305-Ac

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 ZIRWA AHMED	**UHID**	HNH-00010952
Father/Guardian	Mr RIZWAN AHMED	**Age/Gender**	2 Y 2 M 3 D/ Female
Address	A BLOCK 404 SAN REMO APTS, Masab Tank, Hyderabad, Telangana, INDIA, 500028		
IP No	IP26-00006751	**Admission Date**	05-07-2026
Ref Doctor	Self.		
Discharge Date	06.07.2026		

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

DIAGNOSIS	ICD CODE
LOWER RESPIRATORY TRACT INFECTION WITH RESPIRATORY DISTRESS	J22

History: Baby ZIRWA AHMED , 2 Y 2 M 3 D , old girl presented with the history of fever, cough and cold since 2 days, 1 episode of vomiting, decreased oral intake, 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, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 134 /min, Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnoea and bilateral

Name	Baby ZIRWA AHMED	UHID	HNH-00010952
IP No	IP26-00006751	Admission Date	05-07-2026

wheeze. 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: 12.8 kilo grams.

Investigations: Enclosed reports

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

Initial hemogram showed Hemoglobin of 12.9 gm%, White Blood Cell count of 9580 cells/cumm, platelet count of 3.47 lakhs/cumm and C-Reactive Protein of 12.0 mg/l.

Chest X-ray shows:
There are increased perihilar and peribronchial markings bilaterally, in keeping with lower respiratory tract inflammatory changes - ? Viral in etiology.

NASOPHARYNX
Lobulated soft tissue along posterior nasopharyngeal wall causing mild to moderate narrowing of nasopharyngeal air way - Likely enlarged adenoid.
Prevertebral soft tissues normal.
Cervical spine normal.
- For clinical correlation.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics (Amoxicillin+Clavulanic acid). She was

Name	Baby ZIRWA AHMED	**UHID**	HNH-00010952
IP No	IP26-00006751	**Admission Date**	05-07-2026

treated symptomatically with antipyretics. In view of chest signs, she was frequently nebulised with Levolin, Budecort and Adrenaline.

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

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

Medication during hospital stay:
Injection. Augmentin
Nebulisation Levolin
Nebulisation 3 % Nacl
Nebulisation with Adrenaline.

Advice:
* Diet as advised.

Name	Baby ZIRWA AHMED	**UHID**	HNH-00010952
IP No	IP26-00006751	**Admission Date**	05-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	3.5ml	8am-8pm (after food)	For 6 days
2	NEBULISATION with Levolin (0.31mg)	1 respule	6th hourly	For 2 days
3	NEBULISATION with Budecort (0.5MG)	1 respule	12th hourly	For 2 days
4	Metaspray nasal spray(1 puff- 50mcg)	1 puff	twice daily	For 7 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 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 (08.07.2026) Wednesday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of

Name	Baby ZIRWA AHMED	UHID	HNH-00010952
IP No	IP26-00006751	Admission Date	05-07-2026

drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00010952
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA
IP26-00006751

Levolin 3rd hourly
Budecort 12th hourly
Adrenalin 8th hourly

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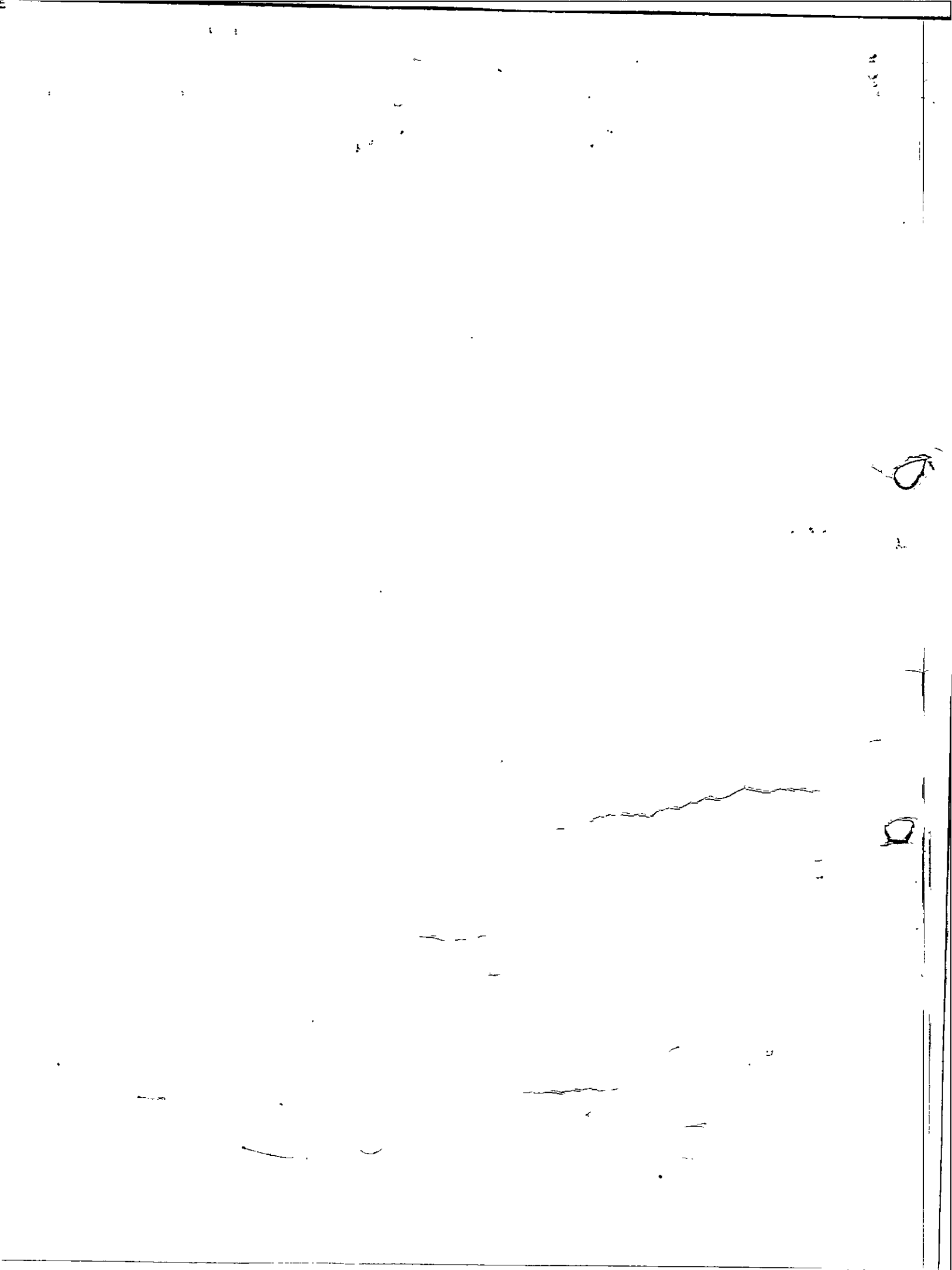
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
5/7	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
5/7	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00	Levolin	KR	—
	22.00	Adrenalin (1)	[signature]	[signature]
	23.00			



HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin 4th hourly
Adrenalin 8th hourly
Budecort 12th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Budecort (2)	A	
	01.00			
6/7/26	02.00	Levolin (3)	A	
	03.00			
	04.00			
	05.00			
	06.00	Levolin + Adrenalin (4)		
	07.00			
	08.00	11091 (1)		
	09.00			
	10.00	Levolin (1)	Sandhya	
	11.00			
	12.00	Budecort (2) (3)		
	13.00			
	14.00	Adrenalin (3) 21184	Sadhya	
	15.00	+ levolin		
	16.00			
	17.00			
	18.00	Levolin		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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 : IP26-00006751 **Admit Date** : 05-Jul-2026 **Admit Time** : 09:57 PM **UHID** : HNH-00010952

Patient Details :

Patient Name	: Baby ZIRWA AHMED	**Age**	: 2 Y 2 M 2 D
Guardian	: Mr RIZWAN AHMED	**DOB**	: 03-05-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: A BLOCK 404 SAN REMO APTS Masab Tank Hyderabad Telangana INDIA 500028	**Phone No**	: 9866317676/
		E-mail	: zairakhatoonm23.2k@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 RIZWAN AHMED **Relationship** : Father

Contact Address : A BLOCK 404 SAN REMO APTS Masab Tank Hyderabad Telangana INDIA 500028 **Phone No** : 9866317676

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVI HNH-00010952 IP26-00006751 **IG**
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Name: ---

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ~~pedsatsic~~

Date of Admission : 5/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	10:50pm	ER	ward	Bhargavi

Cross Consultation Visit

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

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	CBP CRP		
	Respiratory panel	11034	
	Blood grouping	8047	JYet
	X-ray	11035	
	VBG		
		cross checked done by Amrutha	
7/5/26	X-ray Nasopharynx. Lateral view.	8059	B
		cross checked done by priyanka	

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	infusion pump	5/7/26 @ 11:40 Am	6/7/26 @ 4:30 pm	11039	[illegible]
			Cross	checked	done by
				Amruth	

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	IV placemut	(1)	10998	~~401~~
		(cross	checked	done by
			Amrutha	
6/7/26	NHA	(1)	11206	Sandhya.

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00010952 IP26-00005751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/S

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since 2 day
c/o cough & cold since 2 days.
c/o 1 Episode of vomiting.

History of present illness : c/o decreased oral Intake since 1 day
c/o fast breathing since Evening.

- Child presented to ER with c/o cold & cough since 2 days, a/w noisy breathing, progressive in nature, a/w fast breathing since Evening.
- c/o fever since 2 days, high grade Intermittent not a/w rigors / rashes.
- c/o 1 Episode of vomiting contains food particles / milk
- c/o decreased oral Intake & decreased activity.

Pediatric Multiorgan History & Physical Examination

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Not significant

Birth & Neonatal History :

NAD

Birth & Socio Economic History :

About Father : Not significant

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

up to date

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Anthropometry

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

Weight (kgs) 12 kg. (Centile _____)

On Examination :

Temperature : 98.6'F Pulse Rate: 134 Description _____

B.P. _____ SPO2 97% RA. at _____

Resp. rate and type of breathing : Tachypnea (+)
SCR (+), nbiy breath (+).

Rash 2 Croup.

Lymphadenopathy sign of dehydata (+).

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : Tachypn

Air entry & breath sounds : B/L AE (+)

Any addes sounds : NVBS (+), Inthmc

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ (+)

Any murmur : Nb

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

Per Abdomen :

Inspection _____

Palpation : Soft, Nbt distendu

Ausculation : No organomegaly

Spine: _____ External Genitelia : _____

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

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition : (N)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR (N) **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

LRTI & RD.

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP
- B/G/T - CRP
- Blood C/S (W/H)
- VBG
- CUE & DLC
- Respiratory Panel [illegible]
- CXR PA view

NB [illegible]

Planned Management :

(SOS) Oxygen [illegible]

NP

1) Adrenaline 2.5ml + 2.5ml NS @ + oxygen 6th hrly
2) Levolin 0.31mg + oxygen Q 3rd hrly.
3) Neb Budecort 2mg Q12H
4) IV fluids 2/3rd [illegible]
5)

NB [illegible]

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 [signature] Date 5/7/26 Time 8:45pm

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED (F)
03-05-2024 2 Y 2 M 2 D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 8:45 pm	S/B Dr. Sindhura. M	
	MRS – LRTI c RD	
	Child dull febrile	
	SpO2 - 88-89% / RR - 50 cy/min	
	no lung - AAE (B)	
	B/L wheeze (+)	
	c CA	
	LNL - NBO	
		Adv
		- As per chart.
		- Give Levolin 0.31 mg + oxygen back to back 3 min
		- Adrenaline 5ml Neb start
		↓ Reassess
	At 9pm – RR ↓ 36 cy/min	
	Wheeze ↓.	
	Muralidhar (Res) MGBOY	
	BHAVANA (Res) Cq Meliya Red (Res)	

N.B Amrutha

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Baby ZIRWA AHMED
03-05-2024 2Y2M2D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/2/26	c/s/by Dr. Anush	
8:56AM	LRTI c RD	
	Tachyp (+) RR = 32/min Retraction (-)	
	SpO2 = 99%	P/n
		— ct NEB [Levol Q6h / Budes Q12h / Adrenal Q6h
	S/E B/L AE (+) Wheeze (-)	— Monitor RR SpO2
	Af	

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10Am	S/B Dr. Sindhura	
	LRTI c̄ distress	
	Oral acceptance - ↓↓	Adv
	distress improved	(S) X ray nasopharynx now
	on Room Air	(T) Adenoviens
	c/o snoring (+)	• C/t nebulizations
	O/E RR - 32-34/min	• Reassess @ 3pm
	SpO2 - 98% @ RA	• C/t IVF @ 2/3 Mtn → monitor oral acceptance
	S/E RS: AEBE	• Start Inj Augmentin
	B/L wheeze (+)	
	(improvement noted)	
		[signature] Dr. Sindhura - (R)
		noted by Sr. Sandhya

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

IH-00010952 IP26-00006751
by ZIRWA AHMED
-05-2024 2 Y 2 M 3 D (F)
SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 2:40pm	C/S/b Dr. Varun / Dr. Sreejhan	
	B LRTI ERD	Plg
	CVS - S1S2 ⊕ RS - B/L - AE ⊕	- Trace Adenovirus PCR
		- c/f Neb c 3% NaCl 8th hrly Levolin 4th hrly
	PICU sol Continue.	- c/f IV fluids
		- c/f AUGMENTIN
		[signature]

WH-00010952
by ZIRWA AHMED IP26-00006751
-05-2024 2 Y 2 M 3 D
. SINDHURA MUNUKUNTLA (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 4:15pm	S/B Dr Sindhura	
	Δ LRTI E/O Pl...	
	CVS - S1, S2 ⊕	- Adenovirus PCR on followup
	RS - BL - AE ⊕	
	P/A - soft	- AUGMENTIN x 7d
	Conscious	
		- Discharge on Request
		- Rv Flup on Wednesday
		- METASPRAY 1 puff BD x 2 week
		- Neb E Budecort 2mg BD x 1 d
		Neb E Levolin 6th x 2 d
		[signature]

VH-00010952
aby ZIRWA AHMED
1-05-2024
r. SINDHURA MUNUKUNTLA
IP26-00006751
2 Y 2 M 3 D
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2Y2M2D (F)
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DRUG CHART

Date of Admission: 5/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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.

wt - 12.8 kgs

SOS / PRN (As Required Medication)

DRUG: CROSIN DS				Date / Time
Dose	Route	Frequency	Start Date	
4ml	PO	SOS	5/7/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: (240mg/5ml)				

DRUG: IBUGESIC SYP				Date / Time
Dose	Route	Frequency	Start Date	
4ml	PO	SOS	5/7	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: T > 102°F				

DRUG: Inj ONDANSETRON				Date / Time
Dose	Route	Frequency	Start Date	
2mg	iv	SOS	5/7	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions:				

Verified by Dr. Dhakshayani

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

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS Weight. 12.8 kg Ward. .....

Verified by Dr. Dhakshayani

Drug : ADRENALIN NEB

Dose	Route	Frequency	Start Date
2.5ml	NEB	Q4hly	5/7/24

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: (2.5ml + 2.5ml NS)

Date / Time

See the chart

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : LEVOLIN/ 0.3mg

Dose	Route	Frequency	Start Date
0.3mg	NEB	Q8hly	5/7/24

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date / Time

See the chart

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : NEB BUDECORT

Dose	Route	Frequency	Start Date
1mg	NEB	Q12hly	5/7

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions:

Date / Time

See the chart

Daily Doctor's Endorsement by a Sign

Dr. Dhakshayani

DRUG : LEVOLIN NEB

Dose	Route	Frequency	Start Date
0.3mg	NEB	Q4hly	5/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date / Time

See the chart

Daily Doctor's Endorsement by a Sign

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 12.8 kg Ward ....

DRUG : Inj AUGMENTIN				Date ▸ Time ▾	6/7
Dose	Route	Frequency	Start Dt.		
400mg	IV	TDS	6/7/26	6P	✓
Name & Signature of the Doctor Starting the Drugs: [signature]				2P	12P ✓
Additional Instructions: AMOXYCILLIN + CLAVULINIC ACID				10P	
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 ....

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 ....

Docu. No. : RCH /FRM / CLINICAL / 108

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Weight. 12.8 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY : Name/ Signature

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

		n of I.V. Fluid .l./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/3/26	10pm	IV fluid DNS (2/3)	IV	25ml/h.			6/3/26.		

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

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

805

RESULT SHEET

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Date	5/7/26					
Time	.					
Hb	12.9					
PCV	36.5					
RBC	4.94					
WBC	9.58					
N/L	64.5/25.7					
Platelets	347					
CRP						
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						

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.,) : .....

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7 Time: 12AM 2AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.4 97.3 99.1

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

Note: BP does not score in early warning scoring

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

100 (70) 59

99 (75) 60

Heart Rate (Number) 131 b/m 128 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 30 b/m 28 b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 98% 98%

Conscious Level: Normal | Altered

GCS *

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

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

CH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/24

Time:	10 am	2 pm	4 pm
Doctor / Nurse / Family Concern?			
Temperature (°F) (104–94)	98.4°F	98.6°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	100/60	100/70	
Heart Rate (Number)	130b/m	129b/m	128b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)			
Resp Rate (Number)	20b/m	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) / O_2Saturations (%)	99%	99%	99%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
	Score 1	Continue normal observation by staff nurse
	Score 2	Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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

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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)

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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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							
	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 :**					
5/7	08:00 pm			2			L				L	
	09:00 pm											
	10:00 pm	DNS					O				O	
	11:00 pm			25ml								
	12:00 am	DNS	milk	25ml			J			✓	J	
	01:00 am			25ml								
Total Intake : Taken							**Total Output :** M-0 U-1					
6/7	02:00 am			25ml			L			L	L	
	03:00 am	DNS	H2O	25ml								
	04:00 am			25ml			O			O	O	
	05:00 am	DNS		25ml								
	06:00 am			25ml			J			J	J	
	07:00 am			25ml								
Total Intake : Taken							**Total Output :** M-0 U-2					

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7/26	08:00 am			25 ml								
	09:00 am		Milk	25 ml						✓	0	
	10:00 am	DNS		25 ml				✓				
	11:00 am			25 ml								
	12:00 pm			–						✓		
	01:00 pm			–	NA			DNS				
Total Intake : 70 ml						**Total Output :** U-2 M--						
	02:00 pm			25 ml						✓		
	03:00 pm											
	04:00 pm											
	05:00 pm	DNS			NA			DNS				
	06:00 pm											
	07:00 pm				✓							
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
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NURSING CARE RECORD

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Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon		NA					
Night	8 PM | 8 AM	→ Assess the pt condition → monitoring vitals checked and recorded → I/O charts maintained	8 PM | 8 AM	→ Assessed the pt condition → Administrations & medication given as per doctor orders	→ Pt is stable	→ Re-Assess the vitals	A

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am → 2pm	→ Assess the patient general Condition → monitor vitals → level in 4th hrly → maintain RO	8am → 2pm	→ Assessed the patient condition → monitored vitals → administer medications as per doctor's orders	Patient is stable	Rechecked vitals	D
Afternoon							
Night							

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Baby of RWA AHMED
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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			NA	NA						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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						
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						
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						
		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 : Amrutha

Signature of Ward In Charge :

Signature : ..... Name : Balavani

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 : .....

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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				Date :	5/7	6/7/26		
				Time :	Ni	MVCG		
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		
"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.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4.		
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		
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		
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		
				TOTAL SCORE	28	28		
				Evaluator's Name				

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

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

HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Sindhura Department: ward Date of Admission: 5/7

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	5/7 AN	6/7/26 Morning				
	Medical Condition (Any special condition to be noted):	NA	NA				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	98.3°F				
	Res:	30b/m	40b/m				
	SpO_2:	100%	99%				
	Pulse:	126b/m	126b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:		—				
Recommendations	Safety Needs:	WS	WS				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA				
Post Operative Procedure Special Orders:		NA	NA				
Handed Over By Name :		Amrutha	Sandhya				
Signature :							
Date:		6/7	6/7/26				
Time:		8AM	2P				
Taken Over By Name :		Sandhya					
Signature :							
Date:		6/7/26					
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N911 ..... ☐ 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. Anusha .....

Date & Time : ..... 5/7/26 @ 9:30pm .....

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

Date & Time : ..... 5/7/26 @ 9:35pm .....

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

PATIENT TRANSFER FORM

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HNH-00010952 IP26-00006751
Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 @ 9:57pm	5/7/26 @ 10:50pm
Treating Consultant Name	Transfer Ordered by: Dr. Anusha	Reason for Transfer: Admission
From Unit: ER	To Unit: ward	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 25/-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. Anusha

Patient & Clinical Records Received by : Amrutha

Date & Time of Patient Received : 5/7/26 @ 11pm

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

VH-00010952 IP26-00006751
aby ZRWA AHMED
-05-2024 2 Y 2 M 3 D (F)
. SINDHURA MUNUKUNTLA

305

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 5/7/26 Time: 11 Am

Weight: 12-8 kg Centile: 50th

Height: — Centile: —

Inference: wellchild

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

Diet Recommendations: soft high protein Diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

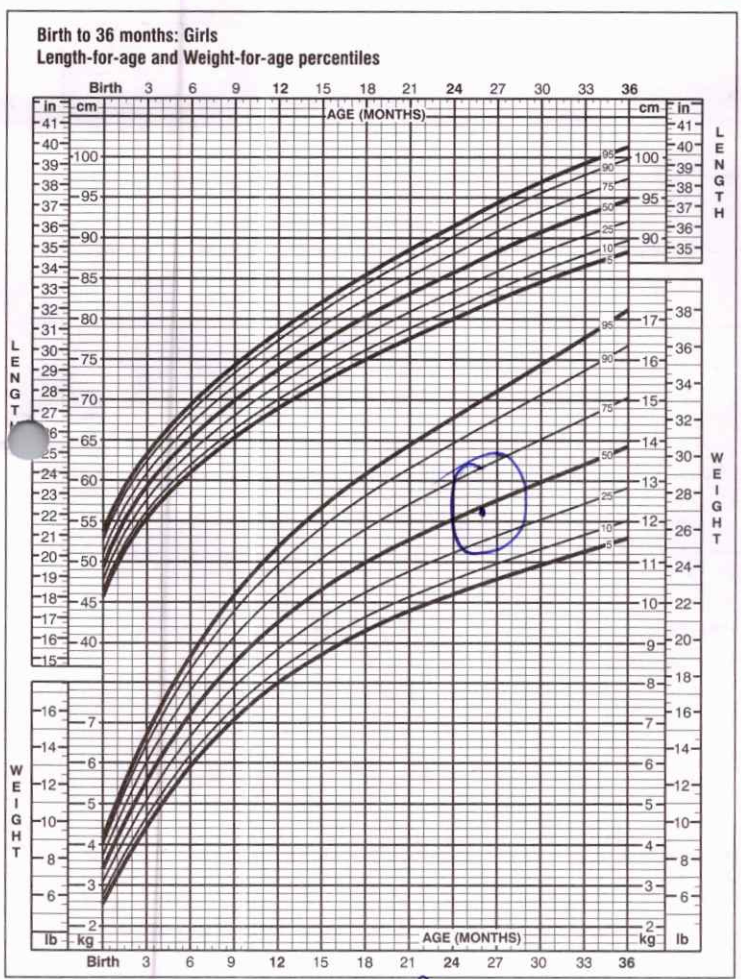
Food Allergies: ND Veg/Non-veg NON-Veg.

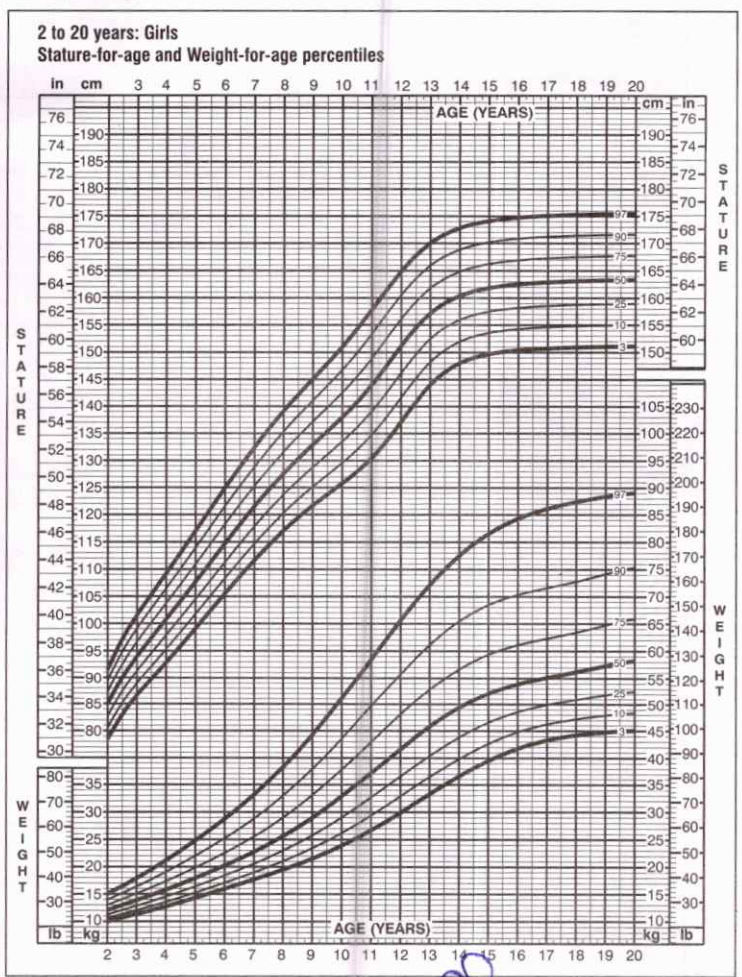
Diagnosis: LRTI & RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

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Baby ZIRWA AHMED
03-05-2024 2 Y 2 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

wt. 12.8kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Zirwa Age : 2 year **Gender:** ☐ Male ☑ Female

Date : 05/07/26 Time of Arrival : 9 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: 99.6°F PR: 160 b/m BP: ..... RR: ..... SpO_2: 95 %

Chief Complaints: C/O fever since 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 9:02 PM

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 : Brabin

Signature of Triage Nurse : .....

Date & Time : 05/07/26 @ 9 PM

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 05/07/26 Time of arrival : 9 PM

Chief Complaints: C/o Fever since 2 days

Height : ..... Weight : 12.8 kg 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 ☐ Yes ☐ No

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

If Patient is > 6 years

If **'Yes'** Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 9:02 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ medicine given to the pt

Samples collected by: / Jyothi Time: /

Samples sent by : / Time: / 10 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
8:30pm	Adrenaline	Neb	5 ml (5 mg)		
	levalin	Neb	0.31 mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 160 bpm BP: ..... CFT:	Shift - out from ER to: Ward
RR: ..... SPO2 at FiO2: 95%	Time of Shift - out: 10:50 pm
GCS: ..... Temperature : 99.6°F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Prabin Signature of the Nurse : .....

Date & Time : 05/07/26 @ 9:02 pm