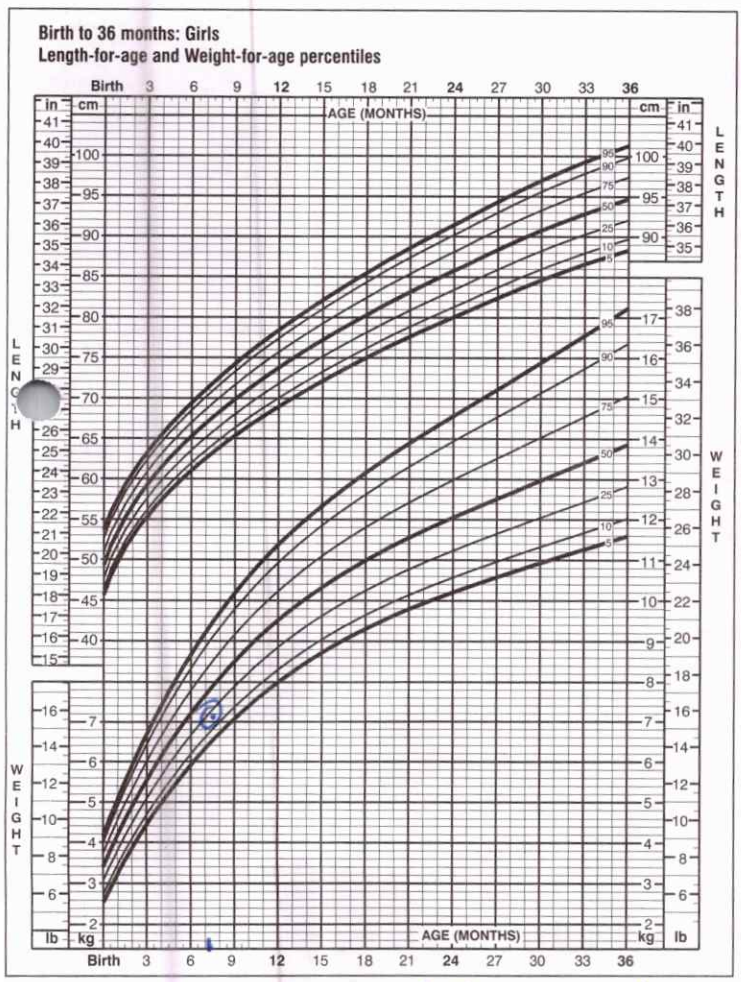
Food Allergies: NO F A Veg/~~Non-veg~~ Veg

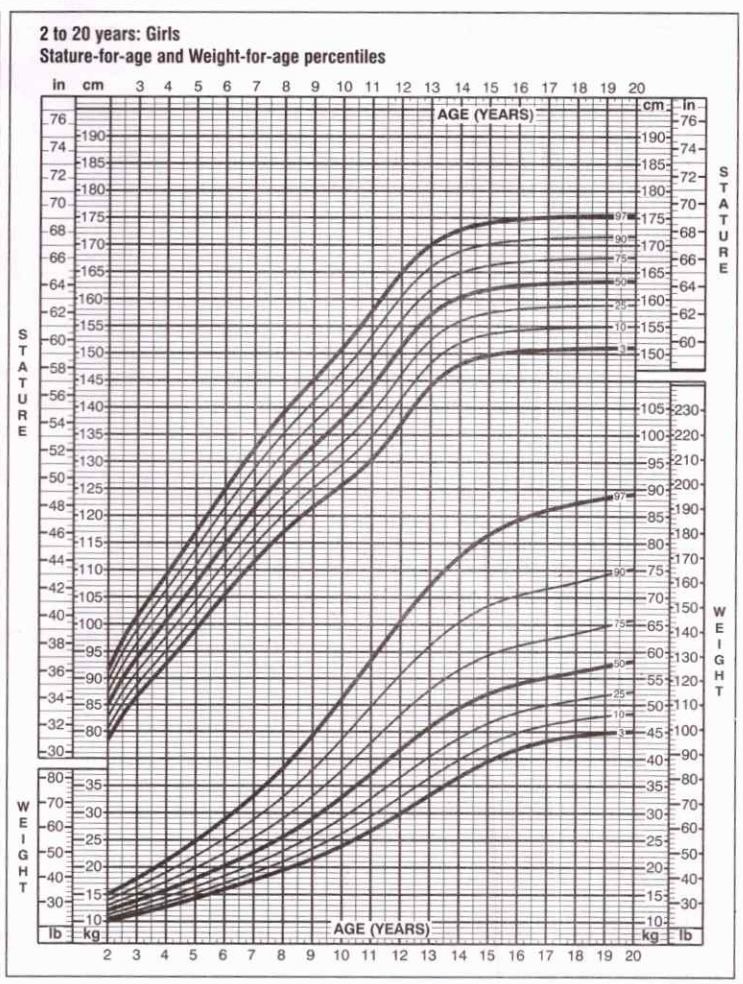
Diagnosis: AF/C dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Dr. Manohar

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

Daily Notes:

HNH-00012343 IP26-00006377
Baby NYRA DASU
09-10-2025 0 Y 7 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

wt - 7.72 kg

Rainbow® Children's Hospital
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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Nyra Dasu Age : 7 month **Gender:** ☐ Male ☑ Female

Date : 19/05/26 Time of Arrival : 11:50 Am

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.7 F PR: 143 b/m BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o High grade fever since 3 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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 11:52 Am

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Prabin

Signature of Triage Nurse : .....

Date & Time : 19/05/26 @ 11:52 Am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/05/26 Time of arrival : 11:50 Am

Chief Complaints: C/O RBS: .....

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

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:
- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:
- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
- ☐ Escort while ambulating
- ☐ Assist Patient
- ☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected
- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected
- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 11:52 Am

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

Time	Nursing Notes
	-> Assessed the pt condition
	-> checked the pt vitals
	-> IV Placement Done

Samples collected by: Prabir Time: 12:00 AM

Samples sent by : Time:

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: 143 b/m BP: ..... CFT: 2sec	Shift - out from ER to: 12:45 PM
RR: ..... SPO_2 : 98%	Time of Shift - out: 12:51 PM
GCS: 15/15 Temperature : 98.5°F	Handover given to: Amrutha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Bradin Signature of the Nurse : .....

Date & Time : 19/5/26