209-Fc

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

DISCHARGE SUMMARY

Name	Baby Of P LAVANYA	**UHID**	HNH-00015496
Father/Guardian	Mr M. ANUROOP	**Age/Gender**	0 Y 2 M 1 D/ Female
Address	301, RUTHUDAMA VEMPATI VARSHA, NEAR MOTHER DIARY PARK, NEW NALLAKUNTA, Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006900	**Admission Date**	20-07-2026
Ref Doctor	SELF		
Discharge Date	23.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
? SCABIES	
ECZEMA	

History: Baby Of P LAVANYA , 0 Y 2 M 1 D , old girl presented with the history of rash all over the body associated with itching since 10 days, aggravating since last 2 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 128/min and Respiratory Rate - 45/min. Capillary Refill Time was <2

Name	Baby Of P LAVANYA	UHID	HNH-00015496
IP No	IP26-00006900	Admission Date	20-07-2026

secs. Peripheries were warm & pulses well felt. On examination erythematous scaly lesion all over the body / flexor areas, trunk & limbs. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 4.6 kilo grams.

Investigations: Enclosed reports

Initial hemogram showed Hemoglobin of 10.8 gm%, White Blood Cell count of 15040cells/cumm, platelet count of 8.04 lakhs/cumm and C-Reactive Protein of 5 mg/l. Blood culture shows - 24 hours no growth incubation.

Management: She was admitted in the ward and started on Intra Venous antibiotics. She was treated symptomatically with local steroid application.

During ward stay, baby developed loose stools for which probiotics & zinc was started.
Dermatologist consultation was taken, who advised to apply permethrin(5%) cream twice (today and after 1 week).
Maternal history of scabies present.

She was regularly monitored for worsening symptoms of rash, fever spikes, hemodynamic status. Her rash and other symptoms gradually settled.

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

Name	Baby Of P LAVANYA	UHID	HNH-00015496
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advice.

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

Medication during hospital stay:
Injection. Flucloxacillin
Injection. Acyclovir
Pro-GG Drops
Z & D drops
Local Hydrocortisone ointment.

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	PERMITE CREAM 5%	apply from neck to toe from 7pm to 1am	7pm to 1am , and then wash it thoroughly	for 1 day Repeat the dose on 29/7/26.
2	Atarax drops	0.2ml	9pm (bedtime)	For 5 days

Name	Baby Of P LAVANYA	**UHID**	HNH-00015496
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Fever Management

* paracetamol drops (Paracetamol - 1ml/100mg) 0.7 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. SPANDANA PASUPULETI on (SATURDAY) 25.07.26 at Himayatnagar 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 acknowledge.

Parent/ Attender

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

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

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Name	Baby Of P LAVANYA	**UHID**	HNH-00015496
IP No	IP26-00006900	**Admission Date**	20-07-2026

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

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ACTIVITY RECORD FOR BILLING

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

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

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

Date of Admission : ---------- Time : 4:23pm. Date of Discharge : ---------- Time: ----------

Room / Bed No : 214 Ward : 2nd floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	21:23pm	ER	214/2nd flr.	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Sneha Reddy (Dermatology)	22/7/26	216195	
2.				
3.	(DOK checked by Sujatha on 23/7/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	CBP CRP Blood c/s	12147	[illegible]
	Cross checked		done by [illegible]

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

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

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Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	re placement	1	15429	
	Cross checked by Sujatha on 23/7			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Name :

Informant _______ Reliability _______

Chief Presenting Complaints & Duration (Chronologically):

c/o. Rash all over the body. Since today.

History of present illness :

Baby presented with c/o rash all over the body, Erythematous (spread) diffusely aggravated since last 2 day, not a/w bleeding / pus disch

No h/o fever
No h/o decreased feeds.
No h/o decreased activity.

Azithro
Desowen
Atarax.
Omnocartil
PhysioGel
} outside OPD Basis ↓ user

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

— Not Significant

Birth & Neonatal History :

OT

Birth & Socio Economic History :

About Father :

About Mother : —

Any additional Information : Not Significant

Developmental History :

~~Ap~~ —

Immunization History :

upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 4.6 kg (Centile _____)

On Examination :

Temperature : Afeb Pulse Rate: 128 . Description _____

B.P. _____ SPO2 97%. at _____

Resp. rate and type of breathing : _____

Rash Erythaton / scaly lesion all over the body (flexion area / trunk / limbs

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection _____

Palpation : Soft, Not distended

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Infected Eczema

_____

_____

_____

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
B/c/s

Noted by e Dr

Planned Management :

- Inj FLUCLOXACILLIN.
- Hydrocortisone 1% cream.
- IV Cannula
- Ryorm sop

Noted by Dr

Please fill up the following details

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

Dr. Spandana Pasupuleti
Consultant Neonatologist and Paediatrician
Reg. No: 30825

Doctor's Signature Name Date Time

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Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8AM	S/B Dr. Archana /	
	Δ: Infected Eczema.	Advice
	fever spikes (−) .	· Ct Inj FLUCLOXACILLIN
	Enthematous rashes over neck & back (+) ↓	· Ct local application of 1% hydrocort cream TDS
	Eczema over body (+) .	· watch for ↑ in rashes .
	Oral acceptance - fair .	→
	Irritability ↓ .	
	o/e	
	vitally stable	
		Sd
	s/e	
	wnl .	

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

(P.T.O)

NH-00015496 IP26-00006900
Baby Of P LAVANYA
-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 8 Am	S/B Dr - Spandana	
	Δ: Infected Eczema	
	old Rashes ↓	Adv -
	New rashes ⊕	Ct Flucloxacillin
	No irritability	Ct rest same
		Ⓣ Blood C&S
	o/e	
	vitally stable -	NB Snehu @ 8 Am
Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925		

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

H-00015496 IP26-00006900
by Of P LAVANYA
05-2026 0 Y 2 M 2 D (F)
SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 2pm	S/B Dr. Sreeghan	
		Plan
	Δ Infected Eczema	
		- c/c FLUCLOXACILLIN
	C/o Loose stool ↓ 3 episodes	
	CVS S1,S2 ⊕	- Trace Blood C/S
	RS - B/L - A/E ⊕	
		← c/t Hydrocortisone cream 6% LA
	CTA good.	
		N/B Sneha
		1:55 pm
		- Start 2AD drops 0.5 ml OD
		- Pro GG drops 15 BD

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 10 pm	c/i/by Dr Spandana	
	Infected Eczema.	
	Rash (+) (T)	
	vital stable	P/a
	S/E NAD	— Dermatol. Tm Ravi opinion
		— (T) B/cls
		— ct- Antibiotic
		— Syp SOS.
		— (Tm - plan Acyclovir) If needed only.
		— stat Acyclovir
		NB Spandana

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/02/2026 8am	S/R Dr. Nameen / Dr. Anusha	
	Infected Eczema	
	No fever spikes	Plan
	Rash (+)	(1) ct Inj Flucloxacillin
	Hemodynamically stable	Azithromycin
	Chest clear	(2) ct pro[illegible]
	P/A soft.	(3) Monitor vitals
	Stools - 3 ~~[illegible]~~ episodes	(4) w/f urine output
	Cannula site (N)	(5) Trace blood c/s
22/2/26 9:30am	c/1B Dr. Tejasvini	(Dr Nameen)
	? infected eczema	
	- no fever	
	- Rash (+)	Plan
	few bullous rash (+)	(1) ct. inj flucloxacillin
	- no loose stools	ct. azithromycin
	- accepting feeds well	(2) ct. supportive care
	O/E	(3) dermatology opinion
	GTIA : good	(4) trace blood c/s
	AF : flat	(5) Rest ct. as per Rx chart.
	mem (+)	NB Sm 09:34
	vitals : stable	
	S/E - normal	Dr. TEJASWI REDDY Registration No:-94068
	(Maternal - Scabies History)	

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

(P.T.O)

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Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 3:00pm	C/S/13 Dr. Spandana :	
	Infective Eczema.	
	No fever.	Plan:
	Rash (+)	- Cont Flucloxacillin
		Acyclovir
	Vitals - Stable.	
	RS | NAD	- Dermatologist opinion
	P/A |	- Trace B/Cs
		- 1% Hydrocortisone L/A
		- Monitor vitals
	Dr. Spandana Pasupuleti Pediatrician	N/B
22/5/26 3:30pm	S/B Dr. Archana/ Dr. Naipunya	
	Δ: Infective Eczema.	
	No fever.	Adv.
	Rashes (+) - scaly, bullous, erythematous	
	No fresh complaints.	• Inj FLUCLOXACILLIN & ACYCLOVIR.
	O/E	• Dermatologist opinion today
	Vitally stable	• (T) Blood C&S
	O/E wnl.	• Continue rest as per Ry chart
		N/B

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0Y2M2D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8PM	Case d/w Dr. Spandana	Plan - Stop ACYCLOVIR - CF FLUCLOXACILLIN N/B. Amrith [signature]
23/7/26	S/B Dr. Sreeghna D 2 Scabies. CVS - S1S2 ⊕ RS - BLL-AE ⊕ P/A - Soft C Tol feed.	Plan - Plan discharge [signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26	O/E B- Dr. Tejasvi	
9:10 AM	A - Eczema ? Scabies	
	itching	
	erythema +	Plan
	O/E	- Discharge
	vitals: stable	- Permethrin 5% body ↓ Repeat after 1 week
	Scaly, bullous lesions +	
	O/E	
	WNL	

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejasvi

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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CROSS CONSULTATION FORM

Doctor Name : Dr. Smita Reddy Date : 22/7/26. Time : 4:30pm.

Diagnosis : Scabies.

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

History of rashes, the progression and evolution of crops of rashes taken.
Rashes not associated with itching.

C/o rash all over the body since 15 days.
started on feet & spread to hands & face
Parents - Scabies +.

O/E Multiple papules, - (erythematous) predominantly on soles, wrists.

On IV acyclovir & Flucloxacil
*Used Topical & oral steroids P.T.D.

Consultant :

Name : Dr. Smita Reddy Signature : Smita Date & Time : 4:30pm.

Scabies:

℞

(1) Permite cream 5%

——— 7pm to 10AM.

neck to Toe.

Repeat on. 29/7/26.

(2) Afarax Drops.

——— 0.2 ml.

7pm

10 days

STOP other medication now.

* Admit family members too for Permethrin application

P/A

10 days in OPD.

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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

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 .... Signature

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 4.64/4 Ward. .....

DRUG : I/j FLUXOACILLIN

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : I/j FLUCLOXACILLIN

Dose	Route	Frequency	Start Date
100 mg	iv	Q6H	20/7/26

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

Additional Instructions: 25mg/kg/dose Q6H (in 20cc ns over 1 hour)

Daily Doctor's Endorsement by a Sign

Date / Time 20/7 21/7 22/7

12 am x
6 am x
12 pm x
6 pm

DRUG : Hydrocortisone 1% cream.

Dose	Route	Frequency	Start Date
	4A	TID	20/7/26

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

Additional Instructions: Over wash.

Daily Doctor's Endorsement by a Sign

Date / Time 20/7 21/7 22/7

6 AM x
2 pm x
10 pm

DRUG : Pro A A drops

Dose	Route	Frequency	Start Date
1.5 ml	oral	BD	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 21/7 22/7 23/7

6 AM x
6 pm

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Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 4.6kg Ward .....

DRUG : Z & D drops

Dose	Route	Frequency	Start Dt.
0.5ml	Oral	OD	21/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha R

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7 22/7

5pm

DRUG : Inj. ACYCLOVIR.

Dose	Route	Frequency	Start Dt.
25mg	iv	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: in 20cc NS over 1 hour

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7 22/7

Changed

DRUG : ~~Inj. ACYCLOVIR.~~

Dose	Route	Frequency	Start Dt.
40mg	IV.	TID.	22/7.

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

Additional Instructions: 20mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date / Time: 22/7

Stop 22/7.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

Signature

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

(P.T.O.)

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/7	1PM	PERMETHRIN (5%) Cream	to apply from neck to toe	LA		

Signature .....

VERIFIED BY : Name .....

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
16-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

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RESULT SHEET

Date	20/7/26					
Time						
Hb	10.8					
PCV	30.1					
RBC	3.46					
WBC	15.04					
N/L	20.2/56.5					
Platelets	804					
CRP	15					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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...LY WARNING SCORE: CHILDREN'S UNIT

Date: 20/7/26. Time: 6am 10am 2pm 6pm

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98.2°F 98.4°F 98.0°F 98.3°F

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

Note: BP does not score in early warning scoring

	6am	10am	2pm	6pm
Heart Rate (Number)	138/m	142/m		142/m
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10			
Resp Rate (Number)	38/m	42/m		44/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	100%		99%
Conscious Level: Normal / Altered				
GCS *		15/15		15/15
TOTAL SCORE Number of shaded boxes	0		0	0
Pain Score	0		0	0
Observer's Initials				

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

RM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/12 Time: 10AM 3PM 7PM 10PM 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4F 98.4F 98.1F 98.2F 98.6F 98.6F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 155/m 132 125/m 112/m 132/m 116/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 45/m 43 42/m 42/m 42/m

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	95%	99%	100%	97%	100%
Conscious Level: Normal / Altered						
GCS *				15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

Patient Sticker

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

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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)

INH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/1 Time: 10AM 2pm 6 pm 10pm 2am 6am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.6°F 98.1°F 98.1°F 98.4°F 98.2°F 97.3°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

Heart Rate (Number) 140bpm 138bpm 132bpm 140bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 40bpm 38bpm 30bpm 30bpm

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	100%	100%	
Conscious Level	Normal / Altered				
GCS *				15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	
Pain Score	0	0	0	0	
Observer's Initials					

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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.

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
20/7/26	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-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am									✓	0	
	09:00 am		DBM								0	
	10:00 am		FF				✓	✓		✓	0	
	11:00 am		DBM								0	
	12:00 pm										0	
	01:00 pm		DBM							✓	0	
Total Intake :						**Total Output :** U - 3 ml						
21/7	02:00 pm											
	03:00 pm		DBL				✓	✓				
	04:00 pm									✓		
	05:00 pm		DBM									
	06:00 pm						✓	✓		✓		
	07:00 pm		DBM									
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		DBM				✓			✓		
	10:00 pm										0	
	11:00 pm		DBSM									
	12:00 am											
	01:00 am		DBSM									
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am		DBSM				✓			✓		
	04:00 am										0	
	05:00 am		DBSM							✓		
	06:00 am											
	07:00 am		DBSM				✓			✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/7	08:00 am		milk									
	09:00 am											
	10:00 am											
	11:00 am		milk									
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
22/7/26	02:00 pm											
	03:00 pm		milk									
	04:00 pm											
	05:00 pm		milk									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		milk									
	09:00 pm											
	10:00 pm		milk									
	11:00 pm											
	12:00 am		milk									
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		milk									
	03:00 am											
	04:00 am		milk									
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		Intake				Output						
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			Mouth	I.V	N.G							
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	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-00015496 IP26-00006900
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NURSING CARE RECORD

Date: 20/7/26

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	5pm to 8pm	→ Assess pt condition → Monitor the vitals → Maintained I/O chart → Administer the medication as per drug chart	5pm to 8pm	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked Vitals	[signature]
Night	8pm 8am	Assess the baby Monitor the v/s administer Medicine Maintain I/O Chart	8pm 8am	Assessed the baby Monitored the v/s administered Med Maintain I/O chart	Monitored v/s	Reassess the B/V	[signature]

NH-00015496 IP26-00006900
Baby Of P LAVANYA
9-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	Assess the Pt. Condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable Position. medication give as per as doctor order.	8Am to 2Pm	Assessed the Pt. condition. monitored vitals & record. maintained I/O chart. Provided the comfortable position. medication given as per as doctor order.	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart.	[signature]
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor vitals & I/O chart → drug as per chart → provide comfortable position		→ Assessed the patient's condition → monitored vitals & I/O → provided comfortable position	→ pt is stable	Rechecked vitals	[signature]
Night	8pm to 8am	Assess the baby → Monitor vitals → administer the medication → Maintain I/O chart	8pm to 8am	Assessed the baby → Monitored vitals → administered the medication → Maintained I/O chart	[illegible]	Reassessed [illegible]	[signature]

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 2 D (F)
Dr. SPANDANA PASUPULETI

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

NURSING CARE RECORD

Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	Assess the pt condition. monitor vitals and record. maintain I/O chart. provide the comfortable position. medication give as per as doctor order.	8Am to 2pm	Assessed the pt condition. Monitored vitals and recorded. maintained I/O chart. provided the comfortable position. medication given as per as doctor order	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart	[signature]
Afternoon	2Pm to 8Pm	→ Assess the Pt condition → monitor vitals → maintain I/O chart → administer medication as per drug chart	2Pm to 8Pm	→ Assessed the Pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ Pt is stable	→ rechecked vitals	[signature]
Night	8:00 to 8:00	Assess the baby Monitor the v/s administer medication Maintain I/O chart	8:00 to 8:00	Assessed the baby Monitored v/s administer medication Maintain I/O chart	administer medication	Reassess the v/s	[signature]

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19-05-2026 0 Y 2 M 2 D (F)
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NURSING CARE RECORD

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Date: .....

Goals

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

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	20/7 E2	21/7 8am	21/7 M6	21/7 E2	22/7 8a	22/7 M6
	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:	98.58	94.8	98.2	98.1	98.2	98.2
	Res:	32bm	42bl	42bl	40bl	42	40bm
	SpO_2:	99-1.	100%	99%	99%	100%	99%
	Pulse:	132bm	142bl	132bm	130bl	132	130bm
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	=0	—	—	—	—	—
	Pain Score:	=1	—	—	—	—	—
	Skin Integrity	Good	—	—	—	—	—
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Anusha					
Signature / ID :							
Date:		20/7/26	21/7	21/7	21/7	22/7	22/7
Time:		8pm	8am	2pm	8pm	8am	8pm
Taken Over By Name :							
Signature / ID :							
Date:		20/7	21/7	21/7	21/7	22/7	
Time:		8pm	8am	2pm	8pm	8am	

IP26-00006900
HNH-00015496 (F)
Baby Of P LAVANYA 0 Y 2 M 2 D
19-05-2026
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	22/7/26 D2	23/7/26				
	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:	97.4°F	98.1°F				
	Res:	20/min	32/min				
	SpO_2:	99%	100%				
	Pulse:	132/min	142/min				
	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 :		Amrutha					
Signature / ID :							
Date:		22/7/26	23/7/26				
Time:		8pm					
Taken Over By Name :							
Signature / ID :							
Date:		22/7					
Time:							

HNH-00015496 IP26-00006900
Baby Of P LAVANYA (F)
19-05-2026 0 Y 2 M 1 D
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 20/7	21/7	21/7	22/7
					Time : E	M	E	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	24	23	23
				Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

Patient ID

BRADEN 'Q' SCALE

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

				Date :	22 / 7	22/7/26	23/7	
				Time :	14/	E2	8am	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	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	3.	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4.	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
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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.	7	4	4	
				TOTAL SCORE	27	22	21	
				Evaluator's Name	[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

Docu. No. : RCH /FRM / CLINICAL / 119

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10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
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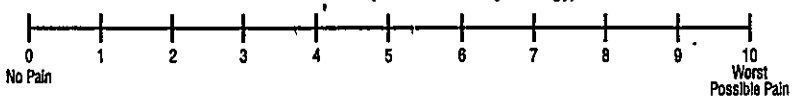
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7/26	3Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
23/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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 (Obstistric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00015496 IP26-00006900
Baby Of P LAVANYA
19-05-2026 0 Y 2 M 1 D (F)
Dr. SPANDANA PASUPULETI

wt - 4.6 kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. LAVANYA Age : 2 month **Gender:** ☐ Male ☑ Female

Date : 20/7/26 Time of Arrival : 4:05 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: 98.3°F PR: 110bpm BP: 89/71(63) RR: 27b/m SpO_2: 98%.

Chief Complaints: c/o Rash all over body since x 10 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

M. Anvesh
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 4:07Pm.

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 : Atoma

Signature of Triage Nurse : .....

Date & Time : 20/7/26 @ 4:07Pm.

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/7/26 Time of arrival : 4:09pm.

Chief Complaints: c/o Rashes all over body, since x10 days. RBS: N/A

Height : – Weight : 4.6kg 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 N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With Family.

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

Time of Initial assessment completed by ER Nurse : 4:09pm/ [signature]

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

Time	Nursing Notes
	Assesses the patient condition.
	monitor vites Done.

Samples collected by: / K. Vidas / 20/8/26 Time: /

Samples sent by : / Time: / 4:30pm

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: 109bpm BP: ~ CFT: —	Shift - out from ER to: 2/4
RR: 22/m SPO$_2$: 98%	Time of Shift - out: 4:55 pm.
GCS: 15/15 Temperature : 98.6°F	Handover given to: Supriya
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable): N.A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV puncture not done.

Name of the Nurse : Atonce Signature of the Nurse :

Date & Time : 20/7/26 @

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015496 IP26-00006900 Baby Of P LAVANYA 19-05-2026 0 Y 2 M 1 D (F) Dr. SPANDANA PASUPULETI	20/7/26 @ 4:23 pm	20/7/26 @ 4:55 pm.
	Transfer Ordered by Dr, Anusha	Reason for Transfer Admission.
From Unit ER	To Unit 24/2nd floor.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Atoma /	Dr, Anusha.

Patient & Clinical Records Received by : Copied

Date & Time of Patient Received : 20/7/26 @ 4:55 pm

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 2nd Room/ 214.

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. Amrita

Date & Time : 20/7/26 @ 4:30pm

Nurse Name & Signature: Aroma / [illegible]

Date & Time : 20/7/26 @ 4:55 pm