

**DISCHARGE SUMMARY**

<b>Name</b>	Baby GARGI GUPTA	<b>UHID</b>	HNH-00015565
<b>Father/Guardian</b>	Mr SHUBHAM GUPTA	<b>Age/Gender</b>	2 Y 6 M 2 D/ Female
<b>Address</b>	3-6-209 MARUTHI RESIDENCY FLAT NO 203 B BLOCK OLD MLA QUARTERS, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
<b>IP No</b>	IP26-00006406	<b>Admission Date</b>	22-05-2026
<b>Ref Doctor</b>	DR. MILIND BHIDE		
<b>Discharge Date</b>	25.05.2026		

**Consultant:**

**Dr. ANIKET ANIL PARASHAR**

MBBS - MD

TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ACUTE GASTROENTERITIS WITH DEHYDRATION	
NUTRITIONAL ANEMIA	

**History:** Baby GARGI GUPTA is a 2 Y 6 M 2 D , old girl presented with history of loose stools (multiple episodes/day) ,multiple episodes of non bilious, non projectile vomiting since 2 days, fever since 1 day, prior to admission. For the

Name	Baby GARGI GUPTA	UHID	HNH-00015565
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above complaints she was admitted at Rainbow Children's Hospital - for further management.

**OPD basis investigations:**

Hemogram showed Hemoglobin of 9.8gm%, TLC 8500 (N/L - 81/12) and C-Reactive Protein of 104mg/l.

**Examination:** She was afebrile, maintaining saturations at room air. Her heart rate was 124/min, blood pressure was 95/57 mmHg and RR - 24/min. On examination signs of dehydration were present such as dry lips, dry oral mucosa, decreased skin turgor, dull loo and sunken eyes, were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 10.9 kilo grams.

**Investigations:** Enclosed reports.

VBG showed pH of 7.36, pCO2 of 32.9 mmHg, pO2 of 45 mmHg, HCO3 of 18.8 mmol/L and BE of -7.2 mmol/L.

Complete urine examination shows: Pus cells 4-6, epithelial cells - 5-7.

**Ultrasound abdomen shows:**

\* Multiple fluid filled bowel loops in the abdomen, maximum diameter with peristalsis, appearance likely suggestive of gastroenteritis related bowel

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changes.

\* Few non specific lower mesentery nodes.

Repeat VBG showed pH of 7.44, pCO<sub>2</sub> of 19.4 mmHg, pO<sub>2</sub> of 139 mmHg, HCO<sub>3</sub> of 13.2 mmol/L and BE of -10.9 mmol/L.

hemogram showed Hemoglobin of 8.9 gm%, White Blood Cell count of 4.88 cells/cumm, platelet count of 3.52 lakhs/cumm and C-Reactive Protein of 33.0mg/l.

Blood culture <sup>was</sup> 48 sterile.

**Management:** She was admitted in the ward and started on intra venous fluids and In venous antibiotics. She was treated symptomatically with antiemetics, antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

**Medications given during hospital stay:**

- Injection. Ondansetron
- Injection. Esmoprazole
- Injection. Ceftriaxone
- Ecoviva drops
- Pro-GG sachet

Name	Baby GARGI GUPTA	UHID	HNH-00015565
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Z & D drops

**Advice:**

\* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	2.5 ml	8am - 8pm (after food)	For 3 days.
2	ECOVIVA drops	1ml	9am-9pm (after food)	For 3 days
3	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 11 days
4	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

**Plan: To start oral Iron on followup**

**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. MILIND BHIDE on Thursday (28.05.2026) at his OPD with prior appointment (**Review consultation will be charged**).

**Food instructions while taking medications:**

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- \* **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.
- \* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside f
- \* Do not take **Iron supplements** and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart each medicine or dietary supplement. **Iron supplements** can be taken 1hr before food or 2 hours after food & recommended diet to be followed.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website

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**Registrar/Resident/C.M.O**

**Dr. ANIKET ANIL PARASHAR**  
MBBS - MD  
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006406 Admit Date : 22-May-2026 Admit Time : 03:47 PM UHID : HNH-00015565

Patient Details :

Patient Name : Baby GARGI GUPTA Age : 2 Y 6 M 2 D  
Guardian : Mr SHUBHAM GUPTA DOB : 20-11-2023  
Gender : Female Religion :  
Occupation : Martial Status :  
Address (H) : 3-6-209 MARUTHI RESIDENCY FLAT NO 203 B Phone No : 9000955208/ 7989616238  
BLOCK OLD MLA QUARTERS Himayathnagar Hyderabad Telangana INDIA 500029 E-mail : SHUBHAMAGARWAL211@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 SHUBHAM GUPTA Relationship : Father  
Contact Address : 3-6-209 MARUTHI RESIDENCY FLAT NO 203 Phone No : 9000955208  
B BLOCK OLD MLA QUARTERS Himayathnagar Hyderabad Telangana INDIA 500029

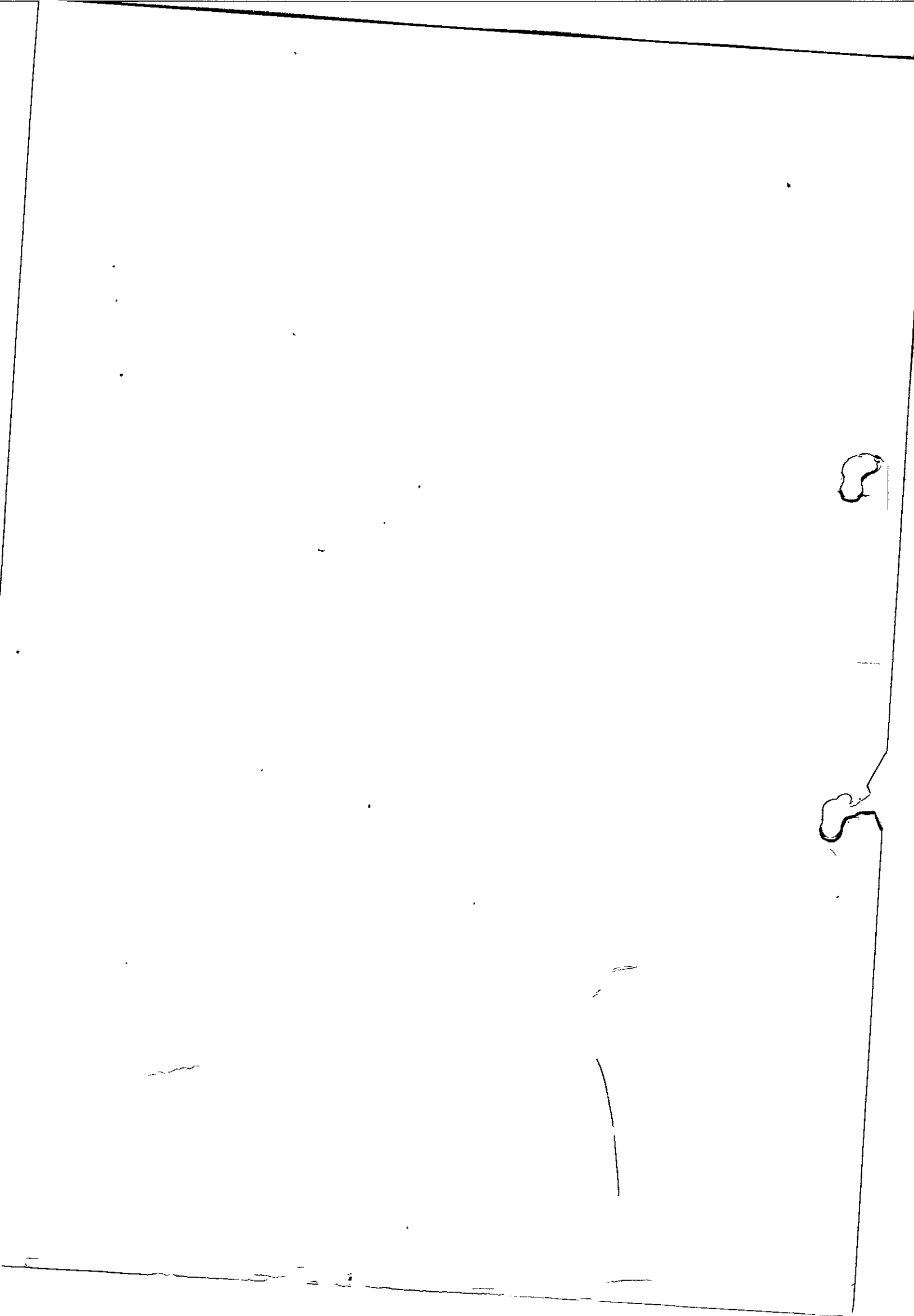
  
Signature

Doctor Details :

Doctor Name : Dr. ANIKET ANIL PARASHAR Specialisation : GENERAL PEDIATRICS  
Referral Doctor : DR. MILIND BHIDE Phone No :  
Co-Consultant :

Payment Details :

Deposit Amount : 10000.00  
Payment Mode : Cash Payor Name : CARE HEALTH INSURANCE LIMITED



**ACTING** HNH-00015565 IP26-00006406 **ING**

Baby GARGI GUPTA  
20-11-2023 2 Y 6 M 2 D (F)  
Dr. ANIKET ANIL PARASHAR

Name: \_\_\_\_\_



UHID No. \_\_\_\_\_

Consultant : \_\_\_\_\_

Dept : *pediatric*

Date of Admission : *22/5/26*

Time : \_\_\_\_\_

Date of Discharge : \_\_\_\_\_

Time : \_\_\_\_\_

Room / Bed No : \_\_\_\_\_

Ward : \_\_\_\_\_

Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<i>22/5/26</i>	<i>11:45pm</i>	<i>ER</i>	<i>2nd floor (208)</i>	<i>Bhargava</i>

**Cross Consultation Visit**

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

INVESTIGATIONS



Date	Investigations	Order No.	Sign
22/4/26	stool cl ✓ vbg ✓	8656 ✓ 8657 ✓	
	using <del>EVER</del> ✓		
	<del>stool cl ✓</del>	<del>8656 ✓</del>	<del>Signature</del>
	vbg abdomen ✓	6244 ✓	Signature
		cross checked done by Sr	
23/4/26	CBP ✓ CRP ✓	8744 ✓	Sr
	vbg ✓	8745 ✓	Sr
	cross checked by Sr on 23/4/26		





Ref.No. F/IN/PR/10



**Rainbow<sup>®</sup>  
Children's  
Hospital**

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

HNH-00015555      IP26-00006406  
Baby GARGI GUPTA  
20-11-2023      2 Y 6 M 2 D      (F)  
Dr. ANIKET ANIL PARASHAR



Patient Name : \_\_\_\_\_

Patient ID# : \_\_\_\_\_

Consultant : \_\_\_\_\_

Final Diagnosis : \_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

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Baby GARGI GUPTA  
20-11-2023 2 Y 6 M 2 D (F)  
Dr. ANIKET ANIL PARASHAR

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

c/o Vomiting } x 2 days  
loose stools }

c/o fever x yesterday.

History of present illness :

Child was apparently alright 2 days back then had Vomiting, Non bilious, watery, multiple episodes, immediately after having food, not relieved on Oral medication

c/o loose stools. Multiple episodes, watery sudden onset progressive, watery, not relieved

c/o fever x yesterday low grade, continuous with no diurnal variation

22/11/26 CBP → Hb 9.8 - MCV 60

TLC 8500

N - 81%

L - 12%

CRP → 10.9



Pediatric Multiorgan History & Physical Examination

HNH-00015565 IP26-00006406  
Baby GARGI GUPTA  
20-11-2023 2 Y 6 M 2 D (F)  
Dr. ANIKET ANIL PARASHAR

Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 10.9 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 99°F Pulse Rate: 124/min Description \_\_\_\_\_

B.P. 95/57 (69) SPO2 93% at RA

Resp. rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

*Dry Oral mucosa  
Dull actentia  
Dry Lips  
↓ urine output  
Delayed stain tongue.* } signs of dehydration

**Respiratory system :** BACT

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : \_\_\_\_\_

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

**Cardiovascular System :** S1C2+

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_

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

**Per Abdomen :** Sgt

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Ausculation : \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

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Dr. ANIKET ANIL PARASHAR



Central Nervous System :

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

Cranial Nerves : \_\_\_\_\_

Motor System :

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

Reflexes :

DTR

Superficials :

Plantars \_\_\_\_\_

Sensory System :

Bladder / Bowel : \_\_\_\_\_

Clinical Summary & Diagnostic :

AGE. c Dehydration  
c UTI?

Pediatric Multiorgan History & Physical Examination

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 Baby GARGI GUPTA 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR

Preventive aspects of the treatment :

Prevent Hypovolemic shock.

Desired goals of the treatment :

Treat Underly infection.

Planned Labs :

Planned Management :

VBG  
 CUE  
 Blood c/s → 2 samples  
 Urine c/s → Catheter sample  
 USG, abdomen. after cue report.

- INS after azore  
 1g IV OD
- ① IVF 2/3 Maintenance (Plasmalyte)
  - ② iiv Ondem<sup>2mg</sup> Q 8 H.
  - ③ iiv Emopazole 10mg OD
  - ④ WHO ORS adlib
  - ⑤ Ferriva drops 1ml BD
  - ⑥ Z 4 D drops. 1ml OD

Please fill up the following details

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

Doctor's Signature Name [Signature] Date 22/5/26 Time \_\_\_\_\_

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
22/11/23 4:30 PM	<p>S/B. Dr. Parashar</p> <p>AGE c Dehydrated</p> <p>Vomiting x Multiple since yesterday</p> <p>Loose stools watery Multiple episodes</p> <p>fever x yesterday</p>	
	<p>Outside cve: (N)</p>	<p>Adv IVF full Maint.</p>
	<p>VBG: Lactate 1.3</p>	<p>of c Dehydrated Signs + Start Ceftriaxone</p>
	<p>USG Changes related to AGE +</p>	<p>PA 50A CT. Rest. Proper CO Monitoring</p>
	<p><del>PA</del></p>	<p>BP Q2H</p> <p>Nil diet.</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/11/23 5PM	c/s/b - Dr. Aniket	
	Case of acute Colic in a 2 yr old	
	Poor oral intake Pain Abdomen Bowel stools ⊕ Vomiting ⊕	Advise (i) Continue <del>feeding</del> <sup>feeding</sup> <del>with</del> <sup>with</sup> maintenance
	O/e - Vitals stable	(ii) Continue Cefixime
	(iii) No C/S - 1/2 NG - 1/2 P/A - Soft	(iii) Measure diaper weight for stool output
		(iv) Cut down fluids to 2/3rd if child better from.
		(v) Order TDO
		(vi) Send u/c (W/H)
		Done N/B D. Aniket



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 7AM	C/S/G - D. Sushant / D. Nayana N: A/GC with dehydration	
	Loose stools (2 episodes) No vomiting Afebrile Oral acceptance - poor O/B: vitals stable Hydration - ok	
	S/G. PAISoft NS R/S/G/MAD	
		A/c - IV fluids - Tri-Ceftriaxone - Supportive care - Monitor vitals and Temp sor
		N/B of pus/erythema



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 11:30 AM	c/s/by: Dr. Aniket	
	Age & dehydration	
	- Jaundice (+) 4-5 times - Intake - Modest	
		<u>Plan</u>
	<u>vital</u> stable	- ct inj (1/2 M)
	<u>sk</u>	- Enteral
	P/A soft Non-tend	- ct CEFTRIAXONE
		- Norm sal
		- Monets up
	O/B	Dr. Aniket P
		23/5/26 @ 11:30 AM





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 6PM	<u>CLBB - Dr. Aniket</u>	
	Case of acute CE Loose stool @ 3-4 episodes. No fever spikes. Oral intake - fair.	1) <u>Stop</u> from now on 2) <u>Stop</u> <del>colic</del> 2.5ml PB BRD
	<u>0le-</u> Vital stable.	3) <u>Stop</u> gaso diet 4) <u>Stop</u> Continue ZED Eco viva drops
	(He) ANC - BS2 R - BLWURS PLA - G/K	5) <u>Stop</u> CRP, CRP, VBG neat prick
23/5/26 9:30pm	<u>Dr. Aniket</u>	Dr. Aniket P
	- Abdominal distension (+) soft. - crying - due to pain abdomen <u>status</u> : stable	Dr. B Anandhu Plan 1) send CRP, CRP, VBG now 2) add Redolite 3) Rest it as per chart 4) PGM stat

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
23/05/2026 11:20 pm	d/w Dr. Aniket	
	<p>Plan</p> <p>① IVF @ full maintenance overnight</p> <p>② Send stool for rotavirus &amp; Complete stool examination (CSE)</p> <p>NRB Spick @ 11:30 AM</p> <p>Dr. Namur</p>	
24/5/26 7:30 am	<p>NRB Rx. Manni</p> <p><u>Acute YEC dehydration</u></p>	
	<ul style="list-style-type: none"> <li>- no loose stools : morning</li> <li>- Passing urine ✓</li> <li>- abdominal distension : ↓</li> <li>- oral intake : Poor.</li> </ul>	
	O/E	Plan
	vitals : stable	1) Ut IVF.
	StE - P/A - soft	2) Send stool for rotavirus & stool examination
	distension ↓	3) Rest at as per Rx chart.
	<p>Dr.</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>24/11/23</del> 20/11	<p>Case of acute UE          loose stools few better          Mild low grade fever          spikes.</p>	
<p>ole</p>	<p>Vitals stable</p>	<p>(1) Inf          1/2 maintenance          (2) Send          stool examination          &amp; stool for          rotavirus</p>
<p>(U)</p>	<p>C/S - S/S          H - Bloods          P/A - S/L</p>	<p>(3) Treatment          as per chart          NB. Moulali @ 2pm          Dr. Aniket P</p>

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 Baby GARGI GUPTA 2 Y 6 M 4 D (F)  
 20-11-2023  
 Dr. ANIKET ANIL PARASHAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/11/26 3PM	01s/1B - Dr Alekhya	
	Case of Acute CEF.	<u>Advice:</u>
	look stable better	① Continue Antibiotics
	ole - vital stable.	② Monitor vital.
	③	
	C/S for 2000 H P/M	[Signature]



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	<u>CLSB - Dr. Alekhye</u>	
Bar		
	Case of Acute AE	
	Fever spikes - <u>no</u>	<u>Advice:-</u>
	Loose stools - <u>no</u>	
	oral intake - <u>moderate</u>	(1) Monitor vitals
	<u>ok</u> -	
	Vitals stable	(11) Encourage orally
	(12e)	(12) Hydration
	C/S - <u>grows</u>	at 1/2 M fluid
	PIA	<del>to do w/ Abdomen</del>
		<u>up</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>25/5/24</del> <del>9:50 AM</del>	SIB Dr-Aniket D A/E & dehydration Plan & Nutritional Anemia	
	Afebrile v. stable	- Discharge
		- One (1) month of
	CVI - SICKLE	Followup
	R - BIL - ACE	
	PIA - SICK	- Flup & Do-Milind
	conscious	Bride
		after 3 days
		- ZPD - 14 days take
		- CEFIXIME - 3 days
		- Stool Routine to send
		for
		Discharge



HNH-00015565 IP26-00006406  
 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR



## MEDICATION RECONCILIATION FORM

Drug Allergies: None  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 2nd floor (208)

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Prabhat

Date & Time: 22/5/26 @ 3:40pm

Nurse Name & Signature: Bhargava

Date & Time: 22/5/26 @ 3:45pm

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

BB

BB



## DRUG CHART

Date of Admission: 22/12/23 Drug Allergies: NP/1  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)

<b>DRUG :</b> <u>84P CROCIN DS</u>				Date Time	<u>22/12/23</u>																
Dose	Route	Frequency	Start Date																		
<u>3.5ml</u>	<u>PO</u>	<u>SOS</u> <u>&gt; 100°</u>	<u>22/12/23</u>		<u>3:45 PM</u>	<u>9 PM</u>															
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

<b>DRUG :</b> <u>WHO - ORS</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>100ml</u>	<u>PO</u>	<u>after each loose stool</u>																			
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

<b>DRUG :</b> <u>17 ONDONSETON</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>2mg</u>	<u>iv</u>	<u>SOA</u>	<u>23/12</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight. 10.9 kg Ward. ....

<b>DRUG : INS CEFTRIAZONE</b>				Date Time																
Dose	Route	Frequency	Start Date																	
1g	IV	OD	22/5/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																				
Additional Instructions: In 50ml NS over 1 hour																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG : INS ONDANSETRON</b>				Date Time																
Dose	Route	Frequency	Start Date																	
2mg	IV	TID	22/5/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG : INS ESMOPRAZOLE</b>				Date Time																
Dose	Route	Frequency	Start Date																	
10mg	IV	OD	22/5/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG : ECOVIVA DROPS</b>				Date Time																
Dose	Route	Frequency	Start Date																	
1ml	PO	BD	22/5/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				









I.V. FLUIDS CHART

Weight. 10.91g 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
<del>22/5/26</del>	<del>4pm</del>	<del>IVF PLASMAYTE (<del>Full maintenance</del>)</del>	<del>IV</del>	<del>40</del>	<del>mf</del>				
22/5/26	4pm	IVF PLASMAYTE (Full maintenance)	IV	40	mf	af	23/5		af
23/5/26	1130AM	IV fluid plauyte	iv	20ml	af	af			af
23/05	10pm	<del>PLASMAYTE</del> + 5ml kcl. DNS + 5ml kcl	IV	40 ml/hr	New	S	24/5	M	
24/5	7pm	iv fluid	iv	20ml	af				

Signature

VERIFIED BY : Name

HNH-00015565 IP26-00006406  
 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR

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## RESULT SHEET

Date	23/5/26	27/5/20			
Time					
Hb	8.9				
PCV	26.6				
RBC	4.64				
WBC	4.88				
N/L	58.5/26.5				
Platelets	352				
CRP		33			
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					



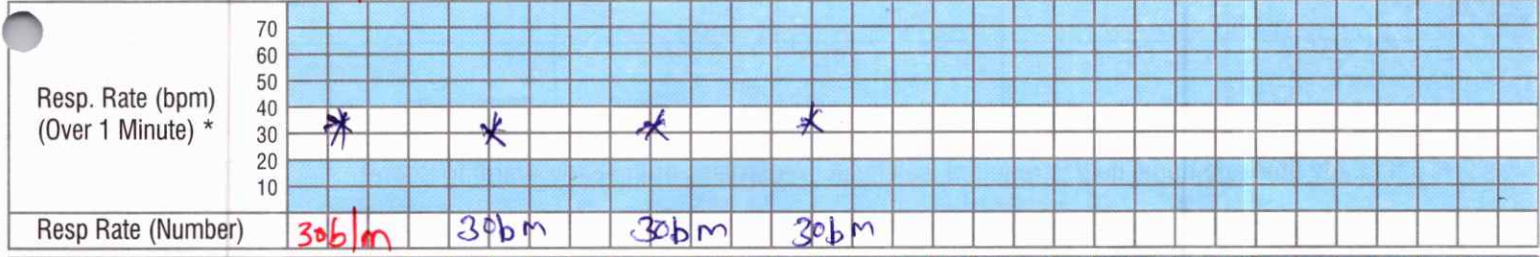
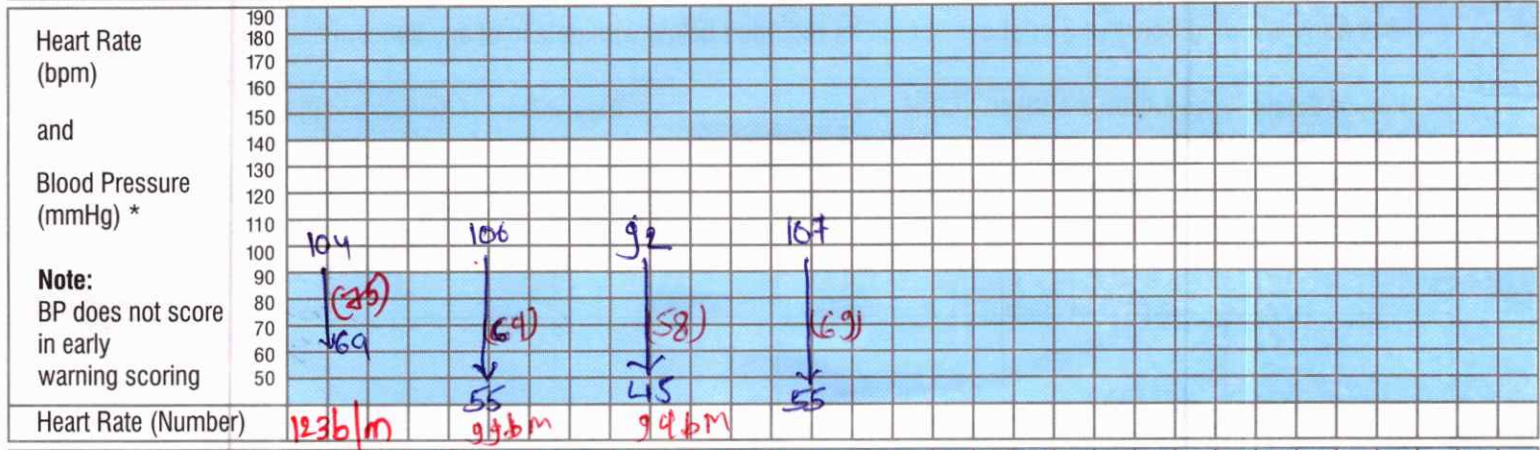
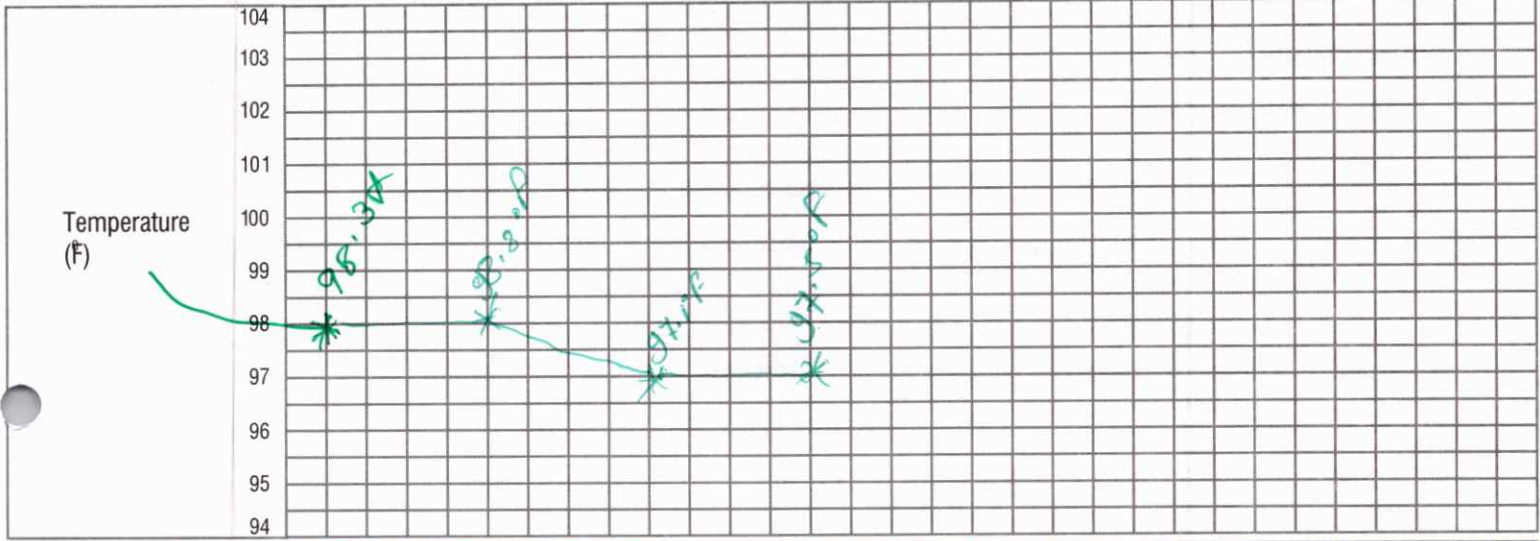
Patient:



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 22/5 Time: 6pm 10pm 2am 6am

Doctor / Nurse / Family Concern? pm pm am am



Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		100%	100%	100%	100%
Conscious Level	Normal				
	Altered				
GCS *					

<b>TOTAL SCORE</b>				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	AP	AP	AP	AP

<b>ACTIONS</b>	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.

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

Patient Stic

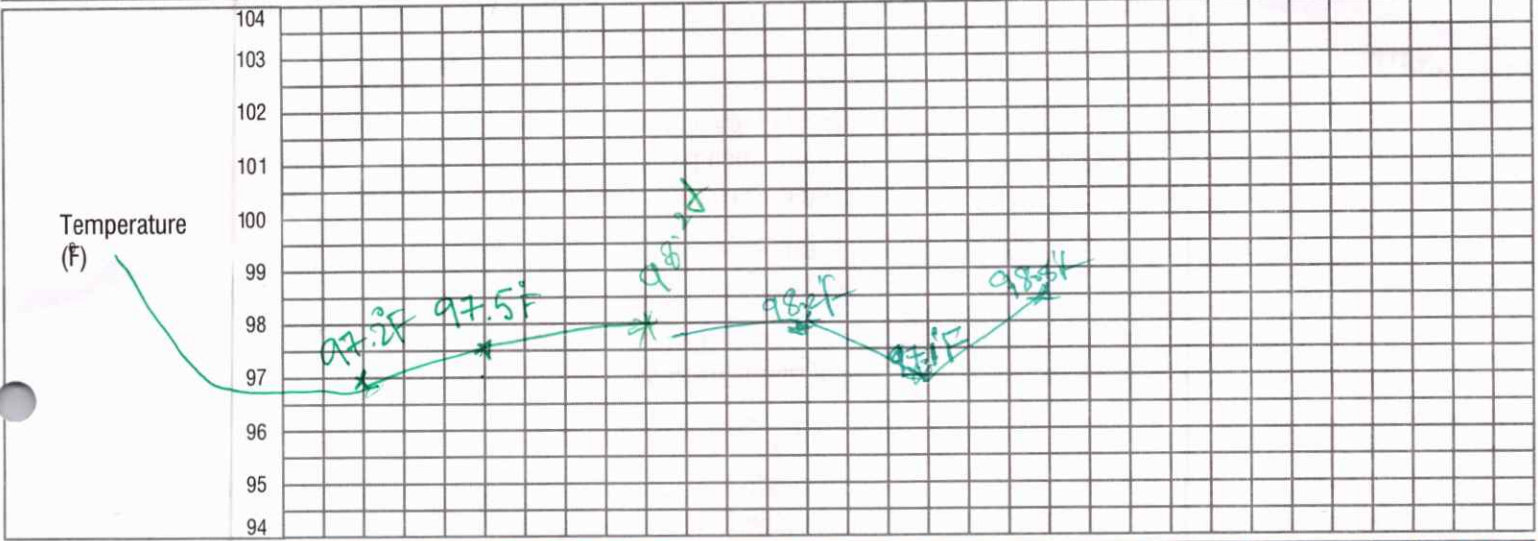


ICAL / 125

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 23/5/26 Time: 10Am 2pm 6pm 10 12 6

Doctor / Nurse / Family Concern? PM AM AM



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	
<b>Note:</b> BP does not score in early warning scoring	

Heart Rate (Number) 112b/m 110b/m 117b/m 117b/m 128b/m 118b/m

Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	28b/m 25b/m 29b/m 20b/m 20b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 99% 100% 99% 99% 100%

Conscious Level Normal / Altered

GCS \*

<b>TOTAL SCORE</b>	
Number of shaded boxes	0 0 0 0 0 0
Pain Score	0 0 0 0 0 0
Observer's Initials	A ↓ ↓ ↓ ↓ ↓

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
  - Score 2 : Shift in charge nurse to be informed and continue hourly observations
  - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
  - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
  - Score 5 & 6 : Shift in charge AND PICU 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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<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
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<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient



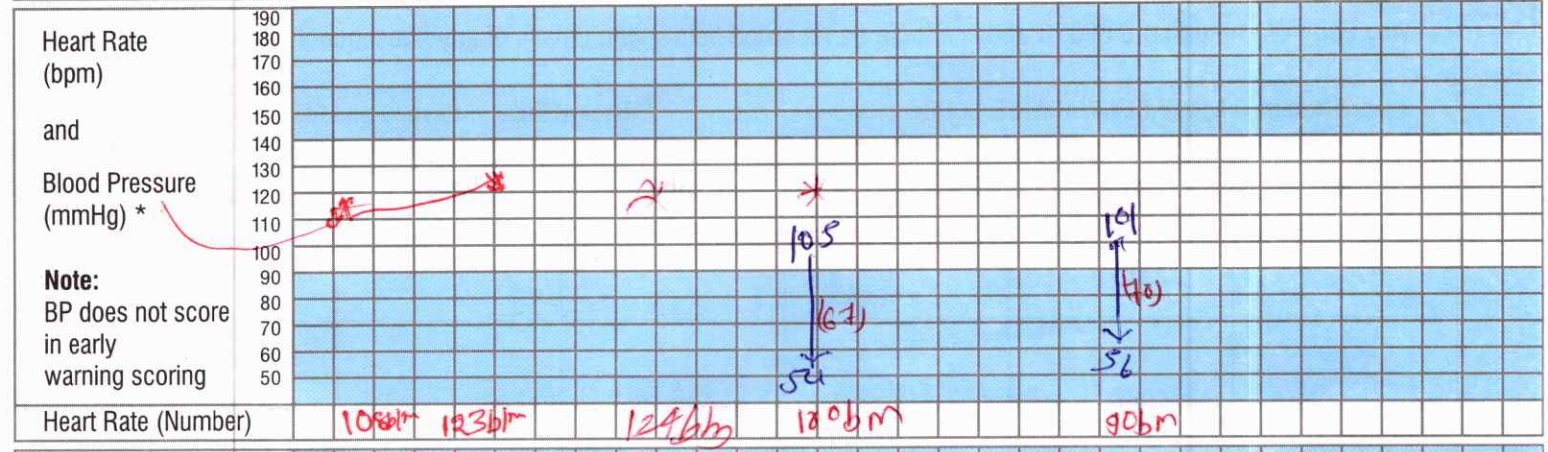
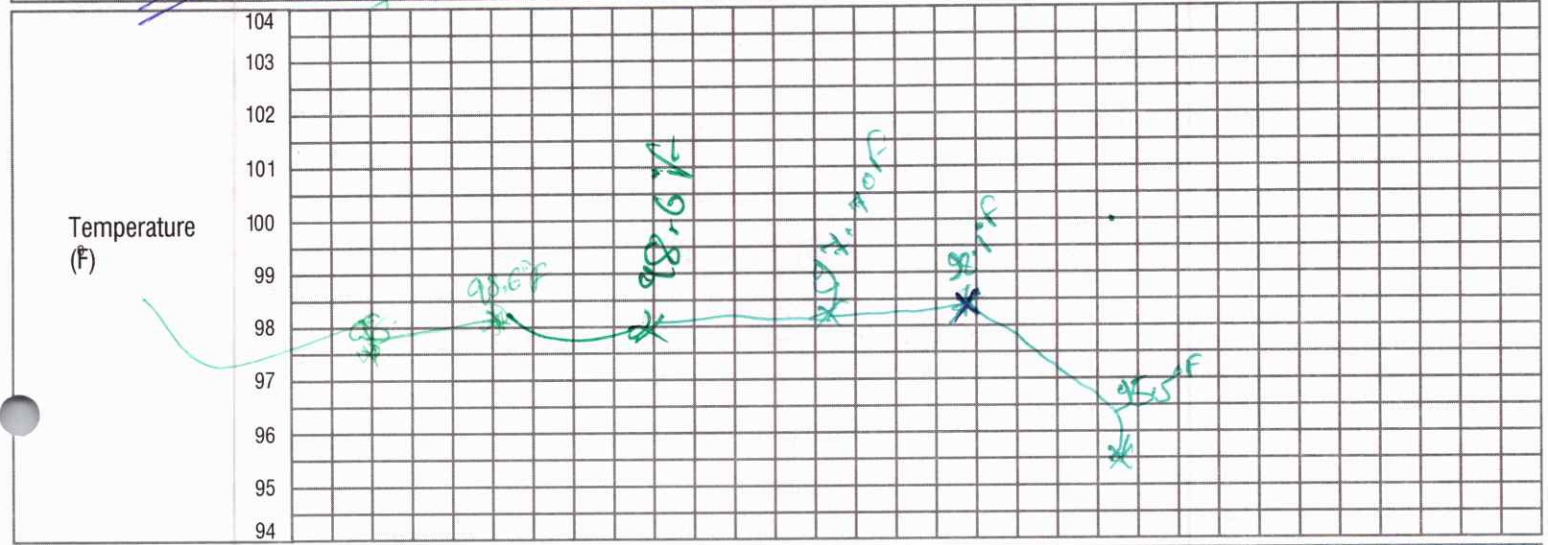
CLINICAL / 125

**PRE-SCHOOL (1-5 years)**  
 Children's Observation & Early Warning Scoring Chart



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 20/11/23	Time: 10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?	pm			pm	pm	Am



Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	28b/m	24b/m	29b/m	25b/m	25b/m		

Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	95%	98%
Conscious Level	Normal	Altered
GCS *		

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	✓	bl	bl	bl	bl

<b>ACTIONS</b> 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.

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# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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<b>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00015565 IP26-00006406  
 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR



# FLUID CHART

Sheet No. :                     

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
22/5	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
22/5	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm	Plasma		40ml									
	06:00 pm	lyte	A20	40ml						30ml			
	07:00 pm			40ml						10ml			
<b>Total Intake : Taken</b>						<b>Total Output : M-1 U-</b>							
22/5/26	08:00 pm			40ml									
	09:00 pm			40 ml									
	10:00 pm			40 ml									
	11:00 pm			40 ml									
	12:00 am			40 ml						100ml			
	01:00 am			40ml									
<b>Total Intake :</b>						<b>Total Output : U-1 M-</b>							
23/5/26	02:00 am			40 ml									
	03:00 am			40 ml									
	04:00 am			40 ml									
	05:00 am			40ml									
	06:00 am			40 ml									
	07:00 am			40 ml									
<b>Total Intake :</b>						<b>Total Output : U-1 M-1</b>							
<b>Total 24 hrs. Intake</b>												<b>Total 24 hrs. Output</b>	

3:29 pm with mouth

# FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/5	08:00 am	Plasmalyte		40ml								0	[Signature]
	09:00 am			40ml					60ml				
	10:00 am		Jelly	40ml									
	11:00 am		H <sub>2</sub> O	40ml									
	12:00 pm			20ml									
	01:00 pm			20ml									
Total Intake : taken						Total Output :							
23/5	02:00 pm	Plasma 1/2		20ml								0	[Signature]
	03:00 pm			20ml									
	04:00 pm		Rice	20ml									
	05:00 pm			20ml									
	06:00 pm		H <sub>2</sub> O	20ml									
	07:00 pm			20ml									
Total Intake :						Total Output : M-3 U-3							
23/5	08:00 pm	Plasma 1/2		20ml								0	[Signature]
	09:00 pm			20ml									
	10:00 pm		cevik	20ml									
	11:00 pm		DMS	20ml									
	12:00 am		Mit	20ml									
	01:00 am			20ml									
Total Intake :						Total Output : V-2M-2							
24/5	02:00 am	Plasma 1/2		20ml								0	[Signature]
	03:00 am			20ml									
	04:00 am		H <sub>2</sub> O	20ml									
	05:00 am			20ml									
	06:00 am			20ml									
	07:00 am			20ml						100ml			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015565

IP26-00006406

Baby GARGI GUPTA

20-11-2023 2 Y 6 M 2 D (F)

Dr. ANIKET ANIL PARASHAR



# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V							
24/5/26	08:00 am		40ml		NA		NA		120ml	0	[Signature]
	09:00 am	DNS	40ml								
	10:00 am	5ml H <sub>2</sub> O	40ml								
	11:00 am		40ml								
	12:00 pm		40ml								
	01:00 pm		40ml								
	<b>Total Intake : Taken</b>					<b>Total Output : U- M-</b>					
24/5/26	02:00 pm		40ml		NA		✓		260ml	1	[Signature]
	03:00 pm	Milk	40ml								
	04:00 pm	DNS Rice	40ml								
	05:00 pm	+ 5ml H <sub>2</sub> O	40ml								
	06:00 pm		40ml								
	07:00 pm		40ml								
	<b>Total Intake : Taken</b>					<b>Total Output : M- U-1</b>					
24/5	08:00 pm		40ml		NA		NA		0	0	[Signature]
	09:00 pm	DNS	40ml								
	10:00 pm	+ curd	40ml								
	11:00 pm	5ml kd Rice	40ml								
	12:00 am		40ml								
	01:00 am		40ml								
	<b>Total Intake :</b>					<b>Total Output : U-2 M-0</b>					
25/5	02:00 am	DNS	40ml		NA		NA		0	0	[Signature]
	03:00 am	+	40ml								
	04:00 am	5ml kd H <sub>2</sub> O	40ml								
	05:00 am		40ml								
	06:00 am		40ml								
	07:00 am		40ml								
	<b>Total Intake :</b>					<b>Total Output : U-1 M-0</b>					

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015565 IP26-00006406  
 Baby GARGI GUPTA (F)  
 20-11-2023 2 Y 6 M 4 D  
 Dr. ANIKET ANIL PARASHAR



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/5	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015565 IP26-00006406  
 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR



# NURSING CARE RECORD



Date: 21/5/20

- Go:  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				NA			
Afternoon	2pm	→ Assess the pt condition → monitoring vitals checked and recorded	2pm	→ Assessed the pt condition → Administration of medication given as per doctor orders	→ pt is stable	→ Re-Assessed the vitals	R
	8pm	→ I/O chart monitor	8pm	→ Torace care			
Night	8pm	Assess the pt condition monitor vitals and maintain I/O chart. provide the comfortable position	8pm	Assessed the pt condition monitored vitals and maintained I/O chart. provided the comfortable position.	→ pt is stable	→ monitor vitals	Guch
	8pm	Medication give as per as doctor order.	8pm	Medication given as per as doctor order.	→ vitals normal.	→ maintain I/O chart.	G

HNH-00015565 IP26-00006406  
 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR

Patient St



# NURSING CARE RECORD



Date: 23/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the pt condition → Monitor the vitals → Maintain the Ilochart → Administer medication as per drug chart	8am	→ Assessed pt condition → Monitored vitals → Maintained Ilochart → Administered medication as per drug chart	Patient is stable	Rechecked vitals	Anusha
	2pm		2pm				
Afternoon	2pm	→ Assess the Pt condition → monitoring vitals checked and recorded → Ilo chart maintain	2pm	→ Assessed the Pt condition → Administration of medication given as per doctor orders	→ Pt is stable	→ Re-checked vitals	A
	8pm		8pm				
Night	8pm	→ Assess the Pt condition → Monitor vitals → maintain Ilochart → Administer medication as per drug chart	8pm	→ Assessed the Pt condition → Monitored vitals recorded → Maintained Ilochart → medication as per drug chart	→ Pt is stable	→ rechecked vitals	A
	8am		8am				



# NURSING CARE RECORD

Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assess the General Condition of Pt.	8AM	→ Assess the general condition of Pt.	Pt is stable	Re-assess vitals	Moulik
	2PM	→ Monitor vitals → Maintain I/O chart. → Administer medication.	2PM	→ Monitored vitals → Maintained I/O chart. → Administered medication.			
Afternoon	2pm	→ Assess the pt condition	2pm	→ Assessed the pt condition	→ Pt is stable	→ Re - Assess vitals	Ananta
	8pm	→ monitoring vitals checked and recorded → I/O chart maintain	8pm	→ Administration of medication given as per doctor orders			
Night	8pm	Assess the pt condition	8pm	Assessed the pt condition	Patient is stable now	Re-checked vitals	Kushka
	8AM	monitor vitals Maintain I/O chart drug give as per drug chart.	8AM	monitored vitals Maintained I/O chart drug given as per drug chart.			

Patient Sticker

# NURSING CARE RECORD



11/1/15

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							



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <b>AGE</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	22/5/23 R2	22/5/26 N1	23/5 C16	23/5 R2	23/5/26 N11	24/5/26 M6	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
	Diet:	-	-	-	-	-	-	
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.5 <sup>st</sup>	98.2 <sup>o</sup> F	98.3 <sup>o</sup> F	98.5 <sup>st</sup>	97.8 <sup>st</sup>	98.4 <sup>o</sup> F
		Res:	30b/m	30b/m	30b/m	30b/m	30b/m	30b/m
		SpO <sub>2</sub> :	100%	99%	99%	100%	99%	99%
		Pulse:	121b/m	122b/m	123b/m	123b/m	117b/m	116b/m
		BP:	104/69	102/62	100/65	101/60	-	-
	LOC:	-	-	-	-	-	-	
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	-		
Skin Integrity	-	-	-	-	-	-		
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	NA	-	-	NA	ND	NA	
Post Operative Procedure Special Orders:	NA	-	-	NA	NA	NA		
Handed Over By Name :	Amanth	Sneha	Anushka	Amanth	Divya	Maitra		
Signature / ID :								
Date:	22/5	23/5	23/5/26	23/5	24/5/26	24/5/26		
Time:	8pm	8am	2pm	8pm	8am	8pm		
Taken Over By Name :	Sneha	Anushka	Amanth	Divya	Maitra	Amanth		
Signature / ID :								
Date:	22/5	23/5/26	23/5	23/5/26	24/5/26	24/5		
Time:	8pm	8am	2pm	8pm	8am	2pm		

HNH-00015565 IP26-00006406

Baby GARGI GUPTA  
20-11-2023 2 Y 6 M 2 D (F)  
Dr. ANIKET ANIL PARASHAR



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure:		Post OP Day:				
<b>BACKGROUND</b>	Date	Shift	24/5 R2	24/5 N1			
	Medical Condition (Any special condition to be noted):		-	-			
	Diet:		-	-			
<b>ASSESSMENT</b>	Allergy:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-			
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp:	98.3 <sup>F</sup>	98.1 <sup>F</sup>		
			Res:	30b/m	30b/m		
			SpO <sub>2</sub> :	100%	100%		
			Pulse:	131b/m	130b/m		
			BP:	101/60	101/61		
			LOC:	-	-		
			Fall Risk Score:	-	-		
		Pain Score:	-	-			
		Skin Integrity:	-	-			
<b>Recommendations</b>	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		-	-			
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:		-	-			
	Critical Lab Test / Values:		-	-			
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):		NA	NA				
Post Operative Procedure Special Orders:		NA	NA				
Handed Over By Name :		Anamouthe Syedha					
Signature / ID :		[Signature]					
Date:		24/5/26	25/5/26				
Time:		8pm	8 PM				
Taken Over By Name :		Sheha					
Signature / ID :		[Signature]					
Date:		24/5/26					
Time:		8 PM					



# CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	22/5 DAY-1			23/5 DAY-2			24/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		NA	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		NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	NA	
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 : [Signature] Name : mounika

Signature of Ward In Charge :

Signature : [Signature] Name : [Signature]



# BRADEN 'Q' SCALE

					Date :	22/5	29/5	23/5	27
					Time :	RL	RL	RL	RL
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4	
'Activity The degree of physical activity'	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3	
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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	
<b>TOTAL SCORE</b>					20	27	27	27	
<b>Evaluator's Name</b>					RL	RL	RL	RL	

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	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

# BRADEN 'Q' SCALE

					Date :	23/5/20	24/5/20	25/5
					Time :	10 PM	6 PM	5
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
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	
<b>TOTAL SCORE</b>					28	28	28	
<b>Evaluator's Name</b>					[Signature]	[Signature]	[Signature]	

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

Risk Score	Category	Action	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/5	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
22/5	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Suz
23/5	2AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Suz
23/5	8AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Suz
23/5	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
23/5	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
23/5/26	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	①
24/5/26	2PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	②
24/5/26	6pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

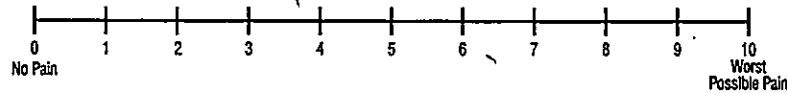
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



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 Baby GARGI GUPTA  
 20-11-2023 2 Y 6 M 2 D (F)  
 Dr. ANIKET ANIL PARASHAR



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			22/5	23/5	25/5		
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3			1		
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
<b>Total</b>			10	10	10		


**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		X	X	X		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:		Sudhakar				
Signature:		[Signature]				
Date:		22/5	23/5	24/5		
Time:		5 PM	4 PM	8 AM		

# PATIENT TRANSFER FORM

Patient Name & ICHIN No HNH-00015565      IP26-00005406 Baby GARGI GUPTA 20-11-2023      2 Y 6 M 2 D (F) Dr. ANIKET ANIL PARASHAR 		Date & Time of Admission 22/11/26 @ 3:47pm	Date & Time of Transfer Order 22/11/26 @ 4:45pm
		Transfer Ordered by Dr. Prabhat	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (208)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 151-	Number of Imaging Films USH abd - (A)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.		<del>_____</del>	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Bhargava		Name of Person Ordered Transfer Dr. Prabhat	
Patient & Clinical Records Received by : Afongh			
Date & Time of Patient Received : 22/11/26 @ 4:15pm			

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

1000

1000

1000

1000



1000

wt - 10.96 kg



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : gargi gupta Age : 2.6 yrs Gender:  Male  Female  
 Date : 22/11/26 Time of Arrival : 3:30pm

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: 98.4°F PR: 115b/m BP: ..... RR: ..... SpO<sub>2</sub>: 96%

Chief Complaints: ch. vomiting, loose stools since 2 days

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30-min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

\* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 3:30pm

## Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargava

Signature of Triage Nurse : (B)

Date & Time : 22/11/26 @ 3:32pm

16

00  
00

00  
00

**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 22/11/23 Time of arrival : 3:34 pm  
 Chief Complaints : clo vomiting, loose stools since 2 days RBS: .....  
 Height : ..... Weight : 10.96kg 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 : .....

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

Time	Nursing Notes
3:36pm	Assess the pt condition monitor the vitals

Samples collected by: /  
 Samples sent by: / *Ujaya*

Time: /  
 Time: *4:30pm*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<i>22/11/26</i> <i>3:44pm</i>	<i>crocin syp</i>	<i>oral</i>	<i>3ml</i>	<i>Dr. Prabhat</i>	<i>(B)</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>115b/m</i> BP: <i>—</i> CFT: <i>—</i> RR: <i>28b/m</i> SPO <sub>2</sub> : <i>96%</i> GCS: <i>15/5</i> Temperature: <i>98.4°F</i> Pain Score: <i>1/6</i> Repeat RBS (if applicable): <i>NA</i>	Shift - out from ER to: <i>2nd floor (208)</i> Time of Shift - out: <i>4:45pm</i> Handover given to: <i>[Signature]</i> (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse: *Chargani* Signature of the Nurse: *(B)*

Date & Time: *22/11/26 @ 3:38pm*

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Baby GARGI GUPTA  
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Dr. ANIKET ANIL PARASHAR



208

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/5/26 Time: 4:45pm

Weight: 10.9 kg Centile: 5th

Height: Centile: -

Inference: Underweight child.

RDA: - Calories: 1250 Kcal/day Protein: 21 gms/day

Diet Recommendations: (as per diet can have) :- ORS (w/o), Sagol Water, Coconut Water

Re-Assessment: Avoid :- Ragi, Oats, Milk, Egg, Citrus, Wheat

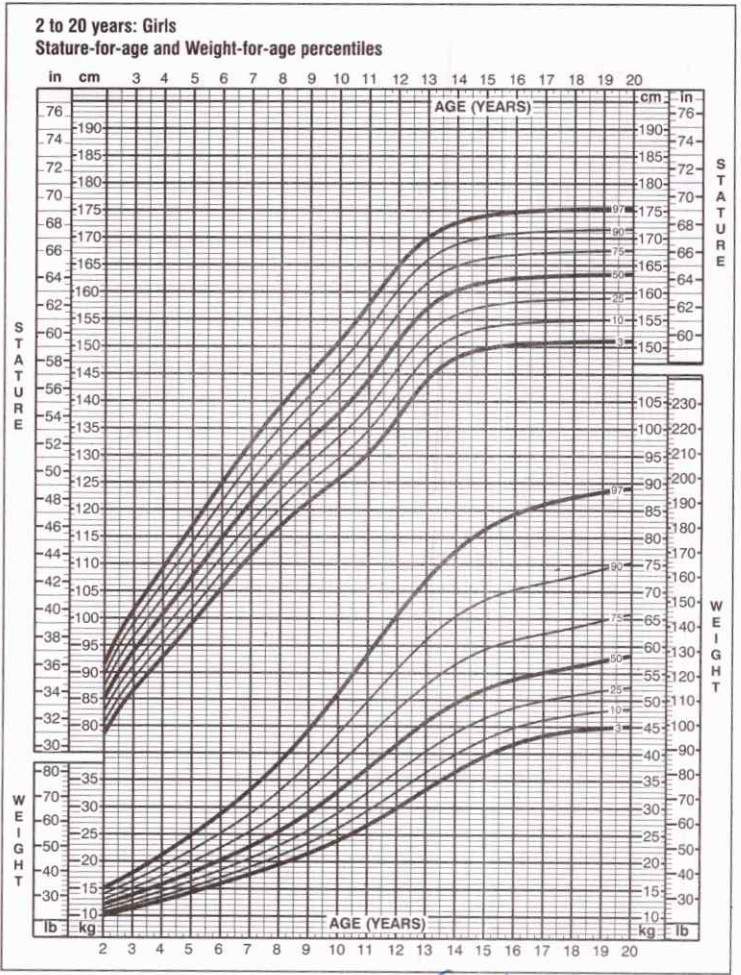
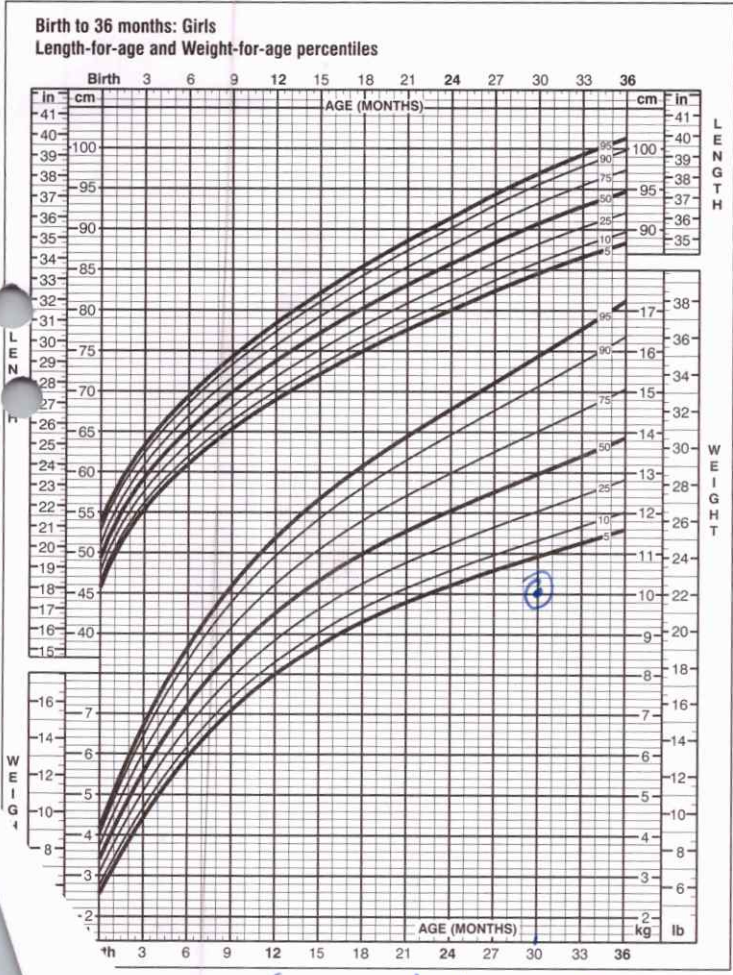
Food Allergies: NO FA Veg/Non-veg Veg

Diagnosis: An. Electrolyte imbalance UTI?

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *Sobhya*

### GROWTH CHART (GIRLS)



Name: *Syeda Sobhya Zaher*

Dietician's Signature: *Sobhya*

