

DISCHARGE SUMMARY

Name	Baby DHRITI MAKADIA	UHID	HNH-00006239
Father/Guardian	Mr PRATIK MAKADIA	Age/Gender	2 Y 5 M 6 D/ Female
Address	14-9-828 OPP LALA BHAM ZUMERAD BAZAR, Begum Bazar, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006436	Admission Date	27-05-2026
Ref Doctor	DR. VINAY KUMAR MANTHATI		
Discharge Date	29.05.2026		

Consultant:

Dr. VINAY KUMAR MANTHATI

MBBS DNB (Pediatrics)

Reg No:91733

Co-Consultant:

Dr. ANIKET ANIL PARASHAR

MBBS - MD

TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH DEHYDRATION	

History: Baby DHRITI MAKADIA , 2 Y 5 M 6 D , old girl presented with the history of fever, cough and cold since 3 days, poor oral intake and dullness

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since 2 days, vomitings, decreased urine output 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(102°F). Her heart rate was 132/min and Respiratory Rate - 22/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of dehydration were presentsuch as dry lips, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal . Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 11.1 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV were sent, which was	
Influenza A	POSITIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

VBG showed pH of 7.34, pCO₂ of 37.3 mmHg, pO₂ of 34 mmHg, HCO₃ of 19.4 mmol/L and BE of -5.3 mmol/L.

Initial hemogram showed Hemoglobin of 11.5 gm%, White Blood Cell count of 7580 cells/cumm, platelet count of 2.21 lakhs/cumm and C-Reactive Protein of 13 mg/l. Serum electrolytes showed sodium of 134 mmol/L, potassium of 5.3 mmol/L & Chloride of 102 mmol/L. Serum Creatinine was 0.4 mg/dl. Blood Urea

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was 28 mg/dl. Uric acid was 5.4 mg/dl. Complete urine examination 4-6 Pus cells, 3-5 epithelial cells.

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. In view of chest signs, she was frequently nebulised with Levolin and 3% NS. Oral oseltamivir was started empirically after sending flu panel which later came positive and hence continued.

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

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

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

Medication during hospital stay:

- Injection. Ondansetron
- Injection. Ceftriaxone
- Syrup. Oseltamivir
- Syrup. Mucolite
- Nebulisation Levolin
- Nebulisation 3 % NS

Advice:

- * Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Mucolite	2.5 ml	twice daily	For 3 days
2	Syrup. FLUVIR (OSELTAMIVIR - 5ml/60mg)	2.5 ml	9am-9pm (after food)	For 2 days.
3	Syrup. Cetirizine	2.5 ml	at bed time	For 2 days.
4	NEBULISATION with 3% NS	1 respule	8th hourly	For 2 days
5	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. VINAY KUMAR M on Monday(01.06.2026) at his in OPD with prior appointment (**Review consultation will be charged**).

Food instructions while taking medications:

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

* Food can decrease the absorption of **antihistamines**. Antihistamines can be

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taken on an empty stomach /before food to increase their effectiveness.
Follow up immediately in Emergency Room if high grade fever, vomiting,
breathlessness or refusal to feed occurs.

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

Parent/ Attender

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

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



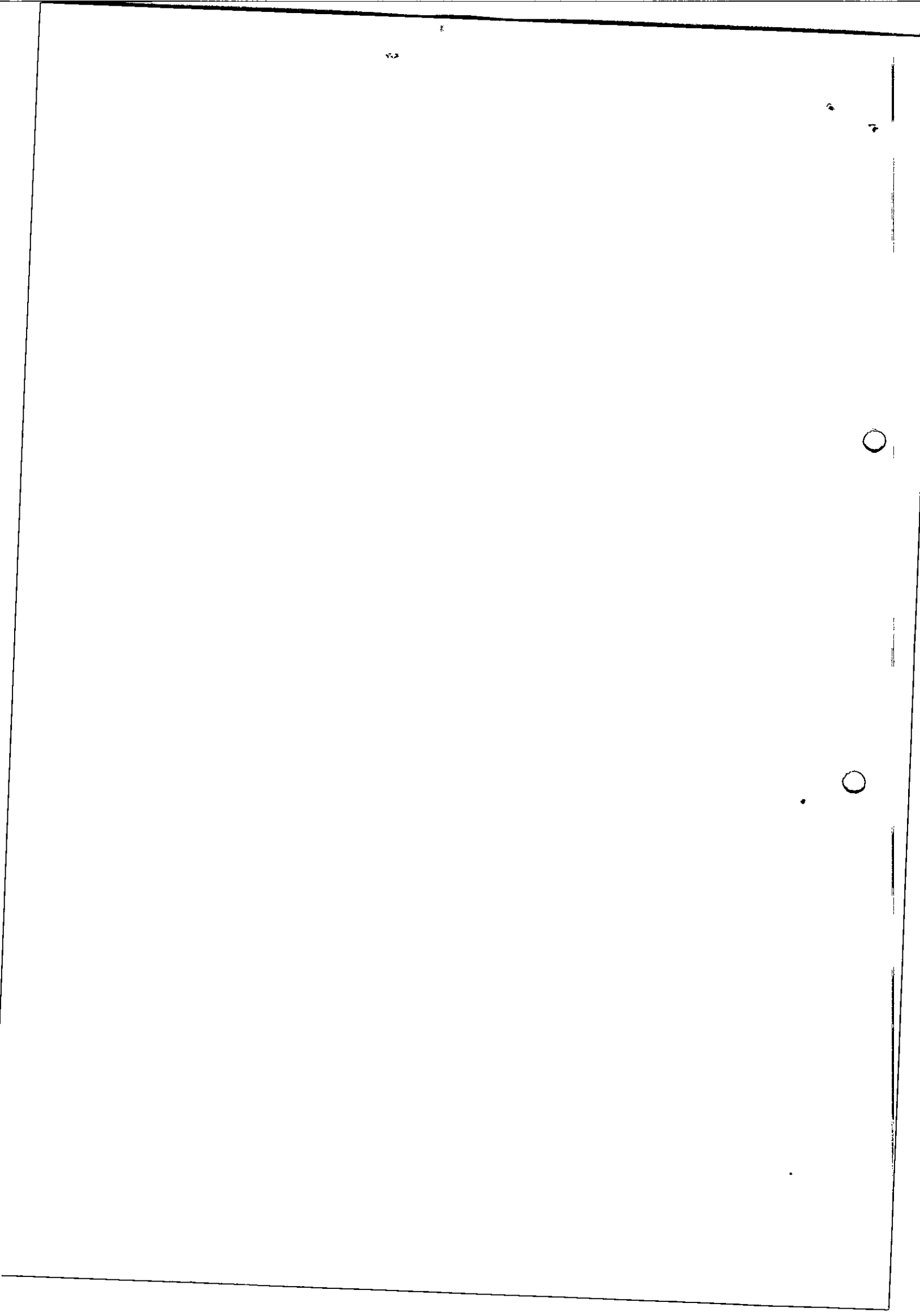
Registrar/Resident/C.M.O

Consultant:

Dr. VINAY KUMAR MANTHATI

MBBS DNB (Pediatrics)

Reg No:91733



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006436 Admit Date : 27-May-2026 Admit Time : 03:55 PM UHID : HNH-00006239

Patient Details :

Patient Name : Baby DHRITI MAKADIA Age : 2 Y 5 M 6 D
Guardian : Mr PRATIK MAKADIA DOB : 21-12-2023
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 14-9-828 OPP LALA BHAM ZUMERAD BAZAR Phone No : 9030750581/ 9030931474
Begum Bazar Hyderabad Telangana INDIA E-mail : MPRATIKKUMAR210@GMAIL.COM
500012

Admission Details :

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

Contact Details :

Name : Mr PRATIK MAKADIA Relationship : Father
Contact Address : 14-9-828 OPP LALA BHAM ZUMERAD BAZAR Phone No : 9030750581
Begum Bazar Hyderabad Telangana INDIA
500012


Signature

Doctor Details :

Doctor Name : Dr. VINAY KUMAR M Specialisation : GENERAL PEDIATRICS
Referral Doctor : DR. VINAY KUMAR MANTHATI Phone No : 8639024469
Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 5000.00
Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

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ACTIVITY RECORD

IP26-00006436
HNH-00006239
Baby DHRITI MAKADIA
21-12-2023 2 Y 6 M 6 D (F)
Dr. VINAY KUMAR M

Name: -----

UHID No : ----- 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
27/5/26	9:40pm	ER	ward	<i>[Signature]</i>

Cross Consultation Visit

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

Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

Patient ID# : _____

HNH-00006239 IP26-00006436
Baby DHRITI MAKADIA
21-12-2023 2 Y 5 M 6 D (F)
Dr. VINAY KUMAR M

Consultant : _____



Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : Dhriti Age/Sex 2y / F

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

cl/o Fever :: 2-3 day

cl/o Cough cold :: 2-3 day

cl/o Poor oral intake & dull activity :: 2 days

cl/o Vomiting :: 1 day

History of present illness : cl/o Reduced urine output :: 1 day

child brought with

cl/o Fever :: 2-3 days

High grade fever (102-103°F), every 4-6 hrs

cl/o Cough cold :: 2-3 days

Wet type, disturbing sleep

cl/o Poor oral intake & dull activity } :: 2 days

cl/o Vomiting :: 1 day

cl/o Reduced urine output :: 1 day

H/o Fm A illness is sibling

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11.1 kg (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate: 132/min Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : 22/min

Rash _____
Sign of Dehydration ⊕ - Sunken eyes ⊕
Dry lips & oral mucosa

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AEC ⊕

Any addes sounds : clear

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection ⊕

Palpation : Soft

Auscultation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____ *12/15*

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____ *(W)*

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____ *(W)*

Clinical Summary & Diagnostic :

_____ *AFI - Dehydration - Day 5*

_____ *Probable Influenza*

Pediatric Multiorgan History & Physical Examination

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Dr. VINAY KUMAR M



Preventive aspects of the treatment :

Desired goals of the treatment :

H.O stability

Planned Labs :

Planned Management :

CBP, CRP, VBS
+ I entrapain

Flu Panel

CVE - DUE

~~NB JYUN~~

IVF

- Symp OSELTAMIVIR - 2.5ml/BD

- ~~ACE INHIBITORS~~

- Symp MYCOLITE - 2.5ml/BD

- Tab ONDANSETRON - 2mg/TID

(RTU) - CXR after sounds

~~NB JYUN~~

Please fill up the following details

1. Name of the Referring Doctor : Dr. VINAY

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 Dr. ANIKET on
whose name the patient is being referred

Doctor's Signature Name [Signature] Date 27/5/24 Time _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/1/23	cls/b Dr. Vinay	
4:30 PM	<u>AFI c dehydration</u>	
	- fever spikes (+)	
	- coughs (+)	
	- Oral intake - poor.	
	vitals stable.	
	- PP - wall of IT.	Plan - Send RFT in same sample.
	E - WNL.	- Start + Maxcef (IV)
	P/S - BAEC (+), MUBSA (+)	- Encourage orally.
		- Numbol 170mg PR Sj. PCM 100mg STAT
		- Zyltec gel 4A over oral cavity.
		- Keonlin 0.3mg Q6H.
		- Hyper Neb. Q6H.
		- Chest X-ray now.
		N/B Supriya @ 4:30 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	ds/b Dr. Vinay	
24/5/26 SPM	A - Influenza A with dehydration.	
	2st fever gone. Cough better.	
	PE - vitals stable.	
	PE - WNL.	
		Plan - Probable D/C tomorrow ↓ Albani b.
		- Syp. fluvir to continue.
		- Syp. Mucolite.
		- Stop IVF by night.
		- Add oral Xyzal.
		NB sneha espn

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 Dr. VINAY KUMAR M



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/23	S/B Dr. Aniket	
10 AM	Δ Influenza A Virus	PL
	Afebrile	- Discharge
	Vital stable	- Symp. FLUVID X 5 days - hot
		- Neb 3x, NO 8h M X 2 days
		- Flup E Dr. Vinay on Monday
		- XPERTAL - 2 days Rucolix syp - 3 days

M
 For Dr. Aniket

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 Dr. VINAY KUMAR M



Levolin + 3% NS 6th Hourly

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Levolin + 3% NS (2)	<i>[Signature]</i>	
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	Levolin + 3% NS (3)	<i>[Signature]</i>	
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

64

*3
2771*

2771

HNH-00006239

IP26-00006436

Baby DHRITI MAKADIA

21-12-2023

2 Y 5 M 6 D

(F)

Dr. VINAY KUMAR M

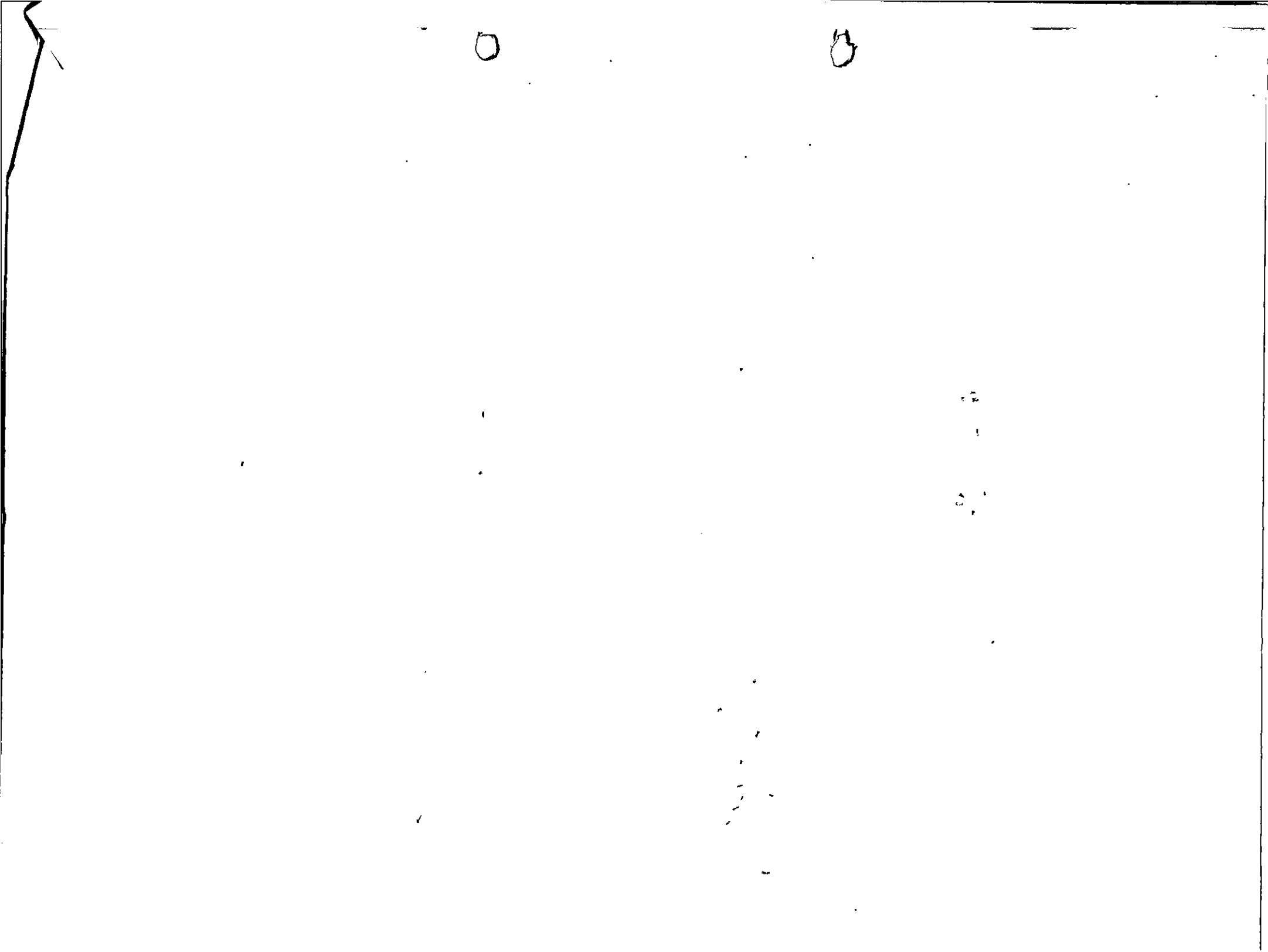


Levolin + 3% NS. 6th.



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Levolin + 3% NS ①		Sabina 2
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	Levolin + 3% NS ②		
	07.00	2489		
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	Levolin + 3% NS		M. Pratik Cross checked done M. Pratik
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	Levolin + 3% NS ①		M. Pratik
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



HNH-00006239 IP26-00006436
Baby DHRITI MAKADIA
21-12-2023 2 Y 5 M 6 D (F)
Dr. VINAY KUMAR M



Levolin +
3% NS 6H

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Children's
Hospital
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
21/12/23	16.00			
	17.00			
	18.00	Levolin + 3% NS	Sneha	M. Bhatik
	19.00	↳ Gusset ✓		
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00006239 IP26-00006436
 Baby DHRI TI MAKADIA
 21-12-2023 2 Y 5 M 6 D (F)
 Dr. VINAY KUMAR M



209-210

RESULT SHEET



Date	27/5/26			
Time	16:03			
Hb	11.5			
PCV	32.9			
RBC	5.11			
WBC	7.58			
N/L	56.3/28.1			
Platelets	221			
CRP	13			
ESR				
PCT				
RBS				
Na	134			
K	5.8			
Cl	102			
Ca/Mg				
Phosphate				
Urea	28			
Creatinine	0.4			
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid	5.4			
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein/Sugar				
Cells				
N/L				

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/12/23	Time: 6 PM	10 PM	11 PM	12 AM	2 AM	6 AM
Doctor / Nurse / Family Concern?	PM	PM	PM	AM		
Temperature (F)	98.5°F	100.5°F <i>IBUXESIC given</i>	101.5°F	100.5°F	98.5°F	101.5°F <i>COCINE given</i>
Heart Rate (bpm)	126b/m	133b/m		130b/m	134b/m	
Blood Pressure (mmHg) *	120/65	120/65		105/65	97/57	
Resp. Rate (bpm) (Over 1 Minute) *	20b/m	20b/m		20b/m	24b/m	
Resp Distress	None	None		None	None	
Receiving O ₂ (l/min)	0l/min	0l/min		0l/min	0l/min	
O ₂ Saturations (%)	99%	99%		99%	99%	
Conscious Level	Normal	Normal		Normal	Normal	
GCS *						
TOTAL SCORE	0	0		0	0	
Number of shaded boxes	0	0		0	0	
Pain Score	0	0		0	0	
Observer's Initials	AV	AV		AV	AV	

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.

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.

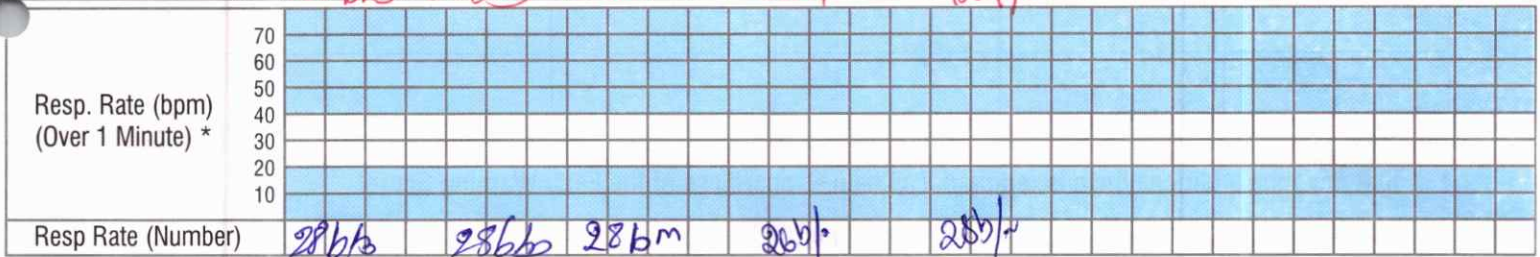
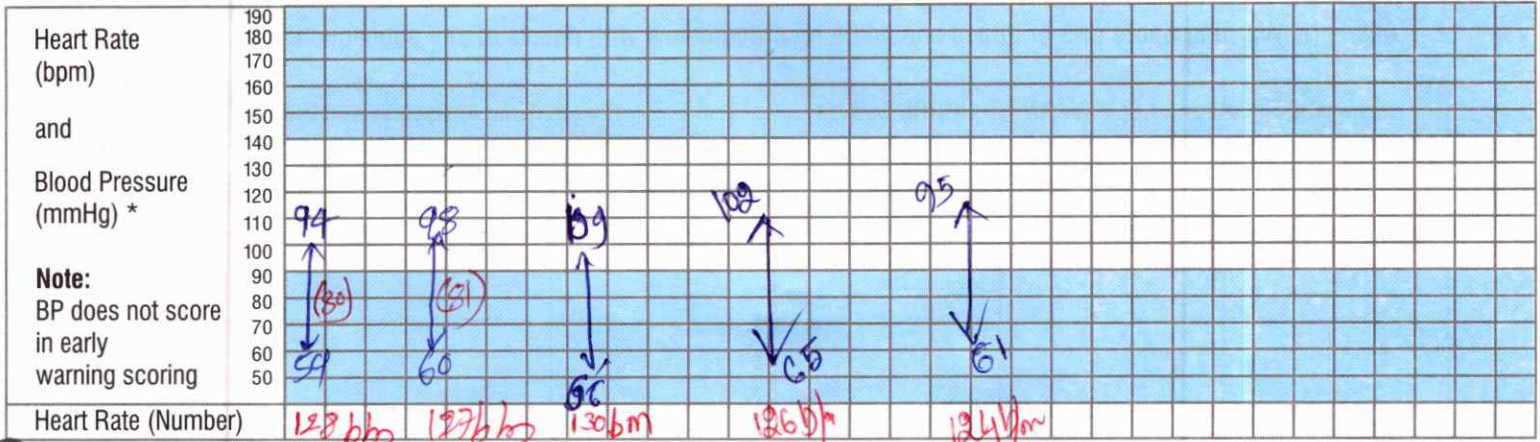
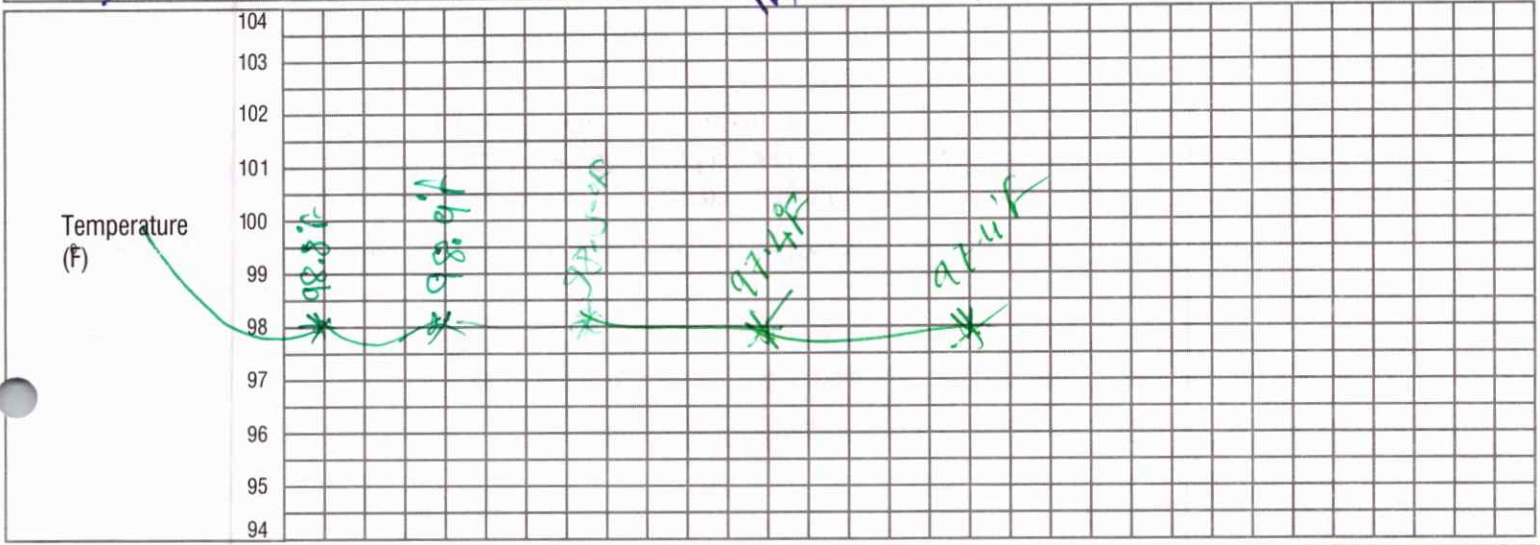
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/12/23 Time: 10 AM 2 PM 6 PM 6 AM
 Doctor / Nurse / Family Concern? [Blank]



Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 97% 100% 100%
 Conscious Level Normal / Altered
 GCS *

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0
 Pain Score 0 0 0 0 0
 Observer's Initials [Signatures]

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FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
28/5/26	08:00 am			28 ml		/		/			1	[Signature]
	09:00 am			28 ml		/	✓	/	✓			
	10:00 am	ORS	Hand	28 ml		/		/				
	11:00 am	Milk	Hand	28 ml		/		/				
	12:00 pm			28 ml		/		/	✓			
	01:00 pm			28 ml		/		/				
Total Intake :						Total Output : U-2 M-1						
29/5/26	02:00 pm			28 ml		/		/			1	[Signature]
	03:00 pm			28 ml		/		/				
	04:00 pm	DRS	Hand	28 ml		/	✓	/				
	05:00 pm			28 ml		/		/				
	06:00 pm			28 ml		/		/				
	07:00 pm			28 ml		/		/				
Total Intake :						Total Output : U-2 M-1						
28/5/26	08:00 pm					/		/			1	[Signature]
	09:00 pm					/		/				
	10:00 pm		Milk			/		/				
	11:00 pm					/		/				
	12:00 am					/		/				
	01:00 am					/		/				
Total Intake :						Total Output :						
28/5/26	02:00 am					/		/			1	[Signature]
	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

HNH-00006239

IP26-00006436

Baby DHIRTI MAKADIA

21-12-2023

2 Y 5 M 6 D

(F)

Dr. VINAY KUMAR M



NURSING CARE RECORD



Date: 27/12/26

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	2pm 6pm 8pm	Assess the pt condition. Monitor vitals as per order. Maintain I/O chart. Provide the comfortable position. Medication given as per doctor order.	2pm 6pm 8pm	Assessed the pt condition. Monitored vitals as per order. Maintained I/O chart. Provided the comfortable position. Medication given as per doctor order.	pt is stable vitals normal.	Monitor vitals maintain I/O chart	[Signature]
Night	8pm 8Am	Assess the pt condition. Monitored the vitals. Maintain I/O chart. Drugs give as per drug chart.	8pm 8Am	Assessed the pt condition. Monitored the vitals. Maintained I/O chart. Drugs given as per drug chart.	pt is stable now	Reassessed the vitals	[Signature]

I-00006239 IP26-00006436
 Baby DHIRTI MAKADIA
 21-12-2023 2 Y 5 M 6 D (F)
 Dr. VINAY KUMAR M



NURSING CARE RECORD

Date: 28/05/26

- 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	8:00am	Assess the baby Monitor the vitals Continue IV fluids Monitor U/O Maintain the chest	8:00am	Assess the baby Monitored the vitals Continue IV fluids Monitored U/O Maintain the chest	Continue IV fluids	Reassess baby Monitor vitals	af e
Afternoon	2:30pm	Assess the baby's condition Monitor vitals & record Maintain I/O chart Provide the comfortable position. Medication given as per as doctor order	2:30pm	Assessed the baby's condition monitored vitals & record maintained I/O chart provided the comfortable position. medication given as per as doctor order	pt is stable	monitor vitals	Sneha
	8:00pm	Medication given as per as doctor order	8:00pm	Medication given as per as doctor order	vitals normal	maintain I/O chart	g
Night	8:00pm	→ Assess the general condition of baby → Monitor vitals → Maintain I/O chart	8:00pm	→ Assessed the general condition of baby → Monitor vitals → Maintained I/O chart	pt is stable	Reassess vitals	A
	8:00am	→ Administer medication	8:00am	→ Administered medication			

Pat



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify: Post OP Day:					
BACKGROUND	Date	27/5	28/5	28/5	28/5	28/5/26	
	Shift	E2	N1	E2	E2	N1	
	Medical Condition (Any special condition to be noted):		-	ARE	-	-	
	Diet:	soft	soft	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENT):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	99.2°F	98.1°F	98.2°F	98.2°F	98.4°F
		Res:	30b/m	20b/m	24	20b/m	20b/m
		SpO ₂ :	99%	99%	100%	99%	99%
		Pulse:	117b/m	117b/m	100b/m	117b/m	115b/m
		BP:	99/59	99/56	99/59	99/59	99/56
		LOC:	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	
Pain Score:	0	-	-	-	-		
Skin Integrity	-	Good	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	-	-	-	-	-	
Post Operative Procedure Special Orders:							
Handed Over By Name :		Sneha	mahi	Mahesh	Sneha	Mahesh	
Signature / ID :		(40/6031)	(40/6031)	(40/6031)	(40/6031)	(40/6031)	
Date:		27/5	28/5/26	28/5	28/5	29/5	
Time:		8pm	8AM	8pm	8pm	8AM	
Taken Over By Name :		mahi	Mahesh	Sneha	Mahesh	Mahesh	
Signature / ID :		(40/6031)	(40/6031)	(40/6031)	(40/6031)	(40/6031)	
Date:		27/5	28/5	28/5	28/5	29/5	
Time:		8pm	8pm	2pm	8pm	8pm	

Patient Sticker



NURSING SHIFT HAND OVER FORM

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



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			27/5	28/5			
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	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	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:

-Fail 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		✓	✓			
Other Intervention(s) Specify		✓	✓			
Nurse's Name:		Sudh	Hud			
Signature:		[Signature]	[Signature]			
Date:		27/5	28/5			
Time:		9:20	9:05			



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	2/15 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		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	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	0	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	0	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	0	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	0	NA	NA				
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Name : Sneha

Signature of Ward In Charge :

Signature : Name : Balaramani



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5	8 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	LS
28/5	8 AM	0	WA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	LS
28/5	2 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	LS
28/5	8 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	LS
28/5	10 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	LS
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

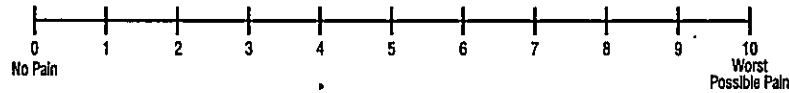
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



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

HNH-00006239 IP26-00006436
 Baby DHIRTI MAKADIA
 21-12-2023 2 Y 5 M 6 D (F)
 Dr. VINAY KUMAR M

BRADEN 'Q' SCALE



					Date :	21/12/2023	22/12/2023	23/12/2023	24/12/2023
					Time :	8 PM	N	2P	1P
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.		9	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	2	2	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.		9	4	3	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	3	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		9	4	3	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	3	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	2	4	4
TOTAL SCORE						27	20	19	28
Evaluator's Name						[Signature]	[Signature]	[Signature]	[Signature]

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

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



DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG: <u>Syp CROCIN-DS</u>				Date															
				Time															
Dose	Route	Frequency	Start Date																
<u>3.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>27/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>Pram</u>																			
Additional Instructions: <u>Snd = 24mg</u> <u>if T > 100°F</u>																			

DRUG: <u>Syp IBUGESIC</u>				Date															
				Time															
Dose	Route	Frequency	Start Date																
<u>3ml</u>	<u>PO</u>	<u>SOS</u> <u>8-4 hrs</u>	<u>27/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>Pram</u>																			
Additional Instructions: <u>if T > 102°F</u>																			

DRUG: <u>NEOMOL 50 PROSITOR</u>				Date															
				Time															
Dose	Route	Frequency	Start Date																
<u>170mg PR</u>	<u>PR</u>	<u>SOS</u>	<u>27/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

Signature
VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight. 11.1kg Ward.

DRUG : <u>Syp OSELTAMIVIR</u>				Date Time	<u>28/5</u>	<u>29/5</u>																
Dose	Route	Frequency	Start Date																			
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Pravin</u>																						
Additional Instructions: <u>5ml = 60mg</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Syp MUCOLITE</u>				Date Time	<u>28/5</u>	<u>29/5</u>																
Dose	Route	Frequency	Start Date																			
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Pravin</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Syp OMDANSETRON</u>				Date Time	<u>28/5</u>	<u>29/5</u>																
Dose	Route	Frequency	Start Date																			
<u>2mg</u>	<u>IV</u>	<u>TID</u>	<u>27/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Pravin</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Ncb. LEVELIN</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1R</u>	<u>Nasal</u>	<u>Q6H</u>	<u>27/5</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions: <u>0.31mg</u>																						
Daily Doctor's Endorsement by a Sign																						

HNH-00006239
 Baby DHRITI MAKADIA IP26-00006436
 21-12-2023 2 Y 5 M 6 D (F)
 Dr. VINAY KUMAR M



Sheet No:

REGULAR PRESCRIPTIONS

Weight 11.1 kgs Ward

DRUG : <u>Meds. 37 NS</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>1 Regular Nasal</u>	<u>PH</u>	<u>27/5</u>		
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See the chart.

DRUG : <u>Inj. CEFTRIAXONE</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>500mg</u>	<u>IV</u>	<u>Q12H</u>	<u>27/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

500mg
(500mg)

~~6 AM X~~

Stop

DRUG : <u>SJP. CETIRIZINE</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>2.5ml</u>	<u>PO</u>	<u>HS</u>	<u>28/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

~~10 PM~~

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				

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	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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

Signature

VERIFIED BY : Name



I.V. FLUIDS CHART

Weight: 11.1 kg Ward:

Date	Time	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
22/12	4 pm	IVF - DNS (2/3 rd @ 10)	IV	28 ml/h	P. M.	G. S.			

VERIFIED BY : Name Signature

HNH-00006239 IP26-00006436
 Baby DHRITI MAKADIA
 21-12-2023 2 Y 5 M 6 D (F)
 Dr. VINAY KUMAR M



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Pranav

Date & Time : 27/5/26 @ 4 PM

Nurse Name & Signature: Nyoni / JKD

Date & Time : 27/5/26 @ 4:02 PM

HNH-00006239 IP26-00006436

Baby DHRITI MAKADIA

21-12-2023 2 Y 5 M 6 D (F)

Dr. VINAY KUMAR M



Wt - 11.1 kg



TRIAGE FORM

Patient's Name : Dhruti Age : 2 Y 5 M Gender: Male Female

Date : 27/05/26 Time of Arrival : 3:30pm

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

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 101.5F PR: 150 BP: RR: SpO₂: 100%

Chief Complaints: C/O Fever & 3 days cough & cold x 2 days

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 3:33pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Apurba

Signature of Triage Nurse : [Signature]

Date & Time : 27/05/26 @ 3:33pm

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



1181

10. 1. 19

11. 1. 19

10. 1. 19



11. 1. 19

11. 1. 19

11. 1. 19



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/5/26 Time of arrival : 3:30 PM

Chief Complaints: RBS:

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

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 0 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 : 3:33 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→

Samples collected by: /

Time:

Samples sent by: /

Time:

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: 156 b/m BP: CFT: 25cc RR: SPO ₂ : 100% GCS: 15/15 Temperature: 100.5 F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: ward Time of Shift - out: 4:20 PM Handover given to: Supriya (Nurse's Name)


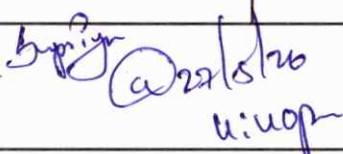
Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Beabin Signature of the Nurse: 

Date & Time: 27/5/20 @ 3:33 PM

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00006239 IP26-00006436 Baby DHRITI MAKADIA 21-12-2023 2 Y 5 M 6 D (F) Dr. VINAY KUMAR M 		Date & Time of Admission 27/5/26 @	Date & Time of Transfer Order 27/5/26 @ 4:40pm
		Transfer Ordered by Dr. Renu	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films VBR	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis Jyoti / Jyoti		Name of Person Ordered Transfer Dr. Renu	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27/5/2026 Time: 6 PM

Weight: 11 kg Centile: 5th

Height: Centile: -

Inference: underweight child

RDA: - Calories: 1250 kcal/d Protein: 21 gms/d

Diet Recommendations: soft diet with more liquids

Re-Assessment: Avoid spicy, chilled & outside foods

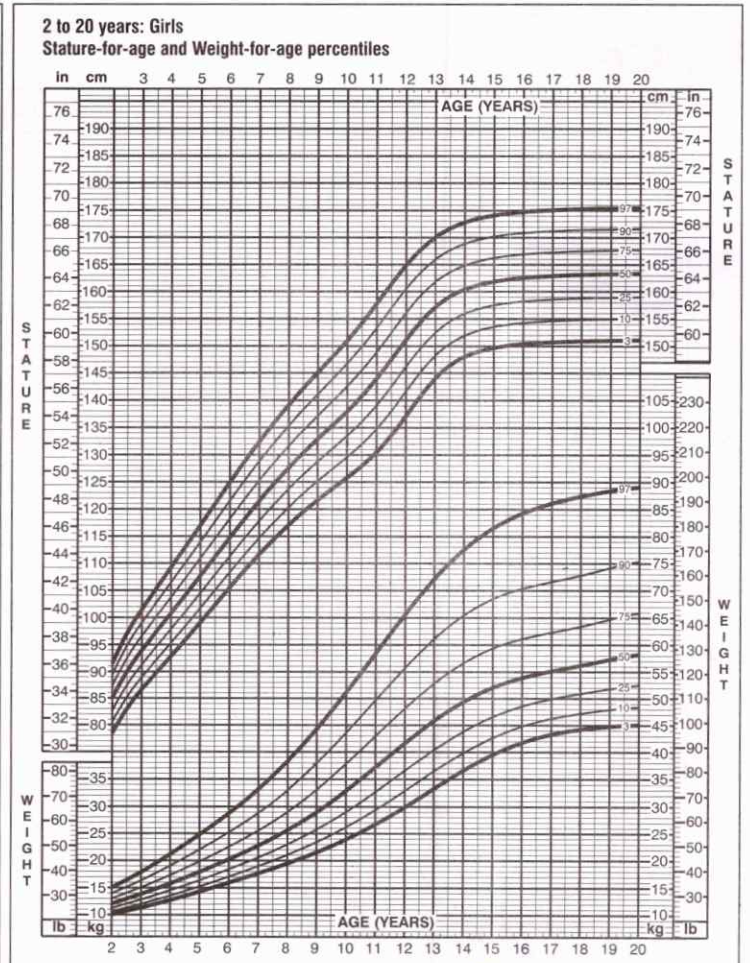
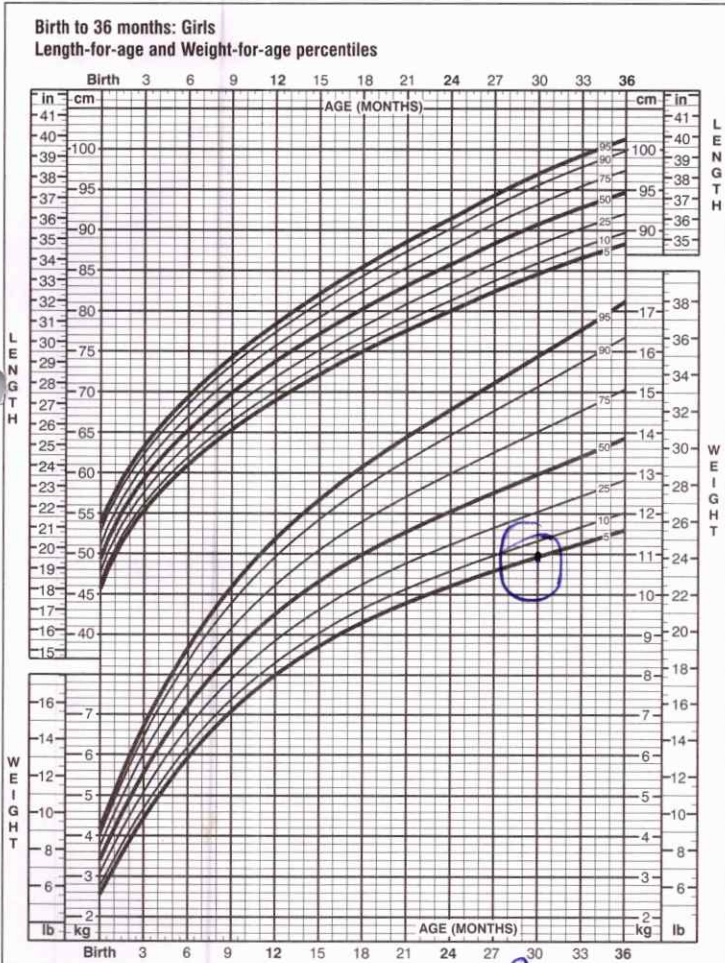
Food Allergies: NO Veg/Non-veg: NON-veg

Diagnosis: AFE & dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: B. Rige

GROWTH CHART (GIRLS)



Dietician's Name: Sathwik

Dietician's Signature: [Signature]

