310
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DISCHARGE SUMMARY

Name	Baby RIDA FATHIMA	**UHID**	RCWH.0000198923
Father/Guardian	Mr MR. SYED NIZAMUDDIN	**Age/Gender**	16 Y 2 M 26 D/ Female
Address	FLAT NO A5,FATHIMA HEIGHTS,NEAR BADI MASJID,MALLEPALLY, Mallepally, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006835	**Admission Date**	13-07-2026
Ref Doctor	Sanjay Srirampur		
Discharge Date	15.07.2026		

Consultant:
Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

History: Baby RIDA FATHIMA , 16 Y 2 M 26 D , old girl presented with the

Name	Baby RIDA FATHIMA	UHID	RCWH.0000198923
IP No	IP26-00006835	Admission Date	13-07-2026

history of fever associated with cough since 6 days, headache since 6 days, decreased oral intake and vomitings since 2 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was (103*F) febrile, maintaining saturations at room air. Her heart rate was 116/min and Respiratory Rate - 24 /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, decreased skin turgor, sunken eyes were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 36 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 13.5 gm%, White Blood Cell count of 3620 cells/cumm, platelet count of 1.84 lakhs/cumm and C-Reactive Protein of 5 mg/l. Complete urine examination shows 6-8 pus cell,14-16 epithelial cells. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Dengue NS1 & IgM were negative.

Name	Baby RIDA FATHIMA	**UHID**	RCWH.0000198923
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Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics.

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

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

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

Medication during hospital stay:
Injection. Augmentin
Injection. Esmoprazole
Syp. Relent Plus
Nebulisation. Levolin

Advice:
* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. AUGMENTIN 625 mg	1 tablet	8am-8pm (after food)	For3 days
2	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	8 ml	8am-8pm (1 hour before food)	For 3 days.

Plan: To collect urine culture, mycoplasma IgM and final blood culture report on followup.

Fever Management
* Tablet. Paracetamol - 500 mg, 1 tablet, after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SANJAY SRIRAMPUR on Friday(17.07.2026) at his OPD.

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

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

Archana
Registrar/Resident/C.M.O

Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

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Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	2			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Extras	6			
	Total No. of Pages	33			

Signature and Date : 15/7/2026

(P.T.O)

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006835 **Admit Date** : 13-Jul-2026 **Admit Time** : 12:45 PM **UHID** : RCWH.0000198923

Patient Details :

Patient Name	: Baby RIDA FATHIMA	**Age**	: 16 Y 2 M 26 D
Guardian	: Mr MR. SYED NIZAMUDDIN	**DOB**	: 17-04-2010
Gender	: Female	**Religion**	: Muslim
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO A5,FATHIMA HEIGHTS,NEAR BADI MASJID,MALLEPALLY Mallepally Hyderabad Telangana INDIA 500001	**Phone No**	: 8143766443/ 9381874832
		E-mail	: ruksifatima25@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER03 **Ward Name** : GF -EMERGENCY

Room No : ER03 **Admission Type** : First Visit

Contact Details :

Name : Mr MR. SYED NIZAMUDDIN **Relationship** : D/O

Contact Address : FLAT NO A5,FATHIMA HEIGHTS,NEAR BADI MASJID,MALLEPALLY Mallepally Hyderabad Telangana INDIA 500001 **Phone No** : 8143766443

Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Sanjay Srirampur **Phone No** :

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

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

Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

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ACTIV RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
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Dr. SANJAY SRIRAMPUR
ING

Name: -

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pedeatric

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	12:30 PM	GR	ward	

Cross Consultation Visit

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

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INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7/26	CBP, CRP, Blood C/S		
	Dengue NS-1 IgM	11644	[signature]
	Res panel (5 virus)		
13/7/26	X-Ray chest	8457	[signature]
13/7/26	CUE	11649	[signature]
13/7/26	Mycoplasma IgM	4653	[signature]
14/7/26	Urine culture + sensitivity	11719	[signature]
	cross checked by Mounika @ 10pm. 14/7/26.		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	Infusion pump	13/7/26 @ 2:00pm	15/7/26 10.AM	213371 ✓	[signature]

Cross checked by Balaji

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	IV Placement	①	3351	
13/7/26	NHA	①	13486	

Cards checked & signed

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : RIDA FATHIMA. / 16y / Female

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Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Dr. SANJAY SRIRAMPUR

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

1) Fever since 6 days
2) Cough since 6 days
3) Headache since 6 days
4) Decreased oral intake since 2 days
5) Vomitings since 2 days.

History of present illness :

Child was apparently asymptomatic 6 days back after which she had fever which is high grade, intermittent responding to oral paracetamol

Cough started 6 days back which is dry, non productive no diurnal variation

Headache started 6 days back which has no diurnal variation

Child has multiple episodes of non bilious, non projectile vomitings since 2 days

Child has decreased oral intake since 2 days.

Pediatric Multiorgan History & Physical Examination

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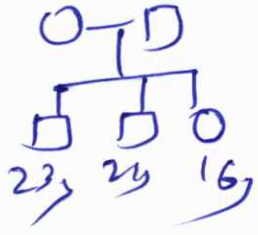
Dr. SANJAY SRIRAMPUR

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

Birth & Neonatal History :

Tem / LSCS / 3 kg / CTAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

IAP schedule - up-to-date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 36 kg (Centile _____)

On Examination :

Temperature : 103°F Pulse Rate: _____ Description _____

B.P. _____ SPO2 96 % at RA

Resp. rate and type of breathing : _____

Erythematous rash on hand, (+)

Rash dry lips

Lymphadenopathy dry oral mucosa

Oedema : Sunken eyes

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BIL-AIF (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1,S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : PLA Jok

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : Normal.

Motor System :

Nutrition : Normal.

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Δ AGE I & dehydration

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

IV Fluid
IV Antibiotics

Desired goals of the treatment :

Fever Subsidence

Planned Labs :

CBP
CRP
CUE (due)
Dengue NS 1 Igm
Hyp. panel CS virus
Chest X-ray (due)
Blood C/S
Extra plan - 1

NB Rabbin

Planned Management :

- Inj. AUGMENTIN 1.2gm IV TID
- Inj. ESMOPRAZOLE 30mg IV OD
- Syp. PELENT PLUS
- T. PARACETAMOL 500mg SOS

NB Rabbi

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

Dr. SANJAY SRIRAMPUR Reg

RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 27 D (F)
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Levolin . 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00	01 Levolin (1)		Rida
	02.00			
15/4/26	03.00			
	04.00			
	05.00			
	06.00			
	07.00	Levolin (2) 3913		Rida
	08.00			
	09.00		Total = 6	
	10.00			
	11.00			
	12.00			
	13.00	Levolin		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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levolin 6th July

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	levolin. (1)		
14/7/26	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	levolin (2) 15625		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	Levolin (1) 23673		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	Levolin (1) 13812		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/20 1.30pm	SIB Dr. Pritish ↓ AFI ? dehydration Fever spikes (+) CVS - S1,S2 (N) RBS - Blc - ACF (-) PLA Job Conclusion.	IVF cf AUGMENTIN cf IV Fluid Bolus Trace reports & Send Mycoplasma IgM 2pm @ 13/4/20
~~cl/c Dr. Priti~~		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 3PM	c/c/o Dr. Varun	
	Δ- APL c dehydration.	
	fever - Nave.	
	Cough (dry) → (+)	
		Plan
	O/E - vitals stable.	CT. IV Augmentin
		Relent plus
	S/E - RS - BAE (+), NVBS (+)	Esomeprazole OD
		- Trace CAP,
		Dengue serology,
		respiratory panel,
		~~Chest~~
		blood cx.
		- Send CXR / CUE
		now.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26	S/B Dr. Pritesh	
W/3-P^	△ AF I c dehydration	P4q
	c/o Cough	✓ CT AUGMENTIN
	CVS - S1,S2 (+)	
	RS - BLL AEA (+)	✓ Chest X-ray - PA view
	P/A soft	✓ CT IV Fluids
	conscious	
	↓↓ oral intake	✓ Trace Resp - panel, CRP, Mycoplasma IgM, Dengue IgM & NS1
		NB Sonarda @ 5pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	G/S/B - Dr. Shruthi	
13/7/20	Δ - AFI & dehydration.	CUE
Tapw		Urine pus cells +
	Cough +ve	plan
	fever +	Send urine culture
	O/E	Tab Cadenovir OD
	Vitals stable	Trace dengue NS1 / IgM
		Trace Blood C/S
	S/E	NB - Monitor @ 12AM.
	RS - clear	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B - Dr. Prashanthi / Dr. Pranav	
14/7/26 8:30am	A - AFI C dehydration	
	cough	Plan
	Fever - Low grade	
	Epigastric pain ⊖	- Send & Trace urine culture
	O/E Afebrile	- Trace adenovirus / Rest Resp. panel Negative.
	Vitals stable	
	P/O - Good	- Trace Dengue NS1 / IgM
	S/E	- Trace Blood c/s
	RS - Clear.	- Continue AUGMENTIN & Symptomatic management

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		G/S/B - Dr. Pritesh
14/7/26 10:00am	A - AFI & dehydration	
	Cough] no further spikes Fever]	Plan
		- if further fever spikes ↓ AZITHROMYCIN
	O/E Afebrile Vitals stable U/O - Good	- Trace adenovirus - Trace Blood c/s mycoplasma IgM dengue NS1, IgM → neg
	C/E RS - clear	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 4.45pm.	C/S/B Dr. Sanjay AFB c dehydration	
	No fevers.	Plan
	Vitals - Stable	- Cont Augmentin
	RIS - B/L AE. Clear	- Trac Adenovirus Blood C/S Mycoplasma IgM
		- Cont IVF.
		- Cont Neb. Levolin Q6H
	Dr. SANJAY SRIRAMPUR Reg. No. HMC0465	Noted by
14/7/26 2pm	S/B Dr. Archana/Dr. Varun Δ: AFI c dehydration	
	No fever spikes Oral acceptance-fair	Adv · Ct Inj AUGMENTIN - Ct Neb c levolin Q6hrly
	ple vitally stable	- Ct rest same
	ple wnl	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/2026 7:30 am	S/B Dr. Sreeghan / Dr. Nameen	
	AFI c dehydration	
	- No fever spikes.	Plan
	- oral intake - fair.	① c/t Augmentin
	Chest clear	② c/t nebulisation
	hemodynamically stable.	③ Trace Mycoplasma IgM Blood c/s
	P/A soft.	④ Monitor vitals Qu4
		NB-[illegible] @8:30AM
		Nai (Dr Nameen)

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Date & Time	Progress Notes	Doctor's Order
15/7/26. 10:20 Am	S/B Dr. Sanjay Srirampur	
	Nbs c AFI c dehydration.	
	No fever spikes oral intake - fair	Advice • ct Augmentin • (T) Mycoplasma IgM
	U passed. S	urine C&S Blood C&S.
	o/e vitally stable	• Discharge :
	o/e wnl.	Sanu

Dr. SANJAY SRIRAMPUR
Reg. No: HMC9465

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Date & Time	Progress Notes	Doctor's Order

RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Dr. SANJAY SRIRAMPUR

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DRUG CHART

Date of Admission: 13/7/26 Drug Allergies: NKA ☑ 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 : T. PARACETAMOL

Dose	Route	Frequency	Start Date
500g	Oral	SOS/6hr	13/7

Doctor's Signature: | Valid Period: | Pharm.: (a)

Additional Instructions: PARACETAMOL - 1 tablet - 500g

Date/Time: 13/7 10pm

Verified by Dhakshayani

DRUG : ~~T. [illegible]~~

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date/Time

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date/Time

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

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REGULAR PRESCRIPTIONS

Weight. 36.27 Ward. .....

DRUG : Inj. AUGMENTIN

Dose	Route	Frequency	Start Date
1.2gm	IV	TID	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sruja N

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 13/7 14/7 15/7 — 6am X — 2pm 3pm — 10pm

DRUG : Inj. ESMOPRALOLE

Dose	Route	Frequency	Start Date
30g	IV	OD	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sruja N

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 13/7 14/7 15/7 — 2pm — 6am

DRUG : Syp. RELENT PLUS

Dose	Route	Frequency	Start Date
7.5ml	oral	BD	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sruja N

Additional Instructions: T (Ceftriaxone - 5ml/Syp)

Daily Doctor's Endorsement by a Sign

Date/Time: 13/7 14/7 15/7 — 6am — 2pm 3pm

DRUG : Neb Levolin

Dose	Route	Frequency	Start Date
0.63mg	Neb	Q 6h	13/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

Verified by Dr. Dhakshayani

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

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

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

Signature .....

VERIFIED BY : .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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17-04-2010 16 Y 2 M 26 D (F)
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I.V. FLUIDS CHART

Weight. 36.2 kg Ward. .....

D		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
13/4	1:45 PM	PLASMALYTE	IV	50 mL	—				

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER ..... Shifted to: WARD .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sreeram .....

Date & Time : 13/7/26 @ 12:50 PM .....

Nurse Name & Signature: Prabin .....

Date & Time : 13/7/26 @ 12:50 PM .....

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

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310 (105)

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RESULT SHEET

Date	13/7/26					
Time	1.24pm					
Hb	13.5					
PCV	38.8					
RBC	4.82					
WBC	3.62					
N/L	38.1/54.7					
Platelets	184					
CRP	5					
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						

(P.T.O)

Date	13/7/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Trace					
CUE - PUS Cells	6-8					
CUE - RBC Cells	NIL					
CUE - Epithelial	14-16					
PH	7.5					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
RSV —	negative					
Influenza A —						
B —						
SARS —						
Adeno —	Negative					
Dengue NS1 + IgM —	negative					
Mycoplasma IgM						

Culture and Sensitivities : Blood c/s :-

Urine c/s :-

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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TEENAGE (12 + years)

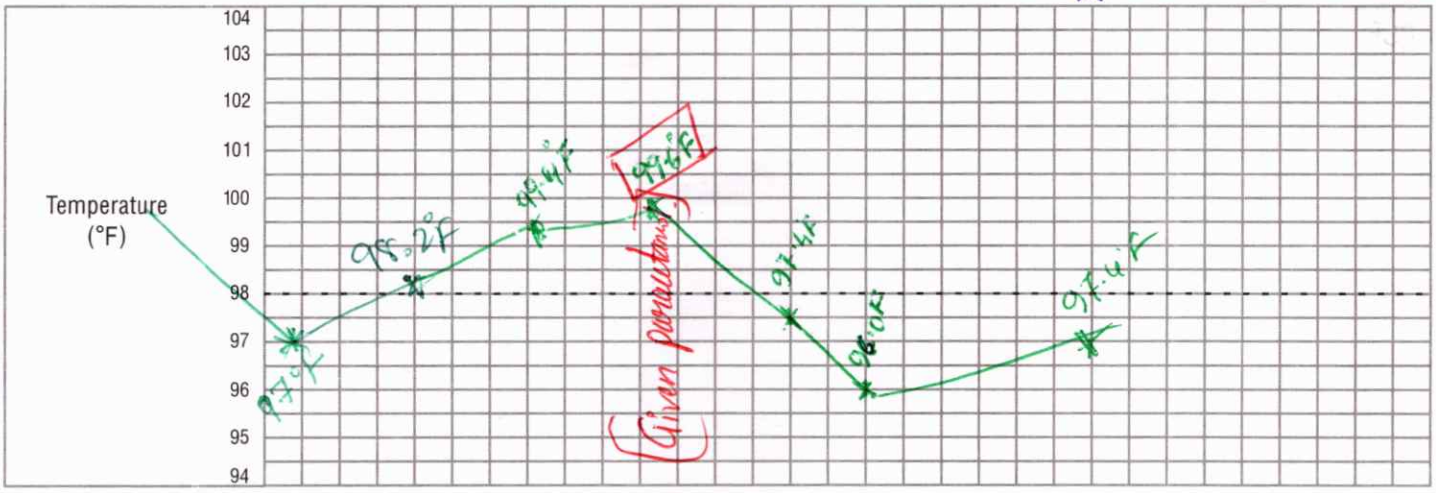
Children's Observation & Early Warning Scoring Chart

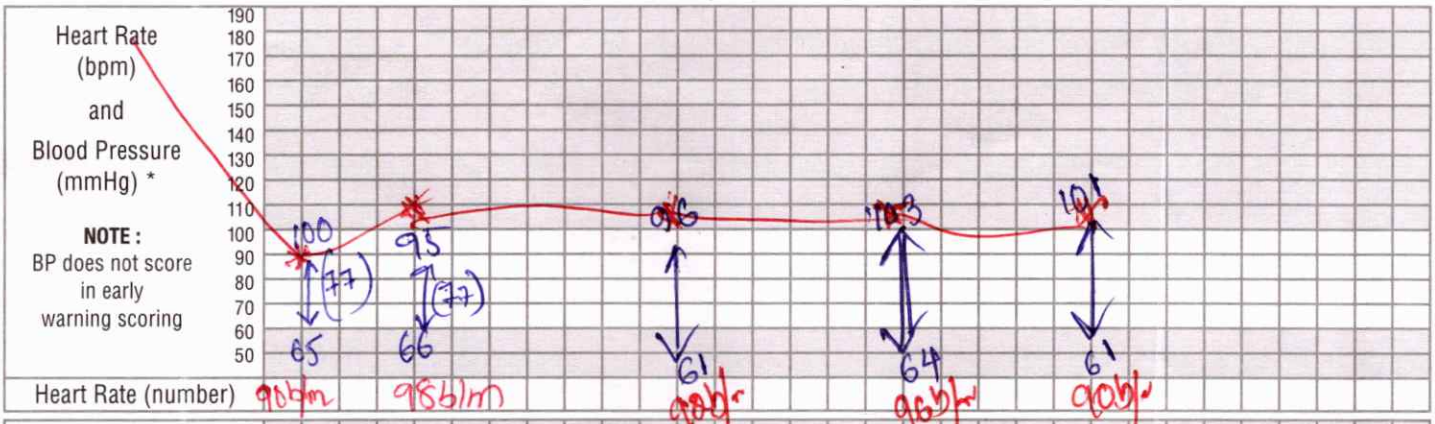
RCWH.0000198923 IP26-00006835 / 04
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Patient Nam Dr. SANJAY SRIRAMPUR .....
Date of Birt .....

EARLY WARNING SCORE: CHILDREN'S UNIT

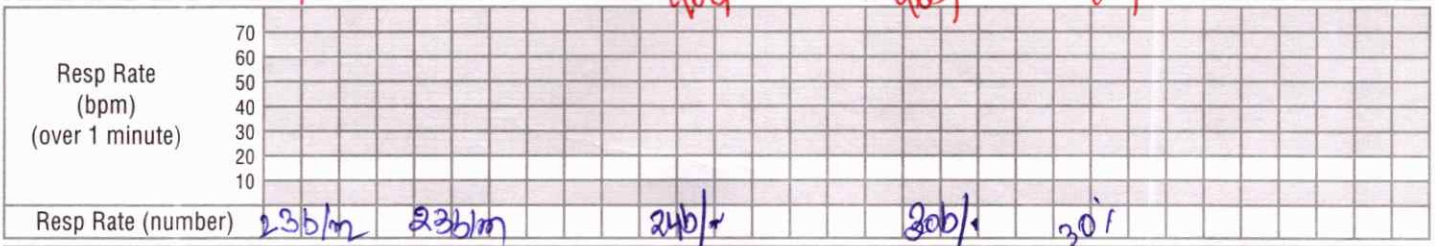
Date : 13/7/26 Time: 2pm 6pm 9:10pm 10pm 12 AM 3AM 6 AM

Doctor / Nurse / Family Concern?





Heart Rate (number) 98b/m 98b/m 98b/m 96b/m 90b/m



Resp Rate (number) 23b/m 23b/m 24b/m 30b/m 30b/m

Resp. Mod/Severe Distress None/Mild					
Receiving O2 (L/min) O2 saturations (%)	100%	100%	100%	100%	100%
Conscious Normal Level Decreased					
GCS *	15/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Observer's initials					

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

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

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Dr. SANJAY SRIRAMPUR

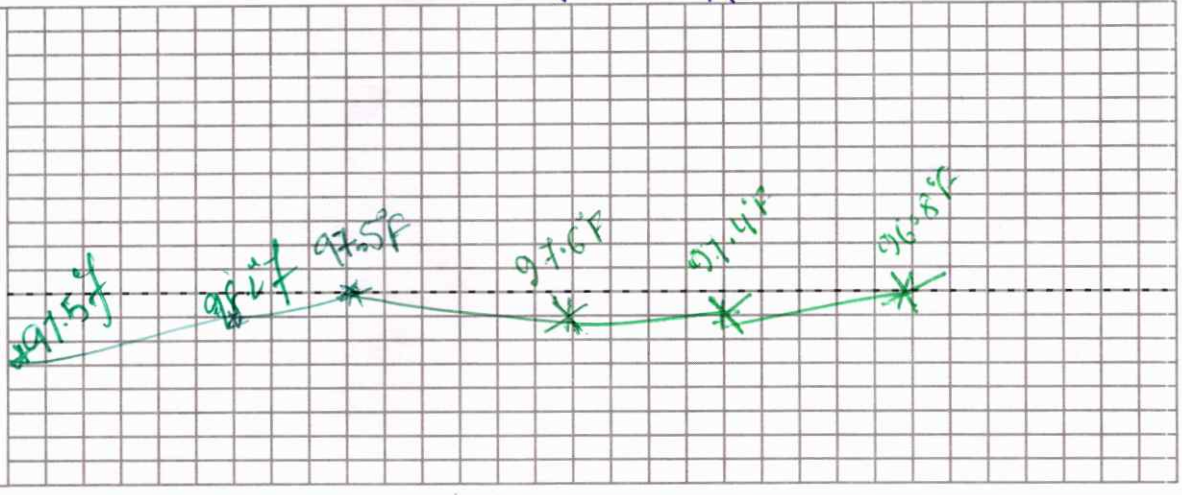
Patient Name : .....
Date of Birth : . .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14.7 Time: 10Am 2pm 6Pm 10 PM 2 AM 6 AM

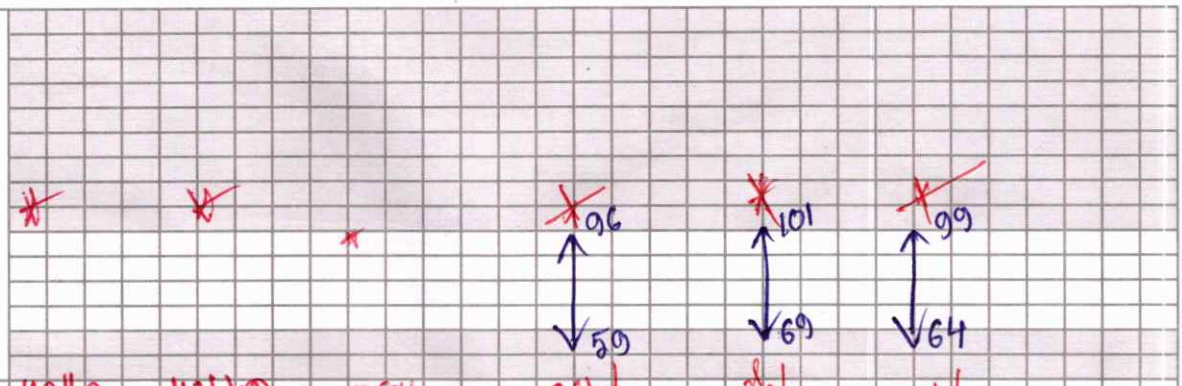
Doctor / Nurse / Family Concern?

Temperature (°F)



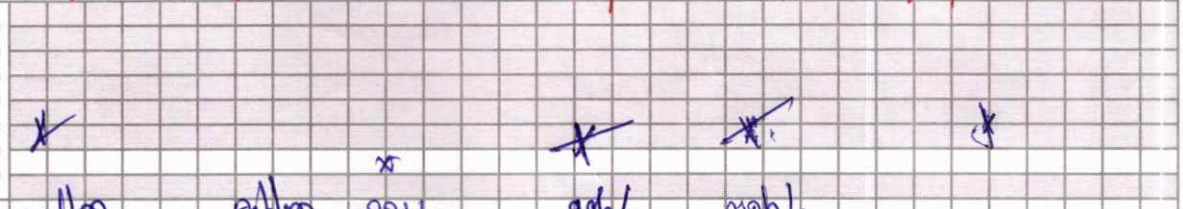
Heart Rate (bpm) and Blood Pressure (mmHg) *

NOTE : BP does not score in early warning scoring



Heart Rate (number)	112bpm	136bpm	98bpm	96bpm	98bpm	96bpm

Resp Rate (bpm) (over 1 minute)



Resp Rate (number)	22bpm	23bpm	22bpm	28bpm	38bpm	
Resp. Mod/Severe Distress None/Mild						
Receiving O2 (L/min) O2 saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Normal Level Decreased						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Observer's initials						

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

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am										1	
	12:00 pm										0	
	01:00 pm										0	
Total Intake : Taken						**Total Output :** U-0 M-0						
13/4/26	02:00 pm			50 ml								
	03:00 pm	Plasmalyte		50 ml								
	04:00 pm		Idly	50 ml						✓		
	05:00 pm		T	50 ml							0	
	06:00 pm		H2O	50 ml							1	
	07:00 pm			50 ml						✓	0	
Total Intake :						**Total Output :** U-2 M-0						
13/7/26	08:00 pm			50 ml								
	09:00 pm			50 ml								
	10:00 pm	Plasmalyte		50 ml						✓		
	11:00 pm			50 ml			0				0	
	12:00 am			50 ml								
	01:00 am			50 ml			1				0	
Total Intake :						**Total Output :** U- M-						
14/7/26	02:00 am			50 ml								
	03:00 am			50 ml								
	04:00 am	Plasmalyte		50 ml			0				0	
	05:00 am			50 ml								
	06:00 am			50 ml								
	07:00 am			50 ml			1				0	
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/7/26	08:00 am	Plasmalyte	idly	50ml	NA							
	09:00 am			50ml								
	10:00 am			50ml								
	11:00 am			50ml								
	12:00 pm			50ml								
	01:00 pm			50ml								
Total Intake : Salty						Total Output : U –						
14/7/26	02:00 pm	Plasmalyte	Rice chapathi	50ml	NA							
	03:00 pm			50ml								
	04:00 pm			50ml								
	05:00 pm			50ml								
	06:00 pm			—								
	07:00 pm			—								
Total Intake :						Total Output :						
14/7/26	08:00 pm	Plasmalyte	Rice chapathi curd	50ml	NA							
	09:00 pm			50ml								
	10:00 pm			50ml								
	11:00 pm			50ml								
	12:00 am			50ml								
	01:00 am			50ml								
Total Intake :						Total Output : U – 1						
15/7/26	02:00 am	Plasmalyte		50ml	NA							
	03:00 am			50ml								
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml								
	07:00 am			50ml								
Total Intake :						Total Output : U –						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 13/7/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				ER			
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor the v/s & Recorded - Maintain the I/O - Drug as per chart	2pm to 8pm	- Assess the pt condition - Monitor the v/s & Recorded - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	
Night	8PM / 8AM	→ Assess the General Condition → Monitor vitals & record - Maintain I/O chart - Give medication as prescribed by doctor	8pm / 8pm	- Assessed the pt. condition - Monitor vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	

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NURSING CARE RECORD

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Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ Assess the pt condition → Monitor vital & record → maintain I&O chart → Administer medications as per drug chart	8AM to 2PM	→ Assessed the pt condition → monitored vital & recorded → maintained I&O chart → administered medication as per drug chart	→ Pt is stable	→ Rechecked vital	
Afternoon	2PM to 8PM	- Assess the pt condition - Monitor the V/S - Maintain the I/O - Drug as per chart	2PM to 8PM	- Assessed the pt condition - Monitor the V/S - Maintain the I/O - Drug as per chart	- Pt is stable	- Rechecked the V/S	
Night	8PM / 8AM	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart → Administer medication.	8PM / 8AM	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/O chart → Administered medication.	Pt is stable.	Pt. assess vitals.	

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	13/7 E2	13/7 N1	14/7 E1	14/7/26 E2	14/7/26 N1	
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.5°F	97.8°F	98.5°F	98.3°F	98.4°F	
	Res:	20b/m	20b/m	20b/m	22b/m	24b/m	
	SpO_2:	100%	100%	100%	100%	100%	
	Pulse:	100 b/m	118b/m	112 b/m	135b/m	113b/m	
	BP:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—	—	
Post Operative Procedure Special Orders:			—	—	—	—	
Handed Over By Name :		Swetha	Priyanka	Swetha	Sunanda	Mouthushi	
Signature :							
Date:		13/7/26	14/7/26	14/7/26	14/7/26	14/7/26	
Time:		8pm	8am.	2pm	8pm	8AM.	
Taken Over By Name :		Priyanka	Swetha	Sunanda	Mouthushi		
Signature :							
Date:		13/7/26	14/7/26	14/7/26	14/7/26		
Time:		8pm	8am	2pm	8pm		

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...URSING SHIFT HAND OVER FORM - WARD

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

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

RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Dr. SANJAY SRIRAMPUR

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CHECKLIST FOR THROMBOPHLEBITIS

14/4

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 13/4			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	02	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA				
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Sunanda Name : Sunanda

Signature of Ward In Charge :

Signature : RN Name : Balasani

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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BRADEN 'Q' SCALE

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					Date : 13/4/26	13/4/26	14/4/26	14/4/26
					Time : 22	10	16	22
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28
					Evaluator's Name	SA	AP	SA

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

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

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BRADEN 'Q' SCALE

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				Date :	14/7/26			
				Time :	N			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
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				TOTAL SCORE	28			
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Patient Sticker 16 Y 2M

311

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 13/7/26 Time: 4pm

Weight: 3.6 kg Centile: <5th

Height: 5 ~~ft~~ Centile: —

Inference: underweight child

RDA: — Calories: 1950 kcal/d Protein: 35 gms/d

Diet Recommendations: Normal Diet & more liquids

Re-Assesment: Avoid Spicy, chilled & outside foods

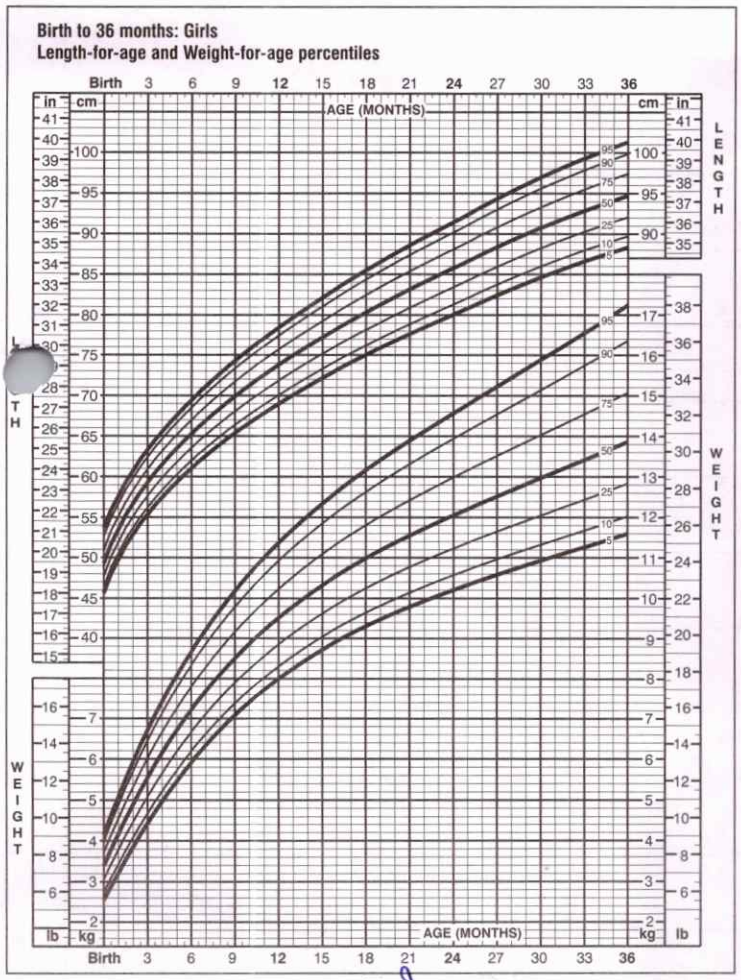
Food Allergies: NO Veg/Non-veg NON-VEG

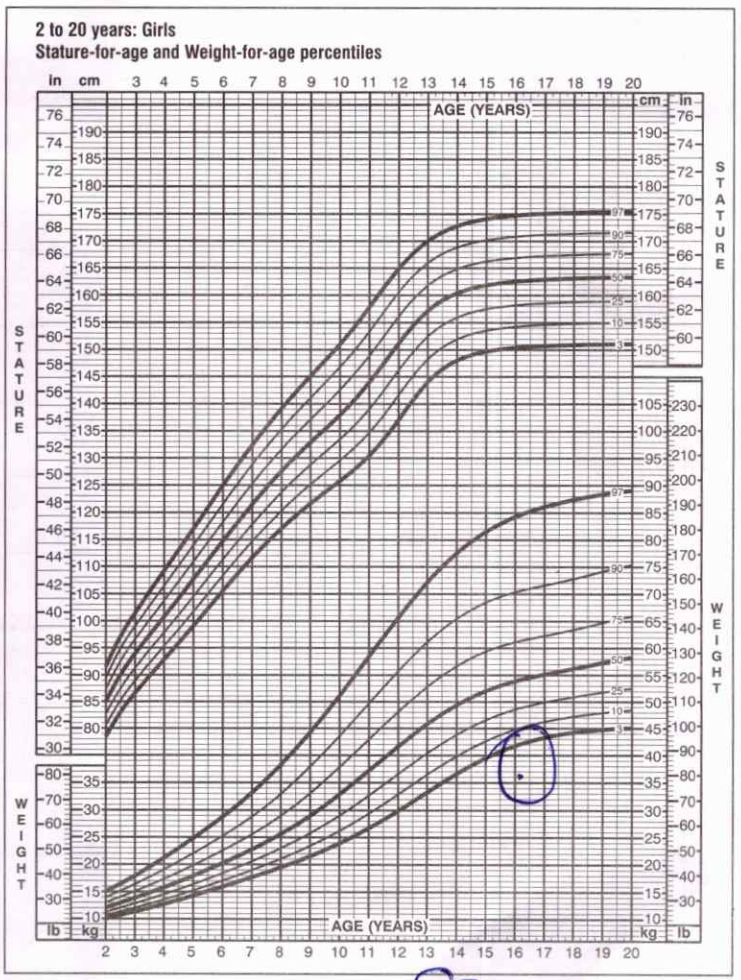
Diagnosis: AFI & Dehydration D6

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G

Dietician's Signature

Daily Notes:

RCWH.0000198923 IP26-00006835
Baby RIDA FATHIMA
17-04-2010 16 Y 2 M 26 D (F)
Dr. SANJAY SRIRAMPUR

wt – 36 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Rida Age : 16yr **Gender:** ☐ Male ☑ Female

Date : 13/7/26 Time of Arrival : 12:40pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.2 PR: 116b/m BP: ..... RR: ..... SpO_2: 98%

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

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:50 PM

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 13/7/26 @ 12:50 pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 12:24pm

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

Height : ..... Weight : 36 kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 12:50 pm

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

Time	Nursing Notes
12:25pm	Assess the pt Condition monitore the vitals

Samples collected by: Sugeetha Time:

Samples sent by : Time: 1pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 116 b/m BP: ..... CFT: 2sec	Shift - out from ER to: Ward
RR: ..... SPO_2 : 98%	Time of Shift - out: 1:30pm
GCS: 15/15 Temperature :	Handover given to: Supriya (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 13/7/26 @ 12:27p.m

PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 @ 12:45pm	13/7/26 @ 1:30pm
	Transfer Ordered by: Dr. Sreejan	Reason for Transfer: Admission
From Unit: EP	To Unit: ward	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2e	Number of Imaging Films:	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabin	Dr. Sreejan

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 1:42pm @ 13/7/26

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