DISCHARGE SUMMARY

Name	Master POKALA PRANAV RAJGOPAL	**UHID**	HNH-00016246
Father/Guardian	Mr POKALA LAXMAIAH	**Age/Gender**	16 Y 5 M 1 D/ Male
Address	H.NO:-4-1-821/B,VIKARABAD, Vikarabad, Ranga Reddy, Telangana, INDIA, 501101		
IP No	IP26-00006685	**Admission Date**	29-06-2026
Ref Doctor	Dr Haranath M		
Discharge Date	01.07.2026		

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

DIAGNOSIS	ICD CODE
INFLUENZA B ILLNESS WITH DEHYDRATION	

History: Master POKALA PRANAV RAJGOPAL, 16 Y 5 M 1 D , old boy presented with history of fever associated with cough since 5 days , poor oral intake , reduced urine output, dull activity, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 136/min, Blood pressure - 116/67mmHg and Respiratory Rate - 34/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well

Name	Master POKALA PRANAV RAJGOPAL	UHID	HNH-00016246
IP No	IP26-00006685	Admission Date	29-06-2026

felt. Mild Respiratory distress present in the form of tachypnea, subcostal retractions. On examination Signs of dehydration were present, redness of eyes, 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 with bilateral crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 53 kilo grams.

Investigations: Enclosed reports.
GeneXpert SARS-CoV-2,FluA+FluB+RSV were sent, which shows:

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

Initial hemogram showed Hemoglobin of 14.5 gm%, White Blood Cell count of 4940 cells/cumm, platelet count of 2.06 lakhs/cumm and C-Reactive Protein of 20 mg/l. Complete urine examination shows- Pus cells - 5-6, epithelial cells - 3-5, RBCS - 8-10.
Dengue NS1 & IgM were negative.

Chest X-ray was normal.

Management: He was admitted in the ward and was started on Intra Venous

Name	Master POKALA PRANAV RAJGOPAL	**UHID**	HNH-00016246
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fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics . In view of chest signs started on 3%NS nebulizations .

In view of fever , decreased activity decreased acceptence of feeds and eye congestion base line investigations and respiratory panel was sent , showed positive for Influenza B started on Syp Oseltamavir .

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

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

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

Medication during hospital stay:
Injection. Pantop
Injection. Ceftriaxone
Injection. Ondansetron
T-montair LC
Syrup. Reswas
Capsule Fluvir
Nasivion Drops
3% NS hyperneb

Name	Master POKALA PRANAV RAJGOPAL	**UHID**	HNH-00016246
IP No	IP26-00006685	**Admission Date**	29-06-2026

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. Montair LC (10 mg)	1 tablet	8am - 8pm (after food)	For 2 days.
2	Syrup. Reswas	5 ml	thrice daily	For 2 days
3	Tablet. FLUVIR 75 mg	1 tablet	9am-9pm (after food)	For 4 days.
4	Nasivion drops	2 drops	thrice daily	For 3 days
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect blood culture report on follow up.

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

Regular followup with Dr Haranath M on Thursday (02.07.2026) at his clinic.

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.

Name	Master POKALA PRANAV RAJGOPAL	**UHID**	HNH-00016246
IP No	IP26-00006685	**Admission Date**	29-06-2026

* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

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

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

Parent/ Attender

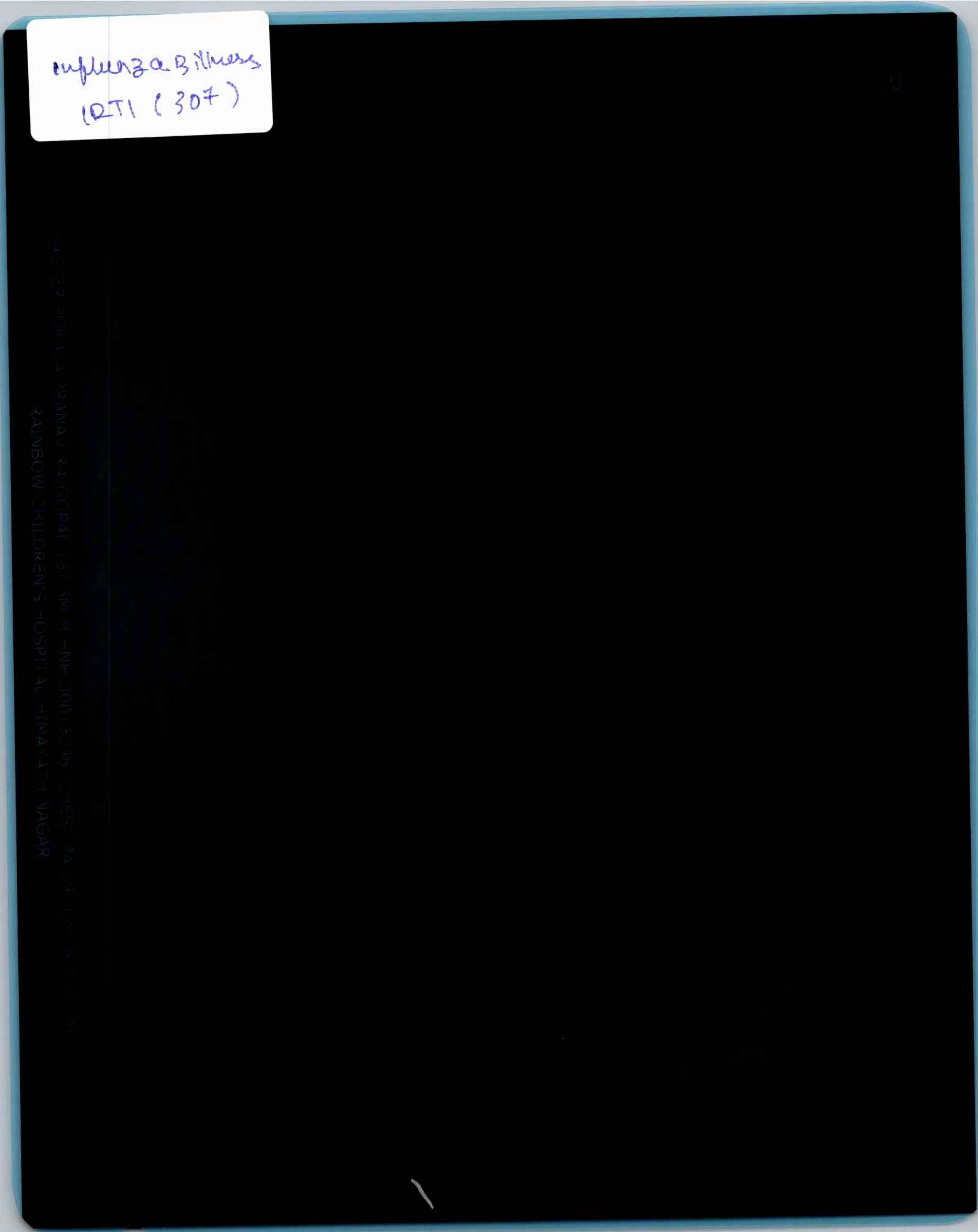
In case of emergency contact 9154865030 emergency pediatrician on duty.

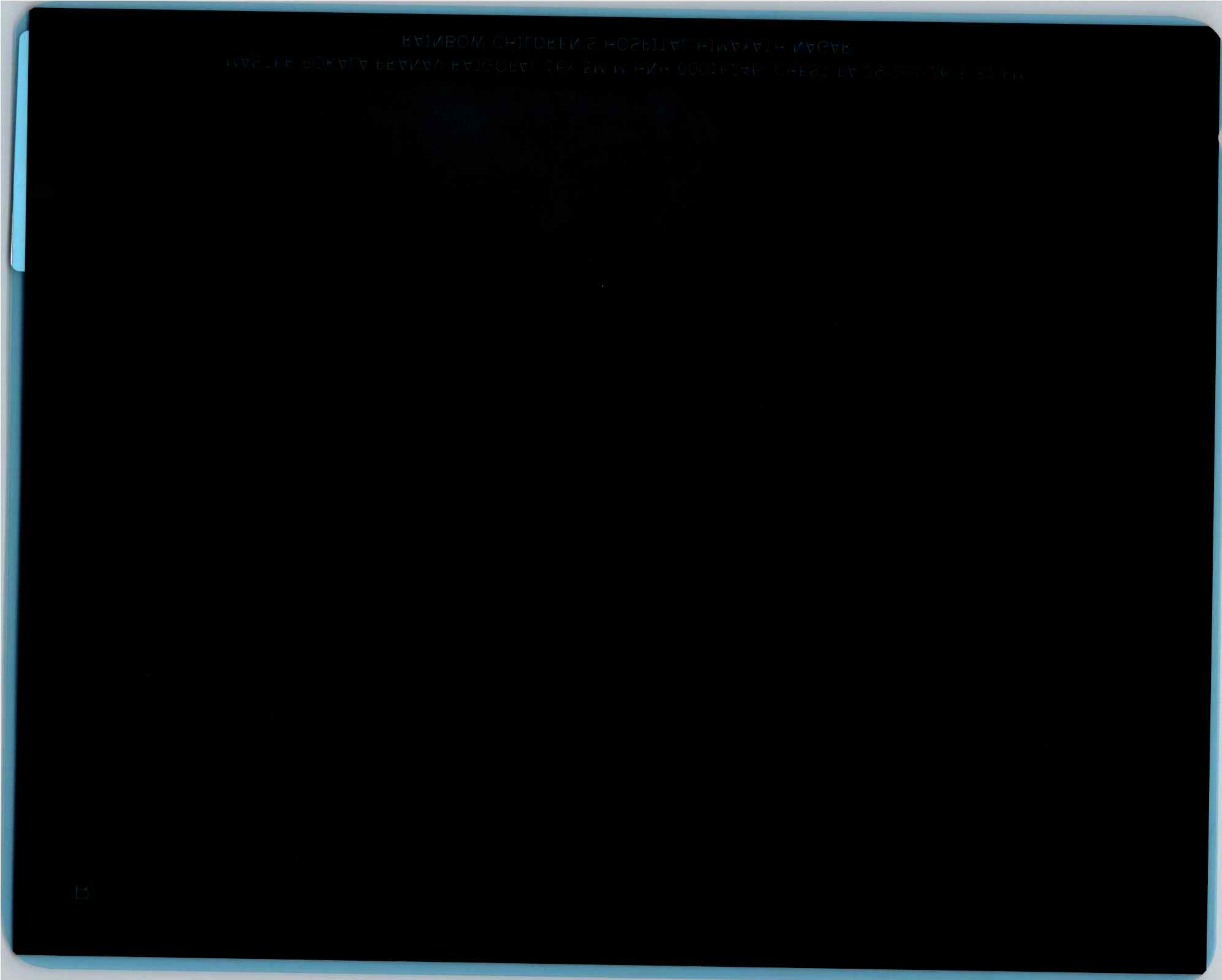
To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** / dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

influenza B illness
LRTI (307)

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ACTIVITY

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Date of Admission : 29/06/26 Time : 2:45pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 3rd floor Ward : 213 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/06/26	3:40pm	ER	3rd floor/313	

Cross Consultation Visit

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CXR (PA)	7741	
29/6/26	CBP, CRP, Blood c/s	10605	
	Respiratory panel		
	Dengue NS1 + Dengue IgM	10634.	
29/6/26	CUE	10615	
		cross checked done by maheshwari	
	Cross cued by Rani 1/7/26 @ 9:40 AM		

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/06/26	Infusion pum	4pm	1/7/26 @ 4am	9290	[illegible]
				crosschecked	done by maheshwari

cross checked by [illegible] 1/7 [illegible]

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/06/26	I/v placement	①	9279	
29/6/26	NHA	①	9308	

cross checked done by maheshwari

cross checked by Ri 1/7/26 e9AM.

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 : HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

History of present illness :

c/o fever : 5 days
cough : 5 days
poor oral intake
reduced urine output
dull activity

fever × 5 days, high grade, documented upto 104 F, a/w chills, partially relieved on oral medications a/w abdominal pain in right Illiac region

Cough × 5 days, dry, type, aggravated during night

a/w poor oral intake
reduced urine output
dull activity
received Tuxim & Tazi × 2 days

Outside reports :- CBP :- Hb :- 14.4/ TLC - 6.66k
plt :- 2.34 lakh (N/L - 70.5/10.7)
CRP :- 9
Widal :- (1:80) → Typhi O & H Ag
Malaria - Negative

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Normal

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Up to age

Anthropometry

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

Weight (kgs) 53 kg (Centile _____)

On Examination :

Temperature : 102 F Pulse Rate: 136/min Description _____

B.P. 116/67 mm Hg SPO2 98% @ RA at _____

Resp. rate and type of breathing : _____

Redness of eyes (+)

Rash Throat - Congested

Lymphadenopathy Signs of dehydration (+)

Oedema : dry tongue, lips

Sunken eyes (+), Skin activity reduced & urine output

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE (+) B/L crepts (+).

Any addes sounds : B/L Crepts (+)

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 : $S_1 S_2$ (+)

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

NAD

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

(Lower Respiratory Tract Infection) LRTI & Dehydration.

Preventive aspects of the treatment :

prevent complications

Desired goals of the treatment :

Planned Labs :

CBP. CRP,
TBcood C/S
CUE + (DUE)
(2 plain samples).
Chest X-ray AP view
Respiratory panel (5 virus)

Planned Management :

- IV fluids 2/3rd N/4
- TAB. PARACETAMOL SOS
- Inj Ondansetron SOS
- Pain OD

Notes by Aparna

Please fill up the following details

1. Name of the Referring Doctor : Dr. Haranath.
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. Sindhura-M on
   whose name the patient is being referred

Dr. Munukuntla Sindhura
Consultant Pediatrician
Reg. No: 66970

Doctor's Signature Name _____ Date 30/6/26 Time 2:15pm

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20	S/B Dr. Sindhura.M	
2:30pm		
	Child dull	
	Temp - 103F	
	tachycardia (+) HR - 150/m	
	Resp - BAE (+)	
	B/L crepts (+)	
	Signs of dehydration (+)	
	D/s LRTI	c̄ Dehydration
		Adv
		1) IV fluids
		2) Antibiotic after CBP, CRP
		3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 5:30PM	c/s/b Dr. Sindhura	
	Δ - LRTI c̄ dehydration	
	- fever (+), cough present.	
	- Oral intake - poor	
	- D+1.	Plan
	O/E - vitals stable.	
		~~- Send 25 OH Vit D & TFT in the same sample.~~
	S/E - R/S - BAE (+),	
		- Start IV ceftriaxone
	send dengue NS1 IgM] in the same sample	- Trace CUE, CRP, blood c/s and respiratory panel.
		- Add syp. Ttowas & Nasivion drops.
		- [illegible]
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	S/ Sindhura [signature] Tannuja-M
		Noted by [signature] 29/6/26 @ 8pm

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 7:35 AM	C/S/B - Pr. Prashanti / Dr. Thanvi	
	A - cRTI C dehydration.	
	fever Spike +	
	oral intake poor	
	DNK.	
	O/E vitals stable.	Plan
	O°C	
	S/E	- ~~Chest~~ Trace
	RS - clear	Blood c/S / Respiratory panel.
	CVS - S_1S_2 +	- ceftriaxone D2
	CNS - WNL	- monitor vitals
	P/A - Soft	- SOS Analgesic - Paracetamol
	(R)	
	C/O hand pain @ thumb	
	- agg on writing.	
	- subsides on its own.	
	since 3 days.	

HNH-00016246 IP26-00006685
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 10 AM	S/B Dr. Sindhura	
	Dx: Influenza B illness URTI	Advice
	2 fever spikes in last 24 hours oral intake - poor cough (+)	• watch for fever spikes • To Improve oral acceptance • Ct Ceftriaxone 2g BD • Ct symptomatic support • Start oseltamivir 75mg PO BD
	O/E HR - 72 bpm RR - 18/min PP - WF SpO2 - 98% @ RA Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 86870	
	S/E CNS - conscious RS - AEBE, B/L conducted sounds (+)	Medicine DR-SINDHURA MD
30/6 3pm	S/B Dr Pranav	
	LRTI - Influenza B illness Last fever - 101.2°F @ 10 AM Cough (+) Oral intake - less	Rx
	Vitals Stable RS - B/L AE (+), Conducted sounds (+)	1) Cap Fluvir 2) Inj Ceftriaxone 3) Ct Rest 3rd 4) Trans Blood c/s & Adm 5) Monitor Vitals
		Pranav

noted by Sr. Sandhya 30/6/26 3PM

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/26 8pm	c/s/o Dr. Sindhura Influenza TS illness - URTI Fever ⊕ Cough ⊕ Accepting orally O/E: Ent fair Vitals stable Hydration - good CVS: RS: TS LAE ⊕	Adv - Cont. same treatment - 3% NS NEB 6H - Monitor vitals and Inform SOS - Tab. Paracetamol SOS N/B Dipyridamole @8pm Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

HNH-00016246 IP26-00006685
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29-01-2010 16 Y 5 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/2/26	C/S/O Dr. Varun / Dr. Sushanth.	
	Influenza B illness with LRTI.	
	- fever (+).	
	- cough (+).	
	O/E - vitals stable.	Plan
	S/E - WNL.	- Ct. NEB 3% NS QGH.
		- Ct. ceftriaxone, fluvir & other meds.
		V2

HNH-00016246 IP26-00006685
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29-01-2010 16 Y 5 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/2/26 10:40 AM	S/B Dr-Sindhura	
	- Influenza	B Seen
		Advice
	fever spikes (+)	
	cough (+)	
	pain per abdomen - improved	- Discharge today
	oral intake - fair	
		- F/U Dr. Harnath via today.
	o/e vitally stable	
	S/E	
	RS: AEBE, B/L conducting sounds (+)	
		[signature] Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 [signature]

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016246 IP26-00006685
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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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.

53kg

SOS / PRN (As Required Medication)

DRUG: INJ. ONDANSETRON				Date / Time	29/6	30/6
Dose	Route	Frequency	Start Date			
4mg	IV	SOS/6H	29/06	4:30	[signature]	
Doctor's Signature	Valid Period	Pharm.				
[signature]		[signature]				
Additional Instructions:						

DRUG: TAB. IBUGESIC (400mg)				Date / Time	29/6
Dose	Route	Frequency	Start Date		
1 tab	PO	SOS/8H	29/06	9:30 am	[signature]
Doctor's Signature	Valid Period	Pharm.			
[signature]		[signature]			
Additional Instructions:					

DRUG: TAB. PARACETAMOL				Date / Time	1/7
Dose	Route	Frequency	Start Date		
650mg (1tab)	PO	SOS/6H	29/06	8:30	[signature]
Doctor's Signature	Valid Period	Pharm.			
[signature]		[signature]			
Additional Instructions:					

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY: Name / Signature

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

53kgs

Verified by Dr. Dhakshayani

DRUG : INJ. PANTOP(RAZOLE)

Dose	Route	Frequency	Start Date	Date ▸ Time ▾	29/6	30/6	1/7/26
40mg	IV	OD	24/06	6AM	4:30		

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. PARACETOMOL

Dose	Route	Frequency	Start Date	Date ▸ Time ▾	29/6	30/6
1 tab (650mg)	PO	6H	24/06	6A	X	
				12P	X	
				6P	2:30pm INEL	
				12A		

STOP

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T- MONTAIR LC (10mg)

Dose	Route	Frequency	Start Date	Date ▸ Time ▾	29/6	30/6
1	oral	Q24H	29/6/26	10pm		

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : SYP. RESWAS

Dose	Route	Frequency	Start Date	Date ▸ Time ▾	29/6	30/6	1/7/26
	PO	TID	29/6	6AM			
				2pm			
				10pm			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 53kg Ward ....

				Date/Time	29/6	30/6	1/7/26
DRUG : NASIVION DROPS							
Dose	Route	Frequency	Start Dt.				
20	Nose	TID	29/6	6AM			
Name & Signature of the Doctor Starting the Drugs:				2pm	6pm		
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							
DRUG : Inj. CEFTRIAXONE				Date/Time	29/6	30/6	1/7/26
Dose	Route	Frequency	Start Dt.				
2gm	IV	BD	29/6	6am			
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				6pm			
Daily Doctor's Endorsement by a Sign							
DRUG : Cap FLUVIR				Date/Time	30/6	1/7/26	
Dose	Route	Frequency	Start Dt.				
1 cap	PO	BD	30/6/26	6am			
Name & Signature of the Doctor Starting the Drugs: Dr Archana							
Additional Instructions: (OSELTAMIVIR 75mg)				6pm			
Daily Doctor's Endorsement by a Sign							
DRUG : 3% NS (HYPERNEB)				Date/Time			
Dose	Route	Frequency	Start Dt.				
3ml	NEB	6H	3·/06		See the chart		
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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

Verified by Dr. Dhakshayani

VERIFIED BY : Name Signature

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Weight. 53kgs 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
1/7/26	8:30AM	Inj ONDEM	4mg	IV	[signature]	[signature]

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Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 53 kgs Ward. .....

		osition 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
29/06	2 3° PM	IVF - DNS (2/3 maintenance)	IV	60	Sindhura		30/6		
30/6	3 PM	IVF - DNS	IV	30					

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... ER ..... Shifted to: ..... 3rd flr / 313 .....

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. Bhusan .....

Date & Time : ..... 29/06/26 @ 2:40PM .....

Nurse Name & Signature: ..... Atanu .....

Date & Time : ..... 29/06/26 @ 3:40PM .....

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

3% NS 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
1/7/26	01.00			
	02.00	2- 9670		
	03.00			
	04.00	3% NS (2)		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	3% NS (1) 9705		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
30/8/24	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			
	21.00			
	22.00	3%. NS (1)		
	23.00			

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

30 (307)

RESULT SHEET

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Date	29/6/26					
Time						
Hb	14.5					
PCV	41.2					
RBC	4.82					
WBC	4.94					
N/L						
Platelets	206					
CRP	20					
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						

P.T.O.

Date	29/6/26					
Time						
CUE-Alb						
CUE-Sugar	NIL					
CUE - Ketones	(T)					
CUE-PUS Cells	5-6					
CUE - RBC Cells	8-10					
CUE - Epithelial	3-5					
Nitrite	Θ ve					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Dengue NS1 + IgM	(-) ve					
* Influenza B	(+ve)					

Culture and Sensitivities : Blood c/s

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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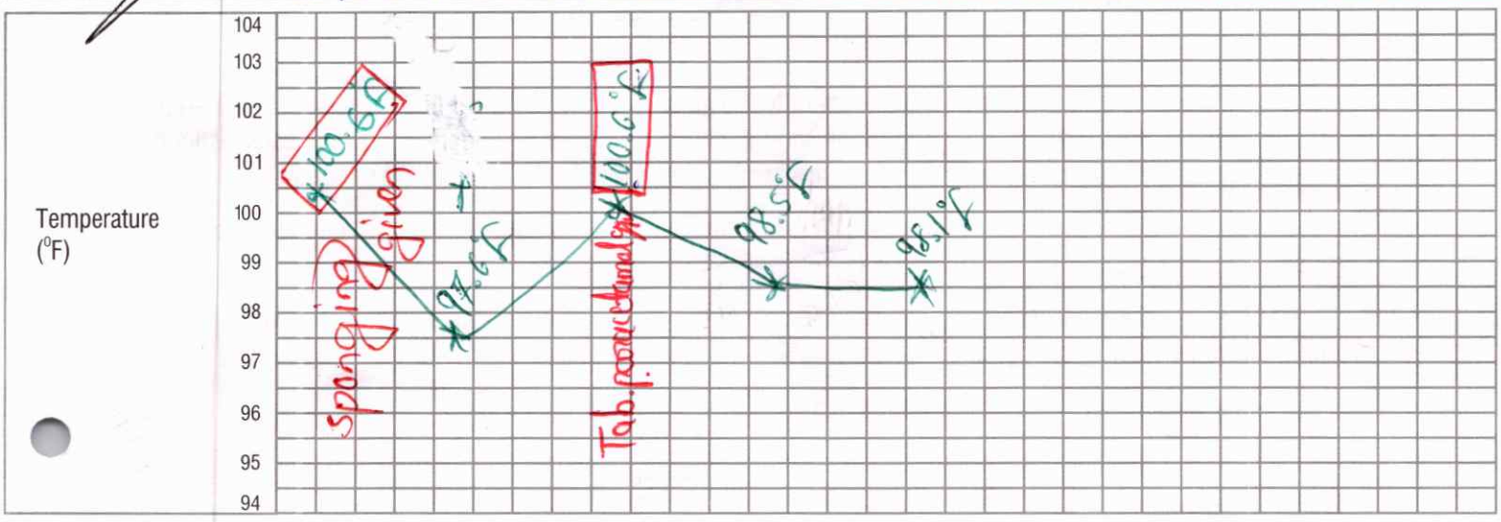
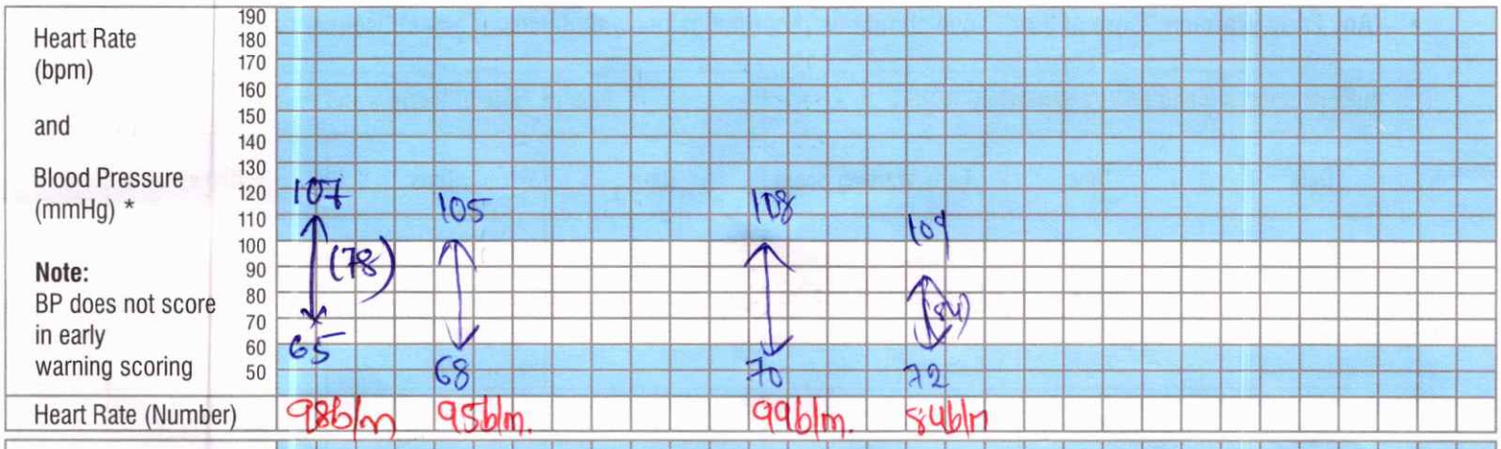
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

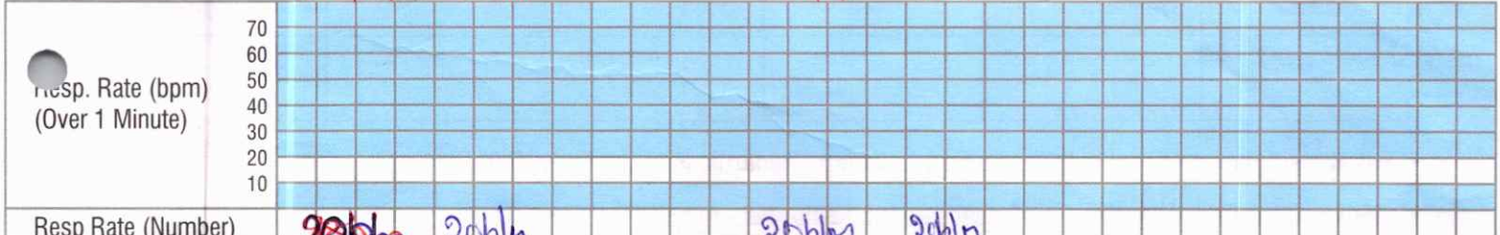
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time:	6 30 pm	10pm	12Am	2Am	7Am.
Doctor / Nurse / Family Concern?					





Heart Rate (Number)	98b/m	95b/m.	99b/m.	84b/m



Resp Rate (Number)	20b/m	20b/m	20b/m	20b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%	99%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	SA	SA	SA	SA

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

1 / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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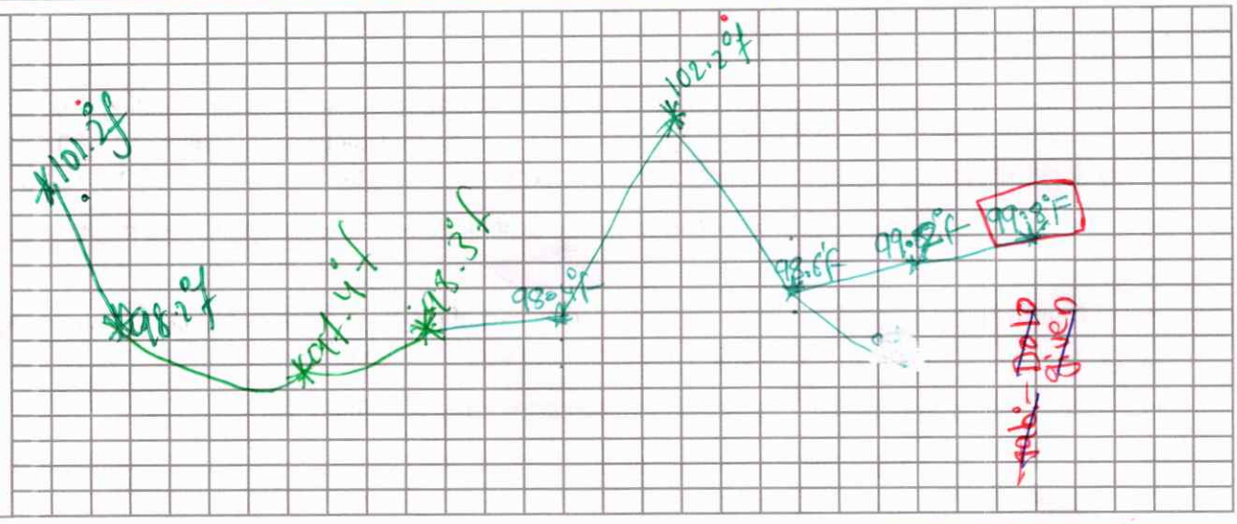
VARNING SCORE: CHILDREN'S UNIT

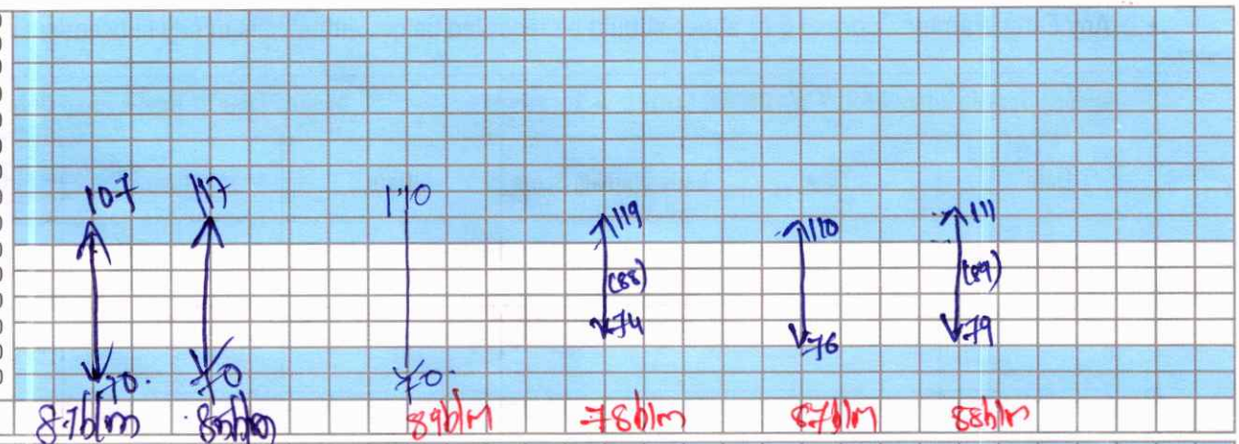
Date : ..... 30/1 Time:	10pm	2pm	4pm	6pm	10 PM	12AM	2 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?									

Temperature (°F)



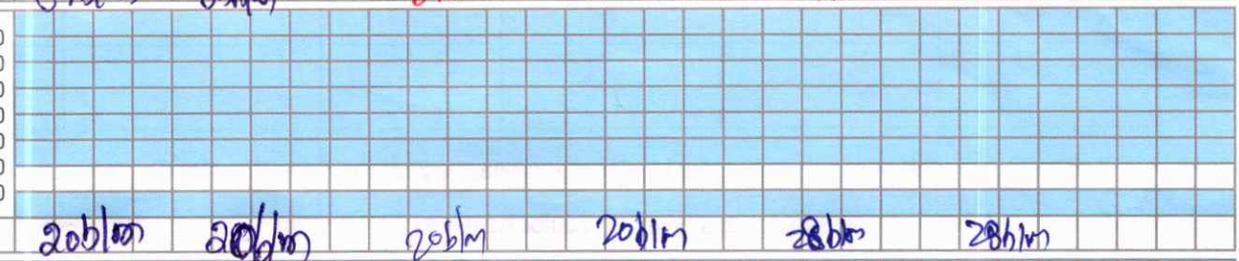
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	87bpm	88bpm	89bpm	78bpm	87bpm	88bpm

Resp. Rate (bpm) (Over 1 Minute)



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

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
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	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* 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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- 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!
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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)
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-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

IBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1.1.26 Time: 10 am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.1°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe
	None / Mild

Receiving O_2(l/min)

O_2Saturations (%)

Conscious Level	Normal
	Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

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
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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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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-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
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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 :**						
29/6	02:00 pm			60ml								
	03:00 pm			60ml								
	04:00 pm	DNS	apple	60ml								
	05:00 pm		Juice	60ml			NO				?	
	06:00 pm			60ml								
	07:00 pm			60ml								
Total Intake : Taken						**Total Output :** U – 2					NIL	
29/6	08:00 pm			60ml								
	09:00 pm			80ml								
	10:00 pm		Jelly	60ml								
	11:00 pm	DNS	*	60ml		NIL	0	NIL			0	
	12:00 am		Tea	60ml								
	01:00 am			60ml								
Total Intake :						**Total Output :**						
30/6	02:00 am			60ml								
	03:00 am			60ml								
	04:00 am			60ml								
	05:00 am	DNS		60ml		NIL	0	NIL			6	
	06:00 am			60ml								
	07:00 am			60ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
30/6	08:00 am			60 ml								
	09:00 am			60 ml								
	10:00 am	DNS		60 ml								
	11:00 am			60 ml								
	12:00 pm			60 ml								
	01:00 pm			60 ml								
Total Intake : Taken										Total Output : U -		M -
30/6/26	02:00 pm			30 ml								
	03:00 pm			30 ml								
	04:00 pm	DNS		30 ml								
	05:00 pm			30 ml								
	06:00 pm			30 ml								
	07:00 pm			30 ml								
Total Intake : Taken										Total Output :	U - 2	M -
30/6/26	08:00 pm			30 ml								
	09:00 pm			30 ml								
	10:00 pm	DNS		30 ml								
	11:00 pm			30 ml								
	12:00 am			30 ml								
	01:00 am			30 ml								
Total Intake :										Total Output :		
1/7/26	02:00 am			30 ml								
	03:00 am			30 ml								
	04:00 am	DNS		30 ml								
	05:00 am			30 ml								
	06:00 am			30 ml								
	07:00 am			30 ml								
Total Intake :										Total Output :		

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm	→assess the pt condition → monitor vitals & record → maintain I/o chart → Administer medication as per drug chart	2pm to 8pm	→Assessed the pt condition → monitored vitals & recorded → maintained I/o chart → Administered medication as per drug chart	→ 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.	→ Re assessed the vitals.	

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Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	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	⇒ pt is stable	⇒ Rechecked vitals	
Afternoon	2PM / 8PM.	→ Assess the general condition of pt. → Monitor vitals → Maintain I/o chart → Administer medication	2PM / 8PM	→ Assessed the general condition of pt. → Monitored vitals. → Maintained I/o chart → Administered medication	→ pt is stable.	→ Re-assess vitals.	
Night	8pm 8am	→ Assess the pt condition - monitor vitals & I/o chart - drug as per chart → provided comfortable position		→ Assessed the pt condition → monitored vitals & I/o chart → drug as per chart → provided comfortable position	pt is stable	Rechecked vitals	

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	29/6 DAY-1			30/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	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				
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				
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				
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				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/1	29/01/26	30/6
		Score	25	25	25
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/6			Fall Risk Grading		
		Score	E2					
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0			Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20	20					
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			20					
		Signature	M					

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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PAIN ASSESSMENT FORM

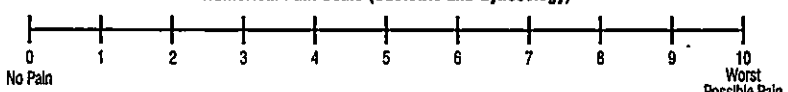
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
30/6	6Am	0/0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
30/6	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
30/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
30/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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BRADEN 'Q' SCALE

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					Date : 29/6	29/6	30/6	1/7
					Time : 22	N	6 AM	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
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	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	3	4	4
					TOTAL SCORE	22	26	23	27
					Evaluator's Name				

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

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: LRTI & Dehydration

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

BACKGROUND

Area / Shift Time	29/6 E2	29/6 N1	30/6 M1	30/6 E2	30/6/26 N1	
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	

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:	100.6°F	98.1°F	98.1°F	98.4°F	97.2°F	
Res:	20 b/m	20 b/m	20 b/m	20 b/m	20 b/m	
SpO_2:	99%	99%	99%	99%	99%	
Pulse:	87 b/m	89 b/m	87 b/m	86 b/m	78 b/m	
BP:	110/70	105/65	107/62	110/65	110/60	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	—	—	—	—	

Recommendations

Safety Needs:	—	Yes	Yes	Yes	Yes	
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:	NA	—	—		—	
Post Operative Procedure Special Orders:	NA	—	—	—	—	
Handed Over By Name :	Swetha	mahi	Swetha	Sandhya	Divya	
Signature :						
Date:	29/6/26	30/6/26	30/6/26	30/6/26	30/6/26	
Time:	8pm	8AM	8PM	8PM	8AM	
Taken Over By Name :	mahi	Swetha	Sandhya			
Signature :						
Date:	29/6/26	30/6/26	30/6/26			
Time:	8pm	8AM	8PM			

HNH-00016246 IP26-00006685
Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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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						
	Medical Condition (Any special condition to be noted):						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	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 :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/6/26 Time: 5pm

Weight: 53kg Centile: 50th

Height: 5.8 Centile:

Inference: well nourished child

RDA: - Calories: 1900kcal/d Protein: 3hgms/d

Diet Recommendations: Normal high protein diet with more liquids

Re-Assesment: Avoid spicy, chilled & outside foods

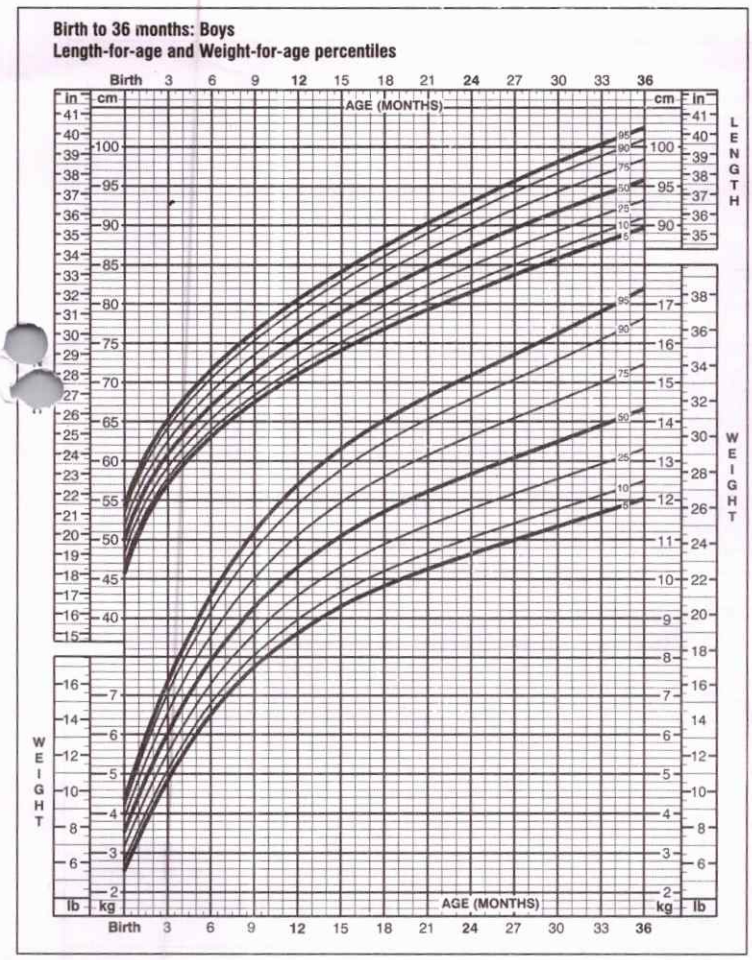
Food Allergies: NO Veg/Non-veg veg.

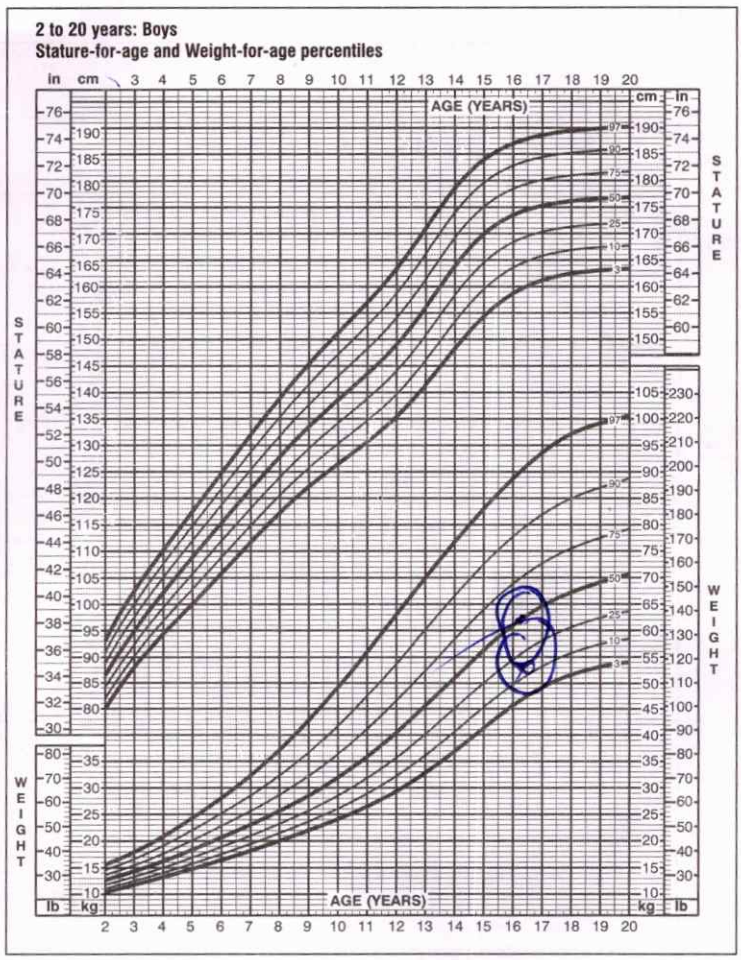
Diagnosis: LRTI & dehydration

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Pranav

GROWTH CHART (BOYS)





Dietician's Name Sathwika.h Dietician's Signature

Daily Notes:

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Master POKALA PRANAV RAJGOPAL
29-01-2010 16 Y 5 M 0 D (M)
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wt - 53.4 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Pranav Rajgopal. Age : 16y. **Gender:** ☑ Male ☐ Female

Date : 29/6/26 Time of Arrival : 2:10 Pm.

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: 102.2°F PR: 102 b/m BP: 116/60 (81) RR: ..... SpO_2: 100%

Chief Complaints: c/o Fever. Cold cough x 5 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.

Bhavana
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 2:12 Pm

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 : Afsana.

Signature of Triage Nurse : .....

Date & Time : 29/06/26 @ 2:12 Pm.

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/06/26 Time of arrival : 2:14 PM.

Chief Complaints: c/o Fever cold cough x5 days. RBS: .....

Height : ..... Weight : 62 kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ 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): 29/06/26 @ 2:14 PM

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 2:14 PM

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

Time	Nursing Notes
	Assessed the Patient general condition
	monitoring done

Samples collected by: / Apeksha @ 20/06/26 Time: /

Samples sent by : Time: 3:15pm

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: 110 b/m BP: ..... CFT:	Shift - out from ER to: 2nd Floor / 213
RR: ..... SPO_2 : 98%	Time of Shift - out: 3:40 pm.
GCS:..... Temperature : 99.3°F	Handover given to: .....
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Aparna Signature of the Nurse :

Date & Time : 20/06/26 @

PATIENT TRANSFER FORM

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HNH-00015246 IP26-00006685 Master POKALA PRANAV RAJGOPAL 29-01-2010 16 Y 5 M 0 D (M) Dr. SINDHURA MUNUKUNTLA	Date & Time of Admission 28/06/26 @ 3:15 pm	Date & Time of Transfer Order 29/06/26 @ 3:30 pm
	Transfer Ordered by Dr, Shushanth.	Reason for Transfer Admition.
From Unit ETR	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Atom	Dr, Shushanth.

Patient & Clinical Records Received by : : 29/6/26 @ 3:30 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