

**DISCHARGE SUMMARY**

<b>Name</b>	Baby CHAVI JOSHI	<b>UHID</b>	HNH-00015582
<b>Father/Guardian</b>	Mr DEEPAK JOSHI	<b>Age/Gender</b>	4 Y 10 M 6 D/ Female
<b>Address</b>	1-9-485/12413, lalitha nagar, Adikmet, Hyderabad, Telangana, INDIA, 500044		
<b>IP No</b>	IP26-00006414	<b>Admission Date</b>	23-05-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	27.05.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ADENOVIRAL ILLNESS	

**History:** Baby CHAVI JOSHI , 4 Y 10 M 6 D , old girl presented with the history of fever associated with vomitings since 2 days, decreased urine output and decreased activity and oral intake, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

**Examination:** She was afebrile, maintaining saturations at room air. Her heart

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rate was 140/min, Blood pressure - 116/77 mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 21.85 kilo grams.

**Investigations:** Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was detected.

Initial hemogram showed Hemoglobin of 11.9 gm%, White Blood Cell count of 15440 cells/cumm, platelet count of 2.48 lakhs/cumm and C-Reactive Protein of 29 mg/l. Complete urine examination shows: Pus cells - 8-10, epithelial cells - 6-8. Blood culture shows : No growth after 48 hrs of incubation  
Urine culture shows : No growth after 24 hrs of incubation

Repeat hemogram showed Hemoglobin of 10.8 gm/dl, White Blood cell count of 8830 cell/cmm, platelet count of 1.95 lakh/cmm and C-Reactive Protein was

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27.0 mg/L.

Dengue NS1 & IgM were negative.

### **NASOPHARYNX**

Lobulated soft tissue along posterior nasopharyngeal wall causing severe narrowing of nasopharyngeal air way - Likely enlarged adenoid.

Palatine tonsils appear enlarged.

Prevertebral soft tissues normal.

Cervical spine normal.

- For clinical correlation.

### **Ultrasound abdomen shows:**

\* Mild fecal loading of ascending and distal colon.

\* Rest unremarkable.

- Suggested clinical correlation.

**Management:** She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antipyretics. In view enlarged adenoids and persistent snoring, mometasone nasal spray was added.

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Her fever spikes and other symptoms gradually settled.

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

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

**Medication during hospital stay:**

Injection. Ondansetron

Injection. Ceftriaxone

Syrup. Crocin Ds

Injection. Amikacin

Mu out powder

Metatop nasal spray

Solspray nasal spray

Syrup. Montair LC

**Advice:**

\* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DDS (Amoxicillin 400 + Potassium Clavulanate 57 mg/5ml)	6 ml	8am-8pm (after food)	For 6 days
2	Metatop nasal spray	1 spray	twice daily	For 15 days
3	Solespre nasal spray	1 spray	twice daily	For 5 days
4	Syrup. Montair LC	5 ml	at bed time	For 3 days
5	Muout powder	2scoops in 30 ml water	at bed time	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

**Plan: To start haematinics on follow up.**

### Fever Management

- \* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 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 Friday(29.05.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

**Food instructions while taking medications:**

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

\* Food can decrease the absorption of **antihistamines**. Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

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.**

Name	Baby CHAVI JOSHI	UHID	HNH-00015582
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You can also take appointments at any time by going **online** to our website  
[www.rainbowhospitals.in](http://www.rainbowhospitals.in)

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



**Dr. SINDHURA MUNUKUNTLA**  
**MBBS, DCH, DNB PEDIATRICS**  
**66970**

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006414      Admit Date : 23-May-2026      Admit Time : 02:26 PM      UHID : HNH-00015582

Patient Details :


Patient Name : Baby CHAVI JOSHI      Age : 4 Y 10 M 6 D  
Guardian : Mr DEEPAK JOSHI      DOB : 17-07-2021  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : 1-9-485/12413, lalitha nagar Adikmet      Phone No : 9908371986/ 9030002722  
Hyderabad Telangana INDIA 500044      E-mail : 9030002722@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 DEEPAK JOSHI      Relationship : Father  
Contact Address : 1-9-485/12413, lalitha nagar Adikmet      Phone No : 9908371986  
Hyderabad Telangana INDIA 500044

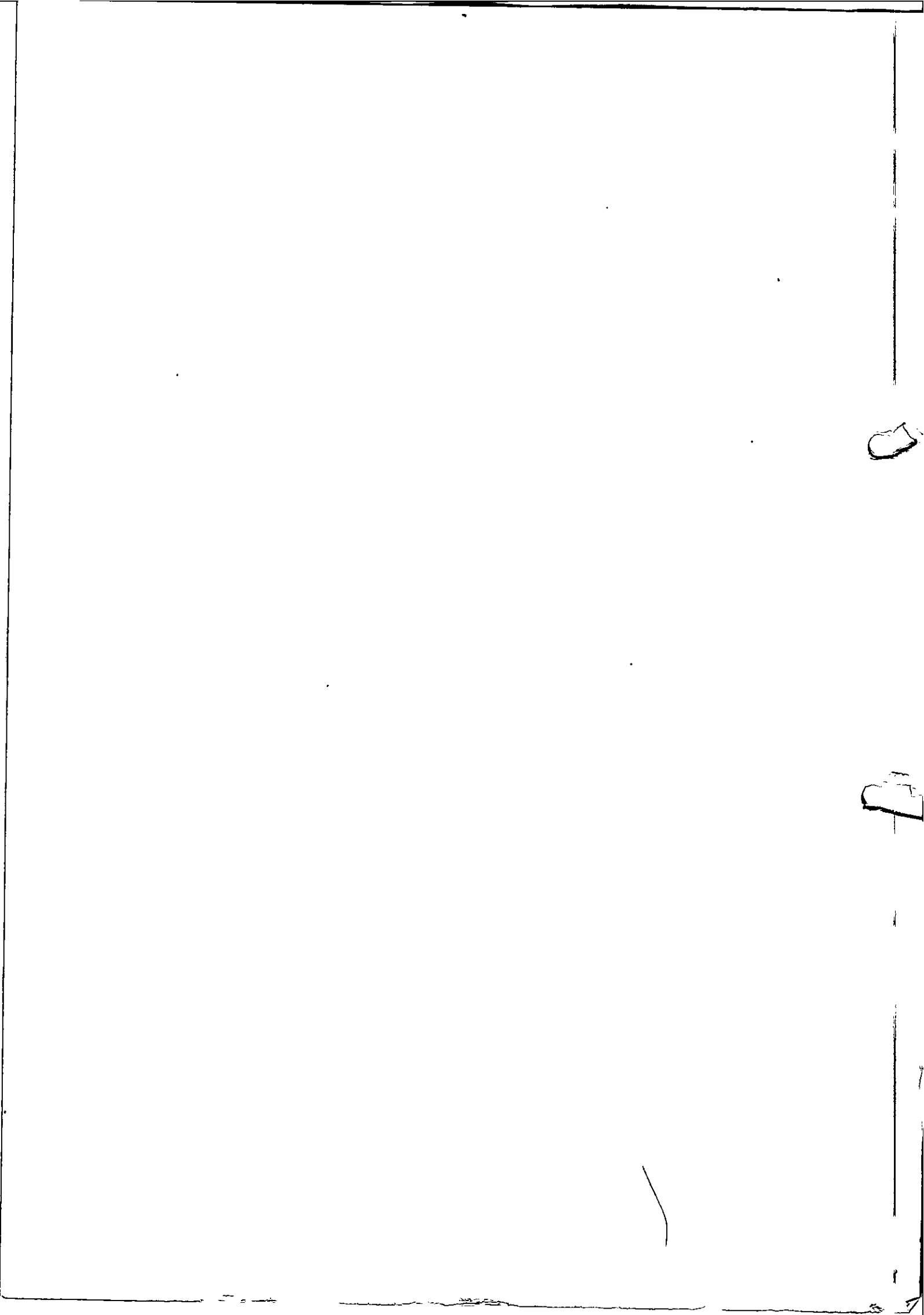
  
Signature

Doctor Details :


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

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD



# PATIENT TRANSFER FORM

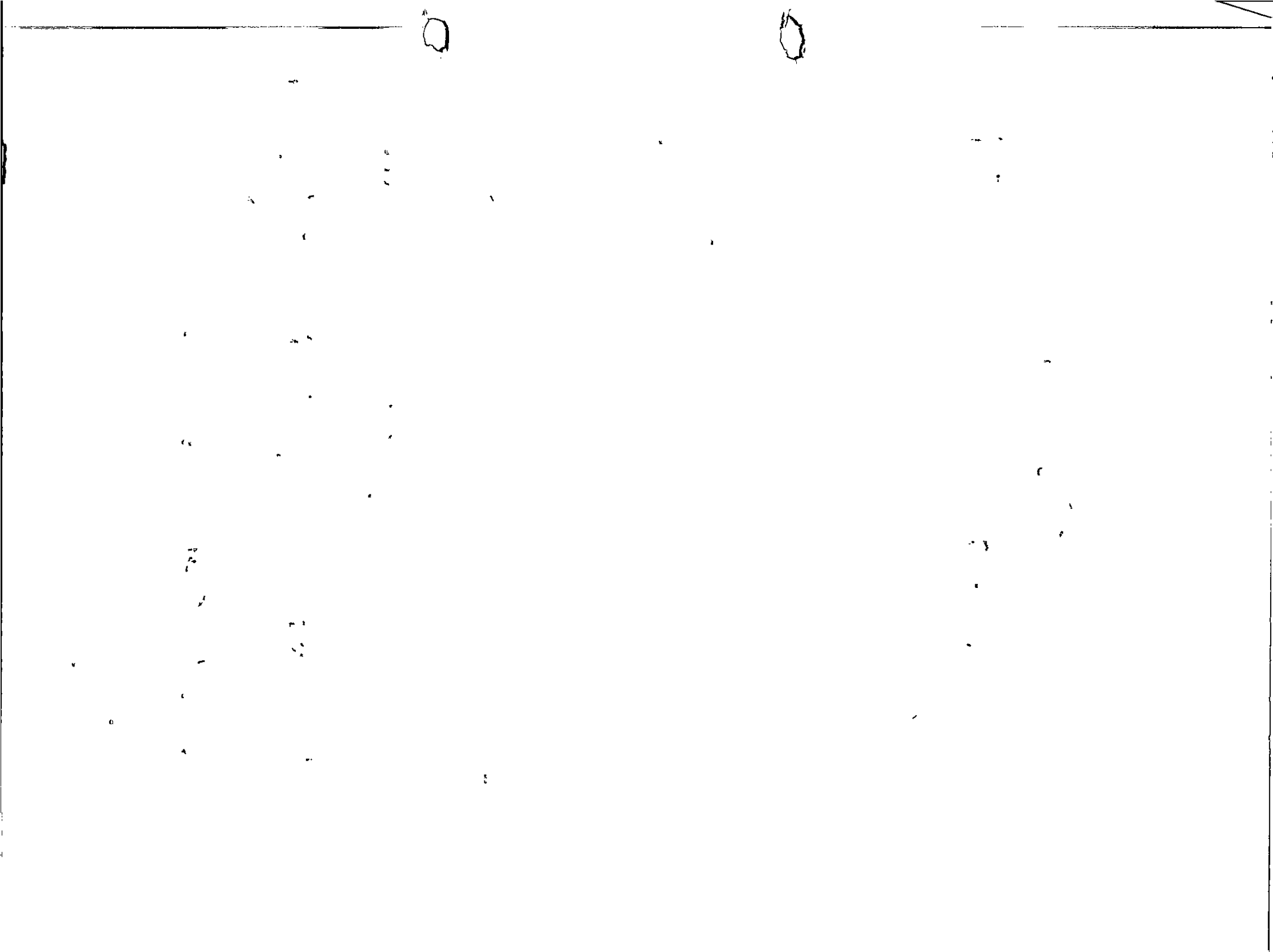
HNH-00015582 IP26-00006414 Baby CHAVI JOSHI 17-07-2021 4 Y 10 M 6 D (F) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 23/5/26 @ 2:26pm	Date & Time of Transfer Order 23/5/26 @ 3:30pm
From Unit ER		Transfer Ordered by Dr. Anusha	Reason for Transfer Admission
To Unit ward		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Prabir		Name of Person Ordered Transfer Dr. Anusha	
Patient & Clinical Records Received by : Madhuri 23/5/26 @ 3:30pm			
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



**ACTIVE** HNH-00015582 IP26-00006414 **NG**

Baby CHAVI JOSHI  
17-07-2021 4 Y 10 M 6 D (F)  
Dr. SINDHURA MUNUKUNTLA

Name: -----  
UHID No ----- Consultant: ----- Dept: *pediatric*

Date of Admission: *23/5/26* Time: ----- Date of Discharge: ----- Time: -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<i>23/5/26</i>	<i>3:30pm</i>	<i>ER</i>	<i>ward (301) 3rd floor</i>	<i>[Signature]</i>

**Cross Consultation Visit**

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



**INVESTIGATIONS**

Date	Investigations	Order No.	Sign
23/5/26	CBP		
	CRP		
	Respiratory panel	8717	
	(Sindhura)		Sindhura
23/5/26	CUE	8723	S
23/5/26	Blood c/s	8727	S
23/5/26	USG Abdomen	6291	S
23/5/26	Urine c/s	8737	S
24/5	X-ray Nasopharynx	6299	S
24/5/26	CBP, CRP	8783	DH
25/5/26	Dengue NS1+IGM	8804	S

cross checked done by priyanka.

cross checked done by Meha





Ref.No. F/IN/PR/10



**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

HNH-00015582 IP26-00006414

Baby CHAVI JOSHI

17-07-2021 4 Y 10 M 6 D (F)

Dr. SINDHURA MUNUKUNTLA



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

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

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

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

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

Age/Sex \_\_\_\_\_

Informant \_\_\_\_\_

Reliability \_\_\_\_\_

**Chief Presenting Complaints & Duration (Chronologically):**

c/o fever since 2 days.

c/o vomiting since 2 days

c/o decreased urine output-

c/o decreased activity &amp; decreased oral intake

**History of present illness :**

Child presented to OPD with c/o fever since 2 days. high grade intermittent not accompanied by rash. ~~started~~ relieved on taking medication & Recover again

- c/o vomiting since 2 days multiple episodes containing food particles. non bilious non projectile.

- c/o decreased urine output.



Pediatric Multiorgan History & Physical Examination

HNH-00015582 IP26-00006414  
Baby CHAVI JOSHI  
17-07-2021 4 Y 10 M 6 D (F)  
Dr. SINDHURA MUNUKUNTLA



Anthropometry

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

Weight (kgs) 21.85 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 102 F Pulse Rate: 1 Description \_\_\_\_\_

B.P. 116/67 (90) SPO2 97% RA at \_\_\_\_\_

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

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

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

Sunken Eye  
dry lips  
dry oral muc.  
stare look  
↓ u/o

**Respiratory system :**

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

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

Any added sounds : \_\_\_\_\_

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

B/c AC (+)  
NVBS (+)

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_

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

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

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

S1 (+)

**Per Abdomen :**

Inspection \_\_\_\_\_

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

Auscultation : \_\_\_\_\_

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

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

Soft, not distended, no tenderness  
No organomegaly

Pediatric Multiorgan History & Physical Examination

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Dr. SINDHURA MUNUKUNTLA



Central Nervous System :

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

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

n

Motor System :

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

n

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

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

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

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

Reflexes :

DTR

Superficials :

Plantars \_\_\_\_\_

n

Sensory System :

\_\_\_\_\_

n

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

Clinical Summary & Diagnostic :

AMI + dehydration.

Pediatric Multiorgan History & Physical Examination

MNH-00015582 IP26-00006414  
Baby CHAVI JOSHI  
17-07-2021 4 Y 10 M 6 D (F)  
Dr. SINDHURA MUNUKUNTLA



Preventive aspects of the treatment :

Prevent hypovolemic shock

Desired goals of the treatment :

Planned Labs :

CBP

CRP

COE (Dose)

Resp. panel (sviru)

Ble/s - draw - (w/H)

2 Extra plain Samples.

Planned Management :

- IV fluid

- CROSIOL Q6hly

- IBOGESIC syp.

- 1g ONDONSETRON.

← Monitor vital

temp, Bp, U/O.

If CRP +ve - send Ble/s ↓

start 4g CEFTRIAXONE

Please fill up the following details

1. Name of the Referring Doctor : \_\_\_\_\_

2. Name of the Referring Hospital : \_\_\_\_\_  
(Including the name of City)

3. Contact number of the Referring Doctor : \_\_\_\_\_  
(Preferring Mobile #)

4. Name of the doctor in Rainbow Team \_\_\_\_\_ on  
whose name the patient is being referred

Doctor's Signature Name

Dr. Sindhura Munukuntla  
Consultant Pediatrician  
Reg. No: 66970

Date

23/5/20  
23/5/20

Time

6pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>23/5/26                      5:30pm</p>	<p>elst - <u>Dr. A. W. J.</u>                      elst - <u>Dr. Sindhu</u></p>	
	<p>cb chills.</p>	
	<p>elst -                      Temp - 100.5°F                      Wtals stable :</p>	<p><u>Advice:</u></p>
	<p>(see) PLA-50/15                      AS-512                      N- BLE NURS</p>	<p>(1) Abgasic syp Gnl stat ab.</p>
		<p>(2) Urine Culture to be done                      Blood Culture sent</p>
		<p>(3) Start Ceftriaxone 1gm                      noted by madhuri                      5:30pm</p>
		<p>- USG Abdomen + Pelvis to be done.</p>
		<p style="text-align: right;">✓                      T</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
23/5/20	UMB Dr. Sindhura	
6:45pm	<u>AFIC dehydration</u>	<u>ZUTI</u>
	- fever spike ⊕ - 101 at 6pm	
	- vomitages : ⊖	
	- oral intake : poor.	
	<u>O/E</u>	<u>Plan</u>
	- vitals : stable	1) send urine ls
	- S/E :	2) leave Blood ls Resp. panel
	PIA : soft.	3) start acetaminone (after sending ls)
		4) Rest it. as per Rx chart
		5) Review x supplementary stet.
		noted by Madhuri
		@ 6:45pm
		Sindhura
		MUNUKUNTLA

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/21	@RS - Dr. Sindhura	
Name		
	Case of <del>OTD</del> Acute febrile illness.	Advise:
	Fever spikes High grades	
	Ole - Coated tongue @	① Continue Cocoon JGH
	Vitals stable.	② Inj Amoxicillin to <del>add</del> add.
	③	
	Cvs - BR 18 - Rk nose	④ Oesophageal X-ray
	DIA B/E; spleen dip palpable	⑤
		<del>⑥</del>
		<del>⑦</del>
		<del>⑧</del>
	NB -	Sipujin 11:20 am @ 24/5/21

Dr. Sindhura Munukuntla  
Consultant Paediatrician  
Reg. No: 66970

~~⑥~~  
~~⑦~~  
~~⑧~~





**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/5/26	c/s/hy Dr Anush / Dr Alekh.	
8:30 AM	→ Adenoviral illness.	
	Baby active fuespik (+) hydrate ) Modit Intake )	(CRP) <del>1.2</del> <u>2.7</u>
	<u>vital stable</u>	<u>Plan</u>
	stg	✓ IV fluids (1/2m)
	(R/S) B/c AC (+) NIVRS (+)	✓ Enhance orally
	(P/A) soft not distend.	✓ ct ONDAN CROSTIN DS OGL.
		✓ LI CEFTRIAXONE AMIKACIN
		✓ Metoprolol spray salspray.
		✓ <u>Form sos</u>
		update aft 11 AM
		✓ (T) B/c/s v/c/s
		NB Sunanda



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/05/21 10 AM	<p>Admitted 20am</p> <p>Fever @ - (DUF - 4th day) &amp; chills.</p> <p>Oral intake</p> <p>Swing @</p> <p>O/C, vitals - stable</p> <p>Hydration - good</p>	
	<p>S/C - R/S - TBCA @ Concomitant search @</p> <p>PA: soft, non-tender</p>	
		<p><u>Act</u></p> <p>✓ Dengue NSP, &amp; IgM to send</p> <p>✓ IV Antibiotics (Ceftriaxone Amikacin)</p> <p>✓ DR fluids ( + 15ml/hr)</p>
<p>Dr. Sindhura Munukuntla                  Consultant Pediatrician                  Reg. No. 66970</p>		<p><del>M. Sindhura</del>                  ANTI 04-11</p>
		<p>NS - Supra</p> <p>10:20 AM @ 25/5/21</p>

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D (F)  
 Dr. BINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	SIB Dr. Saugha	Plan
1:45 PM	D Adenoviral 9/1/26	
		Plan to stop IV fluids by night
	CUS - S, L @	
	M - BIC - ACE @	Trace Dengue NSI, IgM
	PLA 10h	Encourage orally
	CART 10h	stop AMIKACIN
		- CE CEFTRIAZONE
		NS - Septic
		2pm @ 25/5/26





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 7 Am	<p>C/S/B D<sub>1</sub> - Pharynx / D<sub>1</sub> - Valsalva</p>	
	<p><u>D<sub>1</sub> - ADENOVIRAL Illness</u></p>	
	<p>Fever Spike ⊕ <sup>101.9°C 8:30pm</sup>  <sub>100.1°C 7am</sub></p> <p>oral intake - fair</p>	<p>Plb</p> <p>1) Treat Dengue NS, &amp; 2q<sup>ns</sup></p> <p>2) 500mg Ceftriaxone</p>
	<p>vital stable</p> <p>afebrile</p> <p>R-S - B/LAE ⊕, crepts ⊕</p> <p>PLA - safe</p>	<p>3) Enoxaparin only</p> <p>4) metatop</p> <p>5) Solypic</p> <p>6) Syn Montan LC</p> <p>7) Mucant Pomb</p> <p>8) Montan Vitak</p>
		<p>MB Sunanda</p>
		<p><u>Pranav</u></p>

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI 4 Y 10 M 7 D (F)  
 Dr. SINDHURA MUNUKUNTLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	U/S/b Dr. Sindhura.	
26/5/20	Oris - Adenoviral illness.	
10 AM	- fever spikes (+)	
	- oral intake - fair	Plan - Ct. inj.
	(good)	Leftaxim.
	Sp/E - vitals stable.	Encourage orally.
	Sp/E - UN.	Ct. Metastop, Solopray,
		montair LC
	- Grade 2 tonsillitis	Ct. Mucout powder.
	- (+) tonsils - follicles (+)	Sp/E IV line is out.
		change to <del>IV</del> Amoxycillin.
		M. Sindhura
		DR. SINDHURA M.
		NIB - Supriya
		10:00 AM @ 26/5/20

Dr. Sindhura Munukunta  
 Pediatrician  
 Reg. No. 6975



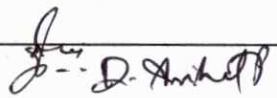
**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	c/s/h Dr. Anurag	
26/5/21	Admission ill-	
3 pm	No fever,	Dy neg
	oral intake good	
	vital stable	Plc
	s/e	- 100mg CERTHAXONE
	(R/S) DLAC ⊕	- Sm orally.
	NURS ⊕	- ct oth as per chd
		- Monit vita

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI 4 Y 10 M 8 D (F)  
 17-07-2021  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26, 5:00pm	SIB Dr. Aniket, Δ Adenoviral 91	Play
		- CE CEFTRIAXONE
	CVS-SIB Ry-3u-ACE	- Encourage orally
	PIA-Jou Cockroach	- CE METATOP MUOOST 5:15pm
		
		noted by su. Sandhya 26/5/26 5:10 PM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 8 AM	<p><u>S/O Dr. Prabhat / Dr. Sushant</u></p> <p>△ Adenoviral illness</p>	
	<p>Fever spikes ⊖</p>	<p>Adv</p>
	<p>Oral intake -</p>	<p>- ct Ceftriaxone</p>
	<p><u>O/E</u> Vital stable</p>	
	<p>O/E fair</p>	<p>- Encourage Orally</p>
	<p><u>S/O</u> CVS : S<sub>1</sub>S<sub>2</sub>+</p> <p>CNS WNL</p> <p>RL : BAE+</p> <p>PA S<sub>1</sub>A.</p>	<p>- ct { Metatop          Muonit.          Solypre.</p> <p>Sushant</p>
		<p><del>M/S Nbtw</del></p>

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	<u>CLAB</u> DA. SINDHURA	
11 AM	<u>A - Adenoviral Illness</u>	
	Fever spikes - ↓	Plan - D/C Today
	oral intake - better	1) Inj Ceftriaxone - DA ~ Today
	Vital stable	2) METASPRAY
	Child Alert	3) SOLSPRE
	Afebrile	4) MVOUT + Powder
	R-S - B/LAE ⊕	5) Symp MONTAIR-LC - 5ml/11-5
	PIA - soft	6) Monitor Vital
	Throat - Grade 2-3 tonsils ⊕	Oral Amoxiclav x 6 days.
		Flup on Friday
		Plan hematology on flup.

~~Dr. Sindhura~~  
 Dr. Sindhura

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No. 66970

NB - Supervisors

27/5/26 @ 11:45 AM





## DRUG CHART

Date of Admission: 23/Jul Drug Allergies: None  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

DRUG : <u>SYP IBUGESIC</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>6ml</u>	<u>PO</u>	<u>SOS</u>	<u>23/5</u>	<u>5:30pm</u>
Doctor's Signature <u>[Signature]</u>				<u>4pm</u>
Additional Instructions: <u>(100mg/5ml)</u>				
DRUG : <u>SYP. CROCI</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>5ml</u>	<u>PO</u>	<u>SOS</u>	<u>25/5</u>	<u>7am</u>
Doctor's Signature <u>[Signature]</u>				
Additional Instructions: <u>(2ml/5)</u>				
DRUG :				Date
Dose	Route	Frequency	Start Date	Time
Doctor's Signature				
Additional Instructions:				

Signature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 21.85kg Ward .....

**DRUG:** Li ONDONSETRON. Date/Time 23/5 24/5 25/5

Dose	Route	Frequency	Start Date
<u>4mg</u>	<u>iv</u>	<u>TID</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 6am x [circled]  
9pm [circled]  
10pm [circled]

**Daily Doctor's Endorsement by a Sign**

STOP  
25/5/26 @ 6pm

**DRUG:** Syp CROSIN DP. Date/Time 23/5 24/5 25/5

Dose	Route	Frequency	Start Date
<u>0.5ml</u>	<u>PO</u>	<u>QID</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: (2uomg/ml)  
12AM x [circled]  
6AM x [circled]  
12pm [circled]  
6P [circled]

**Daily Doctor's Endorsement by a Sign**

STOP CHANGE  
25/5/26 @ 6pm

**DRUG:** INT. CEFTRIAXSON Date/Time 23/5 24/5 25/5 26/5 27/5

Dose	Route	Frequency	Start Date
<u>1gm</u>	<u>iv</u>	<u>QD</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: Dilute in 30ml NS over 30mins.  
(2oomg/kg/day)  
8pm [circled]  
10pm [circled]

**Daily Doctor's Endorsement by a Sign**

**DRUG:** INT. AMIKACIN. Date/Time 24/5 25/5

Dose	Route	Frequency	Start Date
<u>150mg</u>	<u>iv</u>	<u>QD</u>	<u>24/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 11pm [circled]

**Daily Doctor's Endorsement by a Sign**

STOP  
25/5



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> MUOOT Powdr				Date/Time	24/5	25/5	26/5													
Dose	Route	Frequency	Start Dt.																	
2 scoops	PO	HS	24/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				2 scoops in 30ml water																
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b> NETA TOP NABALRAY				Date/Time	24/5	25/5	26/5	27/5												
Dose	Route	Frequency	Start Dt.																	
1 spray	Resrad	BD	24/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				10am																
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b> SOLSRRAY.				Date/Time	24/5	25/5	26/5	27/5												
Dose	Route	Frequency	Start Dt.																	
1 spray	nasal	BD	24/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				10am																
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b> MONTCLAM LC				Date/Time	24/5	26/5														
Dose	Route	Frequency	Start Dt.																	
5ml	PO	HS	25/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Signature  
VERIFIED BY Name

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D (F)  
 Dr. SINDHURA MUNUKUNTLA



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

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

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



I.V. FLUIDS CHART

Weight. ~~14.5~~ <sup>21 kg</sup> Ward. ....



		Site 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
23/4/20	2:15 pm	iv fluids DNS (2/3 M) ↓ (1/2 M)	iv	30 ml/hr	[Signature]	[Signature]		[Signature]	[Signature]
						[Signature]			[Signature]
25/5/20	11 AM	IV fluids DNS		15 ml/hr	[Signature]	[Signature]			[Signature]
						[Signature]			[Signature]

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



## MEDICATION RECONCILIATION FORM

Drug Allergies: NA  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 3rd floor (301)

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

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

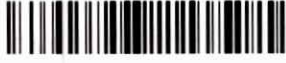
Doctor Name & Signature: Dr. Anasha

Date & Time: 23/5/26 @ 2:05 PM

Nurse Name & Signature: Prab/n

Date & Time: 23/5/26 @ 2:05 PM

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA



301

# RESULT SHEET

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

BirthRight  
 BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Date	23/5/26	24/5/26			
Time					
Hb	11.9	10.8			
PCV	34.1	31.2			
RBC	4.70	4.32			
WBC	15.44	8.83			
N/L	88.1 / 8.9	74.0 / 17.9			
Platelets	248	195			
CRP	29.	27.0			
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	23/3/26					
Time						
CUE-Alb	present +					
CUE-Sugar	Nil					
CUE - Ketones	present ++					
CUE-PUS Cells	8-10					
CUE - RBC Cells	Nil					
CUE - Epithelial cells	6-8					
Nitrite	Negative					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Respiratory panel :-						
Adenovirus -	Detected					
Flu -	Negative					
Dengu NSI + IgM :-	Not detected					

Culture and Sensitivities : Blood c/s :- 24hrs No Growth  
 Urine c/s : 24hrs No Growth

Radiology: USG : .....  
 X-Ray: .....  
 ECHO: .....  
 CT: .....  
 MRI .....  
 Others (ECG, Contrast Studies etc.): .....

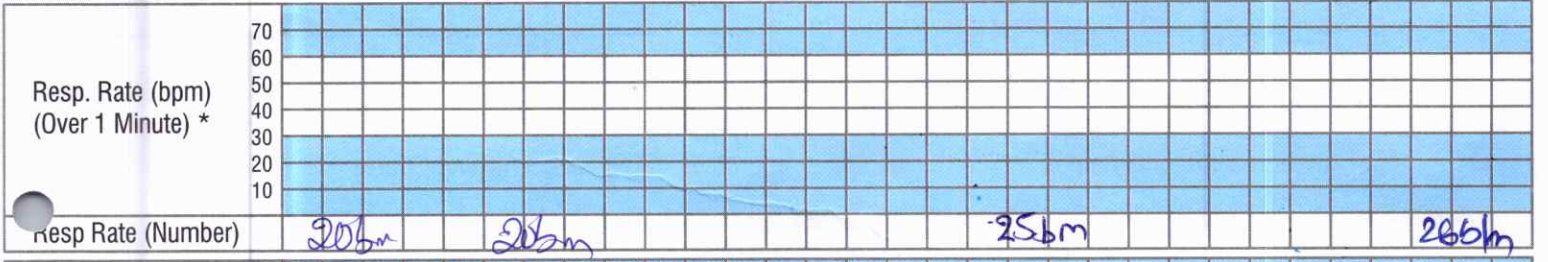
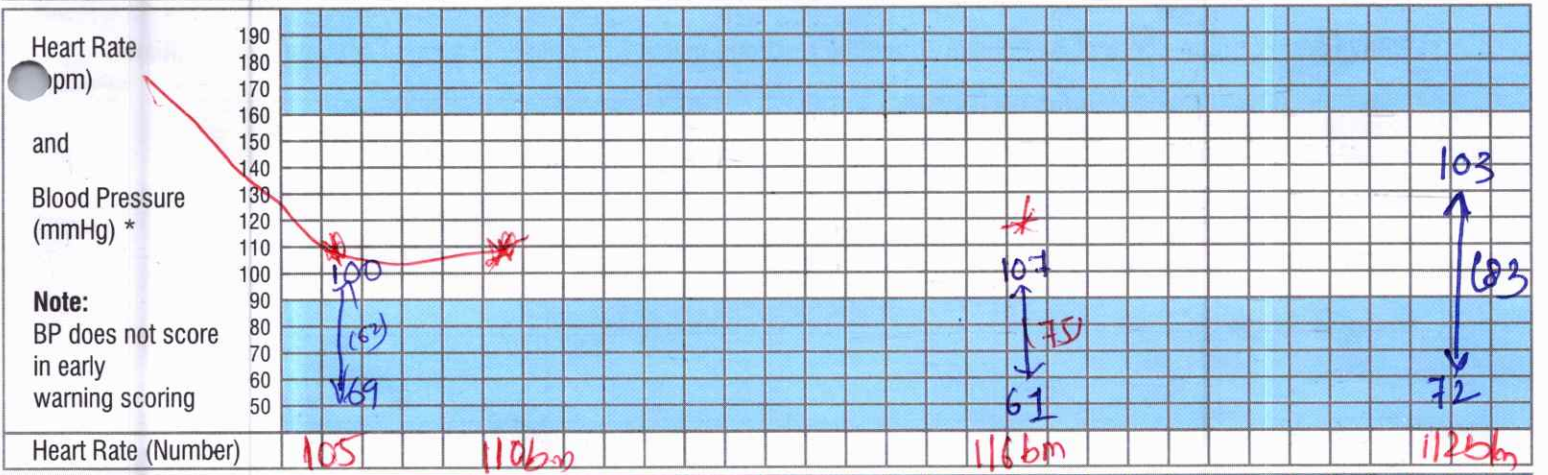
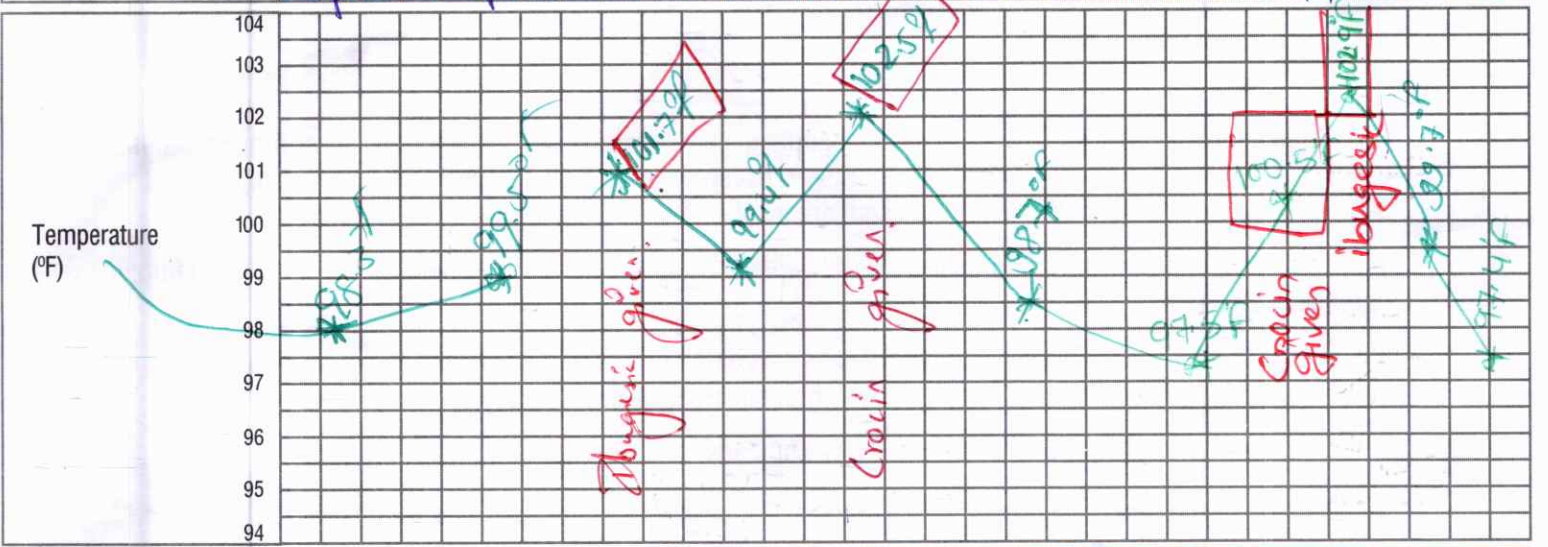
HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA

1 to 5 years  
**INFANT (1 year)**  
 Children's Observation & Early Warning Scoring Chart



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

Date: 23/05/20 Time: 4 pm 5 pm 6:30 pm 8:30 pm 10 pm 12 am 4 am 6 am  
 Doctor/Nurse/Family Concern?



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

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

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

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA

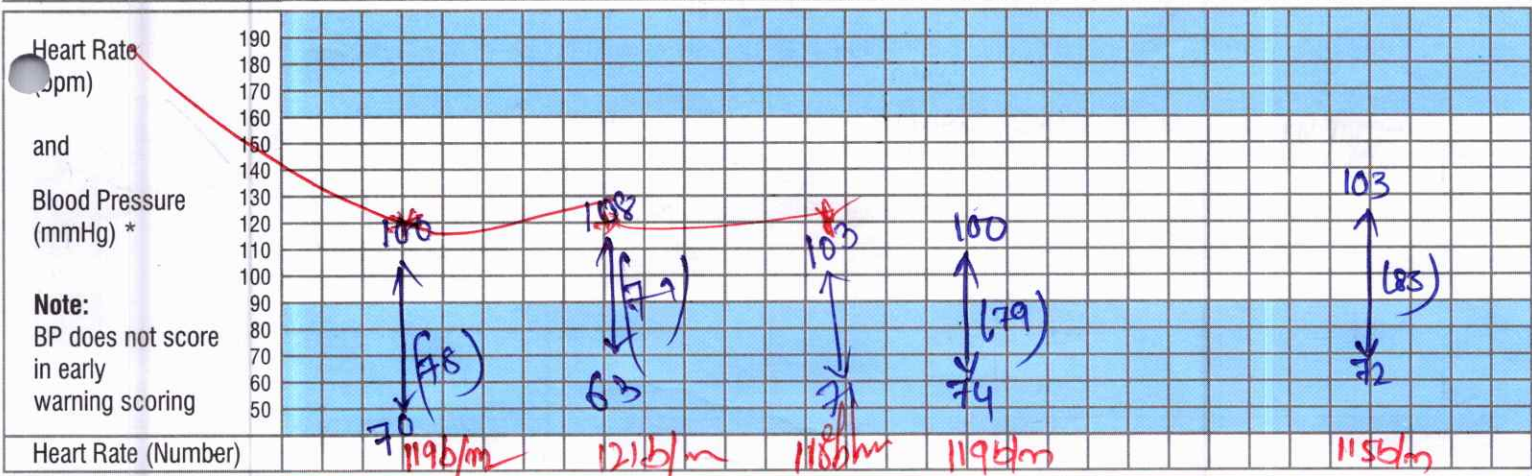
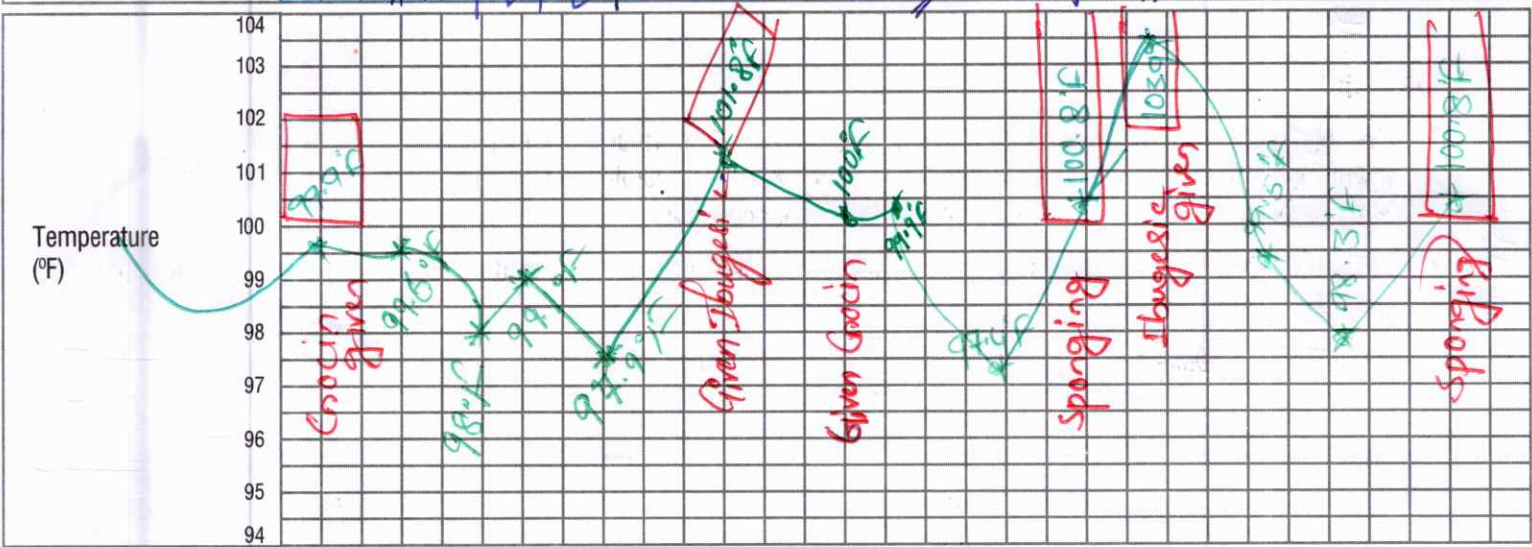
RM / CLINICAL / 124

1 to 5 years  
**INFANT (< 1 year)**  
 Children's Observation & Early Warning Scoring Chart



**WARNING SCORE: CHILDREN'S UNIT**

Date: 24/5/22 Time: 8:30 am  
 Doctor/Nurse/Family Concern? AM PM PM PM PM 4PM 7PM 8PM 10PM 11:40 PM 12:40 PM 2 am 6 am 8 am



Resp Distress	Mod/ Severe None / Mild				
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	99%	100%	100%
Conscious Level	Normal Altered	15/15	15/15	-	15/15
GCS *		15/15	15/15	-	15/15
<b>TOTAL SCORE</b>		0	0	0	0
Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		SD	SD	SD	SD

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

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

HNH-00015582  
 Baby CHAVI JOSHI  
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 4 Y 10 M 6 D (F)

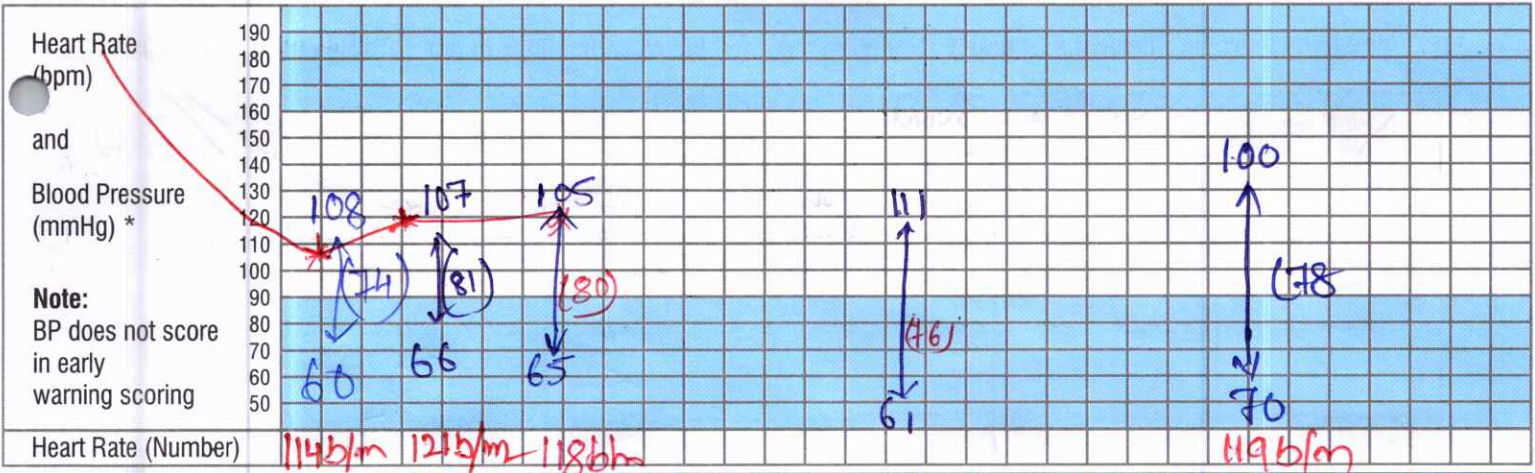
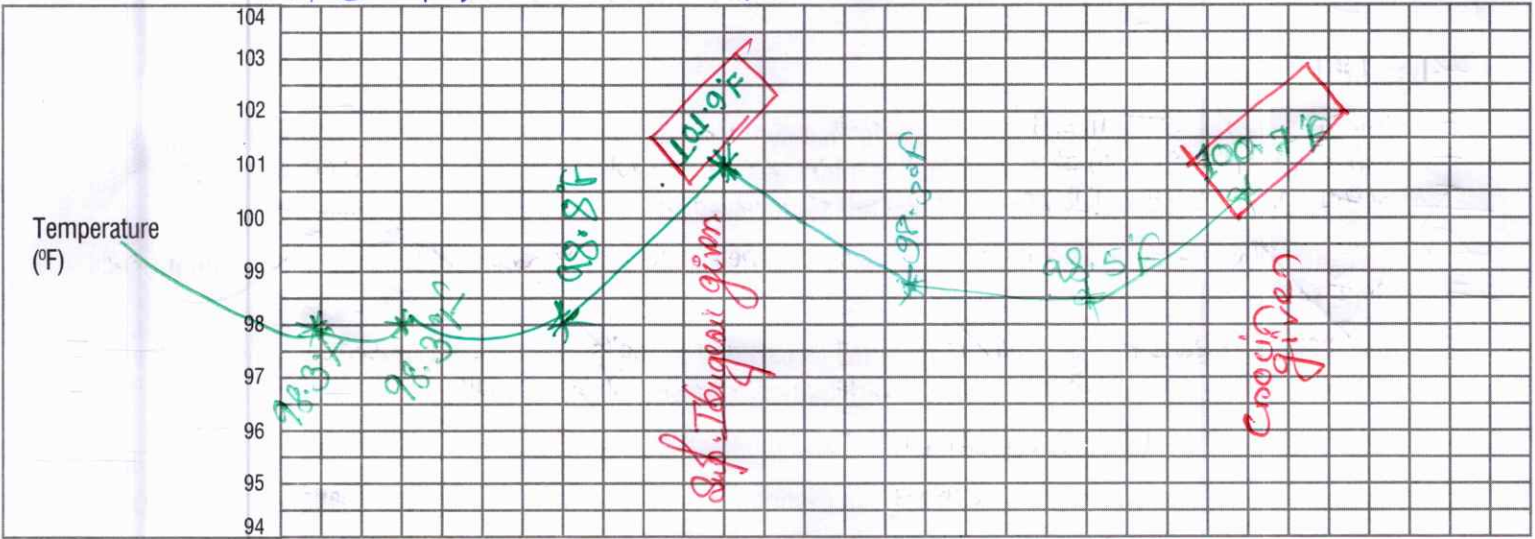
/ FRM / CLINICAL / 124

*1 to 5 years*  
**INFANT (<1 year)**  
 Children's Observation &  
 Early Warning Scoring Chart



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

Date: *25/5/24* Time: *9:30 AM* *1:30 PM* *6pm* *9:30 AM* *10 PM* *2 am* *7 am*  
 Doctor/Nurse/Family Concern? *AN* *PM* *AN* *PM* *AN* *PM*



Resp Distress	Mod/ Severe	None / Mild				
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level	Normal	Altered				
GCS *	15/5	15/5	15/5	15/5		
<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<i>AN</i>	<i>PM</i>	<i>AN</i>	<i>PM</i>	<i>AN</i>	<i>PM</i>

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

HNH-00015582 IP26-00006414

Baby CHAVI JOSHI

17-07-2021 4 Y 10 M 7 D (F)

Dr. SINDHURA MUNUKUNTLA

RCH / FRM / CLINICAL / 124

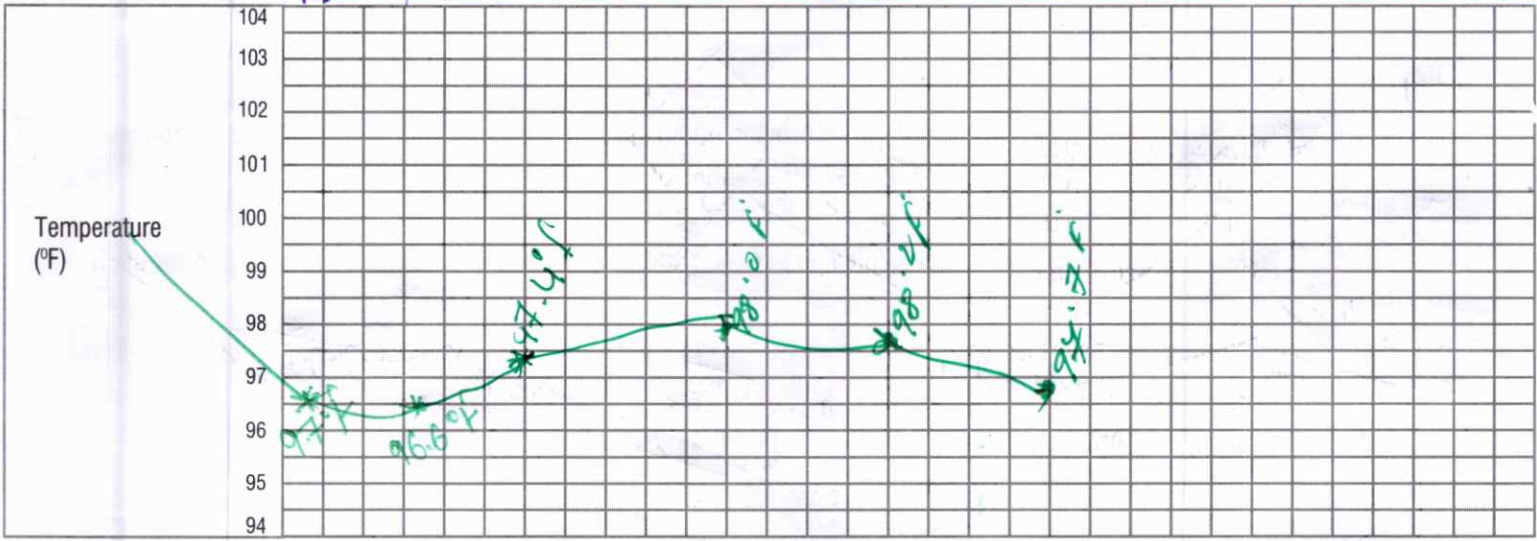


(1-5 year)  
**INFANT**  
 Children's Observation & Early Warning Scoring Chart



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

Date: 26/5/26	Time: 10 AM	1:30 PM	6 PM	10 PM	2 AM	5:30 AM
Doctor/Nurse/Family Concern?	AM	PM			AM	AM



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	106/60	105/60	100/70	101/66	100/69	106/60									

**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number)	124b/m	108b/m	100b/m	112b/m	115b/m	120b/m
---------------------	--------	--------	--------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute)	38	38	38	28	20	28
----------------------------------	----	----	----	----	----	----

Resp Rate (Number)	98b/m	28b/m	98b/m	28b/m	20b/m	98b/m
--------------------	-------	-------	-------	-------	-------	-------

Resp Distress	Mod/ Severe	None / Mild				
---------------	-------------	-------------	--	--	--	--

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

Conscious Level	Normal	Altered				
-----------------	--------	---------	--	--	--	--

GCS *	15/5	15/5	15/5	14/5	14/5	14/5
-------	------	------	------	------	------	------

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0

Pain Score	0	0	0	0	0	0
------------	---	---	---	---	---	---

Observer's Initials	AS	AS	AS	AS	AS	AS
---------------------	----	----	----	----	----	----

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

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

HNH-00015582 IP26-00006414

Baby CHAVI JOSHI  
17-07-2021 4 Y 10 M 8 D (F)  
Dr. SINDHURA MUNUKUNTLA



CLINICAL / 125

### PRESCHOOL (1-5 years)

### Children's Observation & Early Warning Scoring Chart

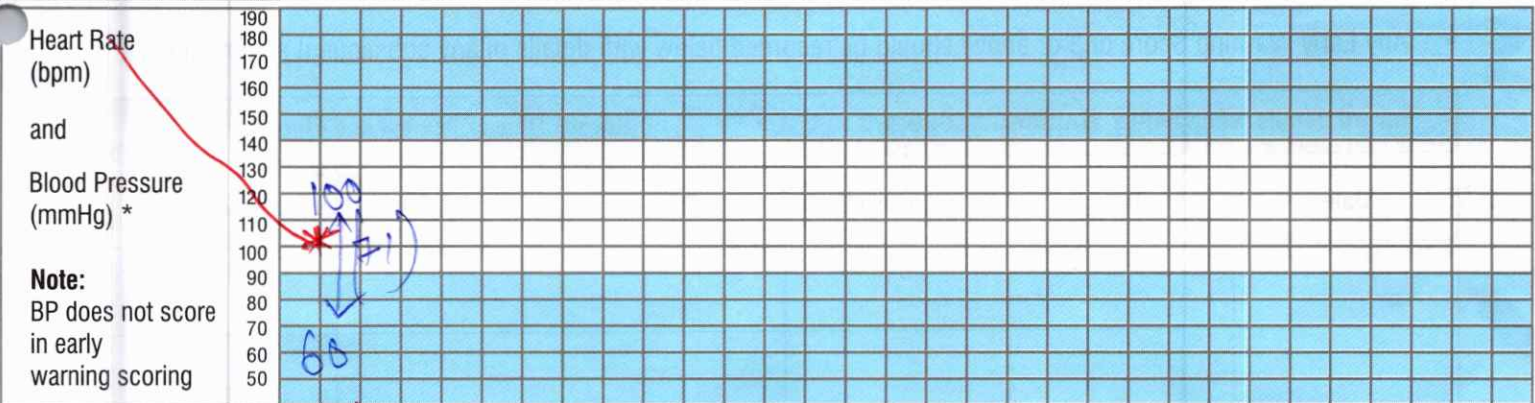
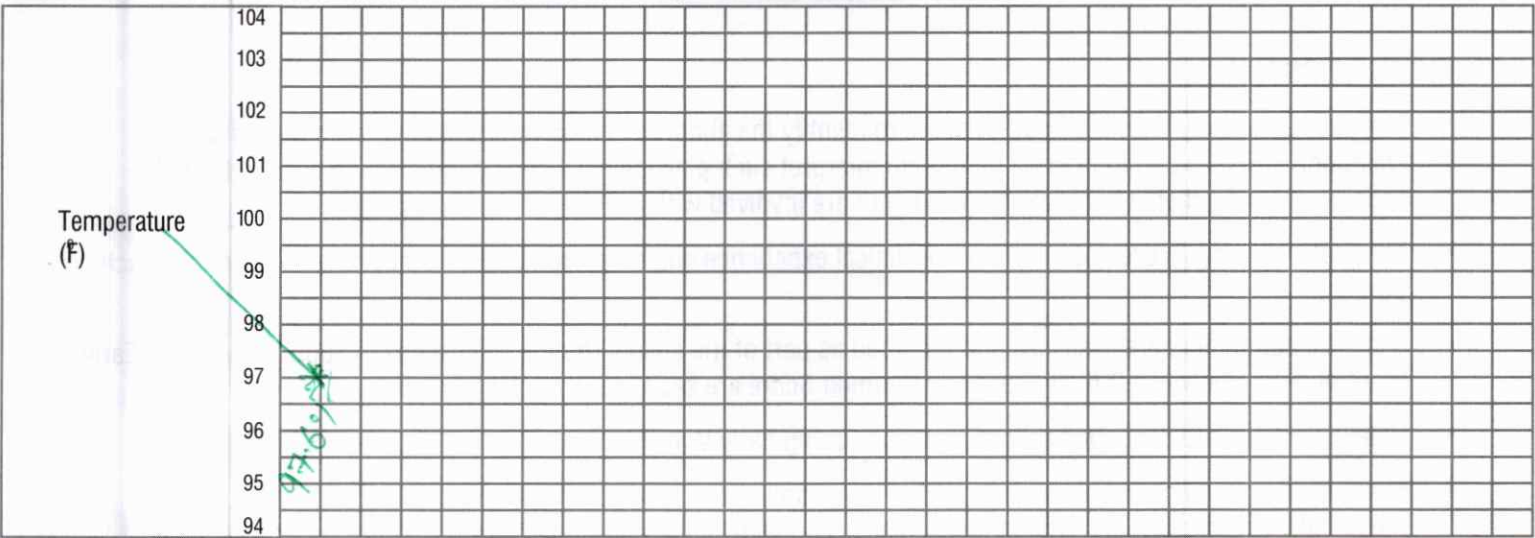
Pratiksha  
Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

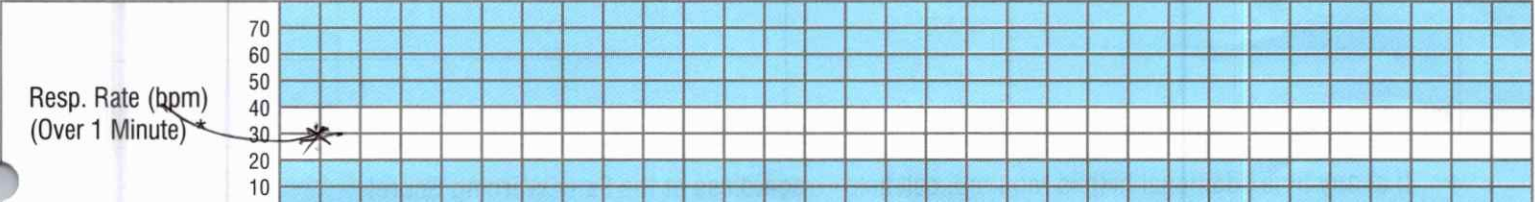
## EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/5 ..... Time: 10

Doctor / Nurse / Family Concern? ANL



Heart Rate (Number) 108b/m



Resp Rate (Number) 26b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS \* 15/5

**TOTAL SCORE**

Number of shaded boxes 0

Pain Score 0

Observer's Initials ANL

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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.
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Date	Time	Early Warning Score	Date	Time	Name

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

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

HNH-00015582 IP26-00006414  
 Pa Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
23/05/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	<b>Total Intake :</b>						<b>Total Output :</b>					
	02:00 pm											
	03:00 pm											
	04:00 pm	D	36ml	36ml								
	05:00 pm	N	36ml	36ml								
	06:00 pm	S	36ml	36ml								
	07:00 pm	H <sub>2</sub> O	36ml	36ml								
<b>Total Intake :</b>						<b>Total Output :</b>						
23/5/28	08:00 pm			36ml								
	09:00 pm			36 ml								
	10:00 pm	DNS		36 ml								
	11:00 pm		Jelly	36 ml								
	12:00 am			36 ml								
	01:00 am			36 ml								
<b>Total Intake :</b>						<b>Total Output :</b>						
24/5/28	02:00 am			36 ml								
	03:00 am			36 ml								
	04:00 am	DNS	H <sub>2</sub> O	36 ml								
	05:00 am			36 ml								
	06:00 am			36 ml								
	07:00 am			36 ml								
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# FLUID CHART

Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/5/26	08:00 am	↑		36ml							0	}
	09:00 am	↑		36ml							0	
	10:00 am	DNS	Jelly	-							0	
	11:00 am	↓	+ H2O	36ml							0	
	12:00 pm	↓		36ml							0	
	01:00 pm	↓		36ml						2	0	
<b>Total Intake :</b> takena			<b>Total Output :</b> U - M -									
24/5/26	02:00 pm	↓		36ml						200ml	0	}
	03:00 pm	↓	Ricard	36ml							0	
	04:00 pm	DNS	+ H2O	36ml							0	
	05:00 pm	↓		36ml						200ml	0	
	06:00 pm	↓									0	
	07:00 pm	↓		36ml							0	
<b>Total Intake :</b>			<b>Total Output :</b>									
24/5/26	08:00 pm	↓		36ml							0	}
	09:00 pm	↓	Michali	36ml							0	
	10:00 pm	DNS	+ H2O	36ml							0	
	11:00 pm	↓		36ml							0	
	12:00 am	↓									0	
	01:00 am	↓									0	
<b>Total Intake :</b>			<b>Total Output :</b> U - M -									
25/5/26	02:00 am	↓									0	}
	03:00 am	↓		30ml							0	
	04:00 am	DNS		30ml							0	
	05:00 am	↓									0	
	06:00 am	↓									0	
	07:00 am	↓									0	
<b>Total Intake :</b>			<b>Total Output :</b> U - M -									
<b>Total 24 hrs. Intake</b>			<b>Total 24 hrs. Output</b>									



# FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/5/28	08:00 am	↑									0	[Signature]
	09:00 am	↑	Jelly	30ml			✓		✓	0		
	10:00 am	DNS		30ml						0		
	11:00 am			15ml						0		
	12:00 pm	↓		15ml					✓	0		
	01:00 pm	↓		-					✓	0		
<b>Total Intake :</b>						<b>Total Output :</b> U-3 M-1						
25/5/28	02:00 pm	↑	Oral	15ml						0	[Signature]	
	03:00 pm	↑	Oral	15ml					✓	0		
	04:00 pm	DNS	Oral	15ml						0		
	05:00 pm		Oral	15ml						0		
	06:00 pm		Oral	15ml					✓	0		
	07:00 pm	↓		-						0		
<b>Total Intake :</b>						<b>Total Output :</b> U-2 M-1						
25/5/28	08:00 pm	↓								0	[Signature]	
	09:00 pm									0		
	10:00 pm	stop IVF	Rice							0		
	11:00 pm									0		
	12:00 am								✓	0		
	01:00 am									0		
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-0						
26/5/28	02:00 am	↓								0	[Signature]	
	03:00 am									0		
	04:00 am	stop IVF	H <sub>2</sub> O							0		
	05:00 am								✓	0		
	06:00 am	↑								0		
	07:00 am									0		
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-2						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/5/20	08:00 am						✓			✓	0	[Signature]
	09:00 am	↑	Tdly								0	
	10:00 am	No IVF									0	
	11:00 am			NA							0	
	12:00 pm	↓	Rice				✓			✓	0	
	01:00 pm										0	
Total Intake : Taken						Total Output : U-2 M-2						
26/5/20	02:00 pm										0	[Signature]
	03:00 pm										0	
	04:00 pm		Rice				✓			✓	0	
	05:00 pm		H2O								0	
	06:00 pm			NA							0	
	07:00 pm									✓	0	
Total Intake : Taken						Total Output : U-2 M-1						
28/5/20	08:00 pm										0	[Signature]
	09:00 pm		chupatt								0	
	10:00 pm										0	
	11:00 pm		H2O								0	
	12:00 am			NA							0	
	01:00 am									✓	0	
Total Intake :						Total Output : U-2 M-0						
20/5/20	02:00 am										0	[Signature]
	03:00 am		H2O								0	
	04:00 am										0	
	05:00 am			NA							0	
	06:00 am		H2O								0	
	07:00 am									✓	0	
Total Intake :						Total Output : U-2 M-0						
Total 24 hrs. Intake						Total 24 hrs. Output						

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 8 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
27/5/21	08:00 am									✓	0	[Signature]	
	09:00 am										0		
	10:00 am										0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake** [ ]

**Total 24 hrs. Output** [ ]

Patient Sticker



# FLUID CHART

Sheet No. : .....

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

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

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

HNH-00015582

IP26-00006414

Baby CHAVI JOSHI

17-07-2021 4 Y 10 M 6 D (F)

Dr. SINDHURA MUNUKUNTLA



# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
24/5/26	10AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
24/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
25/5/26	9AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
25/5/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
25/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
26/5/26	2am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
26/5/26	8am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
26/5/26	10AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>
26/5/26	4pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<i>[Signature]</i>

**Re-assessment Frequency:**

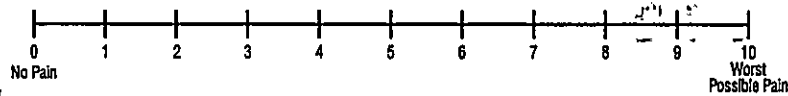
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief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

# PAIN ASSESSMENT TOOLS

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

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong-Baker (Pediatrics) Above 7 Years



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/5/20	10am	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
26/5/20	4am	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
26/5/20	8am	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
26/5/20	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

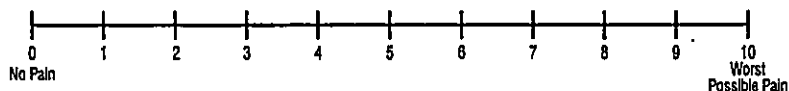
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain pain-relieving intervention.
  - d) Within 30 – 60 minutes after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

# PAIN ASSESSMENT TOOLS

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

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt  
2 Hurts Little Bit  
4 Hurts Little More  
6 Even More  
8 Hurts Whole Lot  
10 Hurts Worst

HNH-00015582

IP26-00006414

Baby CHAVI JOSHI

17-07-2021

4 Y 10 M 6 D

(F)

Dr. SINDHURA MUNUKUNTLA



## BRADEN 'Q' SCALE

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

BirthRight®  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

					Date:	23/5/2024	24/5	24/5	24/5
					Time:	M	M	E	Colm
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4		4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		4	4	4
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3		4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4		4	4	4
<b>TOTAL SCORE</b>					27	28	28	28	
<b>Evaluator's Name</b>					[Signature]	[Signature]	[Signature]	[Signature]	

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

Docu. No. : RCH/FRM/CLINICAL/119

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

HNH-00015582  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D  
 Dr. SINDHURA MUNUKUNTLA (F)

# BRADEN 'Q' SCALE



					Date :	25/5/2021	25/5	26/5	
					Time :	10AM	6PM	10PM	10AM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
<b>TOTAL SCORE</b>						28	28	28	28
<b>Evaluator's Name</b>						[Signature]	[Signature]	[Signature]	[Signature]

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

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

HNH-00015582  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 8 D (F)  
 Dr. SINDHURA MUNUKUNTLA

IP26-00006414

# BRADEN 'Q' SCALE



Date: 26/5/20  
 Time: 10:20

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	9		
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	9		
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	9		
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	9		
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	9		
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	9		
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	9		

**TOTAL SCORE**

**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

Docu. No. : RCH/FRM / CLINICAL / 119

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

HNH-00015582  
 Baby CHAVI JOSHI IP26-00006414  
 17-07-2021 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# NURSING CARE RECORD

Date: 29/7/26

**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							
Afternoon							
Night	8PM	ASSESS the Pt. condition monitor vitals maintain Ilo chart medication Administer	8PM	ASSESSED the Pt. condition monitored vitals maintained Ilo chart medication administered	Baby is stable now	vitals is normal	<i>[Signature]</i>
	8AM	as per doctor order	8AM	as per doctor order			

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 6 D (F)  
 Gr. SINDHURA MUNUKUNTLA

# NURSING CARE RECORD



Date: 24/5/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	→ To assess the pt. condition → To check the vitals & record	8pm	→ To assessed the pt. condition → To checked the vitals & recorded	Patient is stable now Contd IV fluid	→ Re-checked the vitals → I/O → Trace urine & blood C/S	Supriya
	2pm	→ To administer the medication as per drug chart → I/O chart maintain	2pm	→ To administered the medication as per drug chart → I/O chart maintained			
Afternoon	2pm	→ Assess the pt. condition → monitor vitals & record → Maintain I/O chart → Give medication as prescribed by doctor	2pm	→ Assesed the pt. condition → monitored vitals & record → Maintained I/O chart → Given medication as prescribed by doctor	patient is stable	re-checked vitals	
	8pm	→ Assess the pt. condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart	8pm	→ Assessed the pt. condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart			
Night	8pm	→ Assess the pt. condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart	8pm	→ Assessed the pt. condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ Patient is stable	→ rechecked vitals	



# NURSING CARE RECORD

Date: 25/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ To assess the pt. condition → To check the vitals & record	8AM	→ To assessed the pt condition → To checked the vitals & recorded	→ Patient is stable mon	→ re-checked the vitals → I/o	Sushrini
	10AM	→ To administer the medication as per drug chart	10AM	→ To administered the medication as per drug chart	→ Contd IVF 1/2 maintained	→ Blood v/s 24hrs no growth	
Afternoon	2pm	→ I/o chart monitoring	2pm	→ I/o chart monitoring	→ Dengue NSI+IGM sendd.		Monyash
	2pm	Assess the general condition of pt. → Monitor vital. → Maintain I/o chart. → Administer medication.	2pm	Assess the general condition of pt. → Monitor vitals. → Maintain I/o chart. → Administered medication	→ Pt is stable → Canula present	Re-assess vitals.	
Night	8pm	Assess the pt condition	8pm	Assess the pt condition	→ Now baby is stable	→ Rechecked the v/s	G
	8am	→ Monitor the v/s → Maintain the I/o → Drug as per chart	8am	→ Monitor the v/s → Maintain the I/o → Drug as per chart			

MNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# NURSING CARE RECORD

Date: 26/5/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	<ul style="list-style-type: none"> <li>→ To assess the pt. condition</li> <li>→ To check the vitals &amp; record</li> <li>→ To administer the medication as per drug chart</li> <li>→ I/O chart maintain</li> </ul>	8AM to 2PM	<ul style="list-style-type: none"> <li>→ To assessed the pt. condition</li> <li>→ To checked the vitals &amp; recorded</li> <li>→ To administered the medication as per drug chart</li> <li>→ I/O chart maintained</li> </ul>	<ul style="list-style-type: none"> <li>→ Patient is stable now</li> <li>→ If no high grade fever plan D/C</li> <li>T/M</li> </ul>	<ul style="list-style-type: none"> <li>→ Re-checked the vitals</li> <li>→ I/O</li> <li>→ If can't out oral antibiotic change.</li> </ul>	Sushila
Afternoon	2PM to 5PM	<ul style="list-style-type: none"> <li>→ Assess the patient general condition</li> <li>→ monitor vitals</li> <li>→ Administer medications as per doctor's orders</li> </ul>	2PM to 5PM	<ul style="list-style-type: none"> <li>→ Assessed the patient general condition</li> <li>→ monitored vitals</li> <li>→ Administered medications as per doctor's orders</li> </ul>	Patient is stable	Rechecked vitals	S
Night	8PM to 8AM	<ul style="list-style-type: none"> <li>- Assess the patient condition</li> <li>- plan for vital record</li> <li>- plan for T/chart</li> <li>- plan for medication</li> </ul>	8PM to 8AM	<ul style="list-style-type: none"> <li>- Assessed the patient condition</li> <li>- vital record</li> <li>- maintain T/chart</li> </ul>	- patient stable	- vital record	R



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>AFI &amp; dehydration</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
<b>BACKGROUND</b>	Date	Shift	25/5/26 N1	24/5/26 N6	24/5/26 E2	25/5/26 N1	25/5/26 N6	25/5/26 F2
	Medical Condition (Any special condition to be noted):		-	-	-	-	-	-
Diet:			Soft	-	-	Soft	Soft	Soft
<b>ASSESSMENT</b>	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-	-	-	-	-
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 98.7°F	98.4°F	97.8°F	98.2°F	98.4°F	98.4°F
			Res: 25 b/m	29 b/m	20 b/m	20 b/m	30 b/m	30 b/m
			SpO <sub>2</sub> : 99%	99%	100%	99%	99%	99%
			Pulse: 116 b/m	119 b/m	118 b/m	120 b/m	116 b/m	116 b/m
			BP: 107/61	103/62	-	107/61	103/61	104/68
			LOC: -	-	-	-	-	-
			Fall Risk Score: -	-	-	-	-	-
		Pain Score: 0	"0"	-	-	"0"	"0"	
		Skin Integrity: -	Good	-	-	Good	Good	
<b>Recommendations</b>	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:		-	-	-	-	-	-
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:		-	Soft	-	-	Soft	Soft
	Critical Lab Test / Values:		-	-	-	-	-	-
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		Non	-	-	-	-	-	
Post Operative Procedure Special Orders:								
Handed Over By Name :		Sunder	Supriya	Privanka	Divya	Supriya	Maitresh	Maitresh
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		24/5/26	24/5/26	24/5/26	25/5/26	25/5/26	25/5/26	25/5/26
Time:		8 AM	2 PM	8 PM	8 AM	2 PM	8 PM	8 PM
Taken Over By Name :		Supriya	Privanka	Divya	Supriya	Maitresh	Sunder	Sunder
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		24/5/26	24/5/26	24/5/26	25/5/26	25/5/26	25/5/26	25/5/26
Time:		8 AM	2 PM	8 PM	8 AM	2 PM	8 PM	8 PM

IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 7 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <span style="font-size: 1.2em; color: blue;">AFI &amp; dehydration</span>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure:	Post OP Day:				
<b>BACKGROUND</b>	Date	25/5/26 NI	26/5/26 MG	26/5/26 Evg	26/5/26 8pm	
	Shift					
	Medical Condition (Any special condition to be noted):	—	—	—	—	
	Diet:	—	Soft	Soft	—	
<b>ASSESSMENT</b>	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.3°F	98.1°F	98.3°F	26.5°C
		Res:	20b/m	30b/m	32b/m	20
		SpO <sub>2</sub> :	99%	100%	100%	100%
		Pulse:	82b/m	119b/m	83b/m	123
		BP:	105/62	105/60	104/70	—
		LOC:	—	—	—	—
		Fall Risk Score:	40"	—	—	—
Pain Score:	0"	0"	—	—		
Skin Integrity	Good	Good	Good	Good		
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	—	—	—	—	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	—	Soft	Soft	—	
	Critical Lab Test / Values:	—	—	—	—	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	NA	—	—	Yes		
Post Operative Procedure Special Orders:		NA	—	—	—	
Handed Over By Name :		Suranta Surija	Sandhya	Apoorva	Apoorva	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	
Date:		26/5/26	26/5/26	26/5/26	26/5/26	
Time:		8am	2pm	8pm	8pm	
Taken Over By Name :		Suranya	Sandhya	Apoorva	Apoorva	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	
Date:		26/5/26	26/5/26	26/5/26	26/5/26	
Time:		8am	8pm	8:20pm	8:20pm	

Wt - 21.85 kg



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Chavi Joshi Age : 4 year Gender:  Male  Female

Date : 23/5/26 Time of Arrival : 1:50 PM

Allergies:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify): \_\_\_\_\_  Not known

Source of Information :  Parents  Others (Specify) \_\_\_\_\_

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 102.2 F PR: 140b/m BP: 116/77 (90) RR: \_\_\_\_\_ SpO<sub>2</sub>: 100%

Chief Complaints: High grade Fever, vomiting, and Body pain since 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable :	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life -Threatening	
<input type="checkbox"/> Abnormal	<input type="checkbox"/> Gaspng / Apnea		
<input type="checkbox"/> Bleeding			

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

\* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:52 PM

## Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bradin

Signature of Triage Nurse : \_\_\_\_\_

Date & Time : 23/5/26 @ 1:52 PM

HNH-00015582 IP26-00006414  
 Baby CHAVI JOSHI  
 17-07-2021 4 Y 10 M 6 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/5/26 Time of arrival : 1:50 PM

Chief Complaints: e/o Fever, vomiting, Body pain since 2 days RBS: \_\_\_\_\_

Height : \_\_\_\_\_ Weight : 21.85kg BMI : \_\_\_\_\_ Head Circumference (<2 years) \_\_\_\_\_

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_

If yes, identify \_\_\_\_\_

Pain Screening:  Yes  No If Yes, Pain Score: 4 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 : 1:52 PM



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

Time	Nursing Notes
11:52pm	→ Assessed the pt condition
	→ checked the pt vitals
	→ medication given to the pt

Samples collected by: *[Signature]*  
 Samples sent by: *[Signature]*

Time: *[Signature]*  
 Time: *[Signature]*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
23/5/26 2pm	crocin	PO	6 ml		<i>[Signature]</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>120b/m</i> BP: <i>116/77</i> (90mm Hg) CFT: <i>[Signature]</i>	Shift - out from ER to: <i>3rd floor (301)</i>
RR: ..... SPO <sub>2</sub> : <i>100%</i>	Time of Shift - out: <i>3:30pm</i>
GCS: ..... Temperature: <i>102.2°F</i>	Handover given to: <i>[Signature]</i>
Pain Score: .....	(Nurse's Name)
Repeat RBS (if applicable): .....	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

*IV placement done.*

Name of the Nurse: *Babli V* Signature of the Nurse: *[Signature]*

Date & Time: *23/5/26 @ 1:52pm*

301



# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 24/5/2026 Time: 11:20am

Weight: 21.85kg Centile: 75th

Height: Centile:

Inference: Wellnourished child

RDA: Calories: 1350kcal/day Protein: 23gm/day

Diet Recommendations: Balanced diet with liquids

Re-Assessment: No Junk food, oily food.

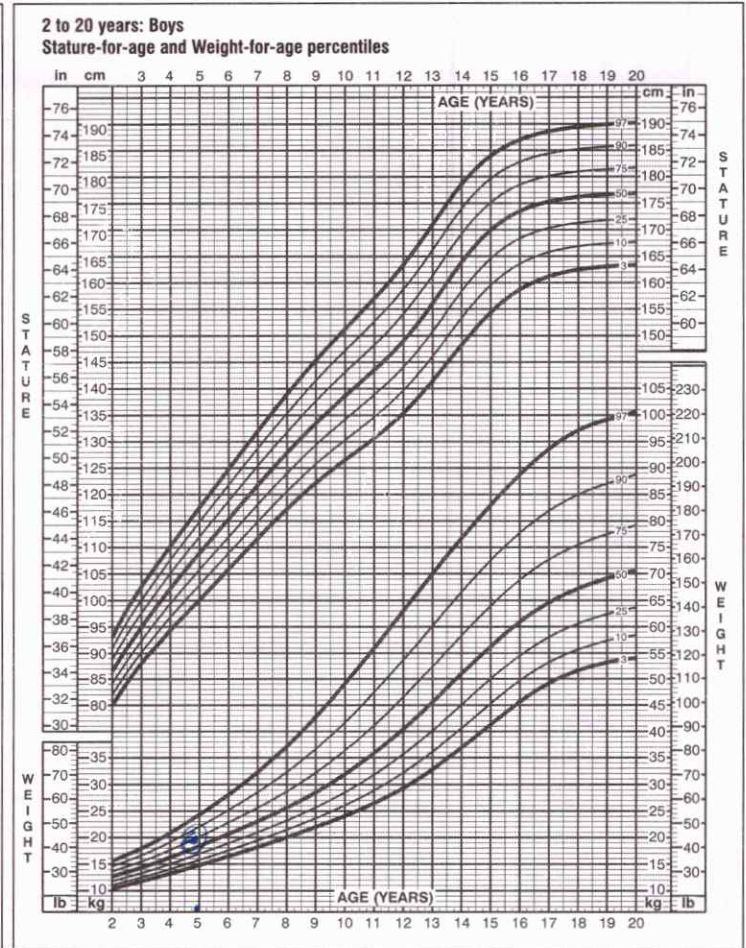
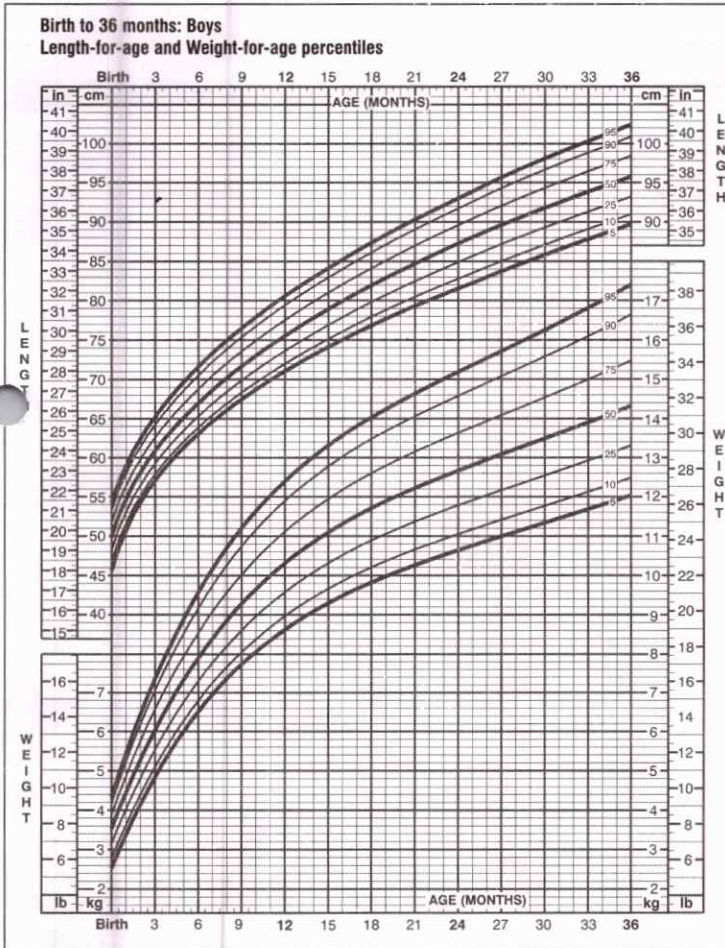
Food Allergies: NO FA Veg/Non-veg NV

Diagnosis: AFI/Dehydration

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature] 24/5/2026

## GROWTH CHART (BOYS)



Dietician's Name: Syeda Sobiya Zaher

Dietician's Signature: [Signature]



Adenoviral  
illness

