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FC

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

DISCHARGE SUMMARY

Name	Baby Of P VANI	**UHID**	HNH-00010737
Father/Guardian	Mr J SAI KUMAR	**Age/Gender**	0 Y 9 M 24 D/ Male
Address	1-6-226/7/12 parisigutta, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006786	**Admission Date**	09-07-2026
Ref Doctor	Self.		
Discharge Date	11.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ACUTE DYSENTERY WITH DEHYDRATION	

History: Baby Of P VANI, 0 Y 9 M 24 D , old boy presented with history of loose stools (10-15 episodes/day), fever since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was afebrile, hemodynamically stable and maintaining saturation at room air. Heart rate - 140 /min and Respiratory Rate - 28/min. On examination Signs of dehydration were present such as sunken eyes, dry oral mucosa and dry lips were present. On auscultation of chest, air entry was

Name	Baby Of P VANI	UHID	HNH-00010737
IP No	IP26-00006786	Admission Date	09-07-2026

bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 8.7 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.39, pCO2 of 30.9 mmHg, pO2 of 44 mmHg, HCO3 of 19.4 mmol/L and BE of -6.1 mmol/L.

Initial hemogram showed Hemoglobin of 12.7 gm%, White Blood Cell count of 11860 cells/cumm, platelet count of 4.38 lakhs/cumm and C-Reactive Protein of 10.6 mg/l. Blood culture and sensitivity shows no growth after 24 hours of incubation

Stool routine

Name	Baby Of P VANI	**UHID**	HNH-00010737
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COLOUR	YELLOWISH			
CONSISTENCY	S. FORMED			
REACTION	8.0	5 - 8.5		-
MUCUS	PRESENT	ABSENT		-
BLOOD	ABSENT			
PROTOZOA	NIL	NIL		-
HELMINTHES	NIL	NIL		-
PUS CELLS	10 - 12			
RED BLOOD CELLS (Stool)	NIL	NIL	HPF	-
FAT GLOBULES	PRESENT + +	ABSENT		-
BUDDING YEAST CELLS	NIL	-		-
STARCH GRANULES	ABSENT	ABSENT		-
UNDIGESTED FOOD	PRESENT + +	ABSENT		-
YEAST CELLS	NIL	NIL		

Ultrasound abdomen shows
* No significant sonographic abnormality detected.

Management : He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically and required investigations were sent. Dietary changes were done.

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He was regularly monitored for loose stool frequency and hydration status. His loose stools, vomiting episodes, fever and other symptoms settled gradually.

On day 2 of admission- 1 episode of blood in stool was present, hence dysentery was suspected and stool routine and stool culture and sensitivity were sent.

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

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

Medication during hospital stay:
Injection. Ceftriaxone
Z & D drops
B4 nappy cream
Pro GG drops
Injection. Metrogyl
Sucral ANO

Advice:
* Diet as advised.

Name	Baby Of P VANI	**UHID**	HNH-00010737
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	2.5 ml	8am - 8pm (after food)	till review.
2	Syrup.METROGYL(Metronidazole 5ml/200mg)	1.5ml	oral	thrice daily till review
3	Sucral Ano	for local application	thrice daily	For 3 days
4	Pro GG drops	15 drops	twice daily	For 3 days
5	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 11 days
6	B4 nappy cream	for local application	thrice daily	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect final Blood culture and sensitivity and stool culture sensitivity report on followup

Fever Management

* Crocin Drops (Paracetamol - 1ml/100mg) 1.2 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.

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Review consultation with Dr. SINDHURA MUNUKUNTLA on Monday(13.07.2026) 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 / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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

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Name	Baby Of P VANI	**UHID**	HNH-00010737
IP No	IP26-00006786	**Admission Date**	09-07-2026

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006786 **Admit Date** : 09-Jul-2026 **Admit Time** : 01:12 AM **UHID** : HNH-00010737

Patient Details :

Patient Name	: Baby Of P VANI	**Age**	: 0 Y 9 M 24 D
Guardian	: Mr J SAI KUMAR	**DOB**	: 15-09-2025 12:06 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-6-226/7/12 parisigutta Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 9182819381/
		E-mail	: vani.pathakoti@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name	: Mr J SAI KUMAR	**Relationship**	: Father
Contact Address	: 1-6-226/7/12 parisigutta Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 9182819381

Signature

Doctor Details :

Doctor Name	: Dr. SINDHURA MUNUKUNTLA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 5000.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVIT HNH-00010737 IP26-00006786 **G**
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Name: ---

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

Date of Admission : 9/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	11.50 Pm	ER	ward	

Cross Consultation Visit

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

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Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/7/26	CBP	11291	
	VBG	11290	
9/7/26	CRP	11296	
9/7/26	USG Abdomen	8222	
9/7/26	Stool C/S	11329	
9/7/26	Blood C/S	11306	murali
9/7/26	CSF	11351	
		Cross checked	done by Sneha

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7	Infusion pump	2AM	10/7/26 @ 10pm	11991	[signature]

Cross checked done by Snehu

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/7/26	IV placement	1	#974 ~~#290~~	
~~9/7/26~~				
9/7/26	NHA	1	12181	nha

Cross checked done by SW

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

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Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examinat

Name : _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Loosestools (10-15 times) x afternoon
fever x (low grade) x evening
perianal rash

History of present illness :

Loosestools x 1 day, watery consistency, not acholic or mucus

fever x 1 day (evening), low grade documented upto 101°F, not associated chills, partially relieved on oral medications

perianal rash ⊕

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Anthropometry

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

Weight (kgs) 8.7 kg (Centile _____)

On Examination :

Temperature : 99.9 F Pulse Rate: _____ Description _____

B.P. _____ SPO2 99% at RA

Resp. rate and type of breathing : _____

Signs of dehydration ⊖

Rash _____ Sunken eyes ⊖

Lymphadenopathy _____ Dry tongue, lips ⊖

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAB ⊕, Clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft Nontender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements : NAD

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Diarrhea with dehydration
(Acute Gastroenteritis)

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15-09-2025
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examina

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, ~~CRP~~
VBG
CUE (dm)

(CRP, Blood c/s)
+
preserve

Planned Management :

- IV fluids
- Z & O drops
- Supportive care

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 Dr. Sindhura. M on whose name the patient is being referred

Doctor's Signature Name [signature] Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970 Date 9/2/26 Time 10:20 PM

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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/c - Dr. [illegible] / Dr. [illegible]	
09/02/26 8 PM	D:- Acute Gastroenteritis with dehydration, fever ⊕	
	- Loose stools (3-4 episodes)	
	- No vomiting	
	O/E:- GC fair	
	Vitals: Stable	
	Dehydration - good	
	S/E:- NAD	
		Adv
		- IV fluids
		- Supportive care
		- Send CRP
		- Monitor vitals and Inform SOS
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/?/26 10 AM	c/s/by. Dr Sindhu	
	AGE c̄ dehydration	
	? Dysentery	
	fever (+)	
		Adv
		Send - stool c/s.
	O/E	Stool routine.
		B/c/s → to send
	Vitals Stable	USG Abdomen now
	[illegible] (+)	CEFTRIAXONE
		METROGYL.
	P/A	Sucral ono
		134 Nappi
	P/A - Soft, non-tender.	
		150 ml feeds.
		- Nestum [illegible],
		Adequate hydration
		Cont IVF

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

N/B - [illegible] 9/?/26

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

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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	S/B Dr. Sindhura	
9:40 PM		P/o
	Δ AGE c̄ dehydration	
	- loose stools (+)	
		✓ c/f CEFTRIAXONE
	CVS - S1S2 (+)	METRONIDAZOLE
	RS - BLAE (+)	
		✓ c/f SUCRAL AND
	P/A Soft	D4 NAPPI
	Conscious.	
		✓ c/f NESTUM RICE
	- signs of dehydration (+)	
		✓ Serve stool routine stool c/s.
		✓ c/t. IVF
		M. Sindhura (signature)
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 (stamp)	MUNUKUNTLA (signature)
		NB Sunanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	WB Dr. Manini Dr. Shergan acute GE c̄ dehydration ? dysentery - loose stools - ⊖ ∵ maining - fever spikes - no fever spikes - oral intake: - good. O/E vitals : stable S/E P/A : soft	Plan 1) Inj. ceftriaxone metronidazole 2) Trace ~~stool routine~~ stool c/s 3) Inj. IVF 4) Rest Inj. as per Rx chart 5) monitor vitals.
	(signature)	NB Sunanda @ 7 am

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 11 Am	S/B Dr. Sindhura AGE c dehydration loose stools (×2) — consistency improved fever spikes (101.6° yest morning) @ 8:30 Am o/e vitally stable	Adv Stop IVF by evening Watch for loose stools Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 N/S - Supervision 11:30 Am @ 10/7/26
10/7/26 2:30 p.m	S/B Dr. Archana AGE c dehydration No fever spikes loose stools (−) Oral acceptance - good o/e vitally stable s/e wnl	Adv · Ct Inj CEFTRIAXONE Inj METRONIDAZOLE · w/f signs of dehydration · Discontinue IVF in the evening · Ct test same

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15-09-2025 0 Y 9 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 8:00 AM	c/s/by: Dr Aniketh.	
	AGE c̄ dehydrtn	
	activity, hydrtn → good	
	vital stable.	Plan.
		- ct Antibiotic
		- Enhance orally.
		- EST
		- Monitor vitals.
		- Cont SIMILAC
		N [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~11/7/26~~ 17/07/26 7.15 AM.	c/s/by Dr Anvesh/Dr Varun	
	AGE c̄ dehydration.	
	No fever	
	Activity] good. No loose stools in night	
	hydration]	
	vital stable.	Plan
		Enhance orally.
	S/E	ct Antibiotics.
	(R/S) B/L AE (+)	
	NVB (+)	Monitor vitals.
		ct probiotic
		3E/D.
		ct SIMILAC.
	(signature)	(T) stool/c/s, B/c/s
		N/B Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 10:10 AM	3/B	Dr Sindhura
	AGE	ō dehydration
	Loose stools ↓	Plan
	Afebrile	Discharge
	Vitals stable	
		ZINC – 14 days tabs
		ProGG – 5 days
		XYZAL – if
		CEFIXIME, METROGYL } till review
		N/B Consultant: Dr. Sindhura
		SHUTHONA-M
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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DRUG CHART

Date of Admission: 9/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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.

8.7kg

SOS / PRN (As required Medication)

DRUG : CROCIN DROPS				Date / Time
Dose: 1.3ml	Route: PO	Frequency: SOS/6H	Start Date: 09/07	9/7/26 2AM 8AM
Doctor's Signature: Sindhu	Valid Period	Pharm.		
Additional Instructions: (1ml/100mg)				

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

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

Verified by Dr. Dhakshayani

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

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Baby Of P VANI
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Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 8.7/4 Ward. ....

DRUG: Z&D drops				Date/Time	9/7	10/7	11/7
Dose: 1ml	Route: PO	Frequency: OD	Start Date: 09/07	6am			
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: BT NAPPI CREAM				Date/Time	9/7	10/7	11/7
Dose:	Route: L/A	Frequency: TID	Start Date: 09/07	6am			
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm			
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							

DRUG: PROGG DROPS				Date/Time	9/7	10/7	11/7
Dose: 15 drops	Route: PO	Frequency: 12H	Start Date: 09/07	6am			
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				6pm			
Daily Doctor's Endorsement by a Sign							

DRUG: Inj CEFTRIAXONE				Date/Time	9/7	10/7	11/7
Dose: 900mg	Route: IV	Frequency: OD	Start Date: 9/7	12PM		12:50	
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions: 900mg in 20cc NS over 2 hours							
Daily Doctor's Endorsement by a Sign							

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 8.7kg Ward ....

DRUG : Inj METROGYL

Dose	Route	Frequency	Start Dt.
67mg	iv	Q8hly	9/7

Name & Signature of the Doctor Starting the Drugs:

70mg.

Additional Instructions: over 30min

Daily Doctor's Endorsement by a Sign

Date / Time	9/7
6am	X
2pm	
10pm	

DRUG : SUCRAL ANO

Dose	Route	Frequency	Start Dt.
	LA	TID	9/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
6am	X		
2pm			
10pm			

DRUG : Inj METROGYL.

Dose	Route	Frequency	Start Dt.
70mg	iv	Q8hly	9/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (METRONIDAZOLE) over 30min.

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
6Am	X		
2Pm			
10Pm			

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

		ion of I.V. Fluid (.. ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
04/07	2AM	IVF - ONS	IV	35			10/7 @ 11Am		
10/7	11Am	"	IV	↓ 25cc					

Signature .....

VERIFIED BY : Name .....

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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RESULT SHEET

Date	9/7/26					
Time						
Hb	12.7					
PCV	35.6					
RBC	4.98					
WBC	11.86					
N/L	56.3/36.1					
Platelets	438					
CRP	10.6					
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	9/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	10–12					
OVA / Cyst						
Occult Blood						
RBC Stool	Nil					
fat globules	++					

Culture and Sensitivities : stool c/s

Blood c/s

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00010737
Baby Of P VANI
15-09-2025
Dr. SINDHURA MUNUKUNTLA
IP26-00006786
0 Y 9 M 24 D (M)

IM / CLINICAL / 124

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

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

Date: 9/7 Time: 1:30 AM | 2:45PM | 6 AM | 8 PM

Doctor/Nurse/Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
99.4°F | 102.3°F (Given crocin) | 99.3°F | 101.6°F (Given crocin)

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 140bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number): 28bpm | 30bpm

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

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

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

Patient Sticker

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Your Safe Delivery

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-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 124

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

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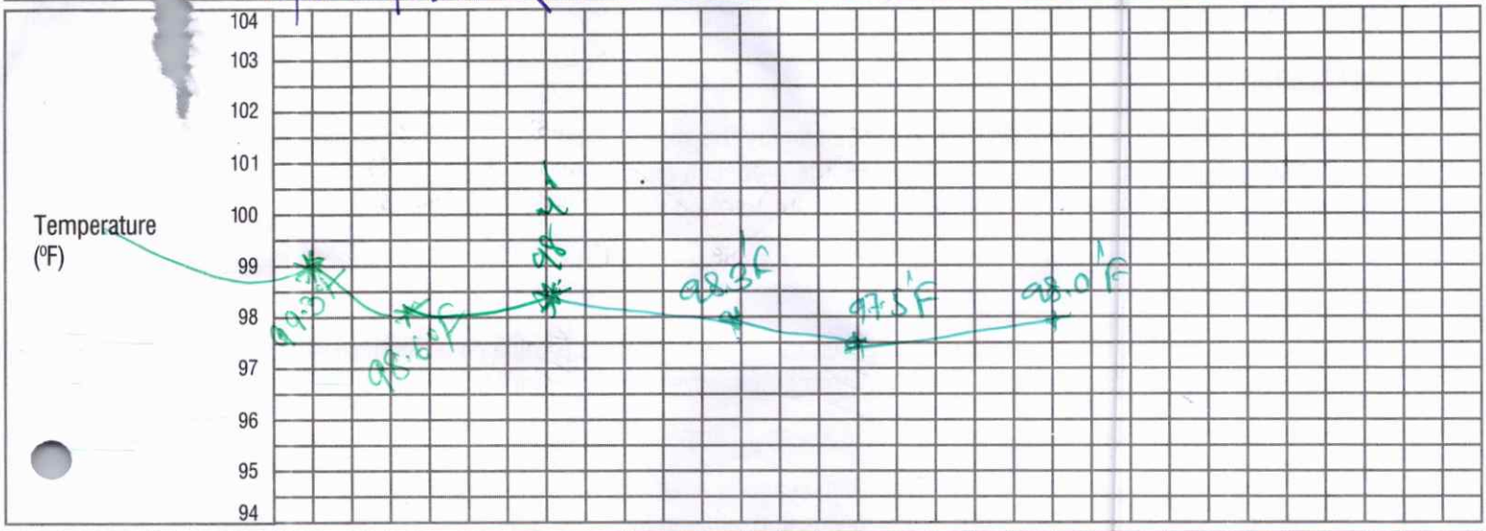
EARLY WARNING SCORE: CHILDREN'S UNIT

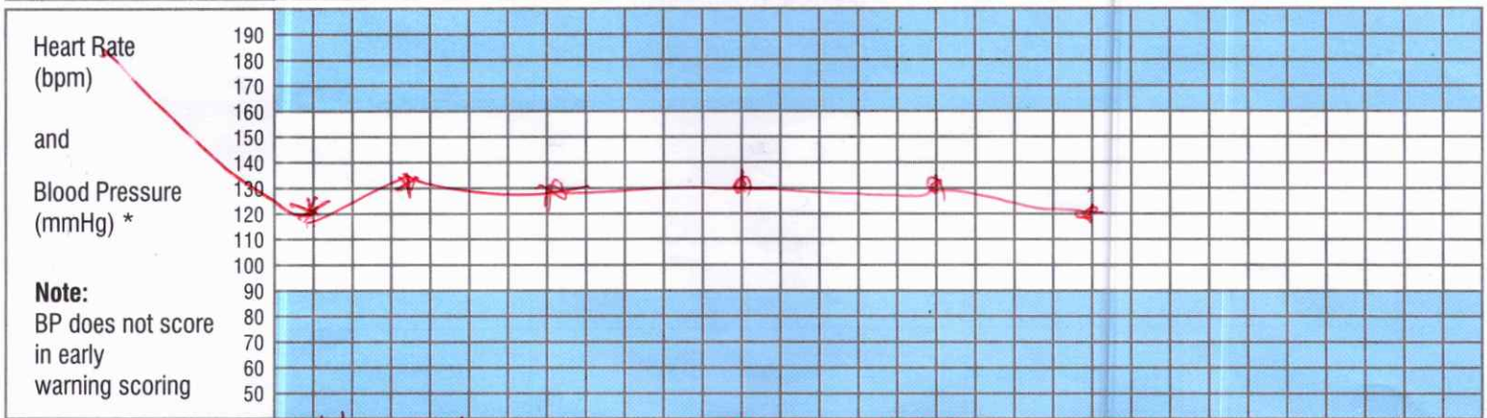
Date: ..../..../.... Time:	9:30	2 pm	6 pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?	AM	PM				

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	120b/m	136b/m	130b/m	126b/m	122b/m	125b/m

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

Resp Rate (Number)	34b/m	32b/m	32b/m	38b/m	42b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100%	100%	99%	100%
Conscious Level: Normal / Altered						
GCS *	15/15				15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during ... ious 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.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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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)

NH-00010737 IP26-00006786
aby Of P VANI
5-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 124

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

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

Date: 10/7/25 Time: 10 2 Expired 10 3 6

Doctor/Nurse/Family Concern? AM PM Dr Dr Dr

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 136b/m 132b/m 138b/m 123b/m 130b/m 140b/m

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

Resp Rate (Number) 36b/m 32b/m 38b/m 40b/m 38b/m 36b/m

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		99%	100%	100%	99%	98%	98%
Conscious Level	Normal / Altered					
GCS *		15/15	15/15		14/15	14/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	1	0
Pain Score		0	0	0	0	0	0
Observer's Initials							

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
9/7/26	02:00 am	D/	Milk	35ml		NA	✓			✓	0	
	03:00 am			35ml								
	04:00 am			35ml								
	05:00 am	DNS	Milk	35ml			✓	NA		✓		
	06:00 am			35ml								
	07:00 am			35ml								
Total Intake :								**Total Output :**				

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

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/7/26	08:00 am	↑		35ml			✓			✓	0	
	09:00 am		Milk	35ml							0	
	10:00 am	DNS		35ml							0	
	11:00 am		Milk	35 ml							0	
	12:00 pm	↓	Milk	35ml							0	
	01:00 pm			35ml			✓			✓	0	
Total Intake :								**Total Output :** U-			M-	
9/7	02:00 pm	↑		35ml							0	
	03:00 pm		Milk	35ml						✓	0	
	04:00 pm	D		35ml			✓				0	
	05:00 pm	↑	Milk	35ml				N			0	
	06:00 pm	S		35ml			✓			✓	0	
	07:00 pm			35ml							0	
Total Intake :								**Total Output :** U-			M-	
9/7	08:00 pm	↑		—							1	
	09:00 pm		milk	—								
	10:00 pm	DNS		—			✓			✓	0	
	11:00 pm		milk	—				NA				
	12:00 am	↓		—	NA						1	
	01:00 am		Milk	35ml								
Total Intake :								**Total Output :**				
10/7	02:00 am	↑		35ml							1	
	03:00 am		Milk	35ml						✓		
	04:00 am	DNS		35ml							0	
	05:00 am		milk	35ml	NA			NA				
	06:00 am	↓		35ml						✓	1	
	07:00 am		Milk	35ml			✓					
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/7/26	08:00 am	↑		35ml			✓			–	0	
	09:00 am			–							0	
	10:00 am	ONS	Milk	–			✓			✓	0	
	11:00 am	↓		35ml							0	
	12:00 pm			35ml							0	
	01:00 pm			–							0	
Total Intake :						**Total Output :**						
10/7/26	02:00 pm			–								
	03:00 pm		Milk	–						✓		
	04:00 pm	ONS		15ml							0	
	05:00 pm		Milk	15ml						✓		
	06:00 pm			–								
	07:00 pm		Milk	–			✓			✓		
Total Intake :						**Total Output :**						
10/7	08:00 pm			–						✓	0	
	09:00 pm		Milk	–							0	
	10:00 pm		+								0	
	11:00 pm		Milk								0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :**						
11/7	02:00 am										0	
	03:00 am		Milk								0	
	04:00 am		+								0	
	05:00 am									✓	0	
	06:00 am		Milk								0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon							
Night	2am | 8am	-Assess the pt. condition -Monitor vitals & records -Maintain I/o chart -Give medications as prescribed by doctor	2AM | 8AM	-Assessed the pt. condition -Monitored vitals & records -Maintained I/o chart -Given medications as prescribed by doctor	Patient is Stable now	Re-checked vitals	

Patient Sticker

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NURSING CARE RECORD

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Date: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8Am to 2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Stool Routine & CUE due	→ Re-checked the vitals → I/O → USG abdomen done	Supriya
Afternoon	2Pm to 8Pm	Assess the pt Condition. Monitor vitals given Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor ord.	2Pm to 8Pm	Assessed the Pt condition Monitored Vitals given Maintained I/O chart. provided the comfortable position. Medication given as per as doctors ord.	→ Pt is stable → vitals normal	→ Monitoring. → maintaining the Chart	
Night	8pm to 8am	— Assess the pt condition — Monitor the v/s — Maintain the I/O — Drug as per chart	8pm to 8am	— Assess the pt Condition — Monitor the v/s — Maintain the I/O — Drug as per chart	— How baby is stable	— Rechecked the v/s	

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NURSING CARE RECORD

Date: 10/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM to 2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Trace blood c/s & stool c/s	→ Re-checked the vitals → I/O ~~[illegible]~~	Supriya
Afternoon	2pm 8pm	Assess the baby Monitor the vls Administer Medication Maintain I/O Chart	2pm 8pm	Assessed the baby Monitored vls Administer Medication Maintain I/O Chart	Administer Medication	Re-assess the pt	[illegible]
Night	8Pm to 8Am	Assess the Pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	8Pm to 8Am	Assessed the pt condition monitored vitals & recorded. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal.	Monitoring. Maintain I/O chart	[illegible]

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
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- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

Patient Stick

MNH-00010737 IP26-00006786
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute diarrhea & dehydration

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	8/7/26 N1	9/7/26 M6	9/7 E2	9/7 N1	10/7/26 M6	10/7 E2
BACKGROUND	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	98.1°F	98.4°F	98.2°F	98.1°F	98.8°F
	Res:	30b/m	32b/m	30b/m	32b/m	32b/m	32
	SpO_2:	100%	100%	99%	99%	99%	100%
	Pulse:	140b/m	130b/m	132b/m	133b/m	136b/m	122
	BP:	–	–	–	–	–	–
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:		"0"		"0"	"0"	–
	Skin Integrity	–	Good	Good	Good	Good	–
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	CUE, Stool routine done		–	–	–
Handed Over By Name :		Priyanka	Supriya	Sri	Sumanda	Supriya	
Signature / ID :							
Date:		9/7/26	9/7/26	9/7	10/7	10/7/26	10/7
Time:		8 AM	2 PM	8 PM	8 AM	2 PM	8 PM
Taken Over By Name :		Supriya	Sri	Sumanda	Supriya		
Signature / ID :							
Date:		9/7/26	9/7/26	9/7	10/7/26	10/7	10/7
Time:		8 AM	2 PM	8 PM	8 AM	2 PM	8 PM

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE c dehydration.				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	10/9 N1					
	Medical Condition (Any special condition to be noted):	AGE -					
	Diet:	-					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	/					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F					
	Res:	30/m					
	SpO_2:	99%					
	Pulse:	138/m					
	BP:	109/62					
	LOC:						
	Fall Risk Score:	/					
	Pain Score:	/					
	Skin Integrity	/					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	/					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	/					
	Critical Lab Test / Values:	/					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	✓					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Sw					
Signature / ID :		[illegible]					
Date:		11/9					
Time:		8AM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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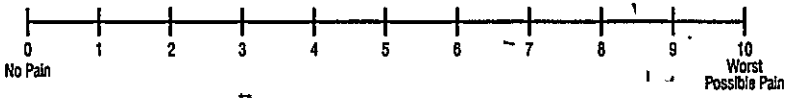
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	4AM	0/10	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7	8Am	0	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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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PAIN ASSESSMENT TOOLS

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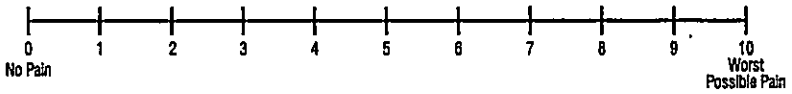

Wong - Baker (Pediatrics) Above 7 Years

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Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
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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

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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)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 8/7			DAY-2 9/7			DAY-3 10/7			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	0	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	0	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	0	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	0	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	0	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 : ..... Name : .....

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00010737 IP26-00006786
Baby Of P VANI
15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKA ..... ☐ 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. Sushant .....

Date & Time : ..... 9/7/26 @ 1:30am .....

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

Date & Time : ..... 9/7/26 @ 1:35am .....

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

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PATIENT TRANSFER FORM

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15-09-2025 0 Y 9 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission: 9/7/26 @ 1:12am	Date & Time of Transfer Order: 9/7/26 @ 2am
Treating Consultant Name	Transfer Ordered by: Dr. Sushant	Reason for Transfer: Admission
From Unit: ER	To Unit: ward	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 25	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. Sushant

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received : 9/7/26 @ 2am

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

ANH-00010737 IP26-00006786
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Wt - 8.7 Kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Vani Age : 10 m **Gender:** ☑ Male ☐ Female

Date : 09/07/26 Time of Arrival : 12:48 Am

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: 99.9°F PR: 140 b/m BP: ..... RR: ..... SpO_2: 99%

Chief Complaints: C/O loose motion since Afternoon (12-1 time Fever since evening

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 : 12:50 Am

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 : Sindhura

Signature of Triage Nurse : .....

Date & Time : 09/07/26 @ 12:50 Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/9/26 Time of arrival : 12:52am

Chief Complaints: c/o loose motions since afternoon since fever evening RBS: .....

Height : ..... Weight : 8.17kg 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 : .....

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

Time	Nursing Notes
	→ Assessed the Pt

Samples collected by: Apuaba Time:

Samples sent by : Time: 11:30am

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: 140b/m BP: .... CFT: 2sec	Shift - out from ER to: ward
RR: .... SPO_2 : 99%	Time of Shift - out: 2PM
GCS: 15/15 Temperature : 99.9°F	Handover given to: Priyanka (Nurse's Name)
Pain Score: 0/	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement done

Name of the Nurse : Brabin Signature of the Nurse : [signature]

Date & Time : 9/7/26 @ 12:50 PM

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~~209~~ 210

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/7/26 Time: 9:45am

Weight: 8.7Kg Centile: < 10th

Height: – Centile:

Inference: Underweight child.

RDA: – Calories: 98Kcal/day Protein: 1.6g/day

Diet Recommendations: Celmilac stage-2 + Complementary feed & Gastrodiet - Sago, Wake, Coconut water

Re-Assesment: Gastro Avoid - Ragi, wheat, Milk, Sugar, Egg, Citrus Rice based foods, ORS (c)

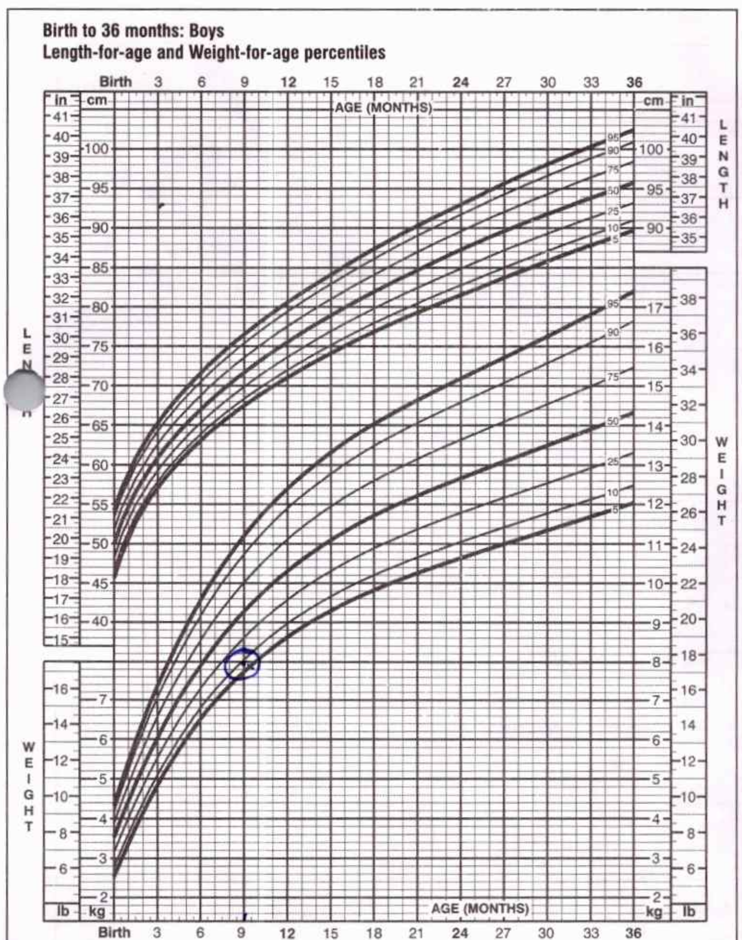
Food Allergies: NO Veg/Non-veg Non Veg

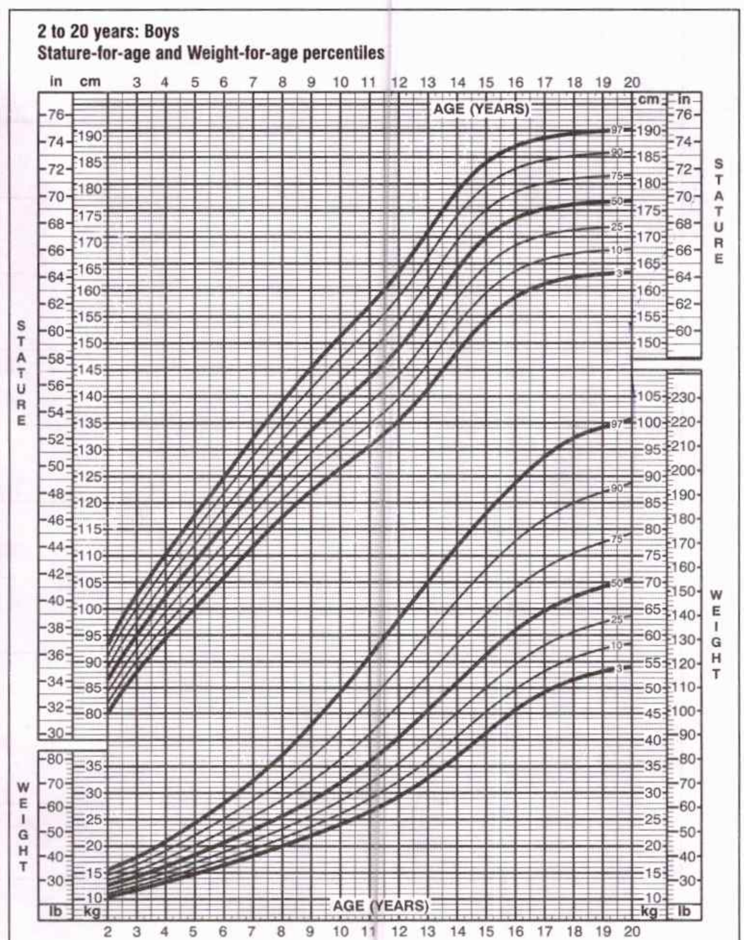
Diagnosis: Acute gastroenteritis c̄ dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name: Syeda Sobiya Zaheer Dietician's Signature: Sobiya

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: