HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 8 D (M)
Dr. PRITESH NAGAR

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
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3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
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8	Consultation sheet				
9	General consent for treatment	5			
10	Consent for Surgery				
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12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
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30	Intake and Out take chart (fluid chart)	2			
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38	Braden Q Scale	2			
39	Bed side check list				
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42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	extras	6			
	Total No. of Pages	34			

Signature and Date : 30/6/2023

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

(P.T.O)

DISCHARGE SUMMARY

Name	Master IVAAN KUMAR JAIN	**UHID**	HNH-00016220
Father/Guardian	Mr NAVEEN KUMAR JAIN	**Age/Gender**	3 Y 2 M 6 D/ Male
Address	14-3-107 CHAKMAWADI , OPP ARYA SAMAJ GOSHAMAHAL NAMPALLY, Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006668	**Admission Date**	27-06-2026
Ref Doctor	Dr Muralidar		
Discharge Date	30.06.2026		

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

DIAGNOSIS	ICD CODE
ENTERIC FEVER WITH DEHYDRATION(CULTURE POSITIVE)	

History: Master IVAAN KUMAR JAIN, 3 Y 2 M 6 D , old boy presented with complain of generalized rash over the body 15 days back which disappeared after 2 days, fever since 10 days prior to admission. For the above complaints he was investigated and treated at nearby hospital. In view of persistence of symptoms, he was referred to / admitted at Rainbow Children's Hospital - Banjara Hills for further management.

Examination: He was febrile(100*F). His heart rate was 120/min, Blood

Name	Master IVAAN KUMAR JAIN	UHID	HNH-00016220
IP No	IP26-00006668	Admission Date	27-06-2026

pressure - 100/60 mmHg and Respiratory Rate - 25/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Signs of dehydration were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he 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: 12.82 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 10.9 gm%, White Blood Cell count of 7010 cells/cumm, platelet count of 1.85 lakhs/cumm and C-Reactive Protein of 44 mg/l.
Serum Procalcitonin was 2.24 ng/ml. Liver function test showed total SBR of 0.2 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 75 U/L, SGPT - 47 U/L, ALP -176 U/L, protein -7.0 gm/dl, albumin - 3.3 gm/dl, globulin - 3.7 gm/dl, A/G ratio of 0.8. Widal & Malarial Parasite (optimal & smear) were negative.

Widal shows
SALMONELLA TYPHI O - AGGLUTINATION SEEN IN TITRE 1 : 480
SALMONELLA TYPHI H - AGGLUTINATION NOT SEEN
SALMONELLA PARATYPHI AH - AGGLUTINATION SEEN IN TITRE 1 : 250
SALMONELLA PARATYPHI BH - AGGLUTINATION NOT SEEN

Mycoplasma IgM was non reactive.
EBV VCA IGM was non reactive.

Name	Master IVAAN KUMAR JAIN	**UHID**	HNH-00016220
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Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics after sending blood culture. He was treated symptomatically with antacids and antipyretics..Procalcitonin was sent which was positive(2.24).LFT was slightly deranged and EBV VCA IgM and Mycoplasma IgM were sent which were negative.Widal was sent which was positive (SALMONELLA TYPHI O 1:480 and SALMONELLA PARATYPHI AH - AGGLUTINATION SEEN IN TITRE 1 : 250)

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Blood culture was showed salmonella(verbal report).
He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Ceftriaxone

Advice:
* Diet as advised.

Name	Master IVAAN KUMAR JAIN	UHID	HNH-00016220
IP No	IP26-00006668	Admission Date	27-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	6.5 ml	9am - 9pm (after food)	For 11 days start from today evening and continue till 10.07.26 morning
2	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. PRITESH NAGAR on Friday(03.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Regular followup with Dr Muralidar, Primary Pediatrician.

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,

Name	Master IVAAN KUMAR JAIN	**UHID**	HNH-00016220
IP No	IP26-00006668	**Admission Date**	27-06-2026

breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006668 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:09 PM **UHID** : HNH-00016220

Patient Details :

Patient Name	: Master IVAAN KUMAR JAIN	**Age**	: 3 Y 2 M 5 D
Guardian	: Mr NAVEEN KUMAR JAIN	**DOB**	: 22-04-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 14-3-107 CHAKMAWADI , OPP ARYA SAMAJ GOSHAMAHAL NAMPALLY Gosha Mahal Hyderabad Telangana INDIA 500012	**Phone No**	: 9866167771/ 9849567661
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr NAVEEN KUMAR JAIN **Relationship** : Father

Contact Address : 14-3-107 CHAKMAWADI , OPP ARYA SAMAJ GOSHAMAHAL NAMPALLY Gosha Mahal Hyderabad Telangana INDIA 500012 **Phone No** : 9866167771

Signature

Doctor Details :

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

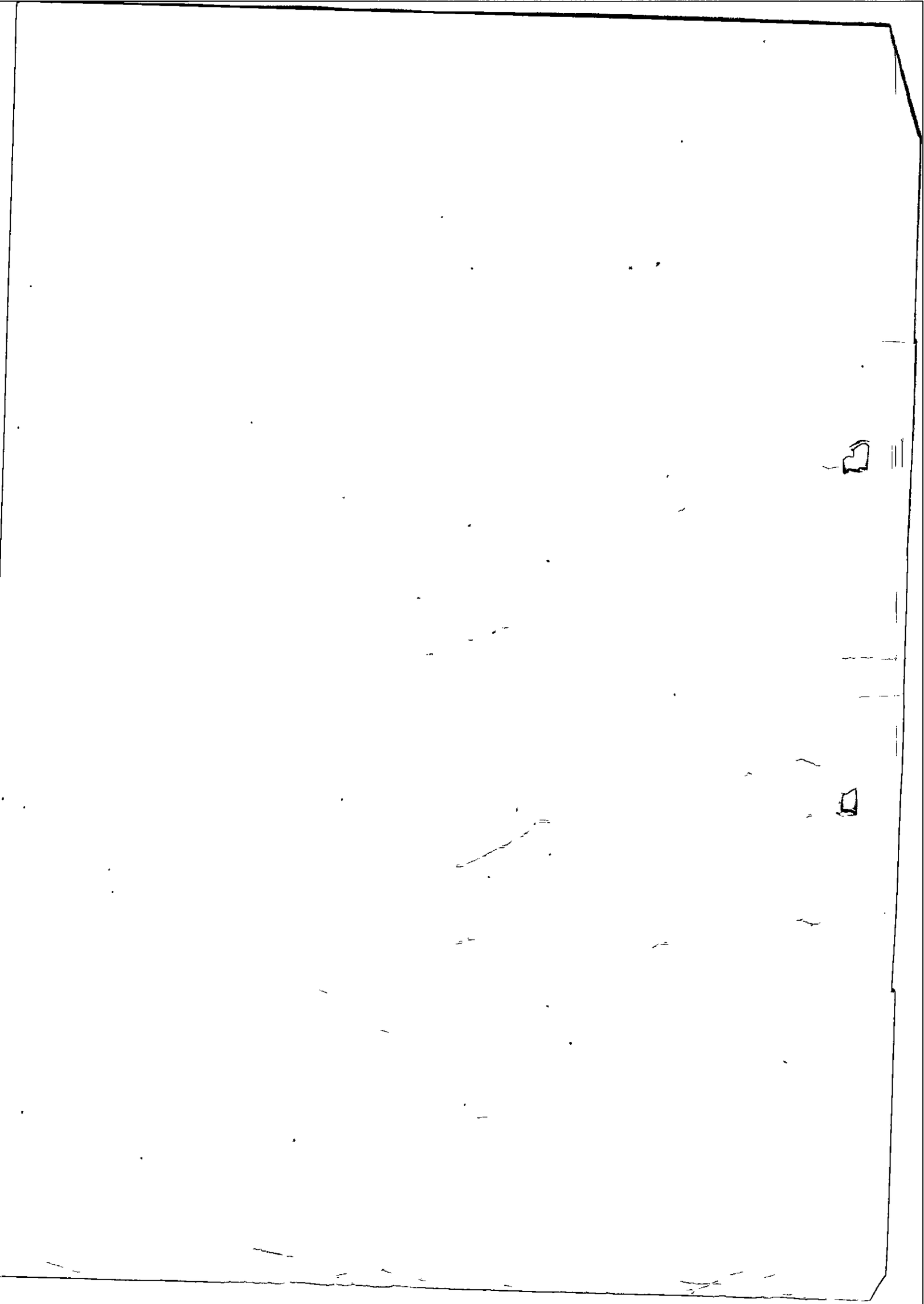
Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED



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ACTIVITY RECORD FOR BILLING

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

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

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

Date of Adr ...me : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/20	9PM	EP	Ward	

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
27/6/25	CBP, CRP, PCT		
	MP-Smear, widal,		
	Blood C/S, LFT,	10485	
	Mycoplasma-IgM,		
	EBV VCA-IgM,		
	CXR	7670	
		cross check done by maheshwari	
~~27/6/25~~	~~USG Abdomen & pelvis~~	~~done~~	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	Infusion Pump	9:20pm	29/6/26 10 Am.	8777	

cross checked done by mahesh.sori

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV placement	(1)	8762	
28/6/26	IV placement	(1)	8971	
			cross check by maheshwari	
28/6/26 11:45am	NHA	(1)	9277	
			cross checked done by mahi	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

Patient Name : IVAAN Kumar.

Patient ID# :

Consultant : Dr. Pritesh

Final Diagnosis : Pyrexia of unknown origin.

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorga ion

Name : IVAAN KUMAR Age/Sex 3y 2m

Informant Aunt Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

c/o Red spots - 15days ago, Now disappeared
c/o Fever last 10 days

History of present illness :

A 3y old child presented with c/o Red spots - Generalized Gradually Progressed & disappeared after 2days of onset on its own, not a/w itching.

c/o fever - insidious onset
low-moderate grade.
Not a/w Chills/rigor
intermittent
Activity interfebrile - ok
no h/o travel
no h/o outside food consumption
No h/o similar c/o in family members.
no h/o vomiting/~~loose~~ Burning micturition a/w.
Loose stools + Semisolid 2-3episodes.
Urine good.

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Dr. PRITESH NAGAR

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

Birth & Neonatal History :

FTLSCS, Bwt - 3.2 Kg, CIAB,
NICU admission | 1/2 day
NNH on D 2 IPTx for 48 hr

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

can draw circle
Say his name

Immunization History :

uptodate

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

- Avoid complications.

Desired goals of the treatment :

Reducing infection/treating infection

Planned Labs :

CBC, CRP, PCT,
malaria, widal
Blood culture
LFT
Mycoplasma IgM
EBV IgM
CXRAY
(DVE) USG Abdomen (Tomorrow)
Keep Extra Samples.

Noted By Prabin

Planned Management :

IV CEFTRIAXONE
IV FLUIDS
~~PCM~~ Paracetamol.
[redacted]

Noted By Prabin

Please fill up the following details

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

Doctor's Signature Name Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184 Date 28/6/26 Time 9:45am

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	c/s/b- Dr. Ritesh	
8:30 pm	Δ - Pyrexia of unknown origin	
	Febrile irritable	Plan
	O/E	Continue IV Ceftriaxone (D1)
	~~afebrile~~ HR-120/m	IV fluids
	RR-22/m	Paracetamol
	SpO2 - 98% on RA	Trace
	CRT < 3sec	↓ CBC, LRP, PCT
		malaria
	S/E	widal
	WNL	mycoplasma IgM
		EBV VCR IgM
		Blood c/s
		USG Abdomen ~~today~~ tomorrow
		Pruti

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/S/B - Dr. Prashanth	
7:30 Am	Δ - Pyrexia of Unknown origin	
	No fever spikes after 10 pm -	
		Plan
	O/E	Continue
		IV ceftriaxone D2
	Vitals Stable	IV fluids (2/3 maintenance)
		Paracetamol SOS
		Trace ↓ malaria; widal
	S/E P/A - Soft	Mycoplasma IgM
	~~RA~~ CVS - S_1S_2 +	EBV VCR IgM
	~~Plan~~ - CNS - WNL	Blood c/s
	RS - Clear	USG Abdomen - Today/Tomm
		Prashanth
		Noted by [illegible]

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Master IVAAN KUMAR JAIN
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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/S/B- Dr. Pritesh	
10 Am	A- Pyrexia of unknown origin	
	Stool ↓ : yesterday	Malaria- negative
	fever spikes	
	Oral intake↓	PLAN
		- Continue Ceftriaxone D2
	O/E No lymph nodes	- Trace cuidal & reports.
		- USG Abdomen
	Vitals stable	- W.H.O ORS
		- Reduce IVF if taking ORS
		- Supp DULCOLAX 5mg
	S/E	- ↑ Oral intake
	P/A- Soft, no organomegaly	
	CVS- S_1S_2+	No nodes
	RS- clear.	Cervical -ve
	CNS- WNL.	Axilla -ve
		noted by Dr. Sandhya. 28/6/26 @ 10 am

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
28/6/26 10 pm	S/B Dr. Archana Pyrexia of unknown origin	
	fever spikes (+) oral acceptance - improved passed stool twice O/E vitally stable S/E P/A - soft	Advice . IVF to be continued at ½ Mbx. . (T) WIDAL, Mycoplasma, EBV Blood C&S . USG abdomen (Done - 29/6/26 . Ct rest same Sd/ Dr. Archana .
28/6/26 8 Am	S/B Dr. Archana . PUO .	
	fever spikes (+) oral acceptance - improved V/S passed generalised weakness (+) O/E vitally stable S/E P/A - soft	Adv. . (T) WIDAL, Mycoplasma IgM, Blood C&S . USG abdomen today . Ct Ceftriaxone Sd/ Dr. Archana M.B. maheshwari

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10 AM	c/s/by Hospital	
	Enteric fever.	
	→ Child active	
	fever spike ⊕	
	vital stable	
		– Enhance orally
	S/E	– Ct Inj CEFTRIAXONE
	NAD	
	No organomegaly	– oth symp Mx
		– Monitor vitals.
		– (T) culture, Malari-P.
		– ~~[illegible]~~ W/H USG abdomen
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	
		noted by Sr. Sandhya 29/6/26 10:am

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. Naipunya.	
29/6 3:00pm.	? Enteric fever.	
	No fever.	Plan.
	Vitals - stable.	- Cont ceftriaxone
	R/S - B/L AE(+)	- (T) Blood C/S
	P/A - soft, NT	~~Antibiotic - pt.~~
		- Cont. Symptomatic Management
		- Monitor Vitals
	S/B Dr. Pritesh	
29/6/23 5:40pm	Δ Enteric Fever (Culture positive - Salmonella - verbal report)	
		Plan
	Afebrile	- Inj CEFTRIAXONE
	Vitals stable	
		- Trace Blood C/S
	Active	
	CVS - S1S2(+)	- Encourage orally
	RS - B/L AE(+)	
		- Change to oral Cefixime (Future date) - if IV Canula is out
		Dont pull

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

Noted by Swetha 8pm 29/6/23

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B- Dr Prashanti / Dr Thanvi	
29/6	Δ- ENTERIC FEVER	
8:01 Am	No fever spikes	
	~~Vitals stable~~	
	Taking orally fair	
		plan
	Urine -	
	Stool-	Trace Blood c/s.
	O/E	ct - Ceftriaxone
	vitals stable	Encourage orally.
	S/E	Change to CEFIXIME if IV canula is out
	RS- NVBS+, B/L AE+, NO added sounds	
	CVS- S1S2+, No murmurs.	Preeti.
	P/A - Soft, nontender	
	CNS- WNL	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 9:30 am	c/s/IB Dr. Pritesh	
	ENTERIC FEVER	
	- no pervie spikes	
	- oral intake : good	
	O/E	Plan
	vitals : stable	1) d/s today
		2) oral cefixime (total 14 days course) (enteric dose)
		3) Blood culture trial
		Blood cls report
		4) F/up after 72 hours.

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

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Dr. PRITESH NAGAR

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RESULT SHEET

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Date	23/6	27/6/26					
Time							
Hb	11.4	10.9					
PCV		30.5					
RBC		4.23					
WBC	9800	7.01					
N/L		48.4/45.3					
Platelets	1.99	185					
CRP	46	44					
ESR							
PCT		2.24					
RBS							
Na							
K							
Cl							
Ca/Mg							
Phosphate							
Urea							
Creatinine							
ALP		176					
SGPT		47					
SGOT		75					
T.Bill/Conj		0.2/0.1					
T.Protein		7					
S.Albumin		3.3					
S.Globulin		3.7					
A/G Ratio		3.7					
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein/Sugar							
Cells							
N/L							

Date	27/6/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Widal	POSITIVE					
Mycoplasma	- Non Reactive					
EBV	- Non Reactive					
Malaria	- Negative					

Culture and Sensitivities : Blood c/s:-

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

... / CLINICAL / 125

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

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

Date: 22/4/23 ..... Time:	10:20	11:30 pm	12:45 AM	2:40 AM	4:30 AM	6 AM
Doctor / Nurse / Family Concern?	PM				

Temperature (°F): 100°F Crocin Syp Given; 99.4°F; 98.6°F; 98.6°F; 96.4°F; 98.2°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 101 / 61 (42)

Note: BP does not score in early warning scoring

Heart Rate (Number)	120b/m	125b/m	122b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	30b/m	30b/m	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100%	100%
Conscious Level: Normal / Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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.
	:	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
		Shift in charge AND PICU fellow or PICU consultant to be informed.

'min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

Pratiksha Rainbow Children's Hospital
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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-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

I/ 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 : 22/6/26 Time: 9:am 9:30am 10am 12pm 2pm 5pm 6pm 7:30pm 8pm 10pm 2Am 6Am

Doctor / Nurse / Family Concern? 30

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

101.3F 100.2F 99.4F 98.3F 98.8F 97.9F 98.1F 100.4F 99.1 97.5F 98.5F 99.6

Syp:-Crocin given

Crocin Given

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 120 b/m 128 b/m 128 b/m 128 b/m 128 b/m 128 b/m 132 b/m 115 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 28 b/m 25 b/m 28 b/m 30 b/m 30 b/m 30 b/m 28 b/m 28 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	99% 99% 99% 99% 99% 90% 100% 99%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0 0 0 0 0 0 0
Pain Score	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:

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- 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

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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)
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HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

/ CLINICAL / 125

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

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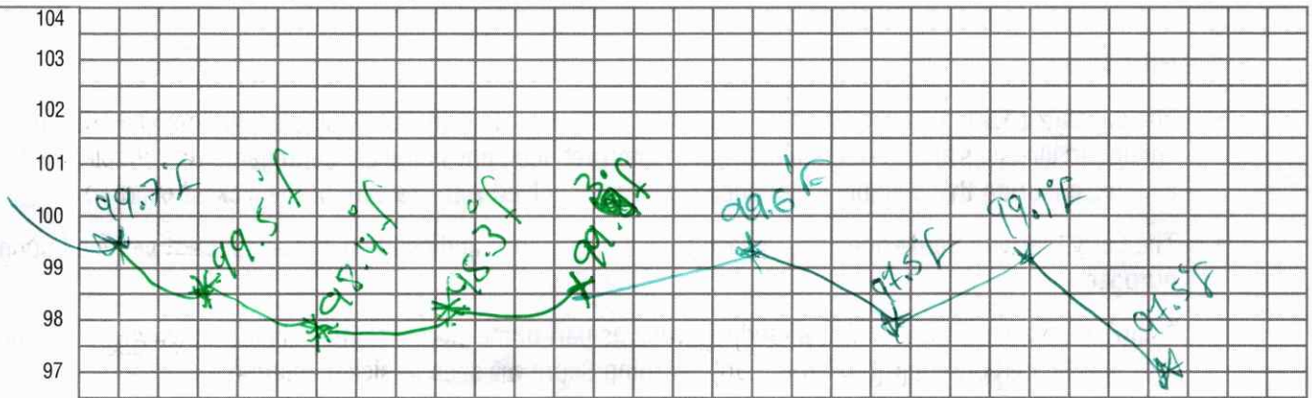
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6 Time: 8AM 9AM 10AM 12PM 2PM 6PM 10PM 2AM 6AM

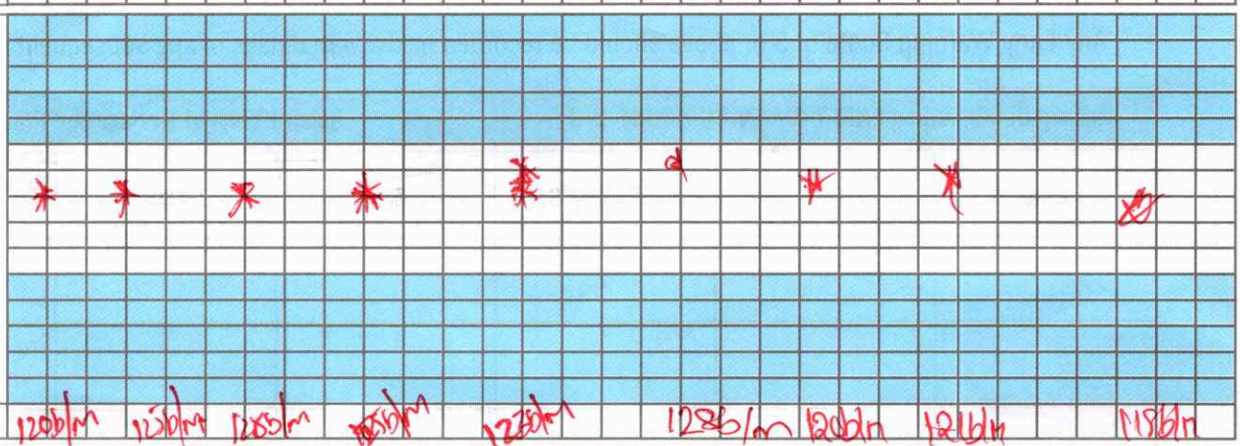
Doctor / Nurse / Family Concern?

Temperature (F)



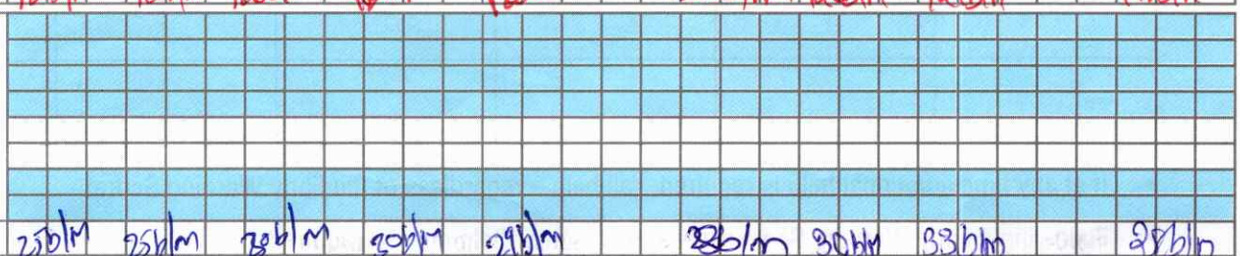
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 120b/m 120b/m 128b/m 130b/m 128b/m 128b/m 120b/m 126b/m 118b/m

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



Resp Rate (Number) 25b/m 25b/m 28b/m 30b/m 29b/m 28b/m 30b/m 33b/m 28b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% 99% 99% 99% 99% 99% 98% 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.
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Patient Sticker

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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)

Master IVAAN KUMAR JAIN
P: 22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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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.

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
			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 :**						
27/6/26	08:00 pm	↑										
	09:00 pm			30ml								
	10:00 pm	ONS	H2O	30ml							0	
	11:00 pm	↓	Apple	30ml		NA	↑	NA		L	0	
	12:00 am			30ml							0	
	01:00 am			30ml							0	
Total Intake :						**Total Output :** U-1					M-	
28/6/26	02:00 am	↑		30ml							0	
	03:00 am			30ml							0	
	04:00 am	ONS		30ml						L	0	
	05:00 am	↓	H2O	30ml		NA	↑	NA			0	
	06:00 am			30ml							0	
	07:00 am										0	
Total Intake :						**Total Output :** U-3					M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6/26	08:00 am			30 ml								
	09:00 am		Jelly + H2O.	30 ml						✓		
	10:00 am	DNS		30 ml							0	
	11:00 am			30 ml		NA	✓	NA				
	12:00 pm			30 ml						✓		
	01:00 pm			30 ml								
Total Intake : Taken										Total Output : U-2 m-1		
28/6/26	02:00 pm											
	03:00 pm											
	04:00 pm		Soup + water melon							✓		
	05:00 pm	DNS		30ml			✓				0	
	06:00 pm	DNS		30ml		NA		NA		✓		
	07:00 pm	DNS		30ml								
Total Intake : Taken										Total Output : U-02 m-01		
29/6/26	08:00 pm	DNS		30ml								
	09:00 pm	DNS		30ml						✓		
	10:00 pm	DNS	Kichdi + milk	30ml							0	
	11:00 pm	DNS		30ml		NA	0	NA				
	12:00 am	DNS		30ml						✓		
	01:00 am	DNS		30ml								
Total Intake :										Total Output : U-2 m-		
29/6/26	02:00 am	DNS		30ml								
	03:00 am	DNS		30ml								
	04:00 am	DNS		30ml						✓	0	
	05:00 am	DNS		30ml		NA	?	NA				
	06:00 am	DNS		30ml								
	07:00 am	DNS		30ml								
Total Intake :										Total Output : U - 1 m-		

Total 24 hrs. Intake		Total 24 hrs. Output	

Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

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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
		DNS	Mouth	I.V	N.G							
29/6/26	08:00 am	DNS		30ml								
	09:00 am	DNS	Egg + Milo	30ml						✓	0	
	10:00 am	DNS		But Kindly stopped								
	11:00 am				NA			PA				
	12:00 pm									✓		
	01:00 pm											
Total Intake : Taken								Total Output : U - 2 M -				
29/6/26	02:00 pm											
	03:00 pm		Fruits							✓		
	04:00 pm				NA			NA			0	
	05:00 pm	0	+				✓					
	06:00 pm		Milo									
	07:00 pm									✓		
Total Intake : Taken								Total Output : U - 2 M - 1				
29/6	08:00 pm											
	09:00 pm									✓		
	10:00 pm											
	11:00 pm	0	Fiched		NA		0		NA		0	
	12:00 am		+							✓		
	01:00 am		Milo									
Total Intake :								Total Output :				
30/6	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am	0			NA		0		NA		0	
	06:00 am											
	07:00 am									✓		
Total Intake :								Total Output :				

Total 24 hrs. Intake		Total 24 hrs. Output	

Master IVAAN KUMAR JAIN (M)
22-04-2023 3 Y 2 M 5 D
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : .....

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		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											
30/6	11:00 am				NA			NA				
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

MNM-00016220 IPZ6-00006668
Master IVAAN KUMAR JAIN (M)
22-04-2023 3 Y 2 M 5 D
Dr. PRITESH NAGAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 27/6			DAY-2 28/6			DAY-3 29/6			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	NA	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	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	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Supriya

Signature of Ward In Charge :

Signature : ..... Name : Balaveni

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 6 D (M)
Dr. PRITESH NAGAR

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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									
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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
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									
			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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Your Right...

PAIN ASSESSMENT FORM

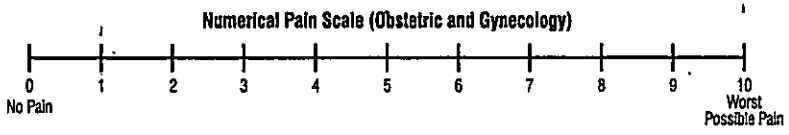
		(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6/26	10PM	0/10	NA	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
28/6/26	6AM	0/10	NA	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
28/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/26	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/26	10:30am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/6/26

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							
Night	9pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	9pm to 8AM	→ To assessed the pt condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Trace Report → IV fluid contd.	→ Re-checked the ↳ Vitals ↳ I/O → T/M USG abdomen	Supriya

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Patient Sticker

NURSING CARE RECORD

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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the patient general condition → monitor vitals → DNS @ 30 ml/hr to cont. → maintain I/o	8am to 2pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	
Afternoon	2pm to 8pm	⇒ Assess the pt condition ⇒ Monitor vitals & record ⇒ Maintain I/o chart ⇒ Administer medication as per drug chart	2pm to 8pm	⇒ Assessed the pt condition ⇒ monitored vitals & recorded ⇒ Maintained I/o chart ⇒ Administered medication as per drug chart	⇒ pt is stable	⇒ Rechecked vitals	
Night	8pm to 8Am	→ plan usg abdomen. → Trace reports. → continue ceftrixone. → continue fluids DNS 30ml.	8pm to 8Am	→ planned usg abdomen. → Traced reports. → continued ~~reports~~. ceftrixone → continue fluids. DNS 30ml.	→ pt is stable Now	→ Reassessed the vitals	

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Date: 29/6/26

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	→ Assess the patient general condition → monitor vitals → Administer medications as per doctor's orders.	8am – 2pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	
Afternoon	2pm to 8pm	→ Asses the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medications as per drug chart	2pm to 8pm	→ Assessed the pt condition → monitored vitals & record → Maintained I/O chart → Administer medications as per drug chart	→ pt is stable	→ Rechecked vitals	
Night	8pm – 8Am	→ Assess the pt condition → monitor the vitals → maintain I/O chart. → Fluids stop. → ct. antibiotic.	8pm – 8Am	→ Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → fluids stoped. → ct. antibiotics.	→ pt is stable Now	→ Reassessed the vitals	

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NURSING CARE RECORD

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Date: 30/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	⇒ assess the pt condition ⇒ Monitor vitals & record ⇒ maintain I/O chart ⇒ Administer medication as per drug chart	8am to 2pm	⇒ assessed the pt condition ⇒ monitored vitals & recorded ⇒ maintained I/O chart ⇒ Administered medication as per drug chart	⇒ pt is stable	⇒ Recheked vitals	
Afternoon							
Night							

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BRADEN 'Q' SCALE

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					Date : 27/6	28/6/66	28/6	28/6
					Time : N1	Mrng	Ei	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	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	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.	3	3	3	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	26	26	26	26
				Evaluator's Name				

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

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

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BRADEN 'Q' SCALE

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					Date : 29/6/26	29/6	30/6	
					Time : 10 am	8 PM	10 AM	
Mobility	..obile: Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
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Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	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
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis:

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	27/6/26 N1	28/6/26 morng	28/6 E2	28/6 N1	29/6/26 Morng	29/6 E2
BACKGROUND	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:	98.6°f	98.3°f	98.4°f	98.1°f	98.3°f	98.8°f
	Res:	30b/m	35b/m	35b/m	30b/m	40b/m	40b/m
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:	126b/m	125b/m	126b/m	120b/m	125b/m	130b/m
	BP:	101/62	100/70	100/70	90/70	100/70	108/70
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	"0"	–	–	–	–	–
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	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:		USG abdomen today	–	–	–	–	–
Handed Over By Name :		Madhuri	Sandhya	Shwetha	mahi	Sandhya	Shwetha
Signature :							
Date:		28/6/26	28/6/26	28/6/26	29/6/26	29/6/26	29/6/26
Time:		8AM	2pm	8pm	8AM	2pm	8pm
Taken Over By Name :		Sandhya	Shwetha	mahi	Sandhya	Shwetha	mahi
Signature :							
Date:		28/6/26	28/6/26	28/6/26	29/6/26	29/6/26	29/6/26
Time:		8am	2pm	8pm	8am	2pm	8pm

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: pyrexia of unknown origin	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	29/6/26 N	30/6/26 M				
	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:	99.1	98.4				
	Res:	35 b/m	35 b/m				
	SpO_2:	98%	99%				
	Pulse:	121 b/m	120 b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	0	0				
Recommendations	Safety Needs:	Yes	Yes				
	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 :		mahi	Swetha				
Signature :							
Date:		30/6/26	30/6/26				
Time:		8 Am.	2 pm				
Taken Over By Name :		Swetha					
Signature :							
Date:		30/6/26					
Time:		8 Am					

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

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
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.

wt - 12·8

SOS / PRN (As Required Medication)

DRUG : SYP. CROCIN DS				Date / Time	21/6	22/6											
Dose	Route	Frequency	Start Date		10:30 PM	9:30 am											
4ml	PO	SOS	21/6														
Doctor's Signature		Valid Period	Pharm.														
Additional Instructions: (240/5)																	

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

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

Verified by Dr. Dhakshay.....
Signature.....
VERIFIED BY : Name.....

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 12.8 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Inj. CEFTRIAXONE				Date/Time	27/6/26	28/6	29/6	30/6
Dose	Route	Frequency	Start Date					
600mg	IV	Q12h	27/6/26	10AM	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: [signature]								
				10pm	10:20 pm ✓	✓	✓	
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					✓	✓		

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

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
28/6	10 AM	DULCOLAX SUPP	5mg	PR		

Signature

VERIFIED BY : Nak

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 12.8 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6/26	9:00pm	IVF DNS	IV	65 ml/hr					
27/6/26	9pm	IVF (2/3rd m) DNS	IV	30 ml/hr ↓			28/6		
28/6/26	12:30 Am	(1/2 Mtx)	IV	20cc/hr			29/6		

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

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
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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: 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. Prashanti

Date & Time : 27/6/26 @ 8'10 PM

Nurse Name & Signature: Pradip

Date & Time : 27/6/26 @ 8'10 PM

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

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
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EM ...RIAGE FORM

Patient's Name : Mast IVAAN kumar Jain Age : 3y 2m **Gender:** ☑ Male ☐ Female

Date : 27/06/26 Time of Arrival : 8:00pm

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: 97.7°P PR: 101 bpm BP: 93/71 (79) RR: ..... SpO_2: 100%

Chief Complaints: c/o Fever & Jini x10 days nos & Pants.

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 : 7:57pm.

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 : Afaria

Signature of Triage Nurse : .....

Date & Time : 27/06/26 @ 7:57pm.

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/06/26 Time of arrival : 7:50pm

Chief Complaints: c/o Fever fr ion x 10 days Red spot RBS: .....

Height : ..... Weight : 12.8kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 27/06/26 @ 7:50pm

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 7:50pm

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

Time	Nursing Notes
	Assessed the patient condition,
	explained by general condition
	monitor vitals Done.

Samples collected by: / Apurba Time:

Samples sent by : Time: / 8:30pm

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: 101 BP: 93/71 CFT: —	Shift - out from ER to: 306
RR: 25 SPO_2 : 99%	Time of Shift - out:
GCS: 15/15 Temperature : 98.2	Handover given to: (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Atoma Signature of the Nurse :

Date & Time : 27/06/26 @ 7:50pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016220 IP26-00006668 Master IVAAN KUMAR JAIN 22-04-2023 3 Y 2 M 5 D (M) Dr. PRITESH NAGAR	27/6/26 @	27/6/26 @
	Transfer Ordered by Dr. Prashanti	Reason for Transfer Admission
From Unit ER	To Unit ward 6	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 26	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
Prabin	Dr, Prashanti

Patient & Clinical Records Received by : Madhu

Date & Time of Patient Received : 9:10 pm @ 27/6/26

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight

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

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 5 D (M)
Dr. PRITESH NAGAR

:NERAL CONSENT FOR TREATMENT

Patient Name:	**Master IVAAN KUMAR JAIN**	**Age :**	**3 Y 2 M 5 D**
IP No:	**IP26-00006668**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Naveen Kumar Jain
Relationship: Father
Date: 27/6/26 Time:
Witness Name:
Witness Signature:

Patient Address:

14-3-107 CHAKMAWADI , OPP ARYA SAMAJ GOSHAMAHAL NAMPALLY
Gosha Mahal Hyderabad Telangana
INDIA 500012

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Master IVAAN KUMAR JAIN (M)
22-04-2023 3Y2M5D
Dr. PRITESH NAGAR

BILLING POLICY

- With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

HNH-00016220 IP26-00006668
Master IVAAN KUMAR JAIN (M)
22-04-2023 3 Y 2 M 5 D
Dr. PRITESH NAGAR

...ATIENT OR PATIENT ATTENDANT
...RANCE / AROGYA BHADRATA / CORPORATE)

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Date: 27/06/25

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: IVAAN KUMAR JAIN Date & Time of Admission: 27/06/25

Name of the Parent / Guardian: NAVEEN KUMAR JAIN Mobile Number: 9866167771

Parent Aadhaar Card Number: .....

Signature & Relation

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UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

Sub:- **Undertaking of Insurance Patient for Advance Payment.**

I Mr./Mrs./Ms. Naveen kumar jain (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms: Ivaan kumar jain was bought to your hospital on Emergency basis on 22/6/23 at 8:19 pm approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 1 lk as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.

Thanking You

Naveen Jain

Signature

Name:- Naveen Kumar Jain

Ph. No.:- 9866167771

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Master IVAAN KUMAR JAIN
22-04-2023 3 Y 2 M 6 D (M)
Dr. PRITESH NAGAR

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/6/26 Time: 11:45am

Weight: 12.82 kg Centile: < 10th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1300 KCal / day Protein: 2.3g/day

Diet Recommendations: Soft diet with liquids

Re-Assesment: NO Fever, Oily, Spicy food.

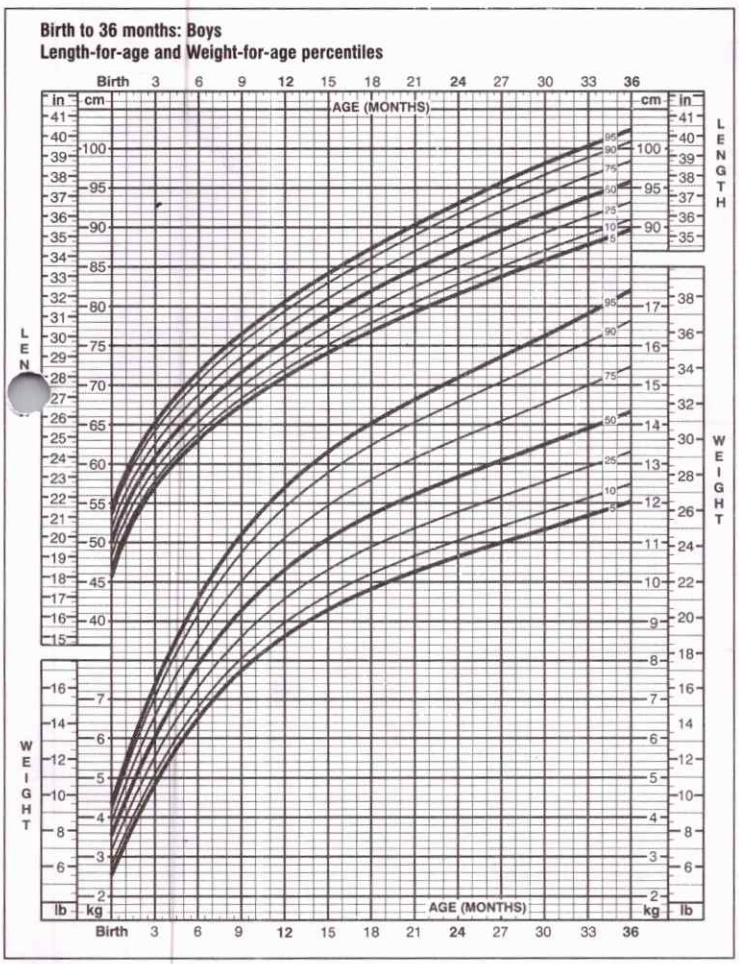
Food Allergies: NO Veg/Non-veg Veg

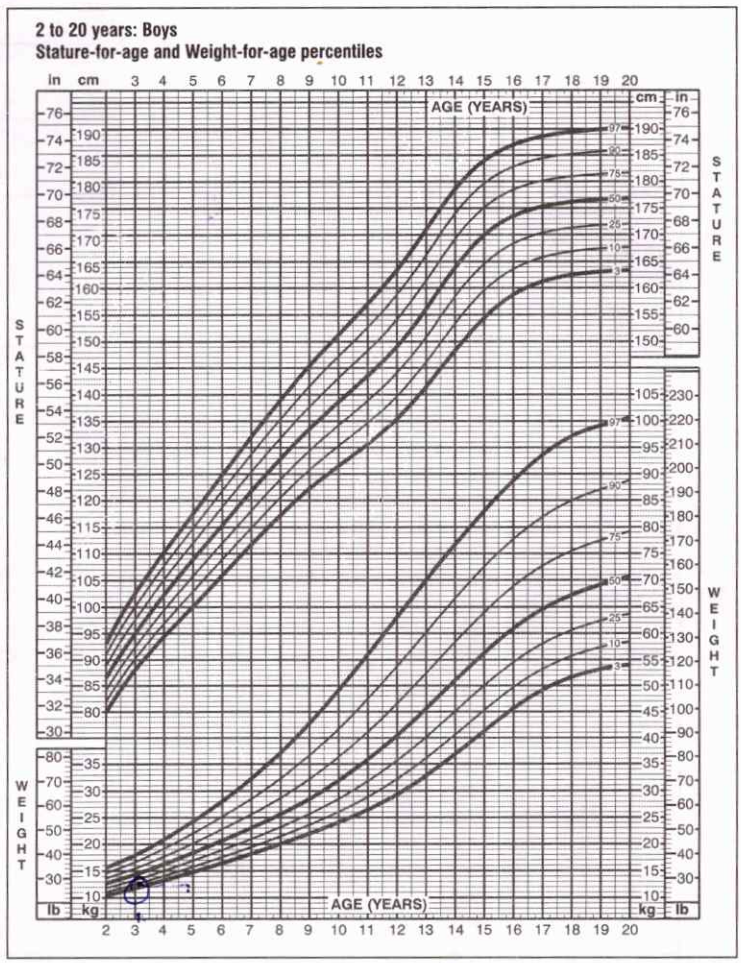
Diagnosis: Pyrexia of Unknown Origin

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





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

Daily Notes: