Name	Baby MALLADI LALITHA SRI ISHITHA	**UHID**	VIH-00185512
IP No	IP26-00006960	**Admission Date**	26-07-2026

Examination: She was febrile (104*F), maintaining saturations at room air. Her heart rate was 180/min and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. On examination signs of dehydration, skin turgor, dry oral cavity, sunken eyes, oral pus, congested tonsils. 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 : 9.98 kilograms.

Investigations: Enclosed reports.

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

VBG showed pH of 7.42, pCO2 of 34.2 mmHg, pO2 of 48 mmHg, HCO3 of 22.6 mmol/L and BE of -2.2 mmol/L.

Initial hemogram showed Hemoglobin of 10.8 gm%, White Blood Cell count of 5220 cells/cumm, platelet count of 2.83 lakhs/cumm and C-Reactive Protein of 26.0 mg/l. Complete urine examination was normal.
Blood culture was 24 sterile.

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 started on febrile seizure prophylaxis with

Name	Baby MALLADI LALITHA SRI ISHITHA	**UHID**	VIH-00185512
IP No	IP26-00006960	**Admission Date**	26-07-2026

Frisium.

In view persistant high grade fever, respiratory panel was sent which showed negative. In view of tonsillar congestion and pus filled lesions over tonsils, Throat swab sent for culture and sensitivity report awaited. Blood culture and sensitivity showed no growth after 48 hours .

She was regularly monitored for fever spikes, hemodynamic & neurological status. Her fever spikes gradually settled and she had no further seizure episodes during hospital stay.

She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Medication during hospital stay:
Injection. Augmentin
Syrup. Clobazam
Injection. Ondansetron
Syrup. Crocin DS

Advice:
* Diet as advised.

Name	Baby MALLADI LALITHA SRI ISHITHA	UHID	VIH-00185512
IP No	IP26-00006960	Admission Date	26-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 200 + Potassium Clavulanate 28.5 mg/5ml)	2.5 ml	8am-8pm (after food)	For 4 days
2	Syp. Clobazam	2.5ml	8am-8pm (after food)	For 1 day
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 3ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 2.5 ml twice daily for 3 days every time with fever.
* Medistat / Insed / Midacip - nasal spray (Midazolam = 0.5mg/puff), 1 puff intranasal (into each nostril) for future seizures.

Review consultation with Dr. SPANDANA PASUPULETI on (31.07.2026) Friday 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

Name	Baby MALLADI LALITHA SRI ISHITHA	**UHID**	VIH-00185512
IP No	IP26-00006960	**Admission Date**	26-07-2026

after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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

Registrar/Resident/C.M.O

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI (F)
22-10-2024 1 Y 9 M 6 D
Dr. SPANDANA PASUPULETI

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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	3			
7	Nursing plan of care and handover sheets	2			
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				
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				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
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	26			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 28/09/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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 : IP26-00006960 **Admit Date** : 26-Jul-2026 **Admit Time** : 10:00 PM **UHID** : VIH-00185512

Patient Details :

Patient Name	: Baby MALLADI LALITHA SRI ISHITHA	**Age**	: 1 Y 9 M 4 D
Guardian	: Mr M KRISHNA CHAITANYA	**DOB**	: 22-10-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h no : 1-5-13/a strw : 8/21 Habsiguda Habsiguda Hyderabad Telangana INDIA 500007	**Phone No**	: 9441419925/
		E-mail	: 9441419925@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr M KRISHNA CHAITANYA **Relationship** : Father

Contact Address : h no : 1-5-13/a strw : 8/21 Habsiguda Habsiguda Hyderabad Telangana INDIA 500007 **Phone No** : 9441419925

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

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ACTIVITY RECORD FOR BILLING

VIH-00185512 IP26-00006960
Name: - Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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

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
26/7/26	10:54pm	ER	2nd f/ward (214)	
27/7/26	6:30pm	ward	211	

Cross Consultation Visit

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

INVESTIGATIONS

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

Date	Investigations	Order No.	
26/7/26	CBP. CRP, Respiratory panel	12660	
	Blood c/s		
	VBG	12661	
	RBS – 152 mg/dl	12662	
	Cross checked done by Sneha		
29/5	CUE	2733	

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7	Infusion pump	11:20 Pm	28/7 6Am	17235	Sm

Cross checked done by H
Sneha

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/7/26	IV placement	(1)	17232	
28/7/26	NHA	(1)	7628 ✓	
	Crosschaked by Mahesh ayya			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

Patient Name : Satya Kalyani

Patient ID# :

Consultant :

Final Diagnosis :

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

Baby of· **Pediatric Multiorgan History & Physical Examinatio**

Name : Satya kalyani Age/Sex Female

Informant mother. Reliability Good -

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 1day
c/o Seizures 1episode x 1day
c/o 1e/o vomiting.

History of present illness :

c/o Fever, insidious intermittent
(104F) high grade, subsided on taking medications but recurred,
activity ↓ interfebrile period, oral intake ↓
urine ok,
no h/o travel / outside food. +

c/o 1e/o vomiting - non-bilious, non-projectile,
content - food,

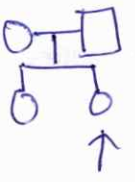
c/o seizure. a/w B/L upper / lower limb stiffness,
a/w frothing. no h/o / passage
of urine / stools

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

FTLSCS (GDM), c IAB
But - 3.2kg, No NICU admission,
No h/o nnj



No family h/o seizures.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : optd ate.

Immunization History : Up to date.

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examinati

Anthropometry

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

Weight (kgs) 9.98 (Centile _____)

On Examination :

Temperature : 104 F Pulse Rate: 180/min Description _____

B.P. 86/58 mmhg SPO2 98% at RA

Resp. rate and type of breathing : 28/min

Rash → Erythematous

Lymphadenopathy No

Oedema : No

Signs of dehydration +
Skin turgor ↓
oral cavity dry
Sunken eyes +

Respiratory system :

Inspection (any s/o distress) : Oral - Pus points +

Air entry & breath sounds : B/L AE + cavity congested

Any addes sounds : no Tonsils +

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 +

Any murmur : no murmur

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

Per Abdomen :

Inspection Shape (N)

Palpation : Soft, non-tender

Ausculation : BS +

Spine: WNL External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

- Simple FeBRILE Seizure 1st episode
- Tonsillitis

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC, CRP, VBG, Blood c/s
5virus panel, throat swab
CUE → due

[illegible]

Planned Management :

IV Fluids
IV AUGMENTIN
Clobazam
IBugesic
Paracetamol

[illegible]

Please fill up the following details

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

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No. 56025

Doctor's Signature Name ______ Date ______ Time ______

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 6 D (F)
Dr. SPANDANA PASUPULETI

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/7/26 Time: 8:45am

Weight: 10 Kg Centile: <3rd

Height: 75cm Centile: <5th

Inference: Underweight child

RDA: – Calories: 1200 Kcal/day Protein: 20 gms/day

Diet Recommendations: Soft High Calcium diet with liquids

Re-Assesment: No Junk, Spicy food

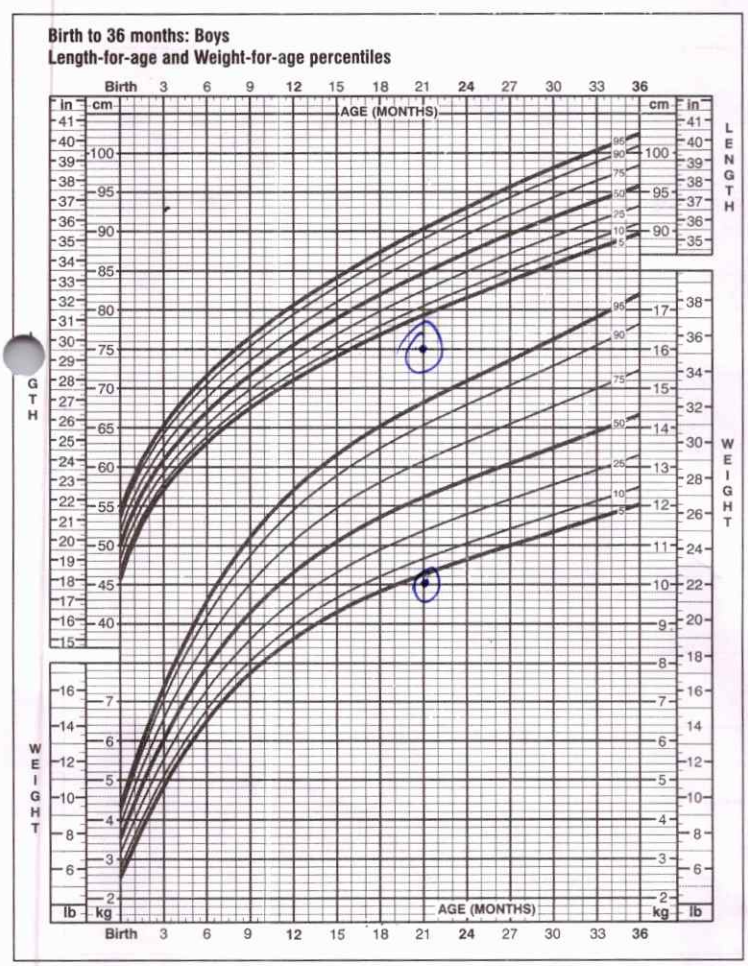
Food Allergies: No Veg/Non-veg Veg

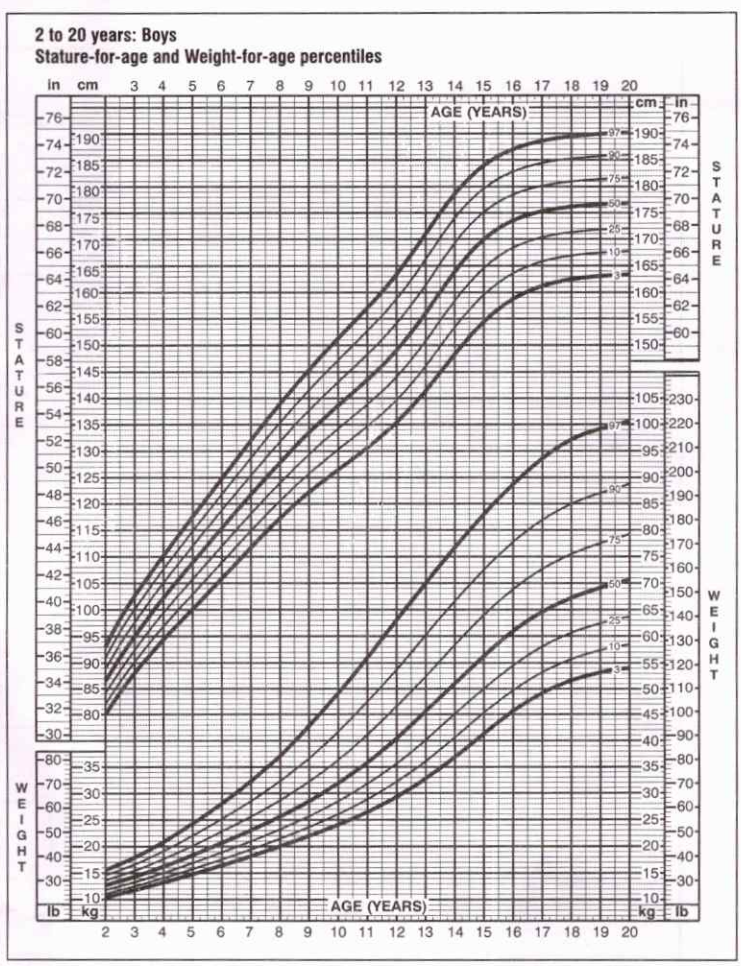
Diagnosis: Simple Febrile Seizures & Tonsilitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer

Dietician's Signature Sobiya

Daily Notes:

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7 7:00 AM	c/d/b Dr. Naipriya / Dr. Prasanthi	
	A - Simple Febrile	Seizures - 1st episode
	Tonsillitis	
		Plan
	Fever spike +	1) Trace Blood c/s
	Oral intake	5 virus Resp panel
	Seizures.	
	O/E	2) CUE trace
	HR - 122 bpm.	3) ct. IV fluids
	RR - 24 cpm	IV AUGMENTIN
	SpO2 - 98%	clobazam
		Paracetamol
	S/E	Ibugesic
	Activity - Improved.	(signature)

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/2	C/s by Dr Tejasw	
8:50am	Child irritable	
	Last fever spike – 2am.	
	intake stable	
	Oral intake – poor.	
		Tab
		→ Continue iv fluids
		→ Inj Augmentin
		→ Clobazam
		→ PCM around the clock. (Crocin 60mg).
		→ flu panel – neg. (herbal)
		→ CUE → to be sent
		NB-Monitor
		@ 9AM

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejasw

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26	S/B Dr. Archana.	
2pm		
	simple febrile seizures ē ? Tonsillitis.	
		Advice.
	fever spikes (+) 100.4° @ 9AM.	• Continue IVF.
	oral intake - poor.	Inj Augmentin, Clobazam,
	Irritability (+)	PCM Q6hrly.
	urine - passed	• (T) Adenovirus
		Blood C&S
	O/E	
	vitally stable	• (S) CUE
		N:B. Monitor e 2PM
	S/E	
	WNL	
		[signature]

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7 8:50pm	C/S/B Dr Spandana	
	1st Episode Febrile Seizure	
	Fever Spike ① - 100.8°C @ 6pm	
		Plan
	Oral intake - 6pm	1) Inj Augmentin
		Syp Clobazam
	Vitals - stable	Inj Ondem
		Syp Crocin
	R.S - B/L AE ⊕	2) IVF - 2/3rd @
	P/A - Soft	3) Monitor Vitals
		4)

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

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

(P.T.O)

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/B/S - D. Sunkafle / D. Pranav	
28/07/26 8 Am	Febrile Seizure	
	Snoring (+)	
	Fever (+)	
	Poor oral intake	
	No fresh concerns	
	O/E:- GC - fair	
	vitals :- stable	
	Hydration - good	
		Adv
		- IV fluids - stop
	Cannula - out	- Inj Augmentin -> Oral
		- Syp. Calcarea
	Parent not willing for new cannula	- Monitor vitals and Inform SOS
		Sandhya
		noted by Sr. Sandhya 28/7/26

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1Y9M4D (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/01/26	d/i/s - Dr. Tejaswi	
9 AM	fever - low grade OA muchala Snoring (+) O/E: Gc - fair Vitals: stable Hydration - good	
		Adv:
		- ~~Discharge at request~~ on oral Amoxiclav - fever management and seizure prophylaxis (Midaz) Subath
	TEJASWI REDDY Registration No: 94068	Dr Tejaswi

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

(P.T.O)

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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DRUG CHART

Date of Admission: 26/7/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP. CROCIN DS				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
3ml	PO	SOS.	26/7.	
Doctor's Signature	Valid Period	Pharm.		
(signature)	>100°F	(signature)		
Additional Instructions:				

DRUG: SYP. IBUGESIC				Date ▸ / Time ▾		
Dose	Route	Frequency	Start Date		26/7 2AM (signature)	27/7 8:40 AM (signature) 9:40
2.5ml	PO.	SOS.	26/7.			
Doctor's Signature	Valid Period	Pharm.				
(signature)	>102°F	(signature)				
Additional Instructions:						

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

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. ....

				Date/Time	26/7	27/7	28/7
DRUG : Inj. AUGMENTIN.							
Dose	Route	Frequency	Start Date				
250mg	IV	TID	26/7	6Am	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				2Pm	X	[signature]	Stop
Additional Instructions:				10Pm	11PM [signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	

				Date/Time	26/7	27/7	28/7
DRUG : Syp. CLOBAZAM							
Dose	Route	Frequency	Start Date				
2.5ml	PO	BD	26/7	11Am	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				11Pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	

				Date/Time	26/7	27/7	28/7
DRUG : Inj. ONDENSETRON							
Dose	Route	Frequency	Start Date				
1mg	IV	TID.	26/7.	6Am	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				2Pm	X	[signature]	Stop
Additional Instructions:				10Pm	11Pm [signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	

				Date/Time	27/7	28/7
DRUG : Syp. CROCIN DS						
Dose	Route	Frequency	Start Date			
3ml	Oral	QID	27/7.	12AM	X	1AM [signature]
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. TEJASWI				6AM	8:30AM [signature]	4Am [signature]
				12PM	1:00PM [signature]	
Additional Instructions: (5ml = 240mg.)				6PM	7:45 [signature]	
Daily Doctor's Endorsement by a Sign					[signature]	

Verified by Dr. Dhakshayani

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 6 D (F)
Dr. SPANDANA PASUPULETI

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Your Right to a Safe Delivery

Sheet No. ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Syp AUGMENTIN - DDS

Dose	Route	Frequency	Start Dt.
2.5ml	Po	BD	28/7

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

Additional Instructions:
AMOXICILLIN + CLAVULANATE
5ml = 457mg

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	28/7
10AM	[signature]
10PM	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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

Patient Sticker

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Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

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

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

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

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

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

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

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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 : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 10 kg ..... Ward. .....

Date		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/7	11:20PM	IVF. DNS (2/3 M)	IV.	25ml/hr					

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

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

RBS - 152 mg/dl

214 - 211

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RESULT SHEET

Date	26/7					
Time						
Hb	10.8					
PCV	30.6					
RBC	4.11					
WBC	5.22					
N/L	83.4/10.7					
Platelets	283					
CRP	26					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	27/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	F/u					
26/7						
	Adenovirus					

Culture and Sensitivities : 26/7/26 Blood C/S -)

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

1 / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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WARNING SCORE: CHILDREN'S UNIT

Date: 26/7

Time:	11:30 pm	2 Am	3 Am	6 Am
Doctor / Nurse / Family Concern?				
Temperature (°F)	99.3°F	100.5°F (Given Ibug[illegible])	97.9°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/60	99/54	90/54 (65)	
Heart Rate (Number)	116 b/m	112 b/m	119 b/m	
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	29 b/m	30 b/m	28 b/m	
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	98%	100%	
Conscious Level: Normal / Altered				
GCS *	14/15	14/15	14/15	
TOTAL SCORE Number of shaded boxes	0	0	0	
Pain Score	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticke

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

./ 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/10/24 Time: 9am 2 pm 6:45 pm 8 pm 9:30 pm 10:40 pm 11:40 pm 2 am 6 am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

100.4°F Syp. Crocin given 99.6°F 100.3°F Murmur 99.5°F 101.7°F 100°F 99.5°F 99.5°F 98.4°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 126/m 119/m 128/m 130/m 135/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 40/m 32/m 29/m 30/m 30/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		100%	99%	98%	99%
Conscious Level	Normal / Altered				
GCS *			14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes		0	0	6	0
Pain Score		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.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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B	**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)

Patient

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 22/10/24 Time: 7 pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe
	None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level	Normal
	Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

- 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

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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)

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI (F)
22-10-2024 1 Y 9 M 4 D
Dr. SPANDANA PASUPULETI

Patient

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FLUID CHART

Sheet No. : ......1......

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm	|									0	
26/7	11:00 pm	DNS					↑			|	0	
	12:00 am	|	milk	25ml	~~25ml~~		|			|	0	Sn
	01:00 am			25ml	~~25ml~~		0			0	0	
Total Intake :						Total Output :				U - M -		
	02:00 am	|		25ml			↑			✓	0	
	03:00 am	|		25ml			|				0	
	04:00 am	DNS	170	25ml			0				0	
27/7	05:00 am			25ml							0	Sn
	06:00 am	|	[illegible]	25ml			|				01	Cannula Removed by 6:3.
	07:00 am			25ml							0	
Total Intake :						Total Output :				U - M -		

Total 24 hrs. Intake		Total 24 hrs. Output	U - M -

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/7	08:00 am			25ml								
	09:00 am			25ml								
	10:00 am	DNS		25ml								
	11:00 am			25ml								
	12:00 pm			25ml								
	01:00 pm			25ml								
Total Intake :										**Total Output :**		
27/7	02:00 pm			25ml								
	03:00 pm			25ml								
	04:00 pm	DNS		25ml								
	05:00 pm			20ml								
	06:00 pm			25ml								
	07:00 pm			25ml								
Total Intake :										**Total Output :**		
27/7	08:00 pm			25ml							0	
	09:00 pm			25ml							0	
	10:00 pm	DNS		25ml							0	
	11:00 pm			25ml							0	
	12:00 am										0	
	01:00 am										0	
Total Intake :										**Total Output :**		
28/7	02:00 am			25ml							0	
	03:00 am			25ml							0	
	04:00 am	DNS		25ml							0	
	05:00 am			25ml							0	
	06:00 am			25ml							0	
	07:00 am										0	
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				I P			
Night	8Pm No 8Am	Assess the Pt condition. monitor vitals & record. maintain I/O chart. ~~maintain Flot~~ provide the comfortable position. Medication give as per as doctor order.	8Pm No 8Am	Assessed the Pt condition. monitored vitals & recorded. maintained I/O chart. provided the comfortable position. medication given as per as doctor order.	Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart.	Sneha Sy

IP26-00006960
LLADI LALITHA SRI
1 Y 9 M 4 D (F)
Dr. VANDANA PASUPULETI

NURSING CARE RECORD

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Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication	8AM / 2PM	→ Assessed the genl condition of pt → Monitored vitals → Maintained I/O chart	Pt is stable	Re-assess vitals	[illegible]
Afternoon	2pm / 8pm	Assess the baby. Monitor the v/s. administered Medicin. Maintain i/o cht	2pm / 8pm	Assessed the baby. Monitored v/s. administered Medicin. Maintaining i/o cht	administered Medicine	Re-assessed the baby good	[illegible]
Night	8Pm / to / 8Am	Assess the Pt condition. Monitor vitals, record. Maintain I/O chart. Provide the comfortable position. Medication give os Per as doctor order	8Pm / to / 8Am	Assessed the Pt condition. Monitored vitals, recod. Maintained I/O chart. Provided the comfortable position. Medication given os per as doctor order.	Pt is stable. Vitals normal	Monitor vitals. Maintain I/O chart.	[illegible]

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Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift	26/7 N1	27/7 M6	27/7 8pm	27/7 N1		
	Medical Condition (Any special condition to be noted):		—	—	/		
	Diet:	Soft	Soft	—	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F	98.4°F	98.0F	98.2°F		
	Res:	32b/m	30b/m	31	32b/m		
	SpO_2:	98%	98%	99%	98%		
	Pulse:	118	116b/m	122b/m	116b/m		
	BP:	91/59	90/60	89/62	91/56		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	0	0	—	—		
	Skin Integrity	—	—	—	—		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	/		
Post Operative Procedure Special Orders:		/	—	—	—		
Handed Over By Name :		Sneha	Mounika	Anjali	Sneha		
Signature / ID :		40/6051	[illegible]	[illegible]	40/6051		
Date:		27/7/26	27/7/2	27/7	28/7		
Time:		8Am	2pm	8pm	8Am		
Taken Over By Name :		Mounika	[illegible]	Sneha			
Signature / ID :		[illegible]	[illegible]	40/6051			
Date:		27/7/26	27/7	27/7			
Time:		8Am	2pm	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 26/11 27/11			DAY-2			28/11 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				
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	0	0/NA				* Cannula Removed by 6:30 Pm 28/11/24
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	0	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	0	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	0	NA				
		Signature of the Nurse				Sny			Sny				

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

Patient Sticker

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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										
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										
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										
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										
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Baby MALLADI LALITHA SRI
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BRADEN 'Q' SCALE

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				Date : 27/7 / 28/7 / 27/7	
				Time : 8Am / he / NI	
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	
"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 / 4 / 3	
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	
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	
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	
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	
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	
				TOTAL SCORE	27 / 28 / 27	
				Evaluator's Name	Sny / [illegible] / Sny	

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

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

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22-10-2024 1 Y 9 M 4 D (F)
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Patie

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/7	DATE 28/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3		1			
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		10	10			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		–	–			
	Wheel chair support		X	X			
	Other Intervention(s) Specify		X	√			
	Nurse's Name:		Sms	Sm			
	Signature:						
	Date:		27/7	28/7			
	Time:		8Am	8AM			

Docu. No. : RCH /FRM / CLINICAL / 005

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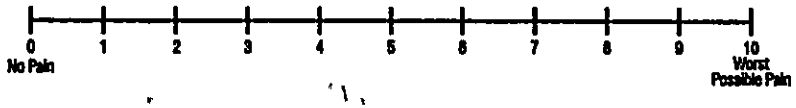
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	[illegible]	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	10/2m	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

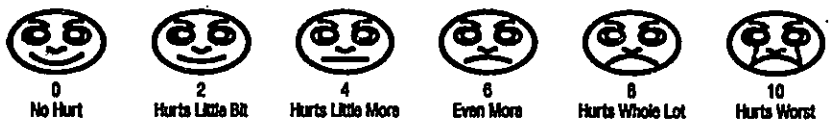
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☐ 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. prasanthi .....

Date & Time : ..... 26/7/26 @ 10:00pM .....

Nurse Name & Signature: ..... shirisha .....

Date & Time : ..... 26/7/26 @ 10:54pM .....

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

VIH-00185512 IP26-00006960
Baby MALLADI LALITHA SRI
22-10-2024 1 Y 9 M 4 D (F)
Dr. SPANDANA PASUPULETI

wt - 9.98 Kgs
GRBS 152 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Isitha Age : 1y9m **Gender:** ☐ Male ☑ Female

Date : 26/7/26 Time of Arrival : 9:20PM

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: 103.6F PR: 165b/M BP: 86/57(63) mmHg RR: 28b/M SpO₂: 99%. fever since today morning

Chief Complaints: c/o seizure activity 1 eps. by 8pm

INITIAL PHYSIOLOGICAL CATEGORIZATION	**INITIAL PHYSIOLOGICAL STATUS**
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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

M. Satyakala
Signature of Parent / Guardian

Triage Completion Time : 9:23pm

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 : Apurba

Signature of Triage Nurse : [signature]

Date & Time : 26/07/26 @ 9:23pm

Docu. No. : RCH /FRM / CLINICAL / 085

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/12/26 Time of arrival : 9:25 PM

Chief Complaints: c/o seizure activity 1 episode @ home since today morning RBS: .....

Height : ..... Weight : 9.98 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 : @ 9:27 PM

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

Time	Nursing Notes
9:29 PM	Assess the patient condition
	monitor the vital sigs
	IV placement done.

Samples collected by: Apurba Time:

Samples sent by : Apurba Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:21pm	Vecomol supp.	Rec.	170 mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105 b/M BP: 86/57 (63) mmHg CFT:	Shift - out from ER to: 2nd floor (ICU)
RR: 28 b/M SPO$_2$: 98%	Time of Shift - out: 10:54 PM
GCS: 15/15 Temperature : 102.2 F	Handover given to: Sonu
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable): 152 b/M	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Shirisha Signature of the Nurse :

Date & Time : 25/7/16 @ 9:30pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00185512 IP26-00006960 Baby MALLADI LALITHA SRI 22-10-2024 1 Y 9 M 4 D (F) Dr. SPANDANA PASUPULETI	26/7/26 @ 10:00 PM	26/7/26 @ 10:54 PM
	Transfer Ordered by Dr. praghanthi	Reason for Transfer Admission
From Unit ER	To Unit ward (214)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15-1-	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
shirisha	Dr. praghanthi

Patient & Clinical Records Received by : Sneha 26/7/26

Date & Time of Patient Received : @ 10:54 PM

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