

DISCHARGE SUMMARY

Name	Baby Of K POOJA	UHID	HNH-00009615
Father/Guardian	Mr K DEVENDAR	Age/Gender	0 Y 10 M 0 D/ Female
Address	FLAT NO 303, SOMWAY TOWERS, Narayanguda, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006438	Admission Date	27-05-2026
Ref Doctor	Self.		
Discharge Date	30.05.2026		

Consultant:

Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
? DISTAL RENAL TUBULOPATHY	
? AME LIKE PHYSIOLOGY	

History: Baby Of K POOJA , 0 Y 10 M 0 D , old girl presented with the history of again fever, cold and cough since 3 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

OPD investigations: Done on 27.05.2026:

Urine culture and sensitivity shows no growth after 24 hours of incubation
C3 QUANTITATION 163 mg/dl

Name	Baby Of K POOJA	UHID	HNH-00009615
IP No	IP26-00006438	Admission Date	27-05-2026

C4 QUANTITATION 29.7 mg/dl

SPOT Creatinine 41.5 mg/dl. Spot Urine Calcium was 1.0

Urea was 113 mg/dl. Creatinine was 0.5 mg/dl. Calcium 9.5 mg/dl. Serum electrolytes showed sodium of 129 mmol/L, potassium of 2.8 mmol/L & Chloride of 72 mmol/L. Uric acid 10.3 mg/dl. Bicarbonate was 40 mmol/L.

Spot Urine Electrolytes

SPOT URINE FOR CHLORIDES	15	mmol/L
SPOT URINE POTASSIUM	18.1	mmol/L
SPOT URINE SODIUM	12	mmol/L

Examination: She was afebrile, maintaining saturations at room air , Her heart rate was 145 /min, Blood pressure - 112/74(84) mmHg (>99th centile) and Respiratory Rate -32 /min. Pedal edema and periorbital edema was present. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. On neurological examination, She was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 7.1 kilo grams.

Investigations: Enclosed reports.

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Serum electrolytes showed sodium of 135 mmol/L, potassium of 2.9 mmol/L & Chloride of 83 mmol/L. Albumin 3.7 g/dL. Serum Creatinine was 0.5 mg/dl. Blood Urea was 74 mg/dl. Bicarbonate was 37 mmol/L. Uric acid was 5.6 mg/dl. Cholesterol was 196 mg/dl. Cortisol was 12.3 µg/dL.

Management: She was admitted in the ward and started on Intra Venous antibiotics and iv fluids .

Her investigations revealed hypokalemia with metabolic alkalosis .

Baby's blood pressure readings were >99th centile for age , hence antihypertensive was started after consulting pediatric nephrologist.

In view of persistent severe hypokalemia, acute potassium correction was given and Inj. KCl was added to maintenance fluids. In spite of acute correction, in view of oliguria and hypokalemia, spironolactone was added.

Plasma renin, aldosterone, cortisol were sent in which cortisol levels were normal and rest of the reports awaited .

In view of metabolic alkalosis, hypokalemia, hypochloremia, Pediatric nephrologist review consultation was taken who opined it can be possible Liddle syndrome/ Mineralocorticoid Excess syndrome/ Pseudo-Bartter syndrome, which needs further evaluation.

urine output was monitored all over the stay and was in normal limits.

Parents were counselled regarding the nature of illness, possible complications and need for prolonged treatment with regular followup.

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She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Her symptoms gradually settled, edema decreased & urine output improved. She remained hemodynamically stable during the hospital stay.

She improved with the above line of management and is being discharged with the following advice.

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

Mild periorbital puffiness
BP: 94/56 (>95th)centile
Last 24 hours Urine output 0.8ml/kg/hr

Medication during hospital stay:

Injection. Amoxicillin +clavulanate
Tablet. Amlodipine
Syrup. Potklor
Tablet. Aldactone
Zytee gel
Injection. Esmoprazole

Advice:

- * Diet as advised.
- * Low salt, low fat diet.

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* Avoid NSAIDS, Ayurvedic medications.

S.N	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxicillin 200 + Potassium Clavulanate 28.5 mg/5ml)	3.5 ml	8am-8pm (after food)	For 3 days
2	NEXPRO SACHET	1SACHET IN 10ML NWATER GIVE 7 ML	once daily	For 3 days
3	Tablet. Amlodipine	2.5 mg 1 tablet 2.5 mg dilute in 10 ml and give 5 ml	twice daily	Till further advice
4	Syrup. Potklor	5ml	twice daily	Till further advice
5	Tablet. Aldactone 25mg	1/4 tablet	twice daily	Till further advice
6	Zytee gel	For local application	thrice daily	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

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Plan:

- 1. To do Renal Profile II on follow up (Monday).**
- 2. Review with Plasma renin, aldosterone and Renal profile II reports on follow up**

Fever Management

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

Review consultation with Dr. SRUTHI BALLA (Paediatric nephrologist) on Monday (01.06.2026) at banjara hills in OPD with prior appointment (**Review consultation will be charged**).

Review consultation with Dr. S TEJASWI REDDY on Wednesday(03.06.2026) at Himayath nagar in OPD with prior appointment (**Review consultation will be charged**).

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

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acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / 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. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006438 Admit Date : 27-May-2026 Admit Time : 06:06 PM UHID : HNH-00009615

Patient Details :

Patient Name	: Baby Of K POOJA	Age	: 0 Y 9 M 29 D
Guardian	: Mr K DEVENDAR	DOB	: 28-07-2025 10:27 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: FLAT NO 303, SOMWAY TOWERS Narayanguda Hyderabad Telangana INDIA 500029	Phone No	: 9014440315/ 9441051674
		E-mail	: POOJADEVKHETHAVATH@GMAIL.CO

Admission Details :

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

Contact Details :

Name : Mr K DEVENDAR Relationship : Father
Contact Address : FLAT NO 303, SOMWAY TOWERS
Narayanguda Hyderabad Telangana INDIA
500029 Phone No : 9014440315


Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 10000.00
Payor Name : SELFPAY

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9:07 pm → $\frac{124}{89}$ (98)

SpO2 - 99

P - 139 b/m Dr. Sreeghan.

10:01 pm → $\frac{90}{54}$ (66)

SpO2 - 100.

P - 135 b/m.

12:00 AM → $\frac{99}{51}$ (68)

SpO2 - 100.

P - 138 b/m.

1:45 AM - $\frac{94}{59}$ (71)

SpO2 - 99

P - 130 b/m

3 AM - $\frac{97}{53}$ (70)

SpO2 - 100.

P - 139 b/m

4:30 AM -
Feeding time

$\frac{103}{59}$ (71)

SpO2 - 99

P - 136 b/m

5:30 AM

$\frac{101}{62}$ (74)

SpO2 - 99.1.

P - 138 b/m

6:30 AM

$\frac{104}{61}$ (75)

SpO2 - 98.1.

P - 141 b/m

8 AM

$\frac{88}{69}$ (72)

SpO2 - 99.1.

P - 145 b/m

10 AM

$\frac{102}{66}$ (76)

S - 99.1.

P - 141 b/m

12 pm.

101/66 (76)

SpO2 - 99.1.

P - 141 b/m

2 pm

100/60

SpO2 - 99.1.

P - 131 b/m



28/5/26 - wet - 7:120kg

29/5/26 - wet - 7:240kg

30/5/26 - wet - 7:240kg

Ampl Arbo - 2.5mg / BD - 1/2 tab

→ Ven, creat, BUN, S. Electrolyte / Serum Ca
→ C3 /
→ C4 /

→ Spot urine
 ↳ Calcium
 ↳ Creatinine
 ↳ Vici Acid

→ IVF - 2/3 to Anomycin

→ Strict I/O charting & BP - 2nd hourly

Weight check - daily


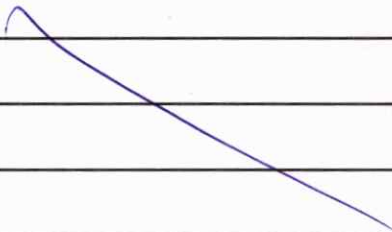
BP entries

	<u>Day</u>	<u>Time</u>	<u>Night</u>	<u>Time</u>
	<u>Sys</u>	<u>Diast</u>	<u>Sys</u>	<u>Diast</u>
5P	65	16	58	14
50P	82	35	74	32
90P	96	50	86	45
95P	100	54	90	49
99P	107	62	96	58
99P+5	112	67	101	60



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PATIENT TRANSFER FORM

MNH-00009615 IP26-00006438 Baby Of K POOJA 28-07-2025 0 Y 9 M 29 D (F) Dr. S TEJASWI REDDY 		Date & Time of Admission <i>27/5/26 @ 6:16pm</i>	Date & Time of Transfer Order <i>27/5/26 @ 6:40pm</i>
		Transfer Ordered by <i>Dr. Alekya</i>	Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>ward</i>	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>Nil</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sib Tyen' / 10/20</i>		Name of Person Ordered Transfer <i>Dr. Alekya</i>	
Patient & Clinical Records Received by : <i>Sunanda @ 6:40 pm</i>			
Date & Time of Patient Received : <i>27/5/26</i>			

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


178 (d) (3) (F)

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2010 10 10

ACTIVITY RECORD FOR BILLING

Name: -----
 HNH-00009815 IP26-00006438
 Baby Of K POOJA
 UHID No : 28-07-2025 0 Y 9 M 29 D (F) ----- Consultant : ----- Dept : -----
 Dr. S TEJASWI REDDY
 Date of Ad  : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

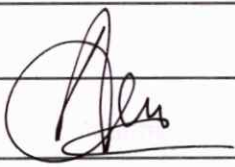




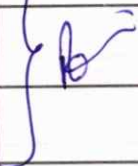
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	6:40pm	ER	Ward	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sruthi	29/5/26	2839	<i>[Signature]</i>
2.	<i>Cross checked by Belu</i>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	Bicarbonate		
	CS Quantitation		
	CH Quantitation		
	Calcium	Done	
	Creatinine	on	
	Electrolytes	op Basic	
	Urea	<div style="border: 1px solid black; padding: 5px; display: inline-block;">8912</div>	
	Uric acid		
27/5/26	Urine c/s.		
27	spot urine calcium	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Pending</div>	
	spot urine creatinine		
	spot urine Electrolyte		
28/5/26	VBG , Urea, Albumin, Bicarbonate, Creatinine cholesterol	8931 ✓	
		8943	
28/5/26	Electrolyte (Na. Cl. K ⁺) VBG (Morning)	8943 ✓ 8956 ✓	
28/5/25	renal Doppler USG	645# ✓	
28/5/25	Plasma Renin Activity	<div style="font-size: 2em;">}</div> 8964 8966	<div style="font-size: 2em;">}</div> 
	Aldosterone ✓		
	Cortisol ✓ VBG (Evening)		



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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




WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
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8				
9				
10				

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	IV Placemnt	①	2465	
28/5/26 11:30AM	NHA	①	202594	
29/5/26	ly placement	①	2858	
Copy check imball				

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

B/o K. Pooja

Patient ID# : _____

HNH-00009615 IP26-00006438
Baby Of K POOJA
28-07-2025 0 Y 9 M 29 D (F)
Dr. S TEJASWI REDDY

Consultant : _____



Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

#10 Fever } 14 days ago
Cold & Cough }

Again
c/o Fever } ∴ 3 day
Cold & Cough }

History of present illness :

Child had

#10 Fever ∴ 3 day

Cold & Cough ∴ 3 day

Was admitted in view of dehydration and
hypernatremia

On evaluation Urine examination showed 20-25 RBC/
CVE 3+ Hemolyzed RBC
3+ Protein
15-20 Pus Cells

USG Abdomen - s/o Renal parenchymal changes

and baby's blood pressure > 99th Centile

Child was taken home LAMA and
again came back for review next day

Still BP > 99th Centile, hence
child admitted for further management

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.105 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 _____ at _____

Resp. rate and type of breathing : _____

Rash _____ Periauricular papules ⊕

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ B/L AB ⊕

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____ S₁, S₂ ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____ mild distension ⊕

Palpation : _____ soft

Auscultation : _____

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

Urea, Creatinine } B loo/b
 S-Electrolyte, Bicarbonate }
 Calcium, Uric Acid }
 C3 } OPD
 C4 }

Urine C/S } OPD
 Spot Urine ← Calcium }
 Creatinine }
 Uric Acid }

- IVF - PLASMALYTE - 1/2 M (M)
 Inj Amoxicillin + Clavulanic

→ Strict Input-output charting
 → BP Monitoring - 2nd hourly

→ Weight check daily

→ If BP > 99th centile
 Tab Amlodipin (2.5mg) - 1/2 tab

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. Tejaswini on _____
whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

Dr. S. TEJASWI REDDY
 Registration No: 94068

HNH-00008615 IP26-00008438

Baby Of K POOJA
28-07-2025 0 Y 9 M 29 D (F)
Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/25 7:49 pm	S/O Dr. Sreejha	P/L
	BP - 114/74 (84)	
	Above 99th centile	T. AMLODIPINE 2.5mg 1/2 tablet stat
		Recheck BP after 2 days
27/5/25 8 pm	S/O Dr. Spandana Acute glomerulonephritis	
		P/L
		1st AMOXICILLIN
	CVC 1450	
	DR. DILIP	et IV fluid
		PLASMAZYCE
	PIAZOL	
	Corticosteroids	Strict Input/Output chart
	Hypertension ready	
		Daily morning weight checks
		B.P monitoring today



PROGRESS NOTES AND DOCTOR'S ORDER

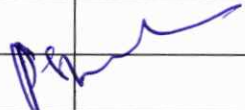
Date & Time	Progress Notes	Doctor's Order
27/5/22 11:12 AM	Dr. Shanthi Dr. Shanthi (Nephrology) Case disc Dr. Shanthi P6	
	Serum K ⁺ - 2.8 Na ⁺ - 129 Chloride - 72	Start IV fluids DM + subcl @ 30ml
	Bicarbonate - 40 Uric acid - 10.3	Repeat VBC + RPR panel @ 9 AM Tomorrow
	Serum Creatinine - 0.5 Blood urea - 13	Trace of uric reports
		Start Input/Output monitoring
		B.P monitoring hourly
		Check diaper weight each
		MB Mehra

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/25 8 am	<p>child Bce. sham</p> <p>AGN</p>	
	<p>- vitals:</p> <p>HR: 145 bpm</p> <p>RR: 32 bpm</p> <p>SpO2: 96%</p> <p>Bp: 88/69 (72)</p>	
	<p>site as: BATE ⊕</p> <p>clear.</p>	<p>Plan</p> <p>1) leave reports</p> <p>2) strict I/O & c/o monitoring</p> <p>3) strict Bp monitoring 2nd h.</p> <p>4) wt. check daily</p>
	<p>daily fluid = 24h v/o + insensible water loss.</p> <p>(~20ml/kg/day)</p>	
	<p>- 87ml ~ one SH</p> <p>① 1.4ml/kg/hr one SH.</p> <p>- input: 485 ml.</p>	<p>[input > output]</p> <p>HB p/bw</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/25 9:15 AM	S/B Dr. Spandana	
	AGN	
	UO = 0.9 ml/kg/hr over last 12 hrs	
	o/c BP 88/69 (72)	Adv
	Child stable	① 1/2 Maintenance fluids
		② I/O charting q10 Monitoring
		③ BP Q 2H.
		④ Check daily q/w
		⑤ Paed nephro review C De lauki Under Consultant
		⑥ Blood urea, } Sr. Creat. } Bicarbonate } V B Cr. } br albumin } <u>Send</u>
		
	Dr. Spandana Pasupuleti Consultant Nephrologist and Pediatrician Reg. No: 30925	
		- IV fluid @ 1.5 x L continue



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 6 pm	cl/hy. <u>Dr Anucha</u> / <u>Dr prabath</u>	- discuss w Nephrologist
	Edema (+)	
	Oligur (+)	
	hypotension (+)	- Give. kt Acute correction (by shifting PICC).
	Metabolic alkalosis.	[ECG Monitoring]
	* w Hypokalemia.	- Mg correction.
	? Gitterman Syndrome.	- T. Aldacton 25mg 1/2 BD
	* kt correction	- Pot Klor syp 5ml BD
	(0.5-1mEq/kg/h)	
	[7mEq] over 2 hours.	- add 7.5ml KCl inj/line
	(3.5ml + 16.5ml NS)	
	over 2 hours.	After kt correct
	ECG Monitor.	4 hours.
	Mg	↓
	* 50mg/kg	To do <u>VBG</u> Repeat.
	(550mg Mg So4. Iv	Ⓡ Repeat
	over 30min)	Dr. S. TEJASWI REDDY Registration No: 94068
	(0.7ml + 19ml NS)	Dr Tejan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5	CLIB. Dr. Naipunya / Dr. Alekya	
10:00 pm	on room Air	Plan
	vitals - HR - 107 - RR - 24 cpr. - SpO ₂ - 96%	- Cont T. Aldactum T. Amlodipine - Cont Potchlor syp.
	- K ⁺ Correction given - Mg ²⁺ Correction given	- VBG at (2am)
	Rls - B/L AEP PLA - soft, NT	- (T) reports
	BP - 111/76 (86) mmHg (79 th centile)	- video auscultation - Dr. Shethi tomorrow 9:00 AM
	Bp 2 nd hourly & 8/6 checking	- Repeat Sr. uric acid level tomorrow (6:00 AM)
		- Cont Zyltec gel
		- Monitor BP.
		any MB phlu

00009615 IP26-00006438
 Of K POOJA
 2025 0 Y 10 M 0 D (F)
 TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 7:00 AM	<p>CLUB Dr. Naipuregi / Dr. Aleeya ? Post infectious GN</p>	<p>Plan</p>
	<p>No fever. Edema (+) vitals - stable oral intake - fair</p>	<p>- Cont T. Amlodipine T. Aldactone</p>
	<p>BP - 88/69 mmHg</p>	<p>- VBG now - Sr. uric acid levels now - Teleconsultation</p>
	<p>U/O/P = 2.3 ml/kg/hr</p>	<p>Dr. Shwetha 9:30 AM - monitor BP Q2H</p>
		<p>- Cont Pottlor syrup - Cont Amoxiclav <i>oey</i></p>
		<p>FM 6 AM - VBG RP, (US, CS, S/E, Bicarb) (nat)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26		
11:50 AM		
	Can discontinue with Nephlogint Mann.	
	Dr - Sauthi	
	→ h/o Recurrent cough cold for 2 weeks	
	→ CUE - RBC / protein.	
	VBG	Bau (↑) Metabolic Acid (↓) alkalosis.
	*	K ⁺ (↓)
		Given K ⁺ correct & added in fluids.
	Still Renin/aldosterone Rupture yet to come	
	↓	4 (↑) / (↓)
	Need to send Genetic Panel	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>4 No hormonal probs</p> <p>↓</p> <p>4 (+)</p> <p>?? Genetic</p> <p>↓</p> <p>to do <u>Genetic</u> tests</p> <p>↓</p> <p>Rx accordingly.</p>	<p>Injec</p> <p>↓</p> <p>↓ come down</p> <p>input</p> <p>[by 5-10 day]</p>
	<p>* (1c+) ⇒ Need to come to 3-3.5</p> <p>Now going on maint fluids & POTKIOR (1c+)</p>	
	<p>* (T) <u>uric acid levels</u> / Renin / aldosterone.</p>	
	<p>* If (1c+ > 3) and child (n) / Bp(n) - Plan d/s</p>	<p>1 to 2 days</p>
	<p>1m</p> <p>mg.</p> <p>6AM</p> <p>VBG</p> <p>[RP2 (uric acid) / SE, Bicarb.]</p> <p>stop Lasix in fluids.</p> <p>⇒ placonS + [2.5ml/kg] @ 10m/k.</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/25	s/b Dr Prabhakar	
3pm	7 Rose injection G _{IV}	
	T. wt 7.240kg	
	(12097) no fever spikes	By Cortisol 12-3
	UO: 1.1ml/kg/hr Edema (+)	
	from 8am to 1pm.	Last VBG
	Sp. Hb 114/mm.	
	BP: 95/54/67 PH 7.6	
	SpO ₂ 99% (90-95 th HCT 28-1.	
	no	Centile). K ⁺ 2.91 mol/L
		Na ⁺ 135 mol/L
		Cl ⁻ : 98 mol/L.
		Ca ⁺² : 1.10 mol/L.
		HCO ₃ : 34-8 mol.
29/7/25	c/s/by Dr Spandana	
3pm	? Renal tubulopathy.	
	? AME like Phys.	
	N/gwca.	<u>Adv</u>
	* (Bp) = 90-95 th Centile.	- U-Acid (5.6)
	(U/O) ← Lyorn 14 mg/kg.	(T) Renin] Lyorn
	(last 6 hours)	Alcoston.] Dr. Suthi
		- Tm VBG, RP ₂ profile
		- ct 14/whd 0.9-1.0NS + 7.5m/K _{cre}
		- ct Spironola, Amlodyine.
		POTKIOR.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	c/s/b Dr. Venun	
8 AM	? post infective GN.	
	<ul style="list-style-type: none"> - No fever. - oral intake fair - \uparrow vitals stable. BP - 94/56 (55 months) Moist in mhrs. 0.8ml/kg/hr 	<p>Plan</p> <ul style="list-style-type: none"> - ct. Amlodipine, Aldactone, - ct. Potlor, IVF. - Rec VDS, RP2 report. - ct. iv Amagylor. - Monitor vitals.

noted by sr. sreedha
 30/5/26
 8 am

HNH-00009615
 Baby Of K POOJA
 26-07-2025 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/25		
9:30h	Case of/w Dr. Shanthi	
	Acute tubular necrosis	
	HCO ₃ - 38	
	T. wt - 7.1 kg	
	VBG → K ⁺ - 2.50	Adv
	Na ⁺ - 127	
	Ca ²⁺ 2.2	Video Consultation
	HCO ₃ - 38	Dr. Shanthi
	pH - 7.8	
		→ BP @ 2H.
		→ IVF NS @ 20ml/hr
		+ 5ml KCL
		→ Inj heparin 0.5mg/kg in
		Rpt VBG after 4 hrs of fluid
		→ Rpt Renin activity
		Aldosterone
		Cortisol
		Levels.
		→ Renal Doppler
	→ Tomorrow.	
	Repeat Uric acid	→ Trace for Albumin
	(6am Tomorrow)	Send CSE + Total



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5	C/S/B Dr Prasad	7kg
2 pm	Di - Post Infection SN	
	U.O - 40 ml in 6hr	Plan
	0.9 ml/kg/hr	1) Trace - G. Elec
	Input -> 130ml	Cholesterol
	BP - 100/60 (78)	2) IVF - NS +
	[> 95% centile]	.5ml KCl +
	Accepting DBF	Lasix - 0.5mg/kg } 20ml/hr
		3) VBS
		Renin
		Aldosterone
		Cortisol } @ 4pm
		4) Renal Doppler - Today
	To R/O (Birttler's	5) Serum Uric Acid - TH
	Syndrome of Mineralocorticoid excess	6) CSE - Now
	Pseudo Birttler	SOS - Aldosterone low
		2) BP - 2nd hourly & Eto charting
		Pseudo Birttler
		Birttler's

HNH-00008615

IP26-00006438

Baby Of K POOJA

28-07-2025

Dr. S TEJASWI REDDY

0 Y 10 M 1 D

(F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 10:30 AM	<p>cf/ly Dr Tyar</p> <p>click Renal Tubulopathy</p> <p>100g wt @</p>	
	<p>(BP) 94/56</p> <p>295th</p>	<p>(T) Renin, aldoster by Eus</p>
		<p>(d/s) aft Dr Sruthi m Opini</p>
	<p>patient attend</p> <p>request for ↓ dinet</p> <p>inform Dr Sruthi</p>	<p>Review c Dr. Sruthi - OPD</p> <p>ct Amloclipin POTK10R Aldactone.</p>
		<p>(Signature)</p>
	<p>Dr. S. TEJASWI REDDY Registration No: 94668</p>	

HNH-00009615

Baby Of K POOJA

28-07-2025

Dr. S TEJASWI REDDY



IP26-00006438

0 Y 9 M 29 D (F)

8799000-92dl

519600007MNF



DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

Verified by
D. Dhakshayani

Signature

VERIFIED BY : Name

DRUG : <u>CROCIN DROPS</u>				Date															
				Time	<u>8:15</u>														
Dose	Route	Frequency	Start Date																
<u>1ml</u>	<u>PO</u>	<u>SOS</u>	<u>27/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>Panna</u>			<u>(W)</u>																
Additional Instructions: <u>1ml = 100mg</u>																			

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:																			



REGULAR PRESCRIPTIONS

Weight ... 7.1 kg ... Ward

Verified by Dr. Dhakshayani

DRUG : Dg AMOXICILLIN + CLAVULANATE				Date	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date	Time				
250mg	IV	TID	27/5	6am	X	11/2	2	2
Name & Signature of the Doctor Starting the Drugs:				Pravin				
Additional Instructions:				10pm 9pm 8pm 7pm 6pm 5pm 4pm 3pm 2pm 1pm				
Daily Doctor's Endorsement by a Sign				6 2 8 2				
DRUG : T. AMLODIPINE				Date	28/5	29/5	30/5	
Dose	Route	Frequency	Start Date	Time				
2.5mg	ore	BD	28/5	7am	X	12pm	12pm	30/5
Name & Signature of the Doctor Starting the Drugs:				B-Sup				
Additional Instructions:				12 AM 12 PM 11 AM 10 AM 9 AM 8 AM 7 AM 6 AM 5 AM 4 AM 3 AM 2 AM 1 AM				
Daily Doctor's Endorsement by a Sign				6 2 8 2				
DRUG : POTKIOR SYP				Date	28/5	29/5	30/5	
Dose	Route	Frequency	Start Date	Time				
5ml	PO	BD	28/5	7am	X	2	2	
Name & Signature of the Doctor Starting the Drugs:				A				
Additional Instructions:				5ml + 10ml water				
Daily Doctor's Endorsement by a Sign				6 2 8 2				
DRUG : T. ALDACTONE				Date	28/5	29/5	30/5	
Dose	Route	Frequency	Start Date	Time				
25mg	PO	BD	28/5	10am	X	12pm	12pm	30/5
Name & Signature of the Doctor Starting the Drugs:				A				
Additional Instructions:				25mg (1/4 tab)				
Daily Doctor's Endorsement by a Sign				6 2 8 2				

HNH-0000615 IP26-00006438
 Baby Of K POOJA
 26-07-2025 0 Y 10 M 1 D (F)
 Dr. S TEJASWI REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.1kg Ward

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani
 Signature

VERIFIED BY: Name

DRUG : 3YTEE 6e1				Date Time	28/5	28/5	30/5															
Dose	Route	Frequency	Start Dt.																			
	HA	TID	28/5	7AM	X	9AM	X															
Name & Signature of the Doctor Starting the Drugs:																						
				AP																		
Additional Instructions:				5PM X 9AM																		
Daily Doctor's Endorsement by a Sign				11PM ✓ Salt																		
DRUG : 17 ESMOPRABOLE				Date Time	28/5	30/5																
Dose	Route	Frequency	Start Dt.																			
	7mg	IV	OD	28/5																		
Name & Signature of the Doctor Starting the Drugs:																						
				6AM 12AM																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign				6 AM 12 AM																		
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																						

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																			

HNH-00009615 IP26-00006438
 Baby Of K POOJA
 28-07-2025 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	8 pm	T. AMLODIPINE	2.5g 1 tablet ↓ click in 1st again 5m	oral	Te	[Signature]
28/5/26	7pm	[3.5ml KCl + 3.5ml NS] KCl	over 2 hours	iv	AP	Sunita Csew
		MgSO4	over 30 mins	iv	AP	
		[0.7ml + 19ml NS]				

VERIFIED BY : Name Signature

verified by

Dr. Dhakshayani



I.V. FLUIDS CHART

Weight. 7.7kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5		IVF - PLASMA-LYTE (2/3rd @)	IV	20 ml/hr	[Signature]				
27/5	6:30p	IVF - PLASMA-LYTE (1/2 @)	IV	15 ml/hr	[Signature]	[Signature]			[Signature]
27/5	11:15 PM	DMJ + 5cc KCL	IV	30 ml	R	[Signature]	28/5	[Signature]	[Signature]
28/5	10am	IVF - 0.9% NS + 5ml KCL	IV	20	[Signature]	[Signature]			
		+ 3.5mg LASIX IN FLUID.							
28/5	5pm	IV fluid 0.9% NS + 7.5 ml KCL 3.5mg Lasix in	iv	20ml/hr	[Signature]	[Signature]		[Signature]	[Signature]
<u>29/5</u>	11:50 Am	IV fluid 0.9% NS + 7.5ml KCL	iv	20ml/hr	[Signature]	[Signature]			

Signature

VERIFIED BY: Name

HNH-00008615 IP26-00006438
 Baby Of K POOJA
 26-07-2025 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY



314

Blood group - AB+

RESULT SHEET

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	27/5/26	28/5/26	29/5/26		
Time					
Hb	10.9				
PCV	31.1				
RBC	4.64				
WBC	13.47				
N/L	72/22				
Platelets	474				
CRP	30				
ESR					
PCT					
RBS					
Na	129	135			
K	2.8	2.9			
Cl	72	83			
Ca/Mg	9.5/				
Phosphate					
Urea	11.2	7.4 ↓			
Creatinine	0.5	0.5			
ALP					
SGPT					
SGOT					
T.Bill/Conj	11.6/.				
T.Protein					
S.Albumin		3.7			
S.Globulin					
A/G Ratio					
Uric Acid	10.3		5.6		
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L	BICARB	40	37		

29/5/26 10 AM Cholesterol - 196

21/2

Date	26/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	Negative					
CUE-PUS Cells	15-20					
CUE - RBC Cells	20-25					
CUE						
Epithelial Cell	10-12					
Leucocytes	Present(++)					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
C3	167	(90-180)				
C4	29.7	(10-40)				
Spot Urine Calcium	1.0					
Spot Urine Creatinine	41.5					

Spot Urine ← Sodium - 12
 Potassium - 18.1
 Chloride - 15

Culture and Sensitivities: Chlamydia - 15

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.):

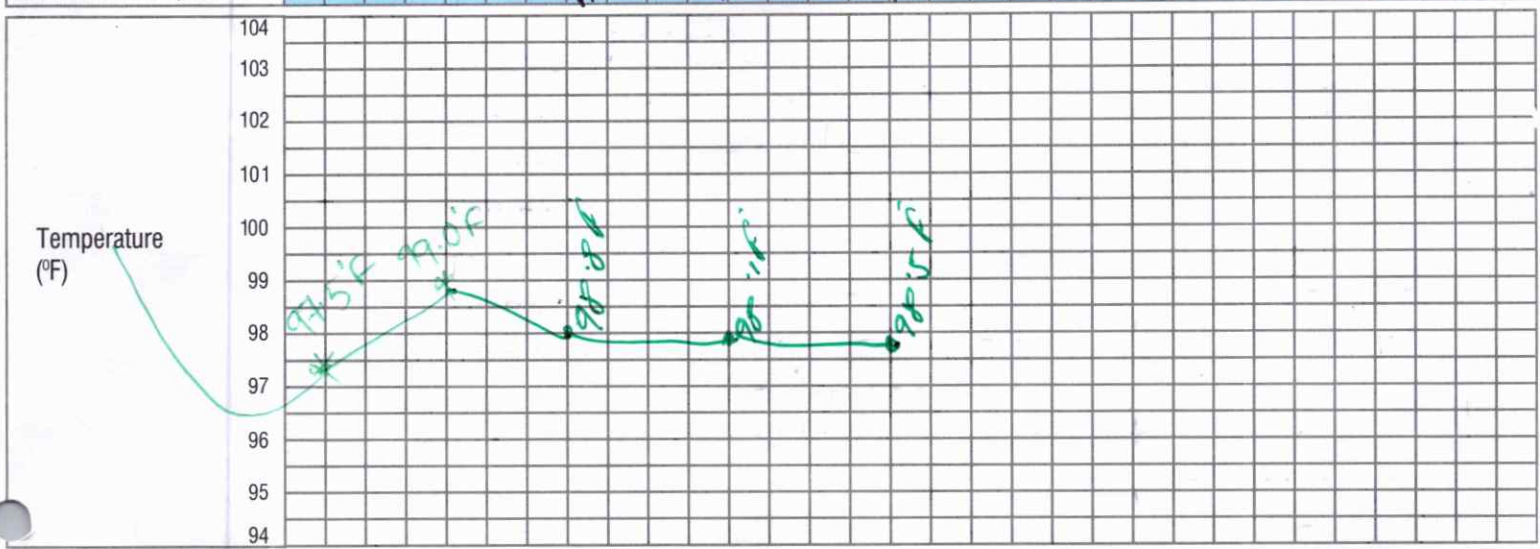


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



WARNING SCORE: CHILDREN'S UNIT

Date: <u>27/5/25</u> Time: <u>7:30 PM</u>	<u>8 PM</u>	<u>10 PM</u>	<u>11:45 PM</u>	<u>6:40 AM</u>
Doctor/Nurse/Family Concern?				



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	112	90	94	104											
Note: BP does not score in early warning scoring	(84)	54	59	61											

Heart Rate (Number)	122b/m	135b/m	130b/m	141b/m
---------------------	--------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	32b/m	35b/m	32b/m	30b/m			

Resp Distress	Mod/ Severe	None / Mild

Receiving O ₂ (l/min)	
O ₂ Saturations (%)	99%

Conscious Level	Normal	Altered
GCS *		

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

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

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

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

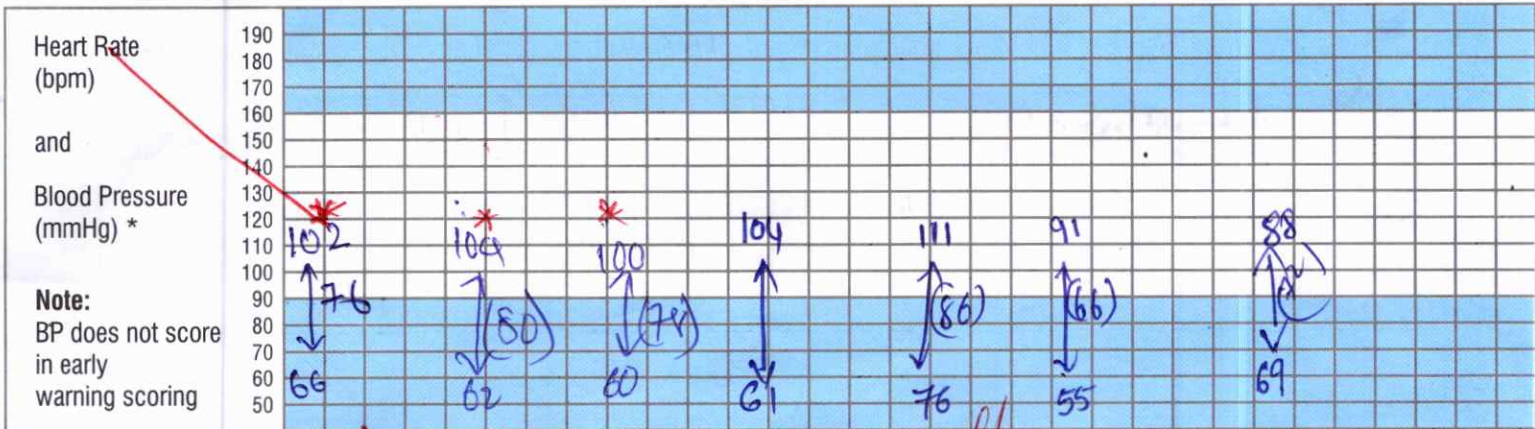
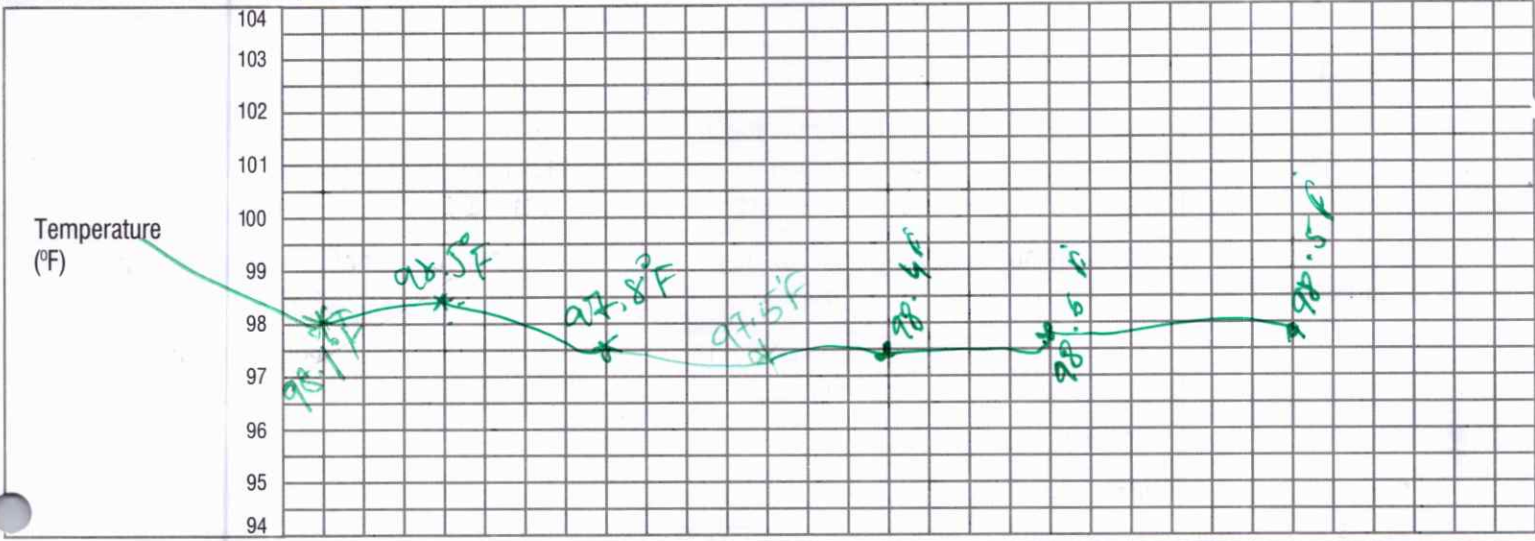
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

CORE: CHILDREN'S UNIT

Date: 28/5/25 Time: 10:20 PM 2 PM 4 AM 10 PM 11:40 AM 6 AM
 Doctor/Nurse/Family Concern? AN



Heart Rate (Number)	129 bpm	118 bpm	121 bpm	123 bpm	109 bpm	106 bpm	140 bpm
Resp Rate (Number)	30 bpm	28 bpm	28 bpm	28 bpm	28 bpm	28 bpm	30 bpm
Resp Mod/ Severe Distress	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	99%	99%	99%	99%	98%	98%	100%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15					
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	AN	AN	AN	AN	AN	AN	AN

ACTIONS

- 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/NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* 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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- 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)
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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

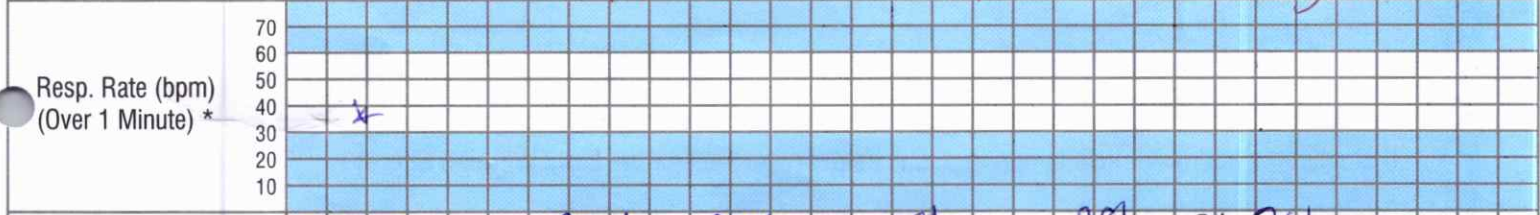
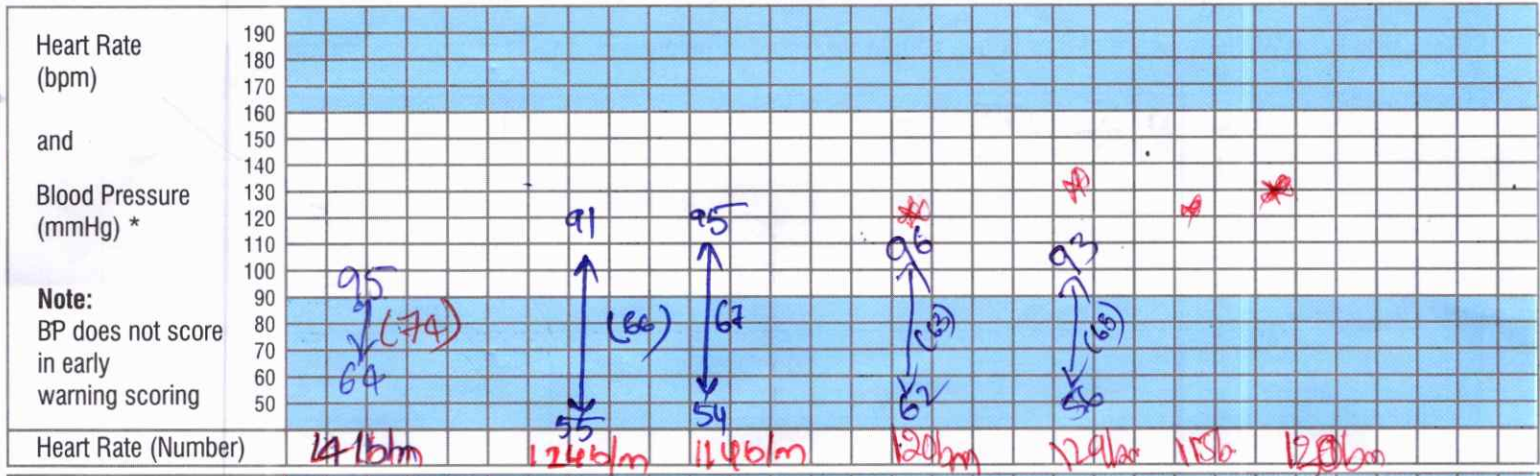
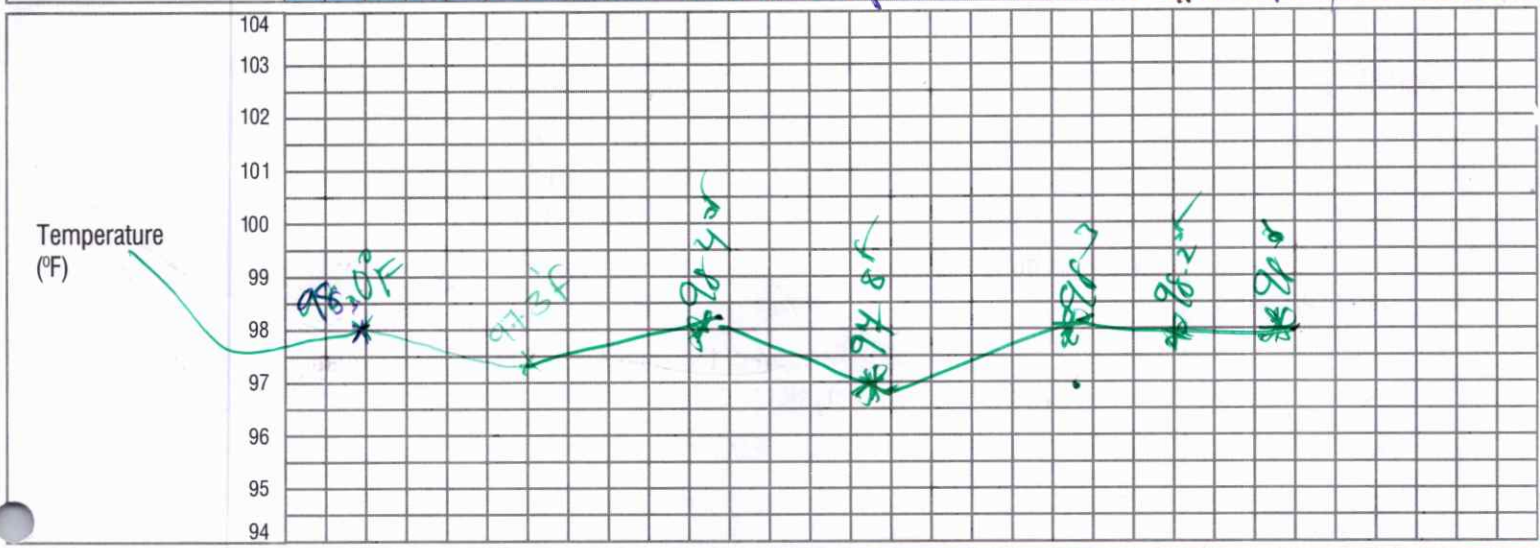
Patient Stick



AL / 124

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/5/26 Time: 10 AM 12 PM 2 PM 10 PM 2 AM 3 AM 6 AM
 Doctor/Nurse/Family Concern?



Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99.1, 99.1, 99.1, 99.2, 99.1, 99, 99.1
Conscious Level	Normal Altered	
GCS *		
TOTAL SCORE		
Number of shaded boxes		0, 0, 0, 0, 0, 0, 0
Pain Score		0, 0, 0, 0, 0, 0, 0
Observer's Initials		AT, AT, AT, AT, AT, AT, AT

ACTIONS

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

NB: Scores 3 should be recorded overleaf

* 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.

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)

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)
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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)
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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 is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombo- phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
	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 :						
27/8/26	08:00 pm			15ml						2ml		
	09:00 pm			15ml								
	10:00 pm			15ml								
	11:00 pm			DBM			✓	HA				
	12:00 am			30ml						5ml		
	01:00 am			30ml						5ml		
Total Intake :						Total Output : M-1 U-12ml						
28/8/26	02:00 am			30ml						10ml		
	03:00 am			30ml			✓			25ml		
	04:00 am			30ml								
	05:00 am			30ml						40ml		
	06:00 am			30ml								
	07:00 am			30ml								
Total Intake :						Total Output : M- U-						

Total 24 hrs. Intake

Total 24 hrs. Output

HNM-00009615 IP26-00006438

Baby Of K POOJA

28-07-2025 0 Y 9 M 29 D (F)

Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5/20	08:00 am												
	09:00 am	NS + KCL 5ml	Milk	30ml								0	D
	10:00 am			30ml							0		
	11:00 am			30ml							0		
	12:00 pm	NS + KCL 5ml		20ml					40ml		0		
	01:00 pm			20ml							0		
Total Intake :						Total Output :							
28/5/20	02:00 pm												
	03:00 pm	NS + KCL 5ml	Milk	20ml									
	04:00 pm			20ml									
	05:00 pm	NS + KCL 5ml											
	06:00 pm								20ml				
	07:00 pm												
Total Intake :						Total Output :							
28/5/20	08:00 pm												
	09:00 pm	NS + KCL 5ml	Milk	20ml									
	10:00 pm												
	11:00 pm	NS + KCL 5ml		20ml									
	12:00 am	NS + KCL 5ml		20ml						20ml			
	01:00 am												
Total Intake :						Total Output :							
29/5/20	02:00 am												
	03:00 am	NS + KCL 5ml											
	04:00 am												
	05:00 am	NS + KCL 5ml											
	06:00 am												
	07:00 am	NS + KCL 5ml								180ml			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-0000615 IP26-00006438
 Baby Of K POOJA
 28-07-2025 0 Y 10 M 0 D (F)
 Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	AG	NG	Diarrhoea	Vomit	Drainage	Urine			
29/5/26					AG								
	08:00 am			20ml						8:30am 40ml			
	09:00 am			—	39cm								
	10:00 am			—									
	11:00 am			20									
	12:00 pm			—									
01:00 pm													
Total Intake :						Total Output :							
29/5/26	02:00 pm			20ml									
	03:00 pm	31ms +	Milk	20ml									
	04:00 pm	7.5ml		20ml						NA — 80ml			
	05:00 pm	KCL	MILK	20ml									
	06:00 pm		MILK	20ml									
	07:00 pm		MILK	20ml							60ml		
Total Intake :						Total Output :							
24/5	08:00 pm	31ms		20ml									
	09:00 pm			20 ml									
	10:00 pm		milk	20 ml									
	11:00 pm	7.5ml		20 ml									
	12:00 am	KCL	milk	20 ml							100ml.		
	01:00 am			20ml									
Total Intake :						Total Output :							
30/5	02:00 am	31ms		20ml									
	03:00 am			20 ml									
	04:00 am	7.5ml	Milk	20 ml									
	05:00 am			20 ml									
	06:00 am	KCL		20ml									
	07:00 am		milk	20ml							140ml.		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00008515 IP26-00006438
 Baby Of K POOJA
 28-07-2026 0 Y 10 M 1 D (F)
 Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output				IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage			Urine	
	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

HNH-00008615 IP26-00006438
 Baby Of K POOJA
 28-07-2025 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY



NURSING CARE RECORD



Date: 29/5/26

- 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							
Night	8PM to 8AM	<ul style="list-style-type: none"> - Assess the pt conditions - Monitor the vitals - maintain the charts - medication given as per drug chart - DMS + SCKL 30ml/h CI7 	8PM to 8AM	<ul style="list-style-type: none"> - Assess the pt conditions - Monitor the vitals - maintain the charts - medication given as per drug chart - DMS + SCKL 30ml/h CI7 consult a project 	Baby is Home stable	Monitor the vitals	Maha e

HNH-00009615 IP26-00006438
 Baby Of K POOJA
 26-07-2025 0 Y 9 M 29 D (F)
 Dr. & TEJASWI REDDY

Patient Stid



NURSING CARE RECORD



Date: 28/5/26

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	8AM	→ Assess the pt condition → Monitor the vitals → Maintain Ilo chart → Administer the medication as per drug chart	8AM	→ Assessed pt condition → Monitored vitals → Maintained Ilo chart → Administered medication as per chart.	Patient is stable	Re-checked vitals	[Signature]
	10		10				
	2PM		2PM				
Afternoon	2PM	Assess the pt condition monitor vitals Main tain Ilo chart. Drug given as per Drug chart.	2PM	Assessed the pt condition monitored vitals Maintained Ilo chart Drug given as per Drug chart.	Patient is stable now	Re checked vitals	[Signature]
	8PM		8PM				
Night	8PM	- Assess the pt condition - Monitor the v/s - Maintain the Ilo - Drug as per chart	8PM	- Assessed the pt condition - Monitored vitals & records - Maintained Ilo chart - Drug as per chart.	Patient is stable now	Re-checked vitals	[Signature]
	10		10				
	8PM		8AM				

HNH-0000615 IP26-00006438
 Baby Of K POOJA
 28-07-2025 0 Y 10 M 0 D (F)
 Dr. S TEJASW REDDY



NURSING CARE RECORD

Date: 29/5/26

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	8AM to 2PM	→ ASSES PT condition → Monitor the vitals → BP every 2nd hourly → maintain I/O chart → Administer medication as per drug chart	8AM to 2PM	→ ASSES pt condition → monitored vitals → maintained I/O chart → Administer medication as per drug chart	Patient is stable	Re-checked vitals	[Signature]
Afternoon	DAY						
Night	8PM to 8AM	- Assess for pt conditions - Monitor the vitals - maintain I/O charts - medication given as per drugs chart - dt IV fluids - RP 2 PRN	8PM to 8AM	- ASSES for pt conditions - Monitor the vitals - maintain I/O charts - medication given as per drugs chart - dt IV fluids - RP 2 PRN	Baby is now stable	MONITOR the vitals	[Signature]

IP26-00006438
 B.B. OF K POOJA
 26-07-2025 0 Y 10 M 1 D (F)
 Dr. S TEJASWI REDDY

Patient S



NURSING CARE RECORD



Date:

Goals

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

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

HNM-0000615

IP26-00006438

Baby Of K POOJA

28-07-2025

0 Y 9 M 29 D

(F)

Dr. S TEJASWI REDDY



BRADEN 'Q' SCALE



					Date :	27/7/2025		28/7/2025	
					Time :	10:20 AM	5:20 PM	10:20 AM	10:20 AM
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	3	
"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	
FRICION-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 meat 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	[Signature]	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

BRADEN 'Q' SCALE

					Date : 29/7			
					Time : 10:30			
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			
"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			
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			
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			
FRICITION-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			
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			
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			
TOTAL SCORE					28			
Evaluator's Name					AS			

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5/26	11Pm	0/10	HA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	to
28/5/26	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
28/5/26	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SA
28/5/26	12pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	R
29/5/26	6Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	R
29/5/26	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
29/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

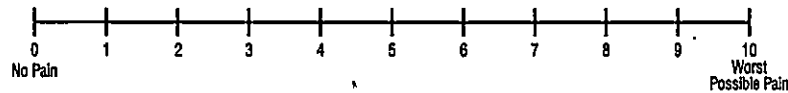
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain relieving intervention.
 - d) Within 30 – 60 minutes after pain relief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

PAIN ASSESSMENT TOOLS

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, rigid, 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

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



HNH-00008615 IP26-00006438
 Baby Of K POOJA
 28-07-2025 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY



SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	27/5/26 M1	28/5 M6	28/5 E2	29/5 M6	29/5/26 M1	
	Shift						
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	
	Diet:	—	—	—	—	—	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.5F	98.2F	98.1F	98.3F	98.6F
		Res:	32b/m	30b/m	31b/m	30b/m	30b/m
		SpO ₂ :	100%	100%	100%	100%	99%
		Pulse:	120b/m	118b/m	125b/m	121b/m	120b/m
		BP:	100/60	100/60	90/60b/m	88/66	89/59
		LOC:	—	—	—	—	—
		Fall Risk Score:	—	—	—	—	—
	Pain Score:	—	—	—	—	—	
	Skin Integrity	—	—	—	—	—	
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	—	—	—	—	—	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	—	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—	—	
Handed Over By Name :		Heka	Anushay	Bernarda	Anushay	Heka	
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		27/5/26	28/5/26	28/5	29/5/26	29/5/26	
Time:		8 AM	2 PM	8 PM	2 PM	8 AM	
Taken Over By Name :		Anushay	Bernarda	Anushay	Heka		
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		28/5/26	28/5/26	29/5/26	29/5/26		
Time:		8 AM	2 PM	8 AM	8 AM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	/	/				
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:						
	Critical Lab Test / Values: -						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADL (Dependent / Non Dependent):						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

HNH-00009615 IP26-00006438
 Baby Of K POOJA
 28-07-2026 0 Y 9 M 29 D (F)
 Dr. S TEJASWI REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Alekya

Date & Time : 27/5/26 @ 6:30pm

Nurse Name & Signature: Syoni / JRD

Date & Time : 27/5/26 @ 6:32pm

314

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 11 Am

Weight: 7.11kg Centile: 5th

Height: Centile: -

Inference: underweight child

RDA: Calories: 98kcal/kg/d Protein: 1.6gms/kg/d

Diet Recommendations: DBF - fixed

Re-Assessment: stage 2 warning foods either advised

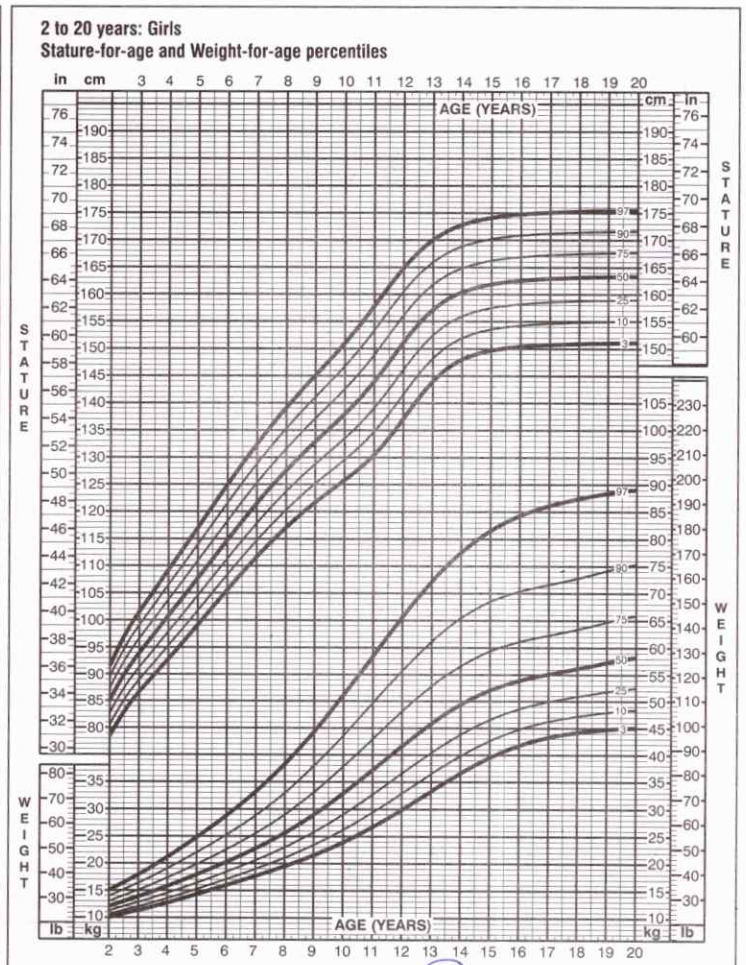
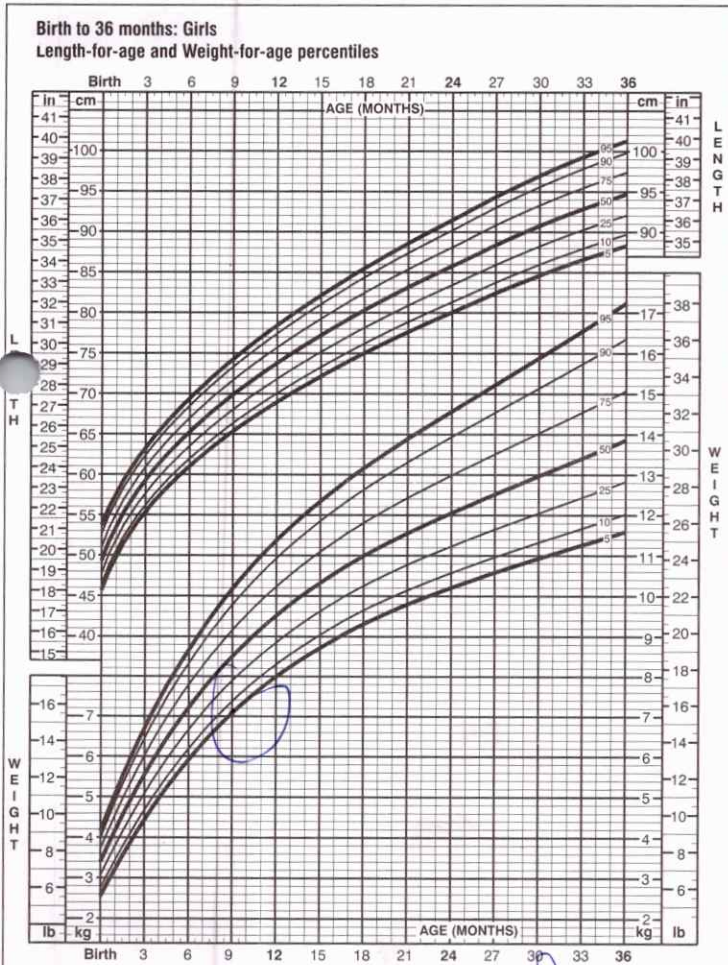
Food Allergies: NO Veg/Non-veg: NON-VEG

Diagnosis: AGN

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Pooja

GROWTH CHART (GIRLS)



Dietician's Name: Sathwika

Dietician's Signature: [Signature]



wt 7.1 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Blo k pooja Age: 9 m Gender: Male Female

Date: 27/5/26 Time of Arrival: 6:10 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: 97.7 PR: 132b/m BP: 107/73 RR: SpO₂: 100-1

Chief Complaints: LT fever since 14 days x cold cough

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 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:

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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: Syan

Signature of Triage Nurse: [Signature]

Date & Time: 27/5/26 e 6:10 pm



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/5/26 Time of arrival : 6:04 PM

Chief Complaints : 10 fever since 14 days RBS:

Height : Weight : 7.1kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character N/A 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?) N/A

Time of Initial assessment completed by ER Nurse : 6:06 PM

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

Time	Nursing Notes
6:08pm	- Assess the pt condition
	- monitor vitals
	- sample collected
	- IV placement due

Samples collected by: { APVCSA
 Samples sent by :

Time: { 6:30pm
 Time: { 6:30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: 132b/m BP: 119/70 CFT:	Shift - out from ER to: 3rd floor
RR: 20b/m SPO ₂ : 100%	Time of Shift - out: 6:45pm
GCS: 15/5 Temperature: 97.7F	Handover given to: S
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement due

Name of the Nurse : Syon Signature of the Nurse : [Signature]

Date & Time : 27/5/26 @ 6:10pm

HNH-00009615
Baby Of K POOJA
28-07-2025 0 Y 9 M 29 D (F)
Dr. S TEJASWI REDDY

IP26-00006438

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
in being the perfect night
Working Smiles, Working Right

BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

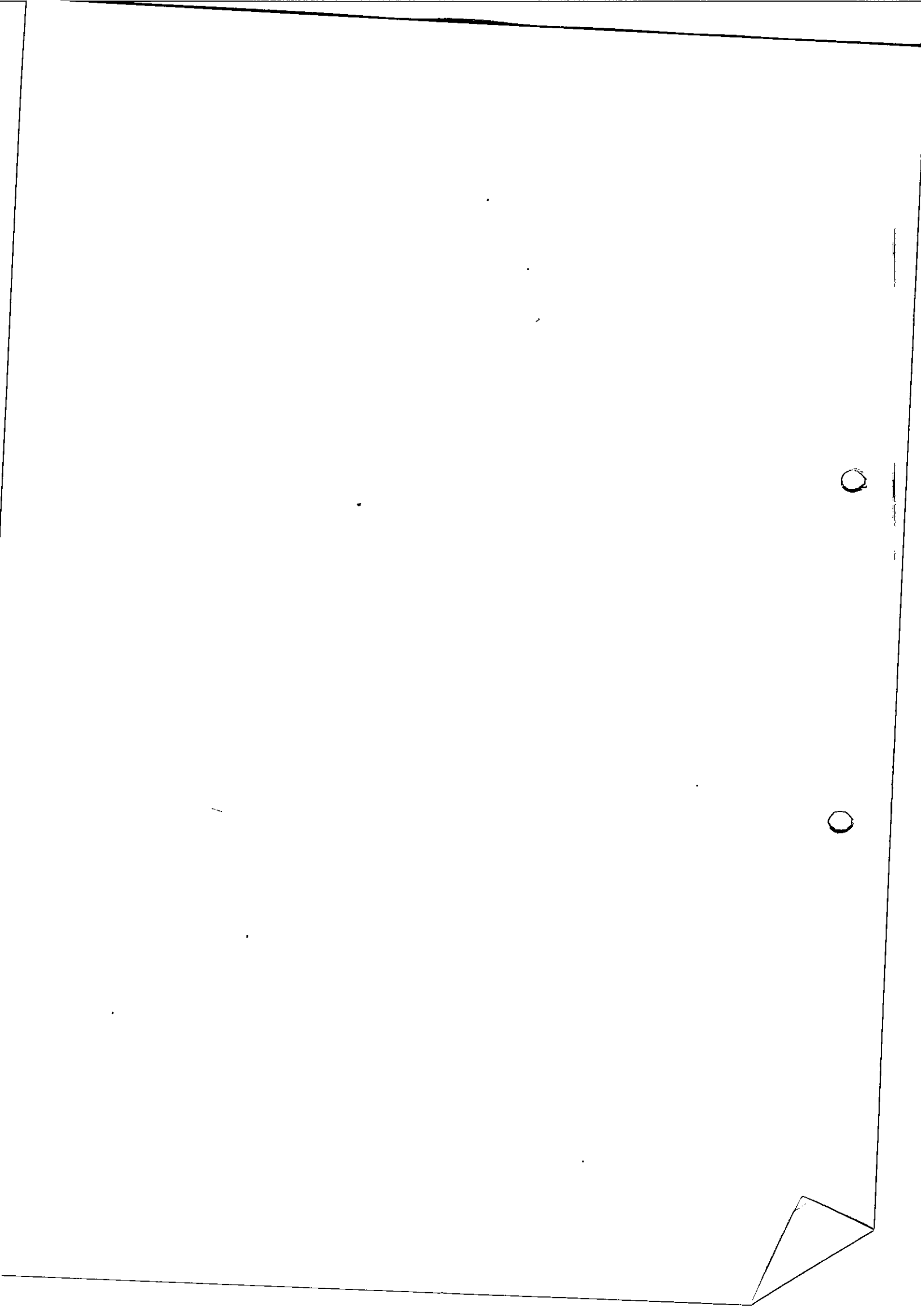
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6094 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR - T:- 40 48873000

CIN: U85130TG1998 PTC029914

email : info@rainbowhospitals.in

www.rainbowhospitals.in





RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Childrens Hospital-
Himayatnagar
Rainbow Children's Hospital, Door no. 3-
6-267, opp. Cafe niloufer, Old MLA
quarters road AP State Housing Board
Himayatnagar Hyderabad Telangana
INDIA 500029
Tel No : 040-48873000
GSTIN : 36AABCR4014M1ZE

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2,
Banjara Hills, Hyderabad 500034, Telangana.

Outpatient(OP) Bill Of Supply (Original)

Bill Number : OCS26-00116962

Bill Date : 27-05-2026 18:05

UHID : HNH-00009615



Medical Service Provided to : Baby Of K POOJA

Age/Sex : 9M 29D/ Female

Address : FLAT NO 303, SOMWAY TOWERS Narayanguda Hyderabad, Telangana

PAN :

Phone : 9441051674 / 9014440315

Payor : SELFPAY

Payor GST ID :

AADHAR :

Doctor : Dr. SPANDANA PASUPULETI

Speciality :

S.No	Services	SAC Code	Internal Code	Qty	Price	Discount	Amount(RS)
1	BICARBONATE	999316	NINV00205	1	1,130.00	169.50	1,130.00
2	C3 QUANTITATION	999316	NINV00247	1	2,040.00	306.00	2,040.00
3	C4 QUANTITATION	999316	NINV00248	1	2,040.00	306.00	2,040.00
4	CALCIUM	999316	NINV00252	1	570.00	85.50	570.00
5	CREATININE	999316	NINV00324	1	400.00	60.00	400.00
6	ELECTROLYTES		NINV00482	1	960.00	144.00	960.00
7	SPOT URINE CALCIUM ✓	999316	NINV00998	1	670.00	100.50	670.00
8	SPOT URINE CREATININE ✓	999316	NINV00999	1	670.00	100.50	670.00
9	SPOT URINE ELECTROLYTES ✓	999316	NINV01000	1	1,130.00	169.50	1,130.00
10	UREA ✓		NINV01114	1	400.00	60.00	400.00
11	URIC ACID ✓	999316	NINV01115	1	740.00	111.00	740.00
12	URINE CULTURE AND SENSITIVITY ✓		NINV01121	1	2,250.00	337.50	2,250.00

Received with thanks the sum of Rs : 11050.00(Rupees Eleven Thousand Fifty Only) from

Baby Of K POOJA

By Cash

11,050.00

Total Amount : 13,000.00

Discount Amount : 1,950.00

Deposit : 0.00

Paid Amount : 11,050.00

Lab No : HN26008912

Remarks : 15% discount given by ARTI Madam instructions...

RAINBOW CHILDREN'S MEDICARE LIMITED

Printed on : 27/05/2026 06:05 PM By Mr KIRAN KUMAR GODISHELA

Mr KIRAN KUMAR GODISHELA

Note : You can access your reports @ "https://www.rainbowhospitals.in/patient-portal/login --> India(+91) / Registered Mobile Number

