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fc

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

DISCHARGE SUMMARY

Name	Baby AMYRA ILHAM	**UHID**	VIH-00191570
Father/Guardian	Mr SADDAM HUSSAIN	**Age/Gender**	4 Y 9 M 14 D/ Female
Address	2-2 715/ AMBELPET, Amber Nagar, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006840	**Admission Date**	13-07-2026
Ref Doctor	Self.		
Discharge Date	15.07.2026		

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

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS	
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

History: Baby AMYRA ILHAM , 4 Y 9 M 14 D , old girl presented with the history of fever, cough and cold, decreased oral intake since 3 days and vomiting since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby AMYRA ILHAM	UHID	VIH-00191570
IP No	IP26-00006840	Admission Date	13-07-2026

Examination: She was afebrile. Her heart rate was 112/min and Respiratory Rate - 22 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, 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 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 7.33, pCO2 of 44.2 mmHg, pO2 of 62 mmHg, HCO3 of 23.3 mmol/L and BE of -2.6 mmol/L.

Initial hemogram showed Hemoglobin of 10.9 gm%, White Blood Cell count of 6340 cells/cumm, platelet count of 2.83 lakhs/cumm and C-Reactive Protein of 5 mg/l. Adenovirus PCR was not detected.

Management: She was admitted in the ward and started on Intra Venous fluids. She was treated symptomatically with antacids and antipyretics.

Name	Baby AMYRA ILHAM	**UHID**	VIH-00191570
IP No	IP26-00006840	**Admission Date**	13-07-2026

Respiratory panel was sent which showed influenza A positive. Hence child was started on Oseltamivir.

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

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

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

Medication during hospital stay:
Injection. Ondensetron
Injection. Esmoprazole
Syrup. Oseltamivir
Nebulisation 3% NS

Advice:
* Diet as advised.

Name	Baby AMYRA ILHAM	UHID	VIH-00191570
IP No	IP26-00006840	Admission Date	13-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR - 5ml/60mg)	4 ml	9am-9pm (after food)	For 4 days.
2	NEBULISATION with Hyperneb (3% NS)	1 respule	8th hourly 6am-2pm-10pm	For 3 days
3	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 Saturday(18.07.2026) 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 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

Name	Baby AMYRA ILHAM	**UHID**	VIH-00191570
IP No	IP26-00006840	**Admission Date**	13-07-2026

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**

Rainbow Children's Medicare Himayatnagar 500029 Hyderabad

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 14 D (F)
Dr. PRITESH NAGAR

3% NS 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			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
14/8/26	17.00	3% NS 13796 (1)	A	
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
15/7	01.00	3% NS	Madhu	
	02.00			
	03.00			
	04.00			
	05.00		1395	
	06.00			
	07.00			
	08.00			
	09.00	3% NS	Capt.	Ayesha
	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			

2

Total NEBS = 3

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ACTIVITY RECORD FOR BILLING

VIH-00191570 IP26-00006840
Name: -------- Baby AMYRA ILHAM ----------
30-09-2021 4 Y 9 M 13 D (F)
Dr. PRITESH NAGAR
UHID No : ----- ----- Consultant : ---------- Dept : ----------

Date of Admiss Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	11:50 PM	ER	R17	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7/26	CBP, Respiratory Ru. CRP	11673	A.P
	VBG	11674	A.P
		Cross checked done by	Sur

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7	Infusion Pump	12 Am	14/7 5.30pm	3592	Sn

Cross checked done by Sneha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	Iv Pausment	1	213566	A.R
14/7/26	NHA	(1)	3867	Sm
			Cross Checked done by Sm	

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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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 13 D (F)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis :

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 14 D (F)
Dr. PRITESH NAGAR

Multiorgan History & Physical Examination

Name . _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 3 days
C/o cold, cough since 3 days
C/o vomiting since 1 day
C/o decreased oral intake x 3 day

History of present illness :

pt was apparently alright 3 days before then had fever, on & off type mod - high degree.

C/o cold, cough since 3 days, runny nose, dry cough

C/o vomiting (multiple episods) since. 1 day

C/o decrease oral intake since 3 days.

Pediatric Multiorgan History & Physical Examination

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

Nothing Significant

Birth & Neonatal History :

Nothing Significant

Birth & Socio Economic History :

About Father : —

About Mother :

Any additional Information :

Developmental History :

Developmentally normal

Immunization History :

Uptodate acc to NIS.

Anthropometry

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

Weight (kgs) 16 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate: 112. Description _____

B.P. _____ SPO2 98 %. at RA

Resp. rate and type of breathing : 22/pm

dry oral mucosa
dry lips
sunken eyes

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : B/L crepts

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S_1S_2 heard

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft., NT

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 14 D (F)
Dr. PRITESH NAGAR

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 :

_____

AFI c dehydration

_____

_____

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Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG
Respiratory panel. (5 viruses)
1 extra plain.
Blood C/s. (Collect)
N/b

Planned Management :

- IVF DNS 2/3 M.
- Syp. Crocin DS (240/5 5ml
- Send Blood C/s if CRP positive.
noted by Anns

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 whose name the patient is being referred on

Doctor's Signature Name Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184 Date 14/7/26 Time 9AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 8 AM	C/S/B - Dr. Prashanti. Dr. Pranav	
	A- AFI ? dehydration. (Flu A Positive)	Verbal
		CRP → Negative
	Fever spikes	Plan
	Urine ✓	1) continue Symptomatic management
	Oral intake ✓	
	O/E	2) Trac 5 virus panel.
	Vitals stable.	3) monitor vitals
		4) Add ~~Orbital~~ Fluid
	S/E	
	P/A- Soft, NT	
	CNS- WNL	
	CVS- S_1S_2 +	
	RS- clear	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/S - Dr. Pritesh	
14/7/26	A - AFIC dehydration INFLUENZA A	
		Plan
	Vitals	
	Stable	1) Add fluvir
		2) monitor vitals
	C/E	
	WNL	3) cont Same supp mgt

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 47134

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/2/26	S/B Dr. Archana / Dr. Naipunya.	
2pm		
	Δ: (AFI) Influenza A illness c̄ dehydration.	
	No fever spikes	Advice.
	vomitings ⊖	· Continue fluvir (oseltamivir)
	U / passed.	· Continue rest same
	S	· watch for fever spikes
	o/E	
	vitally stable	
	S/E wnl.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 3:30pm	U/B Dr. Pritesh	
	Influenza A illness	
	- no fever spikes	
	- cough (+)	
	- no fresh c/o	Plan
		1) discharge T/M
	O/E	2) STOP IVF
	vitals : stable	3) hygiene - start & ct.
	SVE -	4) ct. fluids
	RS : BAE (+)	5) Rest ct. as per Rx
	clear	chart
		NB Sn c 3:20

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
15/7/26 7 AM	S/B Dr. Sneegha D/n Cleenze A. Ilhas Afebrile Vitals stable CVS S1 S2 R/S BL AE (+)	Plan - Discharge today - c/e RUVIC - Emergency only
15/07/2026 9:30 am	S/B Dr. Pritesh Suphena Aitheis - no fever spikes - oral intake good chest clear P/A soft	Plan ① D/C today

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	14/7/2026					
Time						
Hb	10.9					
PCV	31.8					
RBC	4.54					
WBC	6.34					
N/L	76.6/21.0					
Platelets	283					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Thu A :- Positive						
B : negative						
Advices :-						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 14 D (F)
Dr. PRITESH NAGAR

/ CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1.2.21 Time: 12 AM | 2 AM | 6 AM | 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F): 96.4 | 97.8 | 98.2 | 98.6 | 98.6 | 98.6 | 98.4 | 98.6 | 97.0

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

Note: BP does not score in early warning scoring

BP	118/63 (77)	99/64	114/62 (82)	108/69 (74)	104/62 (70)	110/60 (81)	109/60 (74)	112/64	100/69
Heart Rate (Number)	121bpm	125bpm	123bpm	124bpm	120bpm	122bpm	130bpm	120bpm	127bpm

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

Resp Rate (Number)	29bpm	29bpm	20bpm	22bpm	20bpm	24bpm	24bpm	25bpm	25bpm
Resp Distress (Mod/ Severe / None / Mild)									
Receiving O_2(l/min)									
O_2Saturations (%)	100%	100%	100%	99%	99%	99%	99%	99%	99%
Conscious Level (Normal / Altered)									
GCS *									
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	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.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient S

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INICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/1 Time:																																
Doctor / Nurse / Family Concern?																																
Temperature (F)	104																															
	103																															
	102																															
	101																															
	100																															
	99																															
	98																															
	97																															
	96																															
	95																															
	94																															
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																															
	180																															
	170																															
	160																															
	150																															
	140																															
	130																															
	120																															
	110																															
	100																															
Note: BP does not score in early warning scoring	90																															
	80																															
	70																															
	60																															
	50																															
Heart Rate (Number)																																
Resp. Rate (bpm) (Over 1 Minute) *	70																															
	60																															
	50																															
	40																															
	30																															
	20																															
	10																															
Resp Rate (Number)																																
Resp Distress: Mod/ Severe																																
Resp Distress: None / Mild																																
Receiving O_2(l/min)																																
O_2Saturations (%)																																
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 14 D (F)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 10

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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									1	0	
	09:00 pm		Jelly				1				0	
	10:00 pm		+							0	0	
	11:00 pm	1									0	Sr
13/7	12:00 am	DNS	Milk	35ml			0			1	0	
	01:00 am	1		35ml			1				0	
Total Intake :						**Total Output :**					U - Nil	
	02:00 am	1		35ml							0	
	03:00 am		H2O	35ml			1				0	
	04:00 am		+	35ml							0	
14/7	05:00 am	DNS	H2O	35ml			0				0	Sr
	06:00 am	1		35ml			1				0	
	07:00 am	1		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. : .....

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							
14/7	08:00 am			35ml						✓		
	09:00 am	↑	daily	35ml							0	
	10:00 am	DNS	↑	35ml				NA				
	11:00 am		Hrs	30ml	NA		✓			✓		
	12:00 pm			30ml								
	01:00 pm			—								
Total Intake :		Taken				**Total Output :**				V-2	m-1	
14/7/21	02:00 pm	↑		30								
	03:00 pm		Rice							✓		
	04:00 pm	DNS	↑									
	05:00 pm		Hrs		NA			NA			0	m
	06:00 pm											
	07:00 pm									✓		
Total Intake :		Taken				**Total Output :**				V-2	m-0	
14/7	08:00 pm										0	
	09:00 pm									2	0	
	10:00 pm	0	Rice								0	
	11:00 pm		↑		NA			NA		✓	0	
	12:00 am		H2O								0	
	01:00 am										0	
Total Intake :						**Total Output :**				V-2		
15/7	02:00 am										0	
	03:00 am									2	0	
	04:00 am										0	
	05:00 am		H2O		NA			NA			0	
	06:00 am				—					✓	0	
	07:00 am										0	
Total Intake :						**Total Output :**				V-2	m-	

Total 24 hrs. Intake		Total 24 hrs. Output	V- m.

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NURSING CARE RECORD

Date: 13/7/26

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				ER			
Afternoon							
Night	8Pm to 8Am	Assess the condition, monitor vitals, maintain I/O chart, provide the comfortable position. medication give as per as doctor order	8Pm to 8Am	Assessed the condition, monitored vitals, maintained I/O chart, provided the comfort position. medication given as per as doctor order	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 14/7/26

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	8am	Assess the baby Monitor the baby administer meds (P) Report	8am	Assessed the baby Monitored V/S administered Medication (P) Report	administer med	Reassess the pt	[illegible]
Afternoon					DAY		
Night	8pm ho 8pm	Assess the pt condition. Monitor vitals signs Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order	8pm ho 8pm	Assessed the pt condi, monitored vitals signs maintained I/O chart Provided the comfort position. medication given as per as doctor order	→ monitoring vitals pt is stable → maintaining I/O vitals, chart	→ Monitor vitals → maintain I/O chart	[illegible]

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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	13/7 N	14/7 8	14/7/26 E	14/7 N		
	Medical Condition (Any special condition to be noted):		–	–	–		
	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	98.8	98.6°F	98.0F		
	Res:	28 b/m	27	28 b/m	28 b/m		
	SpO$_2$:	99%	100%	100%	99%		
	Pulse:	98	72	97 b/m	98 b/m		
	BP:	112/66	106/72	102/60	102/62		
	LOC:	–	–	–	–		
	Fall Risk Score:	0	–	–	–		
	Pain Score:	–	–	"0"	0		
	Skin Integrity	–	–	Good	Good		
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–	–	–	–		
	Critical Lab Test / Values:	–	–	–	–		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	–	–	–	–		
Post Operative Procedure Special Orders:		–	–	–	–		
Handed Over By Name :		Sneha	[illegible]	Amrutha	Sri		
Signature / ID :		4/6031	[illegible]	(A)	4/6031		
Date:		14/7	14/7	14/7/26	15/7		
Time:		8am	2pm	8pm	8am		
Taken Over By Name :		[illegible]	Amrutha	Sri			
Signature / ID :		[illegible]	(A)	4/6031			
Date:		14/7	14/7/26	14/7			
Time:		8	2pm	8pm			

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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:							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 14/7	DATE 14/7	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					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	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		13	13			

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:						
	Signature:						
	Date:		14/7	14/7			
	Time:						

Docu. No. : RCH /FRM / CLINICAL / 005

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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			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	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	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	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA				
		Signature of the Nurse				Sry	Sr	Sr	Sr				

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 : Sruthi Name : Sruthi

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

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

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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PAIN ASSESSMENT FORM

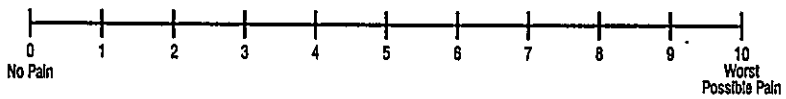
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
14/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
14/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
14/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
15/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
15/7	8Am	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		

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

VIH-00191570 IP26-00006840
Baby AMYRA ILHAM
30-09-2021 4 Y 9 M 13 D (F)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ 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	13/7	
Doctor's Signature		Valid Period	Pharm.	
		>100F		
Additional Instructions:				

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 16.5 kg Ward. .....

DRUG : Inj. ondensetron

Dose	Route	Frequency	Start Date
2mg	IV	TID	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	13/7	14/7	15/7
	6pm ✓	Sny	Sny
	2pm ✓		
	10pm	Sny	Sny

DRUG : Inj. Esmoprozole

Dose	Route	Frequency	Start Date
15mg	IV.	OD	13/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	13/7	14/7	15/7
	6pm	Sny	Sny

DRUG : Syp OSELTAMIVIR

Dose	Route	Frequency	Start Date
4 ml	PO	BD	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	14/7
	10pm
	10pm Sny

DRUG : NEBS 3% NS

Dose	Route	Frequency	Start Date
5ml	neb	8 sthh	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: See the chart

Daily Doctor's Endorsement by a Sign

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

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

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

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. 16.5 kg 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
18/7	12 AM	IVF DNS (2/3 M)	IV	35 ml/hr @					

Signature .....

VERIFIED BY : Name .....

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Amyra Age : 4 **Gender:** ☐ Male ☐ Female

Date : 13/7/26 Time of Arrival : 10:7 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 PR: 183 BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: C/O fever, cold, cough since 3 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

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 : Anupam

Signature of Triage Nurse : A.P

Date & Time : .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 10:7.

Chief Complaints: c/o Fever since 8 day cold cough.

Height : ..... Weight : ..... 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 : 10:20 am

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

Time	Nursing Notes
	Assessed the Patient condition. vital checked

Samples collected by: / Time:

Samples sent by : Apurva. Time: 10:10 Pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 113 BP: 110/70 CFT:	Shift - out from ER to: P 217
RR: 25 SPO2 at FiO2: 99	Time of Shift - out: 11:50 Pm
GCS: 15/15 Temperature : 98.1	Handover given to: Sm (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Anupam Signature of the Nurse : AD

Date & Time : 13/7/26 @ 11:10 Pm

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: 217

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. Anasuya

Date & Time : 13/7/26 @ 11:20 Pm

Nurse Name & Signature: Anupam

Date & Time : 13/7/26 @ 11:30 Pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00191570 IP26-00006840 Baby AMYRA ILHAM 30-09-2021 4 Y 9 M 13 D (F) Dr. PRITESH NAGAR	13/7/26 @ 9:50am	13/7/26 @ 9:50 Pm
	Transfer Ordered by Dr. Navipuja.	Reason for Transfer Admission
From Unit ER	To Unit 217	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films 1	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
Anupam	Dr. Navipuja.

Patient & Clinical Records Received by : Sneha 13/7/26 @ 9:50Pm

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

Amyra Ilham

Patient Sticker

4Y/9M

217

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 14/7/20 Time: 10:45am

Weight: 16 kg Centile: <25th

Height: ..... Centile: .....

Inference: Underweight child

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

Diet Recommendations: Balanced diet with liquid

Re-Assesment: NO Junk, Oily, Fried food

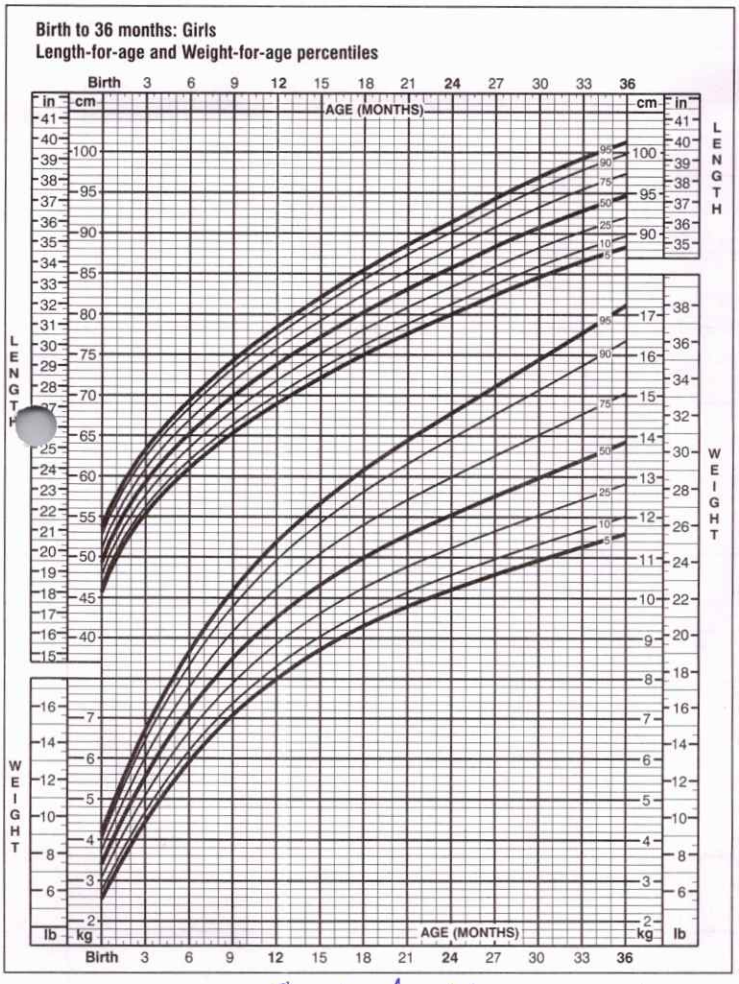
Food Allergies: NO Veg/Non-veg .....

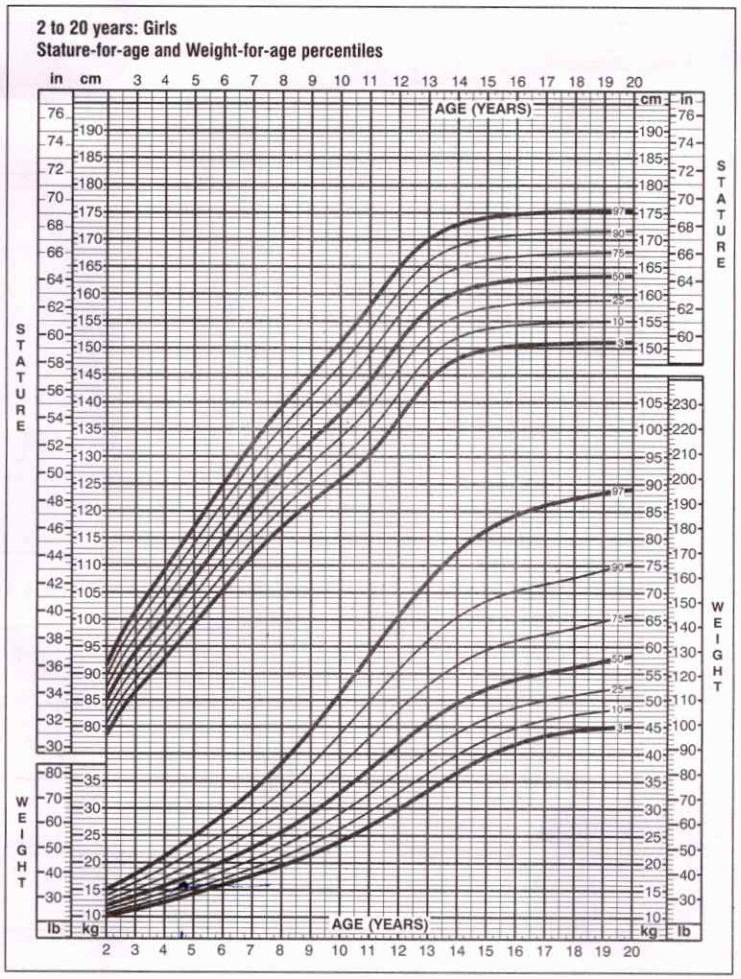
Diagnosis: Afebrile dehydration & Influenza A Illness

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ayesha

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

Daily Notes: