HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 26 D (F)
Dr. ANIKET ANIL PARASHAR

Rainbow® Children's Hospital
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CIENCY CHECK LIST OF CASE SHEET

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10	Consent for Surgery				
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13	Consent for high risk				
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15	LAMA consent				
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18	Consent for MTP				
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21	Anaestesia notes (Pre Anaesthesia& post)				
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38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	30			

Signature and Date : 26/05/26

Jyotsna

(P.T.O)

210
D.C

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DISCHARGE SUMMARY

Name	Baby ZUNAIRA UNNISA .	**UHID**	HNH-00014366
Father/Guardian	Mr MOHAMMED ABDUL WASI	**Age/Gender**	1 Y 0 M 25 D/ Female
Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006416	**Admission Date**	23-05-2026
Ref Doctor	Self.		
Discharge Date	26.05.2026		

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

Co Consultant:
Dr. PAVULURI VENKATA SAIPRASADA RAO
GENERAL PEADIATRICS
02414

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS	

History: Baby ZUNAIRA UNNISA . , 1 Y 0 M 25 D , old girl presented with the

Name	Baby ZUNAIRA UNNISA .	UHID	HNH-00014366
IP No	IP26-00006416	Admission Date	23-05-2026

history of high grade fever since 3 days, cold since 2 days, decreased oral intake since 2 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile, maintaining saturations at room air. Her heart rate was 130/min and Respiratory Rate - 35/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, sunken eyes, flushing were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 10 kilo grams.

Investigations: Enclosed reports

Adenovirus PCR test was sent, which was **positive**

GeneXpert FluA+FluB+RSV, SARS-CoV- 2 were sent, which was negative.

Initial hemogram showed Hemoglobin of 10.2 gm%, White Blood Cell count of 17150 cells/cumm, platelet count of 4.62 lakhs/cumm and C-Reactive Protein of 28 mg/l. Blood culture shows: No growth after 48 hrs of incubation
Complete urine examination was normal.
Ultrasound abdomen was normal.

Management: She was admitted in the ward and started on Intra Venous

Name	Baby ZUNAIRA UNNISA .	UHID	HNH-00014366
IP No	IP26-00006416	Admission Date	23-05-2026

fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

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

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

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

Medication during hospital stay:
Injection. Augmentin
Injection. Esmoprazole
Injection. Odansetron
Syrup. Xyzal
Syrup. Cefpodoxime
Nexpro sachet
Pro-GG sachet
Zytee gel

Advice:
* Diet as advised.

Name	Baby ZUNAIRA UNNISA .	UHID	HNH-00014366
IP No	IP26-00006416	Admission Date	23-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. PECEF (CEFPODOXIME - 5ml/100mg)	2.5 ml	8am - 8pm (after food)	For 3 days.
2	Pro GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days
3	Nexpro Junior Sachet	1 sachet	9am (before food)	For 3 days
4	Z & D drops (1ml/20mg)	1 ml	2pm (after food)	For 13 days

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. **PAVULURI VENKATA SAIPRASADA RAO** on (30.05.2026) Saturday at his clinic.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the

Name	Baby ZUNAIRA UNNISA .	**UHID**	HNH-00014366
IP No	IP26-00006416	**Admission Date**	23-05-2026

proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

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

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

Parent/ Attender

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

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

Registrar/Resident/C.M.O

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006416 **Admit Date** : 23-May-2026 **Admit Time** : 07:24 PM **UHID** : HNH-00014366

Patient Details :

Patient Name	: Baby ZUNAIRA UNNISA .	**Age**	: 1 Y 0 M 25 D
Guardian	: Mr MOHAMMED ABDUL WASI	**DOB**	: 29-04-2025 01:48 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-2-720/2 akbar bagh, malakpet Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 7207137613/ 9959921304
		E-mail	: 7207137613@gamil.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-210 **Ward Name** : 2F -PRIVATE ROOM

Room No : PVT-210 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED ABDUL WASI **Relationship** : Father

Contact Address : **Phone No** : 7207137613

Signature

Doctor Details :

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

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

Co-Consultant : Dr. PAVULURI VENKATA SAIPRASADA RAO

Payment Details :

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

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 24 D (F)
Dr. ANIKET ANIL PARASHAR

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

UHID No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 23/5/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/5/26	8:30pm	ER	2nd floor (210)	Bhargavi

Cross Consultation Visit

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

HNH-00014366 IP26-00006416
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INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/5/26	CBP. CRP Blood c/s Respiratory panel Suy	8736	Kuijay
		Crosschecked done by Sr	
24/5/26	CUE	8764	[signature]
25/5/26	USG Abdomen & pelvis	6309	[signature]

Crosschecked done

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Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 24 D (F)
Dr. ANIKET ANIL PARASHAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/5/26	Infusion pump	8:30pm	25/5/26 10pm	1753	Sr

Cross checked done by Sr

HNH-00014366 IP26-00006416
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29-04-2025 1 Y 0 M 24 D (F)
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PROCEEDURE

Cross checked NBW

Date	Proceedure	Quantity	Order No.	Signature
23/5/26	iv placement	1	1699.	[signature]
24/5/26	NHA	1	1861	[signature]

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 24 D (F)
Dr. ANIKET ANIL PARASHAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : AFI & DEHYDRATION.

HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 24 D (F)
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Pediatric Multiorga[...]ion

Name : ZUNAIRA UNNISA Age/Sex

Informant Mother. Reliability good

Chief Presenting Complaints & Duration (Chronologically):

fever (High grade) x 3 days.
Cold x 2 days.
↓ed oral intake x 2 days.

History of present illness :

- c/o high grade fever, associated with chills, recurring every 4 hrs and relieved with PCM syrup.
- Associated with nasal block, and ↓ed oral intake since 2 days.
- H/o excessive cry while passing urine, straining while micturition since 2 days.
-

- Already received Cefixime x 2 days.

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally (N).

Immunization History :

As per NIS.

Pediatric Multiorgan History & Physical Examination

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Anthropometry

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

Weight (kgs) 10 kgs. (Centile _____)

On Examination :

Temperature : 103.5°F Pulse Rate: 130/min. Description _____

B.P. _____ SPO2 100%. at RA.

Resp. rate and type of breathing : _____

Dull look,

Rash Pale conjunctiva.

Lymphadenopathy Skin turgor >2sec.

Oedema : _____

Respiratory system : (N)

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System : (N)

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection SNT, NT.

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power 3/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

ACUTE FEBRILE ILLNESS WITH DEHYDRATION

_____

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CSP
CMP
CUE (Due)
Blood C/S.
Respiratory panel (5 viruses)
USG ABDOMEN + PELVIS (Today)
Noted by VPjaya.

Planned Management :

IVF DNS
Inj. Amoxyclav. 300mg TID. in 20ml NS over 1hr.
Syp. Crocin DS 3ml QID.
Syp. Ibugesic 3ml SOS.
Syp. Xyzal 2.5ml HS.
IV ASOCEFTRIAXONE D/IV 2° SOS.
Noted by VPjaya

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 _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/2025 10pm	S/B Dr. SaiPrasad	
	Baby irritable hemodynamically stable. Chest - clear P/A - soft. Throat - congested	Plan 1) Add. Inj Esomeprazole ondansetron 2) Fever management 3) SOS - phenargan 4) Monitor vitals Q4h 5) Continue naso clean 6) Pediclouyl syrup stat. Signature
24/05/2025 12am	S/B Dr. Nazneen	
	Baby comfortable intermittently irritable hemodynamically stable Oral intake - fair	Plan 1) ct medications as advised 2) ~~sos pedi doxyl~~ monitor vitals 3) Inform SOS (Dr Nazneen)

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

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29-04-2025 1 Y 0 M 24 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 7:30 am	AMB re. Dr. ...	
	AFI c dehydration c ? UTI	
	- low grade spike (+) c 6am	
	- cold (+)	
	- nasal block (+)	
	- oral intake : fair	
		Plan
	O/E	1) send WE
	- vitals : stable	2) USG abd & pelvis now
	- S/E - normal	3) trace Respiratory panel Blood C/s
		4) Rest ct. as per Rx chart.
	[signature]	NB. Mouthesh @ 9AM.
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10am	C/S/B - Dr. Sai Prasad	
		Advises:
	AFI c dehydration ? UTI	
	Mild low grade fever spike 99.7°F	1) CUE to be sent
	O/e -	
	Vitals stable	2) USG Abdomen & Pelvis today
	P/A - soft	3) continue antibiotics
		NB - Mouttaki @ 10:30 AM

HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA . (F)
29-04-2025 1 Y 0 M 25 D
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 11:45am	C/S/B - Dr. Aniket	
	AFI c dehydration	
	Low grade fever spikes.	
	Oral intake - better.	
	O/e -	Advise.
	Vitals stable.	
	Exudate on left tonsil.	(i) Trace Adenovirus PCR
	B/L grade II tonsillar hypertrophy.	(ii) CUE to be called
	(Rb)	(iii) Continue Antibiotic
	M - Bl NURS	(iv) Supp - Drug Continue Order
		(v) Taper IVF if oral intake improve.
		(vi) Monitor vitals.
		NB. Moutushi @ 11:50AM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 3pm	C/S/B - Dr Aldklye	
	Adenoviral illn.	
	AFI c dehydration.	
	low grade spikes. Advise:-	
	O/e -	
	vitals stable	(i) Trace Adenovirus PCR
	Rc	(ii) continue Antibiotics
	CVS RS P/A } Nad.	(iii) Monitor vital.
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/1/26 8 am	C/S/R - Dr Alekhya	
	Case of Adenoviral illness.	
	Fever spikes - No	Advise:
	O/E - No vomiting.	
	Vitals stable.	(I) Encourage orally
	(No) CVS RS NAD P/A	(II) Tapes IVF (Stop if taken Breakfast)
		(III) Monitor vitals.
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/25 9:50AM	S/B Dr. Saiprasad / Dr. Aniket	
	D Adenoviral illness	
		Plan
	Afebrile	
	Vitals stable	- USG Abdomen & pelvis] now
	CVS - S1S2 ⊕	
	RS - B/L AE ⊕	- ~~C/F CEFTRIAXONE~~
	P/A soft	- C/F AMOXYCLAV
	(	
	oral intake ⊕	- C/F IV fluids @ 20ml/hr
		- Encourage orals
		- ZYTEE Gel for LA
		- PROBIA drops 1S° BD
		[signature]
		N.B Amrutha @ 10AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26, 2:15 PM	S/B Dr. Sreeshan	Plan
	Δ Adenoviral Illness	CF AMOXYCLAV
	Normal Intake	CF IV fluids @ Level
	CVS – S1S2 (+)	
	RS – BL-AE (+)	Encourage orally
	P/A – Soft	Monitor vitals
	Conscious	
		[signature]
		n.B Amruth c 3pm.
25/5 5:30pm	c/S/B Dr. Aniket S.	
	Adenoviral illness	Plan
	Fever ↓	1) IVF – 1/2 (M)
	Loose stool – better	2) Inj Amoxyclav
	Oral intake – improving	3) Cf. Pro GS
	O/E – Child asleep	4) Monitor Vitals
	RS – B/L AE (+)	
	P/A – Soft	
		Dr. Aniket Anil Parashar, Consultant Paediatrician & Intensivist, Reg.
		Dr. Aniket [signature]

noted by Sr. Scendhya 25/5/26 6 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Pranav / Dr. Varun	
	Adenoma[illegible] Illness	
		Plan
	Fever - ↓	1) Inj Amoxyclav - Stop
	Loose stool - ↓	Syp Pecef
	Oral intake - ↑	2) Pro GG
		3) Zytee Gel
		4) Syp Xyzal
	Child alert	5) Nasoclear nasal drops
	Vitals stable	6) Monitor Vitals.
	Afebrile	7) NEX PRO sachet
	R-S-B/L AE (N)	NB Srekha [illegible]
	P/A - Soft.	
26/5/25 9:00am	C/S/B c Aniket / Dr. Sai Prasad	
	- no fever.	
	- loose stools ↓	Plan
	- oral intake good	1) Plan discharge
	O/E	2) [illegible]
	Vitals: stable	3) oral Cefpodoxime (Pcf) = 100mg
	S/E - (N).	2.5ml BD - 3days
		4) C/t Nasoclear & zinc
	Dr. Aniket Anil Parasnar Consultant Pediatrician & Intensivist Reg. No: 8568	5) Review after 3 days
		c Sai prasad.

Dr. Aniket

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10:20Am	d/s by Dr Sai Prasad	
	Adenoviral ill-	
	Vital stable	
	Activity Good.	
		- d/s today
	s/E	
	(Rb) B/L AE (+)	- Syp CEFPODOXIME
	NVBS (+)	
		- Monitor vitals
		- PROG-G.
		- Syrup Gel.
		- NEYPRO
		[signature]
	Dr. Aniket Anil Parashar Consultant Pediatric Intensivist Reg. No: 8568	

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

(P.T.O)

HNH-00014366 IP26-00005416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 24 D (F)
Dr. ANIKET ANIL PARASHAR

210

RESULT SHEET

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Date	23/5/26					
Time						
Hb	10.2					
PCV	28.8					
RBC	4.16					
WBC	17.15					
N/L	50.3/39.6					
Platelets	465					
CRP	28.					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

P.T.O.

Date	24/5/26					
Time						
CUE-Alb						
CUE-Sugar	Nill					
CUE - Ketones	~~Nil~~ neg					
CUE-PUS Cells	2-3					
CUE - RBC Cells	Nill					
~~CUE~~ Nitrite	neg					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Adenovirus -	Detected					
Hue -	neg					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/5/26 Time:	10	2	6
Doctor / Nurse / Family Concern?	Pm	Am	Am

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

98.1F 98.9F 99.7F

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)	130b/m	120b/m	130b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	30b/m	20b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 25 D (F)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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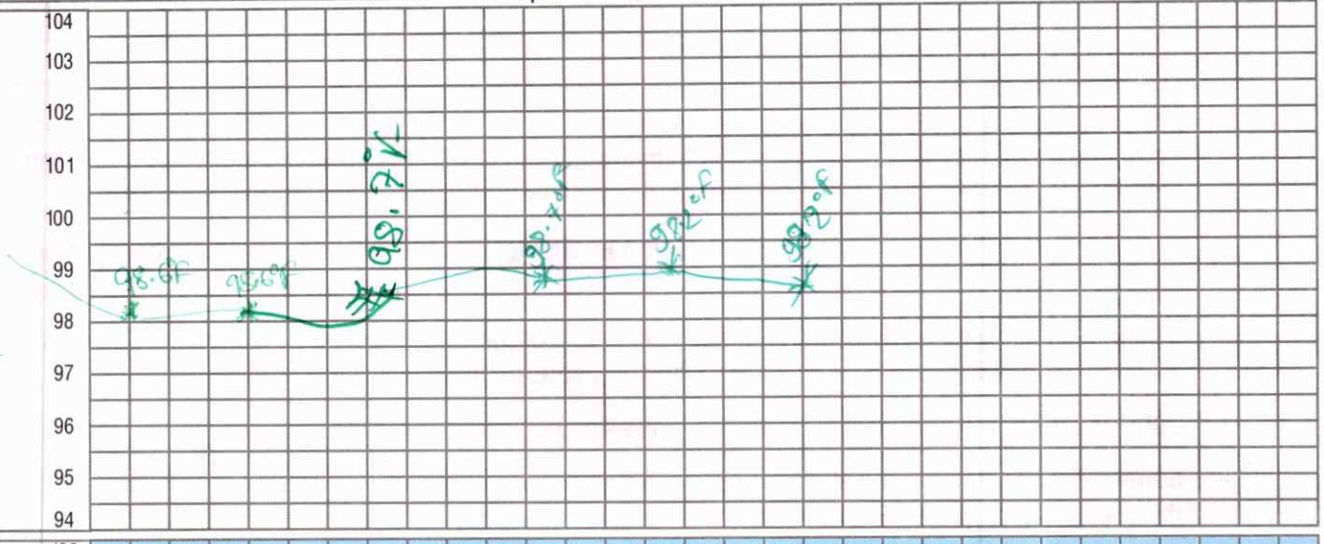
EARLY WARNING SCORE: CHILDREN'S UNIT

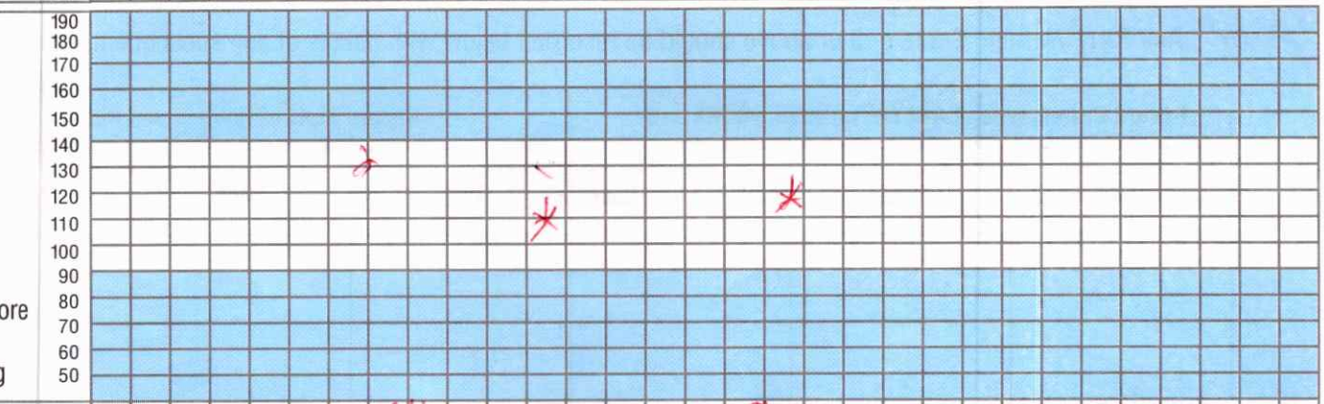
Date : 29/4/2026 Time:	10 AM	2pm	6pm	10 pm	2 AM	6 AM
Doctor / Nurse / Family Concern?						

Temperature (F)



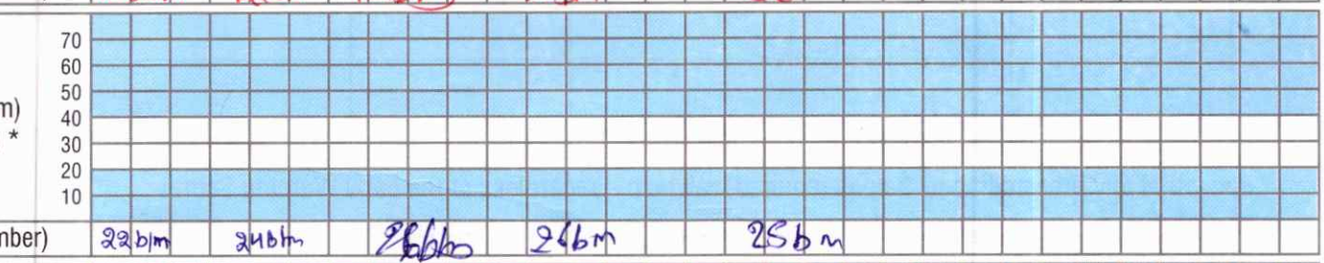
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	108 b/m	132 b/m	124 b/m	100 b/m	96

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



Resp Rate (Number)	22 b/m	24 b/m	26 b/m	24 b/m	25 b/m

Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	97%	99%	100%	99%	99%

Conscious Level: Normal / Altered					
GCS *					

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

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 25 D (F)
Dr. ANIKET ANIL PARASHAR

.: RCHBH / FRM / CLINICAL / 125

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

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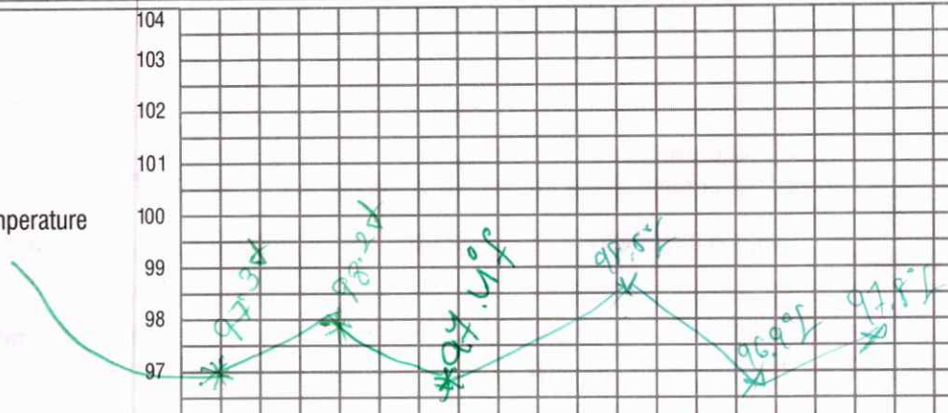
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/5 Time: 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM.

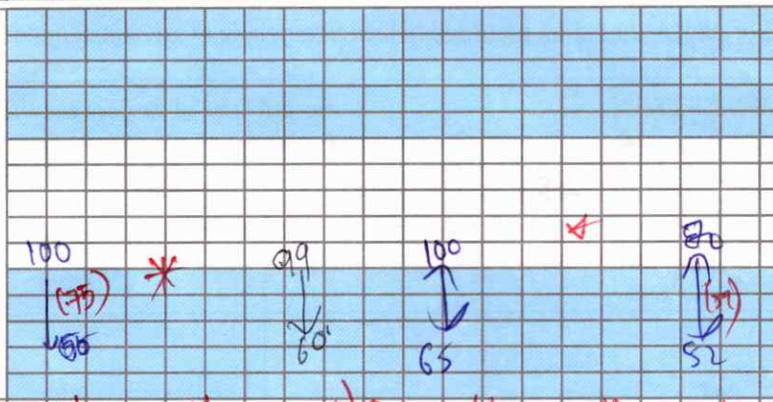
Doctor / Nurse / Family Concern?

Temperature (F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	126 b/m	125 b/m	120 b/m	105 b/m	115 b/m	115 b/m

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

Resp Rate (Number)	30 b/m	30 b/m	32 b/m	32 b/m	32 b/m	32 b/m

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2 (l/min)						
O_2 Saturations (%)	98%	100%	99%	97%	99%	99%

Conscious Level	Normal / Altered					
GCS *						

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

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 25 D (F)
Dr. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : 1

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

		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							
23/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
23/5	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
23/5	08:00 pm	1	Milk	20ml							1	
	09:00 pm	1	Milk	20ml							1	
	10:00 pm	DNS		20ml		NA	1	NA		—		8g
	11:00 pm	1	Milk	20ml			0				0	
	12:00 am	1		20ml						—	1	
	01:00 am	1	Milk	20ml								
Total Intake :						**Total Output :** U — 2m — 0						
24/5/26	02:00 am	1		20ml							0	
	03:00 am	1		20ml								
	04:00 am	DNS		20ml		NA		NA			0	
	05:00 am	1		20ml							1	8g
	06:00 am	1		20ml								in D
	07:00 am	1		20ml								
Total Intake :						**Total Output :** U — 2m — 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.

		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							
24/5/26	08:00 am	DNS	Milk	20ml	NA				NA		0	
	09:00 am			20ml								
	10:00 am		+	20ml								
	11:00 am		Milk	20ml								
	12:00 pm			20ml								
	01:00 pm			20ml								
Total Intake : Taken								**Total Output :** U-			M-	
24/5/26	02:00 pm			20ml								
	03:00 pm	DNS	milk	20ml								
	04:00 pm		+	20ml	NA			NA				
	05:00 pm			20ml							0	
	06:00 pm	DNS	H2O	20ml								
	07:00 pm			20ml								
Total Intake : Taken								**Total Output :** M- 2			U- 2	
	08:00 pm	DNS		20ml								
	09:00 pm	DNS		20ml								
	10:00 pm	DNS	Upma Khichdi	20ml								
	11:00 pm	DNS		20ml	NIP			NIP			0	
	12:00 am	DNS		20ml								
	01:00 am	DNS		20ml								
Total Intake :								**Total Output :** U- 1			M-0	
	02:00 am			20ml								
	03:00 am			20ml								
	04:00 am	DNS	H2O	20ml								
	05:00 am			20ml	NIP			NIP			0	
	06:00 am			20ml								
	07:00 am			20ml								
Total Intake :								**Total Output :** U-			M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby ZUNAIRA UNNISA . (F)
29-04-2025 1 Y 0 M 25 D
Dr. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : 2

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

		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							
25/5	08:00 am			20ml						✓	0	
	09:00 am			20ml			✓				0	
	10:00 am	DNS	milk	20ml				NA			0	
	11:00 am		H2O	20ml	NA					✓	0	
	12:00 pm			20ml			✓				0	
	01:00 pm			20ml							0	
Total Intake : Taken						**Total Output :**				M-2	U-2	
26/5/26	02:00 pm			20 ml								
	03:00 pm			20 ml						✓		
	04:00 pm	DNS	milk	20 ml								
	05:00 pm		H2O	20 ml			✓					
	06:00 pm			20 ml				NA		✓		
	07:00 pm			20 ml	NA							
Total Intake : Taken						**Total Output :**				U-2	M-1	
25/5/26	08:00 pm											
	09:00 pm											
	10:00 pm									✓		
	11:00 pm		milk		NA			NA				
	12:00 am											
	01:00 am		milk									
Total Intake :						**Total Output :**						
26/5/26	02:00 am											
	03:00 am											
	04:00 am		milk									
	05:00 am				NA			NA				
	06:00 am		milk									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby ZUNAIRA UNNISA -
29-04-2025 1 Y 0 M 26 D (F)
Dr. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014366 IP26-00006416
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 23/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm | 8AM	→ Assess the pt Condition → monitor vitals → I/O chart → All medication.	8pm | 8AM	→ Assess the pt condition → ~~monitor~~ vitals checked & Recorded → I/O chart maintained → All medication given as per doctor order	→ pt is stable	→ ~~Pt~~ Re checked the vitals → vitals stable	Sneha Be

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Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 25 D (F)
Dr. ANIKET ANIL PARASHAR

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general Condition of Pt. → Monitor vitals → Maintain I/O chart → Administer medication	8AM / 2PM	→ Assessed the general Condition of Pt. → Monitored vitals → Maintained I/O chart → Administered medication	Pt is Stable	Re-assess vitals	Monitored
Afternoon	2pm / 8pm	- Assess the Pt condition - Monitor vitals - Maintain I/O Chart - Administer Medication as per drug chart	2pm / 8pm	- Assessed the Pt Condition - Monitored vitals - Maintained I/O chart - Administered Medition as per drug chart	Pt is stable	Re-checked vitals	
Night	8PM / 8AM	Assess the Pt. condition monitor vitals Maintain I/O chart Drug as per Drug chart	8PM / 8AM	Assessed the Pt. condition monitored vitals Maintained I/O chart Drug as given Chart	Patient is Stable now	Rechecked vitals	

HNH-00014366 IP26-00006416
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25/5/26

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	8 AM | 2 pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O. chart maintained	8 AM | 2 pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	
Afternoon	2 pm | 8 pm	→ Assess the patient general condition → monitor vitals → DNS @ 20 ml/hr to Cont → Administer medications as Per doctor's orders.	2 pm | 8 pm	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders.	Patient is stable	Rechecked vitals	
Night	8 pm | 8 AM	→ ~~Assess~~ the pt condition. → monitor the vitals → maintain I/o chart. → drugs give as per drug chart.	8 pm | 8 AM	→ Assessed the pt condition. → Monitored the vitals → Maintained I/o chart → drugs given as per drug chart.	→ pt is stable now	→ Re assessed the vitals	

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

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BRADEN 'Q' SCALE

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

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					Date : 25/5	25/5/26	25/5	
					Time : 6	EVG	(N)	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
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				TOTAL SCORE	28	28	27	
				Evaluator's Name				

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

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

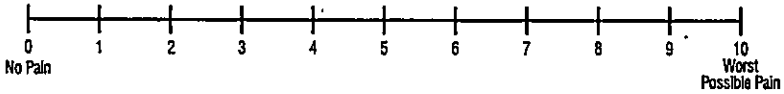
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/5	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	ala	
24/5	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
24/5/26	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/5/26	6 pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/5/26	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/5	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/5	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/5/26	4PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/5/26	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ 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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 23/5			24/5 DAY-2			25/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	Cannula Removed at night 25/5/25
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	NA	NA	NA	NA	1	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	Cannula
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	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Sheela

Signature of Ward In Charge :

Signature : ..... Name : Balarani

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

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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:

		23/5 N1	24/5 M6	24/5 E2	25/5 N1	25/5 M6	25/5/26 Evng
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):	NA	NA	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.3°F	98.4°F	98.2°F	98.1°F	98.3°F	98.5°F
	Res:	26b/m	26b/m	26b/m	26bm	26b/m	30b/m
	SpO_2:	98%	99%	100%	100%	100%	99%
	Pulse:	123b/m	124b/m	121b/m	100bm	121b/m	120b/m
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
	Skin Integrity	Intact	—	—	—	—	—
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	Dep	NA	NA	NA	—
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		sneha	Mamtha	Amrutha	Sneha	Amrutha	Sandhya
Signature / ID :							
Date:		24/5/26	24/5/26	24/5	25/5/26	25/5	25/5/26
Time:		8AM	2PM	8PM	8AM	2PM	8PM
Taken Over By Name :		Mamtha	Amrutha	Sneha	Amrutha	Sandhya	mahi
Signature / ID :							
Date:		24/5/26	24/5/26	24/5/26	25/5	25/5/26	25/5/26
Time:		8AM	2PM	8PM	8AM	2PM	8PM

HNH-00014366 IP26-00006416
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 0 M 25 D (F)
Dr. ANIKET ANIL PARASHAR

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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	25/5/25 N1					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	18 b/m					
	SpO_2:	100%					
	Pulse:	—					
	BP:	—					
	LOC:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
	Skin Integrity	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):	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		mahi					
Signature / ID :							
Date:		26/5/25					
Time:		8 Am.					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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DRUG CHART

Date of Admission: 23/5/26. Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP. IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS	23/5	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (100/5)				

DRUG : SYP CROSIN DS				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS	25/5	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (240mg/5ml)				

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

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

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Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 10kg Ward. ....

DRUG : Inj. AMOXYCLAV				Date/Time	23/5	24/5	25/5	26/5
Dose	Route	Frequency	Start Date					
300mg	IV	TID	23/5	6Am	Y			
Name & Signature of the Doctor Starting the Drugs:				2pm	Y			
Additional Instructions:				10Pm				
Daily Doctor's Endorsement by a Sign								

change 26/5

DRUG : SYP. CROCIN DS				Date/Time	23/5	24/5	25/5
Dose	Route	Frequency	Start Date				
3ml	PO	Q6H	23/5	6AM	Y		
Name & Signature of the Doctor Starting the Drugs:				12pm	Y		
				6pm	Y		
Additional Instructions:				12Am	11pm		
Daily Doctor's Endorsement by a Sign							

SOS

DRUG : SYP. XYZAL				Date/Time	23/5	24/5	25/5
Dose	Route	Frequency	Start Date				
2.5ml	PO	HS	23/5				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: (LEVOCETIRIZINE) (2.5mg/5ml)				10pm			
Daily Doctor's Endorsement by a Sign							

DRUG : NASOCLEAR ND				Date/Time	23/5	24/5	25/5	26/5
Dose	Route	Frequency	Start Date					
2°	-	SOS Q6H	23/5	6Am	Y			Y
Name & Signature of the Doctor Starting the Drugs:				12Pm	Y			
Additional Instructions:				6pm	Y			
				12A	11P			
Daily Doctor's Endorsement by a Sign								

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REGULAR PRESCRIPTIONS

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

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	OD	23/5

Name & Signature of the Doctor Starting the Drugs: Nag (Dr Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	23/5	24/5	25/5	26/5
6AM	Sig	Sig	Sig	Sig

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	~~BID~~ TID	23/5

Name & Signature of the Doctor Starting the Drugs: Nag (Dr Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	23/5	24/5	25/5
6AM	X	Sig	Sig
3PM	X	Sig	Sig
11PM	Sig Shalu	Sig	Sig

DRUG : Pan-GG drop

Dose	Route	Frequency	Start Dt.
15°	oral	BD	25/5

Name & Signature of the Doctor Starting the Drugs: B. Singh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	25/5
10PM	1PM Sig
10PM	Sig

DRUG : ZYTEE Gel

Dose	Route	Frequency	Start Dt.
1	2A	TID	25/5

Name & Signature of the Doctor Starting the Drugs: B. Singh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	25/5
6AM	X
2PM	Sig
10PM	Sig

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Sheet No.

EGULAR PRESCRIPTIONS

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

DRUG : Syp CEFPODOXIME				Date ➤ Time	26/5														
Dose	Route	Frequency	Start Dt.																
2.5ml	PO	BD	26/5																
Name & Signature of the Doctor Starting the Drugs: Pharm				10AM															
Additional Instructions: 5ml = 100mg				10PM															
Daily Doctor's Endorsement by a Sign																			
DRUG : NEXPRO SACHET				Date ➤ Time	26/5														
Dose	Route	Frequency	Start Dt.																
1 sachet	PO	OD	26/5																
Name & Signature of the Doctor Starting the Drugs: Pharm				6AM	Suny														
Additional Instructions: 1 sachet = 10mg																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date ➤ Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date ➤ Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Dr. ANIKET ANIL PARASHAR

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

	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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
23/5	10pm	SYP PEDICLORYL	2.5ml	PO		Not given

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I.V. FLUIDS CHART

Weight. 10kgs. Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/5/25	9.30 pm	DNS (1/2 main)	IV	20ml	[signature]	Sm / [signature]	25/5	[signature]	[signature] / [signature]

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N.K.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: ..... 2nd floor (210) .....

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 : ..... 23/5/26 @ 7:40pm .....

Nurse Name & Signature: ..... Bhargavi .....

Date & Time : ..... 23/5/26 @ 7:55pm .....

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

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wt - 10. kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : baby - Zunaira Unnisa Age : 1y **Gender:** ☐ Male ☑ Female

Date : 23/5/26 Time of Arrival : 6:30pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 103°F PR: 130b/m BP: ..... RR: ..... SpO_2: 100%

Chief Complaints: c/o. high grade fever since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:40pm

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 : Bhargavi

Signature of Triage Nurse : B.

Date & Time : 23/5/26 @ 6:32pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/5/26 Time of arrival : 6:34pm

Chief Complaints: c/o fever since 3 days RBS: .....

Height : ..... Weight : 10kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : .....

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

Time	Nursing Notes
6:36pm	Assess the pt condition monitore the vitals

Samples collected by: Vijaya Time:

Samples sent by : Time: 7:40pm

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: 130b/m BP: CFT:	Shift - out from ER to: 2nd floor (210)
RR: SPO_2 : 100%	Time of Shift - out: 8:30pm
GCS: Temperature : 103°F	Handover given to: Sneha (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 : 23/5/26 @ 6:38pm

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014366 IP26-00006416 Baby ZUNAIRA UNNISA . 29-04-2025 1 Y 0 M 24 D (F) Dr. ANIKET ANIL PARASHAR	23/5/26 @ 7:24pm	23/5/26 @ 8:30pm
	Transfer Ordered by Dr. varun.	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (210)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15/-	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
Bhargavi	Dr- varun
Patient & Clinical Records Received by : Sneha 23/5/26 @ 8:30pm	
Date & Time of Patient Received :	

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 24/5/25 Time: 10:15 am

Weight: 10 kg Centile: 75th

Height: — Centile: —

Inference: Well nourished child

RDA: — Calories: 1200 Kcal/day Protein: 20 gm/days

Diet Recommendations: Semisolid food

Re-Assesment: No Junk, Oily, spicy food

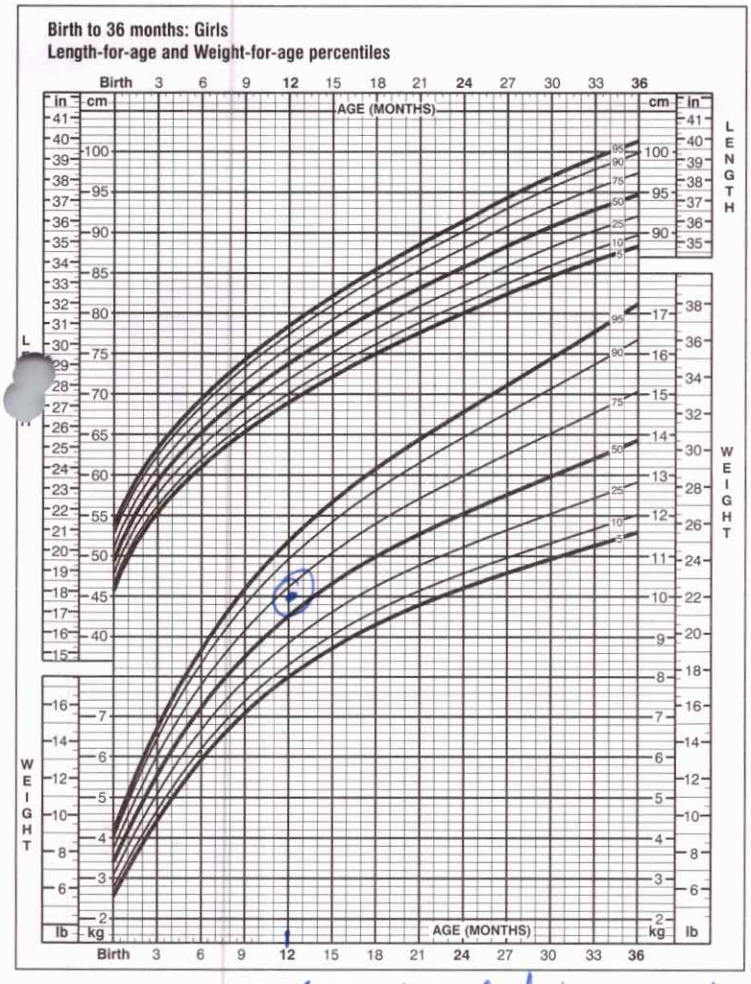
Food Allergies: NO f A Veg/~~Non-veg~~ non veg

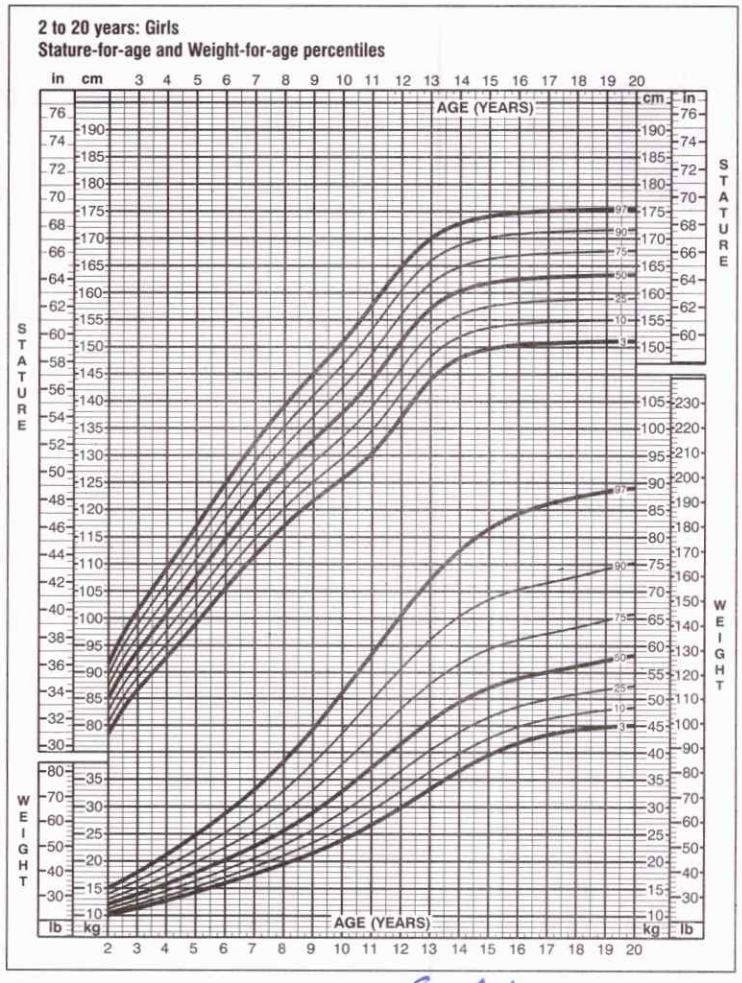
Diagnosis: Aflc dehydration ?VTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sobiya Zaheen Dietician's Signature Sobiya