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301 Dr. C

DISCHARGE SUMMARY

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
Father/Guardian	Mr MOHD MATEEN QUADRI	**Age/Gender**	0 Y 2 M 11 D/ Male
Address	talab katta near hidayath function hall, Bhawani Nagar, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006745	**Admission Date**	05-07-2026
Ref Doctor	Self.		
Discharge Date	07.07.2026		

Consultant:	**Co Consultant**
Dr. ABHISHEK RAVINDRA JAIN MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY CONSULTANT PEDIATRIC NEUROLOGIST TSMC/FMR/02757	**Dr. ANIKET ANIL PARASHAR** MBBS- MD CONSULTANT PEDIATRICIAN TSMC/FMR/08568

DIAGNOSIS	**ICD CODE**
HYPOCALCEMIC SEIZURES	

History: Master MOHD AZEEM MUZAMMIL, 0 Y 2 M 11 D old boy presented with history of loose stools since 10 days, cough and cold since 10 days seizure like activity - GTCS type at morning at 4am and Furthermore 1 episode of seizure was noted in the ER, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital for further management.

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
IP No	IP26-00006745	**Admission Date**	05-07-2026

Birth History: Born term / NVD /Birth weight - 2.5 Kgs/Cried immediately after birth/No perinatal complications.
Did not receive VIT-D drops since birth.

Examination: He was afebrile, maintaining saturations -SpO2 of 97% at room air. Heart rate was 144/min and Respiratory Rate - 40/min. Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

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: 5.1 kgs.

Investigations: Enclosed reports.

VBG showed pH - 7.38, pCO2- 32.6 mmhg, pO2 - 47 mmhg, HCO3 - 19.1 mmol/l, BE: -6.2 mmol/l.

Neurosonogram shows
Bilateral mild lenticulostriate artery calcifications noted.

EEG done on 05.07.2026 which shows
Abnormal EEG record findings are suggestive of liability to develop right temporal onset seizures.

Date	**On**	**On**

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
IP No	IP26-00006745	**Admission Date**	05-07-2026

	05.07.2026	**06.07.2026**
TEST	**Result**	**Result**
CBP: Hemoglobin	10.9 g/dl	-
While blood cell	10220 cell/cmm	-
Platelets	5.17 lakh/cmm	-
CRP	5.0 mg/L	-
Serum.CREATININE	0.2 mg/dl	-
Magnesium	2.0 mg/dl	-
Calcium	4.9 mg/dl	7.3 mg/dl
PHOSPHOROUS	6.7 mg/dl	-
ALKALINE PHOSPHATASE	902 U/L	-

Name	Master MOHD AZEEM MUZAMMIL	UHID	HNH-00016369
IP No	IP26-00006745	Admission Date	05-07-2026

VITAMIN D (25 HYDROXY)	8.0	-
iPTH (EDTA-plasma) (Parathyroid Hormone) ECLIA	233.00 H 3.58-32.0 pg/mL	-

Management: He was admitted in PICU in view of persistent seizures with post-ictal drowsiness. Patient was started on IV fluids and Oxygen support.

Initially the seizures were aborted on Inj. Midazolam following which patient was loaded on Inj. Levetiracetam, and was continued on the maintenance doses of levetiracetam. As another episode of seizure repeated after 12hours, patient was loaded with Inj lacosamide. Following which child had no further seizure episodes.

As the labs were indicative of hypocalcaemia - Serum calcium -4.9 , VIT-D- 8 (low) , PTH- 233 (elevated) , ALP (increased) hence 2 stat doses of Inj. Calcium gluconate was given under cardiac monitoring over 1 hour. This was followed by IV calcium gluconate. Gradually Serum calcium increased (7.3) and no further seizure episodes. EEG was done- report was Abnormal EEG record findings ,suggestive of liability to develop right temporal onset seizures.

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Neurologist opinion was taken, who advised for Neurosonogram- report was suggestive of Bilateral mild lenticulostriate artery calcifications. EEG was done- report was -Abnormal EEG record findings ,suggestive of liability to develop right temporal onset seizures. Advised to do MRI Brain if seizure activity persisted beyond calcium correction.
In view of loose stools, he was administered probiotics and advised gastrodiet.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters.
In view of loose stools, he was administered probiotics and advised gastrodiet.
Gradually his oxygen support was tapered & stopped as the sensorium improved . As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:
Injection. Levipil
Injection. Esomeprazole
Pro GG drops
Z and D drops
Sucral ANO
Injection. Lacosamide
Calcitriol
Injection. Calcium gluconate
Syrup. Levipil
Vitamin D3 drops
Syp ossopan-D

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
IP No	IP26-00006745	**Admission Date**	05-07-2026

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

Advice:

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Levipil (Levetiracetam)	0.5 ml	8am - 8pm (after food)	till further advise
2	Calcitriol (1 capsule =0.25 mcg)	1 capsule	twice daily	For 3 months
3	VITAMIN D3 DROPS (1ml/800IU)	1 ml	twice daily 9am-9pm (after feed)	for 3 months
4	Syrup. Ossopan D	5 ml	thrice daily	For 3 months
5	Sucral Ano cream	for local application	thrice daily	For 2 days
6	Pro GG drops	15 drops	8am-8pm (1 hour before food)	For 2 days.
7	Z & D drops (1ml/20mg)	0.5 ml	9am (after food)	For 10 days
8	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
IP No	IP26-00006745	**Admission Date**	05-07-2026

Plan:
Follow up with Dr. Abhishek Ravindra on Friday
Follow up with Dr. Leena (endocrinologist).

Fever Management
* Paracetamol drops (Paracetamol - 1ml/100mg) 0.8 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ABHISHEK RAVINDRA JAIN **on Wednesday / Friday (8.07.2026 or 10.07.2026)** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by at least two hours.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded diet to be followed.

Name	Master MOHD AZEEM MUZAMMIL	**UHID**	HNH-00016369
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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 / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

ANH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 12 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	9			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	2			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	33			

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

Signature and Date : 07/07/26

(P.T.O)

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016369 IP26-00006745 Master MOHD AZEEM MUZAMMIL 25-04-2026 0 Y 2 M 11 D (M) Dr. ABHISHEK RAVINDRA JAIN	5/7/26 at 8:16 Am	6/7/26 at 10pm
	Transfer Ordered by Dr. pranav.	**Reason for Transfer** Stable.
From Unit PICU	**To Unit** 301	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 35	**Number of Imaging Films** VBG - 2	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramya 6/7/26 at 10pm	Dr. Abhishek

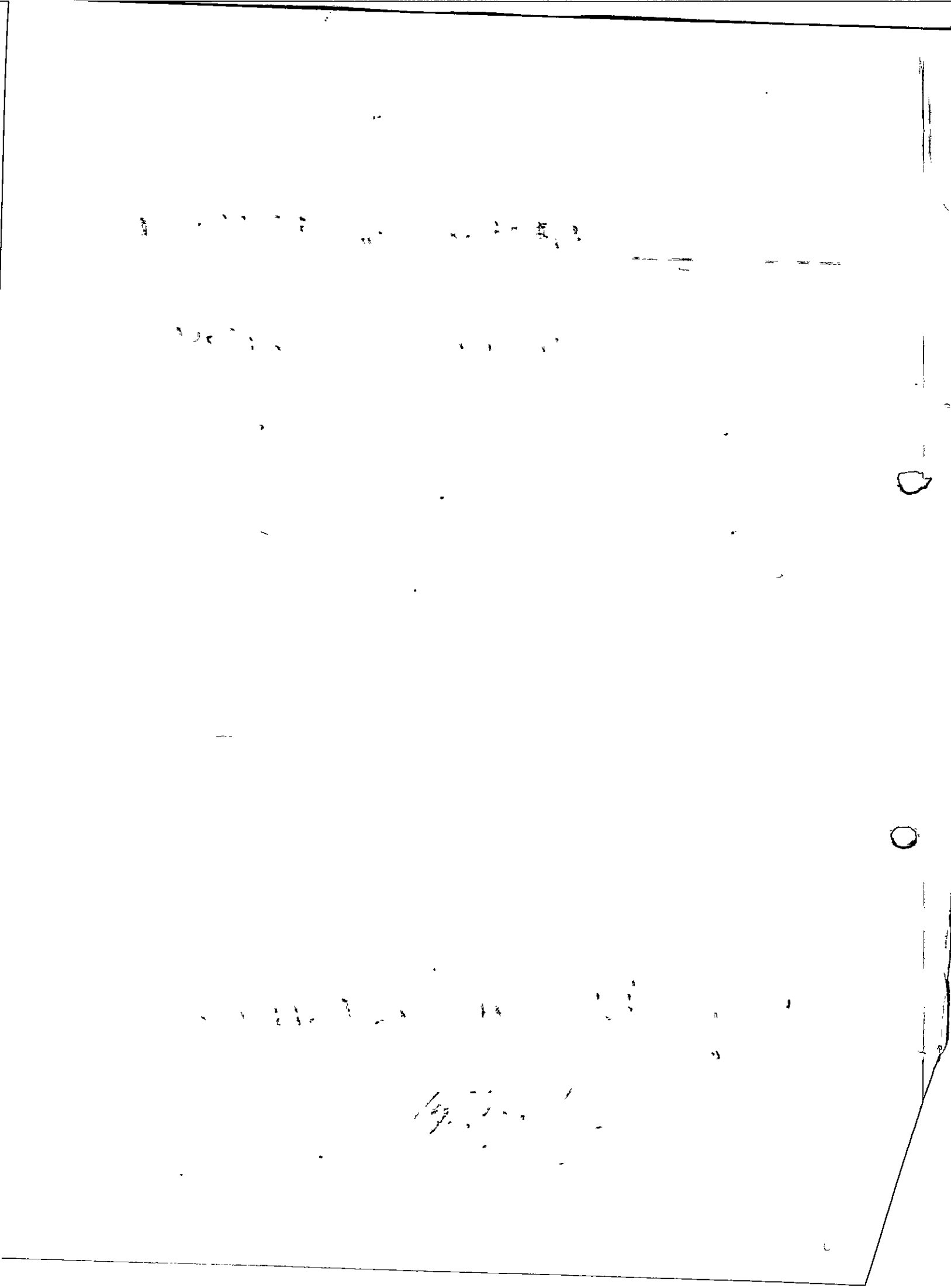
Patient & Clinical Records Received by : [signature] 6/7/26 @ 10pm

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

..o. : RCH /FRM / CLINICAL / 102



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ACTIVITY RECORD FOR BILLING

HNH-00016369 IP26-00006745
Name: Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN
UHID

---------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	9:00 Am	ER	PICU	A.D / Sunitha
6/7/26	10 pm.	PICU	301	Sunitha /

Cross Consultation Visit

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	CBP, LFP		
	calcium		
	magnesium	11004	Jyoti
	creatinine		
	VBG, LYRBS (98 mg/dl)	HN 2601003	
	EEG	R2626-008039	
5/7/26	Vitamin D (25 Hydroxy), PTH (para thyroid Hormone)	11009	
	NLG	8043	
	Sr phosphorous, Alkaline phosphatase	11025	
	C.BG (VBG)	11028	
6/7/26	calcium	11090	
	cross checked by Sunitha 6/7/26 at 6pm		

HNH-00016389 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Invasive monitor		6/7/26 at 6pm		
	infusion pump	9.30 AM	6/7/26 at 3pm.	10843	
	oxygen		5/7/26 3pm.		
	cross checked by Smitha 6/7/26 at 6pm				

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	IV placement	1	10803	
	cross cheeked by Sumitha 6/7/26 at 6pm			

ANY OTHER INFORMATION

5/7/26 Homafood

Sathwika-G
Dietitian & Lactation

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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RESULT SHEET

Date	5/7/26	6/7/26				
Time	8.30Am					
Hb	10.9					
PCV	31.7					
RBC	3.81					
WBC	10.22					
N/L	35.2/53.3					
Platelets	517					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	4.9/2.0	7.3/				
Phosphate						
Urea						
Creatinine	0.2					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Alkaline phosphatase -		902.				
phosphorous -		6.7				
vitamin-D(25 hydroxy) -		8.00.				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006745 **Admit Date** : 05-Jul-2026 **Admit Time** : 08:16 AM **UHID** : HNH-00016369

Patient Details :

Patient Name	: Master MOHD AZEEM MUZAMMIL	**Age**	: 0 Y 2 M 10 D
Guardian	: Mr MOHD MATEEN QUADRI	**DOB**	: 25-04-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: talab katta near hidayath function hall Bhawani Nagar Hyderabad Telangana INDIA 500002	**Phone No**	: 8125889661/ 7097575088
		E-mail	: 8125889661@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr MOHD MATEEN QUADRI **Relationship** : Father

Contact Address : talab katta near hidayath function hall Bhawani Nagar Hyderabad Telangana INDIA 500002 **Phone No** : 8125889661

Signature

Doctor Details :

Doctor Name : Dr. ABHISHEK RAVINDRA JAIN **Specialisation** : PEDIATRIC NEUROLOGY

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

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Deposit Amount : 40000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- ↓ loose stools : 10 days
- ↓ cough, cold : 10 days
- ↓ seizure like activity : 6am
  fever
  7am in the ER.

History of present illness :

Baby was apparently normal 10 days ago
fever developed
loose stools - 5-6 episodes/day, greenish/watery
no blood
↓
Subsided today.

↓ cough, cold - blocked nose :: 10 days

↓ seizure like activity ? tonic movement of
(R) UL & arching & head stiffness lasting
for 20 min ? 4TCS

↓
- irritable
- lethargic

? another episode
? 4TCS
or ? arching movements
at 7am.

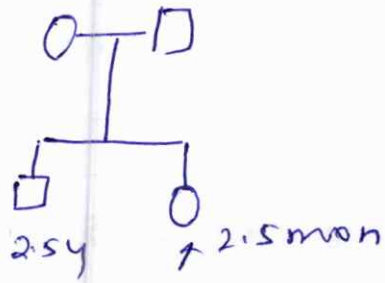
Outside :
- inj diazepam x 2 days
- Ceftriaxone x 10 days.
- loading dose of Unipil (40mg/kg) given.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

term / NVD / 2.5Kg / uneventful
no NICU admission.



Birth & Socio Economic History :

About Father :

About Mother : - no hlo seizures in the family

Any additional Information :

Developmental History :

- Smile
- recognize mother

Immunization History :

only BCG & OPV given
? Hep B - denghle.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 5.1kg. (Centile _____)

On Examination :

Temperature : 98.4 Pulse Rate: 144 bpm Description _____

B.P. _____ SPO2 97 at _____

Resp. rate and type of breathing : _____

40 bpm

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

BAE (+)

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System :

S1S2 (+) no murmurs

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

soft. no distension no HSM.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

↳ response to pain.

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes : (N)

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Myoclonic seizures

? 2° to hypocalcemia 2° acute gastroenteritis.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

GRBS
VBG
CBP
Sr. Calcium / Sr. Magnesium
CRP
- creat.
extra plain
EEG.

Planned Management :

1) DNS - 2/3 main
2) ct. O_2 support till conscious
→ ct. Levipil main [6pm - next dose].
→ If next seizure - Load lacosamide.

Please fill up the following details

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

Doctor's Signature Name Dr. [illegible] PARASHAR Reg. No: 08568 Date 5/7/25 Time

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Dr. Aniket	
5/7/26	U/B Dr. Mami	
8:30 am		
	infantile seizures	
	2° to hypocalcemia c̄	
	acute gastroenteritis)	
	- drowsy	
	L on O_2 support	
	c̄ NP.	
	- 1 episode of loose	Plan
	stool (+)	1) c/t O_2 support till
		conscious
4RBS: 98		2) EEG now.
	O/E	3) Repeat VBG
	vitals: HR: 100 bpm	at 11am → plan 2nd dose
	RR: 26 cpm	IV calcium based on
	SpO_2: 100%.	that
	BP: 75/38(51)	4) c/t levipil (main.)
		dose
	S/E: RS: BAE (+)	
	conducted sounds (+)	5) next seizure
	CNS: S1S2 (+)	L load lacosamide
	no murmur	6) trace reports
	P/A: soft.	7) rest c/t as per
	no HSM.	Rx chart.
		8) monitor vitals.
	Dr. ANIKET PARASHAR Reg. No: 08568	
		Dr. Aniket

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

HNH-00016369 IP26-00006745
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25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9:30am	UMB Rs. Paritosh	
	? hypocalcemic seizures	
	- 2 episodes of seizures	
	- cal: 0.7.	Plan - NPO
		1) another dose of calcium
	vitals:	(5ml + 5ml 5% D over 30 min.
	HR: 132bpm	
	RR:	
	spO_2: 97% c̄ NP.	2) MRI brain - T/M.
		3) NSY now.
	S/E: RS:	4) after 8h (5pm)
		if conscious & well → oral calcium (max) ; if not conscious → Repeat IV calcium
	~~(tp stop (as))~~ start → calcitrial. 0.25 1 PO BID.	5) send vit D PTH.
		6) feeds ONLY after consciousness improves.
		7) trace Reports.
		(CBG after 8 hours (5pm))

Noted by Sunitha

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by. Ds. Pritish	
5/2/26 9.50pm	1 Episode of seizure noted (lt) focal after admission @ 9:50pm	
	↓	
	(Start) - Inj LACOSAMIDE 25mg iv BD	
	Add - CALCITRIOL.	
	(for Dr. pritish)	Noted by Sister

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 10AM	Counselled Fits ↓ → >5min SE "Life Danger" Rx Important - fits Med 1st - 3 medicines → Control Emergency doubtful fits Fits → here in ICU] ↓ 4th Medicine started ↳ Lacosamide contd] Levepil contd Mac Rx Risk Danger] ↓ Ventilator SOS N.S.G Tsy ↓ MRI Brain Plan ↓ >24-48hr Fits free → Dango Reduced	1:30 am Feeding 3 am ok as mother saw 4:15 am ↳ R focal seizure Not responding Massaged c oil 30 min later Hosp. Severe Contd seizure ↓ Levipil/Midaz 2 doses ↓ Ref for EEG ↓ Calcium Severe def - Inj Dose Given - 2nd Dose now. ↓ EEG Rp decide X Clinical Contd (Father)

Dr. Pritesh Jagtap
Consultant Pediatrician & Intensivist
Reg. No. 47084

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Fits	
	Rx	
	60% → 1st Inj Control X	
	20% → 2-3 Inj Need	
	20% → Multiple X	
	Refractory Seizure	
		(Pathes)

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL (M)
25-04-2026 0 Y 2 M 10 D
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26.	c/s/by. Dr	Abhisheck
1pm.	Seizure. ↓ Evalution.	
	? Hypocalcemic Seizure	
	Low Calcium	
	→ AF-(N).	
	post ictal drowsine.	Plan
		- start orals.
	HR=112/min	- Iv calcium -ct Ochly.
	spo₂= 100% on 1lit O₂	&
	RR.= 25.	Calcitriol. ct.
		If not Send
	Ca - 4.9 ↓	- (T) PTH, Alk PO₄, Sr PO₄, Ca, mg. send now
		VitD.
	- W/H MRI.	- ct LEVETERACETAM.
	- If seizure persist even after Calcium correction ↓ plan MRI.	- further Seizure ↓.
		~~Pheno maint~~ &.
		(ii) Lacosamide maint ↓
		(iii) Pheno.
		- To do NSG.
		Abhishek.
		Noted by Swetha

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anuche	
5/3/26, 3pm	hypocalcemia Seizure.	
	Baby sleeping comf	No further S3
	Tak 2 feed - good suck	
	Vital HR = 115/min.	
	SpO_2 = 98% RA	— Plan
	CFT <3 sec	
	RR = 30/min	— ~~start~~ ct feeds DBF Q2hly (Assist feeds)
	S/E NAD	
		— Send Alk phosphatase & Sr PO4 c same sample
	(T) vit D PTH	↓ (If Not then Inform)
		— CBG @ 5pm
		— ct I/V Calcium Q8hly.
		— ct. Calcitriol / PROG-G / Z&D
	Af.	— Monitor further Seizure.

Noted by Sonam

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 9AM	c/1/by. Dr Sindhu	
	No further seizure [illegible] hypocal seizure.	
	-HR = 123/min	
	SpO2 = 100%	Plan
	CFT <3sec	
		- DBF 2nd hrly
	s/E	
	(RS) B/L AE (+) NVBS (+)	- stop IV fluids.
		- ct other Mx.
		- A/f seizure activity.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970	[signature]

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 3AM	c/s/by Dr Anuche	
	hypocalcaemic seizure.	
		No fresh c/o.
	HR = 129/min.	Plan
	SpO2 = 100	
	RR = 32/min	– DBF Q4h /lb burping.
	– Baby sleeping comfortable	– plan Tm morning VBG ↓ after 500 mL
	– Accept feeds well	– ct TID ca gluconate
	– Activity – Good	– ct calcitriol. ~~vit D3~~ PROG-G, RED
		– w/f fresh seizure activity
	[signature] 11/4/26	Noted by Ramya

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25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	c/i/by. Dr Anuche	
8 AM.	Hypocalcemic Seizure.	
	No further Seizure since yesterday 11 AM	
	HR = 138/min	
	SpO_2 = 99%.	Plan
	CRT < 3 sec	
	RR = 30/min	- DBF Ok f/b bujji
	S/E	
	Tone] Activity] Good.	- ct Calcium Gluconate. TID.
	Accepts feeds well	- plan CBG - after 3 rounds.
	- comfortable (+) looking surroundings (+)	
		- ct LEVETIRACETAM
		- Monitor vitals.
	[signature]	
		Noted by Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 9.15 AM.	c/1/by Dr. Pritesh / Dr Anirudh	
	hypocalcemic Seizure.	
	- No fresh Sz	
	vital	Plan
		- VBG Now. & Sr Calcium. Now.
		- DBF Only f/b burping.
		- ct Calcium Gluconate.
		- ct Calcitriol. [plan to chg after VBG].
		- LEVIPIL syp (1ml/100mg) 0.5ml/po BD.
		- Mform sos w/f seizure activity.
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	Noted by Sujatha

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 11 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 6/7/26	Counselled.	
	Vit D → X Not Supplement ✓	
	Low → Ca ↓↓	
	(Fits) ✓ "Bad" ✓	
	Inj Calcium – Control	
	– Recheck Today	
	– Vit D Suppl Start	
	– EEG ok	
	– NSG ok → ± Calcium related	
	Feeding ok / Better ✓	
	Today see here → Later Shift	
	→ Inj Stop / Syrup if better] ✓	

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 11 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2:30PM	C/I/b Dr. Varun / Dr. Archana.	
6/7/26	D- Hypocalcemic seizures.	
	- No further e/o seizures.	
	- Accepting DBF well.	
	O/E - HR- 127/min.	Plan
	RR- 30/min.	
	SpO2 - 100% @ RA.	- Trace S. calcium
	S/E - CNS - (N) sensorium.	- Ct. oral drips
	Tone in all limbs	IV Ca. Gluconate /
	C (N).	Calcifol / prog
	Activity -> (N).	drops / 2 & D drops
		- Give 5ml Ca.
		Gluconate STAT
		now.
		Noted by Swetha

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Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 11 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	C/S/B - Dr. Aniket	
	No further seizures.	
	Accepting DBF	plan
	O/E : active	Syp CAL
		Change Calcium to Oral
	vitals : HR : 160 bpm	
	RR : 32 cpm	Continue liquid oral
	SpO_2 : 100%	
	S/E : RS : BAE ⊕.	~~calcimax plus 2.5ml/PO/TID~~
		SYP OSSOPAN-D
		5ml / PO / TID [c 75mg/kg/day]
		sign: Dr. Aniket
	Sr. Ca - 7.3	shift out
		if s.cal low →
		IV calcium to be given
		in PICU.
		Noted by Smitha
	Dr. ANIKET PARASHAR Reg. No: 08568	sign: Dr. Aniket

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25-04-2026 0 Y 2 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/26	Counselling note.	
	No further seizure.	
	sensorium & activity normal.	
	vital parameters stable.	
	serum calcium report awaited.	
	plan to shift out after report.	
	Dr. Abhishek	
	Dr. ABHISHEK PARASHAR Reg. No: 08568	

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

(P.T.O)

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 12 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 9 pm	C/S/B Dr Prasan / Dr Nagmary	
	D' - Hypocalcemic seizures	
	No further seiz	Ph
		1) Tbx GG
	Accepted feeds	ZKD
	Activity - Good	2) Calcithed
		3) Vit D
	Vitals stable	4) syp OSSopm - D
		5) Syp Levipil
		6) Monitor Vitals
		Pra

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 12 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:30 PM	c/s/B Dr Pranav / Dr. Nirupam	
	D - Hypocalcemic Seizure	
	No seizures again	Plan
		1) Pro GG
	Accepting DBF	2) Z&D drop
		3) Cap Calcitriol
	Vitals Stable	4) Vit - D drop
		5) Syp Ossopan - D
	O/E	6) Syp Levipil
	R.S - B/L AE ⊕	7) Monitor Vitals
	P/A - Soft	
	Activity - Good	[signature]
7/7 8:45 pm	C/D/W Dr. Abhishek Sir	
	No further Seizures	Plan
	Baby accepting DBF	1) Can D/C
		2) Dr Leena man consult
	Vitals stable	3) C/t - Levipil
	R.S - B/L AE ⊕	Calcitriol
	P/A - soft	Vit D
		Ossopan - D
		F/up in OPD - T/m or Friday

Noted by Sr. Sandhya [signature]

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 12 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 11:20 AM	S/B Dr. Aniket	
	Δ Hypocalcemic seizure	Plan
	No further seizures	- Discharge
	CNS - S1, S2 (+)	- F/up c Dr. Abhishek
	RS - B/L AE (+)	on Friday
	P/A - soft	- F/up c Dr. Leena
	Conscious	Paed. Endocrinologist
		- Cap CALCITRIOL
		0.25 mg
		- VITAMIN D3 drops
		1 ml BD x 3 months
		- Syp. OSSOPAN - D
		5 ml TID x 3 months
		Dr. Aniket
	Dr. ANIKET ... SHAR Reg. No: 08668	
		noted by Sr. Sandhya 7/7/26 11:35

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

(P.T.O)

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : INJ MIDAZ

Dose	Route	Frequency	Start Date
0.5ml	IV	SOS	5/7.

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 0.5ml + 0.5NS / SOS if seizure

Date / Time

DRUG : PROLYTE ORS

Dose	Route	Frequency	Start Date
5	PO		

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 50ml / ryle every loose stool

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date / Time

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. 5.1 Kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : INJ LEVIPIL				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
50mg	IV	BD	5/7	6AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: main dose @ 6pm today.				6PM		
Daily Doctor's Endorsement by a Sign						

STOP

Verified by Dr. Dhakshayani

DRUG : INJ ESOMEPRAZOLE				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
5mg	IV	OD	5/7	6AM	given	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP

Verified by Dr. Dhakshayani

DRUG : PRO 44 drops				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
15 drops	PO	BD	5/7.	10AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: start when conscious				10pm		
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

DRUG : Z&D drops				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
0.5ml	PO	OD	5/7			
Name & Signature of the Doctor Starting the Drugs:				11AM		
Additional Instructions: when conscious						
Daily Doctor's Endorsement by a Sign						

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 5.1 Kg Ward ....

DRUG: SUCRAL AND				Date/Time	5/7	6/7	7/7
Dose	Route	Frequency	Start Dt.				
4A	L/A	TID	5/7	6AM			
Name & Signature of the Doctor Starting the Drugs:				2PM	4:30P		
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							

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

DRUG: Inj LACOSAMIDE				Date/Time
Dose	Route	Frequency	Start Dt.	
25mg	IV	BD.	5/7	
Name & Signature of the Doctor Starting the Drugs:				W/H
Additional Instructions: maint dose - 9pm.				
Daily Doctor's Endorsement by a Sign				

DRUG: CALCITRIOL 0.2mcg				Date/Time	5/7	6/7	7/7
Dose	Route	Frequency	Start Dt.				
1 capsule	PO	BD.	5/7	10AM			
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: 1 capsule = [0.25mcg].				10pm			
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

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

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25-04-2026 0 Y 2 M 10 D (M)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 5.1kg Ward ....

				Date/Time			
DRUG : Inj Calcium gluconate.				Date/Time	5/7/26	6/7	
Dose	Route	Frequency	Start Dt.	6pm	ER	9:30AM	
5ml	iv.	TID.	5/7				
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm		5:30pm	
Additional Instructions: (5ml + 5ml 5% D) over 1 hour				10pm			STOP
Daily Doctor's Endorsement by a Sign							

DRUG : Syp LEVIPIL				Date/Time	6/7	7/7
Dose	Route	Frequency	Start Dt.	6am	1st given	
0.5ml	PO	BD	6/7/26			
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: LEVETIRACETAM (100 mg/ml)				6pm		
Daily Doctor's Endorsement by a Sign						

DRUG : VIT D3 DROPS				Date/Time	
Dose	Route	Frequency	Start Dt.		
1ml	PO	OD	6/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				5pm	
Additional Instructions: (1ml = 800IU)					
Daily Doctor's Endorsement by a Sign					

DRUG : SYP OSSOPAN -D				Date/Time	6/7	7/7
Dose	Route	Frequency	Start Dt.	6pm		
5ml	PO	TID	6/7			
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm		
Additional Instructions: @ 75mg/kg/day.				10pm		
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

Verified by

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

(P.T.O.)

HNH-00016369 IP26-00006745
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25-04-2026 0 Y 2 M 10 D (M)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 5.1 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	3PM	5ml Ca. gluconate + 5ml 5% Dx over 1hr.		IV		switch	

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Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

Weight. 5.1kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7/26	7:45am	inj midaz	0.5ml + 0.5ml	IV		
5/7/26	8am	inj midaz	0.5ml + 0.5ml	IV		
5/7/26	8:20am	inj calcium gluconate				
		5ml + 5ml 5% D over 30 min under cardiac monitoring		IV		
5/7/26	9:30am	inj calcium gluconate		IV		
		5ml + 5ml 5% D over 1 hour, under cardiac monitoring				
5/7/26	10AM	Inj LACOSAMIDE. 25mg (5mg/kg),		IV		

Verified by Dr. Dhakshayani

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I.V. FLUIDS CHART

Weight. 3.1 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/7	8:20am	IVF - DNS (2/3rd (M))	IV	13ml/h		Swathy / [illegible]	5/7		[illegible]
5/7	3:15pm	(1/2) M)	IV	10ml/h.		Soneros / Vaishnavi	6/7		[illegible]

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

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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7 Time:	2pm	6pm
Doctor/Nurse/Family Concern?		
Temperature (ºF) (scale 104–94)	98.1°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring	× (≈130)	× (≈135)
Heart Rate (Number)	136 bpm	138 bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)	× (≈36)	× (≈41)
Resp Rate (Number)	36 b/m	41 b/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	100%	99%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *		
TOTAL SCORE Number of shaded boxes	0	0
Pain Score		
Observer's Initials	[illegible]	[illegible]

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 25/4

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	⇒ Attend the baby condition ⇒ Monitor vitals ⇒ Administer medicati on as pediatrician	8pm to 8am	⇒ Assessed the baby Condition ⇒ monitored vitals & recorded ⇒ Administer medicati on	⇒ Baby is Stable	⇒ Reviewed vitals	L

Sticker

NURSING CARE RECORD

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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
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: Seizure			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	5/7/26 M6	5/7/26 E2	5/7/26 N1	6/7/26 M6	6/7/26 E2	
	Medical Condition (Any special condition to be noted):	Seizure	Seizure	Seizures	Seizure	Seizure	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6°F	98.1F	98.3F	
	Res:	30 b/m	32 b/m	30 b/m	28 b/m	28 b/m	
	SpO_2:	100%	99 %	99 %	100%	100%	
	Pulse:	160 b/m	158 b/m	120 b/m	121 b/m	150	
	BP:	–	–	–	–	–	
	Fall Risk Score:	–	–	–	–	–	
	Pain Score:	–	–	–	–	–	
Recommendations	Safety Needs:	yes	yes	yes	yes	yes	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	–	–	–	–	–	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Sunitha	Sunam	Ramya	Saisree	Sunitha	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		5/7/26	5/6/26	6/7/26	6/7/26	6/7/26	
Time:		2pm	8pm	8am	2pm	2pm	
Taken Over By Name :		Sunam	Ramya	Saisree	Sunitha		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		5/7/26	5/7/26	6/7/26	6/7/26		
Time:		2pm	8pm	8am	2pm		

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NURSING SHIFT HAND OVER FORM - WARD

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

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

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BRADEN 'Q' SCALE

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				Date : 5/7	5/7	5/7	5/7
				Time : 10AM	2PM	8PM	MG
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	25	25
				Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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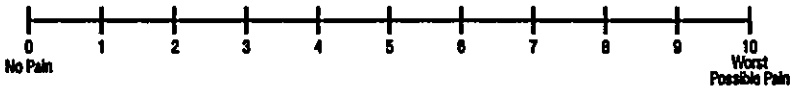
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/7/26	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7/26	3AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7/26	9AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7/26	5pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
	10pm			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016369 IP26-00006745
Master MOHD AZEEM MUZAMMIL
25-04-2026 0 Y 2 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	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					
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					
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					
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					
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA					
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : Sunitha

Signature of Ward In Charge :

Signature : ..... Name : Sunitha Sujatha

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7	DATE 5/7	DATE 6/7	DATE	DATE
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					
Diagnosis	Neurological Diagnosis	4	✓	✓	✓		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	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	✓	✓	✓		
	Total		15	15	16		

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:		Sarita	[illegible]	[illegible]		
Signature:		[illegible]	[illegible]	[illegible]		
Date:		5/7/26	5/7/26	6/7		
Time:		8AM	8pm	8pm		

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Tanvi .....

Date & Time : ..... 5/7/26 @ 7:30 Am .....

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

Date & Time : ..... 5/7/26 @ 7:35 Am .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Master Azeem Muzammil Age: 5M. Gender: Male ☑ Female ☐

UHID.No : 000 16369 Date: 5/7/26.

I ..... S/o, D/o, 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 :

? Refract Seizures / Hypocalcm Seizures

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 : Azeem ..... 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: .....

Name: .....

Relationship with Patient: Father

Date & Time: 05/7/26 @10:30Am

Witness :

Signature: .....

Name: Sunitha

Date & Time: 5/7/26 @10:30Am

Doctor (who is taking the consent) :

Signature: .....

Name: DR. Anusha

Date & Time: 5/7/26 at 10.30Am

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RBS - 98 mg/dl
wt - 5.1 kg

~~Syp.~~ Inj. Livipil Given by 6pm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : master. mohd. Azeem muzammil Age : 2m **Gender:** ☑ Male ☐ Female

Date : 5/7/26 Time of Arrival : 7:1 AM

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: 98°F PR: 144 b/m BP: ~~94~~/~~38~~ 45 (55) mmHg RR: .... SpO_2: 97%

Chief Complaints: c/o. cough - cold since 10 days, seizure like activity

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:02 Am

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : (B)

Date & Time : 5/7/26 @ 7:12 Am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/2/26 Time of arrival : 7:14 Am

Chief Complaints: c/o. cold, cough since 1 days, seizure activity 1 am RBS: .....

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

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse B @ 7:15 Am

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

Time	Nursing Notes
7:6 Am	Assess the pt condeteon monetore the vetals.

Samples collected by: Jyothi Time:

Samples sent by : Time: 8:10 Pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:00am	medazolam spray	nasal	1 Puf 2 nose	Dr. Tanvi	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ~~HS~~ 144b/m BP: 75/38 (57) mmHg CFT:	Shift - out from ER to: P\CU.
RR: .... SPO$_2$: 97%.	Time of Shift - out: ....
GCS: .... Temperature : 98°F	Handover given to: .... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

I.V placement Done

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 5/7/26 @ 7:18 Am.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016369 IP26-00006745 Master MOHD AZEEM MUZAMMIL 25-04-2026 0 Y 2 M 10 D (M) Dr. ABHISHEK RAVINDRA JAIN	5/7/26 @ 8:16 am	5/7/26 @
	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25/-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Suvitha

Date & Time of Patient Received : 5/7/26 at 10AM

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