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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of JASPREET KAUR TWIN 1	**UHID**	LBH-00129040
Father/Guardian	Mr JASMEET SINGH	**Age/Gender**	0 Y 4 M 16 D/ Female
Address	h.no:02-3-723/a,, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006670	**Admission Date**	27-06-2026
Ref Doctor	SELF		
Discharge Date	29.06.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION WITH DEHYDRATION	

History: Baby Of JASPREET KAUR TWIN 1 , 0 Y 4 M 16 D , old girl presented with the history of 2 episodes of bluish discoloration of hands followed by lips which lasted for 15 seconds and subsided on its own 3 days back and fever since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile(103*F). Her heart rate was 210/min, Blood pressure maintaining above 95th centile and Respiratory Rate - 38/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present . On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 9.1 kilo grams.

Investigations: Enclosed reports

Name	Baby Of JASPREET KAUR TWIN 1	UHID	LBH-00129040
IP No	IP26-00006670	Admission Date	27-06-2026

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

VBG showed pH of 7.32, pCO2 of 34.9 mmHg, pO2 of 84 mmHg, HCO3 of 17.8 mmol/L and BE of -8.4 mmol/L.

Initial hemogram showed Hemoglobin of 11.1 gm%, White Blood Cell count of 16530 cells/cumm, platelet count of 4.65 lakhs/cumm and C-Reactive Protein of 25 mg/l. Complete urine examination shows 10-12 pus cells, 20-25 epithelial cells. . Blood culture and sensitivity shows no growth after 24 hours of incubation.

2d Echo shows
Situs Solitus levocardia
Normal sized cardiac chambers
Good biventricular function
No PDA
Left arch, No COA.

Ultrasound abdomen shows internal echoes in urinary bladder.

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. CUE was done which showed 10-12 pus cells and hence antibiotics were started after send urine culture.

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air. Child had loose stools for which zinc and probiotics were started.2D-Echo was done to rule out any cardiac abnormalities which was normal. USG Abdomen was done which showed internal echoes in urinary bladder.

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

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

Medication during hospital stay:
Injection. Amoxiclav
Injection. Ceftriaxone

Name	Baby Of JASPREET KAUR TWIN 1	UHID	LBH-00129040
IP No	IP26-00006670	Admission Date	27-06-2026

Pro-GG sachet
Z & D drops

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	2.5 ml	8am-8pm (after food)	to continue,to be given along with milk
2	PRO GG drops	15 drops	9am-9pm (after food)	For 4 days
3	Z & D drops (1ml/20mg)	0.5 ml	9am (after food)	For 12 days
4	Redotril sachet	1/2 sachet	twice daily(10am-10pm)	to dilute in milk and give for 2 days
5	B4 Nappi cream	1	local application	for 5 days
6	TIMOLOL 0.5% drops	2 drops	local application(9 am-9pm)	to continue
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect urine culture report on followup.

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1.4 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. SPANDANA PASUPULETI on Wednesday(01.07.26) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

Name	Baby Of JASPREET KAUR TWIN 1	**UHID**	LBH-00129040
IP No	IP26-00006670	**Admission Date**	27-06-2026

* **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.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

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

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

Parent/ Attender

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

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

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006670 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:44 PM **UHID** : LBH-00129040

Patient Details :

Patient Name	: Baby Of JASPREET KAUR TWIN 1	Age	: 0 Y 4 M 14 D
Guardian	: Mr JASMEET SINGH	DOB	: 13-02-2026 12:15 PM
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: h.no:02-3-723/a, Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 9581263581/
		E-mail	: r.jasmeet.singh07@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr JASMEET SINGH **Relationship** : Father

Contact Address : h.no:02-3-723/a, Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 9581263581

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

Name: ----------

UHID : ---------- Consultant : ---------- Dept : ----------

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
27/6/26	9:15PM	ER	217	A.R

Cross Consultation Visit

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	
27/6/26	~~CBP, CRP~~ CRP, CBP, Respiratory panel, Blood cly	10490	
	RBS	10489	Duty
	x-ray chest	07671	Duty
28/6	Urine cly	10501	D
			Cross checked done by Sneha
29/6	USG Abdomen	7695	A
29/6.	2D Echo	7702	A
27/6	CUE	10497	A
~~28/6~~	~~[illegible]~~ not done	~~10330~~	~~A~~
			Cross chkd by Ri 29/6 1:30p

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Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	[illegible]e

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D
Dr. SPANDANA PASUPULETI (F)

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	Iv canulation	1	8775	AR

cross check by RE
1/2 day
29 h

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

Patient Name : Asees

Patient ID# :

Consultant : Dr. Spandana

Final Diagnosis : Sepsis → Bluish discoloration ↓ Evalu
(?) Cardiac evaluation / ? Seizures to be evaluate

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

Pediatri al Examination

Name : ASees Age/Sex 4 months

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o 2 episodes of Bluish discoloration - 3days
1 episode Fever 1day

History of present illness :

A 4 month old child presented with c/o
Bluish discolouration of hands followed by oral cavity (lips & mouth), ~~pain~~ ~~others~~ Not preceded by any other symptoms, which lasted for 10-15 secs and subsided on its own not associated with frothing/bowel, bladder incontinence, no postictal drowsiness.
c/o Fever - high grade (103F) 1spike
not a/w chills/rigor
a/w intermittent irritability
No h/o travel / Similar c/o of seizure in family members.

No h/o any during micturition
Urine ✓
Stool ✓

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

Birth & Neonatal History : LatePT 33+5 weeks / LGA Bwt 2.56 kg / CIAB

· admitted in NICU NSG - (N) 16/2/26
OAE - Bl/pass 2DECHO - (N)
NBS - wnl USG Abd - not done.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : CA - 4m 14d CGA - 3 months
tries to roll over
mass movement +

Immunization History :

immunised upto date

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

: Multiorgan History & Physical Examination

Anthr

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

Weight (kgs) 9.1 (Centile 97th)

On Examination :

Temperature : 103F Pulse Rate: 210 Description Regular, Sinus Tachy

B.P: 124/70, 126/72, 104/68, 128/72 } >95th Centile SPO2 98 % on RA at _____

Resp. rate and type of breathing : 38/min, Rhythmic

Rash } no - Signs of dehydration +
Lymphadenopathy } no - Obesity +
Oedema : no - Bluish discoloration +

Respiratory system :

Inspection (any s/o distress) :
Air entry & breath sounds : NVBS+, B/L AE+, No added Sounds
Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium : (N)
Heart Sounds : S1S2+
Any murmur : No murmur

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

Per Abdomen :

Inspection (N) Shape
Palpation : soft, nontender, no horn, BS+
Ausculation :

Spine: WNL External Genitelia : WNL

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

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition : WNL

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars WNL

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic : AFIE

? SEPSIS | Bluish discoloration & evaluation

(To R/O Cardiac | Neurological caused)

Preventive aspects of the treatment :

To Prevent further episodes.

Desired goals of the treatment :

To R/o cardiac & Neurological causes.

Planned Labs :

CBC, CRP, Blood c/s
VBG, CUE ~~x cue~~
Urine c/s
2D Echo
ECG → CUE
Chest x RAU
5 virus Panel.

Planned Management :

IV ceftriaxone
c/s.

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

Doctor's Signature Name _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipunya / Dr. prashanthi	
28/2 7:00 AM	AFI c ? Sepsis.	
	Fever (+).	Plan
	Accepting feed well	- Cont ceftriaxone.
	R/S - BIL AE (+)	- Trace Resp Pant.
	P/A - soft, NT.	U/CLS. Blood Cls.
		- 2D echo for
		- ECG today
		- Monitor vitals
		NB Hearing test.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b - Dr. Spandana	
28/6/26 10.30 Am	Δ - OTI	
	fever ↓, no bluish discoloration	Plan
	pus cells-1 CKP ↑	Change ceftriaxone to Augmentin
	O/E	2D Echo + I/m
	vitals • Stable	USG Abdomen + I/m
	S/E	NB Sent @ 10:30
	WNL	
Dr. SPANDANA PASUPULETI [illegible] 3092		

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13-02-2026 0 Y 4 M 15 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Archana.	
28/6/26.	Δ : UTI.	
8pm		Advice.
	fever spikes (+).	
	? Hemangioma on left side of chest (+)	• Ct Augmentin.
		• 2D ECHO (c/m).
	Accepting well orally.	• USG Abdomen (c/m).
		• TPR / IOC.
	U / S passing adequately.	NB Sneha 8pm
	o/E	Dr. Archana.
	vitally stable	
	S/E	
	wnl.	
	CVS - S1S2 (+).	
	S/B Dr. Archana.	
29/6/26.		Adv.
1am	C/O 3-4 episodes of loose motion.	• Add (Pro-99 sachet) & (Z&D drops)
	o/E vitally stable.	N / B
		Dr. Archana.

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8 AM	c/s/by. Dr. Anusha - OT/	
	c/o loose motions yest. night ECG machine not working Activity - good. fever (-). vital: stable. S/E BLAC (+) NIVBS (+) P/A soft, NBS, no distended No organomegaly.	Advice - Ct Augmentin - 2D Echo today - USG abdomen today - Ct antibiotics. - PROG - G day - Monitor vitals.

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10AM	S/B Dr. Tejaswi	
	Δ ? UTI	
		Plan
	C/o loose stools	
		- CF AUGMENTIN
	CVS - S1S2 ⊕	
	P/A - BS - Active	- REDOTRIL ½ sachet BD
	P/A soft	- USG Abdomen today
	(conscious)	
		- CF Pro-GG
	Active	Zinc
		- Monitor vitals
		- 2D-Echo today
		- Timolol drops LA.
		- By NAPPI cream for LA
		Dr. Tejaswi [signature]
		[stamp] TEJASWI REDDY ... No: 94068
		N.B Amrutha @10AM

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/16	Case d/w Dr. Spandana	Plan
1:15 pm	2D - Echo - (N)	- Discharge
	USG Abdomen	
	? S/o - cystitis	- cf AUGMENTIN
		- F/up with Urine C/S
		report on
		Wednesday

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

LBH-00129040 IP26-00006670
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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ 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: 217

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 : 27/6/26 @ 8:40 PM

Nurse Name & Signature: Anupam

Date & Time : 27/6/26 @ 8:40 PM

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DRUG CHART

Date of Admission: 27/6/26 Drug Allergies: N.A ☐ 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 : PARACETAMOL drops				Date / Time
Dose	Route	Frequency	Start Date	
1.4 ml	PO	SOS	27/6	
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-00129040 IP26-00006570
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 9.1kg Ward. 22 NS

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	@ 12h	27/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time	28/6	29/6
	10am	

Daily Doctor's Endorsement by a Sign

DRUG : Inj. AMOXYCLAV.

Dose	Route	Frequency	Start Date
300mg	iv	TID	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
300mg IN 20cc NS over 30min

Date ▸ Time	28/6	29/6
	6AM	morning
	2PM	
	10PM	

Daily Doctor's Endorsement by a Sign

DRUG : PRO-GS sachet.

Dose	Route	Frequency	Start Date
½ sachet	PO.	BD.	29/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr Archana

Additional Instructions:
dilute in 5ml water

Date ▸ Time	29/6
	6AM
	6PM

Daily Doctor's Endorsement by a Sign

DRUG : Z & D drops.

Dose	Route	Frequency	Start Date
0.5ml	PO.	H/S.	29/6/26.

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

Additional Instructions:

Date ▸ Time	29/6
	6AM

Daily Doctor's Endorsement by a Sign

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 16 D (F)
Dr. SPANDANA PASUPULETI

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REGULAR PRESCRIPTIONS

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

DRUG : REDOTRIL SACHET

Dose	Route	Frequency	Start Dt.
1/2 Sacht	PO	BD	24/6

Date ▸ Time ▾: 24/6 — 10AM (signed); 10PM

Name & Signature of the Doctor Starting the Drugs: Pravin

Additional Instructions: 1 sacht - 10 mg

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

VERIFIED BY

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

Weight. 9.14 kg Ward. 2nd Floor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

Date		...osition of I.V. Fluid (...ention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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RESULT SHEET

Date	27/6/26					
Time						
Hb	11.1					
PCV	30.9					
RBC	4.59					
WBC	16.53					
N/L	50.9/37.5					
Platelets	465					
CRP	25.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	27/6/26					
Time						
CUE - Alb						
CUE - Sugar	Nill					
CUE - Ketones	Negative					
CUE - PUS Cells	10-12					
CUE - RBC Cells	4-6					
~~CUE~~ Nil-mile	NCG					
Leucocytes	Present (+++)					
Bacteria	Positive (++)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Rsv (5 viruses)						
Adeno-	NCG					
Flu -	NCG					

Culture and Sensitivities : .....

Blood cultures —

Urine culture —

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6 Time:	11PM	2AM	6AM
Doctor/Nurse/Family Concern?			
Temperature (°F)	98.2°F	97.5°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Heart Rate (Number)	142bpm	126bpm	150bpm
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	39bpm	35bpm	36bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%
Conscious Level: Normal / Altered			
GCS *	15/15		
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

Note: BP does not score in early warning scoring

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
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/ CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6

Time:	10 Am	2 Pm	3 pm	4 pm	6pm	10pm	2am	6am
Doctor/Nurse/Family Concern?								
Temperature (°F) (scale 94–104)	98.6°F	98.6°F	102.0°F (Inj. Ibugesic 3ml)	99.2°F	97.8°F	97.7°F	98.2°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted	plotted			plotted	plotted	plotted	plotted
Heart Rate (Number)	139 b/m	134 b/m			144 b/m	132 b/m	140 b/m	128 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)								
Resp Rate (Number)	30 b/m	32 b/m			30 b/m	32 b/m	42 b/m	38 b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min)								
O_2Saturations (%)	100%	99%			100%	99%	100%	100%
Conscious Level: Normal / Altered								
GCS *					–		15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0			0	0	0	0
Pain Score	0	0			0	0	0	0
Observer's Initials	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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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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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.
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LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 15 D (F)
Dr. SPANDANA PASUPULETI

/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/6/26 Time: 10

Doctor/Nurse/Family Concern? Amo

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) 138bbs

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

70 60 50 40 30 20 10

Resp Rate (Number) 37bbs

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	100%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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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Baby Of JASPREET KAUR TWIN 1
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
28/6	08:00 pm											
	09:00 pm											
	10:00 pm		Milk	Antibi								
	11:00 pm			Otic								
	12:00 am		Milk									
	01:00 am											
Total Intake :						**Total Output :**						
28/6	02:00 am		Milk									
	03:00 am											
	04:00 am		Milk									
	05:00 am											
	06:00 am		Milk									
	07:00 am											
Total Intake :						**Total Output :**						

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

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6/26	08:00 am		milk	Antibiotics								
	09:00 am											
	10:00 am		milk			NA		NA				A
	11:00 am		milk									
	12:00 pm											
	01:00 pm											
Total Intake : Taken						Total Output : U-2 mo						
28/6	02:00 pm											
	03:00 pm		milk									
	04:00 pm											
	05:00 pm		milk		NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		milk									
	10:00 pm											
	11:00 pm				NA			NA				
	12:00 am		milk									
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am		milk									
	04:00 am											
	05:00 am				NA			NA				
	06:00 am		milk									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 15 D (F)
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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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	08:00 am											
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	08:00 pm											
	09:00 pm											
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	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

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NURSING CARE RECORD

Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm 8am	Assess the baby Monitor the v/s administer Medicine Maintain I/O chart	8pm 8am	Assessed the baby Monitored the v/s administered Medicine Maintained I/O chart	Admission of patient	Reassess the patient good	[illegible]

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
Dr. SPANDANA PASUPULETI

Patie

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the pt condition - Monitor vitals - Maintain I/O chart - Medication Given as per drug chart	8am 2pm	- Assessed the pt condition - Monitored vitals - Maintained I/O chart - Medication Given as per drug chart	pt is stable	Rechecked vitals	Manitha
Afternoon	2pm 8pm	- Assess the pt. conditions - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	2pm 8pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor.	Patient is Stable now	Re-checked vitals	
Night	8pm 8am	Assess the baby Monitor the VIs administer Medicine Maintain I/O Chart	8pm 8am	Assessed the baby Monitored the VIs administered Medicin Maintain I/O Chart	administer Medicine	Reviews the pt cr	

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Baby Of JASPREET KAUR TWIN 1
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NURSING CARE RECORD

Date: 29/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM 2 pm	- Assess the pt condition - monitor vitals - maintain I/O Chart - Medication Criteria as drug chart	8 AM 2 pm	- Assessed the pt Condition - monitored vitals - maintained I/O Chart - Medication Criteria as drug chart	pt is stable	Rechecked vitals	Manisha
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
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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	28/6 8AM	28/6/26 MG	28/6 EL	29/6 8AM	29/6/26 MG	
	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:	98.2°F	98.6°F	98.2°F	98.6°F	98.6°F	
	Res:	32b/m	36b/m	36b/m	32b/m	36b/m	
	SpO₂:	100%	100%	99%	100%	100%	
	Pulse:	116b/m	128b/m	128b/m	122b/m	129b/m	
	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 :		Afreen	Anusha	Sri	Afreen	Anusha	
Signature / ID :		[illegible]	(A)	120/6051	[illegible]	(A)	
Date:		28/6	28/6/26	28/6	29/6	29/6/26	
Time:		8AM	2pm	8pm	8AM	2pm	
Taken Over By Name :		Anusha	Sri	Afreen	Anusha		
Signature / ID :		(A)	120/6051	[illegible]	(A)		
Date:		28/6/26	28/6	28/6	29/6/26		
Time:		8AM	2pm	8PM	8Am		

Docu. No. : RCH /FRM / CLINICAL / 097

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:							

Patient St

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1 (F)
13-02-2026 0 Y 4 M 14 D
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	OBSERVATION	STAGE / ACTION	SCORE	DAY-1			28/6/26 DAY-2			29/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV Site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0	NA	0	0			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	NA	0	0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	0	NA	0	0			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	0	NA	0	0			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	NA	0	0			
		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 : Balarani 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 : .....

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 14 D (F)
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PAIN ASSESSMENT FORM

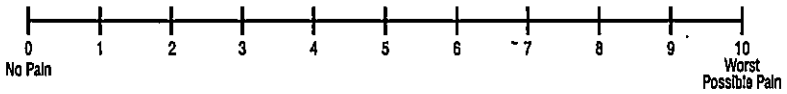
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6	6am	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	[illegible]	[illegible]
28/6	10Am	0	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
28/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
28/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
29/6	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
29/6/26	10Am	0	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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 drawn 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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BRADEN 'Q' SCALE

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					Date: 23/6	24/6	25/6	26/6
					Time: 8:00	MG	12	8:00
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	27	28
					Evaluator's Name			

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

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

LBH-00129040 IP26-00006670
Baby Of JASPREET KAUR TWIN 1
13-02-2026 0 Y 4 M 15 D (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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				Date :	29/6			
				Time :	M			
Mobility	**tely 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.	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			
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			
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			
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			
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	20			
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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PATIENT TRANSFER FORM

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LBH-00129040 IP26-00006670 Baby Of JASPREET KAUR TWIN 1 13-02-2026 0 Y 4 M 14 D (F) Dr. SPANDANA PASUPULETI	Date & Time of Admission 27/6/26 8:44Pm	Date & Time of Transfer Order 27/6/26 8:30Pm
	Transfer Ordered by Dr. Prasanti	Reason for Transfer Admission
From Unit ER	To Unit 2/7	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films Xray	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received : 27/6/26 @ 9:35pm

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

wt-9.14kg RBS-113mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Jaspreet Kaur Age : 4m **Gender:** ☐ Male ☑ Female

Date : 27/6/26 Time of Arrival : 6pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.6°F PR: 139 BP: ..... RR: ..... SpO_2: 100%

Chief Complaints: C/o Fever Since evening

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:20pm

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 : Spandana

Signature of Triage Nurse : .....

Date & Time : 27/6/26 @ 6:03pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 6P.M

Chief Complaints: C/O Fever Since evening. RBS: NO

Height : ..... Weight : 9.14 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 : 6:10PM

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

Time	Nursing Notes
	Assessed The Patient condition vital checked.

Samples collected by:

Samples sent by : Apurba.

Time:

Time: 9:00 Pm

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: 139 BP: ..... CFT: —	Shift - out from ER to: 2IT
RR: 31 SPO_2 : 99%	Time of Shift - out: 9:15 Pm
GCS: 15/15 Temperature : 100	Handover given to: Afsal. (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : A.R Signature of the Nurse : .....

Date & Time : 27/6/26 @ 6:10 Pm

Patient Name:	LBH-00129040 IP26-00006670 Baby Of JASPREET KAUR TWIN 1 13-02-2026 0 Y 4 M 15 D (F) Dr. SPANDANA PASUPULETI	**UHID NO:** **Date:** 29/5/26
Age:		
Dr.		**Done by:**

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs. Solitus. Levocardia
Systemic Veins	RA
Pulmonary Veins	LA
Atrio ventricular connection	concordance
Ventricular arterial connection	concorda
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Lt Arch, NO COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	Normal
PDA	NO PDA
Pericardium	Nil
Others	Nil

DOPPLER / TISSUE Variables	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow		
Pulmonary flow		

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE (cm)	Z score	PARAMETER	ABSOLUTE (cm)	Z score
AO	0.5		Tricuspid Annulus		
LA	1.1		Mitral Annulus		
IVSd	0.7		Aortic Annulus		
LVIDd	1.8		PA Annulus		
LVPWd	0.6		RPA		
IVSs	0.8		LPA		
IVIDS	1.0		MPA		
LVPWs	0.5		AO Isthmus		
EF	69 %		LV Mass		
FS	35 %		Others		

IMPRESSION:

- Situs. Solitus. levocardia
- Normal sized cardiac chambers
- Good B/v. function.
- No PDA
- Lt Arch. no coa

CONSULTANT: Dr. Shweta.

Performed By: Gau

RAINBOW CHILDREN'S HOSPITAL, UMAYAL NAGAR

[redacted]