215
D.C

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby AIERA AHAMED	**UHID**	HNH-00009930
Father/Guardian	Mr SHABEER AHAMED	**Age/Gender**	4 Y 4 M 23 D/ Female
Address	3-6-144&144/1 FLAT NO-209, ROYAL SIGNATURE APARTMENTS, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006961	**Admission Date**	27-07-2026
Ref Doctor	Self.		
Discharge Date	28.07.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH RESPIRATORY DISTRESS	

History: Baby AIERA AHAMED , 4 Y 4 M 23 D , old girl presented with the history of cough and cold, decreased oral intake since 2 days, fever, fast breathing 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. Her heart rate was 122/min and Respiratory Rate - 32/min. Capillary Refill Time was <2 secs. Peripheries were warm &

Name	Baby AIERA AHAMED	UHID	HNH-00009930
IP No	IP26-00006961	Admission Date	27-07-2026

pulses well felt. Respiratory distress present in the form of subcostal retractions. On examination dry lips, oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 16.6 kilo grams.

Investigations: Enclosed reports

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

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

VBG showed pH of 7.39, pCO2 of 34.6 mmHg, pO2 of 51 mmHg, HCO3 of 21 mmol/L and BE of-4.2 mmol/L.

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 5970 cells/cumm, platelet count of 2.81 lakhs/cumm and C-Reactive Protein of 5 mg/l.

Management: In ER in view of chest signs and respiratory distress child nebulized with levolin, back to back given and started on low flow oxygen 2L/min and later admitted in the ward and started on Intra Venous fluid. She

Name	Baby AIERA AHAMED	UHID	HNH-00009930
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was treated symptomatically with antacids and antipyretics. In view of chest signs, she was frequently nebulised with Levolin.

In view of respiratory symptoms, respiratory panel was sent which showed influenza A positive, hence started on oral oseltamivir.

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations. Her fever spikes and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support gradually tapered and stopped. 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:
Nebulisation Levolin
Syrup. Relent plus
Syrup. Fluvir

Advice:
* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	4 ml	9am-9pm (after food)	For 3 days.
2	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	5 ml	8am-8pm (1 hour before food)	For 3 days.
3	NEBULISATION with Levolin (0.31mg)	1 respule	6th hourly	For 2 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 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. PRITESH NAGAR on (31.07.2026) Firday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. If not tolerated, take after food & recommended diet to be followed.

Follow up immediately in Emergency Room if high grade fever, vomiting,

Name	Baby AIERA AHAMED	**UHID**	HNH-00009930
IP No	IP26-00006961	**Admission Date**	27-07-2026

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. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

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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	1			
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				
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			
	Extras	6			
	Total No. of Pages	27			

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

Signature and Date : 28/03/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

CONSENT FOR NON AVAILABILITY OF ROOM

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Date : 27/07/2026

I Mr. / Ms. Shabeer Ahmed relation father

of the patient name Aiera Ahmed. Mast./Ms./ Mrs./ B /of

with UHID No: HNH-00009930

admitted on 27/07/26 at 12:41 am/pm, in your hospital. I have been informed that due to non-availability of our required room Private room, my patient has been shifted to DLX-215 room. As soon as my required room will get vacant I will be shifting to the room.

Kindly charge the patient as per Private room

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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

Signature of the Attendant: S. Shabeer

Name of the Attendant: Shabeer

Contact No: 9392123094

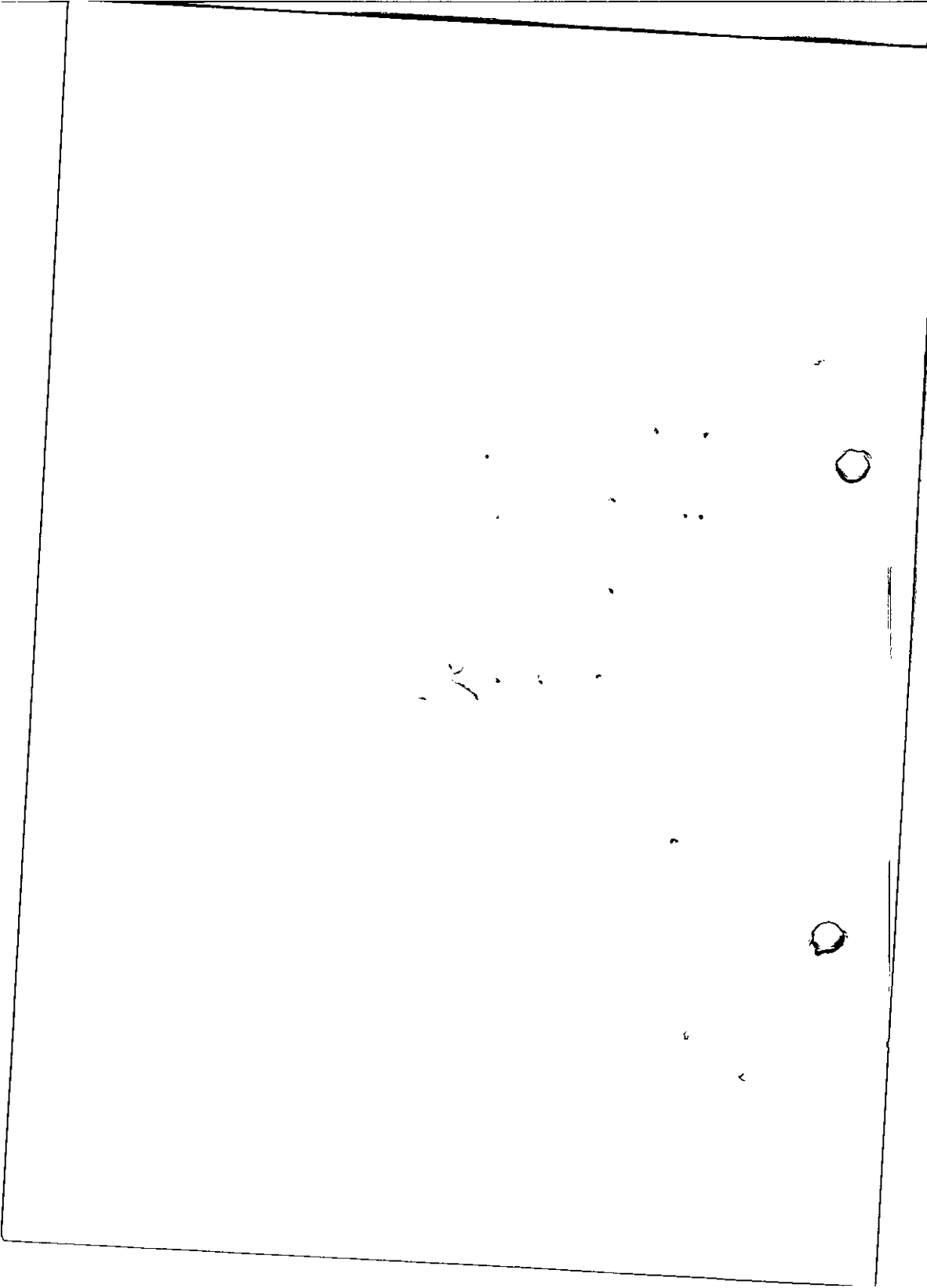
Date & Time: 26.7.26

Authorized by:

Name:

Designation:

Department:



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 : IP26-00006961 **Admit Date** : 27-Jul-2026 **Admit Time** : 12:41 AM **UHID** : HNH-00009930

Patient Details :

Patient Name	: Baby AIERA AHAMED	**Age**	: 4 Y 4 M 23 D
Guardian	: Mr SHABEER AHMED	**DOB**	: 04-03-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-144&144/1 FLAT NO-209, ROYAL SIGNATURE APARTMENTS Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9392123094
		E-mail	: shabeermessage@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 SHABEER AHMED **Relationship** : Father

Contact Address : 3-6-144&144/1 FLAT NO-209, ROYAL SIGNATURE APARTMENTS Himayathnagar Hyderabad Telangana INDIA 500029 **Phone No** : 9392123094

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 5000.00

Payor Name : ICICI ICICI LOMBARD GENERAL INSURANCE

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Levolin - 5ml
4H

O2 - 2L.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
2/3/7	01.00			
	02.00	Levolin (1)	Sneha	Farheen
	03.00			
	04.00			
	05.00	Levolin (2)	Sneha	Farheen
	06.00			
	07.00			
	08.00	Levolin (3)	Sneha	Farheen
	09.00	T (3) 1/3/11		(3)
	10.00			
	11.00			
	12.00	Levolin — 17403		
	13.00			
	14.00	.		
	15.00			
	16.00	Levolin (1)		
	17.00			
	18.00			
	19.00			
	20.00	Levolin (1)		Farheen
	21.00	7652		
	22.00			
	23.00			

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NEBULISATION CHART

Date	Time	Drug		Nurse	Parents Signature
28/7/26	00.00	Levolin	(3)	Sneha	Father
	01.00				
	02.00				
	03.00				
	04.00	Levolin	(4)	Sneha	Father
	05.00				
	06.00				
	07.00				
	08.00	Levolin.	(5)	Sneha	Father
	09.00		(5)	7562	
	10.00				
	11.00				
	12.00				
	13.00				
	14.00				
	15.00				
	16.00				
	17.00				
	18.00				
	19.00				
	20.00				
	21.00				
	22.00				
	23.00				

(9) Cross checked done by Sneha

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ACTIVITY RECORD FOR BILLING

HNH-00009930 IP26-00006961
Baby AIERA AHAMED
Name 04-03-2022 4 Y 4 M 23 D (F) ----------
Dr. PRITESH NAGAR
UHID ---------- Consultant : ---------- Dept : Pediatric

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	1:20 PM	ER	ward (215)	Sup / Sn

Cross Consultation Visit

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

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INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/7/26	CBP, CRP, Respiratory Panel	12664	
	VBG	12665	
	CXR	OP Basic	Done
	Cross checked		done by Sachin

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7	Oxygen	3:55Am	27/7 5pm	7286	Sn
27/7	Infusion pump	2Am	27/7 5:20PM	7287	Sn

Cross checked done by Sneha

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/7/26	IV Placement	(1)	7275	
27/7/26	NHA	(1)	7469	

Cross checked done by Sneha

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

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Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 1 day
C/o Cold, Cough since 2 days
C/o fast breathing since 1 day
C/o decreased oral intake × 2 days

History of present illness :

Pt was apparently alright 2 days before then she had fever moderate to high degree, on & off type

C/o Cold since 2 days ; nasal block (+)

C/o Cough since 2 days ; dry cough

C/o fast breathing since 1 day.

Pediatric Multiorgan History & Physical Examination

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

Nothing Significant.

Birth & Neonatal History :

NAD

Birth & Socio Economic History :

About Father :

About Mother : —

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Uptodate till 3 yrs.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 99.4°F Pulse Rate: 192 bpm Description _____

B.P. _____ SPO2 93 at RA

Resp. rate and type of breathing : 32 cpm.

dry oral mucosa
dry lips
Sunken eyes.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+) B/L Crepts (Rt > Lt)

Any addes sounds : SCR (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, non tender

Ausculation : No organomegaly

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

LRTI c RD c dehydration.

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG
respintay panel (5 virus)
CXR. -> op basic done

NIB sister

Planned Management :

- Neb c levolin 8/3 H
- Syp Crocin DS
- Syp. Ibugesic

NIB sister

Please fill up the following details

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

Doctor's Signature Name Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184 Date Time

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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/2026 3:55 AM	C/S/B - Dr. Prashanti / Dr. Naiponya C/Dw - Dr. Spandana	
	A - LRTI c Respiratory distress	
	O/E RR - 32/min SpO2 - 93-94 % on RA RS - Mild SCR+ B/L AE+, fine Basal crepts+	Downes - 3/10
	Adv 1) To start	Oxygen 2 lit/min c Nasal prongs
	2) If distress worsens plan to shift to PICU	

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
27/7 7:00Am	C/S/B Dr. Naipunya	Dr. prashanthi
	LRTI c̄ RD	
	On 2L/min NPO2.	Plan
	Vitals – HR - 102	- Cont O_2 Support
	– RR - 26 cpm.	
	– SpO_2 - 98%.	- Cont Neb c̄ levolin, O_3 H.
	R/S - B/L AE (P)	- Cont: IVF
	B/L Crepts (P)	
		- Monitor RR, SpO_2
	P/A - Soft, NT	
		(Sd/-)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7 9:00AM	C/S/13 Dr. pritesh	
	LRTI & RD (Influenza-A positive)	
	on 1lit O_2 support.	Plan
	Vitals — HR-106 bpm, RR-28/min, SpO_2-99%	— Syp. FLUVIR to stat
		— Trace Respi panel
	R/S - B/L AE (+) B/L Crepts (+)	← Neb levolin Q4H
		← Monitor RR, SpO_2
	P/A - soft- NT	← Cont IVF NB Mouthfeeds @ 10AM

Dr. Pritesh Nagar
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26	U/B Dr. Dharini	
4pm	Influenza A illness c RD.	
	- no fever spikes	
	- on O_2 support c ~~4L/min~~ 1L/min	
	↓ RR: 28 cpm.	
	tapered to 0.5 L	Plan
	↓	
	Room air trial c 4pm	1) IVF - 1/2 main
	- no tachypnea	2) Tt. fevers neb's
	O/E	3) monitor vitals.
	SpO_2 = 99%	4) trace adenoviens.
	HR: 110 bpm	N.B - Mouthwash @ 2:30pm
	RR: 28 cpm	
	RS: RBE (+) fine crepts (+)	
	thro's	

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 5:20 pm	c/o Dr. Pritesh Influenza A illness c RP	
	- no fever spikes - cough (+) - off O_2 : 20 min - no tachypnea	
	o/e	Plan
	- vitals : stable S/E : RS - BAE (+) fine crepts (+)	1) ct- fluvir nebs 2) tab ondansetron 3) plan d/c tomorrow T/M 4) STOP IVF. NB Sneha @ 5:20 pm

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/R/CC - Dr. Sunhak / Dr. Pranay	
28/07/26 7:30 AM	Dr. Influenza A Illness with RC	
	Afebrile, / Cough ⊕	
	No fresh concerns	
	O/E: GC - fair	
	Vitals - Stable	
	Hydration - good	
	S/E: NAD	Adv
		- IV fluids (1/2 ml) - Stopped
		- Cont. flowers
		- discharge after rounds
		[signature]
		noted by Sr. Sandhya 28/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 10 AM	S/B Dr. Pritesh	
	Case of Influenza A illness c Respiratory distress.	
	Afebrile cough ⊕ ↓ Euthermic on Room Air No fresh complaints	Advice • Continue flusvir • Discharge • Dietary counselling for diet chart
	o/e vitally stable.	• Ct Nebs 6th hourly.
	s/e RS: AEBE, B/L clear.	

Dr. Pritesh Nagar
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 27/7/26 Drug Allergies: N.K.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	
5ml	PO	SOS	26/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

DRUG : Syp. ZBUGESIC.				Date / Time
Dose	Route	Frequency	Start Date	
4ml	PO	>102°F	26/7	
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 Dr. Dhakshayani

VERIFIED BY : Name ..... Signatu...

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REGULAR PRESCRIPTIONS

Weight. 16.6 kg Ward. ....

DRUG: Neb c levalin				Date / Time
Dose	Route	Frequency	Start Date	
0.31mg	Neb	Q3H	26/7.	
Name & Signature of the Doctor Starting the Drugs: [signature]				See the chart
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Syp. Relent plus				Date / Time: 26/7, 27/7, 28/7
Dose	Route	Frequency	Start Date	
5ml.	PO	OD	26/7.	11Am x [signatures]
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				11PM [signatures]
Daily Doctor's Endorsement by a Sign				[signatures]

DRUG: Neb c Levalin.				Date / Time
Dose	Route	Frequency	Start Date	
0.31mg	Neb	Q4hrly	27/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				See the chart
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Syp. FLUVIR				Date / Time: 27/7, 28/7
Dose	Route	Frequency	Start Date	
4ml	oral	BD	27/7	11AM 12PM [signatures]
Name & Signature of the Doctor Starting the Drugs: B. Sy [signature]				
Additional Instructions: OSELTAMIVIR (Sml 60mg)				12PM [signatures]
Daily Doctor's Endorsement by a Sign				[signature]

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

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

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

Signature .....

VERIFIED BY ; Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 16.6kg 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
26/7	1:30pm	IVF DNS (1/2/3 M)	IV.	35ml/hr			27/7		
27/7	2pm	IVF DNS (1/2 main)		25 ml/hr			27/7		

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ~~GR~~ Shifted to: 2nd floor (215)

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. Naidunya

Date & Time : 27/7/26 @ 12:41 AM

Nurse Name & Signature: Shirisha

Date & Time : 27/7/26 @ 1:20 AM

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

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RESULT SHEET

Date	27/7/26					
Time						
Hb	12.4					
PCV	36.1					
RBC	5.07					
WBC	5.97					
N/L	50.8/39.0					
Platelets	281					
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						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Patient St

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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 : 27/1

Parameter		
Time:	2 Am	6 Am
Doctor / Nurse / Family Concern?		
Temperature (°F) (scale 94–104)	98.2°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	121/62 (74)	107/79 (88)
Heart Rate (Number)	113 b/m	109 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	30	30
Resp Rate (Number)	32 b/m	28 b/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		CO2
Receiving O_2 (l/min)		2L
O_2 Saturations (%)	95%	100%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *	14/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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: Scores 3 should be recorded overleaf

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

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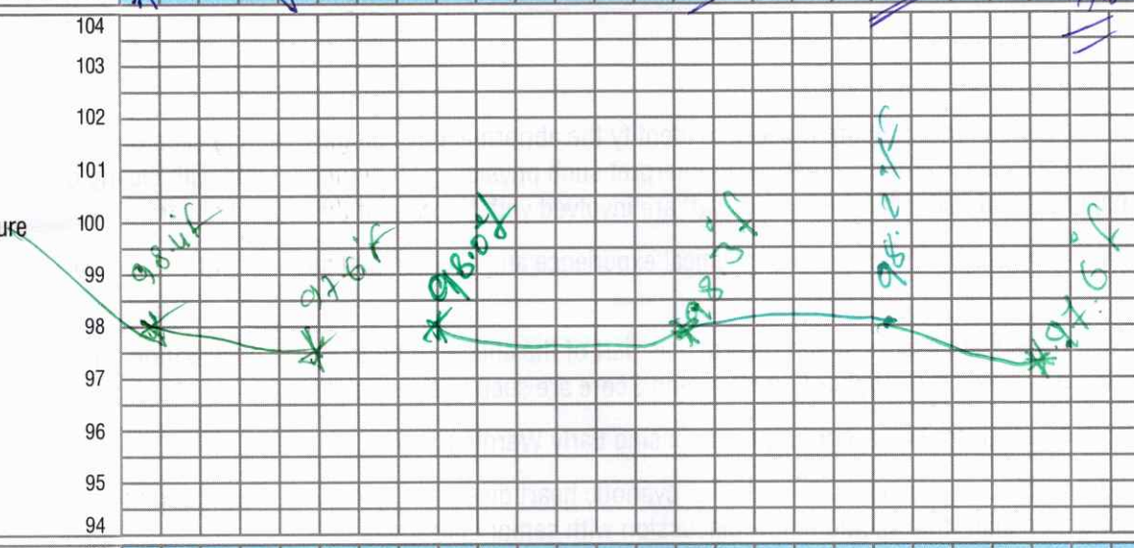
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/7/26 Time: 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM

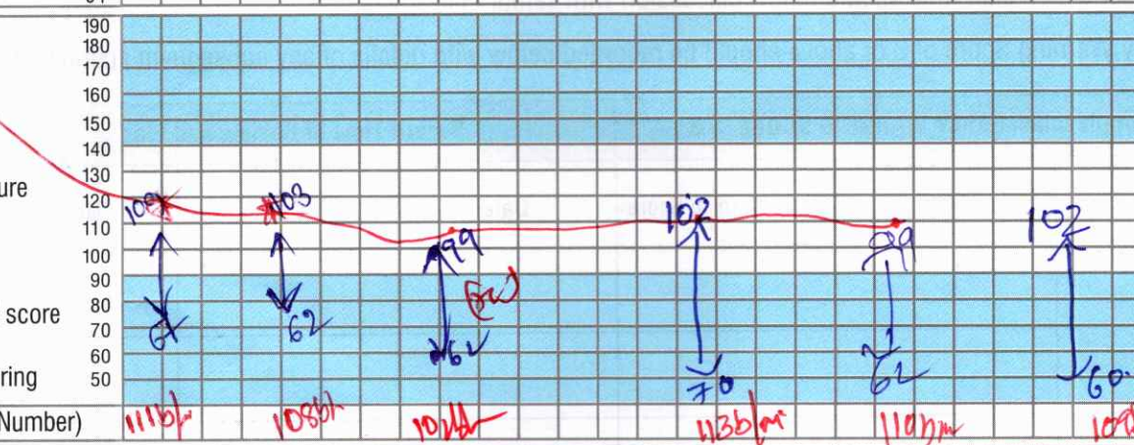
Doctor / Nurse / Family Concern?

Temperature (°F)

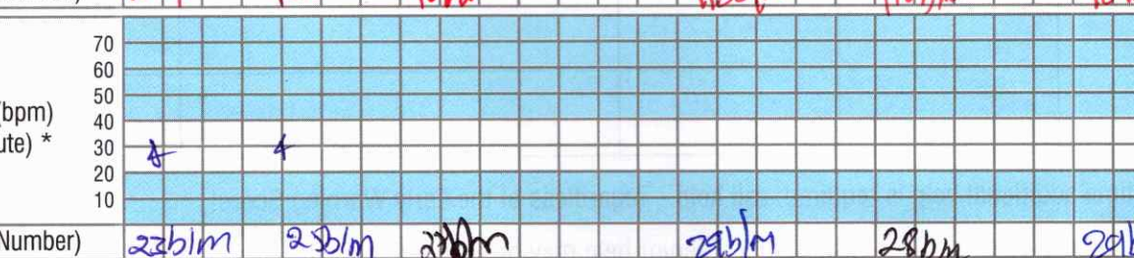


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	111bpm	108bpm	104bpm	113bpm	110bpm	108bpm



Resp Rate (Number)	22bpm	23bpm	23bpm	24bpm	28bpm	24bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	97%	99%	97%	99%
Conscious Level: Normal / Altered						
GCS *			15/15	15/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	1	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
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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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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)

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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							
	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 :**						
27/7	02:00 am	1		35ml			1				0	
	03:00 am		Nil	35ml							0	
	04:00 am	DNS		35ml							0	
	05:00 am		Nil	35ml			0				0	
	06:00 am	1		35ml			1				0	
	07:00 am			35ml							0	
Total Intake :						**Total Output :**					U - Nil -	

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

Docu. No. : RCH /FRM / CLINICAL / 092

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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							
2/7/	08:00 am			35ml								
	09:00 am			35ml								
	10:00 am		Eddy +	35ml								
	11:00 am	DNS		35ml								
	12:00 pm			35ml								
	01:00 pm			35ml								
Total Intake :						**Total Output :**						
2-7-/	02:00 pm			35ml								
	03:00 pm			35ml								
	04:00 pm	DNS		35ml								
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/7/	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-1 m						
2/7/	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-2 m						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 2/7

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				ER			
Afternoon							
Night	8pm ho 8Am	Assess the pt condition. monitor vitals uneas. Maintain I/O chart. Provide the Comfortable position. Medication given as per as doctor order.	8pm ho 8Am	Assessed the pt condition monitored vitals. maintained I/O chart provided the comfortable position. Medication given as per as doctor order	Pt is stable. vitals normal.	monitor vitals. maintain I/O chart.	Sn [signature]

Patient St

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NURSING CARE RECORD

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Date: 27/7

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess Baby condition → Monitor the vitals → maintain I/o chart → Administer medication as per drug chart → O_2 2 litters	8am to 2pm	→ Assessed pt condition → Monitored the vitals → maintained I/o chart → Administered medication as per drug chart → O_2 2 litters - ct	Patient is stable	Re-checked vitals	
Afternoon	2pm to 8pm	Assess the baby Monitor the VS administer Med Maintain I/o ct	2pm to 8pm	Assessed the baby Monitored VS administer Med Maintaing I/o ct	administer Med	Recheck VS	ct
Night	8pm to 8am	→ Assess the patient general Condition → monitor vitals → Administered medications as per doctor's orders	8pm to 8am	→ Assessed the patient general Condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	ct

HNH-00009930 IP26-00006961
Baby AIERA AHAMED (F)
04-03-2022 4 Y 4 M 23 D
Dr. PRITESH NAGAR

Patient :

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LRTI c RD			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/7 N1	27/7 M6	27/7	27/7/26 N8		
	Medical Condition (Any special condition to be noted):	LRTI c RD	–	–	–		
	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:	98.2 F	98.3 F	98 of	98.2 f		
	Res:	30 b/m	32 b/m	32	29 b/m		
	SpO_2:	99%	99%	100%	99%		
	Pulse:	120 b/m	118 b/m	122	11a		
	BP:	99/62	100/60	100/62	105/60		
	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 :		Sneha	Anusha	[illegible]	Sandhya		
Signature / ID :		[illegible]	[signature]	[signature]	[signature]		
Date:		27/7	27/7/26	27/7	28/7/26		
Time:		8Am	2pm	8P	8am		
Taken Over By Name :		Anusha	[illegible]	Sandhya			
Signature / ID :		[signature]	[signature]	[signature]			
Date:		27/7/26	27/7	28/7/26			
Time:		8Am	2p	8a			

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

HNH-00000930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

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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:							

Patient S

HNH-00009930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/7	DATE 28/3	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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			
	Total		9	9			

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		-	-			
	Wheel chair support		X	X			
	Other Intervention(s) Specify		X	X			
	Nurse's Name:		[illegible]	[illegible]			
	Signature:		[illegible]	[illegible]			
	Date:		27/7/23	28/3/23			
	Time:		8 PM	8 PM			

HNH-00009930 IP26-00006961
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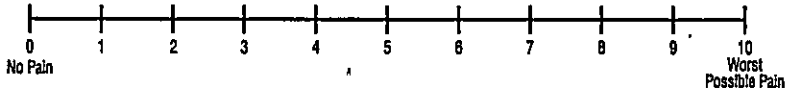
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
27/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

HNH-00009930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
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BRADEN 'Q' SCALE

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					Date : 27/1	28/1	29/1	
					Time : 8pm	2pm	10pm	
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	
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	27	27	27	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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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Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 27/11 28/11			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0		0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA		NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA		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		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				
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				
		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 : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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-00009930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

102 → 215

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27/7/26 Time: 9 am

Weight: 16.6 KG Centile: 50th

Height: 112cm Centile: 95th

Inference: Well nourished child.

RDA: - Calories: 1350 Kcal/day Protein: 23 gms/day

Diet Recommendations: High protein diet with liquids

Re-Assesment: No Junk, Spicy and Cold items

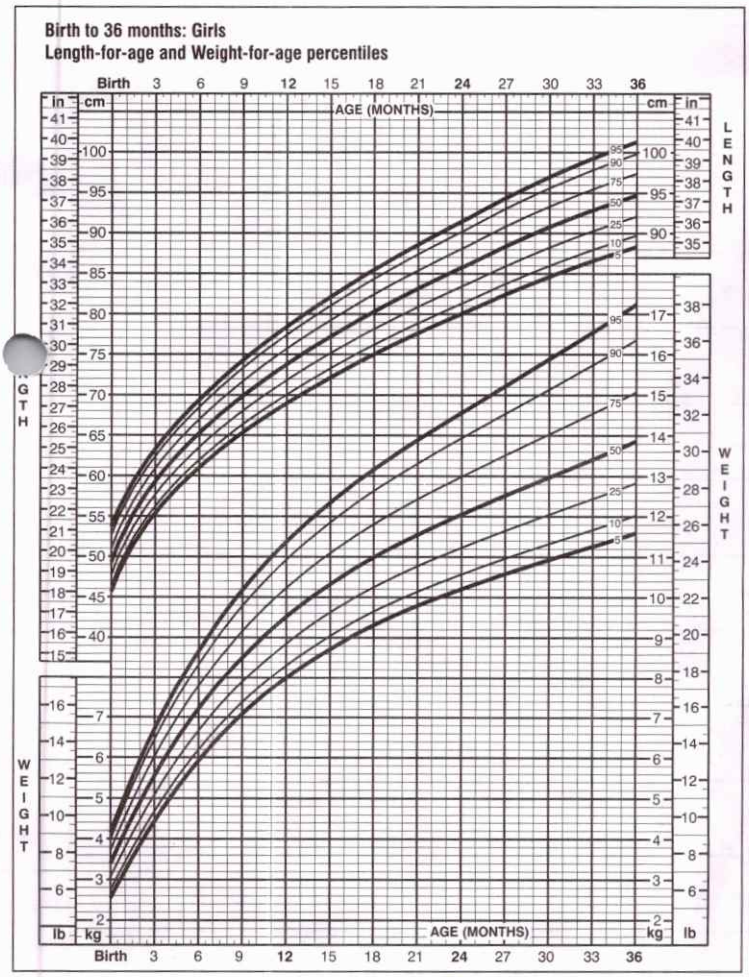
Food Allergies: NO Veg/Non-veg Non Veg

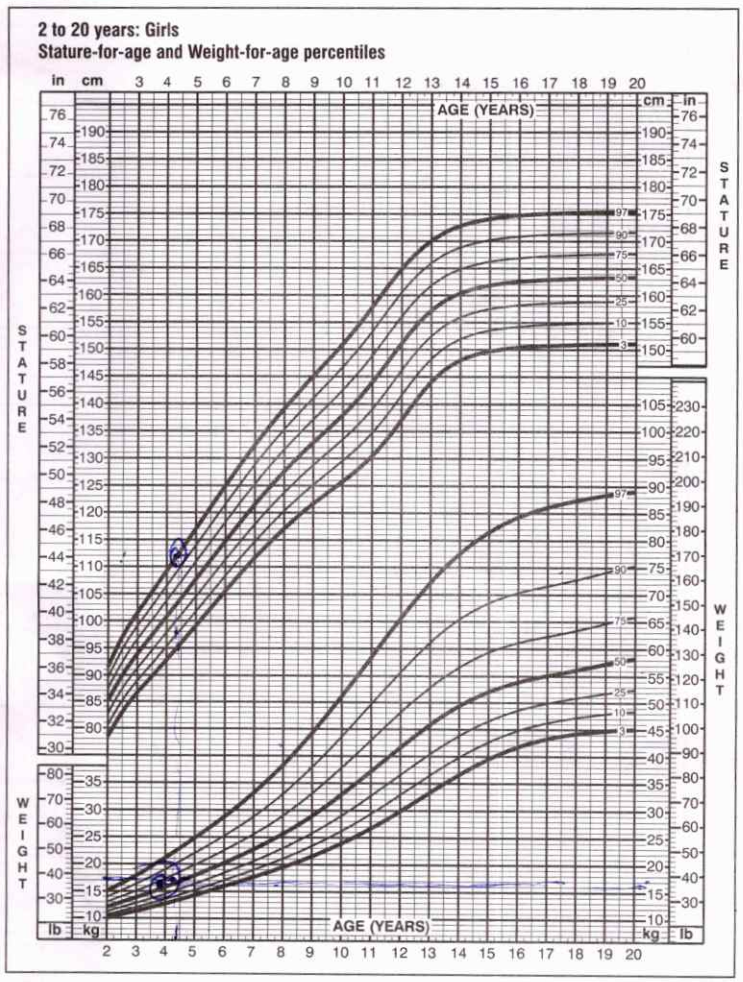
Diagnosis: URTI c RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: E. Sthg

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes:

HNH-00009930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

wt - 16.68 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aiera Ahamed Age : 4 years **Gender:** ☐ Male ☑ Female

Date : 26/7/26 Time of Arrival : 11:14 PM

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: 99.7 F PR: 155 b/M BP: ..... RR: 32 b/M SpO_2: 97. 92% on RA

Chief Complaints: c/o fever since yesterday, cold and cough since 2 days

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shirisha

Signature of Triage Nurse : .....

Date & Time : 26/7/26 @ 11:16 PM

HNH-00009930 IP26-00006961
Baby AIERA AHAMED
04-03-2022 4 Y 4 M 23 D (F)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/7/26 Time of arrival : 11:18PM

Chief Complaints: c/o fever since yesterdays cold since today cough since 2d RBS: .....

Height : ..... Weight : 16.68kg 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 : @ 11:20PM

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

Time	Nursing Notes
11:22pm	Assess the patient condition monitor the vital sign

Samples collected by: / Apurba Time:

Samples sent by : Time: / 12:50AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:30	levolin	Neb	0.3/mg	Dr. Vaipunya	Dy
11:34 pm	levolin	Neb	0.3/mg	"	Dy

Condition of patient at time of shift - out :	Details of Shift - out
HR: 124 b/m BP: ..... CFT: NAD	Shift - out from ER to: 2nd floor (215)
RR: 26 b/m SPO_2 : 98%	Time of Shift - out: 1:20 AM
GCS: 15/15 Temperature : 98.6	Handover given to: Sruthy (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable): NAD	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Shisisha Signature of the Nurse : Dy

Date & Time : 26/7/26 @ 11:34pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00009930 IP26-00006961 Baby AIERA AHAMED 04-03-2022 4 Y 4 M 23 D (F) Dr. PRITESH NAGAR	27/7/26 @ 12:41 AM	27/7/26 @ 1:20 AM
	Transfer Ordered by Dr. Naipunya	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (215)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15-1-	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
Shishir	Dr. Naipunya

Patient & Clinical Records Received by : Sneha 27/7/26 @ 1:30 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