

DISCHARGE SUMMARY

Name	Baby Of SYEDA HAAJER	UHID	HNH-00016750
Father/Guardian	Mr SHAIK IRFAN AHMED	Age/Gender	0 Y 0 M 5 D/ Male
Address	12-11-953 warasigoud near akauser, Sitaphal Mandi, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006955	Admission Date	25-07-2026
Ref Doctor	Self.		
Discharge Date	27-07-2026		

Consultant:

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of SYEDA HAAJER is a 0 Y 0 M 5 D old baby boy presented with history of yellowish discolouration of skin and eyes since 2 days prior to admission. For the above complaints, he was investigated on OPD basis (Serum bilirubin on DOL-3 was 21.1 mg/dl with indirect fraction of 20.7 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital,

Name	Baby Of SYEDA HAAJER	UHID	HNH-00016750
IP No	IP26-00006955	Admission Date	25-07-2026

Himayatnagar for further management.

Birth history: Baby Of SYEDA HAAJER is a term (39 weeks) baby boy, delivered to a primi mother by spontaneous vaginal delivery on 22.07.2026 at 03:16 pm with birth weight of 3.84 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 10/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Examination: He was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 140 /min and Respiratory Rate - 45 /min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 3.72 kilo grams.

Weight at discharge : 3.70 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in NICU. His serum bilirubin on admission (done on OP basis) was 21.1 mg/dl with indirect fraction of 20.7 mg/dl. He was started on triple surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Last serum bilirubin on 5 day of life was 12.4 mg/dl with indirect fraction of 12.3 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

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

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TEOAE (Transient Evoked Otoacoustic Emissions) : Hearing test: To be done on follow up.

New born screening advanced / Newborn screening-4: To be done on follow up.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

Warmth care.

Exclusive breast feeding.

Continue direct breast feeds + measured feeds as advised.

Burping after each feed.

Monitor urine output.

Immunization to be given as per schedule.

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

- 1. Newborn screening advanced / Newborn screening-4 test report on followup.**
- 2. Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
- 3. Serum bilirubin to be done / decided on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on Wednesday (29.07.2026) in OPD at Himayatnagar with prior appointment (**Review consultation will be charged**).

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Review back to Hospital:

If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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



DR. SPANDANA
Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

ADMISSION SHEET

Registration Details :


Admission No : IP26-00006955 Admit Date : 25-Jul-2026 Admit Time : 08:18 PM UHID : HNH-00016750

Patient Details :

Patient Name	: Baby Of SYEDA HAAJER	Age	: 0 Y 0 M 3 D
Guardian	: Mr SHAIK IRFAN AHMED	DOB	: 22-07-2026 03:16 PM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 12-11-953 warasigoud near akauser Sitaphal Mandi Hyderabad Telangana INDIA 500061	Phone No	: 8099222619/ 8374210859
		E-mail	: syedahaaajer6980@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr SHAIK IRFAN AHMED Relationship : Father
Contact Address : 12-11-953 warasigoud near akauser Sitaphal Phone No : 8099222619
Mandi Hyderabad Telangana INDIA 500061


Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI Specialisation : NEONATOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 50000.00
Payment Mode : DC/CC Card Payor Name : SELFPAY

PATIENT TRANSFER FORM

HNH-00016750 IP26-00006955

Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 3 D (M)
Dr. SPANDANA PASUPULETI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time of Admission <i>25/7/26 at 8:18pm</i>		Date & Time of Transfer Order <i>26/7/26 at</i>
Treating Consultant Name <i>Dr. Spandana</i>	Transfer Ordered by <i>Dr. Naipunya</i>	Reason for Transfer <i>stable</i>
From Unit <i>NICU</i>	To Unit	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>(25)</i>	Number of Imaging Films <i>VBG - (1)</i>	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 <i>Shivaleela 25/7/26</i>		Name of Person Ordered Transfer <i>Dr. Naipunya</i>
Patient & Clinical Records Received by : <i>Medhavi</i>		
Date & Time of Patient Received : <i>21:20pm 26/7/26</i>		

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

ACTIVITY RECORD FOR BILLING

HNH-00016750 IP26-00006955

Baby Of SYEDA HAAJER

Name 22-07-2026 0 Y 0 M 3 D (M)

Dr. SPANDANA PASUPULETI

UHID



Consultant :

Dept :

Neonatology

Date of Admission : Time : Date of Discharge : Time :

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

WARD TRANSFERS

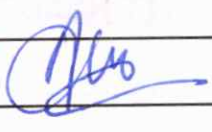
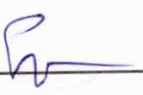
Date	Time	From	To	Signature of Nurse
25/7/26	9:43PM	ER	NICU	[Signature]
26/7/26	1:30PM	NICU	2nd Floor (N12)	Sonia / [Signature]

Cross Consultation Visit

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



INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/7/26	SBR VBG TCB F-220 mg/dl C-19.6 mg/dl	12591 ✓ 12590 ✓	} 
	Tub op basic done		
26/7/26	SBR.	12602 ✓	} Normal
26/7/26	RBS (107 mg/dl)	12603 ✓	
	cross checked by Leenu 26/7/26 at 4pm		
26/7	NBS / SBR	2656 ✓	} 
	Cross checked by		



MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

IP26-00006955

(M)

0Y0M3D

[illegible]

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



HNH-00016750 IP26-00006955
Name: Baby Of SYEDA HAAJER Age: 3d Gender: Male ☒ Female ☐
22-07-2026 0 Y 0 M 3 D (M)
UHID.No : Dr. SPANDANA PASUPULETI Date: 25/7/26

I B/o Syeda haajer S/o, D/o, W/o Mr. Shaik Irfan Ahmed hereby
declare that our patient Mr. / Ms who is related to me as
is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital
on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Neonatal jaundice.

The doctors have clearly explained to me that my patient B/o Syeda during his / her stay
in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line
and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this
procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed
consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures
performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of
infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Syeda
in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and
alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and
treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant:

Signature: [Signature]
Name: SHAIK IRFAN AHMED
Relationship with Patient: FATHER
Date & Time: 25/7/26 11:59 pm

Witness :

Signature: [Signature]
Name: [Signature]
Date & Time: 25/7/26 at 11:59 pm

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Anuhe
Date & Time: 25/7/26 11:59 pm



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Syeda Haajir Age : Father's Name : Age :
Date of Birth : 22/07/2026 Date of Admission : 25/07/26 UHID No.:
NICU Consultant : Dr. Spandana Referring Consultant :
Transferring Unit : ☐ OT ☐ Labour Room ☒ ER ☐ Ward
Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : Isa Syeda Haajir Mother's Blood Group : O +ve
Gender : ☒ M ☐ F Blood Group : O +ve Birth Weight (gms) : 3.89 kg Length (cms) :
Date of Birth : 22/07/26 Time of Birth : OFC (cms) :
Place of Birth : Estimated Gesth Age :

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : EDD :
Conception : Spontaneous or with Rx : Spontaneous
Booked at what GA : 39w AN Steroids Drugs / Doses :
Last Scans Details :
..... TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long :

H/o value of recent BP recording, proteinuria, edema,
oliguria, any investigations (LFT, platelet count) :

IUGR - when detected :

Doppler (Increased Resistance / ADEF / REDF /

Redistribution in MCA) / Ductus Venosus :

AFI :

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected
drugs ?

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : Any culture :

PPROM : Duration : ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results :

Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

P : A : L :

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitaion : ☐ Yes ☐ No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

TOTAL

1 Minute	5 Minutes	10 Minutes

Resuscitation

Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snappee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

No yell with discoloration of eyes and body



DOL-3/ Term (39w) / AHA / Male (NUD/

Hydrocoele with hypospadias

Neonatal hyperbilirubinemia

(yellowish discoloration of eyes and body)

Adm

- Triple surface phototherapy
 - VISA, SBR to send
 - Total fluids - 170ml/kg/day
 - Spoon feed 40ml 2 hourly
 - IV fluids (Dropt @ 4.6ml/hr)
 - Repeat SBR after showing.
- N.B. Apurba.

Investigation details in previous Hospital :

Feeding History :

On Breast feed

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

Icterus ⊕

VITALS : Temperature : *Euthermic* HR : *120/min* RR : *45/min* NIBP : CFT :

Color of the extremities :

Jaundice : *⊕ Icterus up to palms and soles* Pallor : SpO2 :

Anthropometry : Birth Weight : Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :

Sutures

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

Facies :

(Any Facial
Dysmorphism)

normal

NECK and
CLAVICLES :

Range of Motion :

Asymmetry :

Masses :

EYES :

Symmetry :

Red Reflex :

Discharge :

EARS, NOSE
MOUTH and
THROAT :

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :



Thorax :
 Nipples and Number :

ABDOMEN and UMBILICUS :
 Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

GENITALIA :
 Labia / Hymen :
 Testicles/penis :
 Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES :
 Fingers / Toes :
 Deformities :
 Hip Joint Examination :
 Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings :

SpO₂ : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Meconium passed :



ial functions (Sensorium) :

State of wakefulness :

Prechtl Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : *DOL-3 / Term (39w) / AGA Male / NVD / Hydronephrosis with
Neonatal hyperbilirubinemia by per specias.*

FOOT PRINTS

Left Side :

Right Side :

For photography

Resident Doctor :

Signature : *[Signature]*

Name : *A. Sankh*

Date & Time : *20/08/26*

Consultant :

Signature :

Name :

Date & Time :



Information given by:

LT Ammy

☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify

Feeding Plan at the time of shifting :

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.....

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.....

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.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Feeding: ☐ Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others:

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge:

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge:/...../.....

Discharge to ☐ Home ☐ Other:

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis:

.....

.....

.....

.....

.....

.....

Doctor Signature:

Doctor Name:

Date & Time:

1



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 2:30 AM	c/s by Dr. Anu	
	ANUS.	
	HR - 125/min. on TSPT	Mot Bot
	SpO ₂ - 94/min T.wt → 3.720.	
	Bp - @ wt low → 20g (↑)	
	S/L	- ct TSPT
	B/L AC (+)	- (T) SBR
(R/S)	NURS (+)	- ct feeds + iv fluids.
	CVS S/L (+)	- 1 form sos (170ml/4ldy)
	No mcs.	
	A full	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/2 4:00pm	Cls/Dr. Naipunya / Dr. poashitri NNI on DSPT CITIA Good Future Vitals - stable RIS / NAD PIA	Plan - Cont + sp 20ml/O2H DBF - Cont DSPT - warmth care - monitor vitals - SBR 6AM tomorrow Oxy

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

DRUG CHART

Date of Admission: 25/7/21 Drug Allergies: N/A ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				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:				

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



REGULAR PRESCRIPTIONS

Weight. 3.7 kgs. Ward.

DRUG : <u>VIT. D3 drops.</u>				Date Time <u>17</u>
Dose <u>0.5ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>25/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>(800 IU / 1ml)</u>				
Daily Doctor's Endorsement by a Sign				

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

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

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

HNH-00016750 IP26-00006955
 Baby Of SYEDA HAAJER
 22-07-2026 0 Y 0 M 3 D (M)
 Dr. SPANDANA PASUPULETI



Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature
VERIFIED BY : Nanna

22-07-2026

0Y0M3D

(M)

Dr. SPANDANA PASUPULETI



Weight. 3.7 kg Ward.

[illegible]



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+ve Baby's Blood Group: Sheet No: 10

Gest Age: Term NNT Birth Weight: 3.84 kg

Date: <u>26/7/26</u>	Date: <u>27/7/26</u>	Date:
DOL <u>0</u> Weight <u>3.720 kg</u>	DOL Weight <u>3.700</u>	DOL Weight
Problems: <u>NNT</u>	Problems:	Problems:
Rs. <u>30-60b/m</u> Exam <u>Resp R/A</u> Vent. Setting ABG <u>3 sec</u> CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>120-160b/m</u> BP Map Cap Refil <u>C2se.</u>	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: <u>107mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment	Assessment
Plan	Plan	Plan

HNH-00016750 IP26-00006955
 Baby Of SYEDA HAAJER
 22-07-2026 0 Y 0 M 4 D (M)
 Dr. SPANDANA PASUPULETI



TCB:20

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RESULT SHEET

Date	25/7/26					
Time	21:08					
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	21.1/0.4/207					
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						

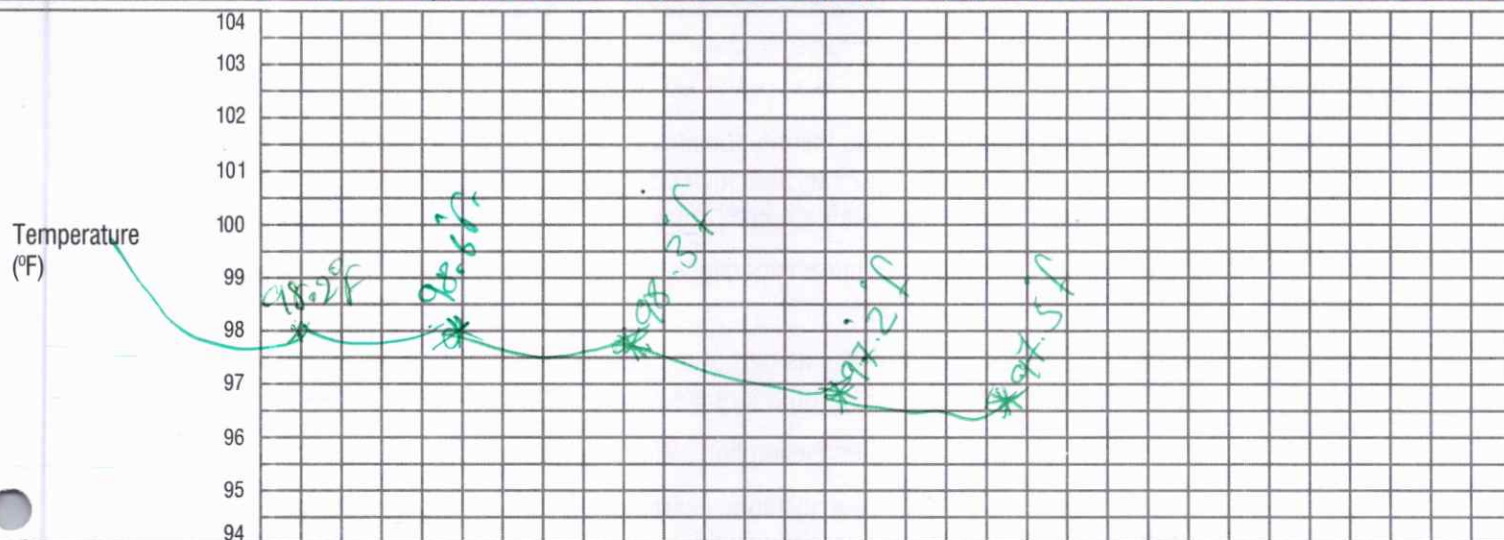


INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/7/26 Time: 2pm 6pm 10pm 2am 6am

Doctor/Nurse/Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
2pm	138b/m	*
6pm	140b/m	*
10pm	145b/m	*
2am	142b/m	*
6am	139b/m	*

Heart Rate (Number) 138b/m 140b/m 145b/m 142b/m 139b/m

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

Time	Resp. Rate (bpm)
2pm	38b/m
6pm	40b/m
10pm	42b/m
2am	43b/m
6am	38b/m

Resp Rate (Number) 38b/m 40b/m 42b/m 43b/m 38b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 99% 99% 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 A B C D E

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/7/26	08:00 am	1									1	}
	09:00 am	1									1	
	10:00 am	0									0	
	11:00 am	0									0	
	12:00 pm	1									1	
	01:00 pm	1									1	
Total Intake : Taken					Total Output :							
26/7/26	02:00 pm	1									1	}
	03:00 pm	1									1	
	04:00 pm	0									0	
	05:00 pm	1									1	
	06:00 pm	1									1	
	07:00 pm	1									1	
Total Intake :					Total Output : U-2 M-0							
26/7	08:00 pm	1									0	}
	09:00 pm	1									0	
	10:00 pm	0									0	
	11:00 pm	1									0	
	12:00 am	1									0	
	01:00 am	1									0	
Total Intake : Taken					Total Output : U-2 M-							
28/7	02:00 am	1									0	}
	03:00 am	1									0	
	04:00 am	0									0	
	05:00 am	1									0	
	06:00 am	1									0	
	07:00 am	1									0	
Total Intake : Taken					Total Output : U-2 M-							

Total 24 hrs. Intake

Total 24 hrs. Output

Date: 26/7/20

☒ 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.....

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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

HNH-00016750 IP26-00006955
 Baby Of SYEDA HAAJER
 22-07-2026 0 Y 0 M 3 D (M)
 Dr. SPANDANA PASUPULETI



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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	Surgery / Procedure:		Post OP Day:			
BACKGROUND	Date	26/7	26/7/26	26/7		
	Shift	AB	S2	N1		
	Medical Condition (Any special condition to be noted):	-	-	-		
	Diet:	-	-	-		
ASSESSMENT	Allergy:	☐ 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
	Vital Signs:	Temp: 97.5°F	98.6°F	98.2°F		
	Res:	23b/m	40b/m	42b/m		
	SpO ₂ :	99.1	99%	99%		
	Pulse:	138b/m	140b/m	142b/m		
	BP:	1 -	-	-		
	LOC:	-	-	-		
	Fall Risk Score:	=0	-	-		
Pain Score:	1	-	-			
Skin Integrity	Good	-	-			
Recommendations	Safety Needs:	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-		
	Others Specify:	☐ 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
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	-	-	-			
Post Operative Procedure Special Orders:		-	-	-		
Handed Over By Name :		Amisha	Mounika	Sum		
Signature / ID :		[Signature]	[Signature]	[Signature]		
Date:		26/7/26	26/7/26	27/7		
Time:		2pm	8pm	8am		
Taken Over By Name :		Mounika	Sum			
Signature / ID :		[Signature]	[Signature]			
Date:		26/7/26	27/7			
Time:		2pm	8am			

Patient Sticker

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:							

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	Shift	25/7/26 AM	26/7/26 PM			
	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):	R/A	R/A				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	36.5°C	36.4°C			
	Res:	36 bpm	31 bpm				
	SpO ₂ :	98%	99%				
	Pulse:	124 bpm	119 bpm				
	BP:						
	LOC:	NICOT	NIV-1				
	Fall Risk Score:						
Pain Score:							
Skin Integrity	Good	Good					
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	Dependent					
Post Operative Procedure Special Orders:							
Handed Over By Name :		Nimla	Shivalekh				
Signature / ID :							
Date:		26/7/26	26/7/26				
Time:		8:30 AM	8 PM				
Taken Over By Name :		Shivalekh					
Signature / ID :							
Date:		26/7/26					
Time:		8 AM					



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:							

①

CHECKLIST FOR THROMBOPHLEBITIS

26/5/26 26/07

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						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2				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						
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						
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						
Signature of the Nurse						Handwritten Signature	Handwritten Signature						

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 : Handwritten Signature Name : Nirmala

Signature of Ward In Charge :

Signature : Handwritten Signature Name : Shavani

HNH-00016750 IP26-00006955
 Baby Of SYEDA HAAJER
 22-07-2026 0 Y 0 M 4 D (M)
 Dr. SPANDANA PASUPULETI



BRADEN 'Q' SCALE

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					Date :	25/7	26/7		
					Time :	2/1	12/5		
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.	3	3			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3			
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.	3	3			
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."	3	3			
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.	3	3			
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.	3	3			
TOTAL SCORE					21	21			
Evaluator's Name					[Signature]				

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

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

					Date :				
					Time :				
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.					
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.					
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.					
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.					
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."					
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BRADEN 'Q' SCALE

Patient ID

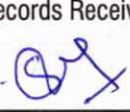
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					Time :				
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Docu. No. : RCH /FRM / CLINICAL / 119

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PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00016750 IP26-00006955 Baby Of SYEDA HAAJER 22-07-2026 0 Y 0 M 3 D (M) Dr. SPANDANA PASUPULETI 		Date & Time of Admission 25/7/26 @ 8:18 PM	Date & Time of Transfer Order 25/7/26 @ 9:43 PM
		Transfer Ordered by Dr. Varun	Reason for Transfer Admission
From Unit ER	To Unit NICU	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 Dr. Varun	
Patient & Clinical Records Received by :  25/7/26			
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



Wt - 3.7 Kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Blo Syeda Haajer Age: 3 day Gender: ☒ Male ☐ Female

Date: 25/07/26 Time of Arrival: 8:02 pm

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

Source of Information: ☒ Parents ☐ Others (Specify):

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.8 PR: 140 bpm BP: 98/61 RR: 48 bpm SpO₂: 98%

Chief Complaints: C/O yellowish discoloration over the body

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

☒ Normal

☐ Sick Looking

Circulation / Colour

☒ Normal

☒ Abnormal

☐ Bleeding

Work of Breathing

☒ Normal

☐ Decreased

☐ Increased

☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

☐ Unstable:

☐ Not - Life - Threatening

☐ Life -Threatening

Triage Classification

☐ Level 1: Resuscitation

☐ Level 2: EMERGENT: Life or limb threatening

☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening

☐ Level 4: LESS URGENT: Significant illness but not life threatening

☐ Level 5: NON - URGENT: May receive care when convenient

CTAS

☐ Immediate

☐ < 15 min

☒ 30 min

☐ 60 min

☐ 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: Hajer

Triage Completion Time: 8:04 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse: Apurba

Signature of Triage Nurse: [Signature]

Date & Time: 25/07/26 @ 8:09 pm

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



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 25/07/26 Time of arrival: 8:05pm
Chief Complaints: no yellowish discoloration over the body. RBS: _____
Height: _____ Weight: 3.2kg BMI: _____ Head Circumference (<2 years) _____
Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☒ Other: Not known
If yes, identify _____
Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 0 Pain Tool Used: ☒ N Pass ☐ FLACC ☐ Wong Baker
☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With Family

Siblings in household ☐ Yes ☒ No (if yes How Many?) N/A

Time of Initial assessment completed by ER Nurse: 8:06pm

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

Time	Nursing Notes
8:08 PM	Assess the pt. condition. Monitor the vitals. IV placement done.

Samples collected by: / *Apurba*
 Samples sent by: / *Apurba*

Time: / *Apurba*
 Time: / *Apurba*

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>110/61</i> BP: CFT: <i>ALLA</i> RR: <i>18/61</i> SPO ₂ : <i>98%</i> GCS: <i>15/15</i> Temperature: <i>98.5°</i> Pain Score: Repeat RBS (if applicable): <i>ALLA</i>	Shift - out from ER to: <i>ALLU</i> Time of Shift - out: <i>9:43 PM</i> Handover given to: (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse: *Shubina* Signature of the Nurse:

Date & Time: *25/07/16 @*



MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☒ Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: NICU

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. Varun

Date & Time : 25/7/26 @ 8:00 PM

Nurse Name & Signature: Jyoti / Jyoti

Date & Time : 25/7/26 @ 8:02 PM

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