

### DISCHARGE SUMMARY

<b>Name</b>	Master LIHAAN JAIN	<b>UHID</b>	HNH-00015463
<b>Father/Guardian</b>	Mr VIPUL JAIN	<b>Age/Gender</b>	1 Y 7 M 26 D/ Male
<b>Address</b>	kapadia health club, Athwa, Surat, Gujarat, INDIA, 395007		
<b>IP No</b>	IP26-00006357	<b>Admission Date</b>	16-05-2026
<b>Ref Doctor</b>	Dr. S Muralidhar, Spandhana Hospital, Rammurthynagar		
<b>Discharge Date</b>	21.05.2026		

**Dr. PRITESH NAGAR**  
MBBS, MD  
CONSULTANT PEDIATRICIAN &  
PEDIATRIC INTENSIVIST  
Reg No. 47184

**Dr. ANIKET ANIL PARASHAR**  
MBBS- MD  
CONSULTANT PEDIATRICIAN  
TSMC/FMR/08568

DIAGNOSIS	ICD CODE
SEVERE PNEUMONIA WITH RESPIRATORY DISTRESS	

**History:** Master LIHAAN JAIN, 1 Y 7 M 26 D old boy presented with history of

Name	Master LIHAAN JAIN	UHID	HNH-00015463
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cough & cold since 3 days, fever, fast breathing since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital for further management.

**Examination:** He was afebrile. Heart rate was 160/min and Respiratory Rate - 50/min. Peripheries were warm, pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions. On auscultation of chest, air entry was bilaterally equal with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur.

On neurological examination, child was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 9.7 kgs.

**Investigations: Enclosed reports.**

VBG showed pH - 7.25, pCO<sub>2</sub>- 28.7 mmhg, pO<sub>2</sub> - 57 mmhg, HCO<sub>3</sub> - 12.5 mmol/l, BE: -13.4 mmol/l.

Chest X-ray done on 16.05.2026

Patchy opacities noted involving right upper and middle lobe with air bronchograms, suggestive of consolidations.

Chest X-ray done on 17.05.2026

Patchy opacities are again noted involving right upper and middle lobe with air bronchograms.

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Chest X-ray done on 19.05.2026

Patchy opacities are again noted involving right upper and middle lobe with air bronchograms.

GeneXpert FluA+FluB+RSV were sent, which was negative.

<b>Date</b>	<b>On 16.05.2026</b>	<b>On 16.05.2026</b>	<b>On 17.05.2026</b>
<b>TEST</b>	<b>Result</b>	<b>Result</b>	<b>Result</b>
<b>CBP: Hemoglobin</b>	10.3 g/dl	-	10 g/dl
<b>While blood cell</b>	8520 cell/cmm	-	8140 cell/cmm
<b>Platelets</b>	5.54 lakh/cmm	-	5.51 lakh/cmm
<b>CRP</b>	17 mg/L	-	-
<b>PROCALCITONIN</b>	0.207 ng/ml	-	-
<b>MYCO PLASMA - IGM</b>	-	Non reactive	-
<b>LFT: SBR</b>	0.6 mg/dl	-	-

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DIRECT FRACTION	0.4 mg/dl	-	-
SGOT	38 U/L	-	-
SGPT	11 U/L	-	-
ALP	345 U/L	-	-
PROTEIN	8.1 g/dl	-	-
ALBUMIN	4.9 g/dl	-	-
GLOBULIN	3.2 g/dl	-	-
A/G Ratio	1.5	-	-
<b>BLOOD CULTURE</b>	No growth after 48 hrs of incubation	-	-

**Ultrasound chest shows**

Patchy consolidations with few air bronchograms noted involving apical segment of right upper lobe and medial segment of right middle lobe. No obvious necrosis noted within at present - S/o Infective etiology.

Few B lines noted at posterior aspect of right upper lobe - likely subpleural septal congestion.

**Management:** He was admitted in PICU in view of severe respiratory distress and was started on HFNC with flow 15L, Fio2 at 40%, maintenance IV fluids and IV antibiotics. Iv magnesium sulphate was given in v/o severe wheeze. In

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view of chest signs, he was frequently nebulised with Levolin and Ipravent. Chest x-ray was s/o pneumonia on the right side(patchy consolidation involving right middle lobe. USG chest was done which showed patchy consolidations with few air bronchograms noted involving apical segment of right upper lobe and medial segment of right middle lobe.

In v/o rapidly progressing pneumonia antibiotics were upgraded. He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he remained hemodynamically stable, maintaining saturations on nasal prongs@1L/min, accepting orally well, he was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually his oxygen support was tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

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

**Medication during hospital stay:**

- Nebulisation Levolin
- Nebulisation Ipravent
- Nebulisation Hyperneb
- Injection. Clindamycin
- Injection. Ceftriaxone
- Syrup. Crocin DS
- Injection. Linezolid

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Nasoclear nasal drops

**Advice:**

\* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. LINEZOLID (Linezolid- 5ml/100mg)	5 ml	8am - 2pm- 10pm (after food)	till 26/05/26
2	NEBULISATION with 3% NS	1 respule	8th hourly	For 2 days
3	chest physiotherapy	1	8th hourly	to continue at home
4	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

**Plan: To repeat chest x-ray on 30/05/26 on followup.**

**Fever Management**

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3ml 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(23.05.26)** at Himayatnagar in OPD with prior appointment (**Review consultation will be**

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charged).

Regular followup with Dr. S Muralidhar, Spandhana Hospital, Rammurthy Nagar, 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 in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed occurs or any abnormal movements.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / LB Nagar** dial just one toll free number **18002122**.

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<b>IP No</b>	IP26-00006357	<b>Admission Date</b>	16-05-2026

You can also take appointments at any time by going **online** to our website [www.rainbowhospitals.in](http://www.rainbowhospitals.in)

  
**Registrar/Resident/C.M.O**



**Dr. PRITESH NAGAR**  
MBBS MD  
Medical Registration No. 47184

R

Sewer Pneumonia  
EAP

MASTER LHAAN JAIN 17M 36D M HNH 00019467 CHEST AP 17 MAY 2018 8:50 AM  
PAINROW CHILDREN'S HOSPITAL HIMAYATH NAGAR

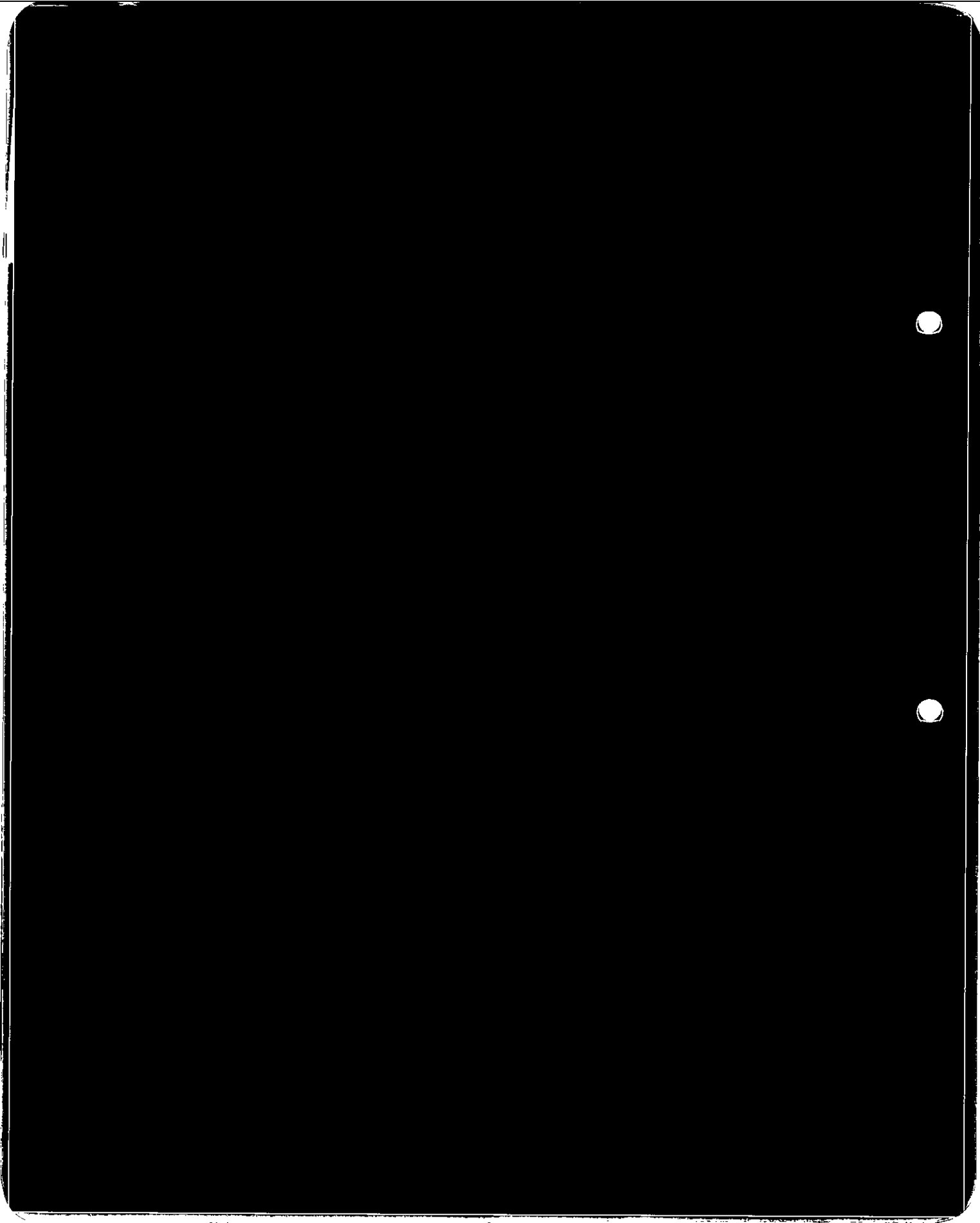
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MASTER LIHAAN IAIN LX 7M 28D HNH 0001545 : CHEST AP 19 May 06 5:00 AM  
RAINBOW CHILDREN'S HOSPITAL HIMAYATHI WAGAR



Sever Pneumonia  
EPP



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006357

Admit Date : 16-May-2026

Admit Time : 03:21 PM UHID : HNH-00015463

Patient Details :

Patient Name : Master LIHAAN JAIN

Age : 1 Y 7 M 25 D

Guardian : Mr VIPUL JAIN

DOB : 21-09-2024 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : kapadia health club Athwa Surat Gujarat INDIA 395007

Phone No : 9512177179

E-mail : na@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU-202

Ward Name : 2F -PICU

Room No : PICU-202

Admission Type : First Visit

Contact Details :

Name : Mr VIPUL JAIN

Relationship : Father

Contact Address : kapadia health club Athwa Surat Gujarat INDIA 395007

Phone No : 9512177179

  
Signature

Referral Details :

Doctor Name : Dr. PRITESH NAGAR

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : Dr. S Muralidhar, Spandhana Hospital, Rammurthynagar

Phone No :

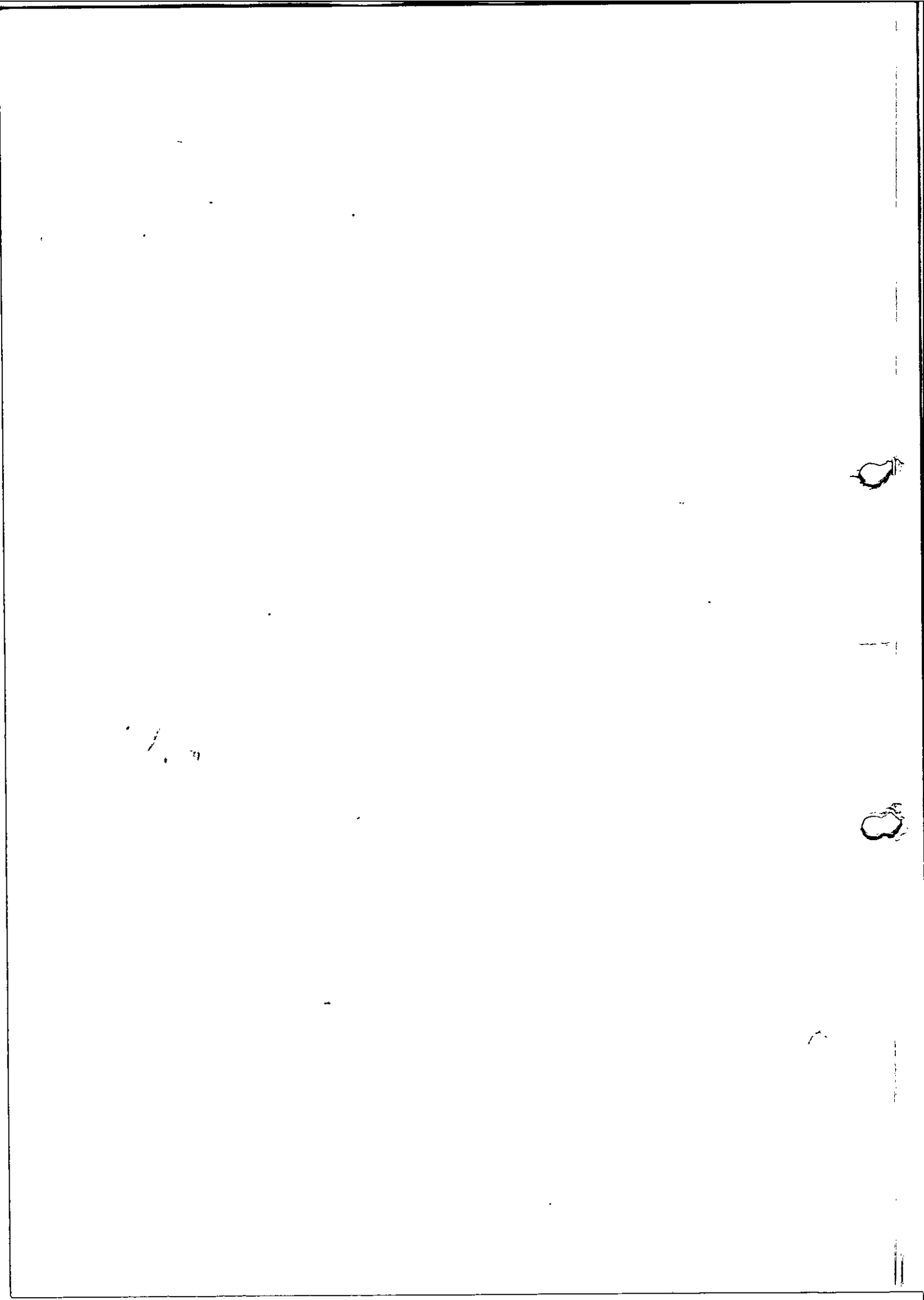
Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

Payment Mode : Cash

Payor Name : RELIANCE GENERAL INSURANCE COMPANY LTD



**ACTIV** HN-00015463 IP26-00006357 **ING**

Name: Master UHAAN JAIN  
21-09-2024 1 Y 7 M 25 D (M)  
Dr. PRITESH NAGAR



UHID No: \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept: *pediatrics*

Date of Admission: *16/5/26* Time: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: \_\_\_\_\_ Ward: \_\_\_\_\_ Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<i>16/5/26</i>	<i>4:20pm</i>	<i>ER</i>	<i>PICV</i>	<i>Bhargava</i>
<i>20/5/26</i>	<i>PICV</i>	<i>2nd floor</i>	<i>210 ROOM</i>	<i>Soni</i>
	<i>11am</i>	<i>PICV</i>	<i>2nd floor</i>	

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	<i>(physiotherapy)</i> <i>Gaige Sai lakshmi prasanna</i>	<i>18/5/26</i>	<i>0525</i>	<i>Gaige</i>
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INVESTIGATIONS

Date	Investigations	Order No.	
16/5/26	CBP	8266	
"	CRP		
"	VBG	8265	
"	flu panel	8266	
"	chest xray	6013	Kunjaya
"	Blood culture	8277	Sy
"	ultra sound chest	6012	Sy
16/5/26	PCT, LAT	08286	Sunitha
17/5/26	VBG	8298	Be
17/5/26	x-ray chest	6015	Be
17/5/26	Mycoplasma-IgM	8305	Sy
cross checked by Sunitha 17/5/26 at 11pm			
19/5/26	x-ray chest	6086	Be
20/5/26	CBP, PCT	08509	Be
<del>cross checked by Sonam on 20/5/26 at 11a</del>			
16/5/26	VBG	8526	P
cross checked by Sonam @ 10AM			





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
16/5/26	IV placement	01	0202 ✓	Bhargui
16/5/26	NHA	1	0253 ✓	Be
17/5/26	Nebulization	10 ✓	0292 ✓	Be
17/5/26	Nebulization	11 ✓	0350 ✓	Be
17/26	Nebulization	8	0386 ✓	Be
18/5/26	Nebulization	3	0423 ✓	Be
<i>cross checked by Sunita 17/5/26 at 11pm</i>				
18/5/26	physiotherapy	1	0525 ✓	Sonam
19/5/26	Nebulization	9 ✓	0576 ✓	Be
19/5/26	Physiotherapy	1	0634 ✓	Be
20/5/26	Nebulization	4 ✓	0836 ✓	Be
20/5/26	Nebulization	4 ✓	0837 ✓	Be
20/5/26	chest <i>cross checked by Sunam</i> physiotherapy	1	0934 ✓	Be
20/5	Nebulization	1	0895 ✓	Be
<b>ANY OTHER INFORMATION</b>				
17/5/26	Nebulization	1	20/644 ✓	Be
17/5/26	Nebulization	1	1088 ✓	Be
<i>Home food is allowed. cross checked by Sunita on 21/5/26 at 11pm</i>				
Syedaabiya Zaher				
Date :	Time :	Prepared By :		
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor	



*Levolin - 4th  
 3% NS - 6th*

## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
21/5/26	03.00	Levolin (5)	Sm	Neha
✓	04.00			
	05.00	3% NS (6)	Sm	Neha
	06.00			
	07.00	Levolin (7)	Sm	Neha
	08.00		7-(7) [20/044] (7) ✓	
	09.00			
	10.00			
	11.00	Levolin 3% NS -	<del>Sm</del>	(1088) ✓ Total (51)
	12.00			
	13.00			
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	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



Levolin 0.31mg - 4<sup>th</sup> hourly  
 Hyper neb - 6<sup>th</sup> hourly

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
02/05/26	00.00			
	01.00			
	02.00			
"	03.00	Levolin 0.31mg 2	0836 ③ ④ Sunitha	
	04.00			
"	05.00	Hyper neb 3		
	06.00			
"	07.00	Levolin 0.31mg 4		
	08.00			
	09.00			
	10.00			
"	11.00	Levolin 0.31mg + Hyperneb.	0845	
	12.00			
	13.00			
	14.00			
	15.00	Levolin ①	☞	Neha
	16.00			
	17.00	3/2 NS ②	☞	Neha
	18.00			
	19.00	Levolin ③	☞ Levolin	Neha
	20.00			
	21.00			
	22.00			
3	23.00	3/2 NS, Levolin ④	☞	Neha

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HNH-00015463 IP26-00006357  
 Master UHAAN JAIN  
 21-09-2024 1 Y 7 M 27 D (M)  
 Dr. PRITESH NAGAR

Levolin 0.31mg - 4<sup>th</sup> hourly  
 Hyperneb - 6<sup>th</sup> hourly

Rainbow<sup>®</sup>  
 Children's  
 Hospital  
 It takes a lot to treat the little.

BirthRight<sup>™</sup>  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
19/5/26	03.00	Levolin 0.31mg	0536 (3) Sunita	(19)
	04.00			
"	05.00	Hyper neb		
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"	07.00	Levolin 0.31mg		
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	09.00			
	10.00			
"	11.00	Levolin 0.31mg + Hyper neb	0837 (4) Sonam	
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	14.00			
"	15.00	Levolin 0.31mg 2		
	16.00			
	17.00	Hyperneb 3		
	18.00			
"	19.00	Levolin 0.31mg 4		
	20.00			
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	22.00			
"	23.00	Levolin 0.31mg + Hyperneb 5	0836 (5)	

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HNH-00015463 IP26-00006357  
 Master UHAAN JAIN  
 21-09-2024 1 Y 7 M 26 D (M)  
 Dr. PRITESH NAGAR

Neb Levolin 0.31mg 2<sup>th</sup> body  
 Neb Hyperneb 6<sup>th</sup> body



### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
18/5/26	00.00	Levolin 0.31mg 7	0386 ② Sunitha	
	01.00			
	02.00			
"	03.00	Levolin 0.31mg 8		
	04.00			
"	05.00	Hyperneb	0423 ③ Sunitha	
"	06.00	Levolin 0.31mg		
	07.00			
	08.00			
"	09.00	Levolin 0.31mg		
	10.00			
"	11.00	Hyperneb	0576 ⑥ Sunitha	
"	12.00	Levolin 0.31mg		
	13.00			
	14.00			
	15.00	Levolin 0.31mg		
	16.00			
	17.00	Hyperneb		
	18.00			
	19.00	Levolin 0.31mg		
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	23.00	Levolin 0.31mg + Hyperneb		

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11/11/11

HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 26 D (M)  
 Dr. PRITESH NAGAR



Levolin 0.31mg - 2<sup>nd</sup> hourly  
 Dpravent 1/2 cup 6<sup>th</sup> hourly  
 Hyper neb - 6<sup>th</sup> hourly

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

BirthRight™  
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 Your Right to a Safe Delivery

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
17/11/26	00.00	Levolin 0.31mg + Dpravent <sup>5</sup>		
"	01.00			
"	02.00	levolin 0.31mg <sup>6</sup>		
"	03.00	Hyper neb <sup>7</sup>	Sunitha	
"	04.00	levolin 0.31mg <sup>8</sup>	(6) ✓ (10) 0292	
"	05.00			
"	06.00	levolin 0.31mg + Dpravent <sup>9</sup>		
"	07.00			
"	08.00	levolin 0.31mg <sup>10</sup>		
"	09.00			
"	10.00	levolin 0.31mg <sup>1</sup>		
"	11.00	Hyper neb <sup>2</sup>	Sai Sree ✓	
"	12.00	Dpravent + levolin 0.31mg <sup>3</sup>	(4) 0350	
"	13.00			
"	14.00	levolin 0.31mg <sup>4</sup>		
"	15.00			
"	16.00	levolin 0.31mg <sup>1</sup>		
"	17.00	Hyper neb <sup>2</sup>		
"	18.00	levolin 0.31mg + Dpravent <sup>3</sup>	stop sonam	
"	19.00			
"	20.00	levolin 0.31mg <sup>4</sup>	(6)	
"	21.00		0386	
"	22.00	levolin 0.31mg <sup>5</sup>		
"	23.00	Hyper neb <sup>6</sup>		

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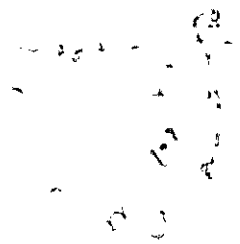
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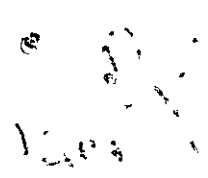
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HNH-00015463 IP26-00006357  
 Master LHAAN JAIN  
 21-09-2024 1 Y 7 M 26 D (M)  
 Dr. PRITESH NAGAR



Levolin 0.3mg - 2<sup>nd</sup> body  
 Dpravent Resp - 6<sup>th</sup> body  
 Hyperneub 3 LNS - 8<sup>th</sup> body

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

BirthRight<sup>™</sup>  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
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	17.00			
16/5/26	18.00	Dpravent + Levolin 1	Sunshra	
"	19.00	Hyperneub 2		
"	20.00	Levolin 0.3mg 3		
"	21.00			
"	22.00	Levolin 0.3mg 4		
	23.00			

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# Rainbow<sup>®</sup> Children's Hospital

## PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015463      IP26-00006357  
Master LIHAAN JAIN  
21-09-2024      1 Y 7 M 25 D      (M)  
Dr. PRITESH NAGAR



Patient Name : \_\_\_\_\_

Patient ID# : \_\_\_\_\_

Consultant : \_\_\_\_\_

Final Diagnosis : \_\_\_\_\_

HNH-00015463

IP26-00006357

Master UHAAN JAIN

21-09-2024

1 Y 7 M 25 D

(M)

Dr. PRITESH NAGAR



### tiorgan History & Physical Examination

Name : \_\_\_\_\_

Age/Sex \_\_\_\_\_

Informant \_\_\_\_\_

Mother

Reliability

good

#### Chief Presenting Complaints & Duration (Chronologically):

cold, cough x 3 days

fever x 1 day

fast breathing x 1 day (today morning)

#### History of present illness :

Child was apparently well 2 days back

illness started with cold, cough x 3 days.

fever x 1 day, (<sup>high</sup> ~~low~~ grade, undetermined. Received  
on oral paracetamol)

also fast breathing since today morning



Pediatric Multiorgan History & Physical Examination



Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 9.7kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 99.5 Pulse Rate: 160/min Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 90-92% @ RA at \_\_\_\_\_

Resp. rate and type of breathing : RR:- 50/min (Tachypnea)

Rash \_\_\_\_\_

Lymphadenopathy /

Oedema : \_\_\_\_\_

**Respiratory system :**

Inspection (any s/o distress) : Tachypnea (+), Subcostal retractions (+)

Air entry & breath sounds : TSLCAG (+), TSLC wheeze (+)

Any addes sounds : TSLC fine crackles (+)

Relevant data from outside (Chest X-Ray, ABG, etc..) (Rt > Lt)

**Cardiovasclular System :**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S<sub>1</sub>S<sub>2</sub> (+)

Any murmur : \_\_\_\_\_

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : Soft, NT

Ausculation : \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc..) \_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

HNH-00015463  
Master LIHAAN JAIN IP26-00006357  
21-09-2024 1 Y 7 M 25 D (M)  
Dr. PRITESH NAGAR

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

Motor System :

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_ **NAD**

Involuntary Movements : \_\_\_\_\_

Reflexes :

DTR

Superficials :

Plantars \_\_\_\_\_

Sensory System :

Bladder / Bowel : \_\_\_\_\_

Severe Pneumonia

Clinical Summary & Diagnostic :

*LITTE (TS-conchopneumonia)*

*When Associated Lower Respiratory Infection (WALRI)*

*with Respiratory Distress*

Pediatric Multiorgan History & Physical Examination

HNH-00015463 IP26-00006357  
Master LHAAN JAIN  
21-09-2024 1 Y 7 M 25 D (M)  
Dr. PRITESH NAGAR



Preventive aspects of the treatment :

Desired goals of the treatment :

**Planned Labs :**

CRP, CRP  
VDG

(for panel)

Chest X-ray (due)

RBS 116 mg/dl

noted by ~~Dr. Kulkarni~~  
date 16/5/26 @ 4pm

**Planned Management :**

- NGB o LGVOLEN (0.21mg)  
3 times with 20min gap  
NGB o IPRAVANT 250mg  
- O<sub>2</sub> o NP @ 2lt/min

- IV Antibiotic (after report)

- NGB o LGVOLEN (0.21mg)  
24

- NGB o IPRAVANT (250mg)

not by ~~Dr. Kulkarni~~  
date 16/5/26 at 4pm


**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

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

Doctor's Signature Name  Date \_\_\_\_\_ Time \_\_\_\_\_

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
16/05/26 9:20 AM	LRTI (Bronchopneumonia) D: NALRE with PD	
	Cold, cough x 3 days Fever x 1 day Fast breathing x 1 day (today morning)	
	O/G: Tachypnea ⊕ RR: 50/min SpO <sub>2</sub> : 99% @ NP @ 2 lit/min	
	S/G: RR: TACH ⊕, TLL wheeze ⊕	
		<p style="text-align: center;"><u>Adm</u></p> <p>- To start HENC @ flow - 15 lit/min FiO<sub>2</sub>: 30%</p>
5:20 PM		<p>- NCS ⊕ CLOVINE (0.31mg) 2H - NCS ⊕ IPRAVENT (250mcg) 8H</p>
	<u>Keep 2<sup>nd</sup> IV</u>	
	<u>Send Blood c/s</u> <u>Repeat VBG</u>	<p>- Monitor vitals (SpO<sub>2</sub>, RR) and Temp Sat - Trace blood reports Sachin</p>
	<p>Aminophylline @ 0.5mg/kg/hr if HR ↑ <u>stop</u></p>	<p>Dr. Pritesh Nagar Consultant Pediatrician &amp; Neonatologist Reg. No: 47184</p>
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/09/26 5pm	<p>Severe CxR D. Pentab S  <del>Pneumonia</del>            Wheeze <del>Associated</del> LRTI            Respiratory Distress</p>	<p><u>SICK</u>  <u>DISTRESS</u>  <u>PNEUMONIA</u></p>
Sick Distress	<p>Respiratory Distress ⊕            Sick looking ⊕            SCR ⊕, UR ⊕</p>	<p>Plan            1) MFNC ← 15kt                      30 → 35%</p>
Ceftriaxone Clindamycin	<p>Vital            HR - 152/hi            SpO<sub>2</sub> - 93%            RR - 50/min            PA - soft</p>	<p>2) Neb. C Levoflo. - Q2H            Ipratent - Q6H            Cx - Ceftriaxone            3) Add Clindamycin</p>
USG chest	<p>R. S - B/LAE ⊕ med            Wheeze ⊕            Retractions +</p>	<p>4) Start Amivophyllin - 0.5mg/kg            5) USG - chest            → VBS            Blood CFS } na</p>
⊕ ↓ air entry	<p>B/L wheeze +            HR 160/min            SpO<sub>2</sub> 95%</p>	<p>CxR B/L            Non homogenous            opacities  <u>R &gt; L</u></p>

Dr. Pritesh Nagari  
 Consultant Pediatrician & Neonatologist  
 Reg. No: 47184



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
16/5/26 5:15 PM	<u>Counselled</u>	(7 <sup>th</sup> ) Cough/Fever
	<u>Severe Pneumonia</u>	↓ 1 day <u>Contd</u> Never better
	Yesterday Early Rx point	Cough ↑ 15 <sup>th</sup> Fever New onset
	↓ Severe RD ↳ HFNC] → Support CXR ↳ Severe.	Medical shop Rx
	Blood Report Pending	Shop Person Gave Rx out any prescription
	① Fine	Fast Breathing Morning
	② 20-30% → <u>Deteriorate</u> worsen	↓ 1 PM To Doctor
	3-5 days	
	Min. Response Idea]	
	Sos Ventilation if more severe.	
		Mehar (Mother)



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
16/5/26 7:40 PM	c/s/by Dr. Pritesh N	
	Severe pneumonia in RD.	
	Respiratory distress (+) RR = 67/min - (+) HR = 177/min.	↓ Distress Not resp ↓ Give MgSO4 2nd dose
	Retract (+), ICR (+) SCR	Plan after 6 hours
	o/e	- HFNC ct
	B/LAC (+) Crupt (+) Lhese (↓)	- ct NEB, Keoxon Ipratrat 3% NS
	ventilation & - Intubate tray	- ct Antibiotic - stop Aminophyllin
	stand by	- (+) glu panel
		- Temp bulb
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	
	=> Strict o/e Monitoring	
	=> Extra sample	- Send <u>LF1</u> , Procalcitonin



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	→ stand by Ventilator - Infant	
	→ Intubate tray	
		ET - 4 / 4.5 / cuff <sup>inflated</sup>
		Blade - 1 / 2
	Ketamine	Suction Cath
	gentamyl	Ambu, face mask
		Bougie
		ET 10L
		OPA
		Tube- fixator
		Pl
7/15/26 8:15 PM	SIB Dr. Pritesh D Severe pneumonia CRP	Repeat Chest X-ray in the morning
	HR - 176/min	
	SpO <sub>2</sub> - 93-94% on HEM	Start Mechanical ventilation
	Tachypnea @ RR - 60/min	CT CLINDAMYCIN CEFTRIAXONE
	<u>flu-Neg</u>	
	<u>Ⓢ</u> Rapidly Progressive ↳ Cover MRSA → 'dirigolid'	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
8:20pm		
<u>16/5/26</u>	<u>Counselled</u>	
	Pneumonia - Severe	
	RR - 60-70	
	< 30/m (N)	
	Fever	
	HR Fast	
	HFNC - Breathing Supp.	
	3-5 day (Response) ✓	
	CXR / usg -	Pneumonia
	Tired	Ventilation] ✓
	RD ↑	
	O <sub>2</sub> ↓	
		<u>Dr Ariket</u>
		<u>(Signature)</u>

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



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	ds/by. <u>Dr. Anu</u>	
12 AM	Sweet pneumonia + RD	
	Repeat dirty + ↓	
	Activity. dull look	
	RR = 39/min	
	SpO <sub>2</sub> = 100% on HFNC	
	1 slit	
	(40%) → 35%	
	<del>vitals</del> RL Blk AC (+)	Ph
	wheez (+)	- ct HFNC.
	conductive sound (+)	- ct NCB
	AP	- (+) procalcitonin.
		LFT.
		- ct Antibiotic.
		- Tm VBS
		CXR
		=
		- hfnc so
		noted by Sunitha



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>12/5</del> 2 AM	c/s/by <u>Dr. Anush</u> Severe Pneumonia RD	
	HR = 150/min RR = 37/min.	<u>Plan</u>
	SpO <sub>2</sub> = 96% on HFNC 15lit BkAG (+) flow 40% Wheez (+)	ct same Mx
<del>12/5</del> 3:30 AM	c/s/by <u>Dr. Anush</u> Severe Pneumonia RD	
	HR = 158/min RR = 46/min (increas), distress ↑ comparatively. Temp = 99 F → Rectal aft 30min / 60min SpO <sub>2</sub> = 90-93% on HFNC flow 15lit 40% FiO <sub>2</sub> → 45% (Aft nasal suct if still SpO <sub>2</sub> < 90%)	
	Wheez (+)	↓
	- Give <u>swal NEB</u> <u>Now</u>	- Give mgson tj addax (1ml + 19ml NS) ovr 30min.
		↓ Reass <u>plan</u> e 4 Am. ⇒ <u>RR/SpO<sub>2</sub></u>
	- ct NEB. <u>AP</u>	noted by <u>Sunith</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/11/24 7:55 AM	SIB Dr. Sreyas D Severe Pneumonia	EKG Plog
	HR - 132/min SpO <sub>2</sub> - 100% on HFNC	VBlc, Chest X-ray was - CE CEFTRIAXONE LINEZOLID
	RR - 32/min CV - S <sub>1</sub> L <sub>1</sub> ⊕ M - 3L - ALE ⊕	Monitor RR, SpO <sub>2</sub>
	Bic - wheeze ⊕ conducted sound ⊕	HFNC - Flow - 15L/min Fio <sub>2</sub> - 40-31%
	PLA 70g containing	- Taper Fio <sub>2</sub> to 30% if maintaining saturation
	15/11/24	Noted by Sreyas
		- Neb = levofloxacin 2ml E / prevent ⊕ L



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/9	C/S/BS Dr. Aniket	
10:00 AM	Severe pneumonia Ⓢ RD	
	on HFNC - flow - 15 l/min FiO <sub>2</sub> - 35%	plan
	Vitals - HR - 118	- Trace Adeno ✓
	RR - 36	
	SpO <sub>2</sub> - 91-94%	- Allow orally
	R/L - B/LAE ⊕	- Cont cephalosporin
	B/L wheeze ⊕	- Zinj-clindamycin
	P/A - soft, NT	- stop Zj tinidazole
	USG chest - Consolidation ⊕	- send Mycoplasma IgM
		- stop Ipratent after 24 hours
		Dr. Aniket
		Noted by Sai Sre



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/5/26 10:30 AM	Counselling note	
	Pneumonia with Respiratory distress.	
	on HHH POC support.	
	Intermittent fever persist.	
	Breathing difficulty slightly reduced.	
	Chest congestion persists.	
	Plex Panel & negative. Adenovirus Pct awaited.	
	Chest X-ray same.	
	Plan to continue HHH POC, 8-12 antibiotics, 2nd hourly nebulisations.	
	Risk of worsening pneumonia & breathing difficulty spanned.	
	May need 3-5 days of POC stay. atleast	
	D. Aniket?	
		Goutam Jain (Grand Father)

HNH-00015463  
 Master LHAAN JAIN IP26-00006357  
 21-09-2024 1 Y 7 M 26 D (M)  
 Dr. PRITESH NAGAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5 11:00pm.	<p>CLSIS Dr. Naipunya</p> <hr/> <p>on HHFNC.</p> <p>Flow - 15L/min. FiO<sub>2</sub> - 35%.</p> <p>Vitals - HR - 128bpm  RR - 31CPM  SpO<sub>2</sub> - 93-95%.</p> <p>R/S - BIL AE (+)  BIL wheeze (+)  Caudated sounds (+)</p> <p>P/A - Soft, NT  oral intake - Poor.</p>	<p>Plan</p> <hr/> <p>- Cont HFNC</p> <p>- Cont. Ceftriaxone  Clindamycin</p> <p>- Cont Neb Levoflox  Zpravent  3x NS</p> <p>- Trace mycoplasma</p> <p>- Monitor RR, SpO<sub>2</sub></p>
		<p>Noted by Sonam (Ref)</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
17/5 11:00pm.	<p>CLIB Dr. Naipya / Dr. Vora.</p> <p>on HHHFNC.</p> <p>Flow - 15L/min.</p> <p>Fio<sub>2</sub> - 25%</p> <p>Vitals - <math>\left\{ \begin{array}{l} \text{HR} - 142 \\ \text{RR} - 32/\text{min} \\ \text{SpO}_2 - 94\% \end{array} \right.</math></p> <p>RLs - B/L ACP</p> <p>B/L crepts ⊕ B/L wheeze ↓↓.</p> <p>B/L Coardated sounds.</p> <p>PIA - soft, NT</p>	<p>Plan</p> <p>= cont HFNC.</p> <p>Taper flow 2L/12<sup>th</sup> hourly if maintaining.</p> <p>- Cont Ceftriaxone</p> <p>Clindamycin.</p> <p>- Cont Neb levelin.</p> <p>3% NS</p> <p>- ⊕ Myeloplasma.</p> <p>- Monitor RR, SpO<sub>2</sub></p>
		<p>Noted by <u>Sunitha</u></p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 7:00 AM.	<p><u>CLSI/3 Dr. Naipunya / Dr. Varun</u></p> <p>Severe pneumonia. E RD.</p> <p>On HFNC Flow - 15/L FiO<sub>2</sub> - 25%.</p> <p>fever spike (+)</p>	<p><u>Plan</u></p>
	<p>oral intake - poor.</p> <p>Vitals - HR - 138.          RR - 32 (poor)          SpO<sub>2</sub> - 94%.</p> <p>R/S - B/L A/C (+)          B/L wheeze (+)          B/L crepts (+)</p> <p>P/A - soft, NT.</p>	<p>- Cont HFNC</p> <p>- cont. ceftriaxone          (Wardomylin)</p> <p>- cont Neb c levoflox 0.3H          Neb c 3% NS 0.6H</p> <p>- (+) Mycoplasma</p> <p>- Monitor RR, SpO<sub>2</sub></p>
		<p><u>Noted by Sunitha</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cls/b Dr. Pritesh</u>	
18/5		
7 AM	Severe pneumonia EMO.	
	- on HFNC flow	15
		25%.
	- oral intake - poor	Next prick CBP, Procalcitonin
	- activity - good.	
	PE - HR - 140/min	Plan - LVEF to watch
	RR - 34/min	MCR
	SpO <sub>2</sub> - 94% on HFNC	- EHFNC
	PE R/S - B/L Airway	30%.
	RUL, B/L	- cont. Ceftriaxone
	wheezing (+)	Uindangyan.
	B/L creps (+)	- Neb. Luclim 23H
		3% NS @ 4H.
		- Trace Mycoplasma.
		- Send COP, CAP
		line change / next price.
		- chest physiotherapy.
		(NIC)
		- encourage orally.
		See soon

RUL  
↓ ↓ ME  
Creps +

Chest Physio

Repeat  
 chest x-ray  
 by T/M

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

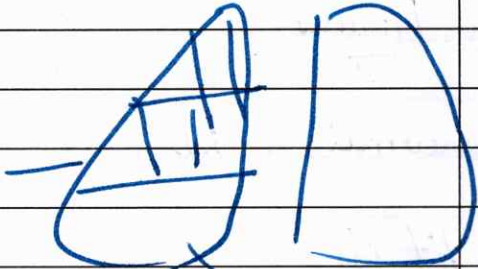
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9 AM <u>18/5/26</u>	<u>Counselled</u>	
3-5 day, RD	4ohm → Fever ↓↓ - Low RD Better Activity - Better	(+)ve
10-14 day, Cough	Cough → O <sub>2</sub> Req. same Chest Congestion same	→ 10-15 day
2-4 week CXR	CXR → Sunday, <u>No Increase</u>	
4-6 week	Oral Intake ↑↑ Try to IVF stop	Food / Liquids
wait & watch	R Ncb Antib - ] continue ✓	
CXR	HFNC O <sub>2</sub> RD - Normal	Near Normal - <u>ICU Needed</u>
Repeat T/m	<u>Needed</u> To see worsening	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 28 D (M)  
 Dr. PRITESH NAGAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	$\frac{2}{3}$ 	
	<u>Pneumonia</u> $\frac{1}{3}$	
	✓ Complications - Necrosis - Empyema ✓ <u>Monitor</u> ✓	
	<del>Subcutaneous</del>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	d/s/by Dr Anuha	
2:30pm	Sweet pneumonia ERD.	
	on HFNC 10 → 8 lit flow.	
	30% FiO <sub>2</sub> .	
	⇒ Baby active.	
	No distress.	
	HR = 118/min	Plan
	RR = 33/min	ce HFNC
	No retractions.	↓
		tapu flow - plan
	(R/S) Blk AE (+)	- Enhance oral
	conductive sounds (+)	- ce 1/2 M IV fluid
	Crep (+) (R)	- ce Antibiotic. <sup>stop</sup>
		- ce NIB
	⇒ plan to tape r/h	Chest physiotherapy (offensive)
	in. Every	(pending)
		- Monit RR, SpO <sub>2</sub>
	Al	- Next pict CBP, PCT
		- Trm <u>EXR</u>
		- Sai Suresh



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
18/5/26 4:55 PM	SIB Dr. Pritesh A Severe Pneumonia ERD.	
	HR	Plan
	SpO <sub>2</sub> - 94%	-
	on Heme	- ct Heme - Flow - 8L/min
	PR - 36/min	FiO <sub>2</sub> - 30%
	4 of rest	- Neb E (evolv) 4 <sup>th</sup> h
	CV - S, S, S, S	- 3x M 6 <sup>th</sup> h
	R - BIC - A (A)	
	BIC - conducted	- Monitor RR, SpO <sub>2</sub>
	Sound, ⊕	
	PIA 500	- CE CEFTRIAXONE
	CANCORAL	CLINDAMYCIN
	Tochypnea ⊕	- Next pack
		- CBR, Procalcitonin
		- Repeat Chest X-ray
		Tomorrow morning
		- Encourage orally
		- Taper Flow from
		morning 6 AM.
	<p>Dr. Pritesh Nagar            Consultant Pediatrician &amp; Intensivist            Reg. No: 47184</p>	<p>(Signature)</p>

Noted by Sonam

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5pm	Counselled	
18/5/26	Stable	
	HFNC → Flow Reduce	
	↓	
	T/M → Reduce	
	↓	
	Mci → Normal O <sub>2</sub>	
	CXR T/M	

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/26	c/o Dr. Sainath	
12 AM	Di. Severe pneumonia c/o RD	
	O <sub>2</sub> HRNC flow - 8 ltr/min FiO <sub>2</sub> 30%	
	O/G - vitals HR 120/min RR: 28/min SpO <sub>2</sub> 98% @ HRNC Temp: Afebrile	
	S/G - PNI: TSCA @, conducted	
	Sound @	
		<p style="text-align: center;"><u>Actu</u></p> <ul style="list-style-type: none"> <li>- Contn HRNC</li> <li>- IV Antibiotics</li> <li>- Nebulization</li> <li>- Monitor vitals and Temp</li> </ul>
		Sainath

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/G. Dr. Sankh	
19/09/26		
8 AM	Δ:- <del>24</del> Severe pneumonia with RU	
	Acheile	
	On HFNC flow - 8 ltr/min	
	FiO <sub>2</sub> - 30%	
Issues	Desaturation (SpO <sub>2</sub> < 92%) on reducing flow to 6 ltr/min	
	O/S: Bilirubin (98.5%)	
	HR <sub>2</sub> - 113/min	
	RR <sub>2</sub> - 28/min	
	SpO <sub>2</sub> - 95% @ HFNC @ flow - 8	
		FiO <sub>2</sub> - 30%
	S/G: R/S: TSCAG ⊕	Candaubel
	Socula ⊕	Ache
	Apt ⊕	Conti HFNC @ flow - 8 ltr/min
		FiO <sub>2</sub> - 30%
	(Taj Ceftriaxone	→ IV Antibiotics
	Taj Clindamycin	- CRP, procalcitonin
		next week
		- Methylcobalamin
		(Levodopa 44)
		37. N/S 64)
		- Monitor vitals and
		Inform S/S
		Sankh

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/09/26 9AM	<p>C/SIS - Dr. Patel</p> <p>S: Severe pneumonia with RD.</p> <p>Afebrile</p> <p>On HFNC flow - 8 ltr/min FiO2: 30%</p>	
	<p>O/E: Sleeping comfortably</p> <p>HR: 118/min</p> <p>RR: 25/min</p> <p>SpO2: 97% @ HFNC flow 8 FiO2: 30%</p>	
	<p>S/C: 125: <del>TR</del> Air entry (RT &lt; LT)</p> <p>Not sided Dept. <u>Adm</u></p> <p>- plan to taper flow in morning</p>	
	<p>Bedside usg chest</p> <p>- multiple B lines and <del>not</del> A/Bronchograms</p> <p>Posterior, and axillary region</p> <p>no s/o effusion / collection noted.</p>	<p>- IV Antibiotics (Trj Ceftriaxone Trj Clindamycin)</p> <p>- Medication (Levofloxacin 900 3x daily 6hr)</p> <p>- Wean off HFNC</p> <p>- CBP, PCT - next pnts</p> <p>- Chest physiotherapy</p>
	<p>(R) - Lateral Posterior</p>	<p><u>Mw</u></p>

Dr. Pritesh Nagar  
 Consultant Pediatrician & Neonatologist  
 Reg. No. 27184



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:15 AM		
19/9/26	<u>Counselled</u>	
	Stable / No Fever	
50% - Reduce &	HFNC - Reduce ↓ If ok	Reduce - Try Normal O <sub>2</sub> switch
	CXR - More or less similar	
	✓ No worsening	
	✓ USG - Recheck → No effusion	
	Fever stop & ] → watch	
	Antb continue	
	HFNC - off O <sub>2</sub> - Maintain ]	Shift Plan
	4-6 hr	

(M)

~~Neha~~  
Crotches

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

HNH-00015483 IP26-00006357  
 Master UHAAN JAIN  
 21-09-2024 1 Y 7 M 27 D (M)  
 Dr. PRITESH NAGAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/25	S/O Dr. Prabhakar	
1:30 PM	<p>△ Severe Pneumonia - RD</p> <p>Baby stable.</p> <p>no fever.</p> <p>no tachypnea. Distress</p> <p>on 4L flow HFNLC.</p> <p>30% FiO<sub>2</sub></p>	
	<p>Paired urine.</p>	<p>Adv.</p>
	<p>o/c HR 162/min</p>	
	<p>RR 26/min</p>	<p>Change to NP 2L/cm</p>
	<p>SpO<sub>2</sub> 95% on HFNLC</p>	<p>4 Months for RD.</p>
	<p>Rx: BAC equal</p>	
	<p><del>no</del> wheeze +</p>	<p>CT. by ceftazoxime</p>
	<p>crackles</p>	<p>needed</p>
	<p>PA</p>	<p>Chondrolysis</p>
		<p>Neb. budesonide &amp; salbutamol</p>
		<p>w/ RD</p>
		<p>Noted by Sumittha</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/20	ds/B re. shammi	
3pm	Severe pneumonia c RD	
	- on NP & ulmia	
	- no fever	
	- no tachypnea	
	- oral intake good	
	o/c	
	HR: 114 bpm	Plan
	RR: 32 bpm	
	SpO <sub>2</sub> : 100%	1) ct. NP
	Ls: RPE ⊕	2) ct. ceftriaxone
	↓ wheeze	linolid
	Lus: S <sub>2</sub> ⊕	3) ct. levulin @ 4 <sup>th</sup> h.
	no murmur	4) monitor vitals
		5) [BP] next pick PCT
		6) chest physiotherapy

Noted by Sonam



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
19/5/24	SIB Dr. Pritesh	
<del>4:45 PM</del>	D Severe Pneumonia T-RD	
	SpO <sub>2</sub> - 99% on O <sub>2</sub> by NP 0.4 L/min	Plan
	An - 104/min	- CBP, Procalcitonin + Next pack / Tomorrow
	W - 54.5 @	- Stop CLINDAMYCLIN
	R - 26 - ACE @	- Start CLARTROLID Syrup
	w/ large ↓ conducted sound @	- ct Neb - level 4 & 1/2
	Sleeping	Plan to.
		- Shake but tomorrow morning
	(An)	Noted by Sonam

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






## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 9 pm	<p><u>US/B</u> Dr Pranshu / Dr. Alchhaya</p> <p><u>Simple Pneumonia</u> - R.D</p>	
	<p>On Low flow O<sub>2</sub> - 1lit</p> <p>No fever</p> <p>No RD</p>	<p>Plan</p> <p>1) O<sub>2</sub> &amp; NP</p> <p>Plan to wear</p>
	<p>Vital: HR - 140/min</p> <p>SpO<sub>2</sub> - 97%</p> <p>RR - 30/min</p>	<p>2) Rx Ceftriaxone</p> <p>Syp Linezolid</p>
	<p>R-S - BIVAE @, fine crackles @</p> <p>Cardiac Sounds @</p>	<p>3) Neb &amp; Zovirax - Q4h</p> <p>4) CBP 7 T/m 6Am</p> <p>PCT 7 or Next pinch</p>
	<p>PLA - soft</p>	<p>5) Shift out - T/m</p>
	<p>oral intake - fair</p>	<p>6) Mouth Vitals</p>
		<p>Noted by Vaidhy</p> <p>Pranshu</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/9 3 Am	CS/B Dr. Banwar <u>Severe Pneumonia C RD</u>	
	on O-Sat O <sub>2</sub> no RD	PR
	child asleep R'S - B/LP @ Cxpt @ P/A - soft	1) Ct - O <sub>2</sub> 2) Ct - ceftriaxone linezolid
	Vital : RR - 48/min SpO <sub>2</sub> - 97% RR - 22/min	3) CRP } PET } c 6 hrs
		4) Ct - rest
		5) Monitor Vital
		
		Noted by Sumit



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/9 7 AM	<p><u>CB/Ds</u> D. Prasad / D. Akshaya</p>	
	<p><u>Serde Pneumonia</u> c RD</p>	
	<p>Trial off O<sub>2</sub> No RD</p>	<p>Plr 1) off O<sub>2</sub></p>
	<p>Child crying - Vital: RR - 122/min SpO<sub>2</sub> - 97% RR - 26/min</p>	<p>2) Drg Ceftriaxone Syp linezolid 3) Neb c levoflox - Q4h 4) Serd CBP } Now PCT }</p>
	<p>R-E-B/LAB @ Conducted sound PIA - Soft</p>	<p>5) Monitor vital 6) chest Physio 7) Shift out</p>
		<p>Noted by Sanitha</p>

HNH-00015463

IP26-00006357

Master LIHAAN JAIN

21-09-2024

1 Y 7 M 28 D

(M)

Dr. PRITESH NAGAR



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	c/c/r - Dr. Pritesh	
9 am	Case of Pneumonia	
	NO.	Continue on
		Ox. Orlin
	O/e - Vitals stable	
		Chest physiotherapy
	① -	Continue on
	Arterial good.	Ceftriaxone &
	Creact ↓↓	Linezolid.
	End expiratory wheeze @	
	occasional.	Remove previous tube
		Attempt to stop O <sub>2</sub>
		by tomorrow morning
		Trace Procalcitonin.
		②
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

HNH-00015463 IP26-00006357  
 Master LJHAAN JAIN  
 21-09-2024 1 Y 7 M 29 D (M)  
 Dr. PRITESH NAGAR



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>23</del>		
20/05/26	<u>Counselled</u>	
9AM	Stable	
	O <sub>2</sub> Req (+) ✓	Boderline
	HFNC → off	→ Shift Room ✓
<u>No VISITORS</u>	Antb → Syr	
	→ Ig Continue ] ✓	
	Blood Report	
		↳ Recheck
		→ Pending

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	<u>MRB Dr. Prashant</u>	
3pm	Severe pneumonia	C RD
	- no fever	
	- no tachypnea	
	- SpO <sub>2</sub> : 12:30pm	
	↳ maintaining well	
	<u>OLE</u>	
	HR : 120 bpm	
	RR : 32 bpm	
	SpO <sub>2</sub> : 97% cKA	<u>Plan</u>
	<u>RS</u> : RPE (+)	1) IV ceftriaxone
	clear	linezolid
		2) chest physiotherapy
		3) IV nebulizations.
		4) monitor vitals.

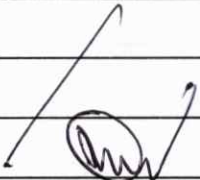


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5	C/S/B Dr. Priteesh	
5:00 PM	Severe pneumonia T RD	
	No fever.	<u>Plan</u>
	Vitals - stable.	- Cont ceftriaxone
	R/C - BIL AE ⊕	Linezolid
	BIL crepts ⊕	- Chest physiotherapy
	PIA - Soft, NT	- Cont levofloxacin 500mg
		3% NS Q 6H
		- monitor RR, SpO <sub>2</sub>
		N/B of work

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

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
21/5/16 7:20 AM	S/O Dr. Sanyal Δ severe Pneumonia TMD	Plan
	Afebrile Vital stable	- Discharge fog
	Cv - S, S, S Pr - Blc - A/P	- Encourage oral
	PIA - so a	- ct chest physiotherapy
	conscious K 13-ly	
21/5/16 8:40 AM	S/O Dr. Prakash Δ Severe Pneumonia PLG TMD	
	Afebrile	- Linezolid - till 26/5/16
	Vital stable	- ct chest physiotherapy
	Cv - S, S, S	
	Pr - Blc - A/P	- Stop on Saturday
	PIA - so a	- 2 weeks later - Chest
<p>Dr. Pritesh Nagar Consultant Pediatrician &amp; Intensivist Reg. No: 47184</p> 		<p>30/5/16 X-g - DULCOLEX - Sy supp - stat</p>



# CROSS CONSULTATION FORM

Doctor Name: Dr. G. Sai Lakshmi Prasanna. Date: 20/5/26 Time: 5:30 PM

Diagnosis: Severe pneumonia r RD

Hospital: RCH Himayathnagar

Referred for:  Opinion  Co-Management  Transfer of care

Type of Referral :  
 Emergency  
 Urgent  
 Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

## Findings and Recommendations :

c/o severe pneumonia.  
Rx → chest physiotherapy  
→ positioning

## Consultant :

Name: Dr. G. Sai Lakshmi Prasanna Signature: Prasanna Date & Time: 20/5/26

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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HNH-00015463 IP26-00006357  
Master UHAAN JAIN  
21-09-2024 1 Y 7 M 27 D (M)  
Dr. PRITESH NAGAR



# CROSS CONSULTATION FORM

Doctor Name : Dr. G. Sai Lakshmi Date : 19/5/26 Time : 11:30 AM  
Prasanna WALRI

Diagnosis : .....

Hospital : RCH (Himayathnagar)

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

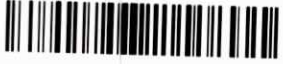
**Findings and Recommendations :**

C/O WALRI ± Bronchopneumonia  
Re -> chest physio given and explained to mother.  
-> every 4 hrs chest physio after Nebulisation & also in betw  
-> positioning.

**Consultant :**

Name : G. Sai Lakshmi Signature : Prasanna Date & Time : 19/5/26 11:55 AM  
Prasanna

HNH-00015463 IP26-00006357  
Master UHAAN JAIN  
21-09-2024 1 Y 7 M 26 D (M)  
Dr. PRITESH NAGAR



# CROSS CONSULTATION FORM

Doctor Name : Dr. G. Sai Lakshmi Prasanna Date : ..... Time : 4:20 PM

Diagnosis : WALRI

Hospital : RCH Himayathnagar

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

C/O WALRI = pneumonia  
Cx → chest physio given and explained to mother  
→ positioning.

**Consultant :**

Name : Dr. G. Sai Lakshmi Prasanna Signature : Prasanna Date & Time : 18/5/26 4:46 PM

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HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 25 D (M)  
 Dr. PRITESH NAGAR



## DRUG CHART

Date of Admission: 16/5/26 Drug Allergies: None  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.

9.7kg

### SOS / PRN (As Required Medication)

DRUG : <u>SYP. CROLIN DS</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>3ml</u>	<u>PO</u>	<u>SOS/6H</u>	<u>16/05</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>@</u>	
Additional Instructions:				
<u>(5ml/240mg)</u>				
DRUG : <u>NASOCLEAR SOLG</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>2 drops</u>	<u>Nasal</u>	<u>SOS</u>	<u>16/05</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>@</u>	
Additional Instructions:				
<u>2 drops in each nostril</u>				
DRUG : <u>IBU ESIC SYP</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>5ml</u>	<u>PO</u>	<u>SOS</u>	<u>16/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>@</u>	
Additional Instructions:				
<u>(100mg/5ml)</u>				

Verified by Dr. Dhakshayani



REGULAR PRESCRIPTIONS

Weight 9.7 kg Ward .....

<b>DRUG : NCS 6 LGVOLCEN</b>				Date Time
Dose <u>0.31mg</u>	Route <u>NCS</u>	Frequency <u>2H</u>	Start Date <u>16/05</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sankh</u>				<p><i>Changed</i> <i>See the chart</i></p> <p><b>CHANGED</b></p>
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

<b>DRUG : NCS 5 IPRAVENT</b>				Date Time
Dose <u>250mcg</u>	Route <u>NCS</u>	Frequency <u>6H</u>	Start Date <u>16/05</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sankh</u>				<p><i>STOP</i> <i>See the chart</i></p> <p><b>STOP</b></p>
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

<b>DRUG : NCS 5 HYPERNETS</b>				Date Time
Dose <u>1 capsule</u>	Route <u>NCS</u>	Frequency <u>8H</u>	Start Date <u>16/05</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sankh</u>				<p><i>STOP</i> <i>See the chart</i></p> <p><b>STOP</b></p>
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

<b>DRUG : INS. CGFTAZAXONG</b>				Date Time
Dose <u>1gm</u>	Route <u>IV</u>	Frequency <u>OD</u>	Start Date <u>16/05</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sankh</u>				<p><i>16/5 17/5 18/5 19/5 20/5 21/5</i></p> <p><i>STOP</i> <i>See the chart</i></p> <p><b>STOP</b></p>
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

verified by  
Dr. Dhakshayani



Sheet No: ..... REGULAR PRESCRIPTIONS Weight 7.7kg Ward .....

**DRUG:** INT. CLINDAMYCIN Date/Time 16/5

Dose	Route	Frequency	Start Dt.
<u>75mg</u>	<u>IV</u>	<u>TID</u>	<u>16/05</u>

Name & Signature of the Doctor Starting the Drugs:  
Sachanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**STOP**

**DRUG:** PROSINDS syp Date/Time 16/5

Dose	Route	Frequency	Start Dt.
<u>5ml</u>	<u>PO</u>	<u>Q6hly</u>	<u>16/5</u>

Name & Signature of the Doctor Starting the Drugs:  
AJ

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**STOP**

**DRUG:** LI LINEZOLID Date/Time 16/5

Dose	Route	Frequency	Start Dt.
<u>100mg</u>	<u>IV</u>	<u>TID</u>	<u>16/5</u>

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**STOP**

**DRUG:** 8mg Clindamycin Date/Time

Dose	Route	Frequency	Start Dt.
<u>100mg</u>	<u>IV</u>	<u>TID</u>	<u>17/5</u>

Name & Signature of the Doctor Starting the Drugs:  
Deef

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**CHANGED**

Verified by Dr. Dhakshayani



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

**DRUG:** *3mg CLINDAMYCIN* Date/Time: *17/5 6AM @ 8AM @ 10AM @ 12PM @ 2PM @ 4PM @ 6PM @ 8PM @ 10PM @ 12M @ 2M @ 4M @ 6M @ 8M @ 10M @ 12N*

Dose: *75mg* Route: *IV* Frequency: *TID* Start Dt.: *17/5*

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *(1ml = 150mg) 0.5ml in 20ml NS over 10min.*

Daily Doctor's Endorsement by a Sign: *[Signature]*

*STOP 19/5*

**DRUG:** *Neb C 3% NS* Date/Time: .....

Dose: *10 drops* Route: *Neb* Frequency: *Q6H* Start Dt.: *17/5*

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *see the chart*

Daily Doctor's Endorsement by a Sign: .....

**DRUG:** *Neb levolin* Date/Time: .....

Dose: *0.3mg* Route: *Neb* Frequency: *Q3H* Start Dt.: *18/5*

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *see the chart*

Daily Doctor's Endorsement by a Sign: .....

*CHANGED 18/5*

**DRUG:** *Naso clear nasal* Date/Time: *18/5 11AM @ 12PM @ 1PM @ 2PM @ 3PM @ 4PM @ 5PM @ 6PM @ 7PM @ 8PM @ 9PM @ 10PM @ 11PM @ 12M @ 1AM @ 2AM @ 3AM @ 4AM @ 5AM @ 6AM @ 7AM @ 8AM @ 9AM @ 10AM @ 11AM @ 12M @ 1PM @ 2PM @ 3PM @ 4PM @ 5PM @ 6PM @ 7PM @ 8PM @ 9PM @ 10PM @ 11PM @ 12N*

Dose: *2* Route: *N&B* Frequency: *Q4H* Start Dt.: *18/5*

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: .....

Daily Doctor's Endorsement by a Sign: *[Signature]*

Verified by Dr. Dhakshayani

HNH-00015463 IP26-00006357  
 Master UHAAN JAIN  
 21-09-2024 1 Y 7 M 27 D (M)  
 Dr. PRITESH NAGAR



**REGULAR PRESCRIPTIONS**

Sheet No: .....

Weight 9.7kg Ward .....

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

<b>DRUG :</b> Neb $\bar{c}$ Levalin				Date Time
Dose	Route	Frequency	Start Dt.	
0.3kg	Neb	4 <sup>th</sup> L	18/5	
Name & Signature of the Doctor Starting the Drugs: B. Singh				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

See the chart.

<b>DRUG :</b> Symp. LINEZOLID				Date Time
Dose	Route	Frequency	Start Dt.	
5ml	oral	TID	19/5	
Name & Signature of the Doctor Starting the Drugs: B. Singh				
Additional Instructions: LINEZOLID (5ml/100mg)				
<b>Daily Doctor's Endorsement by a Sign</b>				

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

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

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

Signature  
VERIFIED BY : Name

HNH-00015463  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 25 D (M)  
 Dr. PRITESH NAGAR

IP26-00006357

Weight 9.1kg Ward .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/05	2:45 PM	NER i LEVOLIN	0.31mg	NER	Sankhath	<del>Signature</del>
		(3 times a day)	20min gap.			
	3:30 PM	NER i IPRAVENT	250mg	NER	Sankhath	<del>Signature</del>
	3:40 PM	INJ. MAGSO4 (MAGNESIUM SULPHATE)	(500mg + 19ml NS) over 30min	IV	Sankhath	<del>Signature</del>
16/5	3:30 AM	9.5. Magnesium Sulphate	1ml + 19ml NS over 30min	IV	n	Sankhath (SR)
21/5	8:45 PM	DUCOLAX Suppository	5mg	PR	n	<del>Signature</del>

VERIFIED BY: Name Signature

Dr. Dhakshayani

I.V. FLUIDS CHART

Weight. 9.2kg Ward. ....

		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
<u>16/05</u>	<u>3 PM</u>	IVF - PLASMA-LYTE	IV	20	<i>[Signature]</i>				
		(400ml + 100ml 25 Dextrose)							
<del>16/5</del>	<del>5:30pm</del>	<del>Inj AMINOPHYLLINE (0.5mg/kg/h) (1ml = 25mg) ml in 50ml D5 ⇒ 1ml = 0.5mg</del>							
16/5		Inj AMINOPHYLLINE (1ml = 250mg = 10ml) (0.5mg/kg/h)	IV	1 ml/h	P. Prm	<i>[Signature]</i> <i>[Signature]</i>	16/5	AJ	Sai Sree Sreetha
		(10ml + 40ml D.W) 50 ml = 250 mg (1ml = 5 mg)							
16/5		IV plasma + Dextrose (2/3 M)	iv	30ml/h	AJ	<i>[Signature]</i> <i>[Signature]</i>	18/5	P.	Sujatha Sai Sree
18/5		IVF Plasma-Lyte	IV	20ml/h	<i>[Signature]</i>	Sai Sree <i>[Signature]</i>	18/5	P	Sujatha Sai Sree

Signature

VERIFIED BY: Name

HNH-00015463 IP26-00006357  
 Master LJHAAN JAIN  
 21-09-2024 1 Y 7 M 25 D (M)  
 Dr. PRITESH NAGAR



## MEDICATION RECONCILIATION FORM

Drug Allergies: None  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: PICU

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sushanth

Date & Time: 16/12/26 @ 2:50pm

Nurse Name & Signature: Bhargavi

Date & Time: 16/12/26 @ 2:55pm

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

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### RESULT SHEET

Date	16/5/26	<del>12/5</del>	20/5		
Time	3:42pm		7:30 AM		
Hb	10.3		10		
PCV	30.6		30.6		
RBC	5.05		4.99		
WBC	8.52		8.14		
N/L	72.8/20.6		17/60		
Platelets	554		5.51		
CRP	17.0				
ESR					
PCT	0.207				
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	345				
SGPT	11				
SGOT	38				
T.Bill/Conj	0.65/0.2				
T.Protein	8.1				
S.Albumin	4.9				
S.Globulin	3.2				
A/G Ratio	1.5				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

910

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
flu panel		negative				
mycoplasma Bgm		negative				

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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

HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN 1 Y 7 M 29 D (M)  
 21-09-2024  
 Dr. PRITESH NAGAR

1-5  
**SCHOOL AGE (5-12 years)**  
 Children's Observation &  
 Early Warning Scoring Chart

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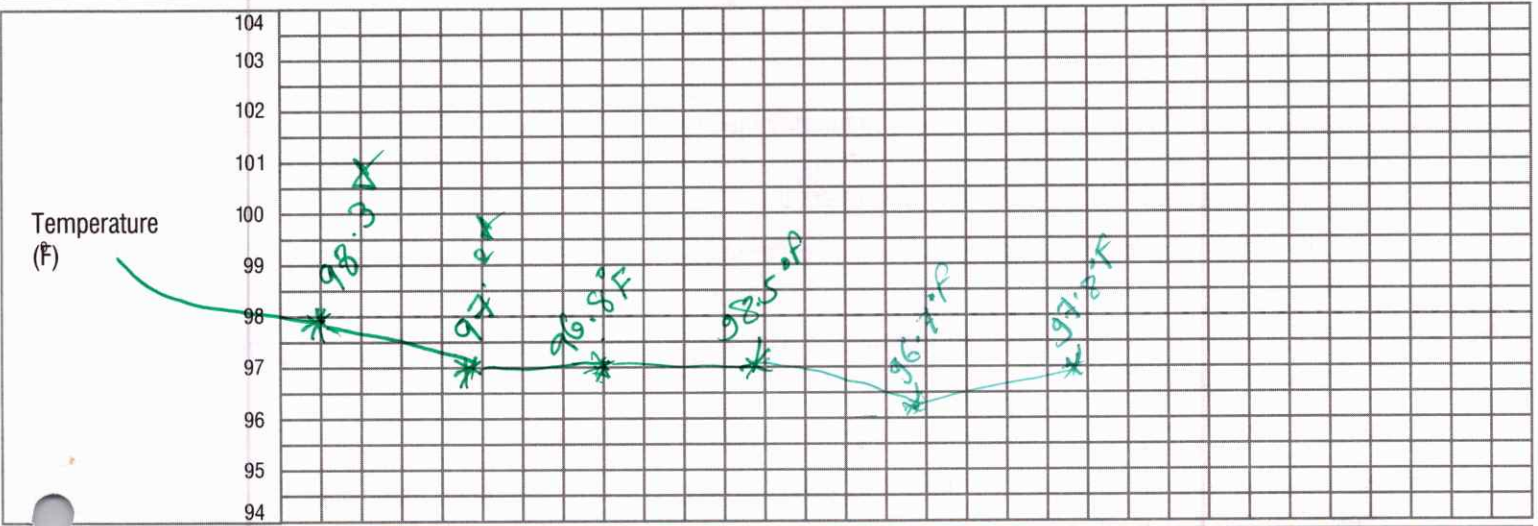
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Patient S

NICAL / 126

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 20/5/26	Time: 12 pm	2 pm	6 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?				PM	AM	AM



Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	136/m	129/m	123/m	139/m		98/m

Resp. Rate (bpm) per 1 Minute *						
Resp Rate (Number)	30/m	30/m	28/m	29/m		25/m

Resp Distress	Mod/ Severe	None / Mild				
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	100%	96%	97%	100%		100%
Conscious Level	Normal	Altered				
GCS *						

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	0	0		0
Observer's Initials	PN	PN	PN	PN		PN

<b>ACTIONS</b> 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.

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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 Dr. PRITESH NAGAR



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/5	08:00 am											
	09:00 am											
	10:00 am	0	idly				0				0	
	11:00 am		+									
	12:00 pm		H <sub>2</sub> O									
	01:00 pm											
<b>Total Intake :</b> Taken						<b>Total Output :</b> M-0 U-2						
20/5	02:00 pm											
	03:00 pm											
	04:00 pm	0	kechidi				0				0	
	05:00 pm											
	06:00 pm		H <sub>2</sub> O									
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
20/5/26	08:00 pm											
	09:00 pm	0	H <sub>2</sub> O				0				0	
	10:00 pm		+									
	11:00 pm		kechidi									
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-0						
21/5/26	02:00 am											
	03:00 am											
	04:00 am	0	H <sub>2</sub> O				0				0	
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-0						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker



# 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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

# NURSING CARE RECORD

Date: 20/5/26

**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	8 Am	→ Assess the pt condition	8 Am	→ Assessed the pt condition	→ Pt is stable	→ Re-Assessed the vitals	A Amourtha
	1	→ monitoring vitals checked and recorded	1	→ Administration of medication given as per doctor orders			
Afternoon	2 pm	→ No chart maintain	2 pm	per doctor orders	patient is stable now	Re-checked vitals	B
	2 pm	- Assess the pt condition	2 pm	- Assess the pt condition			
Night	8 pm	- Monitor vitals & records	8 pm	- Monitor vitals & records	patient is stable now	Rechecked vitals	C L
	8 pm	- Maintain I/O chart	8 pm	- Maintain I/O chart			
Night	8 pm	- Give medication as prescribed by doctor	8 pm	- Give medication as prescribed by doctor	patient is stable now	Rechecked vitals	D L
	8 pm	Assess the pt condition	8 pm	Assess the pt condition			
Night	8 pm	monitor vitals	8 pm	monitor vitals	patient is stable now	Rechecked vitals	E L
	8 pm	Maintain I/O chart	8 pm	Maintain I/O chart			
Night	8 pm	Give medication as per doctor order	8 pm	Give medication as per doctor order	patient is stable now	Rechecked vitals	F L
	8 pm	per doctor order	8 pm	per doctor order			

Patient Sticker

# NURSING CARE RECORD



Date: .....

**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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							

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 Master UJHAAN JAIN  
 21-09-2024 1 Y 7 M 29 D (M)  
 Dr. PRITESH NAGAR



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Severe Pneumonia</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<i>20/5/26</i>	<i>20/5/26</i>	<i>20/5/26</i>				
	Shift	<i>MB</i>	<i>E2</i>	<i>N1</i>				
	Medical Condition (Any special condition to be noted):	-	-	-				
	Diet:	-	-	-				
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.3 F</i>	<i>97.8 F</i>	<i>98.1 F</i>			
		Res:	<i>30b/m</i>	<i>30b/m</i>	<i>30b/m</i>			
		SpO <sub>2</sub> :	<i>100%</i>	<i>100%</i>	<i>100%</i>			
		Pulse:	<i>126b/m</i>	<i>128b/m</i>	<i>120b/m</i>			
		BP:	-	-	-			
		LOC:	-	-	-			
		Fall Risk Score:	-	-	-			
Pain Score:	-	-	-					
Skin Integrity	-	-	-					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-	-	-				
	Critical Lab Test / Values:	-	-	-				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>NA</i>	<i>NA</i>	<i>NA</i>					
Post Operative Procedure Special Orders:	<i>NA</i>	<i>NA</i>	<i>NA</i>					
Handed Over By Name :	<i>Amrutha</i>	<i>Priyanka</i>	<i>Shruti</i>					
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>					
Date:	<i>20/5/26</i>	<i>20/5/26</i>	<i>21/5/26</i>					
Time:	<i>2pm</i>	<i>8pm</i>	<i>9 PM</i>					
Taken Over By Name :	<i>[Signature]</i>	<i>Shruti</i>						
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>						
Date:	<i>20/5/26</i>	<i>20/5/26</i>						
Time:	<i>8 PM</i>	<i>8 PM</i>						

Patient Sticker



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:								



# CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/5 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							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA							
Signature of the Nurse				NA	NA	NA							

**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 : *[Signature]* Name : *[Name]*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *[Name]*

HNH-00015463  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 29 D (M)  
 Dr. PRITESH NAGAR

IP26-00006357



# BRADEN 'Q' SCALE



Date : 20/5 20/5 20/5  
 Time : m6 E2 N,

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
<b>FRICION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
<b>TOTAL SCORE</b>					28	28	28	
<b>Evaluator's Name</b>								

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/5	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
20/5	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	B
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

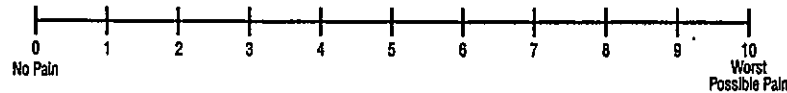
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain pain-relieving intervention.
  - d) Within 30 – 60 minutes after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

# PAIN ASSESSMENT TOOLS

## 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt    2 Hurts Little Bit    4 Hurts Little More    6 Even More    8 Hurts Whole Lot    10 Hurts Worst



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: DR. pritesh Department: PLW Date of Admission: 16/5/26

SITUATION	Diagnosis: <u>severe pneumonia CRD</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Area	Shift Time	<u>16/5/26 E2</u>	<u>16/5/26 N1</u>	<u>17/5/26 M6</u>	<u>17/5/26 E2</u>	<u>17/5/26 N1</u>	<u>18/5/26 M6</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>LRTI</u>	<u>RD</u>	<u>RD</u>	<u>RD</u>	<u>RD</u>	<u>RD</u>	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	<u>99.6P</u>	<u>99.9F</u>	<u>98.2P</u>	<u>98.6F</u>	<u>98.7F</u>	<u>98.6P</u>
			Res:	<u>50b/m</u>	<u>42b/m</u>	<u>33b/m</u>	<u>30b/m</u>	<u>31b/m</u>	<u>36b/m</u>
			SpO <sub>2</sub> :	<u>93%</u>	<u>96%</u>	<u>97%</u>	<u>98%</u>	<u>95%</u>	<u>98%</u>
			Pulse:	<u>173</u>	<u>152b/m</u>	<u>132b/m</u>	<u>136b/m</u>	<u>130b/m</u>	<u>135b/m</u>
			BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
		Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Recommendations	Safety Needs:		<u>-</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Saisai</u>	<u>Sunitha</u>	<u>Saisai</u>	<u>Jenam</u>	<u>Sunitha</u>	<u>Saisai</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>16/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>18/5/26</u>	<u>18/5/26</u>		
Time:		<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>		
Taken Over By Name :		<u>Sunitha</u>	<u>Saisai</u>	<u>Jenam</u>	<u>Sunitha</u>	<u>Saisai</u>	<u>Jenam</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>16/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>18/5/26</u>	<u>18/5/26</u>		
Time:		<u>8PM</u>	<u>8AM</u>	<u>8PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>		



## NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: <i>Serve pneumonia ERD</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
BACKGROUND	Area	<i>18/5/26</i> <i>E2</i>	<i>18/5/26</i> <i>M1</i>	<i>19/5/26</i> <i>M6</i>	<i>19/5/26</i> <i>E2</i>	<i>19/5/26</i> <i>M1</i>	<i>20/5</i> <i>M5</i>	
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	<i>RD</i>	<i>RD</i>	<i>RD</i>	<i>RD</i>	<i>RD</i>	<i>RD</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ASSESSMENT	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.3°F</i>	<i>98.4°F</i>	<i>98.6°F</i>	<i>98.7°F</i>	<i>98.6°F</i>
		Res:	<i>30 b/m</i>	<i>28 b/m</i>	<i>30 b/m</i>	<i>30 b/m</i>	<i>26 b/m</i>	<i>32 b/m</i>
		SpO <sub>2</sub> :	<i>92%</i>	<i>96%</i>	<i>96%</i>	<i>100%</i>	<i>100%</i>	<i>96%</i>
		Pulse:	<i>115</i>	<i>120</i>	<i>130 b/m</i>	<i>101 b/m</i>	<i>120 b/m</i>	<i>109 b/m</i>
		BP:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
	Fall Risk Score:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Pain Score:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>		
Recommendations	Safety Needs:	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
Post Operative Procedure Special Orders:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
Handed Over By Name :	<i>Anam</i>	<i>Sumitha</i>	<i>Saisri</i>	<i>Anam</i>	<i>Sumitha</i>	<i>Anam</i>		
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>18/5/26</i>	<i>19/5/26</i>	<i>19/5/26</i>	<i>19/5/26</i>	<i>20/5/26</i>	<i>20/5/26</i>		
Time:	<i>8PM</i>	<i>6AM</i>	<i>2PM</i>	<i>8PM</i>	<i>8PM</i>	<i>8PM</i>		
Taken Over By Name :	<i>Sumitha</i>	<i>Saisri</i>	<i>Anam</i>	<i>Sumitha</i>	<i>Anam</i>	<i>[Signature]</i>		
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>18/5/26</i>	<i>19/5/26</i>	<i>19/5/26</i>	<i>19/5/26</i>	<i>20/5/26</i>	<i>20/5/26</i>		
Time:	<i>8PM</i>	<i>9AM</i>	<i>2PM</i>	<i>8PM</i>	<i>8AM</i>	<i>8PM</i>		

HNH-00015463

IP26-00006357

Master UJHAAN JAIN

21-09-2024

Dr. PRITESH NAGAR

1 Y 7 M 25 D (M)



# BRADEN 'Q' SCALE



Date : 16/5/25 17/5/25 17/5/25 17/5/25  
 Time : 8pm 8am E2 PL

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
<b>TOTAL SCORE</b>					23	23	23	23
<b>Evaluator's Name</b>					SL	SL	SL	SL

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# BRADEN 'Q' SCALE

Date: 14/11/23 19/11/23 19/11/23  
 Time: NG FNG E2 A2

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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.	3	3	3	3
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3

**TOTAL SCORE** 23 23 23 23

**Evaluator's Name** a 84 53 8

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015463 IP26-00006357  
 Master LJHAAN JAIN  
 21-09-2024 1 Y 7 M 29 D (M)  
 Dr. PRITESH NAGAR



# BRADEN 'Q' SCALE

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

BirthRight  
BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date : 2015  
 Time : MG

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	3			
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3			
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3			
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide against one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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			
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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.	3			
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3			
<b>TOTAL SCORE</b>					23			
<b>Evaluator's Name</b>					5/2			

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/5/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
16/5/26	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
17/5/26	6am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
17/5/26	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
17/5/26	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
18/5/26	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
18/5/26	6Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
18/5/26	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
18/5/26	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
18/5/26	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By

**Re-assessment Frequency:**

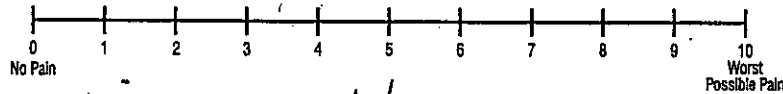
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief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

# PAIN ASSESSMENT TOOLS

## 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



0  
No Hurt

2  
Hurts Little Bit

4  
Hurts Little More

6  
Even More

8  
Hurts Whole Lot

10  
Hurts Worst



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5/26	6AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	Be
19/5/26	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
19/5/26	2PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
19/5/26	4PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
19/5/26	8PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
20/5/26	8AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
20/5/26	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	By
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

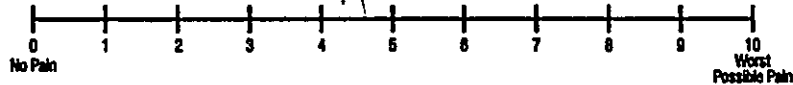
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain relieving intervention.
  - d) Within 30 - 60 minutes after pain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

# PAIN ASSESSMENT TOOLS

## 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or Sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



## 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 <sub>2</sub>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 25 D (M)  
 Dr. PRITESH NAGAR



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	16/5 DAY-1			17/5 DAY-2			18/5 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	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	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	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	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	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	NA	
Signature of the Nurse					CP	CP	CP	CP	CP	CP	CP	CP	

**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 : CP Name : Sun:thg

Signature of Ward In Charge :

Signature : CP Name : Sigathg



HNH-00015463  
 Master LJHAAN JAIN IP26-00006357  
 21-08-2024 1 Y 7 M 27 D (M)  
 Dr. PRITESH NAGAR



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/5 DAY-1			20/5 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA						
Signature of the Nurse				BS	BS	BS	SS						

**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 : BS Name : Sunita

Signature of Ward In Charge :

Signature : BS Name : Sunita

1000

1000

1000

1000

1000

1000

1000

1000

1000

0

0



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	16/5	16/5	17/5	18/5	18/5/24
	3 to less than 7 years old	3	✓	✓	✓	✓	✓
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	✓	✓	✓	✓
	Female	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				
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				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2		✓	✓	✓	✓
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3				
	Within 48 hours	2					
	More than 48 hours/ None	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	✓	✓	✓	✓	
<b>Total</b>			15	14	14	14	15

**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	✓	✓	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Sai	Sai	Sai	Sai	Sai
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	16/5	17/5	17/5	18/5	18/5/24
Time:	8pm	8am	8pm	8am	8pm

HNH-00015483 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 27 D (M)  
 Dr. PRITESH NAGAR



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE	
			18/5	19/5	20/5			
Age	Less than 3 years old	4	✓	✓	✓			
	3 to less than 7 years old	3						
	7 to less than 13 years old	2						
	13 years old and above	1						
Gender	Male	2	✓	✓	✓			
	Female	1						
	Neurological Diagnosis	4						
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	✓	✓	✓			
Diagnosis	Psych / Behavioral Disorders	2						
	Other Diagnosis	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						
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3						
	Patient Placed in Bed	2	✓	✓	✓			
	Outpatient Area	1						
Response to Surgery / Sedation Anesthesia	Within 24 hours	3						
	Within 48 hours	2						
	More than 48 hours/ None	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	✓	✓	✓			
<b>Total</b>			14	14	14			

**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		-	-	-		
Other Intervention(s) Specify		-	-	-		
Nurse's Name:		Swathi Saisri Juman				
Signature:		[Signatures]				
Date:		19/5 19/5 20/5				
Time:		9AM 8AM 8AM				





# CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: Lihaven HNH-00015483 IP26-00006357 Age: 1y Gender: Male  Female   
 UHID.No : ..... Master UHAAN JAIN 21-09-2024 1 Y 7 M 26 D (M) Date: .....  
 Dr. PRITESH NAGAR



I, \_\_\_\_\_, W/o, \_\_\_\_\_ hereby declare that our patient Master/Baby \_\_\_\_\_ who is related to me as \_\_\_\_\_ is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on \_\_\_\_\_

The doctors have explained to me in a language understood by me that my child has following health related issues :  
WALPI with RD

The doctors have clearly explained to me that my patient Master / Baby \_\_\_\_\_ during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.  
 I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : \_\_\_\_\_ in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**  
 Signature: Neha Jain  
 Name: Neha Jain  
 Relationship with Patient: Mother  
 Date & Time: 16/5/26

**Witness :**  
 Signature: Sunitha  
 Name: Sunitha (Ret)  
 Date & Time: 16/5/26

**Doctor (who is taking the consent) :**  
 Signature: Dr. Sunitha  
 Name: Dr. Sunitha  
 Date & Time: 16/05/26

# CONSENT FOR SPECIAL PROCEDURES

Patient Name: HNH-00015463 IP26-00006357  
Master LIHAAN JAIN Gender:  Male  Female  
21-09-2024 1 Y 7 M 26 D (M)  
Dr. PRITESH NAGAR

UHID No : ..... Department : ..... Date : .....



I ..... S/D/W/O .....

Here by give consent for procedure of : H.F.N.C .....

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:  
.....  
.....  
.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :  
.....  
.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.


Name of the Doctor performing the procedure: .....

**Patient Attendant :**  
Signature : Neha Jain  
Name : Neha Jain  
Relationship with Patient: Mother  
Date & Time : 16/5/26

**Witness :**  
Signature : [Signature]  
Name : Sunitha (RCH)  
Date & Time : 16/5/26 at

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : Dr. Sunitha  
Date & Time : 16/05/26


# PATIENT TRANSFER FORM

HNH-00015463      IP26-00006357 Master UJHAAN JAIN 21-09-2024      1 Y 7 M 29 D      (M) Dr. PRITESH NAGAR 		Date & Time of Admission 16/5/26 @ 03:21 PM	Date & Time of Transfer Order 20/5/26 @ 10:30 AM
Treating Consultant Name DR. pritesh		Transfer Ordered by DR. pritesh	Reason for Transfer Baby stable.
From Unit PICU	To Unit 2nd floor ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 62 1-	Number of Imaging Films 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
SI.No.	Item Name	Quantity	
1.	Thermometer	1	
2.	Syp Coccin	1	
3.	Syp Lizomac-DS	1	
4.	Nasoclear Nasal drops	1	
5.			
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sunam		Name of Person Ordered Transfer DR. Pritesh	
Patient & Clinical Records Received by : Anouthe			
Date & Time of Patient Received : 20/5/26 2:11 AM			

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

# PATIENT TRANSFER FORM

Patient Name & IHDN No HNH-00015463      IP26-00006357 Master LHAAN JAIN 21-09-2024      1 Y 7 M 25 D (M) Dr. PRITESH NAQAR 		Date & Time of Admission 16/09/26 @ 3.21 PM	Date & Time of Transfer Order 16/09/26 @
		Transfer Ordered by Dr. Sushanth	Reason for Transfer Admission
From Unit GR	To Unit PICU	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 151-	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Bhargava		Name of Person Ordered Transfer Dr. Sushanth	
Patient & Clinical Records Received by : Sai Sree			
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

wt - 9.7kg  
 GRSS 116 weight



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Uhaan Age : 1.5 yr Gender:  Male  Female

Date : 16/5/26 Time of Arrival : 2:25pm

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°F PR: 160bpm BP: 50/30 RR: 50/min SpO<sub>2</sub>: 98%

Chief Complaints: clo fever, cold, cough fast breathing since today

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable :	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life - Threatening	
Circulation / Colour	<input type="checkbox"/> Gasping / Apnea		
<input type="checkbox"/> Abnormal			
<input type="checkbox"/> Bleeding			

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

Signature of Parent / Guardian  
 Triage Completion Time : .....

\* CTAS - Canadian Triage and Acuity Scale

## Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks?  Yes  No
- Have you had cough or a rash in the past 2 weeks?  Yes  No
- 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

- 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: .....
- 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.

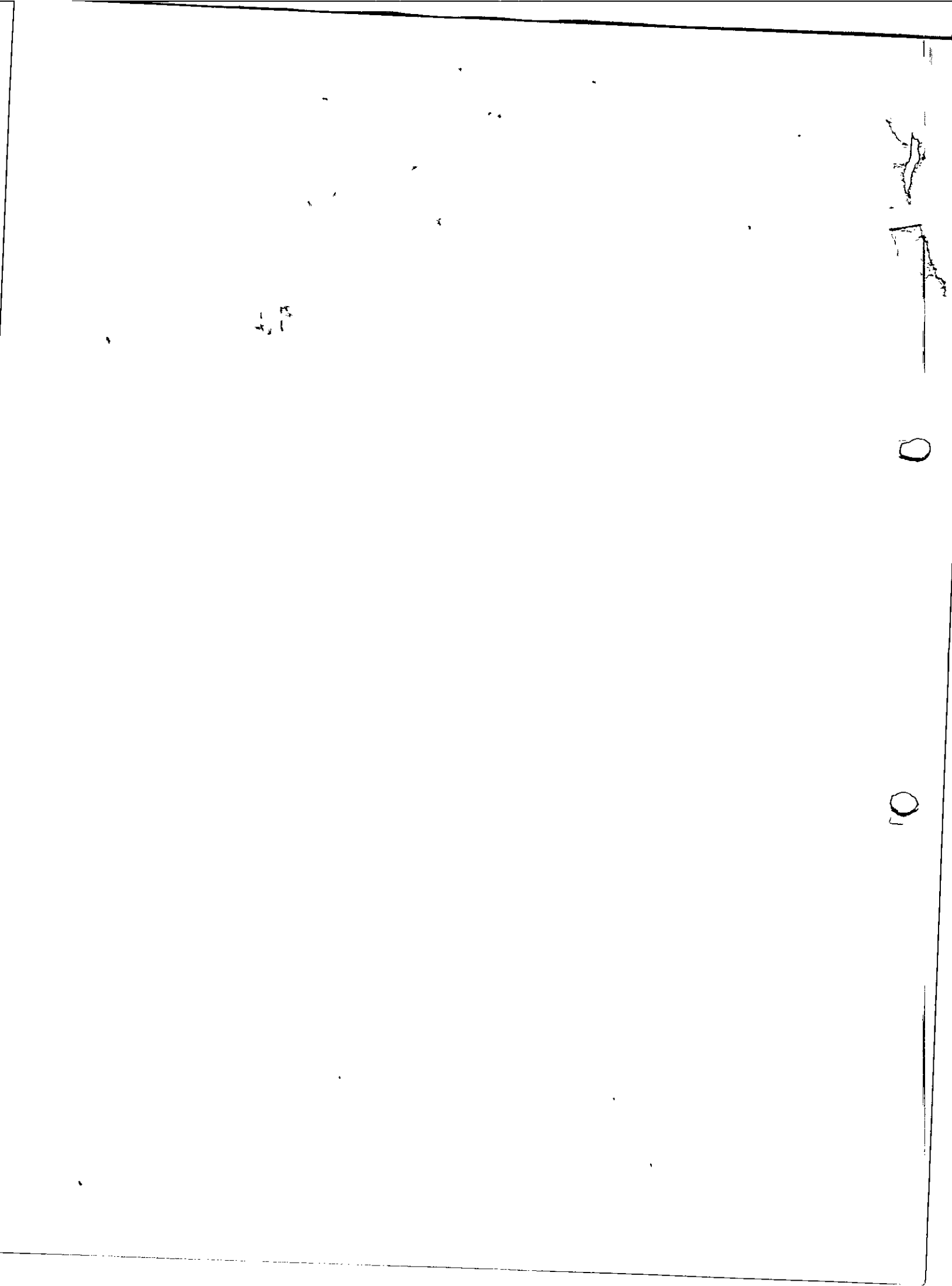
**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

- 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 : Shargani

Signature of Triage Nurse : [Signature]

Date & Time : 16/5/26 @ 2:27pm



**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 16/5/26 Time of arrival : 2:29pm  
 Chief Complaints: clo- fever, cold, cough since 1 day RBS: .....

Height : ..... Weight : 9.7kg 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): .....  
**Social History:** Lives With family  
 Siblings in household  Yes  No (if yes How Many?) 1  
 Time of Initial assessment completed by ER Nurse: [Signature]

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

HNH-00015463 IP26-00006357  
 Master LIHAAN JAIN  
 21-09-2024 1 Y 7 M 25 D (M)  
 Dr. PRITESH NAGAR

Time	Nursing Notes
2:30pm	Assess the pt condition monitor the vitals w placement done Sample collected Wablix given O <sub>2</sub> on flow 2 liter.

Samples collected by: *[Signature]*  
 Samples sent by: *[Signature]*

Time: *[Signature]*  
 Time: *[Signature]*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
16/12/26	levolin	neb	0.31mg	Dr. Sushanth	<i>[Signature]</i>
2:30pm	Ipratent	neb	250 mg	Dr. Sushanth	<i>[Signature]</i>
2:30pm	levolin	neb	0.31mg	Dr. Sushanth	<i>[Signature]</i>
3:30pm	levolin	neb	0.31mg	Dr. Sushanth	<i>[Signature]</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: 160b/m BP: ..... CFT: 1.3eu RR: 50b/m SPO <sub>2</sub> : 98% GCS: 15 Temperature: 99°F Pain Score: 0 Repeat RBS (if applicable): .....	Shift - out from ER to: PICU Time of Shift - out: 4:20pm Handover given to: ..... (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse: *Bhargava* Signature of the Nurse: *[Signature]*

Date & Time: 16/12/26 @ 2:32pm

HNH-00015463 IP26-00006357

Master LIHAAN JAIN  
21-09-2024 1 Y 7 M 25 D (M)  
Dr. PRITESH NAGAR



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

BirthRight BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/5/2025 Time: 4:45 pm

Weight: 9.7 kg Centile: 5th

Height: Centile: -

Inference: Underweight child

RDA: - Calories: 1200 Kcal/day Protein: 20 gms/day

Diet Recommendations: L NPO

Re-Assessment: No Junk food, Only food

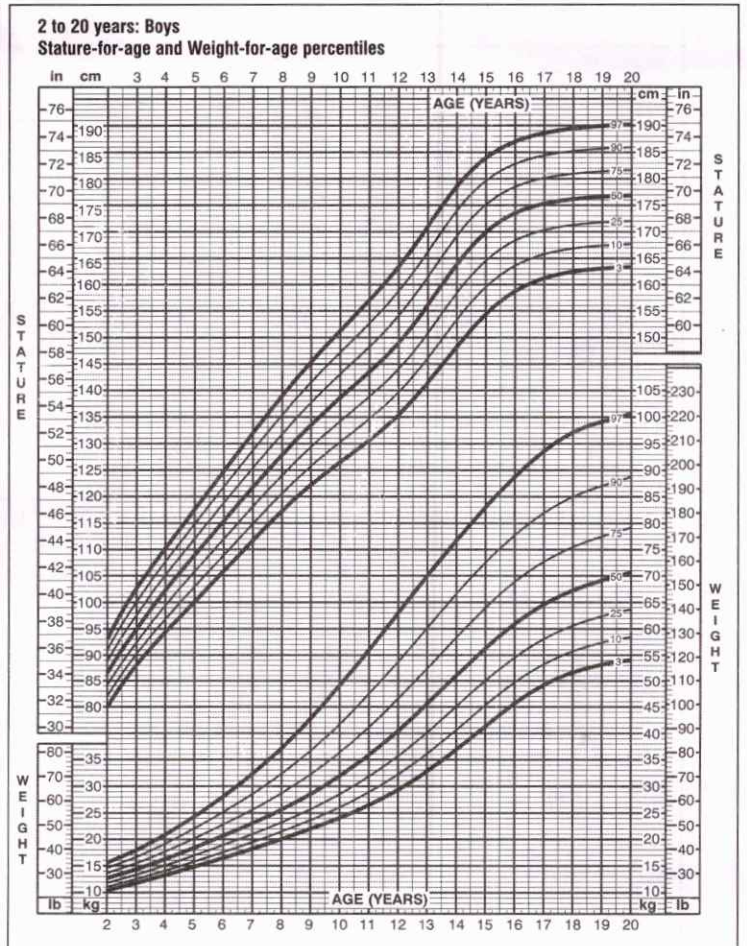
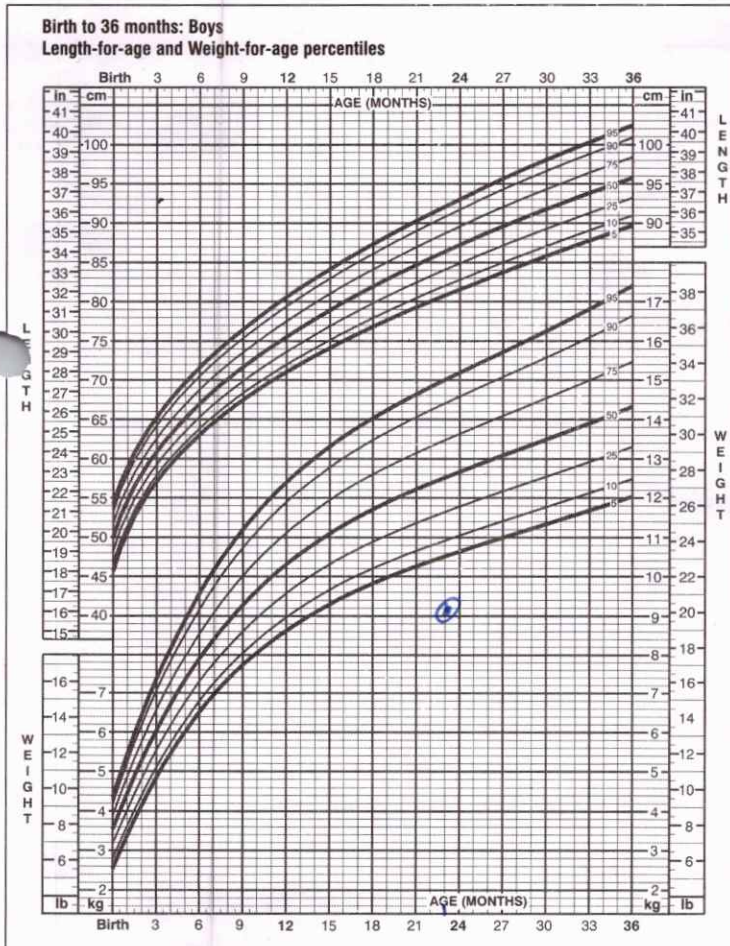
Food Allergies: No FA Veg/Non-veg: Veg

Diagnosis: Severe pneumonia

Nutritional Intervention -  Oral  Enteral  Parenteral NPO

Patient's Signature: Siddhant

## GROWTH CHART (BOYS)



Dietician's Name: Syeda Sobiya Zaher

Dietician's Signature: Sobiya

Docu. No. : RCH / FRM / CLINICAL / 160

(P.T.O.)

