DISCHARGE AT REQUEST SUMMARY

Name	Baby IQRA FATIMA	**UHID**	HNH-00001825
Father/Guardian	Mr AZMATH KHAN	**Age/Gender**	2 Y 2 M 28 D/ Female
Address	H.NO: 11-2-47, BESIDE ZAKIV COMMUNITY HALL AGAPURA., Agapura, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006967	**Admission Date**	27-07-2026
Ref Doctor	Self.		
Discharge Date	29.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Baby IQRA FATIMA is a 2 Y 2 M 28 D , old girl presented with history of loose stools and vomitings since 3 days, decreased oral intake since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart

Name	Baby IQRA FATIMA	UHID	HNH-00001825
IP No	IP26-00006967	Admission Date	27-07-2026

rate was 106/min, blood pressure was 101/61 mmHg and RR - 35/min. On examination Signs of some dehydration were present, dry lips, oral mucosa, decreased skin turgor were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 12.33 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.27, pCO2 of 42.5 mmHg, pO2 of 30 mmHg, HCO3 of 17.9 mmol/L and BE of -7.6 mmol/L.

Initial hemogram showed Hemoglobin of 12.2 gm%, White Blood Cell count of 8940 cells/cumm, platelet count of 3.67 lakhs/cumm and C-Reactive Protein of 5 mg/l. Complete urine examination shows: Pus cells - 3-4, epithelial cells - 6-8.

Complete stool examination shows:

Name	Baby IQRA FATIMA	**UHID**	HNH-00001825
IP No	IP26-00006967	**Admission Date**	27-07-2026

COLOUR	YELLOWISH			
CONSISTENCY	SEMI FORMED			
pH	6.0	5 - 8.5		-
MUCUS	PRESENT	ABSENT		-
BLOOD	ABSENT			
UNDIGESTED FOOD	PRESENT+	ABSENT		-
HELMINTHES	NIL	NIL		-
PUS CELLS	2 - 3			
RED BLOOD CELLS (Stool)	1 - 2	NIL	HPF	L
STARCH GRANULES	PRESENT+	ABSENT		-
YEAST CELLS	NIL	NIL		-
FAT GLOBULES	PRESENT+	ABSENT		-
PROTOZOA	NIL			

Management: She was initially resuscitated with NS bolus, admitted in the ward and started on intra venous fluids . She was treated symptomatically with antiemetics and antacids . In view of loose stools, she was administered probiotics and advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms improving gradually. Currently baby has semisolid loose stools (3-4 episodes) with moderate intake, hemodynamically child is stable with good hydration status .

Name	Baby IQRA FATIMA	**UHID**	HNH-00001825
IP No	IP26-00006967	**Admission Date**	27-07-2026

Parents were counselled regarding the condition of the child was need for further hospital stay, but due to their personal reasons, they want to get discharged and is being discharged at request with the following advice.

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

Medications given during hospital stay:
Z & D drops
Redotil sachet
Injection. Esomeprazole
Injection. Ondansetron
Pro GG sachet

Advice:
* Diet as advised.

Name	Baby IQRA FATIMA	**UHID**	HNH-00001825
IP No	IP26-00006967	**Admission Date**	27-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ONDEM (Ondansetron – 5ml/2mg)	5 ml	7am-7pm (30 minutes before food)	For 2 days
2	PRO GG Sachet	1 sachet	9am-9pm (after food)	For 2days
3	Econorm sachet	1 sachet	9am-9pm (after food)	For 2 Days
4	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
5	Redotil Sachet	1 sachet	thrice daily	For 2 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			
7	PROLYTE ORS ADLIB			

TO COLLECT STOOL ROTAVIRUS REPORT ON FOLLOWUP .

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on (30.07.2026) Thursday at Himayatnagar in OPD with prior appointment **(Review**

Name	Baby IQRA FATIMA	UHID	HNH-00001825
IP No	IP26-00006967	Admission Date	27-07-2026

consultation will be charged).

Food instructions while taking medications:

* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* 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 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 /**

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Name	Baby IQRA FATIMA	**UHID**	HNH-00001825
IP No	IP26-00006967	**Admission Date**	27-07-2026

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**

Children's Medicare Ltd. Himayathnagar 500029

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00001825
Baby IQRA FATIMA IP26-00006967
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
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	28			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 29/07/26

(P.T.O)

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 : IP26-00006967 **Admit Date** : 27-Jul-2026 **Admit Time** : 02:22 PM **UHID** : HNH-00001825

Patient Details :

Patient Name	: Baby IQRA FATIMA	**Age**	: 2 Y 2 M 28 D
Guardian	: Mr AZMATH KHAN	**DOB**	: 29-04-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 11-2-47, BESIDE ZAKIV COMMUNITY HALL AGAPURA. Agapura Hyderabad Telangana INDIA 500001	**Phone No**	: 8978600315
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr AZMATH KHAN **Relationship** : Father

Contact Address : H.NO: 11-2-47, BESIDE ZAKIV COMMUNITY HALL AGAPURA. Agapura Hyderabad Telangana INDIA 500001 **Phone No** : 8978600315

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/8/25 Time of arrival : 1:04pm

Chief Complaints: c/o Loose Stools since x 3 days vomiting 3 x 1 day RBS: N/A

Height : 92cm. Weight : 12.3kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/ Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character 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?) .....

Time of Initial assessment completed by ER Nurse : 1:06pm

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

Time	Nursing Notes
1:06pm	Assessed the Patient condition
	– monitor vitals. Done
	– IV placement Done
	– Smple collected

Samples collected by: Tyon

Samples sent by : Dr. Atanu

Time: 3Pm

Time: 3:40pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
27/7/26 @3:4p	Ins, order	IV	2mg.	Sreeghan	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 125bpm BP: 101/61 CFT:	Shift - out from ER to: 2nd Floor
RR: 16bpm SPO_2 : 100%	Time of Shift - out: 3:40pm
GCS: 15/15 Temperature : 98°F	Handover given to: Apurba
Pain Score: –	(Nurse's Name)
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement Done

Name of the Nurse : Atanu

Signature of the Nurse :

Date & Time : 27/7/26 @ 3:40pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00001825 IP26-00006967 Baby IQRA FATIMA 29-04-2024 2 Y 2 M 28 D (F) Dr. SINDHURA MUNUKUNTLA	27/7/26 2:22 pm	27/7/26 @ 3:40pm.
	Transfer Ordered by Dr, Sreegar	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 16	Number of Imaging Films 1 - VBH	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
Home /	Dr, Sreegar.

Patient & Clinical Records Received by : Ahmed 27/7/26 @ 3:41 pm

Date & Time of Patient Received :

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

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

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ACTIVITY RECORD FOR BILLING

Name: ---- HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Date of Ad : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 209 ---------- Ward : 2nd floor. ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	2:22pm	ER	2nd floor/209.	

Cross Consultation Visit

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

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/7/24	CBP, ERP	2724	Syed
	VBG	12723	
	Cross checked done by Sneha		
27/7	CUE	12720	Sneha
28/7	CSE	7590	Sneha
28/7	Stool for rota virus	12799.	[illegible]
	Cross checked by [illegible]		

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7	Infusion Pump	4:42pm	29/7/26 @11:30am	12821.	
				Cross Checked done by SN	

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV Placement	1	17478	
27/6/26	NHA	(1)	7559	

Cross checked done by

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA
Patier / CLINICAL / 125

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

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

Date : ...29/4/24..... Time: 3pm 10pm 2 Am 6 Am

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.8F 97.6F 98.2F 98.4F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
97 (62) 64 | 109 (80) 60 | 99 62 | 101 (81) 60

Note: BP does not score in early warning scoring

Heart Rate (Number): 110b/m | 110b/m | 100b/m | 113b/m

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number): 29b/m | 25b/m | 28b/m | 26b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	99%	99%
Conscious Level	Normal / Altered			
GCS *		15/15	15/15	14/15	14/15
TOTAL SCORE Number of shaded boxes		1	0	0	
Pain Score		0	0	0	
Observer's Initials				EA	

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)

Patient

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

CLINICAL / 125

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

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

Date : 29/4 Time: 10 AM | 2 PM | 6pm | 10 PM | 2 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.4°F | 97.6°F | 98.2°F | 97.9°F | 98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)
120bpm | 130bpm | 122bpm | 109bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number)
30bpm | 28bpm | 28bpm | 28bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	100%	100%	99%	99%	99%
Conscious Level	Normal / Altered
GCS *	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score					
Observer's Initials					

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/4												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
27/4	02:00 pm			45ml							0	
	03:00 pm		ORS	45ml							0	
	04:00 pm	Plasma	+	45ml							0	
	05:00 pm			45ml							0	
	06:00 pm		H2O	45ml							0	
	07:00 pm			45ml							0	
Total Intake :						**Total Output :**						
28/4	08:00 pm			45ml							0	
	09:00 pm		ORS	45ml							0	
	10:00 pm	Plasma	+	45ml							0	
	11:00 pm		H2O	45ml							0	
	12:00 am		ORS	45ml							0	
	01:00 am			45ml							0	
Total Intake :						**Total Output :**					U-2ml-3	
	02:00 am		ORS	45ml							0	
	03:00 am		H2O	45ml							0	
	04:00 am	Plasma		45ml							0	
	05:00 am		+ H2O	45ml							0	
	06:00 am		+ ORS								0	
	07:00 am										0	
Total Intake :						**Total Output :**					U-2ml-	

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		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							
28/7	08:00 am			30ml								
	09:00 am	Plasmalyte		30ml								
	10:00 am		Idly	30ml				NA			0	Ayl
	11:00 am		P.O	30 ml	NA							
	12:00 pm		H2O	30 ml								
	01:00 pm			30ml								
Total Intake :						**Total Output :** U- M-						
28/7	02:00 pm			30ml								
	03:00 pm			30ml								
	04:00 pm	Plasmalyte	Rice	30ml								
	05:00 pm		Aloo	30ml	NA			NA				Nani
	06:00 pm			30ml								
	07:00 pm			30ml								
Total Intake :						**Total Output :** U-3 M-3						
28/7	08:00 pm			30ml							0	
	09:00 pm		Curd rice	30ml							0	
	10:00 pm	Plasmalyte		30ml							0	
	11:00 pm		Ice	30ml			Loose				0	Sn
	12:00 am			30ml							0	
	01:00 am		Milk	30ml							0	
Total Intake :						**Total Output :** U- M-						
29/7	02:00 am			30ml							0	
	03:00 am		Ice	30ml							0	
	04:00 am	Plasmalyte		30ml							0	
	05:00 am		Ice	30ml							0	Sn
	06:00 am			30ml							0	
	07:00 am			30ml				✓			0	
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	U- M-

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ER ..... Shifted to: ..... Ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Sreejan .....

Date & Time : ..... 27/7/26 @ 1:45pm .....

Nurse Name & Signature: ..... Afsana .....

Date & Time : ..... 27/7/26 @ 1:55pm. .....

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

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : IQRA FATIMA

Patient ID# : HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

Consultant :

Final Diagnosis :

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

atric Multiorgan History & Physical Examination

N _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o 1) Loose stools since 3 days
2) Vomitings since 3 days
3) Decreased oral intake since yesterday

History of present illness :

Child was apparently asymptomatic 3 days back after which she had loose stools which were 10 episodes of large watery stools

Vomitings started 3 days back which were multiple episodes non-bilious, non-projectile containing food matter.

Child had decreased oral intake since yesterday

Fever on & off since 2 days.

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
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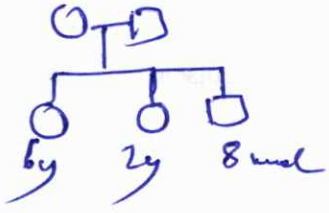
Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term / NSCS / 3.2 kg / CIAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Mixed schedule - VAT
& DAP schedule

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
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diatric Multiorgan History & Physical Examination

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

Weight (kgs)_____(Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____Description _____

B.P. _____SPO2_____ at _____

Resp. rate and type of breathing : _____

dry lips

_____

dry oral mucosa

Rash_____

↓ Skin turgor

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ B/L AE+⊖

Any addes sounds : _____

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

_____

_____

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : _____ S1 S2 ⊕

Any murmur : _____

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

_____

_____

Per Abdomen :

Inspection _____ P/A soft

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

_____

Central Nervous System :

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

Cranial Nerves : (N)

Motor System :

Nutrition : (P)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

(P)

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Gastroenteritis ? dehydration

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
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[Pedi]atric Multiorgan History & Physical Examination

P[...]ment :

IV fluids

Desired goals of the treatment :

Dehydration improvement

Planned Labs :

CBP ✓
CRP ✓
Blood C/S (collect)
VBG ✓
CUE ✓
CSE ✓
Stool for Rota virus
NB Jyothi

Planned Management :

- IVF DNS
@
- Ascmil formula.
- Inj. ONDANSETRON 2mg IV TID
- Inj. ESOMEPRAZOLE 10mg IV OD
- Pro GG sachet 1 BD

NB Jyothi

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 Dr. Sindhura M on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 60970 Date 27/7/26. Time 2:45pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/24 2:45 pm	SIB Dr Sindhura	
	ⓓ Acute Gastroenteritis c dehydration	IVF
	Sunken eyes ⊕	- IV NS bolus 100ml over 1 hr
	↓ skin turgor	↓
	dry oral mucosa ⊕	MIS maintenance fluids
	CVS - S1, S2 ⊕	
	RS - BLE - AEE ⊕	- IV ONDANSETRON
		PANTOPRAZOLE
	PU To ~~Cat~~	
	CONSCIOUS	- ISOMIL formula feeds
		- WHO-OMS - 100ml/kg 100kcal/kg
		- Treat reports

notes by

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66979

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/02/26	C/S/16 — Dr. Sindhura	
6PM	Loose stools (+)	
	O/E: Active	
	Vitals stable	
	Hydration - signs of dehydration	
	S/E: PA: Soft, NT	
		Adv
		- IV fluids (fullcm)
		- Supportive care
		- Monitor vitals and Inform SOS
		- Treat reports
		M. Sindhura Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/26 8 AM	C/O/E. Dr. Subrath / D. Pranav Dx: AGE with dehydration	
	Loose stools ⊗ No vomiting OA - Myoclonic	
	O/E: GC, afebrile Vitals + Stable Hydration - better	Adv - IV fluids - @ 30 ml/h (2/3rd) - Supportive care - Monitor vitals and Inform SOS Subrath noted by sr. Sreenidhi 28/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/24 10 AM	C/S/b Dr. Sindhura	
	D - AGE c̄ dehydration.	
	2 loose stools (+)	
	No vomiting.	Plan
	O/E - vitals stable.	↓ Ct. IVF 2/3rd am.
	S/E - P/A - Soft, NT.	- Watch for no. of loose stools.
		- Send CSF & stool for rota PCR.
	NB. Moufiah @ NAB	Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

HNH-00001825 IP26-00006967
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4 2:00pm.	CSW13 Dr. Naipunya AGE & dehydration.	
	loose stools ↓↓. No vomiting. Vitals - stable. RS - BL CAE (-) P/A - soft, NT	Plan - Cont IVF 2/3 M. - Cont. PROGG Sachet Radiotill. Salut - Send stool for rotavirus. - Monitor vitals NB Mouth @2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/24 6:30pm	c/o D2 sindhuri	
	Acute GE c dehydration	
	- Loose stools (+)	
	5-6 sine morning	
	(mod,	
	greenish	Plan
	- oral intake : fair	1) ct IVF - 2/3 main.
	- fever - NO	2) ct pco 44 Redotic
	O/E	
	vitals : stable	3) frequent stool soe Kotamieres
	SLE	
	P/A - soft	4) monitor vitals
		Noted by medico

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/26 7:30am	U/B Dr. Manini	
	Acute GE c̄ dehydration	
	- loose stools (+) 5-6 episodes	
	- 1 episode of vomiting (+) contained food.	
	- no c/o fever	
	- oral intake : poor	
	- passing urine	
	O/E	Plan
	vitals : stable	1) Ivt. IVF - 2/3 main
	S/E	2) Ivt. Pe 044. Redose ondem esomeprazole 2 2D.
	P/A - soft.	
		3) Send stool for Rotavirus
	(signature)	4) monitor vitals

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 10:40 AM	c/s/by Dr. Sindhu	
	AGE c̄ dehydration	
	loose stools (+)	
	Moderate / semisolid	
	vomiting	→ Mod Intake
	No fever	[Plan]
	vitals stable	– Enhance orally
	P/A soft	– ct IV fluids @ 22 ml/h
		– (T) stool sofa
	Economic add	– Monitor
		BP O/O
		– disch @ Request
		[signature]

HNH-00001825 IP26-00006967
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NURSING CARE RECORD

Date: 27/2/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm 8pm	Assess the baby monitor the V/S Administer Medicine Maintain I/O chart	4pm 8pm	Assessed the baby Monitored V/S Administered Meds Maintain I/O chart	Administered Medicine	Report to Dr	MD
Night	8Pm to 8Am	Assess the Pt condition. monitor vitals every Maintain I/O chart. provide the Comfortable Position. Medication give as per as doctors.	8Pm to 8Am	Assessed the Pt condition monitored vitals every Maintained I/O chart. Provided the Comfortable Position. Medication given as per as doctors ord.	→ Pt is stable. → Vitals norm.	→ monitor vitals. → Maintain I/O chart	SN

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
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Patient S

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 28/7/26

Goals

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

Acute dehydration

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess pt condition → Monitor the vitals → Maintain I/o chart → Administer the medicati on as Per drug chart	8Am to 2pm	→ Assessed pt condition → Monitored the vitals → maintained I/o chart → Administer the medica tion as per drug chart	Patient is stable	Re-checked vitals	Anusha. Asst
Afternoon	2pm 8pm	Assess the baby Monitor the v/s administer Medicine Maintain I/o Chart	2pm 8pm	Assessed the baby Monitored the v/s administered Medicine Maintain I/o Chart	administered Medicine	Reassess the baby the good	Hanil @
Night	8pm to 8Am	Assess the Pt condition, monitor vitals & record maintain I/o chart provide the comfortable position medication hive as per as doctor order.	8pm to 8Am	Assessed the Pt condish.. monitored vitals & record maintained I/o chart. provided the comfortable position. medication given as per as doctor order.	→ Pt is stable. → vitals normal	→ monitor vital → maintain I/o chart	Sm

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...ING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/7 8pm	28/7 N8	28/7 M6	28/7 N1		
	Medical Condition (Any special condition to be noted):	AGE	–	–	AGE		
	Diet:	–	–	–	Soft		
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:	98.0F	96	98.5F	98.2°F		
	Res:	28	27b/m	28b/m	27b/m		
	SpO_2:	100%	99%.	99%.	98%		
	Pulse:	102	102b/m	106b/m	102b/m		
	BP:	100/62	102/62	103/63	99/62		
	LOC:	–	–	–	–		
	Fall Risk Score:	20	20	0	0		
	Pain Score:	0	0	0	0		
	Skin Integrity	Normal	–	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):	–	–	–	–		
Post Operative Procedure Special Orders:		[illegible] CST [illegible]	–	Stool [illegible] [illegible]	–		
Handed Over By Name :		[illegible]	Sri	Anusha	Sneha		
Signature / ID :		[illegible]	60603	[illegible]	60603		
Date:		27/7	28/7	28/7/26	29/7/26		
Time:		8pm	8Am	2pm	8Am		
Taken Over By Name :		Sri	Anusha	Nomi			
Signature / ID :		60603	[illegible]	[illegible]			
Date:		27/7	28/7/26	28/7			
Time:		8pm	8Am	2pm			

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

HNH-00001825 IP26-00005967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM

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

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

wt - 12.3 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Fatima Age : 2y 2m **Gender:** ☐ Male ☐ Female

Date : 27/6/26 Time of Arrival 1:04pm

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: 98°F PR: 106bpm BP: 101/61(72) RR: 25b/m SpO_2: 100%

Chief Complaints: c/o loose stools since 2 days, vomiting since 2 hrs

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 : 1:02pm

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 : Hamna

Signature of Triage Nurse : .....

Date & Time : 27/6/26 @ 1:02 PM

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DRUG CHART

Date of Admission: 27/7/26 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 : Syp. CROCIN - DS				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	oral	SOS/6hrly	27/7	
Doctor's Signature		Valid Period	Pharm.	
DR				
Additional Instructions: Paracetamol (5ml/24hrly)				

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

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

Verified by Dr. Dhakshayani

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

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 12.334 Ward. .....

Verified by Dr. Dhakshayani

DRUG : Drop. ZnD

Dose	Route	Frequency	Start Date
1 ml	oral	OD	27/4

Name & Signature of the Doctor Starting the Drugs: B. Sneha Re

Additional Instructions: ZINC (1ml/2mg)

Daily Doctor's Endorsement by a Sign

Date / Time: 28/4 8AM

DRUG : Pro G.G drops

Dose	Route	Frequency	Start Date
15°	oral	BD	27/4

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : REDOTRIL SACHET

Dose	Route	Frequency	Start Date
1 sachet	oral	TID	27/4

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/4 2PM | 28/4 2PM

Verified by Dr. Dhakshayani

DRUG : Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	27/4

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/4 2PM | 28/4 2PM

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 12.33kg Ward ....

Verified by Dr. Dhakshayani

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	TID	27/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/7	28/7	29/7
6am	X	Sng	Sng
2pm	3:10pm		
10pm	Sng		

DRUG : Pro-C C Sachet

Dose	Route	Frequency	Start Dt.
1 sachet	oral	BD	27/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/7	28/7	29/7
6am	X	Sng	Sng
6pm	[illegible]	Madhu	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

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 ....

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/4	2:30 PM	NS baby	100 ml one shot	IV		

Signature

VERIFIED BY : Name

Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 12.32kg 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
27/7	3PM	PLASMALYTE	IV	45 ml ↓ 40 ↓			28/7		
28/7	6AM	IVF – PLASMALYTE	IV	30 ↓					
29/7	1030AM	Ivfluid plain tc	iv	21 ml/h					

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

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RESULT SHEET

Date	27/2					
Time						
Hb	12.2					
PCV	33.9					
RBC	4.62					
WBC	8.94					
N/L	44.4/48.6					
Platelets	367					
CRP	5					
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						

Date	27/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-4					
CUE - RBC Cells	Nil					
CUE						
	28/7/26					
Stool Pus Cell	2-3					
OVA / Cyst						
Occult Blood						
Mucus	present					
Red blood cell -	1-2					
Yeast -	Nil					
Fat Globules -	present					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sti

HNH-00001825
Baby IQRA FATIMA
IP26-00006967
29-04-2024
2 Y 2 M 28 D
(F)
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/ DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/4	DATE 28/4	DATE 29/4	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		10	10	10		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	X	X		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X		X		
	Nurse's Name:		Sm	Sm	Sm		
	Signature:						
	Date:		27/4	28/4	29/4		
	Time:		8am	8am	8am		

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BRADEN 'Q' SCALE

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					Date : 27/4/24	28/4	29/4	
					Time : 8 PM	M5	AM	
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	
"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	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.	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	
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	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	23	23	23	
				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

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

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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 27/7			28/7 DAY-2			29/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	~~NA~~	N/A	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	~~NA~~	N/A	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	~~NA~~	N/A	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~~	N/A	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~~	N/A	NA				
		Signature of the Nurse				Sny	~~Anil~~	~~N/A~~	Sny				

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 : Sindhu Name : Sindhu

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

Patient Sticker

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Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
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										
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00001825 IP26-00006967
Baby IQRA FATIMA
29-04-2024 2 Y 2 M 28 D (F)
Dr. SINDHURA MUNUKUNTLA

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

PAIN ASSESSMENT FORM

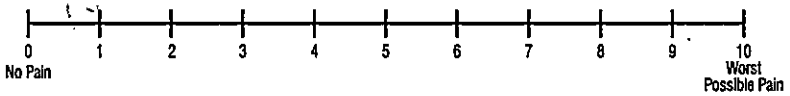
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	✓ Yes ☐ No	NA	[signature]
28/7/26	2 Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/7/26	8 pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27/7/26 Time: 6pm

Weight: 12.33kg Centile: 50th

Height: — Centile: —

Inference: Wall child

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

Diet Recommendations: Gastro Diet

Re-Assesment: Avoid :- Ragi, citrus, Egg, oats, wheat, milk, Sugar

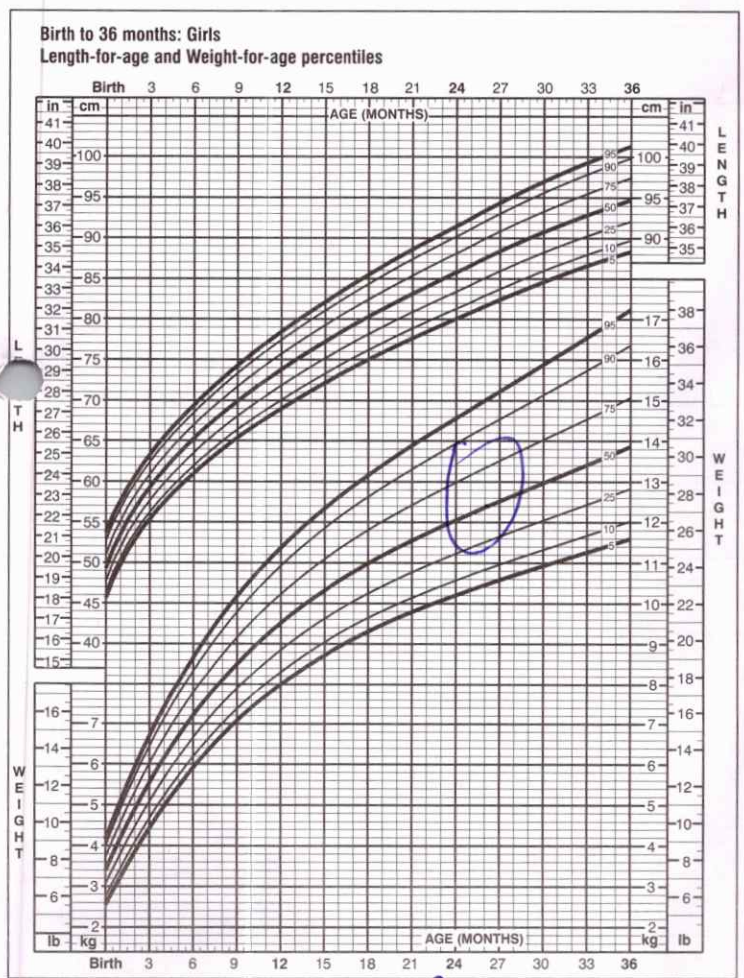
Food Allergies: NO Veg/Non-veg NON-Veg.

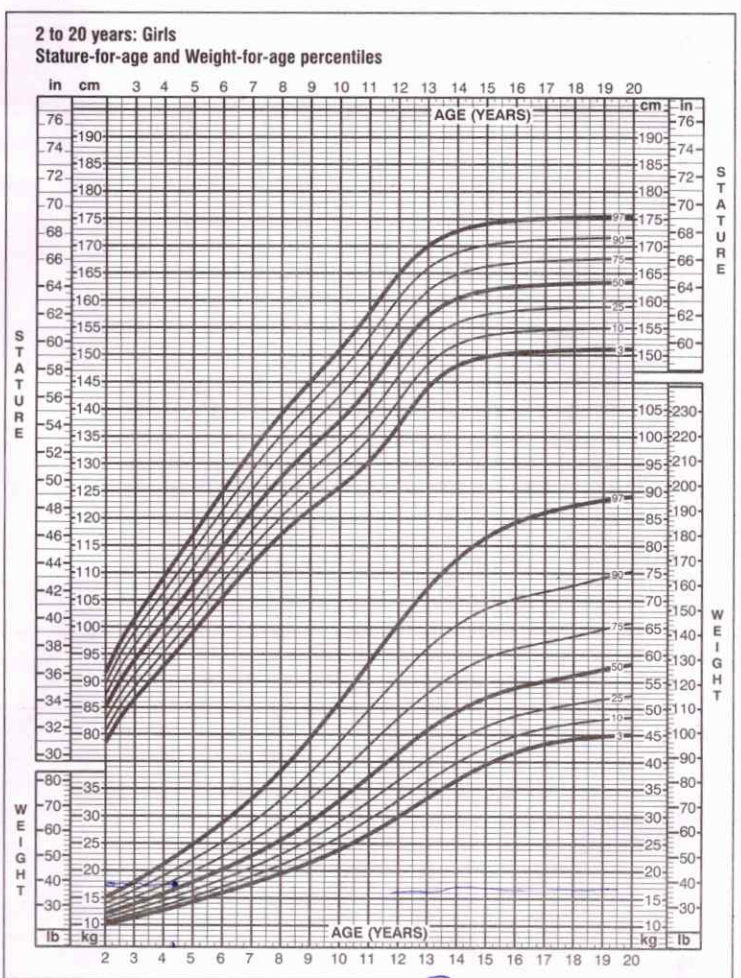
Diagnosis: AGE - Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Afreen Begum

GROWTH CHART (GIRLS)





Dietician's Name sathwika-G Dietician's Signature S