HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
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3	Nursing Initial assessment	1			
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5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
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29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
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33	Nebulization chart				
34	Nutritional review chart				
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36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	32			

Signature and Date : 30/06/26
Jyotsna

(P.T.O)

DISCHARGE SUMMARY

Name	Baby C.V.M ANAGHA SHRIYA	**UHID**	HNH-00009569
Father/Guardian	Mr CV. SUDHAKAR	**Age/Gender**	12 Y 8 M 10 D/ Female
Address	2-2-1131, Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006672	**Admission Date**	27-06-2026
Ref Doctor	SELF		
Discharge Date	30.06.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Co-Consultant
Dr. K.Bhasker Reddy
MBBS, DCH
6376

DIAGNOSIS	ICD CODE
DENGUE FEVER ILLNESS	
URINARY TRACT INFECTION	

Name	Baby C.V.M ANAGHA SHRIYA	UHID	HNH-00009569
IP No	IP26-00006672	Admission Date	27-06-2026

History: Baby C.V.M ANAGHA SHRIYA , 12 Y 8 M 10 D , old girl presented with the history of fever, burning micturition since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile(103*F). Her heart rate was 98/min, Blood pressure - 108/60 mmHg and Respiratory Rate - 20 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal were present. 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: 45 kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.42, pCO2 of 36.5 mmHg, pO2 of 60 mmHg, HCO3 of 23.5 mmol/L and BE of -1.2 mmol/L.

Name	Baby C.V.M ANAGHA SHRIYA	**UHID**	HNH-00009569
IP No	IP26-00006672	**Admission Date**	27-06-2026

Date	**On 27.06.2026**	**On 27.06.2026**	**On 30.06.2026**
TEST	**Result**	**Result**	**Result**
CBP: Hemoglobin	11.3 g/dl	13 g/dl	12.3 g/dl
While blood cell	2680 cell/cmm	2080 cell/cmm	2450 cell/cmm
Platelets	1.68 lakh/cmm	1.36 lakh/cmm	1.29 lakh/cmm
CRP	5 mg/L	-	-
BLOOD CULTURE	Sterile	-	-
Complete urine Examination	4-6 pus cells, 8-10 epithelial cells.	-	-
Urine Culture and Sensitivity	No growth after 24 hours of incubation	-	-

Dengue NS1 was detected.
Dengue IgM was not detected.

Name	Baby C.V.M ANAGHA SHRIYA	**UHID**	HNH-00009569
IP No	IP26-00006672	**Admission Date**	27-06-2026

Ultrasound abdomen shows Mild hepatomegaly.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics.

In view of fever with abdominal pain - dengue NS1 antigen / IgG antibody and IgM antibody were sent. . Dengue IgM was positive (29.5 panbio units). Dengue NS1 antigen / IgG antibody was negative.

In view of dengue fever, her blood counts were serially monitored, which showed raising trend of PCV & dropping platelet counts.

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

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

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

Medication during hospital stay:
Injection. Augmentin
Tablet. Lanzol

Advice:

Name	Baby C.V.M ANAGHA SHRIYA	**UHID**	HNH-00009569
IP No	IP26-00006672	**Admission Date**	27-06-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. LANZOL DT (Lansoprazole - 30mg)	1 tablet	7am (before breakfast)	For 3 days
2	Tablet. AUGMENTIN 625 mg	1 tablet	8am-8pm (after food)	For 2 days

Fever Management
* Tablet. Paracetamol - 650mg, 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SPANDANA PASUPULETI on Wednesday(01.06.2026) with CBP report at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.

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

Name	Baby C.V.M ANAGHA SHRIYA	**UHID**	HNH-00009569
IP No	IP26-00006672	**Admission Date**	27-06-2026

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**

Dr. Archana

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006672 **Admit Date** : 27-Jun-2026 **Admit Time** : 09:46 PM **UHID** : HNH-00009569

Patient Details :

Patient Name	: Baby C.V.M ANAGHA SHRIYA	**Age**	: 12 Y 8 M 9 D
Guardian	: Mr CV. SUDHAKAR	**DOB**	: 18-10-2013
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-2-1131 Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9177778139/ 9866649591
		E-mail	: nellutapavani@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr CV. SUDHAKAR **Relationship** : D/O

Contact Address : 2-2-1131 Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 9177778139

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

(1)

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ACTIVITY RECORD FOR BILLING

HNH-00009589 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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

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

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
27/6/26	11:13	ER	217	

Cross Consultation Visit

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

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/6/26	CBP		
	CBP	10495	
	Blood cly		
	KSG	10494	
28/6	RUE, Urine cly	10498	
	Dengue NS1 + IgM	1052	
		Cross Checked done by Sneha	
29/6	USG Abdomen	7694	
29/6	CBP	1057	
30/6	CBP	10688	

MEDICAL EQUIPMENT (WARD & ICU)

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D
Dr. SPANDANA PASUPULETI (F)

Date	Name of Equipment	Connecting Time	Disconnecting Time	[illegible]	...ture
28/6/26	Infusion Pump	11pm	29/6/26 09:45AM	208832	[illegible]

cross checked done by Sn

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	u placement	1	8786	Kudpy
28/6/26 9½ am	NHA	1	8912	[illegible]
28/6/26	IV placement	1	9016	Monika

Cross checked done by [illegible]

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-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

Patient Name : Shriya

Patient ID# :

Consultant : Dr. S PANDANA

Final Diagnosis : Acute Febrile illness, Urinary Tract Infection

Pediatric Multior ation

Name : Shriya Age/Sex 12y8m, Female.

Informant Mother Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever - 1day
Burning micturition - 1day

History of present illness :

c/o Fever - high grade (103F)
intermittent, ↓ on taking paracetamol,
3 episodes
No rash
No h/o outside travel

c/o Burning micturition - 1day, intermittent
↑ Gradually a/w vomiting - now bilious
1 episode of vomiting, non blood stained,

No loose stools, No cold/cough

Pediatric Multiorgan History & Physical Examina

HNH-00009569 IP26-00006672
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18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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

Birth & Neonatal History :

~~FTD~~ - FT forcep vaginal delivery
- PDA closure done
NICU admission at 9mo
↳ IVO, Seizure 3 days

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : last immunised at 5y
10y Pending
Flu immunised - Feb.

Immunization History : Normal, uptodate

Goes to 8th std, Good Scholastic Performance.

Anthropometry

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

Weight (kgs)_____(Centile _____)

On Examination :

Temperature : 103F Pulse Rate: 98/min Description _____

B.P. 108/60 mm Hg SPO2 98 % at Room Air

Resp. rate and type of breathing : Rhythmic, 20/min

Rash_____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress): Normal

Air entry & breath sounds : NVBS+, B/L AE+, No added sounds

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : normal

Heart Sounds : S1S2+, No murmurs

Any murmur : No

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

Per Abdomen :

Inspection (N) shape

Palpation : soft, Renal angle tenderness +, Suprapubic tenderness

Ausculation : BS+

Spine: N External Genitelia : N

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

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Dr. SPANDANA PASUPULETI

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :** WNL

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

URINARY TRACT INFECTION

Preventive aspects of the treatment :

Avoid ~~cross~~ Sepsis.

Desired goals of the treatment :

Treating infection

Planned Labs :

CBC, CRP, CUE, VBG
Urine c/s
Blood c/s
USG Abdomen - Tomorrow

Planned Management :

Inj. AUGMENTIN
↓
After Blood c/s

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 & Pediatrician

Doctor's Signature Name _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10pm	C/S/B - Dr. Spandana	Dr. Prashanti
	Δ - Urinary Tract	Infection
	Febrile + (103F)	
	Burning micl +	Plan
	O/E	ct IV Augmentin -
	BP - 100/60 mm Hg	Trac Reports
	C/E	
	P/A B/L Renal angle Tenderness +	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6 7:00 pm.	C/S/13 POD. Naipunya	POD. prashanthi
	AFB ⊂ dehydration ? UTI	
		P(an)
	Fever (+).	
	C/T/A - Good.	- Cont Augmentin
	Vitals - Stable	- Trace reports
	P/A - Soft, NT	- USG Abdomen tomorrow
	R/S - B/L AE.	- Monitor vitals

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6	Seen & Examined by Dr. Spandana	
	A - AFIC dehydration ? UTI	
	Twice	Plan
	CRIAC Good: Activity Good	- Cont Augmentin
O/E	Vitals Stable	- Trace reports
	P/A - Soft,	- Send Dengue NS1 IgM
	CVS - S1S2+, no murmur	- USG Abd & Hip
	Rs - clear	
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 38925	

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:30 pm	S/B Dr. Archana AFI c dehydration ? UTI pain per abdomen (+) fever spikes (+) Oral acceptance - fair No fresh complaints O/E - vitally stable S/E WNL P/A → soft, NT	Adv. - Continue Augmentin - (T) Dengue [NS1, IgM] - USG abdomen (c/m) - TPR/IOC IVF Inf @ 30 ml/hr Sd/ Dr. Archana
29/6/26 7:40 AM	c/s/by Drs Anuch / Drs. Archana. AFI c dehydt ? UTI fever - 2 spikes (+) hydrt. ? fair acty ? fair vital stable S/E NAD.	- USG Abdomen Mng - ct AUGMENTIN - (T) Dengue NS1, IgM. - Monitor vitals. N/B reviewed, Sd/ Dr. Archana

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/8/26	S/B Dr. Tejaswi	
9:40 AM	Δ Dengue fever	P/G
	Day 4	
	CVS – S1 S2 ⊕	– CBP – today
	RS – BLL – AEE ⊕	> 1 extra plat
		– USG Abdomen – today
	P/A – soft	
	conscious	– Monitor Urine output
	C/o nausea	– Monitor BP 4th h
	Dry tongue	– stop IV fluids ~~[illegible]~~
		– Strict Input/output monitoring
		– ZYTEE gel for KA
		Dr. Tejaswi
		N.B Amrutha C10 AM.

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA (F)
18-10-2013 12 Y 8 M 10 D
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/16 12:30 pm	S/B Dr Bhaskar Reddy	
	D Dengue fever,	
	Day 4	Plan
	Afebrile	~~- Inj AUGMENTIN~~
	CVS - S1 S2 ⊕	~~- Monitor BP 4th h~~
	pulse volume - ⊕	
		~~- Monitor Input/output~~
	RS - BL - AEP ⊕	
		~~- CBP - Tommorrow~~
	P/A - Soft	morning
	Conscious	[signature]
		D. B Amrutha
		C 1pm

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA (F)
18-10-2013 12 Y 8 M 9 D
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/16 2:45 pm	S/B Dr. Sangthan	- P/a
	Δ Dengue fever	- C Augmentin
	Day 4.	- Monitor BP 4th hrly
	CVS - S1 S2 +	- Strict Input/output monitoring
	pulse volume (N)	
	RS - B/L AE (E)	
		- Encourage orally
	P/A - Soft	
	Conscious.	
	[signature]	
29/6 3pm	c/s/b Dr. Spandana	
	Dengue Fever - Day - 4 & UTI	
	Fever - ↓ (last fever - 3 AM)	Plan
	Oral intake - less	1) C Augmentin
	Abd Pain - better	2) Monitor BP - 4th hrly
		3) Strict I/O charting
	child alert	4) Trace Urine c/s
	Vitals stable	Blood c/s
	R-S - B/L AE (E)	5) CBP - ~~[illegible]~~ T/m
	P/A - Soft, Epigastric tender	6) If stable - decide on D/C accordingly
[signature]	Dr. Spandana Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925	7) Tab LANZOL
		N/B Supriya @ 3pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20	UHB Rs. Thanmi	
11:30 pm		
	- u/o - 4ml/kg/day	
	one 12h.	
	- good oral intake	Plan
	↳ 2L	1) STOP IVF
		2) monitor Bp - 4th h
	- Bp: 108/72	3) strict I/o chart
	- Pneval: good	4) UBP - T/M
		5) Rest it as pre Rx chart.
	Dr.	
	UHB Rs. Thanmi	
30/6/20 7am	Dengue fever - DOI-5 ? UTI	
	- afebrile : 24h	
	- oral intake : good	
	- no vomitings / Pain abdomen	
	O/E : active	Plan
	vitals : stable	1) Tease UBP.
	Bp: 97/56	urine ds
	Pneval: good	Blood ds
	S/E - (N)	2) monitor Bp - 4th h
		3) strict I/o chart
	u/o : 2.4ml/kg/hr	4) Rest it - as pre Rx chart.

Docu. No. : RCH /FRM / CLINICAL / 088 one 24h

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
16-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 9Am	c/s/b Dr - Tejasri	
	Dengu Illness - DS c̄ ? UTI	
	Fever ↓	Plan
	oral intake - fair	1) D/C Today
		F/Up - Thu in OPD
	child alert	2) with CBP report
	vitals stable	3) Tab Lanzol
		4) Monitor Vitals
	Afebrile	
	RS - B/L AE ⊕	Dr. Tejasri
	P/A - soft	
	U.O - Adequate	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

-00009569 IP26-00006672
aby C.V.M ANAGHA SHRIYA
8-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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RESULT SHEET

Date	27/6/26	29/6/26	30/6/26	30/6		
Time						
Hb	11.3	13.0	13.0	12.3		
PCV	32.3	37.4	~~[illegible]~~ 37.4	35.4		
RBC	3.99	4.60	4.60	4.37		
WBC	2.68	2.08	2.08	2.45		
N/L	73.0/17.6	55/35	55.1/35.8	67.5/22.7		
Platelets	168	136	136	129		
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	27/6/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1 - Detected Dengue igm - Not Reactive						

Culture and Sensitivities : Urine c/s — 24 hrs no growth

Blood culture c/s — 24 hrs no growth

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

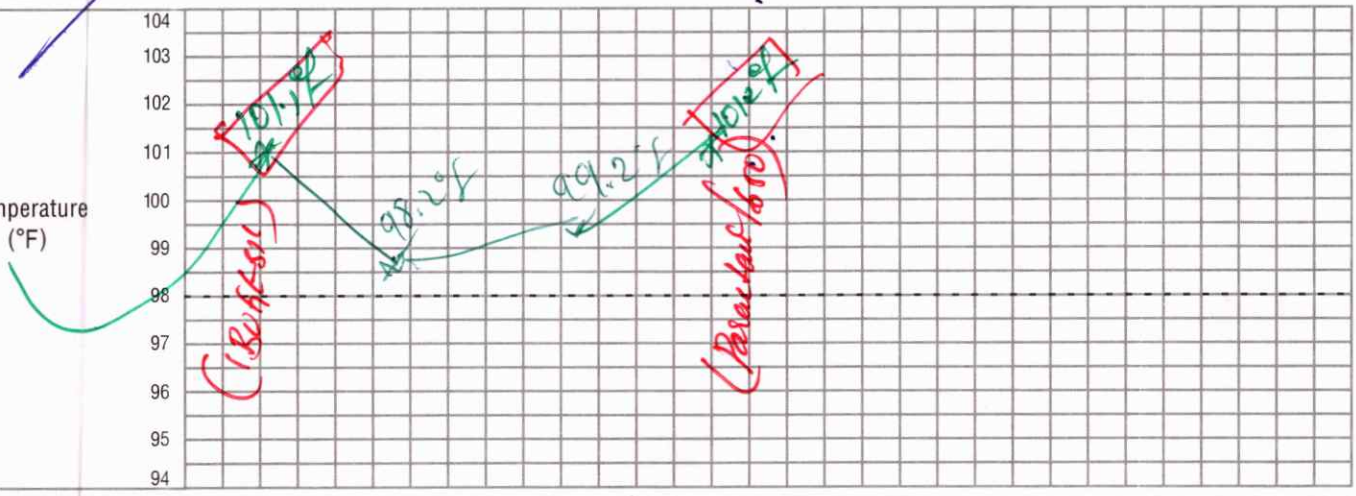
Patient Name : .. ..

Date of Birth : ... .

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/10 Time:	11pm	2am	6am	8am
Doctor / Nurse / Family Concern?				

Temperature (°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

109 (85) 78 | 102 (82) 70 | 104 72

Heart Rate (number)	90/m	99/m	78/m

Resp Rate (bpm) (over 1 minute)

70 60 50 40 30 20 10

Resp Rate (number)	20/m	20/m	20/m
Resp. Mod/Severe Distress None/Mild			
Receiving O2 (L/min) O2 saturations (%)	100%	100%	99%
Conscious Normal Level Decreased			
GCS *	15/15		
TOTAL SCORE Number of shaded boxes	0	0	0
Observer's initials			

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

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

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Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

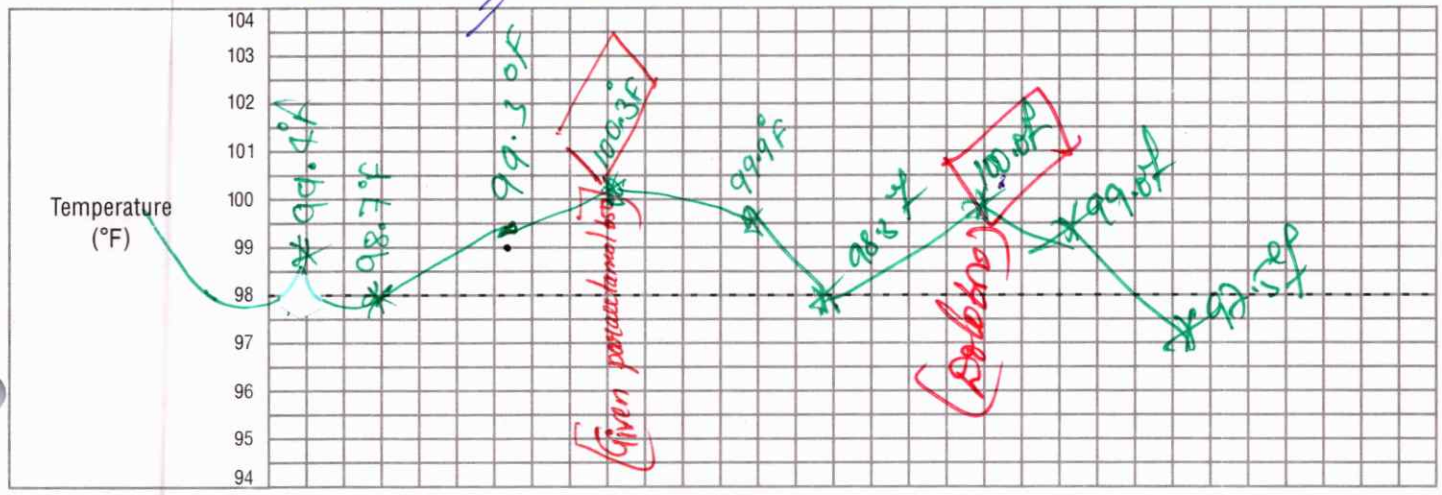
Patient Name : .....

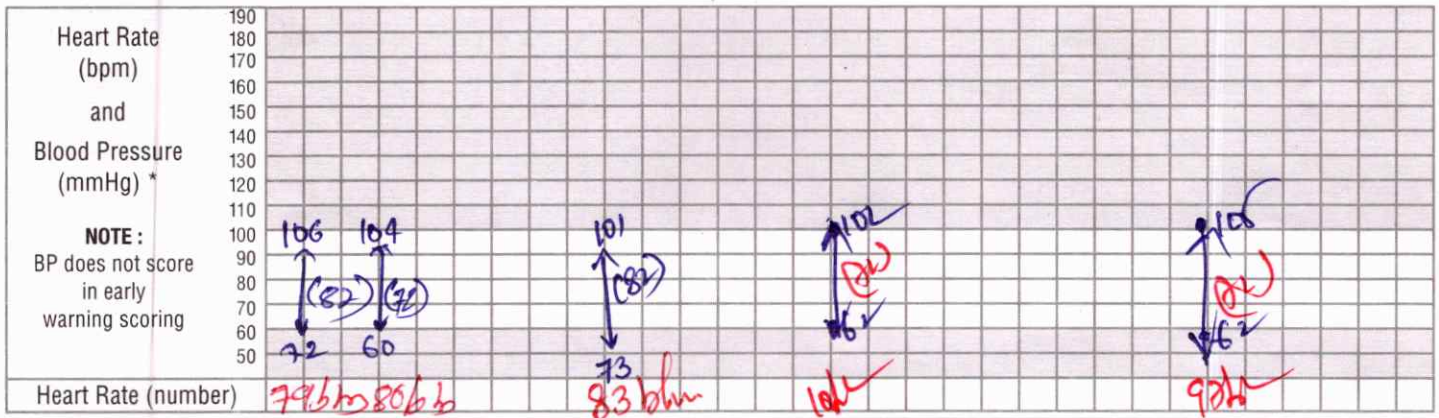
Date of Birth : .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6/26 Time: 10 | 2 | 5 pm | 5:40 pm | 6:30 pm | 1900 | 2300 | 4000 | 7000

Doctor / Nurse / Family Concern? Amo | Amo





Heart Rate (number) 79 bpm | 80 bpm | 83 bpm | 102 | 98 bpm

Resp Rate (number) 28 bpm | 26 bpm | 28 bpm | 20 bpm | 20 bpm

Resp. Mod/Severe Distress None/Mild					
Receiving O2 (L/min) O2 saturations (%)	99%	99%	100%	99%	100%
Conscious Normal Level Decreased					
GCS *			—	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1
Observer's initials					

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

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

99.0 — 100. 99.6°

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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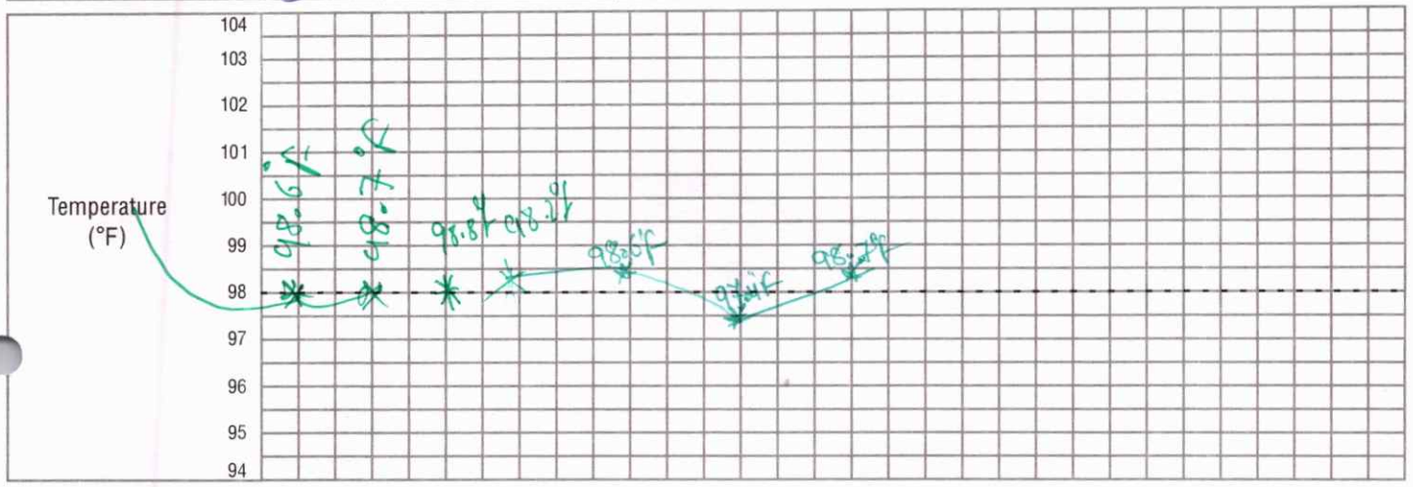
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Patient Name : .....
Date of Birth : ....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time:	10	2	6	10	2	6
Doctor / Nurse / Family Concern?	Am	pm	pm	pm	am	am



	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50					
Heart Rate (bpm) and Blood Pressure (mmHg) * **NOTE :** BP does not score in early warning scoring	98 (69) 56	97 (63) 62	100 (75) 68	100 60	100 72	97 (69) 56
Heart Rate (number)	96 bpm	87 bpm	92 bpm	90 bpm	87 bpm	72 bpm
Resp Rate (bpm) (over 1 minute)	70 60 50 40 30 20 10					
Resp Rate (number)	26 bpm	28 bpm	26 bpm	28 bpm	28 bpm	28 bpm
Resp. Mod/Severe Distress None/Mild						
Receiving O2 (L/min) O2 saturations (%)	99%	100%	100%	99%	100%	99%
Conscious Normal Level Decreased						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Observer's initials	0					

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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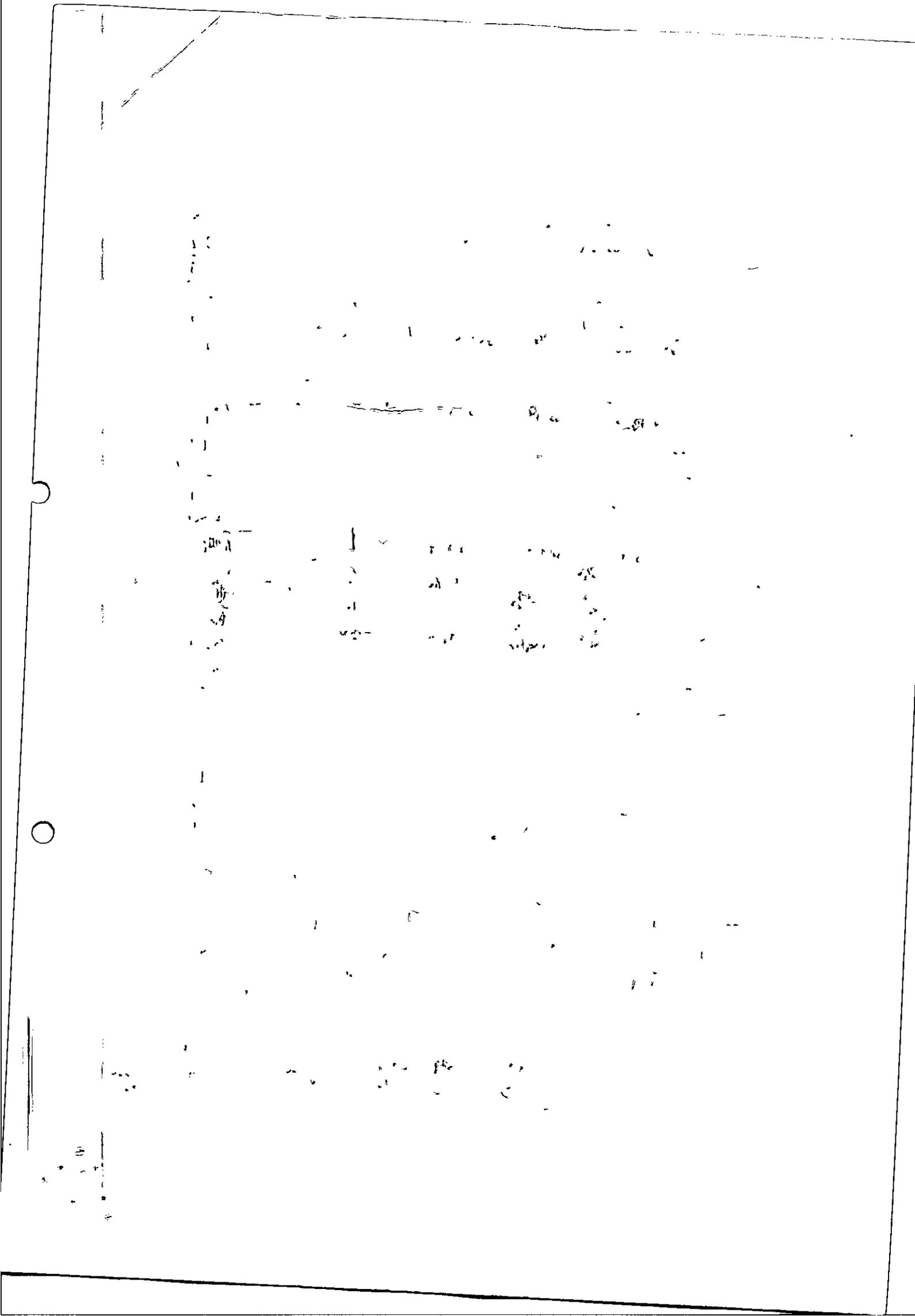
* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.



HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
16-10-2013 12 Y 8 M 10 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

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 :**						
28/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	DNS	ddw HMO	SSmy								
	12:00 am			SSmy								
	01:00 am			SSmy								
Total Intake :						**Total Output :**						
28/6	02:00 am			SSmy								
	03:00 am			SSmy								
	04:00 am	DNS		SSmy								
	05:00 am			SSmy								
	06:00 am		HMO	SSmy								
	07:00 am			SSmy								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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Sheet No. : .....

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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							
28/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
28/6	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 :**						
29/6	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-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 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							
29/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
29/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
29/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
30/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	Assess the baby Monitor the V/S admission Medication Maintain I/O CL	8pm	Assessed the baby Monitored V/S. admission Medication Maintained I/O CL	admitted Medication	Reassessed pain	RN

Docu. No: RCH /FRM / CLINICAL / 148

Patient St

H-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm | 2pm	- Assess the pt condition - Monitor vitals - maintain I/o chart - Medication given as per drug chart	8pm | 2pm	- Assessed the pt condition - Monitored vitals - Maintained I/o chart - Medication given as per drug chart	pt is stable	Re checked vitals	Manjitha N
Afternoon	2pm to 8pm	Assess the pt condition. Monitor vitals & record Maintain I/o chart. Provide the comfortable position. Medication given as per as doctor order.	2pm to 8pm	Assessed the pt condition. Monitored vitals & rec. 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.	Sneha N
Night	8pm to 8am	Assess the baby Monitor the VS administer medicine Maintain I/o chart	8pm to 8am	Assessed the baby Monitored the VS administered medicine Maintain I/o chart	administered N	Reassess the pt N	Ki C

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the pt Condition - monitor vitals - maintain I/O Chart - Medicines wise as per drug chart	8am 2pm	- Assessed the pt Condition - monitored vitals - maintain I/O Chart - Medicines given as per drug chart	pt is stable	Re-checked vitals	Manushi
Afternoon	2pm 8pm	- Assess the pt Condition - monitor vitals & I/O chart - drug as per chart - proved Comfortable position		- Assessed the pt Condition - Monitored vitals & I/O Chart - drug as per chart - proveded Comfortable position	pt is stable	Rechecked vitals	
Night	8pm 8am	Assess the pt Condition Monitor the VS administer Medicine Send CBP BP Monitor	8pm 8am	Assessed the pt Condition Monitored the VS administer drug Send CBP BP Checked	adm	Reassess the pt Condition	

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

Patie HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFD

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	28/6 8am	28/6 E	29/6 8am	29/6 M	29/6 E	30/6 8am
	Medical Condition (Any special condition to be noted):	AFD	—	—	—	—	Dengue
	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:	98.6°F	98.2°F	98.6°F	98.6°F	98.2°F	98.6°F
	Res:	20/m	22 b/m	20/m	20/m	21 b/m	20/m
	SpO_2:	100%	99%	100%	100%	100%	99%
	Pulse:	106/m	90 b/m	92/m	92/m		92/m
	BP:	109/62	110/62	104/62	102/60	105/	106/62
	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:		USG Abdomen	—	—	—	—	CBP
Handed Over By Name :		Preethi	Sneha	Preethi	Anuradha	Anuradha	Preethi
Signature / ID :		Preethi	4(0/16031)	Preethi	—	—	Preethi
Date:		28/6	28/6	29/6	29/6/26	29/6/26	30/6
Time:		8am	8pm	8am	2pm	8pm	8am
Taken Over By Name :		Sneha	—	Anuradha	—	—	—
Signature / ID :		4(0/16031)	—	—	—	—	—
Date:		28/6	28/6	29/6/26	29/6/26	29/6	—
Time:		8pm	8pm	8am	2pm	8am	—

Patient Sticker

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It takes a lot to treat the little.

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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						
	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:							

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 10 D (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			28/6 DAY-2			29/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	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	NA	0	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	NA	0	0	0	0	
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			0	0	NA	0	0	0	0	
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			0	0	NA	0	0	0	0	
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			0	0	NA	0	0	0	0	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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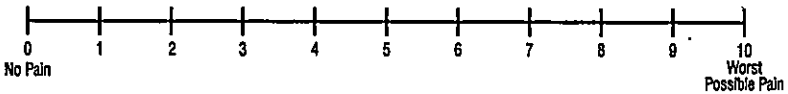
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6	11pm	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
28/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6/13	10Am	0	No	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	5:30pm	4/10	Headache	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab. paracetamol	
29/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Baby C.V.M ANAGHA SHRIYA
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BRADEN 'Q' SCALE

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					Date : 28/6	28/6	28/6	28/6
					Time : 8pm	MG	E2	8pm
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	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	28
				Evaluator's Name	Q	Q	[illegible]	[illegible]

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

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

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... Shifted to: .....

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

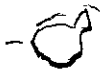
Doctor Name & Signature : ..... Dr. Pavan .....

Date & Time : 27/6/26 @ 10:30 PM .....

Nurse Name & Signature: .....

Date & Time : 27/6/26 @ 10:30 PM .....

Docu. No. : RCH /FRM / GENERAL / 090



HNH-00009589 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
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Shriya

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DRUG CHART

Date of Admission: 27/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
650 mg	PO	SOS	27/6

Doctor's Signature	Valid Period	Pharm.
Punit		

Additional Instructions:

Date/Time: 27/6 3:40 PM (U) 5:30 PM (A)

DRUG : Tab. IBUGESIC.

Dose	Route	Frequency	Start Date
200mg	PO	SOS	27/6

Doctor's Signature	Valid Period	Pharm.
Ajay		

Additional Instructions:

Date/Time: 27/6 11:40PM (U)

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date/Time

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Sig. ..... Name .....

VERIFIED BY : Name .....

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Baby C.V.M ANAGHA SHRIYA
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Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 45 kgs Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj. AUGMENTIN

Dose	Route	Frequency	Start Date
1.2 g	IV	8 hr	27/6

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

Additional Instructions: Amoxy Clav (80 mg/kg/day)

Date/Time: 27/6 28/6 29/6 30/6

Daily Doctor's Endorsement by a Sign

DRUG : Tab LONZOL

Dose	Route	Frequency	Start Date
30 mg	PO	OD	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 29/6 30/6

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

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Baby C.V.M ANAGHA SHRIYA
16-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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 .....

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I.V. FLUIDS CHART

Weight. 45kg. Ward. .....

		sition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6	10:45 Am	IVF DNS	IV	55 ml/hr	Rut		28/6		
28/6	8pm	IVF DNS	IV	↓ 30 cc/hr			29/6		

Page: 4/4

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/06/26 Time of arrival : 9:35pm

Chief Complaints: c/o AFI RBS: .....

Height : ..... Weight : 45kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 27/06/26 @ 9:35pm.

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 9:35 pm

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

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

Time	Nursing Notes
	Assessed the patient condition vital checked

Samples collected by: /

Samples sent by : / vinaya.

Time: /

Time: / 11:30 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: 83 BP: 110/70 CFT:	Shift - out from ER to: 217
RR: 21 SPO_2 : 100	Time of Shift - out: 11:30 PM
GCS: Temperature : 100	Handover given to:
Pain Score: 2	(Nurse's Name)
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : AmPm Signature of the Nurse :

Date & Time : 27/6/24

HNH-00009569 IP26-00006672
Baby C.V.M ANAGHA SHRIYA
18-10-2013 12 Y 8 M 9 D (F)
Dr. SPANDANA PASUPULETI

217

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/6/26 Time: 9:45 am

Weight: 45 Kg Centile: 50th

Height: – Centile: –

Inference: Well nourished child

RDA: – Calories: 1750 Kcal/day Protein: 31g/day

Diet Recommendations: Balanced diet with liquids

Re-Assesment: No Junk, Oily food

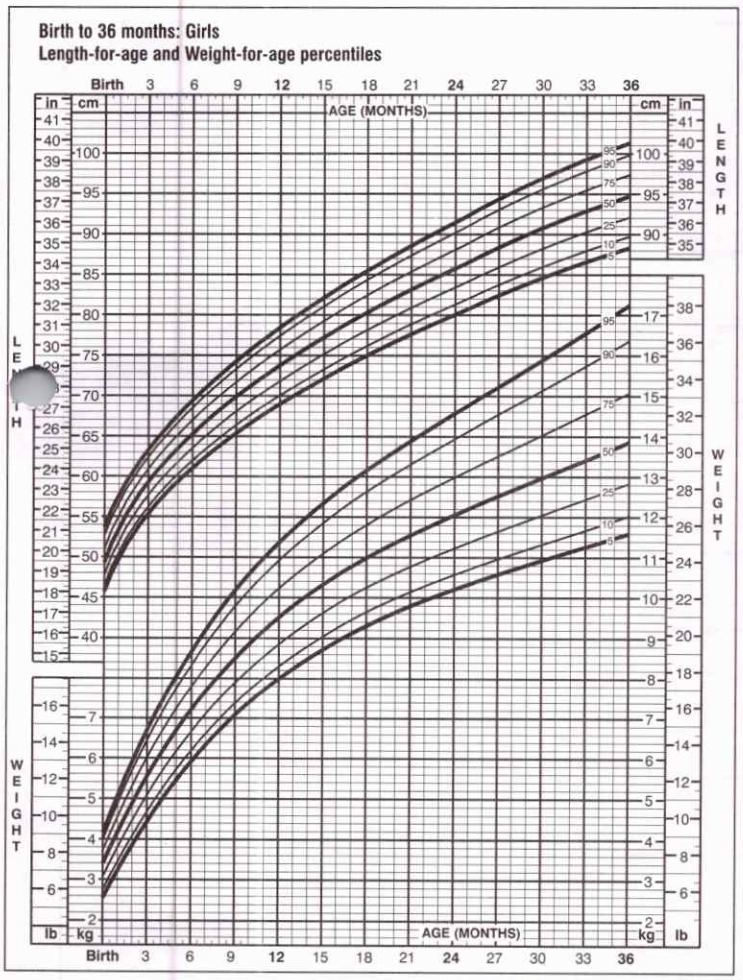
Food Allergies: Mushroom Veg/Non-veg Veg

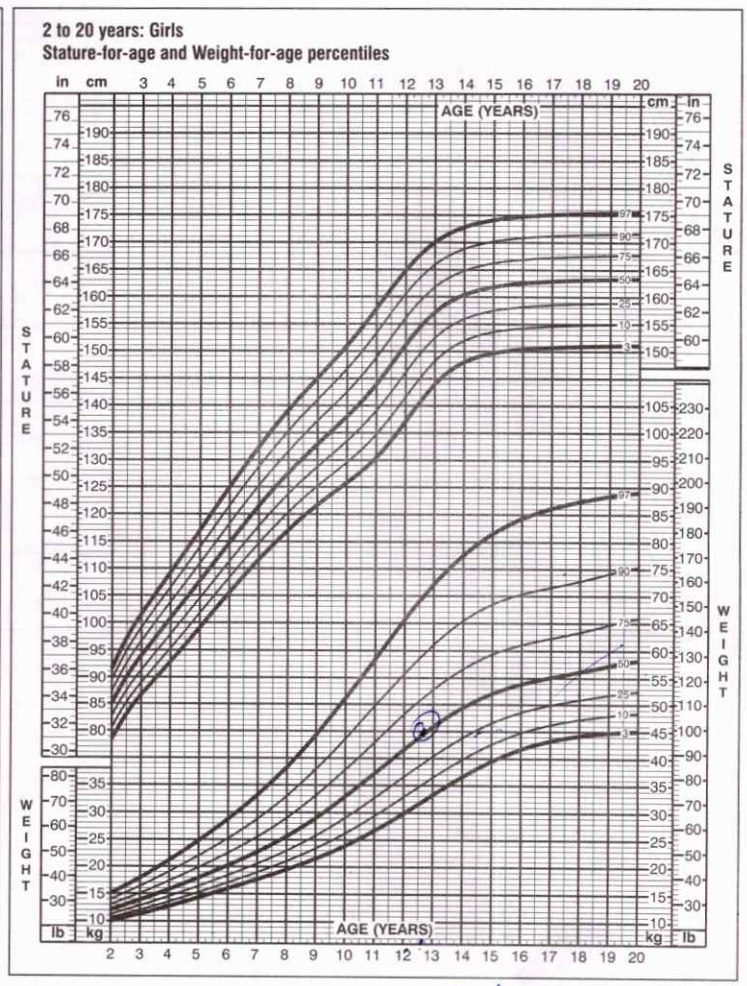
Diagnosis: Afebrile dehydration, UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Zyda

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

(P.T.O.)

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00009569 IP26-00006672 Baby C.V.M ANAGHA SHRIYA 18-10-2013 12 Y 8 M 9 D (F) Dr. SPANDANA PASUPULETI	27/6/26 @ 9:21	27/6/26 9:10 Pm
	Transfer Ordered by Dr. Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit 217	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupam	Dr. Prasanthi

Patient & Clinical Records Received by : Vandale

Date & Time of Patient Received : 27/6/26 @ 10:12 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

HNH-00009569 IP26-00006672
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18-10-2013 12 Y 8 M 9 D (F)
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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Shriya. Age : 12Y **Gender:** ☐ Male ☑ Female

Date : 27/6/26 Time of Arrival : 10:20 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: 103 PR: 83 BP: 110/70 RR: ..... SpO_2: 100%

Chief Complaints: C/O fever since 1x day

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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:32 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Anupma

Signature of Triage Nurse : AP

Date & Time : 27/6/26 @ 10:13 PM