



DEFICIENCY CHECK LIST OF CASE SHEET

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42	Rch ED doctors note				
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	<i>Billings</i>				
	<i>extra</i>				
	Total No. of Pages	<u>33</u>			

Signature and Date: *[Signature]*
 25/5/2026 (P.T.O)



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, old quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana INDIA ,500029.
040-48873000, info@rainbowhospitals.in



PatientName	: Baby NASYA JESLYN MOSES	Inpatient No.	: IP26-00005240
Age/Gender	: 1 Y 10 M 15 D/ Female	Admit Date	: 30-12-2025
Ward/Bed	: GF -EMERGENCY/ ER01	Discharge Date	:

MYCO PLASMA - IGM (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

Order Date : 30-12-2025 21:26:27

REPORT : REACTIVE

METHODOLOGY: ELISA

NOTE : SUGGESTIVE OF A MYCOPLASMA PNEUMONIAE LOWER RESPIRATORY TRACT INFECTION IN A 1 YEAR CHILD WITH A HIGH GRADE FEVER, COLD, COUGH WITH BILATERAL INFILTRATES ON A CHEST RADIOGRAPH.

**Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)**

**Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)**

..... End of the Report

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006415 Admit Date : 23-May-2026 Admit Time : 06:27 PM UHID : LBH-00124228

Patient Details :

Patient Name : Baby Of REVATHI VIDAM Age : 0 Y 6 M 23 D
Guardian : Mr SHAKTHI SWAROOP pathakoti DOB : 30-10-2025 10:18 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : SHRI SHAKTHI NALAYAM PADMA RAO NAGAR Phone No : 9949018349/ 9959499371
Musheerabad Ndso Hyderabad Telangana E-mail : NOMAIL@GMAIL.COM
INDIA 500020

Admission Details :

Bed Type : DAY CARE Bed No : ER01 Ward Name : GF -EMERGENCY
Room No : ER01 Admission Type : First Visit

Contact Details :

Name : Mr SHAKTHI SWAROOP pathakoti Relationship : Father
Contact Address : SHRI SHAKTHI NALAYAM PADMA RAO Phone No : 9949018349
NAGAR Musheerabad Ndso Hyderabad
Telangana INDIA 500020

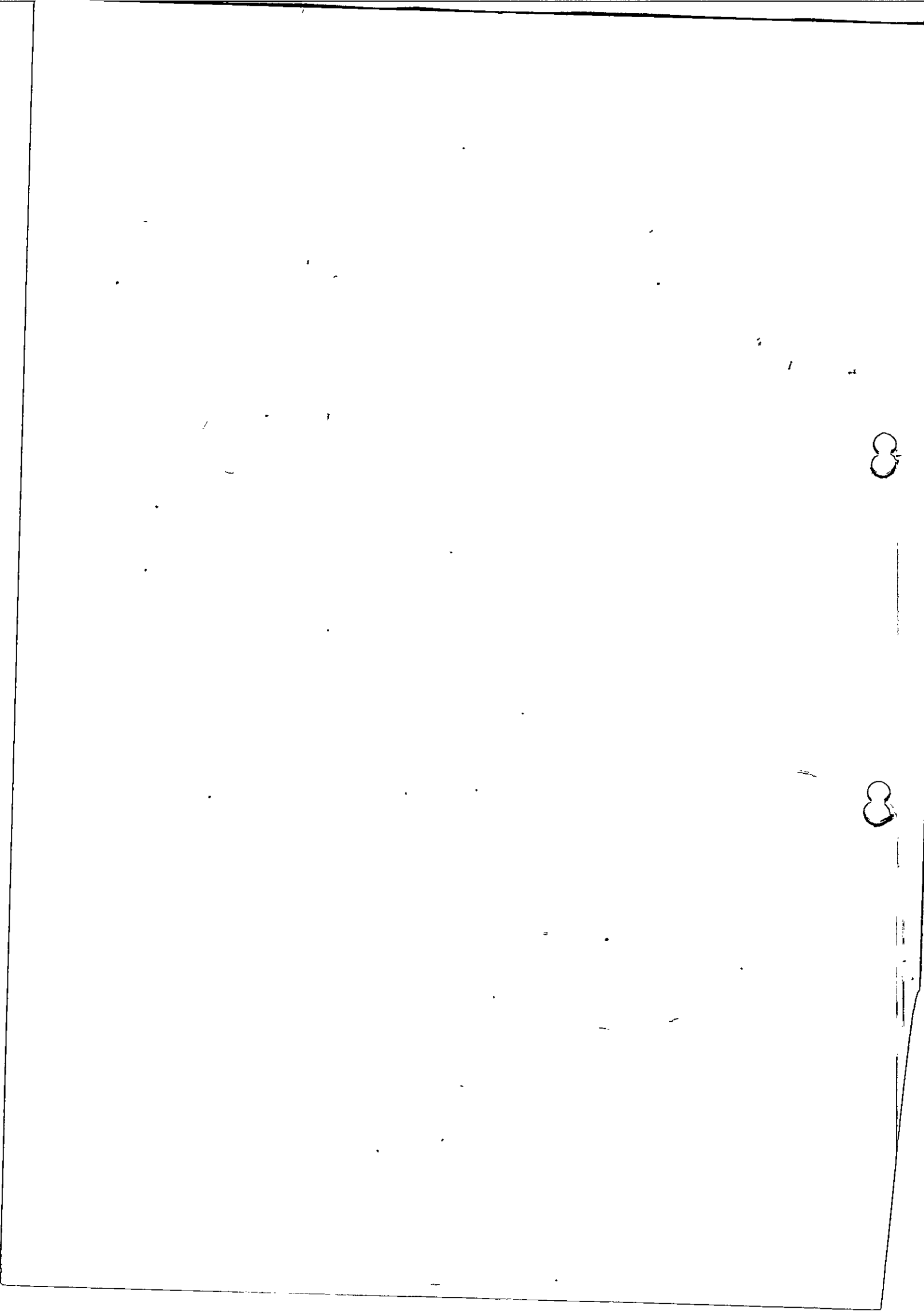

Signature

Doctor Details :

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

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 20000.00
Payor Name : SELFPAY



DISCHARGE SUMMARY

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
Father/Guardian	Mr SHAKTHI SWAROOP	Age/Gender	0 Y 6 M 24 D/ Male
Address	SHRI SHAKTHI NALAYAM PADMA RAO NAGAR, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006415	Admission Date	23-05-2026
Ref Doctor	SELF		
Discharge Date	25.05.2026		

Consultant:

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED WITH LOWER RESPIRATORY TRACT INFECTION WITH ADENOIDITIS	

History: Baby Of REVATHI VIDAM, 0 Y 6 M 24 D , old boy presented with history of fever associated with cough and cold since 5 days, dull look and fast breathing since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations of 88% at room air . His heart rate was 143/min and Respiratory Rate - 50/min. Capillary Refill Time

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
IP No	IP26-00006415	Admission Date	23-05-2026

was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions. On examination is dull look and tachycardia were present. On auscultation, air entry was bilaterally equal with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he 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: 8.2 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.5 gm%, White Blood Cell count of 9610 cells/cumm, platelet count of 3.19 lakhs/cumm and C-Reactive Protein of 5.0 mg/l.

Management: He was admitted in the ward and was started on oxygen by nasal prongs by at 2L/min, intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of chest signs, he was frequently nebulised with Levolin and Ipravent.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. His fever spikes and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support tapered and stopped. Child maintaining saturations on room air. X-ray nasopharynx was done which was s/o adenoiditis and hence intranasal mometasone was started.

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
IP No	IP26-00006415	Admission Date	23-05-2026

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

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

Medication during hospital stay:

Injection. Augmentin
Injection. Esmoprazole
Nebulisation Levolin
Nebulisation 3% Nacl
Metaspray nasal spray

Advice:

* Diet as advised.

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
IP No	IP26-00006415	Admission Date	23-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxicillin 200 + Potassium Clavulanate 28.5 mg/5ml)	4.5ml	8am-8pm (after food)	For 5 days
2	Syp. OMNACORTIL (Prednisolone 5ml/5mg)	4ml	twice daily	for 3 days
3	Tab. LANZOL junior 15mg	dilute 1 tablet in 10ml water and give 5ml	orally once daily at 7am(half an hour before breakfast)	for 3 days
4	METATOP nasal spray(1 puff-50mcg)	1 puff	intanasal at bedtime(10pm)	for 2 weeks
5	NEBULISATION with Levolin (0.31mg)	1 respule	6th hourly	For 2 days
6	Syp. XYZAL(Levocetirizine 5ml/2.5mg)	2.5ml	orally at 10pm (bed time)	for 3 days
7	Nasoclear mist nasal spray	1 spray	intranasal thrice daily	for 3 days
8	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
IP No	IP26-00006415	Admission Date	23-05-2026

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on wednesday(27.05.26) 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.

* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.

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

* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. If not tolerated, take after food & recommended diet to be followed.

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been

Name	Baby Of REVATHI VIDAM	UHID	LBH-00124228
IP No	IP26-00006415	Admission Date	23-05-2026

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 **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**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

ACTIVE ----- **FOR BILLING**

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)

Name: ----- Dr. SINDHURA MUNUKUNTALA -----



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>7:15pm</i>	<i>ER</i>	<i>2nd floor (218)</i>	<i>Bhargava</i>

Cross Consultation Visit

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

Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : WALRI ERD.

Name: B/o Revathi

Age/Sex

Informant

Reliability

Chief Presenting Complaints & Duration (Chronologically):

Cold & cough x 5 days

↑
↑ sed since yesterday

fever x 5 days

Dull activity x today morning

History of present illness

fast breathing x today morning.

- Child was brought with c/o cold & cough since 5 days. ↑ sed since yesterday night & associated with fast breathing since today morning.

- Also h/o fever since 5 day, recurring one in every 6-8 hrs and relieved on medication.

- fast breathing ⊕

- No cyanosis / lethargy ⊕

Pediatric Multiorgan History & Physical Examination

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



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

[Blank lined area for Past History with a large blue diagonal scribble]

Birth & Neonatal History :

Term / Apgar / Male

Birth & Socio Economic History :

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developmentally normal

Immunization History :

As per NIS.

Pediatric Multiorgan History & Physical

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



Anthropometry

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

Weight (kgs) 8.2 kgs. (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 _____ at _____

Resp. rate and type of breathing : 50/min.

Mild SCA (+), ICA (+).

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : B/L ACO, B/L rhonchi (+).

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : NO.

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection S.M, NT.

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



Central Nervous System :

Level of Consciousness : AVPU/GCS Score : IV

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : M

Clinical Summary & Diagnostic :

WALKER RESPIRATORY DISTRESS.

Pediatric Multiorgan History & Physical Examination

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

- CBP
- CRP
- ~~- Respiratory Panel~~
- CXR
- VBG (not send)

- IVF
- Neb. Zovelin
- Neb. Ipratent

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 23/5/26 Time 7:30pm

Dr. Sindhura
Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

LBN-00124228

IP26-00006415

Baby Of REVATHI VIDAM

30-10-2025

0 Y 6 M 23 D

(M)

Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	CHIB Rr. sindhura	
7:30pm	<u>WALRI E RD</u>	
	- cold	
	rash } ⊕	- Cij Droxyclav
	- <u>inlet</u>	- lewin 0.5mg hly
	RR : 50rpm	x4hly.
	RS : RR	- Ozunin @ 2ml/h
	inheze ⊕	- methylpred - sos.
		- tear reports
		- monitor vitals
		CHIB Sndhura e 8pm
		<u>Sindhura</u>
		TAMMUMM
		Dr. Sindhura Munukuntla
		Consultant Pediatrician
		Reg. No: 66970

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/10/26	US/B re. Mamm	
7:30am	<u>WALRTI</u>	
	- tapping O ₂ from	
	2L → 1L.	
	- oral intake good.	
	- no urine spikes.	
		Plan
	<u>O/E</u>	1) ↓ IVF to 1/2 main
	- HR: 136 bpm	2) it amokulov
	- RR: 44 bpm	3) neb c levoflo 3H.
	- SpO ₂ : 98%	4) Rest it same
	<u>RS</u> : RPE (+)	as per Rx chart
	↓ wheeze	5) monitor intals
	mild SR (+)	
	<u>Dr</u>	



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10:30am	<u>CLB - Deafness</u>	
	<u>WALSH E AD</u>	<u>Advice:</u>
	On 1L O ₂ .	① Continue Ely's jelly feedings
	No AD.	② Continue MaxClear
	M - 27gms.	③ Level Level O ₂ H → ElyH
	HR - 143 bpm	④ Nasopharynx X-ray
	PO ₂ - 98% on O ₂	⑤ Monitor saturations & plan to taper O ₂ → stop O ₂ .
	⑤	⑥ Stop Ely fluids.
	ad -	NB: Moisturise @ 11:30 AM
	am	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/10/23 11:00 AM	C/S/B - For Aletlye For Anuska	
	Case of walmi. Eradicidite.	<u>Advise:</u>
	off O ₂ .	① Continue Antibiotic
	No distress.	
	Ole -	② Metatop dard spray
	Vitals stable:	③ Soli O ₄ H
	④	④ Monitor vitals.
	all - Bl AE ⊕	
		✍

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/10/26 7am	c/s/18 - Dr. Siddhanta	
	Case of waning adenoiditis.	Advice:
	off O ₂ . No distress.	① Cevolin 0.4kg
		② Gabapentin Analgesic
	o/e - Vitals stable	③ Monitor vitals.
	④ Ble A&B	[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C1/6. D. Sindhu	
25/05/26 10 AM	1. WARD with Helicobacter	
	On Room on	
	fast breathing ↓	
	Afebrile	
	O/C: Alert & active	
	vitals: stable	
	RR: 34/min	
	S/C: RR: 20, tachycardia	Sands
		Ade
		- Discharge
		(Metabip) x 7 days
		oral spray
		- Oral Antibiotic x total
	- keto m medication	- Metabolization (7) days
	- oral prednisolone	(Levobin 6M)
	(1mg/kg/day)	
	x 3 days	
		Handwritten signature
		Handwritten signature

Dr. Sindhu Manjunath
Consultant Pediatrician
Reg. No. 66574

LBM-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. SINDHURA MUNUKUNTLA



MEDICATION RECONCILIATION FORM

Drug Allergies: *Nil* Not known any Drug Allergies

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

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

Shifting From: *ER* Shifted to: *2nd floor (210)*

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. Varun*

Date & Time : *23/12/26 @ 4:20pm*

Nurse Name & Signature: *Bhargava*

Date & Time : *23/12/26 @ 4:12pm*

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



DRUG CHART

Date of Admission: 23/5/26 Drug Allergies: 8.32 Kgs. 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 :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

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

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

VERIFIED BY : Name Signature

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 24 D (M)
 Dr. SINDHURA MUNUKUNTLA



REGULAR PRESCRIPTIONS

Sheet No:

Weight Ward

DRUG: NER C LEVOLIN				Date Time
Dose 0.3mg	Route neb	Frequency Q.3H	Start Dt. 24/5	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				See the Chart
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

DRUG: NETAPRAY				Date Time
Dose 1 spray	Route pla	Frequency OD	Start Dt. 24/5	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> H/S				<i>[Signature]</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: NER C LEVOLIN				Date Time
Dose 0.3mg	Route Neb	Frequency Q.4H	Start Dt. 24/5	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				see the chart
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY: Name: Signature

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 24 D (M)
 Dr. SINDHURA MUNUKUNTLA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Nasochar mist spray				Date Time	24/5/25															
Dose	Route	Frequency	Start Dt.																	
1 spray	Nasal	TID	24/5	6 Am	X															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : X 9306 syp				Date Time	24/5															
Dose	Route	Frequency	Start Dt.																	
2.5ml	po	H/S	24/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

Patent Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature

Signature

Signature

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

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. SINDHURA MUNUKUNTLA



Weight Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/5	10:30pm	inj methyl prednisolone	8mg	iv stat	[Signature]	Sunita [Signature]
24/5	10:30am	INT. METHYL PREDNISOLONE	8mg	iv stat	[Signature]	[Signature]

VERIFIED BY: Nat Signature



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
25/5/26	00.00			
✓	01.00	Levolin (3)	Sneha, Jeeha	
	02.00			
	03.00			
✓	04.00			
✓	05.00	Levolin (4)	Sneha, Jeeha	
	06.00	7 (4) [1956]		
	07.00			
	08.00			
	09.00	Levolin. Not given	Checked by Anarav	
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



Levolin 0.31mg - 2nd hourly

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
24/5/26	00.00			
	01.00	Levolin 0.31mg (3)	Sny	Peralti
11	02.00			
	03.00	Levolin 0.31mg (4)	Sneha	Peralti
4	04.00			
	05.00	Levolin 0.31mg (5)	Sneha	Peralti
11	06.00			
	07.00	Levolin 0.31mg (6)	Sneh	Peralti
24/5/26	08.00			
	09.00	Levolin 0.31mg		
24/5/26	10.00	Levolin 0.31mg (1)		
	11.00		Masthi	Peralti
24/5/26	12.00			
	13.00	Levolin 0.31mg (2)		
24/5/26	14.00			
	15.00			
24/5/26	16.00			
	17.00	Levolin (7)	A	Peralti
24/5/26	18.00			
	19.00			
24/5/26	20.00			
	21.00	Levolin (8)		
24/5/26	22.00			
	23.00			

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. SINDHURA MUNUKUNTLA



Levolin 0.31mg - 2nd hour

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
<i>23/11/26</i>	<i>21.00</i>	<i>Levolin.</i>	<i>(1) Ss</i>	<i>Revathi</i>
	<i>22.00</i>			
<i>4</i>	<i>23.00</i>	<i>Levolin 0.31mg</i>	<i>(2) Ss</i>	<i>Revathi</i>

LBH-00124228 IP26-00006415
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA



302 218

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				
Time					
Hb	11.5				
PCV	32.2				
RBC	4.88				
WBC	9.61				
N/L	28.3/56.4				
Platelets	319				
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					

LBH-00124228 IP26-00006415

Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M) JAL / 124
Dr. SINDHURA MUNUKUNTLA



INFANT (<1 year)

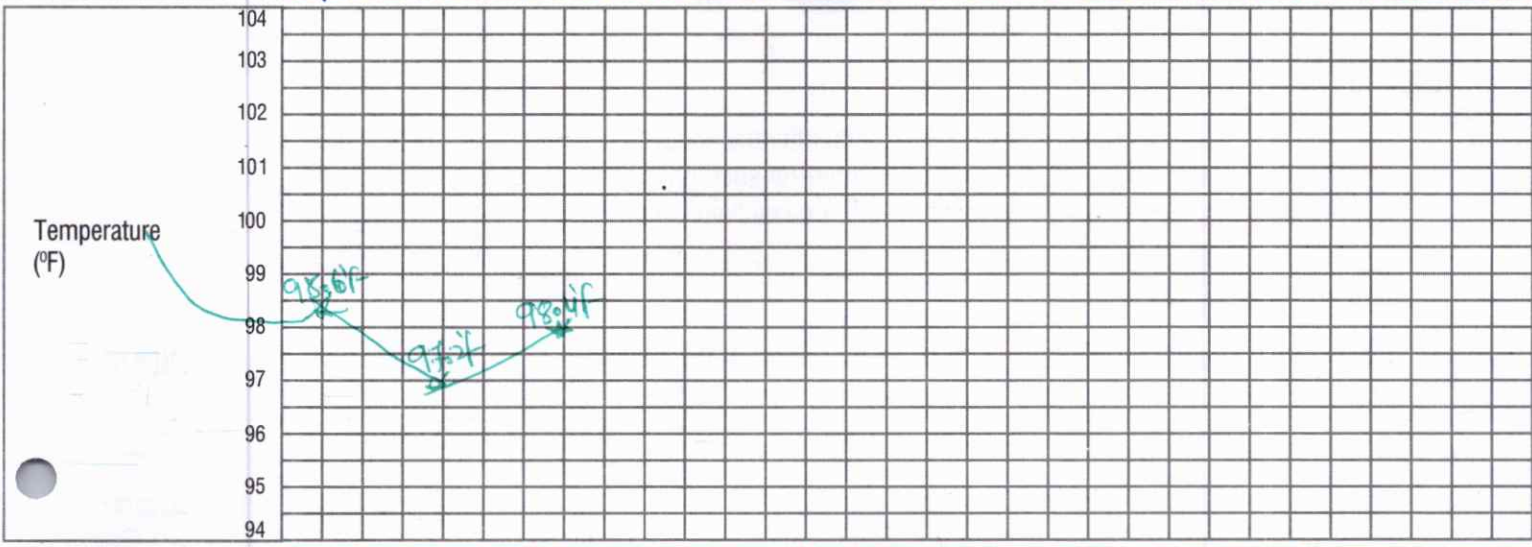
Children's Observation & Early Warning Scoring Chart



WARNING SCORE: CHILDREN'S UNIT

Date: 23/1/25 Time: 10 2 6

Doctor/Nurse/Family Concern? PM AM AM



Heart Rate (bpm)	137bpm	140bpm	139bpm
Blood Pressure (mmHg) *			

Note: BP does not score in early warning scoring

Heart Rate (Number)	137bpm	140bpm	139bpm
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	30bpm	30bpm	30bpm

Resp Distress	Mod/ Severe	None / Mild	
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	99%	100%	99%
Conscious Level	Normal	Altered	
GCS *			

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

- 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

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

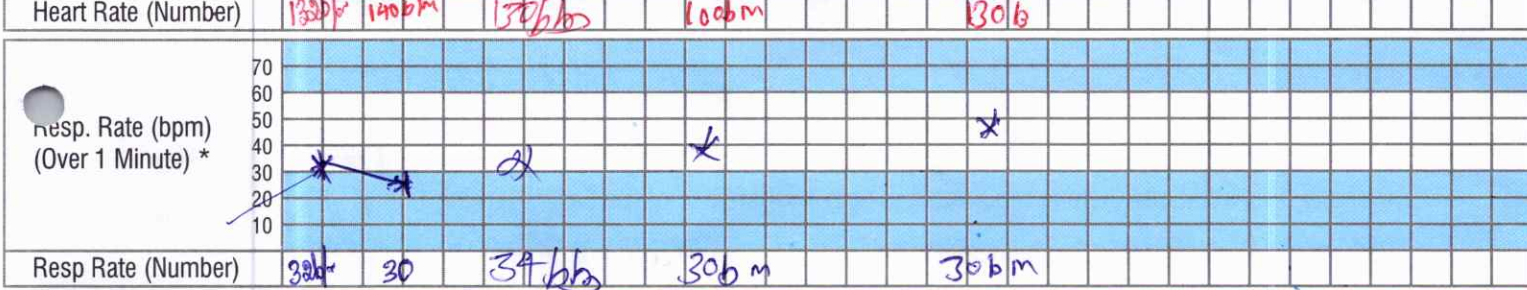
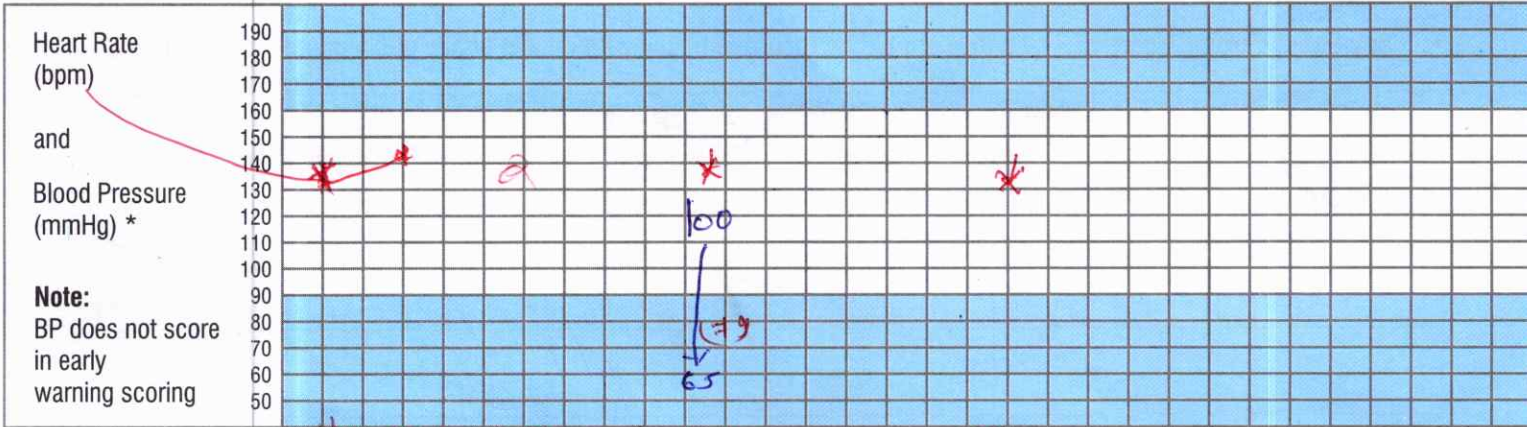
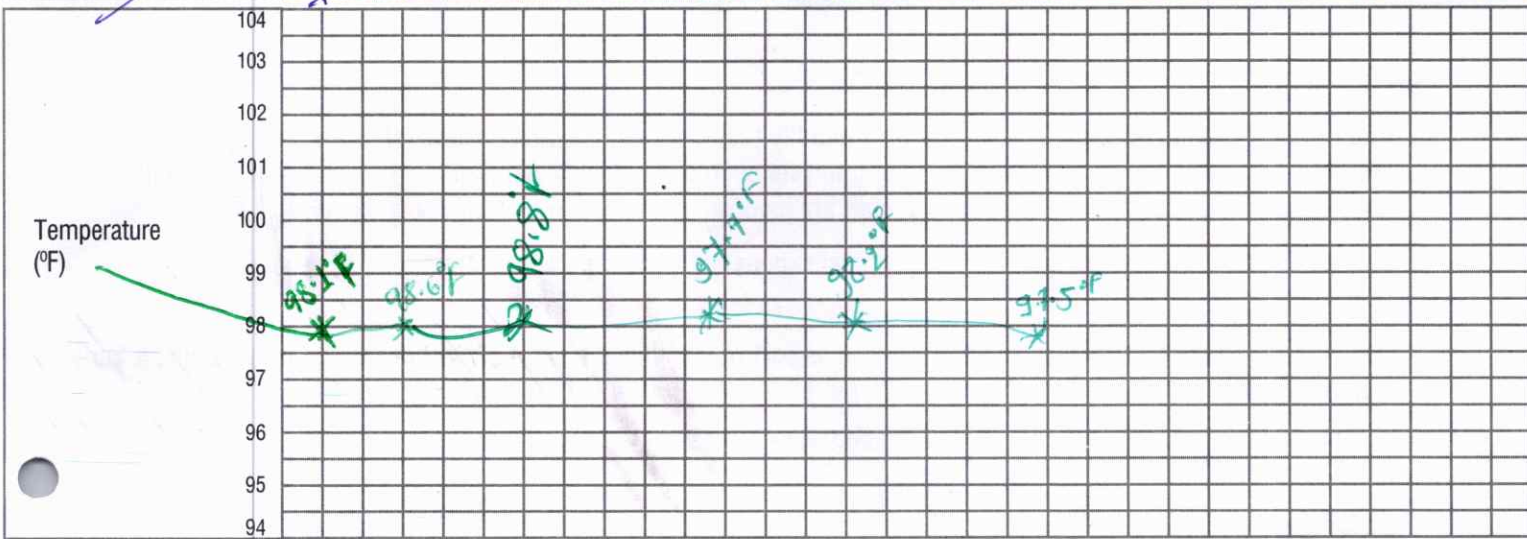


INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/10/25	Time: 10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?	Am		Pm	Am		Am



Resp Distress	None / Severe				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	100%	99%	100%	100%	99%
Conscious Level	Normal / Altered				
GCS *					

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	Am	Am	Am	Am	Am

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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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.
- 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!
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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.

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

Patient S

LBH-00124228
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D
 Dr. SINDHURA MUNUKUNTLA (M)
 IP26-00006415



LUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
	23/10/25													
	08:00 pm			15Ml										
	09:00 pm			15Ml										
	10:00 pm	DRUGS		15Ml	NA									
	11:00 pm			15Ml										
	12:00 am			15Ml										
	01:00 am			15Ml										
	Total Intake :						Total Output :						U-2M-0	
	02:00 am			15Ml										
	03:00 am			15Ml										
	04:00 am			15Ml	NA									
	05:00 am	DRUGS		15Ml										
	06:00 am			15Ml										
	07:00 am			15Ml										
	Total Intake :						Total Output :						U-2M-0	

Total 24 hrs. Intake

Total 24 hrs. Output

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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
24/5/26	08:00 am										15	[Signature]
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
24/5	02:00 pm			26ml							0 0 0 0 0 0	[Signature]
	03:00 pm	DNS	milk	24ml		✓			✓			
	04:00 pm			24ml								
	05:00 pm			24ml								
	06:00 pm	DNS	milk	24ml			✓			✓		
	07:00 pm			24ml								
Total Intake : Taken					Total Output : M-2 U-2							
24/5	08:00 pm		milk								0 0 0 0 0 0	[Signature]
	09:00 pm											
	10:00 pm											
	11:00 pm	stop	milk							✓		
	12:00 am											
	01:00 am											
Total Intake :					Total Output : U-1 M-0							
25/5	02:00 am		milk								0 0 0 0 0 0	[Signature]
	03:00 am											
	04:00 am											
	05:00 am	stop	milk									
	06:00 am											
	07:00 am											
Total Intake :					Total Output : U-2 M-1							

Total 24 hrs. Intake

Total 24 hrs. Output U-2 M-1

LBH-00124228
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. SINDHURA MUNUKUNTLA

IP26-00006415

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	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Be
24/5/26	6am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Be
24/5	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	May
24/5	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	Be
24/5	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sneh
25/5	2am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sneh
25/5	6am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sneh
				<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:

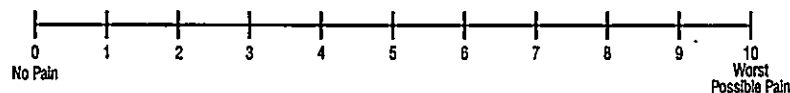
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain 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, 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
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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



BRADEN 'Q' SCALE

					Date :	23/5	24/5/20	24/5	24/5
					Time :	8pm	10pm	10Am	5
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.	3	3	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	
FRICION-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."	3	3	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	25	25	24	20
					Evaluator's Name	Be	Be	Be	Be

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



BRADEN 'Q' SCALE

					Date : 25/5			
					Time : 8 AM			
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			
"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.	3			
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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			
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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			
					TOTAL SCORE	27		
					Evaluator's Name	SV		

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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Less than 9	Severe Risk	<ul style="list-style-type: none"> • 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

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. SINDHURA MUNUKUNTLA



NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm 8am	→ Assess the pt condition → monitor vitals → I/O chart maintained → Administer medication given.	8pm 8am	→ Assess the pt condition → vitals checked & recorded → I/O chart maintained → All medication given as per doctor order	→ pt stable	→ Vitals stable → Rechecked vitals	<i>[Signature]</i>

LBH-00124228 IP26-00006415
 Baby Of REVATHI VIDAM
 30-10-2025 0 Y 6 M 23 D (M)
 Dr. BINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

Date: 24/11

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	→ Assess the pt condition	8Am	→ Assessed the pt condition	No pt is stable	Re-check vitals	Nouri
	to 2pm	→ monitor vitals → maintain I/O chart → Administer medication	to 2pm	→ monitor vitals → maintained I/O chart			
Afternoon	2pm	→ Assess the pt condition	2pm	→ Assessed the pt condition	→ pt is stable	→ Re-checked vitals	A
	to 8pm	→ monitoring vitals checked and recorded → I/O chart maintain	to 8pm	→ Administration of medication given as per doctor orders			
Night	8pm	Assess the pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	8pm	Assessed the pt condition. Monitored vitals & record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable → vitals normal	→ monitor vials → maintain I/O chart.	Sreelakshmi
	to 8Am		to 8Am				



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day: 1/5						
BACKGROUND	Date	23/5	24/5	24/5	24/5			
	Shift	NI	NI	R2	NI			
	Medical Condition (Any special condition to be noted):	-	-	-	-			
	Diet:	-	-	-	-			
ASSESSMENT	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	NP	-	-	-			
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.6	98.2F	98.2F		
		Res:	35b/m	35b/m	35b/m	36b/m		
		SpO ₂ :	97%	98%	98%	98%		
		Pulse:	126b/m	120b/m	121b/m	120b/m		
		BP:	-	-	-	-		
		LOC:	-	-	-	-		
		Fall Risk Score:	-	-	-	-		
	Pain Score:	-	-	0	-			
	Skin Integrity	contact	good	good	-			
Recommendations	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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-	-	-	-			
	Critical Lab Test / Values:	-	-	-	-			
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	ADL (Dependent / Non Dependent):	Dependent	Dependent	WY	-			
	Post Operative Procedure Special Orders:	NA	NA	NA	-			
	Handed Over By Name :	Shelva	Moni	Amrutha	Shelva			
	Signature / ID :	(Signature)	(Signature)	(Signature)	(Signature)			
	Date:	24/5/26	24/5/26	24/5	25/5			
	Time:	8AM	2PM	8PM	5PM			
	Taken Over By Name :	moni	Amrutha	Shelva				
	Signature / ID :	(Signature)	(Signature)	(Signature)				
	Date:	24/5	24/5	24/5				
	Time:	8PM	2PM	8PM				

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



wt - 8.32 kg
~~8.32 kg~~



EMERGENCY ROOM TRIAGE FORM

Patient's Name : blo Revathe Age : 6m Gender: Male Female

Date : 23/10/26 Time of Arrival : 4:30pm

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

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 97°F PR: 136b/m BP: RR: 48b/m SpO₂: 100%

Chief Complaints: clo cold, cough sence 2days

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"/> Gasping / 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 :

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 : Bhargava

Signature of Triage Nurse : (B)

Date & Time : 23/10/26 @ 4:32pm

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/10/26 Time of arrival : 4:34pm

Chief Complaints : no. cold, cough since 2 days RBS:

Height : Weight : 8.32kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character Location Frequency Duration

RISK FOR FALL:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse :

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

Time	Nursing Notes
4:36pm	Assess the pt condition monitor the vitals

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

Time: / *[Signature]*
 Time: / 6:50pm

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: 130b/m BP: CFT: RR: 48b/m SPO ₂ : 100% GCS: Temperature: 97°F Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: 3rd floor (302) Time of Shift - out: 7:50pm Handover given to: Amrullah (Nurse's Name)


Tick as applicable: MLC LAMA BROUGHT DEAD

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

Name of the Nurse: Sharyan Signature of the Nurse: *[Signature]*

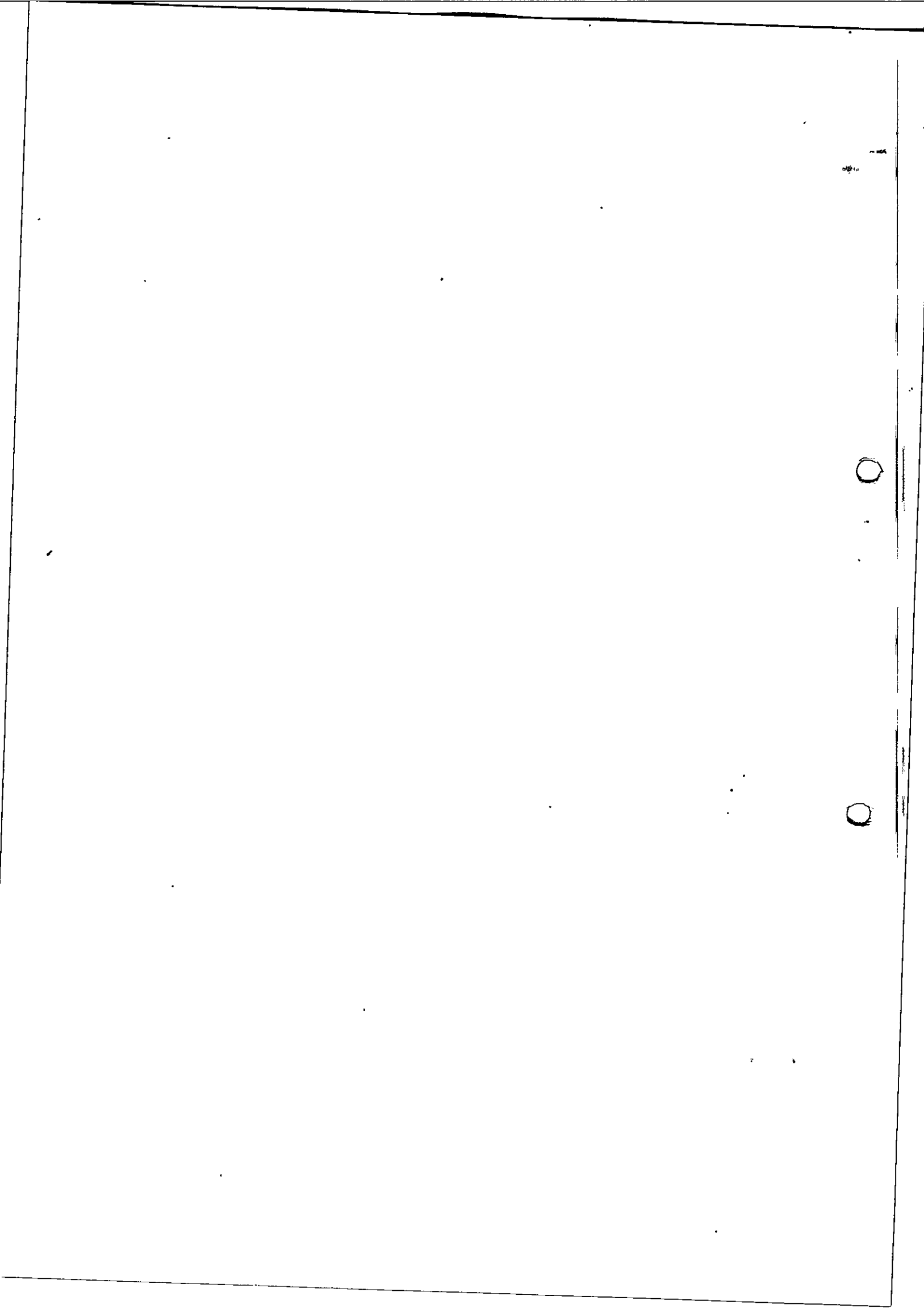
Date & Time: 23/01/26 @ 4:38pm

PATIENT TRANSFER FORM

Patient Name & IHD No. LBH-00124228 IP26-00006415 Baby Of REVATHI VIDAM 30-10-2025 0 Y 6 M 23 D (M) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 23/10/26 @ 6:27pm	Date & Time of Transfer Order 23/10/26 @ 7:15pm
		Transfer Ordered by Dr. vanun	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (218)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 201-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input 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 Bhargavi		Name of Person Ordered Transfer Dr. vanun.	
Patient & Clinical Records Received by : Ananth			
Date & Time of Patient Received : 23/10/26 - 7:50pm			

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



LBH-00124228
Baby Of REVATHI VIDAM
30-10-2025 0 Y 6 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

BILLING POLICY

With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.

- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

REVATHI , Revathi
Name & signature of Patient/Attendant

Revathi
(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

