Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE AT REQUEST SUMMARY

Name	Baby JAINI JAIN	**UHID**	HNH-00001786
Father/Guardian	Mr MUKESH JAIN	**Age/Gender**	3 Y 2 M 6 D/ Female
Address	FLAT NO-4-5-541 SHETRUNJAY RESIDENCY SIDHANCHAL JAIN SOCITY PREM BAGH SRIKRISHNA NAGAR RD, Jambagh, Hyderabad, Telangana, INDIA, 500095		
IP No	IP26-00006418	**Admission Date**	24-05-2026
Ref Doctor	Self.		
Discharge Date	25.05.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH DEHYDRATION	

History: Baby JAINI JAIN , 3 Y 2 M 6 D , old girl presented with the history of fever since 5 days, cough and cold since 2 days, decreased oral intake 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(101.4*F). Her heart rate was 135/min and

Name	Baby JAINI JAIN	UHID	HNH-00001786
IP No	IP26-00006418	Admission Date	24-05-2026

Respiratory Rate - 40 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination, Signs of some dehydration were present, dry lips, cracked lips, throat, dry oral mucosa were present. 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: 10.17 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV were sent, which was

Influenza A	**POSITIVE**
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

VBG showed pH of 7.39, pCO2 of 40.1 mmHg, pO2 of 33 mmHg, HCO3 of 24.1 mmol/L and BE of -0.9 mmol/L.

Initial hemogram showed Hemoglobin of 10.8 gm%, White Blood Cell count of 4930 cells/cumm, platelet count of 1.85 lakhs/cumm and C-Reactive Protein of 5 mg/l. Complete urine examination shows 5-6 pus cells, 3-5 epithelial cells

Chest X-ray was normal.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antipyretics. Flu panel showed Influenza A positive, for which Child was started

Name	Baby JAINI JAIN	**UHID**	HNH-00001786
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on Oseltamivir.

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

Parents were counselled about the nature and severity of illness and possible prognosis of the child's condition. They were also counselled about the need for further hospital stay. However parents were unwilling for further management in the hospital and requested the child to be discharged.

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

Medication during hospital stay:
Injection. Ceftriaxone
Syrup. Fluvir

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	2.5 ml	9am-9pm (after food)	For 4 days. (upto 29/05/2026)
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Baby JAINI JAIN	UHID	HNH-00001786
IP No	IP26-00006418	Admission Date	24-05-2026

Plan: To collect blood culture report on follow up.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 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 Friday (29.05.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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 /**

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Name	Baby JAINI JAIN	**UHID**	HNH-00001786
IP No	IP26-00006418	**Admission Date**	24-05-2026

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**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006418 **Admit Date** : 24-May-2026 **Admit Time** : 02:00 PM **UHID** : HNH-00001786

Patient Details :

Patient Name	: Baby JAINI JAIN	**Age**	: 3 Y 2 M 5 D
Guardian	: Mr MUKESH JAIN	**DOB**	: 19-03-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-4-5-541 SHETRUNJAY RESIDENCY SIDHANCHAL JAIN SOCITY PREM BAGH SRIKRISHNA NAGAR RD Jambagh Hyderabad Telangana INDIA 500095	**Phone No**	: 9959355300/
		E-mail	: na@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 MUKESH JAIN **Relationship** : Father

Contact Address : FLAT NO-4-5-541 SHETRUNJAY RESIDENCY SIDHANCHAL JAIN SOCITY PREM BAGH SRIKRISHNA NAGAR RD Jambagh Hyderabad Telangana INDIA 500095 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

ACTIVITY CHARTING

Name: · ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatric

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/3/26	2:40pm	ER	ward	Bhargavi

Cross Consultation Visit

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

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/5/26	CBP, CRP, Blood c/s	8768	
	VBG	8767	
	CXR	63093	
	Flu panel	8769	
	CUE	8771	
	cross checked done by Hehe		

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5/26	Infusion pump.	3:30pm	25/5/26 @ 10pm	1852.	[signature]
	cross checked done by Mehve				

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/3/26	IV placement	01	201829	
	cross checked done by Hk			

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-00001786 IP26-00005418
Baby JAINI JAIN
19-03-2023 3Y2M5D (F)
Dr. SPANDANA PASUPULETI

Patient Name : Baby Jaini Jain

Patient ID# :

Consultant : Dr. Spandana Pasupuleti

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Cb fever since 5days
Cb cough & cold x 2 days
Cb decreased oral intake x 1d.

History of present illness :

Fever high grade to moderate grade insidious in onset ; not aggravating/relieving.

Cough since 2 day ; dry in nature

No Hb post tussive vomiting

Cb cold ; nasal discharge.

Cb decreased oral intake since 1dy

Cb decreased activity since 2 dy.

Pediatric Multiorgan History & Physical Examination

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 6 D (F)
Dr. SPANDANA PASUPULETI

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

Not significant

Birth & Neonatal History :

Normal

Birth & Socio Economic History :

About Father :

About Mother : Normal

Any additional Information :

Developmental History :

Normal

Immunization History :

Immunized till date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10.12kg (Centile _____)

On Examination :

Temperature : 101.4°F Pulse Rate: 135bpm Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : _____

Rash Dry lips ⊕ ; Cracked lips ⊕⊕

Lymphadenopathy Throat ⊕ ; dry oral mucosa

Oedema : signs of dehydration ⊕

Respiratory system :

Inspection (any s/o distress) : ⊖

Air entry & breath sounds : B/L NVBS

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator : Normal.

Posture :

Involuntary Movements :

Reflexes :

DTR Normal

Superficials :

Plantars

Sensory System :

Normal.

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute febrile illness c dehydration

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

1. CBP
2. CRP
3. Blood Culture
4. URA.
5. CUE (done)
6. FLUPANEL
7. Chest Xray (done)

Planned Management :

1. IV fluids
2. IV antibiotics.

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

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Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 8pm	c/s/by Ds. Anuhe	
	AFI c̄ dehydration.	
	vitals stable.	
	o/e	→ (T) CRP, B/c/s. (5)
	Rls - B/L AC (+)	flu panel
	NVBS (+)	
	No add ...	→ IV fluids continue @
	Sign of dehydration (+)	
		← ct CEFTRIAXONE.
	fever spike (+)	
		← Enhance orally
		← Monitor o/o / B/p
	[signature]	

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

(P.T.O)

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 8AM	c/s/by Dr. Anusha / Dr Alekhy.	
	AFI c dehydration	
		FluA Positive
	Activity } Moderate hydration }	
	Intake Moderate	(T) glu pane
		B/c/p
	vital stable.	ct IV fluids (½M)
	s/c (Pls) B/L AE (+) NVBS (+).	ct CEFTRIAXONE
		Enhance orally.
		Monit vitals / o/o.
	Af	(add) RIWVIR syp
		XRay Reporting
		NB Sunanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:30 pm	c/s/B Dr. Spandana	
	Influenza A illness	
	- no fever spikes	
	- no fresh complaints	
	- oral intake: fair	
		Plan
	O/E	1) trace Blood c/s
	- vitals: stable	2) ct. IVF [1/2 main]
	- S/E:	3) ct. fluids.
	RS: BAE (+) clear	4) STOP ceftriaxone
		5) monitor vitals
	CVS: S1S2 (+)	- Discharge at request (struck through) Hated BY Mehta
	[signature]	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00001786 IP26-00006418
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19-03-2023 3 Y 2 M 5 D (F)
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DRUG CHART

Date of Admission: 24/7/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : Syp Crocin				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS	24/5	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (240 mg/5ml)				

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:				

Sign

VERIFIED BY : Name

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight. 10.7kg. Ward. .....

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	OD	24/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 24/5 — 4pm — 6pm — STOP

DRUG : FLUVIR SYP

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	25/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 10pm

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

19-03-2023 3 Y 2 M 6 D (F)
Dr. SPANDANA PASUPULETI

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

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.	

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00001786 IP26-00006418

Baby JAINI JAIN

19-03-2023 3 Y 2 M 5 D (F)

Dr. SPANDANA PASUPULETI

HNH-00001786 IP26-00006418 Baby JAINI JAIN

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/5/26	2Pm	IVF PLASMALYTE (2/3rds)	26ml/hr IV				25/5		
25/5/26	8:30a	IV fluids. "	20ml/hr						

(307)

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

RESULT SHEET

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Date	24/5/26					
Time						
Hb	10.8					
PCV	30.3					
RBC	4.05					
WBC	4.93					
N/L	46.0/46.0					
Platelets	185					
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	24/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	Trace.					
CUE-PUS Cells	5-6					
CUE - RBC Cells	Nil					
CUE Epithelial cells	3-5					
Nitrate	Negative.					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Flu panel:-						
A	⊕ve					
B+ RSV	⊖ve					

Culture and Sensitivities : Blood c/s:-

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

HxH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

J. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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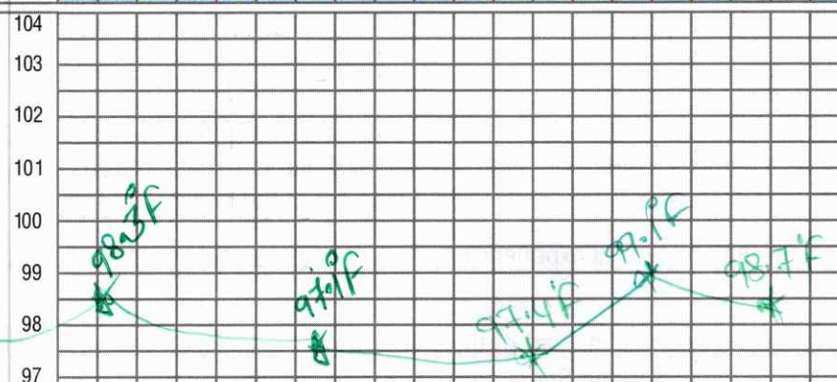
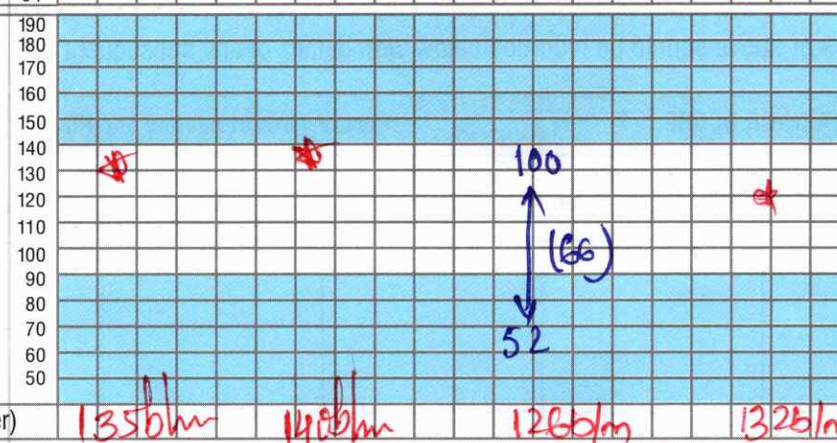
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/5/26 Time: 3pm 6pm 10 pm 2 am 6 am

Doctor / Nurse / Family Concern?





Heart Rate (Number) 135 bpm | 140 bpm | 126 bpm | 132 bpm

Resp Rate (Number) 40 bpm | 38 bpm | 38 bpm | 35 bpm

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

o. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/5/26 Time:	10 AM
Doctor / Nurse / Family Concern?	
Temperature (F)	104 103 102 101 100 99 98 97 96 95 94 — 98.4 °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 — 120
Heart Rate (Number)	120/hr
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10 — 28
Resp Rate (Number)	28/hr
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2(l/min) O_2Saturations (%)	100%
Conscious Level: Normal / Altered	
GCS *	—
TOTAL SCORE Number of shaded boxes	0
Pain Score	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.

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)
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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

- 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)

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19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : (1)

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 :**						
24/5/26	02:00 pm			26ml								
	03:00 pm	plasmalyte		26ml								
	04:00 pm		Roti	26ml								
	05:00 pm		+	26ml	NA			NA				
	06:00 pm		H2O	26ml								
	07:00 pm			26ml								
Total Intake :						**Total Output :**						
24/5/26	08:00 pm			26ml								
	09:00 pm			26ml								
	10:00 pm	plasmalyte	Rice	26ml								
	11:00 pm		H2O	26ml	NA		0	NA		✓		
	12:00 am			26ml								
	01:00 am			26ml								
Total Intake :						**Total Output :** U-1 M-0						
25/5/26	02:00 am			26ml								
	03:00 am			26ml								
	04:00 am	plasmalyte		26ml	NA		0	NA				
	05:00 am			26ml								
	06:00 am			26ml						✓		
	07:00 am			26ml								
Total Intake :						**Total Output :** U-1 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/5/26	08:00 am										0	
	09:00 am									✓	0	
	10:00 am										0	Neha
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
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	

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NURSING CARE RECORD

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Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm | 8pm	-Assess the pt. condition -Monitor vitals & record - Maintain I/O chart - continue IV fluids - Give medication as prescribed by doctor-	2pm | 8pm	-Assessed the pt. condition -Monitored vitals & record - Maintained I/O chart - Give medication as prescribed by doctor.	patient is stable now	Re-checked vitals	
Night	8pm | 8am	-Assess the Pt condition -monitor vitals -maintain I/O chart -continue IV fluids -Administer medication as per drug chart -Cannula site no swelling	8pm | 8am	-Assessed the Pt condition -monitored vitals recorded -maintained I/O chart -Continued medications -medication as per drug chart	-Pt is stable	-rechecked vitals	

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Baby JAINI JAIN
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NURSING CARE RECORD

Date: 25/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	-Assess the pt conditions -Monitor the vitals -maintain I/O charts -Medication given as per drugs -cannula present	8AM to 2PM	-Assess the pt conditions -Monitor the vitals -Maintain I/O charts -Medication given as per drugs charts -cannula present	- Patient is now stable	- Re-Assessment done	Neha [signature]
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI c dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	24/5 E2	24/5/26 N1	25/5/26 M			
	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:	97.8°F	98.4°F	98.5 F			
	Res:	40b/m	30b/m	30b/m			
	SpO_2:	100%	99%	100%			
	Pulse:	140b/m	132b/m	135b/m			
	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):	I	–	–			
Post Operative Procedure Special Orders:		–	–	–			
Handed Over By Name :		Priyanka	Divya	Neha			
Signature / ID :							
Date:		24/5/26	25/5/26	25/5/26			
Time:		8pm	8AM	2PM			
Taken Over By Name :		Divya	Neha				
Signature / ID :							
Date:		24/5/26	25/5/26				
Time:		8PM	8AM				

Patient Sticker

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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-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

24/5 25/5/26

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		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		—	—	—						
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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19-03-2023 3 Y 2 M 5 D (F)
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PAIN ASSESSMENT FORM

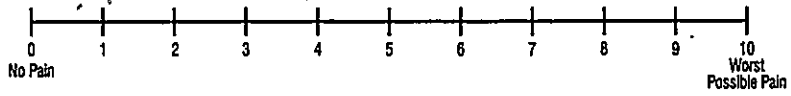
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/5	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	NA	[signature]
24/5/26	10Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
25/5/26	10Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BRADEN 'Q' SCALE

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					Date : 24/5 24/5/26 25/5	
					Time : E2 N1 M6	
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.	4 4 4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4	
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	
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	
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	
				TOTAL SCORE	24 28 ~~28~~	
				Evaluator's Name		

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

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

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

FORM

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BirthRight™ BY RAINBOW HOSPITALS
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	Date & Time of Admission	Date & Time of Transfer Order
	24/3/26 @2pm.	24/3/26 @2:40pm
Treating Consultant Name: Dr. Spandana.	Transfer Ordered by: Dr. Alekhya	Reason for Transfer: Admission
From Unit: ER	To Unit: ward	Information to Attendant: ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File: 15/-	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
Bhargavi	Dr- Alekhya

Patient & Clinical Records Received by : Nirpake 24/3/26 @ 2:40pm

Date & Time of Patient Received :

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

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

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

wt - 10.17kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : baby. Jaini Jain Age : 3y **Gender:** ☐ Male ☑ Female

Date : 24/5/26 Time of Arrival : 1:42pm

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: 98.5°F PR: 135 b/m BP: ..... RR: ..... SpO_2: 100%

Chief Complaints: c/o. fever since 5 Days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 24/5/26 @ 1144pm

HNH-00001786 IP26-00006418
Baby JAINI JAIN
19-03-2023 3 Y 2 M 6 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/5/26 Time of arrival : 1146 pm.

Chief Complaints: c/o fever since 5 days RBS: .....

Height : ..... Weight : 10.17kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : RP 24/5/26 @ 2:15pm

Baby JAINI JAIN IP26-00006418
19-03-2023 3 Y 2 M 5 D (F)
Dr. SPANDANA PASUPULETI

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

Time	Nursing Notes
1148pm	Assess the pt Condetion monetore the vitals

Samples collected by: Aparna Time:

Samples sent by : Time: 2pm

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: 135b/m BP: CFT:	Shift - out from ER to: 3rd floor (307)
RR: 40b/m SPO_2 : 100%	Time of Shift - out: 2:40pm
GCS: Temperature : 98°F	Handover given to: priyanka (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

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

Date & Time : 24/3/26 @ 2pm.

HNH-00001786
Baby JAINI JAIN
19-03-2023 3Y2M6D (F)
Dr. SPANDANA PASUPULETI
IP26-00006418

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

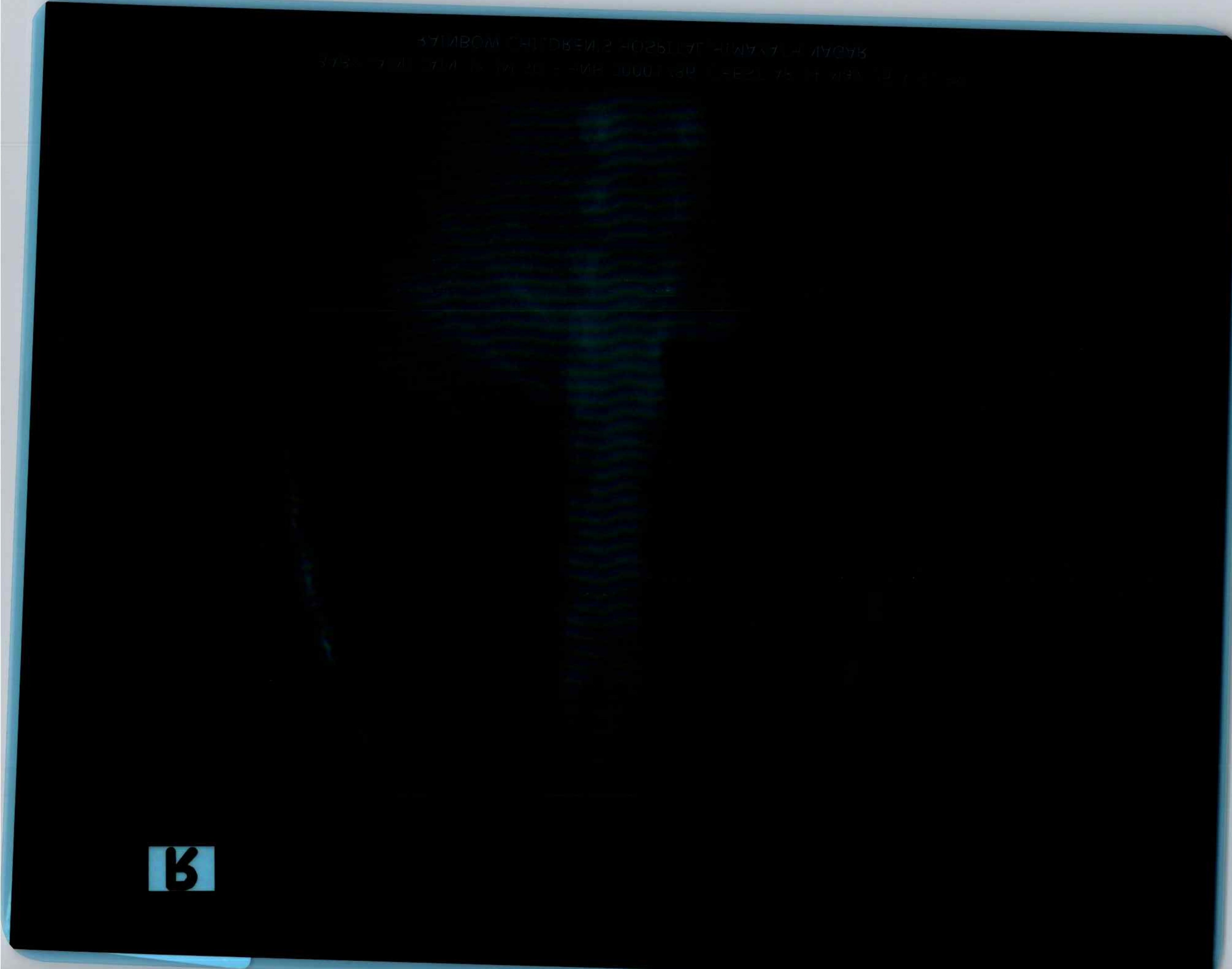
MEDICATION HISTORY RECORDED / VERIFIED BY

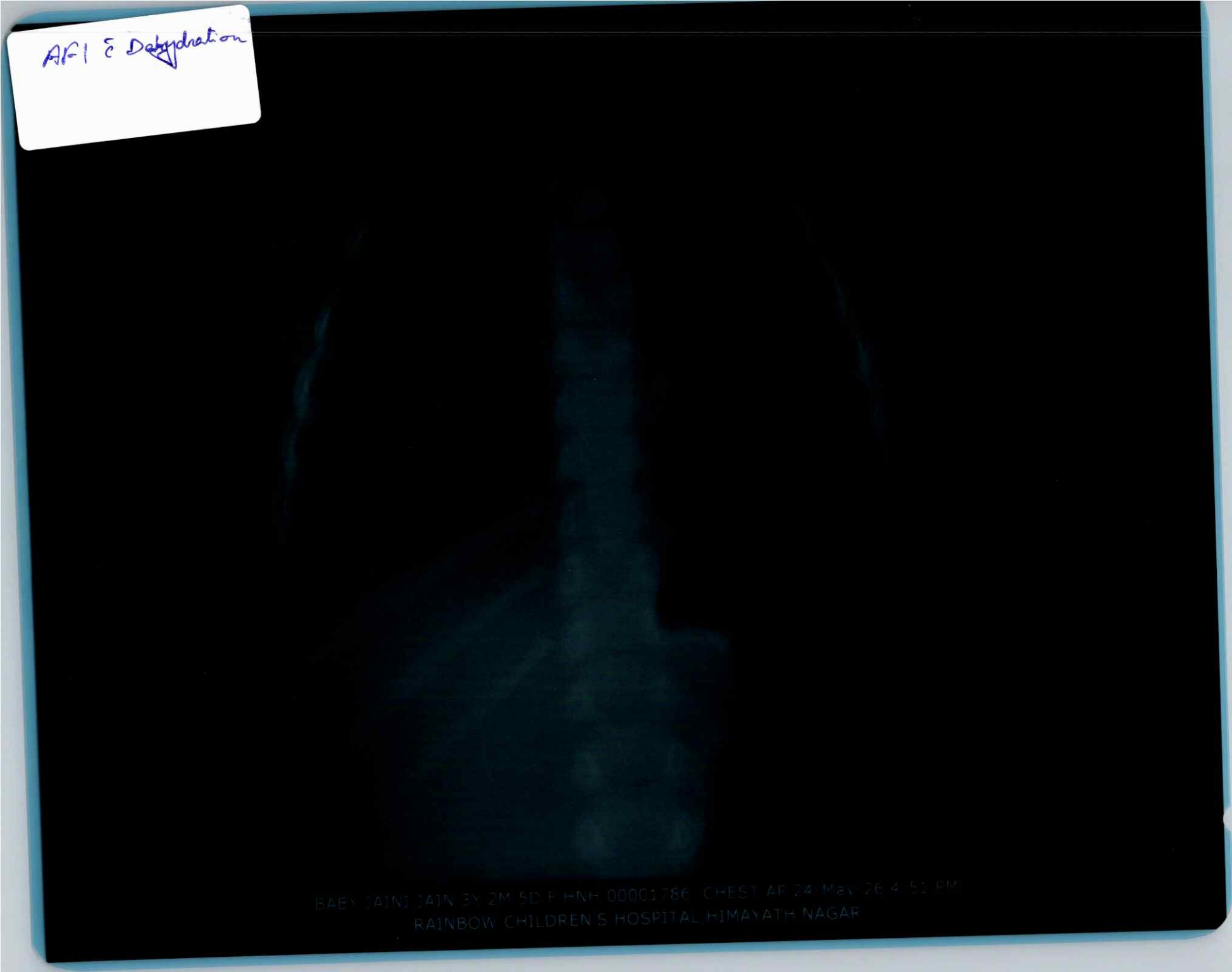
Doctor Name & Signature : ..... Dr. Alekhya .....

Date & Time : ..... 24/1/26 @ 1:50pm .....

Nurse Name & Signature: ..... Bhargavi .....

Date & Time : ..... 24/1/26 @ 1:55pm .....


RAINBOW CHILDREN'S HOSPITAL HIMAYATNAGAR


AF-1 & Dehydration
BABY JAIN/ JAIN 3Y 2M 5D F HNH 00001786 CHEST AP 24 May 26 4:51 PM
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR