Rainbow® Children's Hospital
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21 D.C

DISCHARGE SUMMARY

Name	Master RUDRANSH DEV BEERAMGANTI	**UHID**	HNH-00007497
Father/Guardian	Mr B UDAY CHANDER	**Age/Gender**	1 Y 3 M 12 D/ Male
Address	flat no 408 rohini chambess tilak nagar road, Adikmet, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006767	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
SIMPLE FEBRILE SEIZURE (1ST EPISODE)	
SARS-COV-2 POSITIVE (COVID ILLNESS)	

History: Master RUDRANSH DEV BEERAMGANTI , 1 Y 3 M 12 D , old boy presented with the history of fever, cold since 1 day, 1 episode of seizure in the form of uprolling of eyeballs / generalised tonic clonic movements of lasting for 10 minutes followed by post ictal drowsiness on the day of admission. For the above complaints, he was admitted at Rainbow Children's

Name	Master RUDRANSH DEV BEERAMGANTI	UHID	HNH-00007497
IP No	IP26-00006767	Admission Date	06-07-2026

Hospital - Himayatnagar for further management.

Examination: He was febrile (103*F), maintaining saturations at room air and was hemodynamically stable. His heart rate was 160/min and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Investigations: Enclosed reports.

GENEXPERT SARS-CoV-2, FLU A, FLU B AND RSV shows:

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

Adenovirus PCR was not detected.

VBG showed pH of 7.41, pCO2 of 30.4mmHg, pO2 of 51 mmHg, HCO3 of 20.1 mmol/L and BE of -5.7mmol/L.

Initial hemogram showed Hemoglobin of 11.0 gm%, White Blood Cell count of 5000 cells/cumm, platelet count of 3.24 lakhs/cumm and C-Reactive Protein of 5.0 mg/l. Serum electrolytes showed sodium of 134 mmol/L, potassium of 4.4 mmol/L & Chloride of 104 mmol/L. Serum Calcium was 9.7 mg/dl. Magnesium was 1.9 mg/dl.

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IP No	IP26-00006767	**Admission Date**	06-07-2026

Management: He was admitted in the ward and started on Intra Venous fluids. He was treated symptomatically with antacids and antipyretics. He was started on febrile seizure prophylaxis with Frisium.

In view of fever with cold, Respiratory panel was sent which showed SARS-COVID positive. symptomatic treatment continued.

He was regularly monitored for fever spikes, hemodynamic & neurological status. His fever spikes gradually settled and there were no further seizure episodes during hospital stay.

He remained hemodynamically stable and is being discharged with the following advice.

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

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

Medication during hospital stay:
Injection. Ceftriaxone
Syrup. Clobazam
Nasoclear saline drops
Syrup. Crocin DS

Advice:

Name	Master RUDRANSH DEV BEERAMGANTI	**UHID**	HNH-00007497
IP No	IP26-00006767	**Admission Date**	06-07-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Clobium (Clobazam - 1ml/2.5mg)	2.5 ml	Twice daily	For 3 days.
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect CUE and urine culture report on followup.

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 3.5ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 2.5 ml twice daily for 3 days every time with fever.
* Medistat - nasal spray (Midazolam = 1.25mg/puff), 1 puff intranasal (into each nostril) for future seizures.

Review consultation with Dr. SPANDANA PASUPULETI on Saturday (11.07.2026) at in OPD with prior appointment **(Review consultation will be charged).**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

Name	Master RUDRANSH DEV BEERAMGANTI	**UHID**	HNH-00007497
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parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006767 **Admit Date** : 06-Jul-2026 **Admit Time** : 08:26 PM **UHID** : HNH-00007497

Patient Details :

Patient Name	: Master RUDRANSH DEV BEERAMGANTI	**Age**	: 1 Y 3 M 11 D
Guardian	: Mr B UDAY CHANDER	**DOB**	: 25-03-2025 04:13 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: flat no 408 rohini chambess tilak nagar road Adikmet Hyderabad Telangana INDIA 500044	**Phone No**	: 9052920203/ 7989295602
		E-mail	: nikitha.raorupula@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 B UDAY CHANDER **Relationship** : Father

Contact Address : flat no 408 rohini chambess tilak nagar road Adikmet Hyderabad Telangana INDIA 500044 **Phone No** : 9052920203

Signature

Doctor Details :

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

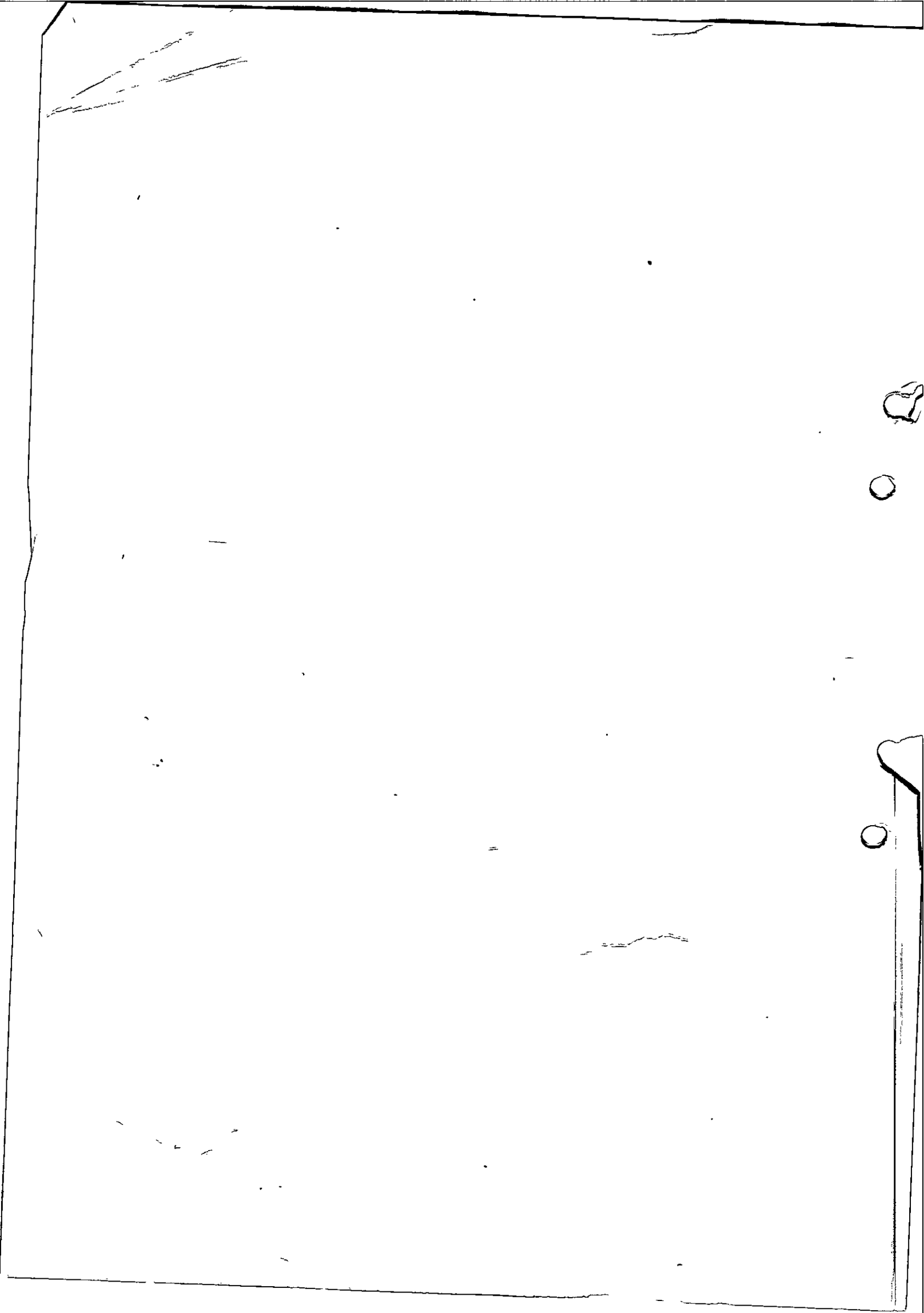
Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00007497 IP26-00006767 ----------
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
UHID No : Dr. SPANDANA PASUPULETI --------- Consultant : ---------- Dept : pediatric

Date of Adr : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	9:20pm	ER	Ward	
7/7/26	10:30AM	221	217	

Cross Consultation Visit

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

INVESTIGATIONS

HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

Date	Investigations	Order No.	Sign
6/7/26	CBP, CRP		
	Respiratory panel		
	calcium	✓ 11126	
	magnesium		
	electrolytes		
	VBG	✓ 11127	
6/7/26	Urine c/s	✓ 11136	
	~~CUS~~		
	Cross checked by Sinanda		

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Master RUDRANSH DEV
25-03-2026 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

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Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV Placement	(1)	71298	
			Cross checked by Surendra	
7/7/26	NHPA	(1)	71453	
			cross checked done by Supriya	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

Patient ID# :

Consultant :

Final Diagnosis :

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Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o fever : 1 morning
- c/o cold : 1 morning
- c/o seizure - GTCS type 10 min ago

History of present illness :

child was apparently normal till today morning 11h developed fever - high grade also chills not relieved on taking medications

- child also c/o cold - also runny nose

- child also had seizure episode -
  1st episode, GTCS type, lasted for 2-3 min, passed stool during the episode
  ↳ no post ictal drowsiness

- no c/o vomitings / loose stool / UTI during micturition.

Pediatric Multiorgan History & Physical Examination

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Dr. SPANDANA PASUPULETI

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

Birth & Neonatal History :

term / 3.7kg / GDM / LAA
- cleft palate - admitted in NICU

Birth & Socio Economic History :

About Father :

About Mother : - seizure h/o in the family (+)

dads brother.

Any additional Information : had h/o febrile seizures.

Developmental History :

upto date

Immunization History :

upto date

Anthropometry

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

Weight (kgs) 11.15 kg (Centile _____)

On Examination :

Temperature : 103° F Pulse Rate: 160 bpm Description _____

B.P. _____ SPO2 100% at _____

Resp. rate and type of breathing : _____

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : BAE (+)

Air entry & breath sounds : clear

Any addes sounds : _____

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

Cardiovasclular System :

$S_1 S_2$ (+)
no murmurs

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

soft
no HSM.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

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Dr. SPANDANA PASUPULETI

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Simple febrile seizures
(1st episode)

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25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
CUE, urine cs (Due)
VBG
Respiratory panel
S. calcium
S. magnesium
S. electrolytes

NB Tyoh

Planned Management :

1) IV ceftriaxone
2) Syp. Ibuprofen

Please fill up the following details

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

Doctor's Signature Name Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925 Date _____ Time _____

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25-03-2025 1 Y 3 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:00 AM.	O/S/B for Naipunya / Dr. pranav	
	simple febrile seizures	
	fever spikes – 102°F present.	Plan
	oral intake – good.	– Cont Ceftriaxone Clobazam
	R/S – B/L AE ⊕	
	P/A – soft, NT	– Trace. Resp panel. CUE
	Vitals – stable.	– watch for seizures
		– monitor vitals.
7/7/26 10 am	O/B Dr. Tejaswini	
	simple febrile seizures 2° to COVID ⊕ ve	
	– fever spikes ⊕ 102 – 2 am	
	– c/o cold ⊕	Plan
	– oral intake : fair	1) Ct. clobazam
	O/E	2) trace WE, Blood c/s, urine c/s
	vitals : stable	3) Ct. ceftriaxone.
	O/E – RS : BAE ⊕ clear	NB Sm Elom
		[signature]
	Dr. S. TEJASWI REDDY Registration No: 94068	Dr Tejaswi [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr-Snegha	
		Plan
2PM	Δ Simple febrile seizure	[illegible]
	- last fever spike 2am.	- Cf CEFTRIAXONE
	No further seizure	
		- Trace Blood C/S
	CVS - S1 S2 (+)	Urine C/S
	RS - BLL - AE (+)	
		- Cf IV fluid
	P/A - soft	
	Conscious	
	[signature]	
	[signature]	
7/7/26 3PM	S/D Dr Spandana	
	Δ Simple febrile seizure	
	No further seizure	Plan
		stop CEFTRIAXONE
	CVS - S1 S2 (+)	
	RS - BLL - AE (+)	- Cf CLOBAZAM
Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No. 30925	P/A - soft	- Cf IV fluids
[signature]	Conscious	
		- Encourage orally

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25-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	4B Dr.- Archana/	
8AM	Dr.- Nazneen	
	· Δ: Simple febrile seizures	· Adv
	(COVID positive)	· Ⓢ CVE
	fever spikes ⊖	Ⓣ urine C&S
	· last spike @ 7pm -	· watch for seizure episodes
	oral acceptance - good	· TPR/IOC
		· Ct rest acc to Rx chart
	o/e vitally stable	
	s/e	
	wnl	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 9:00AM	A/W Dr. Tejaswi	
	Simple febrile seizure AFI c̄ dehydration (COVID positive)	
	No fever.	Plan
	Vitals - stable. R/S - B/L AE ⊕ P/A - soft NT	① urine C/S - send CUE - Discharge today - ~~Syp cefixime~~, - F/U/p on Saturday
		Dr Tejaswi
	Dr. S. TEJASWI REDDY Registration No. 54068.	
	NB - Supriya	10:14AM @ 9/7/24

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DRUG CHART

Date of Admission: 6/7/26 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 / 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 IBUGESIC				Date/Time	6/7
Dose	Route	Frequency	Start Date		
5ml	PO	SOS	6/7	12am	(signature)
Doctor's Signature	Valid Period	Pharm.			
(signature)					
Additional Instructions: if temp >102'F.					

DRUG: INJ MIDAZ				Date/Time
Dose	Route	Frequency	Start Date	
1.2ml	IV	SOS	6/7.	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: 1.2 ml + 1.2ml NS IV/stat/if SZ(+)				

DRUG: Syp PARACETAMOL				Date/Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS	6/7/26	
Doctor's Signature	Valid Period	Pharm.		
(signature)				
Additional Instructions: 250mg/5ml				

VERIFIED BY : Name .... Sign ....

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Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight. 11Kg Ward. .....

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	BD	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	6/7	7/7
	10am x	Stop
10pm		

DRUG : SYP CLOBAZAM

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1ml = 2.5mg)

Daily Doctor's Endorsement by a Sign

Date → / Time	6/7	7/7	8/7
10pm			
10pm			

DRUG : NASOCLEAR SALINE DROPS

Dose	Route	Frequency	Start Date
2	EN	QID	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	6/7	7/7
6am	x	
12pm	x	
6pm	x	
12am		

DRUG : SYP CROCIN-DS

Dose	Route	Frequency	Start Date
3.5ml	PO	Q.6th h	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	6/7	7/7
6am	x	
12pm	x	Stop
6pm	x	
12am		

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Master RUDRANSH DEV
25-03-2026 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

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

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

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Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

221 (217)

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RESULT SHEET

Date	6/7/26					
Time	8:52pm					
Hb	11.0					
PCV	31.0					
RBC	4.17					
WBC	5.00					
N/L	59.0/25.5					
Platelets	324					
CRP	5					
ESR						
PCT						
RBS						
Na	134					
K	4.4					
Cl	104					
Ca/Mg	9.7/1.9					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Adeno ⊖ve

SARS cov_2 → POSITIVE

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master RUDRANSH DEV
15-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

H/ 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 : 6/7/26. Time:	11:30 pm	12 pm	2 Am	3 Am	4:30 Am	7 30 am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	101.1°F (Sponging)	101.0°F (Syp Ibuprofen)	102.5°F (Sponging)	100.1°F	98.6°F	98.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	140	140				
Heart Rate (Number)	140 b/m	145 b/m				142 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	29 b/m	30 b/m				36 b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	98 %	99 %				99 %
Conscious Level — Normal	✓	✓				✓
Conscious Level — Altered						
GCS *	14/14	14/14				14/14
TOTAL SCORE Number of shaded boxes	0	0				0
Pain Score	0	0				0
Observer's Initials	[illegible]	[illegible]				[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	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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It takes a lot to treat the little.

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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)

NH-00007497 IP26-00006767
Master RUDRANSH DEV
5-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

CH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : [illegible] Time:	10 Am	2 pm	5:50 pm	6:40 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?							
Temperature (°F) (104–94)	99.1°F	98.1°F	101.3°F (Crocin)	102.2°F (Ibuprofen)	[illegible]	97.5°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	91/56	99/84					
Heart Rate (Number)	110 b/m	112 b/m	[illegible]		124 b/m	125 b/m	123 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	30	30					
Resp Rate (Number)	30 b/m	30 b/m	32 b/m		32 b/m	32 b/m	33 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	99%	98%	100%		99b/m	100%	100%
Conscious Level: Normal / Altered							
GCS *	14/15	14/15	15/15			15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	1		0	0	0
Pain Score	0	0	0		0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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Patient Sticker

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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)

HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26 Time: 9:20 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe
	None / Mild

Receiving O_2(l/min)

O_2Saturations (%)

Conscious Level	Normal
	Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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15-03-2025 1 Y 3 M 12 D (M)
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FLUID CHART

Sheet No. : .....

6/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
6/7/26	08:00 pm											
	09:00 pm		DBM				1				1	
	10:00 pm											
	11:00 pm						0				1	
	12:00 am		DBM				1				1	
	01:00 am											
Total Intake :	Taken					**Total Output :**					V-2 M-0	
7/7/26	02:00 am		milk									
	03:00 am											
	04:00 am											
	05:00 am		milk.				1				1	
	06:00 am						1				1	
	07:00 am											
Total Intake :	Taken					**Total Output :**					V-2 M-0	

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.

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
7/7	08:00 am		Idly								0	
	09:00 am		+ Upma							✓	0	
	10:00 am		+								0	Sm
	11:00 am		Thro				✓			✓	0	
	12:00 pm										0	
	01:00 pm											
Total Intake :						**Total Output :**						
7/7	02:00 pm											
	03:00 pm		Lin							✓		
	04:00 pm		thro				NA				0	
	05:00 pm				NA			NA				aui
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
7/7/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm						✓			✓	0	
	11:00 pm		Milk		NA			NA				
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
8/7/26	02:00 am									✓		
	03:00 am											
	04:00 am		Milk									
	05:00 am	0			NA		0	NA			0	
	06:00 am		Milk									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 6/7/26

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							
Afternoon							
Night	8pm to 8am	→ Assess the baby General Condition → Monitoring vitals Checked and Recorded.	8pm to 8am	→ Assess the baby General Condition → provided Comfortable position.	→ vitals Checked and Recorded	Normal vital	

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Master RUDRANSH DEV
5-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 7/7/26

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 to 2Pm	Assess the pt condition, Monitor vitals hourly, maintain I/O chart, Provide the comfortable position. medication given as per as doctor order	8Am to 2Pm	Assessed the pt condition, monitored vitals hourly, maintained I/O chart. Provided the comfortable position. medication given as per as doctor order.	Pt is stable. vitals normal.	monitor vitals hourly. maintain I/O chart	[illegible]
Afternoon	2pm to 8pm	Assess the baby, Monitor the v/s, administer Medicine, Maintain I/O chart	2pm to 8pm	Assessed the baby, Monitored the v/s, administer Medicine, Maintain I/O ch	administer [illegible]	Reassess the v/s	[illegible]
Night	8pm to 8am	- Assess the baby condition -Monitor the v/s -maintain the I/O -Drug as per chart	8pm to 8am	- Assess the pt condition -Monitor the v/s -Maintain the I/O -Drug as per chart	- Now pt is stable	- Rechecked the v/s	[illegible]

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/7			DAY-2 7/7			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	NA				
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				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	0	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	0	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	0	NA				
		Signature of the Nurse											

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 : Sneha Name : Sneha

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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PAIN ASSESSMENT FORM

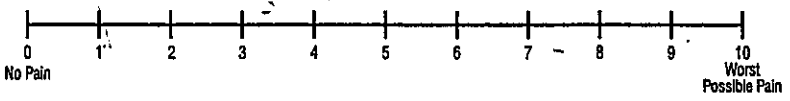
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/2/26	9pm	6/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
7/2/26	3Am	1/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
7/2/26	9Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
[illegible]	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
7/2	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
7/2	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
8/2	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

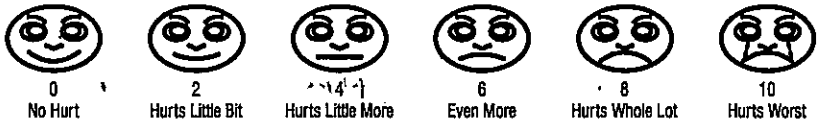
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

NH-00007497 IP26-00006767
laster RUDRANSH DEV
5-03-2025 1 Y 3 M 12 D (M)
r. SPANDANA PASUPULETI

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NG SHIFT HAND OVER FORM

SITUATION	Diagnosis: Seizures.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 N	7/7 M	7/7 8PM	7/7 N		
	Medical Condition (Any special condition to be noted):	seizes	—	—	—		
	Diet:	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	R/A	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.9°F	98.2°F	98.0°F	98.2		
	Res:	120 b/m	122 b/m	16 b/m	108 b/m		
	SpO_2:	100%	99%	100%	99%		
	Pulse:	105 b/m	105 b/m	10 b/m	124 b/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):	Dependent	—	—	—		
Post Operative Procedure Special Orders:		N/A	—	—	—		
Handed Over By Name :		Sivananda	Sri	Maval	Sivanande		
Signature / ID :		S	160/1033	Chi	S		
Date:		7/6/26	7/7	7/7	8/7/26		
Time:		8Am	2PM	8PM	8am		
Taken Over By Name :		Sri	Chi	Sivananda			
Signature / ID :		160/1033	Chi	S			
Date:		7/6	7/7	7/7/26			
Time:		8Am	2PM	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

wt — 11.5kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Rudransh Dev Age : 1y Gender: ☑ Male ☐ Female

Date : 6/7/26 Time of Arrival : 8:15pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 103°F PR: 166 BP: .... RR: .... SpO$_2$: 100%. fum 3 m idl

Chief Complaints: c/o Acute Seizer present 1 Episode

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

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 : Jyoti Signature of Triage Nurse : [signature]

Date & Time : 6/7/26 @ 8:17pm

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

HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 8:18 Pm

Chief Complaints: C/O Active Seizure : 1 Episode

Height : ..... Weight : 11.15kg 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 N/A ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☑ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** 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 : 8:20Pm

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

Time	Nursing Notes
	- Assess the pt condition
	- monitor vitals
	- medication given

Samples collected by: Jyothi Time: 9pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6/7/26 8:20pm	Midazolam Spray	2puff	Nasal	Dr. Tanu	[illegible]
8:20pm	Anmol suppo	Rect	170mg	D. Tanu	[illegible]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 140b/m BP: .... CFT:	Shift - out from ER to: ward
RR: .... SPO2 at FiO2: 100%	Time of Shift - out: 9:20pm
GCS: .... Temperature : 103°F	Handover given to: Sunanda (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Bhargavi Signature of the Nurse : (B)

Date & Time : 6/7/26 @ 8:22pm.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MNH-00007497 IP26-00006767 Master RUDRANSH DEV 25-03-2025 1 Y 3 M 11 D (M) Dr. SPANDANA PASUPULETI	6/7/26 @ 8:26pm	6/7/26 @ 9:20pm
	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit Ward	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	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
Sis. Bhargavi	Dr. Tanvi

Patient & Clinical Records Received by : Sonadar. 6/7/26 at 9:20 pm.

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

HNH-00007497 IP26-00006767
Master RUDRANSH DEV
25-03-2025 1 Y 3 M 11 D (M)
Dr. SPANDANA PASUPULETI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NPH ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... ER ..... Shifted to: ..... ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Tanvi .....

Date & Time : ..... 6/7/26 @ 8 p ~ .....

Nurse Name & Signature: ..... Jyoti / [illegible] .....

Date & Time : ..... 6/7/26 @ 8:02 p ~ .....

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

INH-00007497 IP26-00006767
Master RUDRANSH DEV
15-03-2025 1 Y 3 M 12 D (M)
Dr. SPANDANA PASUPULETI

221 - P217

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 7/7/26 Time: 10:30am

Weight: 11.15Kg Centile: 50th

Height: — Centile: —

Inference: Well nourished child.

RDA: — Calories: 1200 Kcal /day Protein: 20g /day.

Diet Recommendations: Soft diet with High Calorie diet with Varieties

Re-Assesment: No Cold items, Spicy, Junk food.

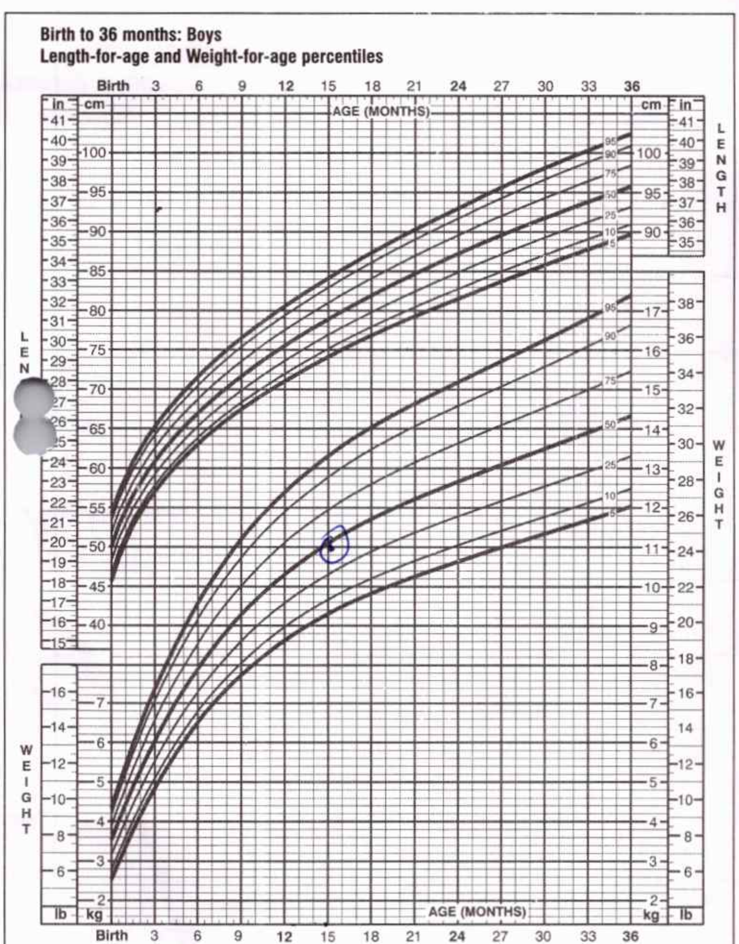
Food Allergies: NO Veg/Non-veg Veg

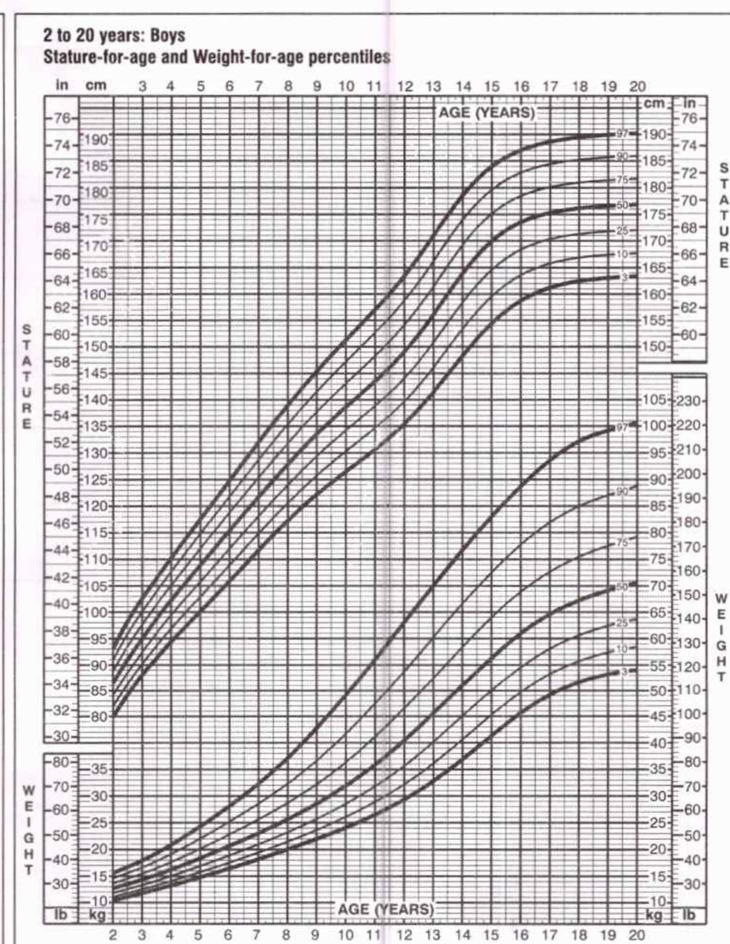
Diagnosis: Simple Febrile Seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name: Syed Sobiya Zaheer Dietician's Signature: Sobiya

Docu. No. : RCH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes: