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DISCHARGE SUMMARY

Name	Master POLABOYINA SHREYANSH MAHADEV	**UHID**	HNH-00016365
Father/Guardian	Mr P HARI SHANKAR	**Age/Gender**	3 Y 4 M 16 D/ Male
Address	19-5-9/60 b41/f1,H.B COLONY, Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006741	**Admission Date**	05-07-2026
Ref Doctor	Self.		
Discharge Date	07.07.2026		

Consultant:
Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
WALRI WITH RESPIRATORY DISTRESS	

History: Master POLABOYINA SHREYANSH MAHADEV, 3 Y 4 M 16 D old boy presented with history of cough since 2 days, fast breathing with respiratory distress since 1 day, dull activity and poor oral intake since 1 day, prior to admission. For the above complaints he admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, SpO2 of 93% at room air. Heart rate was 136/min and Respiratory Rate - 66/min. Peripheries were warm, pulses well felt. Tachypnea, subcoastal and intercoastal retractions were present. On

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auscultation of chest, air entry was bilaterally equal with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 13.1 kgs.

Investigations: Enclosed reports.

Adenovirus PCR test was sent, which was negative.
GeneXpert SARS-CoV-2+FluA+FluB+RSV were sent, which was negative.
VBG showed pH - 7.37, pCO2- 34.0 mmhg, pO2 - 106 mmhg, HCO3 - 20.1 mmol/l, BE: -5.8 mmol/l.

Initial hemogram showed Hemoglobin of 12.5 gm%, White Blood Cell count of 15790 cells/cumm, platelet count of 2.88 lakhs/cumm and C-Reactive Protein of 7.0 mg/l.

Chest X-ray shows:
Right CP angle is slightly obliterated. Minimal pleural effusion cannot be ruled out.

Management: He was admitted in PICU in view of severe respiratory distress and was started on HFNC with flow 18L, Fio2 at 35% and maintenance IV fluids. In view of chest signs, he was frequently nebulised with Levolin and Ipravent. In view of persistent severe wheeze injection. Magnesium sulphate and

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Methylprednisolone stat dose was given.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually his oxygen support was tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:
Syrup. Azithromycin
Nebulisation Levolin
Nebulisation ipravent
Syp. Omnacortil forte
Nasoclear saline drops

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

Advice:
* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AZEE (AZITHROMYCIN-5ml/100mg)	3.5 ml	once daily	For 2 days
2	Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	2.5 ml	8am- 8pm (after food)	For 2 days
3	NEBULISATION with Levolin (0.31mg)	1 respule	6th hourly	For 2 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ANIKET ANIL PARASHAR **on (09.07.2026) Thursday** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded

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diet to be followed.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breatlessness, refusal to feed occurs or any abnormal movements.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

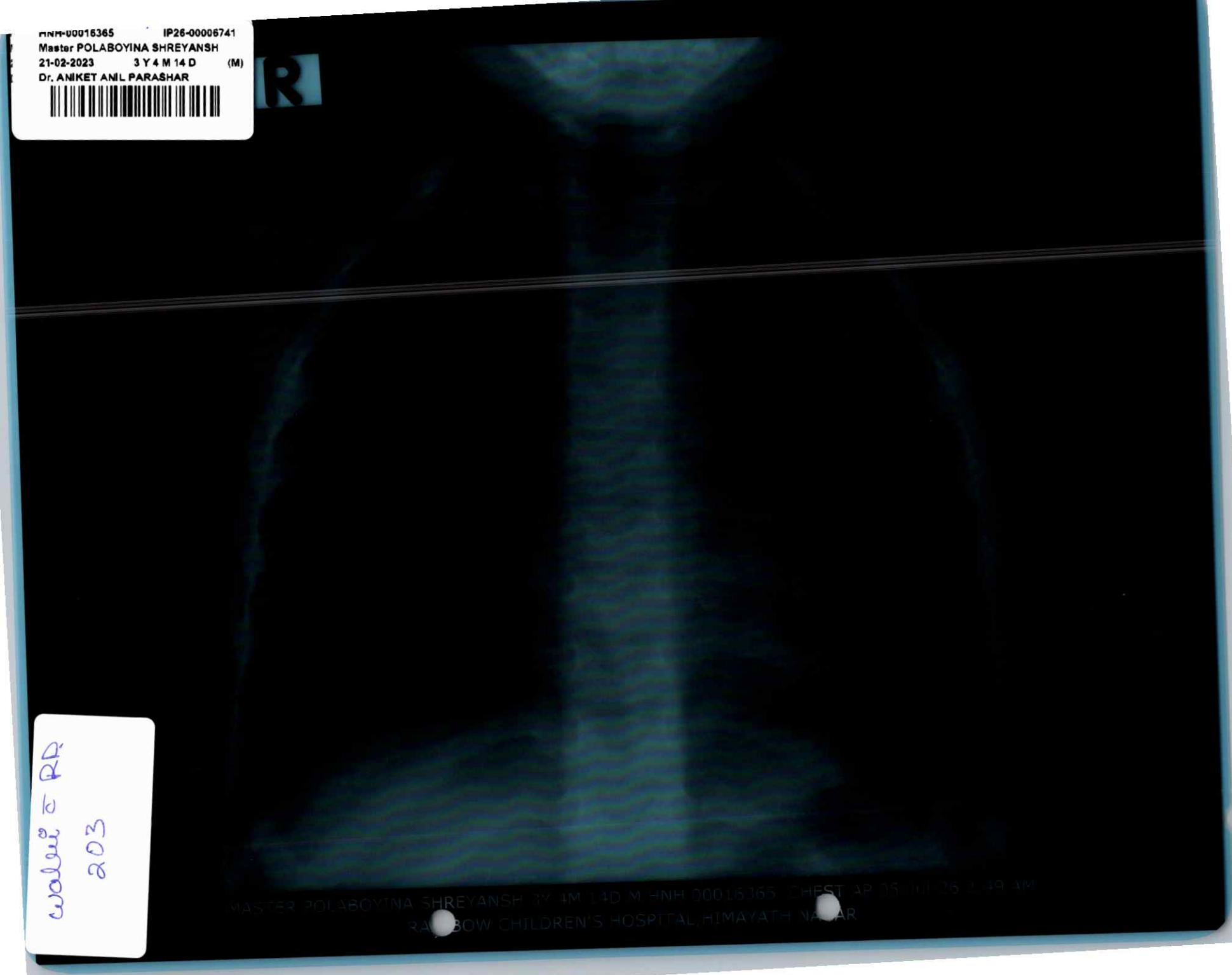
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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

RAINBOW CHILDREN'S MEDICARE * HYDERABAD *

Registrar/Resident/C.M.O

Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in


HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR
R
MASTER POLABOYINA SHREYANSH 3Y 4M 14D M HNH 00016365 CHEST AP 26 JUL 26 4:49 AM
RAINBOW CHILDREN'S HOSPITAL,HIMAYATH NAGAR
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HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

Levolin 0.31mg — 2nd hourly.
Ipravent — 6/15 hourly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
5/7/26.	03.00	Levolin 0.31mg		
	04.00			
"	05.00	Levolin 0.31mg.		
	06.00			
"	07.00	Ipravent + Levolin 0.31mg.	③ 1079Z.	
	08.00			
"	09.00	Levolin 0.31mg.		
	10.00		③ Saisri 0909	
"	11.00	Levolin 0.31mg		
	12.00			
"	13.00	Levolin 0.31mg + Ipravent		
	14.00			
	15.00	Levolin 0.31mg		
	16.00		Vaishnavi ③ 1098	
	17.00	Levolin 0.31mg		
	18.00			
	19.00	Ipravent + Levolin 0.31mg		
	20.00			
	21.00	Levolin 0.31mg		
	22.00			
	23.00	Levolin 0.31mg		

→

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Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
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Levolin - 0.31mg 3rd hrly
Ipravent - Stop

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/7/26	00.00			
"	01.00	Levolin 0.31mg + Ipravent		
	02.00		(6) Saira 4076	
"	03.00	Levolin 0.31mg		
	04.00			
"	05.00	Levolin 0.31mg		
	06.00			
"	07.00	Levolin 0.31mg + Ipravent		
	08.00			
	09.00		11247	
	10.00	levolin 0.31mg	(2) Vaishy	
	11.00			
	12.00			
	13.00	levolin 0.31mg + ~~Ipravent~~		
	14.00			
	15.00		11248	
	16.00	Levolin 0.31mg	(1)	
	17.00			
	18.00			
	19.00	Levolin 0.31mg		
	20.00			
	21.00			
	22.00			
	23.00	Levolin 0.31mg		

Doc. No. : RCH / FRM / CLINICAL / 170

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Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

ACTIV **NG**

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

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

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
05/7/26	2130pm	ER	PICU	
6/7/26	6PM	PICU	2nd Floor 218	

Cross Consultation Visit

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

Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/25	CBP : GRP,	109887	Jyothi
	Respiratory panel (5 units)		
	X-ray chest	08032	
	VBG	10988	
	Cross checked by sis Sriram at 6/7/25 @ 5PM		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Invasive monitor		5:30pm	10764	
	HFNC	2:30	3:00pm		Sonia
	Oxygen	am	3:00pm		
	Infusion pump	[illegible]	2pm		
	cross checked	by sis	Sunam	at 6/7/26	@5pm

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	IV placement	01	10762	Jyothi
5/7/26	Nebulization	03	10792	Lavanya
5/7/26	Nebulization	03	0989	Saisri
5/7/26	Nebulization	03	10982	Vaishnavi
6/7/26	Nebulization	06	11076	Saiya
6/7/26	Nebulization	2	11247	Re
"	Nebulization $\bar{c}$ O_2	1	11248	Re
"				
	(ross) check by sis Sanam 6/7/26 @ 5PM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

INH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
11-02-2023 3 Y 4 M 16 D (M)
Dr. ANIKET ANIL PARASHAR

Levolin 0.31mg — 4 hourly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/7/26.	00.00	Levolin 0.31mg (1)		P. Hari
	01.00			
	02.00			
	03.00			
	04.00	Levolin 0.31mg (2)		P. Hari
	05.00			
	06.00			
	07.00			
	08.00	Levolin 0.31mg (3)		P. Hari
	09.00			
	10.00	(3) 2/1/412		
	11.00			
	12,00	Levolin.		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)

Patient ID# : Dr. ANIKET ANIL PARASHAR

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Cough :: 2 day
c/o Fast breathing :: 1 day
c/o Dull activity
c/o Poor Oral intake } :: 1 day

History of present illness :

child brought with

c/o Cough :: 2 days
Worsening cough
Initially dry → later Wet type
Used oral cough Syrup (Ascoril c hon)
Post tussive Vomiting (+)
c/o Fast breathing :: 1 days

c/o Dull activity
c/o Poor Oral intake } :: 1 day

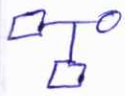
Pediatric Multiorgan History & Physical Examination

HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

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

Birth & Neonatal History :

LPT / 34+1 / 2.1kg / AGA / CIAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

/ (N)

Immunization History :

Upto 2y

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 13·1 kg (Centile _____)

On Examination :

Temperature : 98·6° F Pulse Rate: 136/m Description _____

B.P. _____ SPO2 93% at _____

Resp. rate and type of breathing : 66/m

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : Tachypnea ⊕ / SCR⊖ / ICR⊖

Air entry & breath sounds : B/L AE ⊕ / ⊖

Any addes sounds : Coarse Wheeze ⊕

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Wheeze Associated LRTI c
Respiratory Distress

Preventive aspects of the treatment :

Respiratory Fisiks

Desired goals of the treatment :

H.D. Stability

Planned Labs :

VBG
CBP
CRP
+1 extra phin
Chest X ray
5 Virus Respiratory Panel

Noted by Jyothi

Planned Management :

HFNC - 18 lit - 20 lit
Neb ⊂ Levolin - Q2 h
Ipravent - Q6 h
Inj MgSO4
Inj Methylpred

Noted by Jyothi

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 Dr. Paritosh on whose name the patient is being referred

Doctor's Signature Name Date 5/7/26 Time

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist

HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/24 2AM	C/S/B Dr Aniket	
	WALRI c̄ Respiratory Distress	
	Tachypnea, SCR (+) / ICR (+) } RD (+)	Plan
		1) Start HFNC - 20 lit, FiO_2 - 25%
	Cough (+)	2) Neb c̄ Levolin - 2nd hrly; Iplomt - Q_6h
	Afebrile	
	Vitals R.R - 66/min	3) CBP
	SpO_2 - 93% on RA	CRP
	HR - 130/min	5 Virus Panel
	R-S - B/L AE (+), Wheeze (+)	
		4) Monitor Vitals
	P/A - Soft	5) Inform SOS
		c/B Ramya
		[signature] Ramu

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 7am	c/s 1/B RS. Dr. Mani	
	WALRI c RD.	
	- on HFNC - FiO_2: 25% → 21%	
	FL: 18 L/min.	
	- no fever.	
	- nasal secretions (+)	Plan.
		1) trace Resp. panel
	- oral intake : Poor	2) ct. HFNC
	O/E	3) ~~[illegible]~~ ct. neb levolin 2nd h
	vitals : HR: 113 bpm	ipravent 6th h
	RR: 40 cpm	
	SpO_2: 97%.	4) monitor vitals.
	RS : BAE (+)	
	wheeze ↓	
	CVS : S1S2 (+)	n/B Sir
	no murmurs	
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 9:15Am	c/s/B Dr. Pritesh Sir	
	WALRI c RD	
	Tachypnea Ⓟ Retraction Ⓟ on HFNC ↓ 18Lt → 16Lt 21% → 30%	Plan 1) ↓ HFNC – 18 → 16 Lt FiO_2 – 30%
	Vitals HR – 132/min RR – 44/min SpO_2 – 96%.	2) Tab Adero 3) Neb c Levolin Ipravent – QSH for 24 hrs Nasoclear drops
	SCR Ⓝ, ICR Ⓟ R.S – B/L AE Ⓟ Wheeze Ⓟ P/A – Soft	4) Monitor Vitals 5) IVF – 1/2 Ⓜ Stop IVF if accepts hourly 6) Do not touch HFNC for for 24 hours 7) Oral Azithromycin 8) If needed – repeat $MgSO_4$ after 8–12 hours 9) Decide on Methylprednisolone

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

c/B seniors

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:20am 5/07/26	Counselled	
	Chest Viral Infection	
	↳ Severe Congestion	
	wheezing → Asthma	
	RD/Fast Breathing → Viral infection	
	Neb/Inj MgSO4 ✓	
	Fast breathing → HFNC ✓	
	O2 { Neb direct	
	Better / Fast ✓ Chest congestion	
	O2 ↓↓	
	48-72hrs → Better/Response ✓	
	Oral Diet/Food ✓	Others viral marker
Flu → Rx → Negative		Biofire
	Atypical Inf - Syrup ✓	R Hrilimi (Father)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/2/26	c/s/by. Dr. Anuche	
3pm	WARD E RD	
	- HFNC { 16 lit, 30%.	
	- HR = 122/min	Plan.
	SpO2 = 95% on HFNC.	
	RR = 32/min.	- ct HFNC
	Bp = to check.	
		- ct Azithromycin
	S/E (R/S) B/L AE(+)	- ct NEBULISATIONS.
	Wheeze (+)	
	distress Improving.	- (SOS) Inj MP
		Inj MgSO4.
		- stop IV fluids after lunch.
	Af	- (T) Adv, Mycoplasma.
		- Monitor vitals.
		RR, SpO2.
		Noted by Vaishnavi

(P.T.O)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/25 9:50 pm	c/s/by Dr Sindhuja M	
	W/ALRI ERD.	
	HFNC { flow 16, fio2 30-25%	
	- HR = 160/min.	Plan
	- SpO2 = 98% on 30 fio2	
	- RR = 32/min.	- ct NEB,
	distress ↓↓	- ct Azith
	BLAE ⊕	oth Mx ct.
	wh ze ⊕	Sindhuja M
		Noted by Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 3AM	c/s/by. Dr. Anuche	
	W/ALRI ERD	
	Child on HFNC 16 lit, 25%.	
	HR = 90/min SpO2 = 99% RR = 21/min	Plan
		- ct HFNC
	No tachy No retraction.	- ct NEB
	B/L AE (+) NVBS (+) Wheeze (+)	- ct Azithromycin. - ct oth Mx
		- monitor vitals.
	Af	
		noted by Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 8AM	c/s/by Dr Anusha	
	WACRI c̄ RD.	
	Child on HFNC. < 16 lit, 25 → 21%	
	No tachypn	
	No retraction	
	HR - 107/min	Plan
	SpO2 = 98% on HFNC.	
	RR = 25/min.	- Ct HFNC
	S/E	- Ct NEB. levolin Ipravent
	B/L AE (+)	
	P/S · Wheeze (+)	- ct Azithromycin
		- Monitor vitals.
	AA 11/11/6/	
		Noted by Vaishnavi

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

HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/2/26. 9AM.	S/B Dr-Pritesh / Dr- Aniketh	
	HFNC - 16 Litres O_2. 21% FiO_2.	Adv. - Start weaning the HFNC. - Make levolin Q^{3}hrly. - ~~Stat~~ Azithromycin. -
	No tachypnea. on full feeds. ob ntally stable. HR - 136 bpm / RR - 24/min	
	S/E RS - AEBE, B/L wheeze.	N/B (Continue)

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 6/07/26	Counselled Better / Breathing ok Chest → clear ✓ Wheeze + HFNC slowly by evening stop If ok → then decide shift.	P. Harikumar (Father)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Dr. Varun / Dr. Archana	
6/7/26 2:30PM	Δ - WALRI c̄ RD.	
	- On room air	
	- No tachypnea, Retractions.	
	O/E - HR - 110/min. RR - 28/min. SpO2 - 96%, @ RA.	Plan - Ct. Levolin Q4H. - Ct. Azithromycin. - Ct. IVF
	S/E - R/S - BAE(+), B/L wheeze ↓↓.	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	U/b Dr. Paresh	
	Dr. Aniket	
5pm		
	WARD RD	
	- on room air	
	- no dyspnoea	Plan
		1) shift out
	O/E	2) ct. nebs
	vitals : HR: 90 bpm	3) ct. Azee
	RR: 30 bpm	4) Rest ct. as per
	SpO2: 99%.	Rx chart
	RS: BAE (+)	
	clear	
6/7	U/B Dr. Pranay / Dr. Naipunya	
11 pm	WARD RD	
		Pl
	SV on RA	1) Neb c Levolin - Q4h
	No RD	2) Syp Azee
	O/E - child asleep	3) Nasoclear
	RR - 30/min SpO2 - 96%	4) Monitor Vitals
	R-S - B/L AE (+), end expiratory wheeze (+)	Pranay

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	Counselling note.	
	· Breathing difficulty better.	
	Chest congestion better	
	HHHFNC stopped in afternoon.	
	Plan to shift to ward.	
	Plan to continue 3rd hourly nebulisation.	
	[signature] -- Dr. Aniket P	P. Anil [signature]
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	

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21-02-2023 3 Y 4 M 15 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:00AM	C/S/13 Dr. Naipuya	Dr. Pranav
	WALRI C RD	
		Plan
	On Room Air.	✓ Neb Clevalin Q4H
	Vitals - stable.	✓ Cont Azithromycin
	R/S - B/L AE(+)	
	B/L Wheeze(↓↓)	✓ Monitor vitals (RR, SpO2)
		✓ Encourage orally
		HB Sranda @7am
7/7 8:45 Am	C/D/W Dr Aniket Sir	
	WALRI C RD	
	on Room Air - NoAD	Plan
	Vitals Stable: SpO_2 - 97%.	1) D/C Today
		2) Neb c Levolin - Q6H x 2d
	R-S - B/L AE(+), end exp Wheeze	3) Syp Omnacortil Forte - 2.5ml BD x 2d
	P/A - Soft.	4) Syp Azee - 3.5ml/OD x 2day
		5) Nasoclear
		6) F/up on Thursday

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

Dr. Aniket

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/8/26 11AM	S/B Dr Aniket	P/a
	↓ D WALRI	TRD
		— Discharge
	CVS - S1S2 (+)	
	RS - BIL - AE (+)	— AZITHROMYCIN - 2g
	P/A - Soft	— Neb c Levolin x 6th 4
	Conscious	x 2d
		— Flup on Thursday Saturday
		— Stop OMNACORTIL
		Dr. D. Aniket P
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date 5/2/26	5/2/26					
Time						
Hb	12.5					
PCV	35.5					
RBC	4.89					
WBC	15.79					
N/L	72/20					
Platelets	288					
CRP	7.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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

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...LY WARNING SCORE: CHILDREN'S UNIT

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

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.3°F 97.6°F 97.8°F 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
90/66 (90) 100/76 (77)

Note: BP does not score in early warning scoring

Heart Rate (Number): 115bpm | 115 b/m | 115b/m | 116b/m

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10
Resp Rate (Number): 24bpm | 30 b/m | 32bpm | 28b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	97b/r	98%	99b/m	99%
Conscious Level	Normal / Altered			
GCS *		14/15		
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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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)

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FLUID CHART

Sheet No. : .....

6/7/26.

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm		Apple									
	06:00 pm		Tab.									
	07:00 pm											
Total Intake :						**Total Output :**						
8/7/26	08:00 pm		Dimeg									
	09:00 pm		+H20									
	10:00 pm											
	11:00 pm											
	12:00 am		+H20									
	01:00 am											
Total Intake :						**Total Output :**						
7/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8Am	→ Assess the baby General Condition → Monitoring vitals Clubed and Recorded.	8pm to 8Am	→ Assess the baby General Condition. → provided Comfortable position	→ vitals Clubed and Recorded.	→ Normal vitals.	Lamya

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Patient Sticker

NURSING CARE RECORD

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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							

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PAIN ASSESSMENT FORM

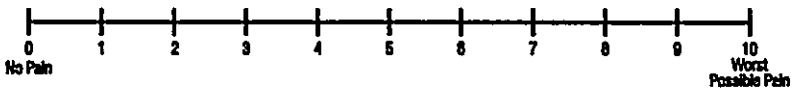
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	6a	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7/26	10am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	6am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	10am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	5/7 DAY-1			6/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	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				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	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				
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				
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				
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Ranya

Signature of Ward In Charge :

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

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

HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 5/7	5/7	5/7	6/7/26
					Time : 3AM	M5	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	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	28	28	28	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

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BRADEN 'Q' SCALE

				Date : 6/7/26	6/7/26		
				Time : E2	11		
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	
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				TOTAL SCORE	28	28	
				Evaluator's Name	SS		

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Master POLABOYINA SHREYANSH
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Mithilesh Department: PIW Date of Admission: 5/7/26

SITUATION

Diagnosis: LRTI ERD

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

BACKGROUND

Area / Shift Time	5/7 N1	5/7 M6	5/7 E2	6/7 N1	6/7 M6	6/7/26 E2
Medical Condition (Any special condition to be noted):	RD	RD	RD	RD	RD	RD.

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6°F	98.2°F	98.0°F	98.6°F	98.6°F	98.6°F
Res:	29	30	26/m	25/m	20/m	28/m
SpO_2:	96%	98%	100%	97%	99%	99%
Pulse:	131	130/m	116/m	121/m	120/m	106/m
BP:						
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	–	–	–	–	–	–

Recommendations

Safety Needs:	–	–	–	–	–	–
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Others Specify:	–	–	–		–	–
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	–	–	–	–	–	–
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Ramya	Saisri	Vaishnavi	Saisri	Saisri	Sunam
Signature :						
Date:	5/7	5/7/26	5/7/26	6/7/26	6/7/26	6/7/26
Time:	8pm	8PM	8pm	8am	2PM	8PM
Taken Over By Name :	Saisri	Vaishnavi	Saisri	Saisri	Sunam	Sunanda.
Signature :						
Date:	5/7/26	5/7/26	5/7/26	6/7/25	6/7/26	6/7/26
Time:	8am	2pm	8pm	8am	2PM	8pm

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
BACKGROUND	Area / Shift Time	6/2/26 M					
	Medical Condition (Any special condition to be noted):	RD					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	30 b/m					
	SpO_2:	100%					
	Pulse:	106 b/m					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
Recommendations	Safety Needs:	Y/Y					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	LDA					
Post Operative Procedure Special Orders:		LDA					
Handed Over By Name :		Sunada.					
Signature :							
Date:		8/2/26					
Time:		8 pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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DRUG CHART

Date of Admission: 5/07/26 Drug Allergies: N/A. ☐ 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.

13/cgs

SOS / PRN (As Required Medication)

DRUG : Syp CROCIN-DS				Date / Time
Dose: 4 ml	Route: Po	Frequency: SOS 6th hly	Start Date: 5/7	
Doctor's Signature: Pharm	Valid Period	Pharm.		
Additional Instructions: 5 ml = 240 mg				

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

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

Verified by Dr. Dhakshayani

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

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REGULAR PRESCRIPTIONS

Weight. 13 kg Ward. .....

DRUG : NEB ē LEVOLIN

Dose	Route	Frequency	Start Date
0.3/mg	NEB	2nd hrly	5/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 0.3/mg

Daily Doctor's Endorsement by a Sign

Date / Time

STOP

See the Chart

DRUG : NEB ē IPRAVENT

Dose	Route	Frequency	Start Date
1/2 ampule	NEB	6th hrly	5/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 1 ampule = 500mcg

Daily Doctor's Endorsement by a Sign

Date / Time

STOP

See the Chart

DRUG : NASOCLEAR SOLUTION

Dose	Route	Frequency	Start Date
2 D	EN	QID	5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 5/7 6/7 7/7

6am ✓ ✓ ✓

12pm Saisree ✓ ✓

6pm ✓ ✓

12am Sonia ✓ ✓

DRUG : Syp AZITHROMYCIN

Dose	Route	Frequency	Start Date
3.5ml	PO	once daily	5/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 5ml = 200mg

(7ml if 5ml = 100 mg strength)

Daily Doctor's Endorsement by a Sign

Date / Time 5/7 6/7 7/7

1pm Saisree ✓ ✓

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13/09 Ward .....

Verified by Dr. Dhakshayani

DRUG : Neb C LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3 ml/kg	Neb	3rd hourly	6/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

See the chart

Date/Time

Daily Doctor's Endorsement by a Sign

DRUG : Syp. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
(100 mg/5ml) = 7ml	PO	OD	5/7

Name & Signature of the Doctor
Starting the Drugs:
Dr. Prashanth

Additional Instructions:
7ml (100 mg/5ml)

Date/Time

Daily Doctor's Endorsement by a Sign

DRUG : Neb C LEVOLIN.

Dose	Route	Frequency	Start Dt.
0.3 ml/kg	Neb	QUH	6/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

See the Chart

Date/Time

Daily Doctor's Endorsement by a Sign

DRUG : Syp OMNACORTIL FORTE

Dose	Route	Frequency	Start Dt.
2.5ml	PO	BD	7/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions: 5ml = 15mg

Date/Time

Daily Doctor's Endorsement by a Sign

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
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DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
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Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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Weight. 13kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7	1:30AM	Inj MAGNESIUM SULFATE	1.3ml + 18.5ml NS	IV	Pram	Syotha
5/7	1:45AM	Inj METHYL PREDNISOLONE	15mg	IV	Prasanna	Syotha

Verified by Dr. Dhakshayani

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

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21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

I.V. FLUIDS CHART

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

		tion of I.V. Fluid .n ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/7	2 AM	IVF – PLASMALYTE (1/2 M)	IV	25	Pm		5/7	AP	

Signature .....

VERIFIED BY : Name .....

PATIENT TRANSFER FORM

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Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 15 D (M)
Dr. ANIKET ANIL PARASHAR

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 @ 1:42AM	6/7/26 @ 5PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Aniket Anil	DR pritesh	child is Stable
From Unit	**To Unit**	**Information to Attendant**
PICU	2nd Floor ROOM(218)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(40)	Chest x-Ray Films (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Nasoclear Nasal Drops	1
2.	Syp AZithromycin	1
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Madhu 6/07/26 @ 5:54pm

Date & Time of Patient Received : @5:54pm. 6/7/26

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

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

HNH-00016365 IP26-00006741
Master POLABOYINA SHREYANSH
21-02-2023 3 Y 4 M 14 D (M)
Dr. ANIKET ANIL PARASHAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7/26	DATE 6/7/26	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3			
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3			
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		17	17			

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

	Bed in low position		—	✓			
	Call device within reach		—	✓			
	Wheels Locked		—	—			
	Room free of clutter		—	✓			
	Adequate lighting		—	—			
	Wheel chair support		—	✓			
	Other Intervention(s) Specify		—	—			
	Nurse's Name:		Sonia	Sonam			
	Signature:						
	Date:		5/7/26	6/7/26			
	Time:		3pm	2pm			

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

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 5/7/26.

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply			✓	
Flow Between 5-7 Litres / Min			✓	
Humidifier Temperature Correct (36.5-37.5*C)			✓	
Humidifier Water Level Correct			✓	
Proper Oxygen Tubing From Blender to Humidifier.			✓	
Tubing Correctly Placed (Position & Leak)			✓	
Excess Fainout (Afferent Tubing) Drained			—	
Excess Rainout (Efferent Tubing) Drained			—	
Temperature Probe away from Heat / Cover with Aluminium Foil			—	
Gas Bubbling Continuously			✓	
Water Level at Desired Level in Bubble Chamber.			✓	
INTERFACE:				
Nasal Prong / Mask Correct Size			✓	
Nasal Prong/ Mask Correctly Placed			✓	
Hat Fits Snugly			—	
Moustache Suitable and Effective			—	
Nasal Bridge Intact			—	
Septum Intact			—	
POSITION:				
Head Position Correct			✓	
Head Roll - Correct Size and Position			✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring			✓	
Oro Nasal Suctioning Documentation			—	
OG Tube in SITU			—	
Baby Comfortable			✓	
Chest Retractions			✓	
Name of the Nurse:			Sonia	
Signature of the Nurse:			[signature]	
Date & Time:			5/7/26 at 3 PM	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 5/4/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	–	–	–	
Excess Rainout (Efferent Tubing) Drained	–	–	–	
Temperature Probe away from Heat / Cover with Aluminium Foil	–	–	–	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	–	–	–	
Moustache Suitable and Effective	–	–	–	
Nasal Bridge Intact	–	–	–	
Septum Intact	–	–	–	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	–	–	–	
OG Tube in SITU	–	–	–	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:			Sai	
Signature of the Nurse:			S	
Date & Time:			05/7/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/7/26 Time: 4pm

Weight: 13kg Centile: 10th

Height: — Centile: —

Inference: underweight child

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

Diet Recommendations: soft diet with high protain

Re-Assesment: Avoid spicy, Chilled & outside foods

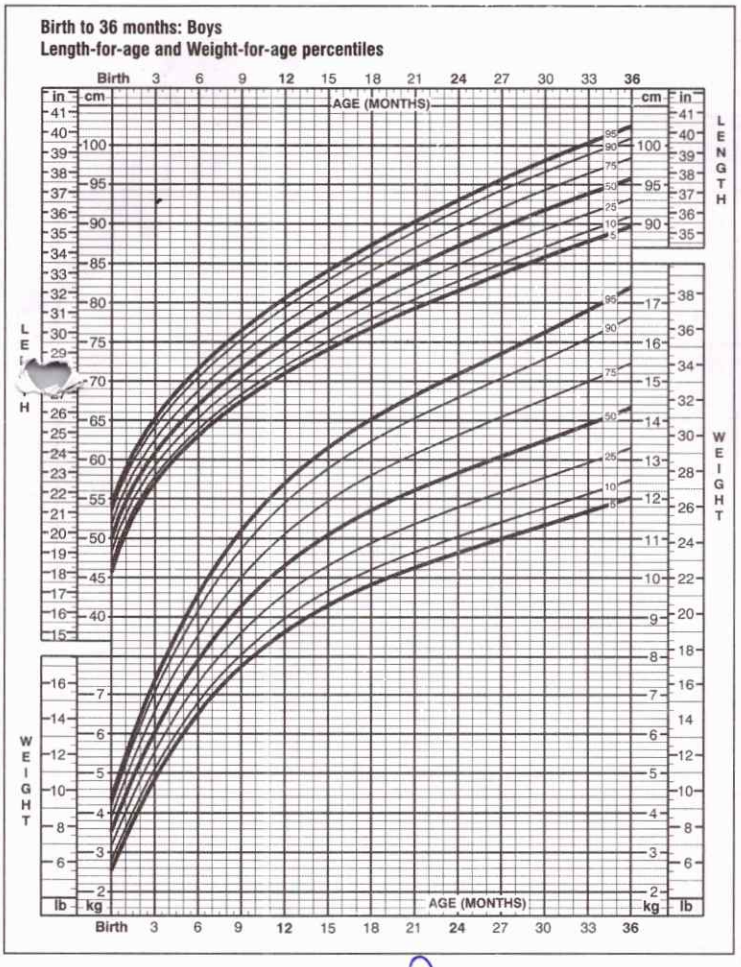
Food Allergies: ND Veg/Non-veg Veg

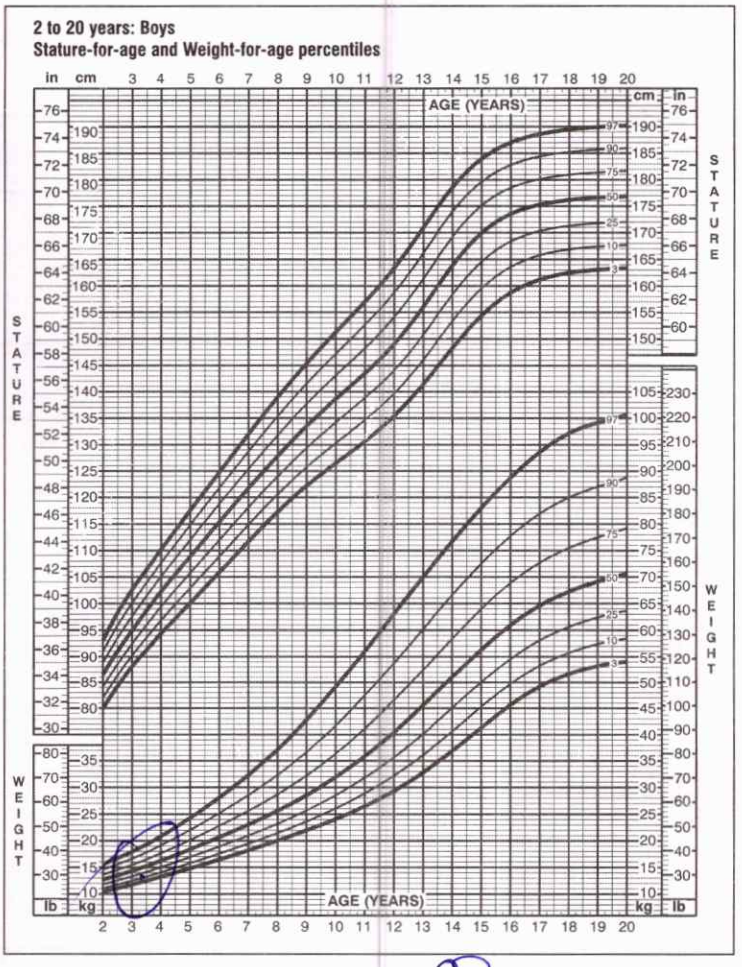
Diagnosis: WALRI CRP

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Shilpa

GROWTH CHART (BOYS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

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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: ..... ER ..... Shifted to: ..... PICU .....

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. Pranav .....

Date & Time : ..... 5/07/26 @ 1:20Am .....

Nurse Name & Signature: ..... Shivaling .....

Date & Time : ..... 5/07/26 @ 1:25Am .....

PATIENT TRANSFER FORM

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Dr. ANIKET ANIL PARASHAR

	Date & Time of Admission	Date & Time of Transfer Order
	5/07/26 @ 1:42Am	5/07/26 @ 2:30Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. pranav	Admission
From Unit	To Unit	Information to Attendant
~~ER~~	PICU	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
15+/-	X-ray - (1) file	☐ 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
Shirisha	Dr. pranav

Patient & Clinical Records Received by : Lavanya 5/7/26 at 2:30Pm.

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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wt - 13.1kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : shreyansh. mahadev Age : 3yrs 4 months Gender: ☑ Male ☐ Female

Date : 5/7/26 Time of Arrival : 1:10Am

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: 98.4°F PR: 136b/m BP: ..... RR: 66b/m. SpO_2: 93%.

Chief Complaints: clo, Cold, Cough yesterday, fast breathing evening

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

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

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

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 : Bhargavi

Signature of Triage Nurse : .....

Date & Time : 5/7/26 @ 1:12 Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/7/26 Time of arrival : 1:14 Am

Chief Complaints: c/o. fast breathing RBS: .....

Height : ..... Weight : 13.1kg 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 : B @ 1:15 Am

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

Time	Nursing Notes
1:17Am	Assess the pt Condition monitore the vitals

Samples collected by: Jyothe. Time:

Samples sent by : Time: 2pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:15Am	levolin	Neb	0.31mg	Dr. pranav	B
1:20Am	Ipravent	NEB	1/2 respule of 500mcg	Pranav	
1:23	Levolin	NEB	0.31mg	Pranav	
11:40Am	"	"	"	Dr. pranav	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 136bl/m BP: ..... CFT:	Shift - out from ER to: PICU
RR: 66bl/m SPO$_2$: 93%	Time of Shift - out: 2:30Am
GCS: ..... Temperature : 98.4°F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 5/7/26 @ 1:20Am

CONSENT FOR SPECIAL PROCEDURES

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Dr. ANIKET ANIL PARASHAR

Patie ..... Gender: ☑ Male ☐ Female

UHII ..... Department : ..... Date : .....

I ..... S/D/W/O .....

Here by give consent for procedure of : .....

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:

..... HFNIC .....

.....

.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

..... Mech vent .....

.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: ..... Dr. Aniket .....

Patient Attendant :

Signature : P. Hari .....

Name : P. HARA SHANKAR .....

Relationship with Patient: FATHER .....

Date & Time : 5/7/26 @ 8AM .....

Witness :

Signature : .....

Name : Saisri .....

Date & Time : 5/7/26 @ 8AM .....

Doctor (who is taking the consent) :

Signature : .....

Name : Aniket .....

Date & Time : .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Master POLABOYINA SHREYANSH
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Dr. ANIKET ANIL PARASHAR

Nar ..... Age: 3yr..... Gender: Male ☑ Female ☐

UH ..... Date: 5/7/26

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby P. Shreyansh who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

Fast breathing - Respiratory distress

.....

.....

The doctors have clearly explained to me that my patient Master / Baby ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : .... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: P. HARI SHANKAR

Relationship with Patient: FATHER

Date & Time: 5/7/26 @8AM

Witness :

Signature: .....

Name: Saisri

Date & Time: 5/7/26 @8AM

Doctor (who is taking the consent) :

Signature: .....

Name: PRANAV

Date & Time: 5/7/26