HNH-00015808 1P26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

CROSS CONSULTATION FORM

Doctor Name: Dr. Swapna Date: 25/5/26 Time: 5:10 PM

Diagnosis: Liver Abscess

Hospital: RCH-HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Fever :- 2 weeks.

C/o Liver Abscess

3 sites.

Taken IV Monocef (Ceftriaxone) outside

Plan

- Inj. PIPTAZ 4.5gm IV TID
- Inj. METRONIDAZOLE 500mg IV TID
- Repeat USG Abdomen after 48 h

Consultant :

Name : Dr. Swapna Signature : [signature] Date & Time :

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

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006426 **Admit Date** : 25-May-2026 **Admit Time** : 11:42 AM **UHID** : HNH-00015608

Patient Details :

Patient Name	: Master J REVANTH	**Age**	: 14 Y 10 M 18 D
Guardian	: Mr J THIRUMALESH	**DOB**	: 07-07-2011
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 13-4-56/26/1/1/ Jiaguda Hyderabad Telangana INDIA 500006	**Phone No**	: 9398033296/ 7013119898
		E-mail	: no@gmail.com

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: ER03	**Ward Name**	: GF -EMERGENCY
Room No	: ER03	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr J THIRUMALESH	**Relationship**	: Father
Contact Address	: 13-4-56/26/1/1/ Jiaguda Hyderabad Telangana INDIA 500006	**Phone No**	: 9398033296

J. Sa
Signature

Doctor Details :

Doctor Name	: Dr. VINAY KUMAR M	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Vinay Kumar Manthati	**Phone No**	: 9533799099
Co-Consultant	: Dr. ANIKET ANIL PARASHAR		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 10000.00
		Payor Name	: SELFPAY

ACTIVITY RECORD FOR BILLING

Name: HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

UHID N -------------- Consultant : ------------------------ Dept : pediatric

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/05/26	2pm	ER	ward	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swapna Patakurthy	25/5/26	202073	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/5/26	ultrasound, chest xray	6320.	Sugandha.
	CBP, CRP, ESR		
	blood culture, creatinine	8810	
	LFT, ~~p~~herytene, scrub		
	~~typhus~~ Igm, brucella		
	serology		
	urine culture and sensi	08819	[signature]
	-tivity. CUE,	08819	
25/5/26	~~[illegible]~~ Entamoeba Histolytica Antibody (IgM)	~~[illegible]~~ 8823	[signature]
25/5/26	PCT	8830	[signature]

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	Infusion pump	25/5/26 @ 3pm.		2065	[signature]

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

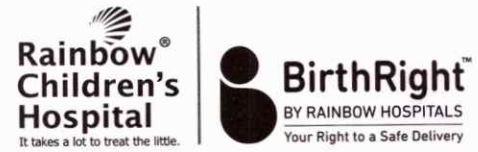
PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/5/26.	IV placement	01	2018.	suyandha
25/5/26	NHA	1		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015608 IP26-00006426 Master J REVANTH 07-07-2011 14 Y 10 M 18 D (M) Dr. VINAY KUMAR M	25/05/26 @ 11:42 Am.	25/05/26 @ 2pm
	Transfer Ordered by	Reason for Transfer
	Dr. Naipunya	Admission
From Unit	To Unit	Information to Attendant
ER	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
15 -/-		Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shirisha	Dr. Naipunya.

Patient & Clinical Records Received by : Monika

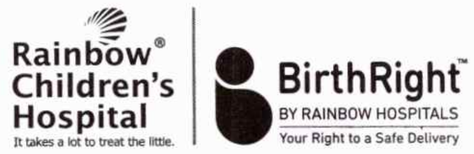
Date & Time of Patient Received : @ 2:15PM, 25/5/26

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

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

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M



MEDICATION RECONCILIATION FORM

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

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

Shifting From: ....ER.. Shifted to: ....ward..................................

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....Dr. Naipunya........................

Date & Time : ....25/05/26 @..

Nurse Name & Signature: ....Shirisha........................

Date & Time : ....25/05/26 @..

Ref.No.: F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Patient Name : ____________________

Patient ID# : ____________________

Consultant : ____________________

Final Diagnosis : ____________________

Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 2 weeks
C/o body pain since 1 week
C/o decreased oral intake x 2 weeks
C/o dull activity x 2 weeks

History of present illness :

Pt was apparently alright 2 weeks before. Then had fever, on & off type, moderate - high degree fever. not associated with chills / rigors

C/o body pains since 1 week, more over shoulder region.

C/o decreased oral intake since 2 weeks, dull activity since 2 weeks

Recieved IV antibiotics outside. but no improvement

HNH-00015608
Master J REVANTH
07-07-2011
Dr. VINAY KUMAR M
IP26-00006426
14 Y 10 M 18 D (M)

Pediatric Multiorgan History & Physical Examination

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

Nothing significant.

Birth & Neonatal History :

NAD

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information : —

Developmental History :

Developmentally normal.

Immunization History :

Immunized uptodate. till 3yrs acc to NIS.

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 78kg (Centile ________)

On Examination :

Temperature : 100°F Pulse Rate: 96. Description ________

B.P. 120/80mmHg SPO2 98%. at RA.

Resp. rate and type of breathing : 20.

dry oral mucosa
dry lips.
sunken eyes

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Respiratory system :

Inspection (any s/o distress) : ________

Air entry & breath sounds : B/L AE (+)

Any addes sounds : B/L NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : ________

Heart Sounds : $S_1 S_2$ heard.

Any murmur : No murmur.

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

Per Abdomen :

Inspection ________

Palpation : soft, tender (+) over (Rt) lumbar region

Ausculation : NO organomegaly

Spine: ________ External Genitelia : ________

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : ____

Cranial Nerves : Ⓝ

Motor System :

Nutrition : ____

Tone : ____ Power ____

Co-ordinator : ____

Posture : Ⓝ

Involuntary Movements : ____

Reflexes :

DTR Ⓝ

Superficials :

Plantars ____

Sensory System :

Ⓝ

Bladder / Bowel : ____

Clinical Summary & Diagnostic :

Pyrexia of unknown origin c̄ dehydration

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, ESR.
Blood C/S (Paired C/S) two bottles.
CUE, Urine C/S.
xCXR, USG Abdomen & pelvis
Sr. Creatinine
Scrub typhus IgM
Brucella IgM.
Sr. Ferritin, LFT
1 extra plain.

Planned Management :

Inj. Ceftriaxone 2gm BD
Inj. Doxycycline 100mg BD
T. Dolo 650 SOS
Inj. pantop 40mg.

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital :
   (Including the name of City)
3. Contact number of the Referring Doctor :
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team ______ on whose name the patient is being referred

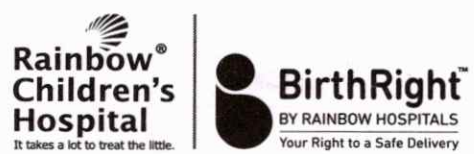
Doctor's Signature Name ______ Date ______ Time ______

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipuiya	
25/5 2:00 pm	PUO c̄ dehydration	
	fever (+)	Plan
	oral intake - poor.	
	Vitals - stable.	- Cont ceftriaxone, Doxycycline.
	R/S - B/L AE (+)	- Cont. IVF DNS.
	P/A - soft, non-tender	- Trace reports
		- Monitor vitals
		NB. Moorthi @ 2PM.
25/5/26 3 pm	Case d/w Dr. Aniket	- Send Entamoeba IgG
	USG Abdomen	- Stop Doxycycline
	s/o Liver Abscess	- Start Metronidazole
		- Continue CEFTRIAXONE
		- IV fluids
		- Paedi surgeon opinion
		NB. Moorthi @ 6PM

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 5:30 PM	S/B Dr. Vinay	
	Δ Liver Abscess	
		Plan
	Fever spikes ⊕	
		Send PROCALCITONIN same sample
	CVS - S1S2 ⊕	
	RS - BL-AE ⊕	
		Trace reports
	P/A - soft	
		ct PIPTAZ METRONIDAZOLE
	USG Abdomen → S/o Liver Abscess	
		ct IV Fluids @80ml/h
		NB - Mounika @6PM
		[signature]

HNH-00015608 IP25-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time		Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

DRUG CHART

Date of Admission: 25/5/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signa...

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

REGULAR PRESCRIPTIONS

Weight. 76 Kg Ward. ....

DRUG : Inj. CEFTRIXONE				Date / Time 26/5
Dose	Route	Frequency	Start Date	10AM 2:30PM
2GM	IV	BD	25/5	10PM
Name & Signature of the Doctor Starting the Drugs: [signature]				STOP 25/5
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. DOXYCYCLINE				Date / Time
Dose	Route	Frequency	Start Date	
100mg	IV	BD	25/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				STOP 25/5
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. PANTOP				Date / Time 26/5
Dose	Route	Frequency	Start Date	6AM 3PM
40mg	IV	OD	25/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. METRONIDAZOLE				Date / Time 26/5
Dose	Route	Frequency	Start Date	6AM
500mg	IV	TID	25/5	2PM 3:30PM
Name & Signature of the Doctor Starting the Drugs: [signature]				10PM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG: Inj. PIPTAZ				Date / Time
Dose	Route	Frequency	Start Dt.	23/5
4.5gm	IV	TID	25/5	
Name & Signature of the Doctor Starting the Drugs: B. Sreezha [signature]				
Additional Instructions: 4gm PIPERACILLIN 500mg TAZOBACTUM				10 PM
Daily Doctor's Endorsement by a Sign				

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

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

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

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

HNH-00015508 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

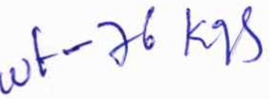
I.V. FLUIDS CHART

Weight. 78 kg Ward. ....

		...osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/5		IVF DNS	IV	80ml/hr	[signature]	[signature]			

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

NH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M


wt - 76 kgs

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Revanth Age : 15yr **Gender:** ☑ Male ☐ Female

Date : 25/05/26 Time of Arrival : 11:25AM

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 92b/M BP: 129/82 (96) mmHg RR: 20b/m SpO_2: 98%

Chief Complaints: c/o fever since 2 weeks body pain since 1 week

INITIAL PHYSIOLOGICAL CATEGORIZATION	**INITIAL PHYSIOLOGICAL STATUS**
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : ....

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

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

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

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Bhargavi Signature of Triage Nurse : [signature]

Date & Time : 25/5/26 @ 11:27Am

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/5/26 Time of arrival : 11:29Am

Chief Complaints: c/o fever since 2 weeks, c/o body pain since 1 weeks RBS: ....

Height : .... Weight : 76 kg BMI : .... Head Circumference (<2 years) ....

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

If yes , identify ....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : (R) @ 11:30Am

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

Time	Nursing Notes
11:33Am	Assess the pt condition monitore the vitals

Samples collected by: Sujandur Time:

Samples sent by : Time: 12:15 PM

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: 92b/m BP: 129/82(96)mmHg CFT:	Shift - out from ER to: ward
RR: 20b/m SPO$_2$: 98%	Time of Shift - out: 2pm
GCS: Temperature : 98°F	Handover given to: (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

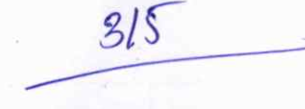
Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 25/5/26 @ 11:35Am

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M



RESULT SHEET

Date	25/5/26					
Time						
Hb	13.3					
PCV	38.9					
RBC	4.58					
WBC	12.11					
N/L	70.3/22.7					
Platelets	572					
CRP	249					
ESR	15					
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.9					
ALP	173					
SGPT	30					
SGOT	31					
T.Bill/Conj	0.7/0.4					
T.Protein	9.3					
S.Albumin	4.3					
S.Globulin	5.0					
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Ferritin → 798

Date	25/5/26					
Time						
CUE-Alb	Trace					
CUE-Sugar						
CUE - Ketones	Negative					
CUE-PUS Cells	3-5					
CUE - RBC Cells	NIL					
CUE						
Leucocyte - Negative						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology: USG : ....

X-Ray:..

ECHO: ....

CT: ....

MRI ....

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

CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

...ARNING SCORE: CHILDREN'S UNIT

Date : 25/5/26 Time:

Parameter	4pm	6pm	7pm
Doctor / Nurse / Family Concern?			
Temperature (°F) (scale 94–104)	98.7°F	98.9°F	101.8°F (Tab. calpol given)
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	120/67 (82)	118/66 (81)	
Heart Rate (Number)	100 bpm	102 bpm	
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)			
Resp Rate (Number)	20 bpm	20 bpm	
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	100%	
Conscious Level — Normal			
Conscious Level — Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	[illegible]	[illegible]	

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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)

Doc. No. : RCHBH/ FRM / CLINICAL / 127

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Scale
Date : .... Time:	
Doctor / Nurse / Family Concern?	
Temperature (^{0}F)	104
	103
	102
	101
	100
	99
	98
	97
	96
	95
	94
Heart Rate (bpm) and Blood Pressure (mmHg) *	190
	180
	170
	160
	150
	140
	130
	120
	110
	100
Note: BP does not score in early warning scoring	90
	80
	70
	60
	50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute)	70
	60
	50
	40
	30
	20
	10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

Sheet No. : ....

FLUID CHART

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/5/26	08:00 am											
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
25/5/26	02:00 pm											
	03:00 pm			80ml								
	04:00 pm			80ml								
	05:00 pm	DNS	Rice + curd + dal	80ml		NA			NA		0	
	06:00 pm			80ml								
	07:00 pm			80ml								
Total Intake :						Total Output : U –					M –	
	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	

Patient Sticker

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

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.

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	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											
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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	

Patient Sticker

FLUID CHART

Sheet No. : ....

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

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

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/5/26	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

0 No Hurt | 2 Hurts Little Bit | 4 Hurts Little More | 6 Even More | 8 Hurts Whole Lot | 10 Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

NURSING CARE RECORD

Date: 25/5/26

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	- Assess the pt condition - Monitor the vitals - Maintain I/O charts - Medication given as per drugs charts	8AM to 2PM	- Assess the pt condition - Monitor the vitals - Maintain I/O charts - Medication given as per drugs charts	- Patient is Have stable	- Monitor the vitals	[signature]
Afternoon	2PM to 8PM	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart. → Administer medication	2PM to 8PM	→ Assessed the general condition of pt. → Monitored vitals. → Maintained I/O chart → Administered medication	Pt is Stable.	Re-assess vitals.	Monisha [signature]
Night							

Patient Sticker

NURSING CARE RECORD

Date: ....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

Date: ....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

Date: ....

Goals

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

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

HNH-00015608 IP26-00006426
Master J REVANTH
07-07-2011 14 Y 10 M 18 D (M)
Dr. VINAY KUMAR M

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	25/5/26 M6	25/5/26 E2				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	—	—				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.5F	98.4°F				
	Res:	25 b/M	26 b/m				
	SpO_2:	99%	100%				
	Pulse:	120 b/M	120 b/m				
	BP:	100/61	100/57				
	LOC:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
	Skin Integrity	0	0				
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Yes	Non Depen				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Neha	Mouthushi				
Signature / ID :		[signature]	[signature]				
Date:		25/5/26	25/5/26				
Time:		2PM	8 PM				
Taken Over By Name :		Mouthushi					
Signature / ID :		[signature]					
Date:		25/5/26					
Time:		2pM					

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

BACKGROUND	Date / Shift	/	/	/	/	/	/
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

315

Patient Name	Master J REVANTH	Patient Ph. No	9398033296
Age	14 Y 10 M 18 D	Requisition No	R2626-006320
Gender	Male	Collected on	25-05-2026 12:08 PM
IP / Bill No.	IP26-00006426	Received on	25-05-2026 03:32 PM
UHID No.	HNH-00015608	Reported on	25-05-2026 04:21 PM
Ref. Doctor	VINAY KUMAR M	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Mild increase in size (16.4 cm) and normal in echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. Multiple focal hepatic lesions (~3) are noted in the right lobe of liver, appearing predominantly hypoechoic with low level internal echoes. Largest lesion in the right hepatic lobe posterior aspect (segment VI / VII) measuring ~4.8 x 4.4 x 4.7 cm (Volume ~52 cc), showing heterogenous internal echoes with partial liquefactive changes, suggestive of involving abscess. Hypoechoic lesions are noted in segment VI measuring 2.0 x 1.3 x 1.8 cm and in segment V measuring 1.3 x 1.5 x 1.4 cm. No obvious internal vascularity noted within these lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size (11.1 cm) and echotexture.

PANCREAS : Normal in size and echotexture in head and proximal body. Rest obscured due to bowel gas.

KIDNEYS : Right kidney : 10.3 x 5.4 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.
Left kidney : 11.1 x 4.9 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended partially and appears normal.

No ascites / Significant lymphadenopathy
Within the limitations due to thick abdominal wall visualised bowel loops appear grossly normal.

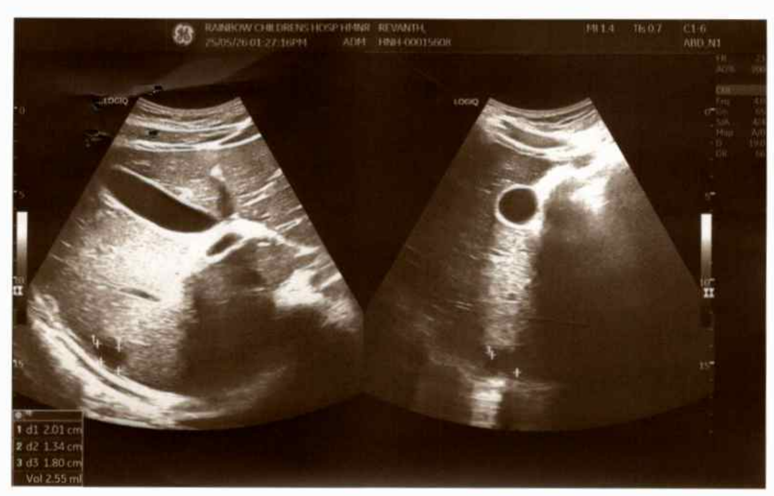
Impression

*** Multiple hypoechoic focal hepatic lesions as described, with a larger partially liquified lesion / evolving abscess in the right lobe. In the given clinical setting are highly suggestive of multifocal hepatic abscesses.**
*** Mild hepatomegaly.**
- For clinical correlation.

Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 25-05-2026 03:32 PM   Printed By : BATKIRI CHAYA DEVI

For Further Details
Scan QR Code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25/05/26 01:27:16PM ADM HNH-00015608
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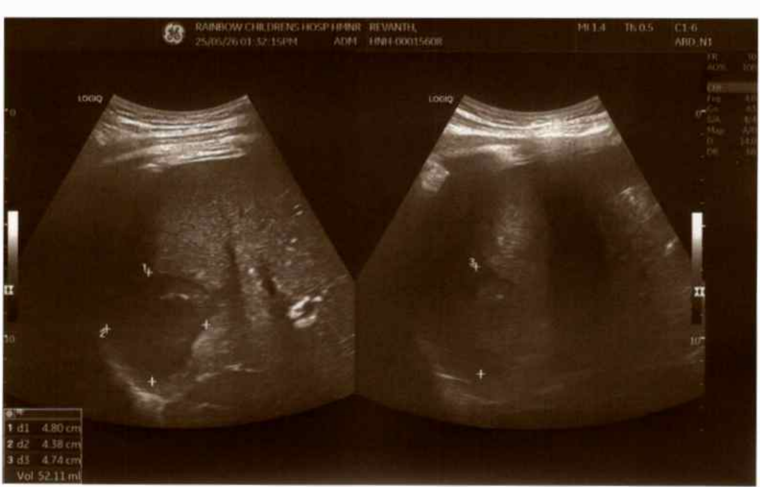
ABD_N1
LOGIQ
LOGIQ
1 d1 2.01 cm
2 d2 1.34 cm
3 d3 1.80 cm
Vol 2.55 ml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25/05/26 01:32:15PM ADM HNH-00015608
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ABD_N1
LOGIQ
LOGIQ
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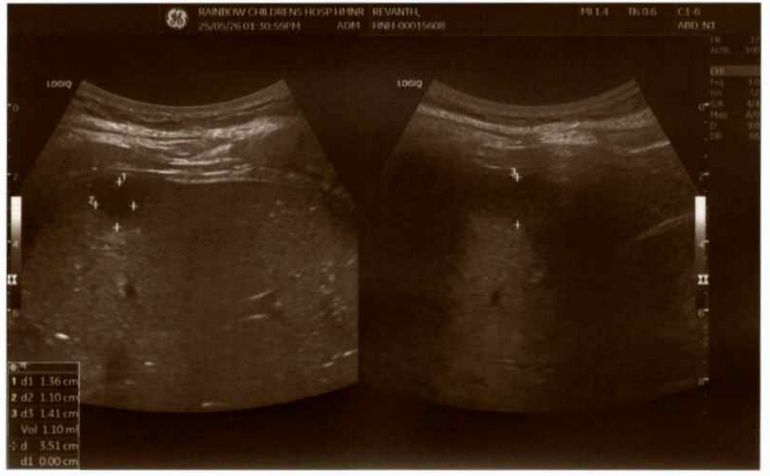
2 d2 4.38 cm
3 d3 4.74 cm
Vol 52.11 ml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25/05/26 01:30:59PM ADM HNH-00015608
MI 1.4 TIs 0.6 C1-6
ABD_N1
LOGIQ
LOGIQ
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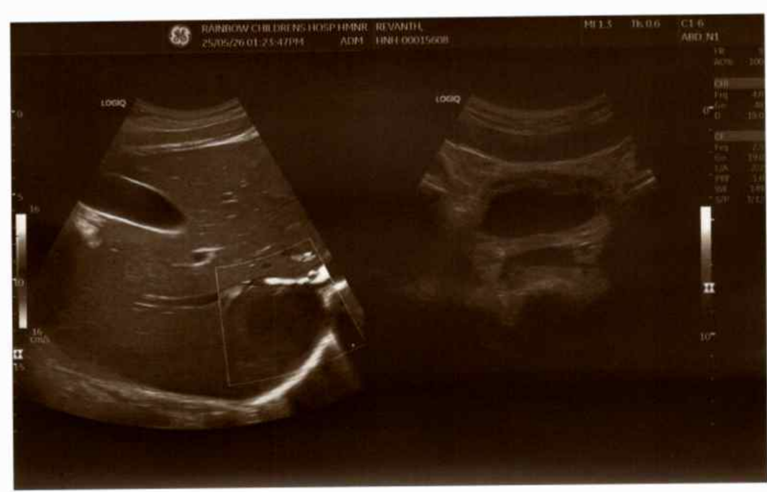
2 d2 1.10 cm
3 d3 1.41 cm
Vol 1.10 ml
d 3.51 cm
d1 0.00 cm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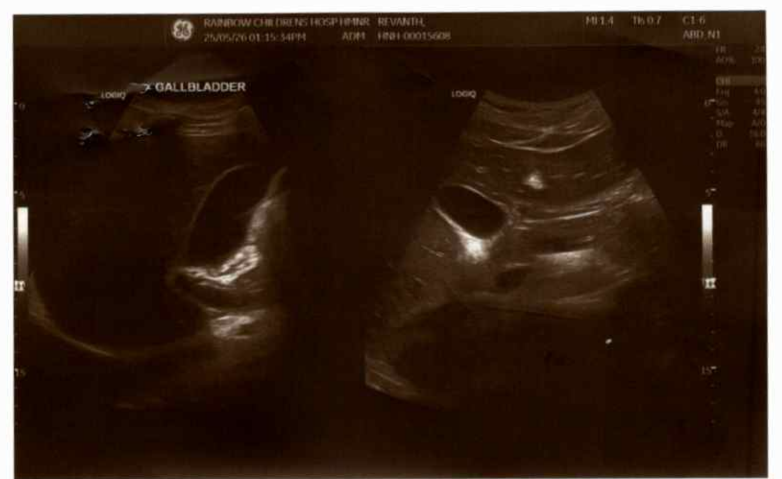
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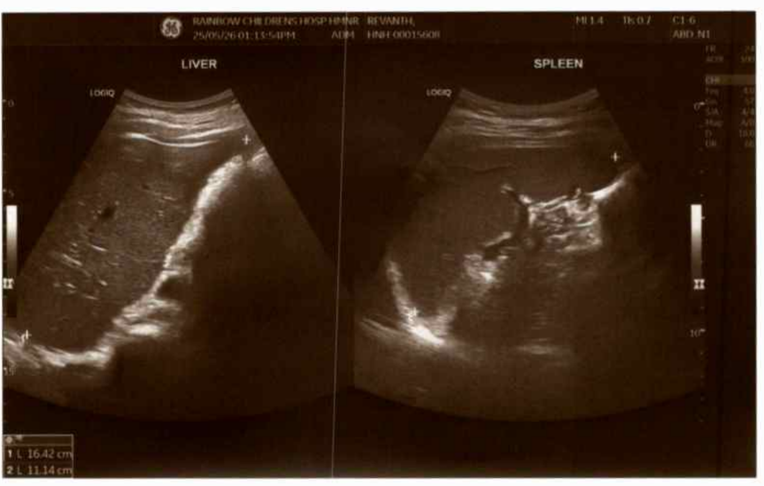
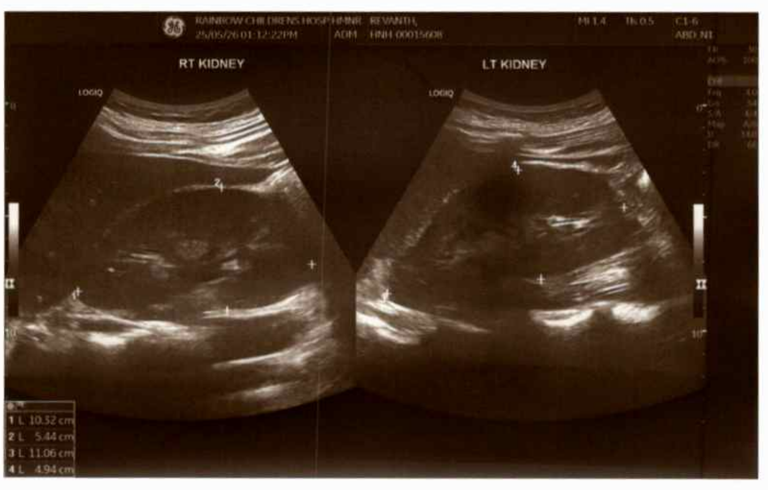
25/05/26 01:15:34PM
MI 1.4
C1-6
ABD N1
GALLBLADDER
LOGIQ
LOGIQ


RAINBOW CHILDRENS HOSP HMNR REVANTH,
MI 1.4
C1-6
ABD N1
LIVER
SPLEEN
LOGIQ
LOGIQ
1 L 16.42 cm
2 L 11.14 cm


RAINBOW CHILDRENS HOSP HMNR REVANTH,
MI 1.4
C1-6
ABD N1
RT KIDNEY
LT KIDNEY
LOGIQ
LOGIQ
1 L 10.32 cm
2 L 5.44 cm
3 L 11.06 cm
4 L 4.94 cm

R

MASTER J REVANTH 14Y 10M 18D M HNH 00015608 CHEST PA 25-May-25 4:02 PM

RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR