209

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

DISCHARGE SUMMARY

Name	Master DHAIRYA DATAR	**UHID**	HNH-00008215
Father/Guardian	Mr SIDHARTH DATAR	**Age/Gender**	1 Y 4 M 8 D/ Male
Address	3-6-69/B/2 FLAT NI 202 J V RESUDENCY, Basheer Bagh, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006715	**Admission Date**	02-07-2026
Ref Doctor	SELF		
Discharge Date	04.07.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
WALRI WITH RD	
COVID POSITIVE	

History: Master DHAIRYA DATAR, 1 Y 4 M 8 D old boy presented with history of cough since 1 week and fast breathing since morning, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital for

Name	Master DHAIRYA DATAR	UHID	HNH-00008215
IP No	IP26-00006715	Admission Date	02-07-2026

further management.

Examination: He was afebrile, maintaining saturations SpO2 of 100% at room air. Heart rate was 110/min and Respiratory Rate - 60/min (tachypnea present). Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal with subcoastal and intercoastal retraction, grunting were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 9.5 kgs.

Investigations: Enclosed reports.

Adenovirus PCR test was sent, which was negative.

GeneXpert FluA+FluB+RSV were sent, which shows:

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

VBG showed pH - 7.31, pCO2- 41.8 mmhg, pO2 - 39 mmhg, HCO3 - 20.1 mmol/l, BE: -5.3mmol/l.

Complete blood picture showed Hemoglobin - 11.2gm%, White Blood Cells

Name	Master DHAIRYA DATAR	**UHID**	HNH-00008215
IP No	IP26-00006715	**Admission Date**	02-07-2026

-9890 cell/cmm, Platelets - 3.60lakh/cmm, C-Reactive Protein - 5.0mg/L,

Management: He was admitted in PICU in view of respiratory distress and was started on HFNC with flow 14L, Fio2 at 35%, maintenance IV fluids. In view of chest signs, he was frequently nebulised with Levolin and Ipravent.

In view of respiratory symptoms, Respiratory panel was sent which showed SARS- COVID positive

In view of persistant severe wheeze, inj methylprednisolone stat dose was given, maintanance dose was continued.

He was monitored for his hemodynamic status, oxygen saturations and vital parameters. As his respiratory distress settled, his oxygen support was gradually tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

During ward stay he was monitored for distress. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:
Nebulisation Levolin
Nebulisation Ipravent
INJ methylprednisolone

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

Name	Master DHAIRYA DATAR	UHID	HNH-00008215
IP No	IP26-00006715	Admission Date	02-07-2026

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	5ml	8am- 8pm (after food)	for 3 days
2	MDI with Levolin (50mcg)	2 puffs	6th hourly	For 2days(4/7/26, 5/7/26)
	MDI with Levolin (50mcg)	2 puffs	8th hourly	For 2days(6/7/26), (7/7/26)
	MDI with Levolin (50mcg)	2 puffs	12th hourly	For 2days (8/7/26, 9/7/26)
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

PLAN : To follow asthma action plan as adviced.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3ml 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.

Name	Master DHAIRYA DATAR	**UHID**	HNH-00008215
IP No	IP26-00006715	**Admission Date**	02-07-2026

Review consultation with Dr. PRITESH NAGAR **on Tuesday (07/07/2026)** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded diet to be followed.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breatlessness, refusal to feed occurs or any abnormal movements.

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**

Name	Master DHAIRYA DATAR	**UHID**	HNH-00008215
IP No	IP26-00006715	**Admission Date**	02-07-2026

Rainbow Children's Medicare Ltd. Hyderabad Himayathnagar 500029

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00008215 IP26-00006715 Master DHAIRYA DATAR 24-02-2025 1 Y 4 M 8 D (M) Dr. PRITESH NAGAR Dr.Pritesh	2/7/26 @11:53AM	3/7/26 @ 6:50Pm
	Transfer Ordered by Dr. Pritesh	Reason for Transfer Stable
From Unit PICU	To Unit 209.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 37	Number of Imaging Films Chest x-ray - 1 VBG — 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

1 Cy

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Saisee 3/7/26	Dr. Pritesh

Patient & Clinical Records Received by : Sneha 3/7/26 @ 6:50Pm

Date & Time of Patient Received :

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

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

Levolin 0.31mg - 8 nd hrs.
Ipravent ½ Resp - 6 th hrs

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/7/26	00.00			
"	01.00	Levolin 0.31mg		
"	02.00	Ipravent ½ Resp		
"	03.00	Levolin 0.31mg		
"	04.00		10187 Total (6)	
"	05.00	Levolin 0.31mg	(6)	
"	06.00		Sunitha	
"	07.00	Levolin 0.31mg		
"	08.00			
"	09.00	Ipravent + levolin		
"	10.00			
"	11.00	~~Levolin 0.31mg~~	0117	
"	12.00	Levolin 0.31mg	SL (2)	
	13.00			
	14.00			
"	15.00	levolin 0.31 mg		
	16.00			
	17.00			
	18.00	Levolin 0.31 mg (1)	SL	
	19.00		(2)	
	20.00		10547	
	21.00	Levolin. (2)	AA	
	22.00			
	23.00			

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Levolin 3rd to 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Levolin (1)		
4/7/25	01.00			
	02.00			
	03.00	Levolin (2)		
	04.00			
	05.00			
	06.00	Levolin (3)		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

10548

INH-00008215 IP26-00006715
Master DHAIRYA DATAR
4-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Neb Levolin – 2 hrly
" Ipravent 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/7/26	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
2/7/26	12.00	Neb Levolin		
"	13.00	Neb Levolin	Vaishf	
"	14.00	Neb Levolin + Ipravent		
"	15.00	levolin	(7)	
	16.00			
"	17.00	levolin 0.31 mg	10126	
	18.00			
"	19.00	levolin 0.31mg		
"	20.00	Ipravent	[illegible]	
	21.00	levolin 0.31mg.	10187	
	22.00		(2)	
	23.00	levolin 0.31mg	Sunitha	

Patient Sticker

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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ACTIVITY RECORD FOR BILLING

Name: -------- HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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

Date of Admis ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	12:30 Am	ER	PICU	
2/7/26	6:50 pm	PICU	209	

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
2/7/26	CBP, CRP, Respiratory panel	10787	[signature]
	VBG	10788	
	CXR (AP)	7884	

cross checked by Saisri 3/7/26 @3pm

cross checked by Sri 4/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Invasive Monitor	3/7/26 6:30pm	3/7/26 6:30 pm		
12:30pm	Infusion pump	12:30pm	2/7/26 at 8pm	99498	
	Oxygen		3/7/26 11 pm		
2/7/26	Hfnc	1:35pm	3/7/26 13:50pm	10025	
Cross checked by Saisri 3/7/26 @ 3pm					
	by Sujatha		on 4/7/26 at 10 am		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	Iv placement	①	9991	
2/7/26	NTPA	①	10123	
2/7/26 3pm	Nebulisation	⑦	10126	
3/7/26	Nebulization.	8	10187.	
3/7/26	Nebulization	2	0417.	
cross checked by Saisri 3/7/26 @ 5pm				
4/7/26	Nebulization	2	10547	
4/7/26	Nebulization	3	10548	
	CBK checked by Sujitha 4/7/26 at 10am			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o cough : 1 week
- c/o fast breathing : today morning

History of present illness :

child was apparently normal 1 week ago
then developed cough — non productive
no diurnal variation.

child also c/o fast breathing : today
morning also vomiting
FLK (+)
ILK (+)

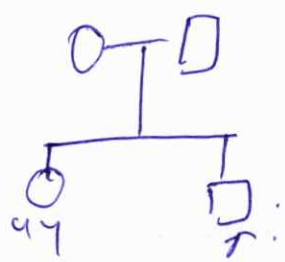
- no c/o fever | Pain abdomen | vomitings |
loose stools

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

term | ~2.5 kg | NICU admission for few hours



Birth & Socio Economic History :

About Father : ~~no~~ H/o asthma in the mother

About Mother :

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 9.5 kg (Centile _____)

On Examination :

Temperature : 98.4 °F Pulse Rate: 110 bpm Description _____

B.P. _____ SPO2 100% at _____

Resp. rate and type of breathing : _____ c RR

→ 60 rpm

Rash → SCR (+) grunting (+)

Lymphadenopathy → ICR (+)

Oedema : _____

Respiratory system :

BAE (+)

Inspection (any s/o distress) : ↓ entry on (R) side

Air entry & breath sounds : _____

Any addes sounds : _____

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

_____

_____

Cardiovasclular System :

S1 S2 (+)

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

_____

_____

Per Abdomen :

Soft. no distension.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

_____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

(N)

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

URTI in RD.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG, Resp. panel, chest X ray due

Planned Management :

1) O2 support c NP
2) IVF
3) nebs
4) ng stay start.

Please fill up the following details

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

Dr. Pampana Priyadarshini
Consultant Obstetrics & Gynecology
Consultant Neonatology & Intensivist
Reg. No.:

Doctor's Signature Name _____ Date 2/7/26 Time at 2pm

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/3/25 1:15PM	E/S/b Dr. Varun	
	? Bronchiolitis c̄ RD.	
	- Baby is active, playful.	
	- Cough (+).	
	- Maintaining saturation on 21% O2.	
	- ~~No further~~ ↑ WOB.	
	O/E - HR - 130/min. RR - 44/min. SpO2 - 96%.	Plan: - [illegible] CXR done - Trace reports.
	O/E - RS - Air entry better, B/L wheeze (+), SCR (+), TCR (+).	N/B [illegible]

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/25 1:30 PM	C/s/b Dr. Aniket / Dr. Pritesh	
	? Bronchiolitis c̄ RD (severe).	
	- Active, playful.	
	- ↑↑ WOB; SCR (+), ICR (+).	Plan
	O/E - HR - 126/min. RR - 46/min. SpO2 - 100%.	- Start HFNC - 1L. - ↓ on Levolin Neb. q6s - Trace reports. - Trace CXR.
	O/E - RS - Air entry better, B/L wheeze (+), SCR (+), ICR (+).	
	CVS, CNS } WNL.	N/B [illegible]

NH-00008215 IP26-00006715
laster DHAIRYA DATAR
4-02-2025 1 Y 4 M 8 D (M)
r. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/26 3:30 PM	c/s/b Dr. Varun	
	2 Bronchiolitis c̄ severe RD.	
	- Sleeping.	
	- Had idli (1), Khichdi.	Plan
	- WOB better.	- ↓ Neb. Levolin to Q2H.
	O/E - HR - 98/min.	- C. HFNC
	RR - 26/min.	- Trace reports.
	SpO_2 - 98% on HFNC c̄ 14/35	
	Temp. - Afebrile	
	S/E - R/S - Air entry (B/L) better,	
	B/L extensive rhonchi (+),	
	SCR (+).	

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Master DHAIRYA DATAR
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 5:40 PM	S/B Dr. Aniket	
	DWARI ERD Ply	
	HR - 110/min	- c/f HFNC flow - 14 L/min
	SpO2 - 100%	FiO2 38%
	CVS - S1, S2 ⊕	- Nebs Levolin 2nd h
	RS - B/L - AE ⊕	c Ipravent 6th hly
	B/L wheeze ⊕⊕	
		- Monitor RR, SpO2
	P/A Soft	
	conscious	- Trace Resp. panel.
	Tachypnea ⊕	- IV Fluids @ 20 ml/h
	RR - 46/min	
		Dr. Aniket P

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8668

KVB Sonam

NH-00008215 IP26-00006715
aster DHAIRYA DATAR
4-02-2025 1 Y 4 M 8 D (M)
r. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/25 06:45 pm	Counselling note.	
	wheezy associated LRTI with Respiratory distress.	
	Admitted to PICU in view of breathing difficulty	
	started on nasal breathing support (HHHFNC)	
	severe chest congestion (Cohezing present)	
	started on 2nd hourly nebulization + IV steroids.	
	Probable viral infection	
	viral panel report awaited.	
	May need atleast 3-5 days to recover.	

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8563

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	S/B Dr. Pritesh	
	A - WARI	Adv • Repeat 1 dose of Nebsoy if distress worsens • Discontinue IVF • Ct rest same
	Euthermic on HFNC - FiO_2 35% flow - 4L/min	
	o/E HR - 114 bpm RR - 40/min PP - WF SpO_2 - 99%	N/B Sanitha
	s/E RS - AEBE, B/L wheeze (+)	

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

HNH-00008215 IP26-00006715
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12:40 AM	S/B Dr. Sneyha	
	Δ WALRI c̄ RD Plan	
	HR - 89/min	- CF HFNC Flow - 14 L/m
	SpO_2 - 100%.	FiO_2 - 35%
		↓ 30% → [illegible]
	CVS - S_1S_2 (+)	- Neb c̄ levolin 2ⁿᵈ hrly
	RS - B/L - AE (+)	c̄ Ipravent 6ᵗʰ hrly
		- Monitor RR, SpO_2
		[signature]
3/7/26 7 Am.	S/B Dr. Archana.	
	Δ: WALRI c̄ Respiratory distress c̄ dehydration.	
	on HFNC - FiO_2 : 25%	
	flow : 14 L/min	Adv.
	on Room Air	· Continue Nebulisation
	NBM.	levolin 2ⁿᵈ hourly,
	oral acceptance good.	Ipravent 6ᵗʰ hourly.
	o/e vitally stable.	· IVF discontinued.
	s/e	· Taper HFNC support and
	CNS - active, oriented.	watch for distress.
	[signature] Dr. Archana	Noted by Swetha

HNH-00008215 IP26-00006715
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/3/26 9:15 AM	S/B Dr. Pritesh	PG
	DWARKI ERD	
		- ~~c/c HFNC - flow - 10 L/m~~
	HR - 136/m	FiO2 - 25%
	SpO2 - 99%	Taper flow 3-4 L/m 2 h
	on HFNC	- c/t Neb ē levolin 3rd h
	CVS - S1 S2 ⊕	ē Ipravent 6th h
	RS - B/L - AE ⊕	↓
	B/L wheeze ⊕	
	Tachypnoea ↓	- Inj. Metyl
		- Monitor RR/SpO2
	Continue.	
		- Try to take off O2 by NP by 1 L/m
		- OMNACORTIL FORTE 3.5 ml OD ↓ from tomorrow

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47164

Vaishnavi

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

(P.T.O)

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:50am	Counselled	} Family History +
	Wheezing - Severe	
	[<5ys] Likely Asthma] ✓	(33%) Wheezing +
	Severe / RD ↑↑ / History }	
		Precaution Plan
	3 mth Trial ?	{ Needs based Rx
	Better / Well	Plan
	HFNC Reduce / Stop	
	Shift Room.	
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	Pt Father

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7 11 AM	c/s/b Dr Aniket	
	WALRI ē RD	
	SARS - COV - +ve	
		Plan
	On HFNC	1) HFNC - 6 [illegible]
	RD - settl	FiO_2 -
	Vitals	2) Taper [illegible] [illegible] - [illegible]
	HR - 126/m	
	SpO_2 - 96%	3) Neb ē Levolin - [illegible]
		[illegible] - [illegible]
	R - S - B/L AE ⊕	4) Monitor Vitals
	Wheeze ⊕	
	P/A - Soft	5) Omnacortil Forte [illegible] T/h
		6) Enfa SOS
		N/B Sujatha [signature] Dr. Aniket P
		Dr. Aniket Anil Parashar Consultant Intensivist

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24-02-2025 1 Y 4 M 8 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipurya	
3/7 2:00pm.	WALRI c̄ RD.	
	SARS - COV - +ve.	
	on NPO2 - 2L/min	Plan
	Vitals - HR - 112 bpm, RR - 30cpm, SpO2 - 98%.	- Cont NPO2 2L/min
		- Neb. c̄ levolin Q3H
	R/S - B/L AE (+). B/L wheeze ↓↓	Neb c̄ Ipravent Q6H
	P/A - soft; NT.	- oral omnacortil forte from T/M.
		- Monitor RR, SpO2.
		[signature]

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24-02-2025 1 Y 4 M 8 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/25 4:30pm	U/B Dr. pritesh	
	- on O_2 c̄ 2L.	
	- no fever.	
	O/E	
	vitals : HR : 112bpm	
	RR : 34	Plan
	SpO_2 : 99%	1) wean O_2.
	1lit	2) shift out
		3) Taper O_2 after shift ~~to room~~.
		NB Sr c̄ CPW
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	

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Master DHAIRYA DATAR
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	c/s/b Dr. Varun / Dr. Sushanth.	
7AM	WALRI c RD	COVID +ve.
	~~- Child is asleep.~~	
	- On room air.	
	- No c/o fever.	Plan
		Change Levolin Q8H
	O/E - HR - 100/min.	Ipravent Q6H
	RR - 26/min.	Aminocort forte
	SpO_2 - 100% @RA	from today
	S/E - R/S - BAE (+),	
	B/L wheeze ↓↓.	
	NO SCR (+)	
	NO ICR (+).	
		NB Sunanda
	CVS } WNL.	
	CNS }	

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Master DHAIRYA DATAR
4-02-2025 1 Y 4 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/25 9.15 AM	C/S/O Dr. Pritesh	
	URTI c RD	COVID +ve
	- On room air.	
	- O/E - vitals stable.	
	S/E - R/S - BAE(+), B/L crepts.	Plan - D/S today on 2 puffs MDI SOS.
	Wheezing Action Plan	- Give action plan chart during D/S.
	Intermittent Reliever Rx.	- Add Omnacortil tab. BD.
	Explain warning Signs	- Monitor vitals.

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

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RESULT SHEET

Date	2/7/26					
Time	12.20PM					
Hb	11.2					
PCV	33.1					
RBC	5.14					
WBC	9.89					
N/L	29.8 / 53.0					
Platelets	360					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
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Patient Stic... CAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/1/26

Time:	10	9 Am	6 Am
Doctor / Nurse / Family Concern?	Pm	Am	Am
Temperature (F) (scale 94–104)	98.6°F	98.5°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	~130	~122	~130
Heart Rate (Number)	120 b/m	122 b/m	120 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	[illegible]		
Resp Rate (Number)	30 b/m	32 b/m	32 b/m
Resp Distress: Mod/ Severe; None / Mild			
Receiving O_2 (l/min)	O_2		
O_2 Saturations (%)	100%	99%	99%
Conscious Level: Normal; Altered			
GCS *			
TOTAL SCORE — Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master DHAIRYA DATAR (M)
Patient 4-02-2025 1 Y 4 M 9 D
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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm				PICU							
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 :**						
3/7	08:00 pm										0	
	09:00 pm		Khichdi + H2O							✓	0	
	10:00 pm	0			NA		0				0	[signature]
	11:00 pm							NA		✓	0	
	12:00 am										0	
	01:00 am										0	
Total Intake : Taken						**Total Output :** U- 2 M-0						
4/7	02:00 am										0	
	03:00 am									✓	0	
	04:00 am						✓				0	
	05:00 am	0			NA			NA			0	[signature]
	06:00 am									✓	0	
	07:00 am										0	
Total Intake : Taken						**Total Output :** U- M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

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laster DHAIRYA DATAR
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FLUID CHART

Sheet No. : .....

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

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

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

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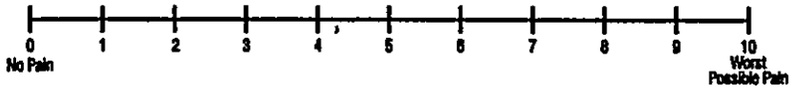
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	6Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	4PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	10Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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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24-02-2025 1 Y 4 M 8 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 2/2/25 3/2/25			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	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	0	0	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	0	0	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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	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 : Sonam Name :

Signature of Ward In Charge :

Signature : Sujata Name :

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 2/7/26	DATE 2/7/26	DATE 3/7/26	DATE 3/7	DATE
Age	Less than 3 years old	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	2	✓	✓	✓	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	✓	✓	✓	
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	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					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3				
	Within 48 hours	2					
	More than 48 hours/ None	1		✓	✓	✓	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	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	✓	✓	✓	
	Total		17	17	17	17	

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		✓	—	—	✓
	Other Intervention(s) Specify		✓	—	—	✓
	Nurse's Name:		Sonali	Smitha	[illegible]	[illegible]
	Signature:		[signature]	[signature]	Signature	[signature]
	Date:		2/7/26	2/7/26	3/7/26	3/7/26
	Time:		2 PM	8 am	11 pm	8 PM

INH-00008215 IP26-00006715
Master DHAIRYA DATAR
14-02-2025 1 Y 4 M 9 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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

Date: 3/7/26

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							
Afternoon	2pm to 8pm	Assess the pt condition. monitor vitals, record. Maintain I/O chart. Provide the comfortable position. Medication given as per doctor	2pm to 8pm	Assessed the pt condition. monitored vitals, maintained I/O chart. Provided the comfortable position. Medication given as per doctor.	→ pt is stable → vitals normal.	→ monitor vitals → maintain I/O chart	[illegible]
Night	8pm | 8am	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug chart	8pm | 8Am	- Assess the pt condition - monitored vitals - maintain I/O chart - Medication Giving as per drug chart	pt is stable	Rechecked vitals	[illegible]

INH-00008216 IP26-00006715
Master DHAIRYA DATAR
4-02-2026 1Y4M9D (M)
Dr. PRITESH NAGAR

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

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

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

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2026 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Patel Department: Date of Admission:

SITUATION

Diagnosis: Walri ☐ RD

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

	Area / Shift Time	2/6/26 M6	2/7/26 E2	3/7/26 N1	3/7/26 M6	3/7/26 E2	4/7 N1
BACKGROUND	Medical Condition (Any special condition to be noted):	RD	RD	Walri ☐ RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2 F	98.6 F	98.6 F	98 F	96.6 F	98.4 F
	Res:	39 b/m	30 b/m	35 b/m	22 b/m	25 b/m	20 b/m
	SpO_2:	98%	99%	100%	100%	100%	100%
	Pulse:	145 b/m	140 b/m	130 b/m	125 b/m	120 b/m	125 b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Sujatha	Soram	Swetha	Sujatha	Saisri	Soma
Signature :							
Date:		2/6/26	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26
Time:		2pm	8PM	8AM	2pm	8PM	8am
Taken Over By Name :		Soram	Swetha	Sujatha	Saisri	Soma	
Signature :							
Date:		2/7/26	2/7/26	3/7/26	3/7/26	3/7/26	
Time:		2PM	8PM	8AM	2PM	8pm	

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: .... ☐ ~~Not known~~ any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Sign ....

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 9.5kg Ward. .....

DRUG : NEB C LEVOLIN

Dose	Route	Frequency	Start Date
0.3mg	neb	Q 2h PRN	daily

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

see the Chart

CHANGE @ 3:15 PM 2/7/26

DRUG : NEB C IPRAVENT

Dose	Route	Frequency	Start Date
250 mcg	neb	6th h	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

see the Chart

DRUG : NASOCLEAR SALINE DROPS

Dose	Route	Frequency	Start Date
2D	EN	QID	2/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 2/2/26 3/2/26 4/2

12PM 6PM 12AM

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Date
0.3mg	Neb.	Q2H	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

see the change

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2026 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.5kg Ward .....

DRUG : NEB ± LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3ml/kg	NEB	QID	3/7

Name & Signature of the Doctor Starting the Drugs: Prm

Additional Instructions: see the chart

CHANGE

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3ml/kg	Neb.	QID	4/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Verified by: Dr. Dhakshayaani

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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																		

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

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Weight. 9.5kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7/26	12pm	inj Mg SO 4	400mg/1V	IV		
			start over 20min			
2/7/26	6:20 PM	Inj. METHYL PREDNISOLONE	1 amp	IV slow push		
3/7/26	9 AM	Inj. Methyl Prednisolone	1 amp	IV		

Verified by Dr. Dhakshayani

VERIFIED BY : Name Signature

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 9.5kg 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
2/7/26	12pm	IVF- PLASMALYTE (2/3 main).	IV	25 ml/hr.		Sujata Vaishnavi			
2/7/26	5:45 PM	PLASMALYTE	IV	20	✓	[illegible] [illegible]	2/7	[illegible]	
2/7/26	:								

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

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2026 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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					Date : 2/2/26	2/2/26	2/2/26	3/2/26
					Time : MC	12	MC	MG
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00008215 IP26-00006715 Master DHAIRYA DATAR 24-02-2025 1 Y 4 M 8 D (M) Dr. PRITESH NAGAR Dr. Pritesh nagar	2/7/26 11:53	2/7/26 @ 12:12 Pm.
	Transfer Ordered by Dr. Tanvi.	Reason for Transfer Admission
	From Unit ER	To Unit PICU
		Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films VBG – (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :
Vaishnavi Ref/2/7/26 @ 12:30 pm

Date & Time of Patient Received :

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

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

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: PICU

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. Tanvi

Date & Time : 2/7/26 @ 11:30Am

Nurse Name & Signature: Anupam

Date & Time : 2/7/26 @ 11:30 Am

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Dhairya Age : 1Y4M **Gender:** ☑ Male ☐ Female

Date : 2/7/26 Time of Arrival : 11:20 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 98.5 PR: 140 BP: RR: 72 SpO_2: 98%

Chief Complaints: cough 1 weeks breathing problem today.

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 : 11:22 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 : Anupam

Signature of Triage Nurse : A.D

Date & Time : 2/7/26 @ 11:25Am

HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2025 1 Y 4 M 8 D (M)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/7/26 Time of arrival : 11:20 Am

Chief Complaints: C/o cough 1 week breathing Problem today RBS: .....

Height : ..... Weight : 9.5Kg 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 : 11:30 Am

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

Time	Nursing Notes
	Assessed the patient condition
	vital checked.

Samples collected by:

Samples sent by : APunba

Time:

Time: 12:00pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	mgSO4	IV	400 mg		
11:30 Am	Tevorin	neb	0.3mg		A.V

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 140 BP: CFT:	Shift - out from ER to: PICU
RR: SPO_2 : 99	Time of Shift - out: 12:30 Am
GCS: 15/15 Temperature : 98.2	Handover given to: (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

of the Nurse : AnuPam Signature of the Nurse : A.V

Time : 2/7/26 @ 12:30 AM

NH-00008215 IP26-00006715
laster DHAIRYA DATAR
4-02-2025 1 Y 4 M 8 D (M)
r. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26	Cost Explained to father about Optiflow circuit and Nasal cannula	SIDHARTH (Father)

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

NH-00008215 IP26-00006715
laster DHAIRYA DATAR
4-02-2025 1 Y 4 M 8 D (M)
r. PRITESH NAGAR

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : PAEDIATRICS. Date : 2-7-26

I SIDHARTH DATAR S/D/W/O DINESH DATAR

Here by give consent for procedure of : HFNC

For my patient, Named : DHAIRYA DATAR.

The doctors have clearly explained to me that the procedure has following possible complications:

.....

.....

.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

.....

.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. PRITESH.

Patient Attendant

Signature : .....

Name : MR. Sidharth

Relationship with Patient: Pt father

Date & Time : 2/7/26 at 1pm

Witness :

Signature : .....

Name : Sujata

Date & Time : 2/7/26 at 3pm

Doctor (who is taking the consent) :

Signature : for Sidharth (Dr. Pritesh)

Name : Dr. Sidharth

Date & Time : 02/07/26

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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HNH-00008215 IP26-00006715
Master DHAIRYA DATAR
24-02-2026 1Y4M8D (M)
Dr. PRITESH NAGAR

Name: ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : ..... Date: 2-7-26

I SIDHARTH ..... S/o, D/o, W/o, DINESH DATAR. ..... hereby declare that our patient Master/Baby DHAIRYA ..... who is related to me as SON ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 2-7-26.

The doctors have explained to me in a language understood by me that my child has following health related issues :

CRTI & SEVERE RESPIDATORY DISTRESS.

The doctors have clearly explained to me that my patient Master / Baby DHAIRYA ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : DHAIRYA DATAR ..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: SIDHARTH DATAR

Relationship with Patient: father

Date & Time: 2/7/26 @ 12:30 pm

Witness :

Signature: .....

Name: Sujatha

Date & Time: 2/7/26 @ 12:30pm.

Doctor (who is taking the consent) :

Signature: .....

Name: DR. VARUN.

Date & Time: 2/7/26 12:30PM