209.

Rainbow® Children's Hospital
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DISCHARGE SUMMARY

Name	Baby MARYAM ZARA	**UHID**	HNH-00016261
Father/Guardian	Mr IMRAN SAZID MOHAMMAD	**Age/Gender**	3 Y 3 M 25 D/ Female
Address	plot no - 92 mmq prime hills colony , mm pahadi, Attapur, Hyderabad, Telangana, INDIA, 500048		
IP No	IP26-00006687	**Admission Date**	29-06-2026
Ref Doctor	Self.		
Discharge Date	03.07.2026		

Consultant:
Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
ENTERIC FEVER	
SARS-CoV-2 POSITIVE	

History: Baby MARYAM ZARA , 3 Y 3 M 23 D , old girl presented with the complain of fever since 20 days, on and off loose stools since 10 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby MARYAM ZARA	UHID	HNH-00016261
IP No	IP26-00006687	Admission Date	29-06-2026

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 108/min, Blood pressure - 100/60 mmHg and Respiratory Rate - 23 /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 were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 12.66 kilo grams.

Investigations: Enclosed reports

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

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Initial hemogram showed Hemoglobin of 8.2 gm%, White Blood Cell count of 6070 cells/cumm, platelet count of 2.48 lakhs/cumm and C-Reactive Protein of 40.0 mg/l. Complete urine examination was normal.
Liver function test showed total SBR of 0.2mg/dl with indirect fraction of 0.1 mg/dl, SGOT -36 U/L, SGPT - 24 U/L, ALP -150 U/L, protein - 6.6 gm/dl, albumin - 3.2 gm/dl, globulin - 3.4 gm/dl, A/G ratio of 0.9.

Name	Baby MARYAM ZARA	**UHID**	HNH-00016261
IP No	IP26-00006687	**Admission Date**	29-06-2026

Blood culture shows: No growth after 48 hrs of incubation.
Chest X ray was normal.

WIDAL (TUBE AGGLUTINATION METHOD) shows:

SALMONELLA TYPHI O - AGGLUTINATION SEEN IN TITRE 1 : 480
SALMONELLA TYPHI H - AGGLUTINATION SEEN IN TITRE 1 : 250
SALMONELLA PARATYPHI AH - AGGLUTINATION NOT SEEN
SALMONELLA PARATYPHI BH - AGGLUTINATION NOT SEEN

Ultrasound abdomen shows:
* Splenomegaly.
* Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region - in keeping with mesenteric adenopathy.
* Mild fecal loading in the ascending colon
* Minimal free fluid in the peritoneal cavity.
- For clinical correlation.

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 fever since 20 days necessary investigations were sent reports showed high infective markers and Widal report showed positive for salmonella typhi , hence Inj ceftriaxone continued .Respiratory panel sent showed , SARS-CoV-2 positive .

Name	Baby MARYAM ZARA	UHID	HNH-00016261
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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. Ceftriaxone
Syrup. Laxolite

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	6 ml	8am - 8pm (after food)	For 11 days.
2	Syp Laxolite	12.5ml	8am - 8pm (after food)	For 7 days
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4ml after food as and whenever

Name	Baby MARYAM ZARA	**UHID**	HNH-00016261
IP No	IP26-00006687	**Admission Date**	29-06-2026

required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ANIKET ANIL PARASHAR on Tuesday(07.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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

Name	Baby MARYAM ZARA	**UHID**	HNH-00016261
IP No	IP26-00006687	**Admission Date**	29-06-2026

website **www.rainbowhospitals.in**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

[redacted]

MC-7373

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.
040-48873000, info@rainbowhospitals.in

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PatientName	: Baby MARYAM ZARA	**Inpatient No.**	: IP26-00006687
Age/Gender	: 3 Y 3 M 24 D/ Female	**Admit Date**	: 29-06-2026
Ward/Bed	: GF -EMERGENCY/ ER01	**Discharge Date**	:

WIDAL (TUBE AGGLUTINATION METHOD) (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

Order Date : 29-06-2026 22:45:07

SALMONELLA TYPHI O - AGGLUTINATION SEEN IN TITRE 1 : 480

SALMONELLA TYPHI H - AGGLUTINATION SEEN IN TITRE 1 : 250

SALMONELLA PARATYPHI AH - AGGLUTINATION NOT SEEN

SALMONELLA PARATYPHI BH - AGGLUTINATION NOT SEEN

METHODOLOGY: TUBE AGGLUTINATION

NOTE : SUGGESTIVE OF ENTERIC FEVER DUE TO SALMONELLA TYPHI.

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

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

..... End of the Report .....

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.
040-48873000, info@rainbowhospitals.in

PatientName	: Baby MARYAM ZARA	**Inpatient No.**	: IP26-00006687
Age/Gender	: 3 Y 3 M 24 D/ Female	**Admit Date**	: 29-06-2026
Ward/Bed	: GF -EMERGENCY/ ER01	**Discharge Date**	:

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED
Order Date : 29-06-2026 22:46:37

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

This is an interim report. The final report will be released after 24 hours

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 : IP26-00006687 **Admit Date** : 29-Jun-2026 **Admit Time** : 10:20 PM **UHID** : HNH-00016261

Patient Details :

Patient Name	: Baby MARYAM ZARA	**Age**	: 3 Y 3 M 22 D
Guardian	: Mr IMRAN SAZID MOHAMMAD	**DOB**	: 07-03-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no - 92 mmq prime hills colony , mm pahadi Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 9966737031/ 7093860104
		E-mail	: imransazid@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr IMRAN SAZID MOHAMMAD **Relationship** : Father

Contact Address : plot no - 92 mmq prime hills colony , mm pahadi Attapur Hyderabad Telangana INDIA 500048 **Phone No** : 9966737031

Md Imran Sazid

Signature

Doctor Details :

Doctor Name : Dr. ANIKET ANIL PARASHAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : ADITYA BIRLA HEALTH INSURANCE CO. LTD

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ACTIVITY RECORD FOR BILLING

HNH-00016261 IP26-0000668 /
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

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

UHID No : ---------- Consultant : ---------- Dept : pediatrics

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
29/6/26	11:19 pm	ER	2nd floor (219)	Trudy RN

Cross Consultation Visit

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

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/6/26	CBP		
	CRP		
	widal	10632	[illegible]
	KFT		
	Blood c/s	10633	[illegible]
29/6	CUE	10 636	[illegible]
29/6	X-ray chest	7773	[illegible]
	cross checked N/B [illegible]		
30/6/26	USG abdomen	7774	Sneha
1/7/26	Respiratory panel (5 virus)	10712	[illegible]

cross checked done by
Amruth

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time		
29/6/26	Infusion Pump	11pm	30/6/26 @9am	209411	

cross checked by Nurse
3/7/26 @ 10AM

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	W placement	1	9351	[illegible]
30/6/26	NHA	1	9470	[illegible]

Cross checked done by [illegible]

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

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

Patient Name : _____

Patient ID# : mariyam

Consultant : Dr. Aniket

Final Diagnosis : PYREXIA OF UNKNOWN ORIGIN

Pediatric Multiorgan History & Physical Examination

Name : mariyam Age/Sex 3y 3m

Informant Parents Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

c/o - Fever x 20 days
- loose stools - on & off for 10 days, reduced now

History of present illness :

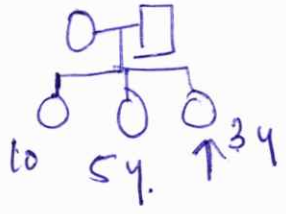
A 3 year old child presented with complaints of fever for 20 days, mod - high grade, insidious onset, intermittent, subsided on taking medication, but reassed, no h/o rash, no h/o Pain abdomen, no h/o burning micturition, no h/o vomiting, no h/o cough / cold.
took Azithromycin, ofirme, Antimalarials & stopped outside CRP-47
c/o loose stool after starting Ab's, subsided after 10 days, semisolid, yellowish 3-4 episodes/day
no h/o water change.
(N) Bowel & Bladder now
Rev - (N)
Growth - (N) Acc to parents

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Hypothyroidism, FT1 SCS (Prev LSCS)
Bwt - 3.5kg, CIAB, NONICU admission
normal



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate
can scribble

Immunization History :

immunised upto 18 months.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12.66kg (Centile _____)

On Examination :

Temperature : 98F Pulse Rate: 108 Description Regular

B.P. 100/60 SPO2 98% at Room air

Resp. rate and type of breathing : 23/mn rhythmic

Signs of dehydration

Rash no

Lymphadenopathy no Oral cavity dry

Oedema : no Oral cavity - (N)

Respiratory system :

Inspection (any s/o distress) :

Air entry & breath sounds : NVBS+, BL/AE+, No added Sounds

Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium :

Heart Sounds : S1S2+, No murmurs

Any murmur :

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

Per Abdomen :

Inspection (N) Shape, umbilicus Provided

Palpation : Soft, Non-tender, liver, spleen → Just palpable

Ausculation : tip (+)

Spine: N External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition : WNL

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel : regular

Clinical Summary & Diagnostic :

Pyrexia of unknown origin.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Paired Blood culture
CRP, CBP, WIDAL, LFT
CUE, xray chest,
~~Urine~~ USG Abdomen — due
Extra Sample (Scrub / Brucella serology)

due

NIB shivishu

Planned Management :

IVF 1oidsc 1/2 m)
Ceftriaxone
Antipyretics

NIB shivishu

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 D. Aniket on whose name the patient is being referred

Aniket Anil Paraskar
Consultant Pediatrician & intensivist
Reg. No: 8568

Doctor's Signature Name Date 29/6/26 Time

HNH-00016261 IP26-00006687
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07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/23 7am	UHB Dr. Shamim PUO.	
	- fever spike @ 2am (100.4) F	
		Plan ~~start~~ CRP LFT Widal Blood cs. 2) Inj. ceftriaxone 3) Inj. IVF 4) Rest inj. as per Rx chart. Noted by Monika

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 9Am	c/s/b Dr. Aniket	
	Pyrexia of Unknown Origin (PUO)	
	Fever :- 20 day	Plan
	↳ Night - 100.4°F	1) Inj Ceftriaxone
	child asleep	2) Tran blood c/s
	vital stable	3) To do USG Abdo
		4) Encourage orally
	Afebrile now	5) Stop IVF
	R-S ~ B/L AE ®	6) If repeat fever spikes, to
	P/A - Soft	send 5 Virus panel
		NB Sach @ 10 Am
		Sr. Dr. Aniket P
	Dr. Aniket Anil Parashar Consultant Pedi... Intensivist Reg. ...	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 2:00pm	C/s/B. Dr. Naipurya Pyrexia of unknown origin	
	fever (+) - 100.3°F.	P/OM
	Vitals - stable	- Cont Inj ceftriaxone
	R/S - B/L AE (+) P/A - soft, NT	- trace USG Abd report Blood C/S - send resp panel if fever spikes (+). - Encourage orally
30/6/26 5:30pm	S/B Dr. Aniket Pyrexia of unknown origin fever spikes (+) oral acceptance - fair	Adv TPR/IOC • Ct Ceftriaxone • (+) WIDAL Blood c/s
	o/e vitally stable RS - AEBE s/e P/A - soft, nt	• Ct rest same

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/r/6- Dr. Srikanth / Dr. Vany	
01/07/26 01:7AM	D:- Pyrexia of unknown origin (WIDAL +ve)	
	fever ⊕ < 100.3° @8pm, 101.5° @7AM. No fresh concern	
	O/E:- GC - fair; Hemodynamically stable; Hydration = good	
	S/E:- NAD	
		Adv:
		- IV fluids
		- Inj Ceftriaxone
		- Monitor vitals and Inform SOS
		~~Send~~ S RS PLme
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	S/B Dr. Aniket.	
11 AM	ENTERIC fever.	
		Adv.
	fever spikes (+).	· Continue Ceftriaxone
	oral acceptance - improved.	· (T) Respiratory panel.
	coated tongue (+)	· Improve fluids orally
	V/S passed	· (T) Blood culture final report
		· Make Ceftriaxone BD
		· Dulcolax suppository stat.
	O/E vitally stable.	
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568
	S/E P/A - soft, nontender.	Dr. Aniket P
1/7/26	S/B Dr. Thanvi	
2:30pm	ENTERIC FEVER	
	- fever spikes (+) last spike at 7am (101).	24h - no growth
	- no vomitings	
	- no loose stools / Pain abdomen	Plan
	- oral intake: fair	1) ct. ceftriaxone.
		2) trace resp. panel.
	O/E	3) trace Blood c/s final report
	vitals: stable	4) monitor vitals
	P/A: soft, nontender	5) Rest ct. as per Rx chart

N.B Amruth
03pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7 5:45pm	C/S/B Dr Aniket	
	Enteric Fever with SARS-COV Illness	
		Rx
	Last fever - 7:30AM - 101°F	1) CT - Inj Ceftriaxone
	Oral intake - fair	2) Trace Adeno
	Dull activity	Blood C/S
	Child asleep	Urine C/S
	Vitals stable	3) Monitor Vitals
	Afebrile	Inform SOS
	R.S - B/L AE ⊕	
	P/A - soft	Next pack
		CBP CRP, VBG
		NB Sister @ 5:45pm
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	Dr. Aniket P

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7:00AM	c/s/B Dr- Pranav / Dr. Naipunya	
	Enteric Fever with SARS - COV Illness	
		Plan
	Fever - 100.4°F (10:00pm)	1) Trace Blood c/s
		Urine c/s
	Oral intake - fair	Adeno
		2) Inj Ceftriaxone
	Child asleep	
	Vitals Stable	3) Next prick - CBP
	Afebrile	CRP, RBG
	R-S - B/L AE ⊕	
	P/A - Soft.	4) Monitor Vitals.
		Pranav

NH-00016261 IP26-00006687
aby MARYAM ZARA
-03-2023 3 Y 3 M 24 D (F)
r. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. ~~Antesh~~ Aniket	
2/7/26 11:30AM	Enteric fever / SARS COV2 illness.	
	fever spikes (+).	
	Oral intake - fair.	
		Plan
	O/E - vitals stable.	- Trace urine C/S, admovitions.
	S/E -- P/A - SNT, NT.	- Cf. Ceftriaxone.
		- Next prick CBP, CRP, VBG / IV line change.
		- Syp. Azithro 12.5ml BD x 5 days ↓ HS
		Dr. Aniket P

Dr. Aniket A... Parashar Consultant ... Intensivist Reg. ...

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

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r. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2:30PM	c/s/o Dr. Varun / Dr. Thanvi Δ- Enteric fever / SARS cov 2 illness. - 2 ast fever yesterday @ 10pm (100.4°F) - Oral intake - fair. O/E - stable. O/E - P/A - SNT, NT.	Plan - Trace urine c/s, - Admission. - Next IV line change → Send CBP, CRP.

NH-00016261 IP26-00006687
aby MARYAM ZARA
7-03-2023 3 Y 3 M 24 D (F)
r. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/?/26 5:45 PM	S/B Dr. Aniket	
	Δ Enteric fever	P/c
	Afebrile	- C/C CEFTRIAXONE
	Vitals stable	
		- I&O [illegible]
	CVS - S1S2 ⊕	
	RS - B/L - AE ⊕	- Encourage orally
	P/A Soft -	NB [illegible] 5:45
	Conscious	
		Dr. Aniket Anil Parashar, Consultant Pediatric Intensivist, Reg. [illegible] — [signature]

HNH-00016261
Baby MARYAM ZARA
07-03-2023
Dr. ANIKET ANIL PARASHAR
IP26-00006687
3 Y 3 M 24 D
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 · 7AM	S/B Dr Archana / Dr Sreeghan ·	
	Δ: Enteric fever (WIDAL positive)	
		Advice ·
	fever spikes ⊖ ·	· Ct Ceftriaxone & Symptomatic support ·
	oral acceptance - fair	· TPR IDC ·
	Activity - good	· (Blood culture shows 48 hours - No growth)
	pain per abdomen ⊖ ·	
	U] passed	
	S]	
	o/e	
	Vitally stable	
	s/e	
	- P/A - soft, non-tender ·	
		Sd/ Dr. Archana ·
3/7/26 / 10 Am	S/B Dr. Aniket Sh	
	Δ Enteric fever	Ph
		- CEFIXIME - Enteric dose (total 14cc) 10 days
	Afebrile	
	Vitals stable	- F/up on Tuesday
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	- Discharge
		Sd/ for Dr. Aniket Sh

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: Nill ☐ 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: Syp. CROCIN DS				Date/Time
Dose	Route	Frequency	Start Date	
4ml	PO	SOS	29/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (240 mg / 5 ml)				

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 Dr. Dhakshayani

VERIFIED BY : Name ..... Signa...

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 12.6 Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	BD 12h	Ruth

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti Ruth.

Additional Instructions: 100mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.2g	IV	Q24h	29/6

Name & Signature of the Doctor Starting the Drugs: Ruth Dr. Prashanti

Additional Instructions: 100mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time 29/6 30/6

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV.	12th hourly	1/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 1/7 2/7 3/7

10AM 11:30 PM 10pm

DRUG : SJP. LAXOLITE

Dose	Route	Frequency	Start Date
12.5ml	PO	BD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 2/7/26 3/7

11AM 12:20 pm 11pm

Verified by Dr. Dhakshayani

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

Weight. 12.6kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	11 AM	Dulcolax Suppository	1 suppository.	P/R.	Saf	A B

Signature .....

VERIFIED BY : Name .....

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

I.V. FLUIDS CHART

Weight. 12·6 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
29/6/26	10:45 AM	IVF PLASMALYTE	25 ml/hr	IV	Ruth		30/6		

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

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RESULT SHEET

Date	29/6/26					
Time						
Hb	8.2					
PCV	23.7					
RBC	3.23					
WBC	6.07					
N/L	38.8/54.3					
Platelets	248					
CRP	40					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	150					
SGPT	24					
SGOT	36					
T.Bill/Conj	0.2/0.1					
T.Protein	6.6					
S.Albumin	3.2					
S.Globulin	3.4					
A/G Ratio	0.9					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	Nil					
CUE						
Epithelial cells	3-5					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
SARS - CoV	Positive					
Flu	Negative					
Adeno						

Culture and Sensitivities : Blood cs : 24 hrs no growth - 48 hrs no Growth

Urine cs

widal : Salmonella Typhi

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

Patient

RM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6 Time:	11pm	16:44	3 AM	6 AM
Doctor / Nurse / Family Concern?				
Temperature (F) (104–94)	97.8°F	100.4 (PCM)	98.4°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	96/65 (76)			90/57 (68)
Heart Rate (Number)	123 b/m	128 b/m		105 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	20			24
Resp Rate (Number)	20 b/m	20 b/m		24 b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	98%		100%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0			0
Pain Score	0			0
Observer's Initials	[signature]			[signature]

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 in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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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)

1-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

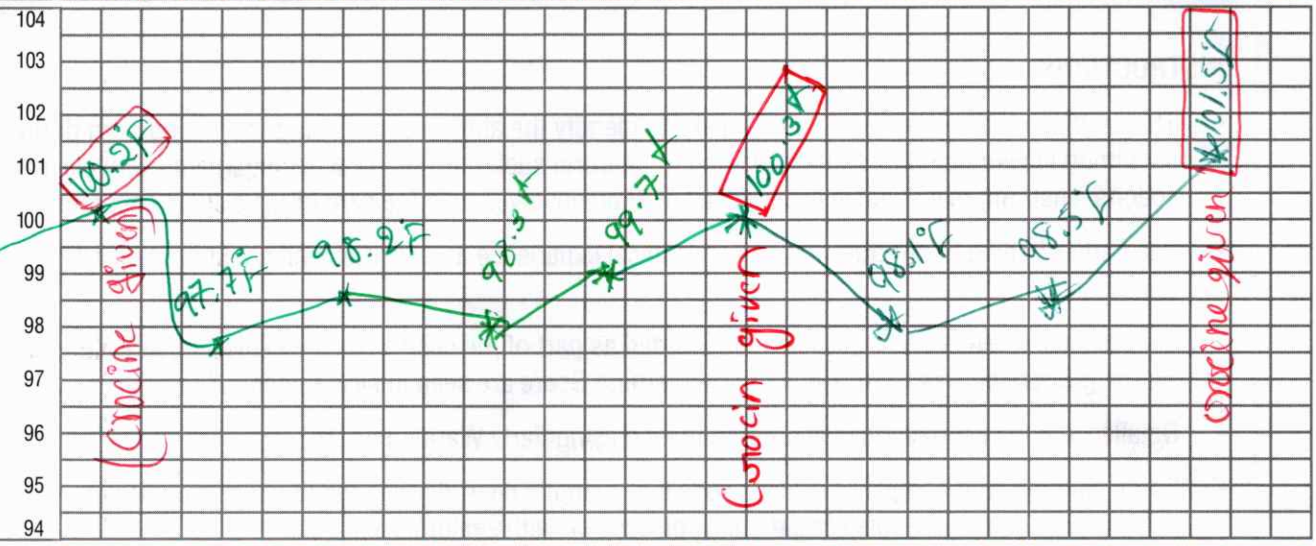
Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6 (?) .... Time:

	11AM	12pm	2pm	6pm	6:30pm	8pm	10pm	2AM	7AM
Doctor / Nurse / Family Concern?									

Temperature (°F)



	11AM	12pm	2pm	6pm	6:30pm	8pm	10pm	2AM	7AM
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)	100/65 (72)		109/67 (80)		101/60		99/59 (69)	98/60	102/57 (72)
Heart Rate (Number)	110 b/m		113 b/m		114 b/m		113 b/m	115 b/m	116 b/m
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	25 b/m		23 b/m		25 b/m		28 b/m	28 b/m	28 b/m
Resp Distress — Mod/Severe; None/Mild									
Receiving O_2 (l/min) / O_2 Saturations (%)	100%		100%		98%		99%	98%	99%
Conscious Level — Normal / Altered									
GCS *									
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]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 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!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**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)

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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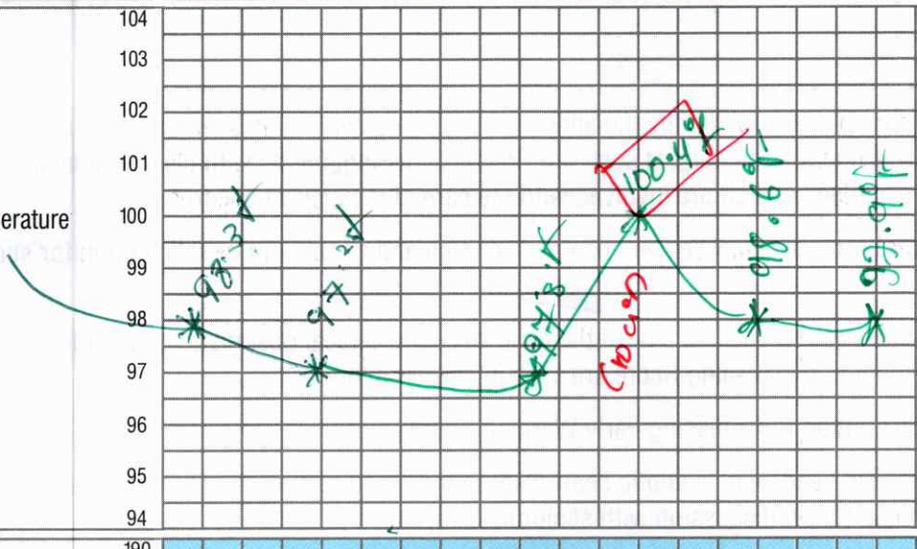
EARLY WARNING SCORE: CHILDREN'S UNIT

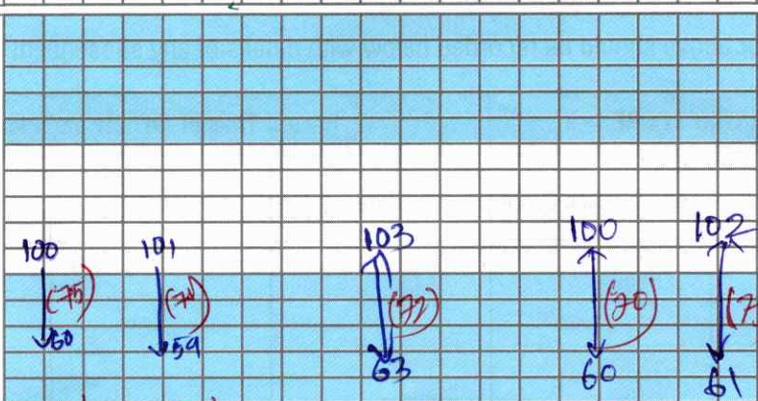
Date : ..... Time:	10 Am	2 pm	6 pm	(9pm)	2 Am	6 Am
Doctor / Nurse / Family Concern?						

Temperature (F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	117 b/m	115 b/m	118 bm	116 bm	118 bm

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

Resp Rate (Number)	25 b/m	27 b/m	28 bm	28 bm	28 bm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	100 %	98 %	98 %	99 %	99 %
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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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Patient Sticker

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

/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7 Time:	10	2pm	6pm	10	2	6
Doctor / Nurse / Family Concern?	AM			PM	AM	AM
Temperature (F)	97.4°F	98.1°F	97.8°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	116b/m	122b/m	118b/m	120b/m	119/66	120/m
Resp. Rate (bpm) (Over 1 Minute) *	29b/m	25b/m	29b/m	28b/m	29b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	99%
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						

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
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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)

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Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :**						
29/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	platelet	2th +hs	25ml								
	12:00 am			25ml								
	01:00 am			25ml								
Total Intake :						**Total Output :**						
30/6	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am	platelet		25ml								
	05:00 am			25ml								
	06:00 am		th	25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. 2

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
30/6	08:00 am			25 ml								
	09:00 am			25 ml						✓		
	10:00 am	Plasmalyte	Idly	25 ml			0	Nil			0	
	11:00 am		+	25 ml	Nil							[illegible]
	12:00 pm		H_2O	25 ml						✓		
	01:00 pm			25 ml								
Total Intake : Taken						**Total Output :**				U-2 [illegible]		
30/6	02:00 pm			25 ml								
	03:00 pm			25 ml						✓		
	04:00 pm	plasmalyte	Idly	25 ml								
	05:00 pm		+	25 ml	—NA—		0	—NA—			0	[illegible]
	06:00 pm		H_2O	25 ml						✓		
	07:00 pm			25 ml								
Total Intake : Taken						**Total Output :** M-0				U-2		
	08:00 pm											
	09:00 pm									✓		
	10:00 pm		[illegible]	Stop							0	[illegible]
	11:00 pm			IVF	Nil		0	Nil				
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
1/7	02:00 am											
	03:00 am											
	04:00 am			Stop	Nil			Nil			0	[illegible]
	05:00 am			IVF			0			✓		
	06:00 am		[illegible]									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/7			Mouth	I.V	N.G							
	08:00 am									✓	0	
	09:00 am										0	
	10:00 am	0	Idly				0			✓	0	
	11:00 am		T		NA			NA			0	A
	12:00 pm		H_2O								0	
	01:00 pm									✓	0	
Total Intake : Taken						**Total Output :** M-0					U-3	
1/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm		Idly		NA			NA			0	
	06:00 pm		H_2O								0	
	07:00 pm										0	
Total Intake :						**Total Output :**					U-3 M-1	
1/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		Idly								0	
	11:00 pm	0	H_2O		NA		0	NA		✓		
	12:00 am											
	01:00 am											
Total Intake : Taken						**Total Output :**					U-1 M-	
2/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	0	Idly		NA		0	NA			0	
	06:00 am		H_2O							✓		
	07:00 am											
Total Intake : Taken						**Total Output :** U-1 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7/23	08:00 am										0	
	09:00 am		Idly								0	
	10:00 am		+								0	
	11:00 am		H2O								0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :** U-2 M-						
2/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm		Rice								0	
	05:00 pm		+								0	
	06:00 pm		H2O								0	
	07:00 pm										0	
Total Intake :						**Total Output :** U-3 M-1						
9/7	08:00 pm										0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :** U-1 M-						
3/7	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am		Hmw								0	
	07:00 am										0	
Total Intake :						**Total Output :** U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 29/6/26

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							
Afternoon							
Night	8pm 8am	Assess the baby Monitor the v/s administer Medicin Maintain I/O chart	8pm 8am	Assessed the baby Monitored V/s administered Medicine Maintain I/O chart	administered medicine	Reassess the patient	Anil

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NURSING CARE RECORD

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Date: 30/6/26

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 to 2Pm	Assess the pt condition. Monitor vitals record. maintain I/O chart. Provide the comfortable position. medication given as per doctor order.	8Am to 2pm	Assessed the pt condition. Monitored vitals. maintained I/O chart. Provided the comfortable position. medication given as doctor order.	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart.	[signature]
Afternoon	2pm to 8pm	→ Assess the pt condition → monitoring vitals checked and monitored → I/O chart maintain	2pm to 8pm	→ Assessed the pt condition → Administration of medication given as per doctor order's	→ pt is stable.	→ Re-Assess the vitals	[signature]
Night	8pm to 8	[illegible]	8pm to 8	[illegible]	[illegible]	[illegible]	[signature]

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NURSING CARE RECORD

Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8Am to 2pm	→ Assessed the pt condition → Administrating medication given as per doctor order's	→ pt is stable	→ Re-checked vitals	Ammu
Afternoon	2Pm to 8pm	Assess the pt condition. monitor vitals 4 hourly. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	2Pm to 8pm	Assessed the pt condition. monitored vitals 4 hourly. maintained I/O chart. Provided the comfortable position. medication given as per as doctor order.	→ pt is stable. → vitals normal	→ monitor vitals → maintain I/O chart.	[illegible]
Night	8pm to 8am	Assess the baby Monitor the vitals administer medication Maintain I/O chart	8pm to 8am	Assessed the baby Monitored the vitals administered medication Maintained I/O chart	administer [illegible]	Record [illegible]	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	Assess the general condition – Check vital & record – medication are given as per doctor advice – I/O chart maintain	8am – 2pm	Assessed the general condition – checked vital & recorded. – medication are given as per doctor advice – I/O chart maintained	pt is stable	rechecked vital	[illegible]
Afternoon	2Pm to 8Pm	Assess the pt condition. Monitor vitals & rec. Maintain I/O chart. Provide the comfortable position. Medication given as Per as doctor order.	2Pm to 8Pm	Assessed the pt condition. Monitored vitals. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable. → vitals normal	→ monitor vitals → maintain I/o chart.	[illegible]
Night	8pm – 8am	[illegible]	8pm – 8am	[illegible]	[illegible]	[illegible]	[illegible]

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SING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift	30/6/26 8am	30/6/26 M6	30/6 E2	1/7 8am	1/7 M6	1/7 E2
	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:	98.3°F	98.2°F	98.2°F	98.2°F	98.3°F	98.2°F
	Res:	28b/m	28b/m	28b/m	28b/m	27b/m	28b/m
	SpO₂:	100%	99%	100%	99%	100%	99%
	Pulse:	112	110b/m	112b/m	112	117b/m	117b/m
	BP:	–	–	107/60	99/62	107/60	99/62
	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):	–	–	NA	–	NA	–
Post Operative Procedure Special Orders:		–	–	NA	–	NA	–
Handed Over By Name :		Afsheen	Sneha	Amrutha	[illegible]	Amrutha	Sneha
Signature / ID :		[illegible]	460/6057	[illegible]	[illegible]	[illegible]	460/6057
Date:		30/6	30/6	30/6	1/7	1/7	1/7
Time:		8am	2pm	8pm	8am	2pm	8pm
Taken Over By Name :		Sneha	Amrutha	[illegible]	Amrutha	Sneha	[illegible]
Signature / ID :		460/6057	[illegible]	[illegible]	[illegible]	460/6057	[illegible]
Date:		30/6	30/6	30/6	1/7	1/7	1/8
Time:		8pm	2pm	8am	8Am	2pm	8am

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

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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	2/7 8am	2/7 EL	3/7 8am			
	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:	96.0F	98.2F	98.0F			
	Res:	20/-	27b/m	20b/m			
	SpO_2:	100%	99%	100%			
	Pulse:	102	102b/m	106b/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 :		[illegible]	[illegible]	[illegible]			
Signature / ID :		[illegible]	[illegible]	[illegible]			
Date:		2/7	2/7	3/7			
Time:		8am	8pm	8am			
Taken Over By Name :		[illegible]	[illegible]				
Signature / ID :		[illegible]	[illegible]				
Date:		2/7	2/7				
Time:		8pm	8am				

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BRADEN 'Q' SCALE

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					Date :	30/6	30/6	30/6	1/7
					Time :	8am	8pm	8am	8pm
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	3	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	20	23	23	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
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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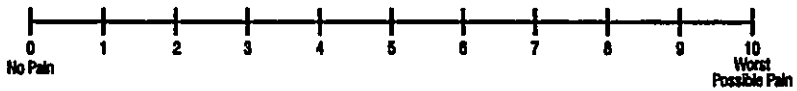
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	10 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

INH-00016261 IP26-00006687
Baby MARYAM ZARA
17-03-2023 3 Y 3 M 24 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
2/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
3/7	8am	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		
				☐ 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

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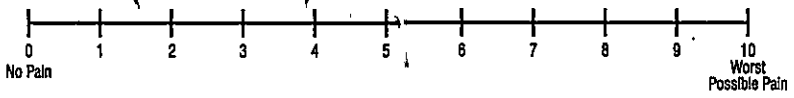

Wong - Baker (Pediatrics) Above 7 Years

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CATEGORY	SCORING		
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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
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HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 (30/6)			DAY-3 (1/7)			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	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	NA	NA	0	NA	NA	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	NA	NA	0	NA	NA	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	NA	NA	0	NA	NA	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	NA	NA	0	NA	NA	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	NA	NA	0	NA	NA	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 : ..... Name : .....

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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	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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	0							
		Signature of the Nurse											

2/7

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

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ER ..... Shifted to: ..... 2nd Floor (209) .....

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. Prashanthi .....

Date & Time : 29/6/26 @ 10:15pm .....

Nurse Name & Signature: Vijaya (RN) .....

Date & Time : 29/6/26 @ 10:20pm .....

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016261 IP26-00006687 Baby MARYAM ZARA 07-03-2023 3 Y 3 M 22 D (F) Dr. ANIKET ANIL PARASHAR	29/6/26 @ 10:20 PM	29/6/26 @ 11:19 PM
	Transfer Ordered by Dr. prashanth	Reason for Transfer Admission.
From Unit ER	To Unit 2nd floor (209)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (1W)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. prashanth

Patient & Clinical Records Received by : Monika 11:30PM 29/6/26

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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209

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/6/26 Time: 9:30 Am

Weight: 12.6 kg Centile: 10th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1300 kcal/d Protein: 22 gms/d

Diet Recommendations: soft diet with more liquids

Re-Assesment: Avoid spicy, chilled & outside foods.

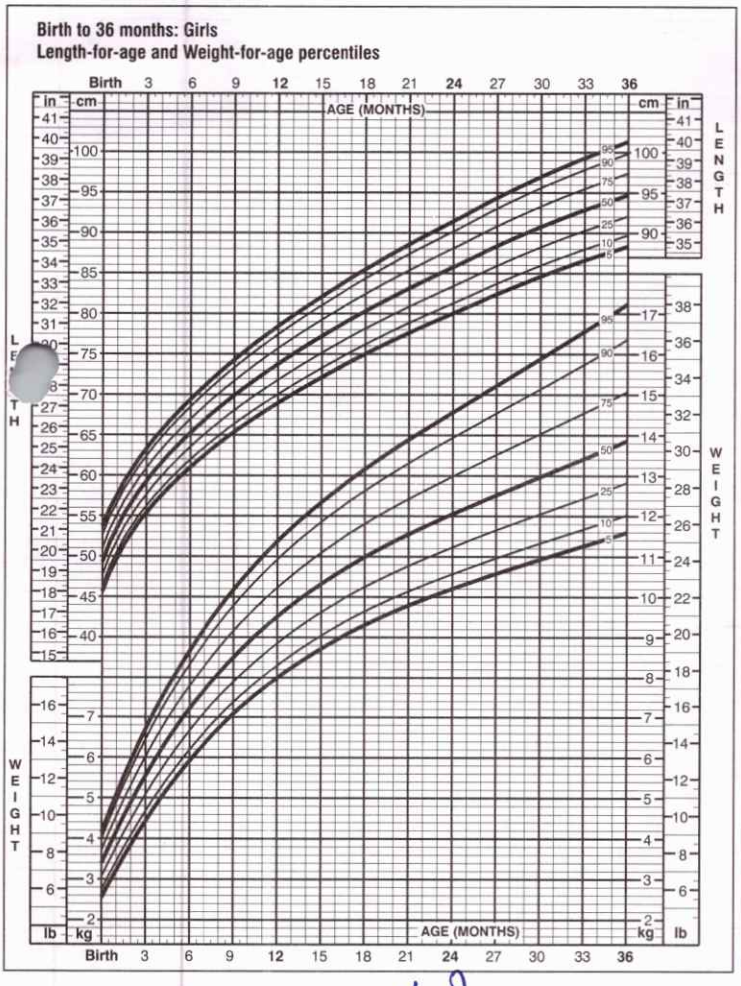
Food Allergies: NO Veg/Non-veg NON-veg

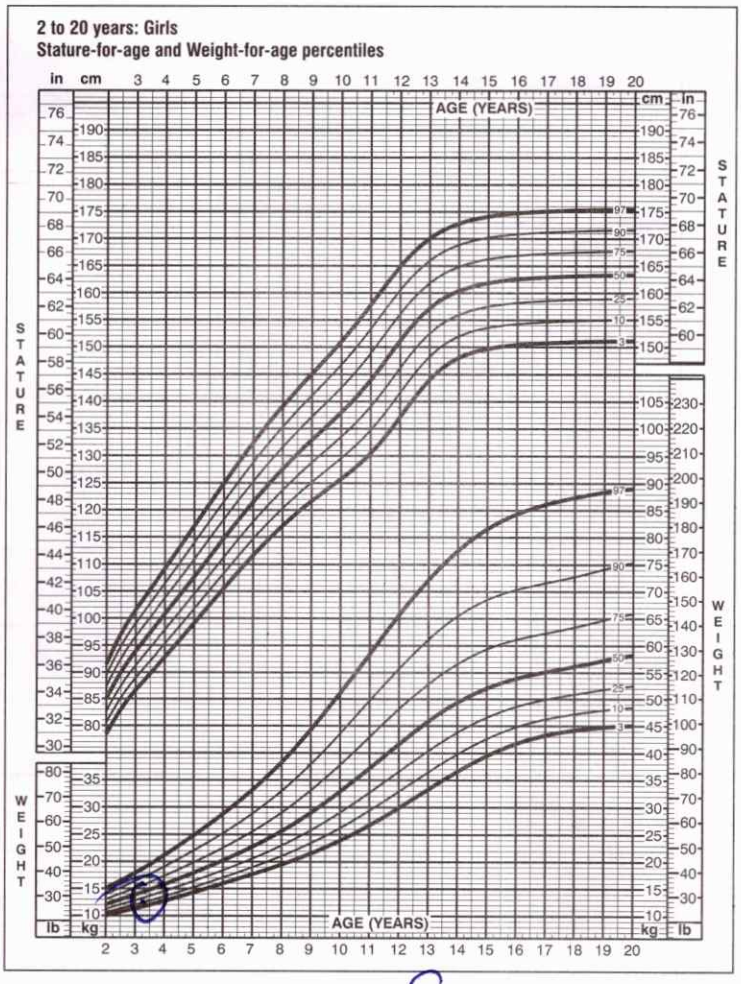
Diagnosis: PVO

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Mdsmm

GROWTH CHART (GIRLS)





Dietician's Name Sathwika.G Dietician's Signature

Daily Notes:

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
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wt - 12.66 Kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : maryam zara Age : 3 years **Gender:** ☐ Male ☑ Female

Date : 29/06/26 Time of Arrival : 9:33PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.6F PR: 105b/M BP: 93/61 (72) mmHg RR: 28b/M SpO_2: 98%

Chief Complaints: c/o fever since 15 days

INITIAL PHYSIOLOGICAL CATEGORIZATION	**INITIAL PHYSIOLOGICAL STATUS**
Appearance: ☐ Normal ☑ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : ....

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shirisha

Signature of Triage Nurse : [signature]

Date & Time : 29/06/26 @ 9:35PM

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

HNH-00016261 IP26-00006687
Baby MARYAM ZARA
07-03-2023 3 Y 3 M 22 D (F)
Dr. ANIKET ANIL PARASHAR

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/06/26 Time of arrival : 9:35PM

Chief Complaints: C/O fever since 15 days RBS: .....

Height : ..... Weight : 12.66kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With family .....

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

Time of Initial assessment completed by ER Nurse : @ 9:40PM

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

Time	Nursing Notes
9:42 pm	Assess the patient condition monitor the vital sign

Samples collected by: /

Samples sent by : / Vijaya

Time:

Time: / 11:10 pm

Medication given in ER:

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

Condition of patient at time of shift - out : stable

HR: 105 b/m BP: 93/61 (72) CFT: N/A

RR: 28 b/m SPO_2 : 98%

GCS: 15/15 Temperature : 98.2

Pain Score: 01

Repeat RBS (if applicable): N/A

Details of Shift - out

Shift - out from ER to: 2nd floor (20 q)

Time of Shift - out: 11:19 pm

Handover given to: Monika
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Shivaraj Signature of the Nurse :

Date & Time : 29/06/26 @ 9:44 pm