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DISCHARGE SUMMARY

Name	Master SILUVERI KRISHIV RAO	**UHID**	HNH-00008647
Father/Guardian	Mr S.P. ASHWANTH RAO	**Age/Gender**	3 Y 10 M 14 D/ Male
Address	1-6-1014, MUSHEERABAD, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006763	**Admission Date**	06-07-2026
Ref Doctor	DR. SARFARAZ AHMED		
Discharge Date	07.07.2026		

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

Referral doctor
DR. SARFARAZ AHMED

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS	
FEBRILE SEIZURE (1ST EPISODE)	

History: Master SILUVERI KRISHIV RAO , 3 Y 10 M 14 D , old boy presented with the history of high grade fever since 1 day, 1 episode of seizure in the

IP No	IP26-00006763	Admission Date	06-07-2026

form of uprolling of eyeballs and generalised tonic clonic movements of all 4 limbs lasting for 3 minutes followed by post ictal drowsiness for 5 minutes, pain abdomen and urine output and oral intake, on the day of admission. For the above complaints, he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was febrile (102*F), maintaining saturations at room air. His heart rate was 110/min and Respiratory Rate - 26/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Nasal discharge, bilateral ITH were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 12.2 kilograms.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.2 gm%, White Blood Cell count of 13870 cells/cumm, platelet count of 3.48 lakhs/cumm and C-Reactive Protein of 26.0 mg/l. Serum Calcium was 9.9 mg/dl. Magnesium was 1.7 mg/dl.
Complete urine examination was normal.

Management: He was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. He was started on febrile seizure prophylaxis with Frisium.

He was regularly monitored for fever spikes, hemodynamic & neurological status. His fever spikes gradually settled and there were no further seizure

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episodes during hospital stay.

He remained hemodynamically stable and there were no further seizure episodes is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	* Tablet. Frisium (Clobazam = 5mg),	1/2 tablet	twice daily	evening dose tonight and stop
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 4 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

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* Tepid sponging if fever > 101 *F.
* Tablet. Frisium (Clobazam = 5mg), 1/2 tablet twice daily for 3 days every time with fever.
* Medistat - nasal spray (Midazolam = 1.25mg/puff), 1 puff intranasal (into right nostril) for future seizures.

Review consultation with Dr. PRITESH NAGAR on (10.07.2026) Friday in OPD with prior appointment **(Review consultation will be charged).**

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Name	Master SILUVERI KRISHIV RAO		HNH-00008647

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Name	Master SILUVERI KRISHIV RAO	**UHID**	HNH-00008647
IP No	IP26-00006763	**Admission Date**	06-07-2026

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006763 **Admit Date** : 06-Jul-2026 **Admit Time** : 06:08 PM **UHID** : HNH-00008647

Patient Details :

Patient Name	: Master SILUVERI KRISHIV RAO	**Age**	: 3 Y 10 M 13 D
Guardian	: Mr S.P. ASHWANTH RAO	**DOB**	: 23-08-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-6-1014, MUSHEERABAD Musheerabad Ndso Hyderabad Telangana INDIA 500020	**Phone No**	: 9912544592/ 9032155160
		E-mail	: ashwanthrao15@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 S.P. ASHWANTH RAO **Relationship** : Father

Contact Address : 1-6-1014, MUSHEERABAD Musheerabad Ndso Hyderabad Telangana INDIA 500020 **Phone No** : 9912544592 / 9032155160

Signature

Doctor Details :

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

Referral Doctor : DR. SARFARAZ AHMED **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

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ACTIVI HNH-00008647 IP26-00006763 **NG**
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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

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

Date of Admission : 6/7/26 Time : 6:08pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 210 Ward : 2nd floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	7:15pm	ER	2nd floor/210	

Cross Consultation Visit

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

INVESTIGATIONS

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

Date	Investigations		Sign
6/7/26	CRP		
	CRP	1110	
	Sr. Calcium		
	Sr. Magnesium		
	VBG	1109	
	GRBS	1113	
6/7/26	CUE	1128	

Cross checked by Sunanda

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Sig.
6/7/26	Infusion pump	9pm	5:15PM 7/7/26	11364	
			Cross checked by Surendra		

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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	
6/7/26	w placement	1 ✓	1281	Kavitha
		Cross checked by Sunanda		
7/7/26	NHA	(1)	1452	Sy
		Cross checked done by priyanka		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : KRISHIV

Patient ID# :

Consultant : Dr Pritesh

Final Diagnosis : Simple Febrile Seizures ? dehydration

Pediatric Multiorgan History & Physical Examination

Name : KRISHIV Age/Sex 3y 10m

Informant Mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 1day
c/o Seizure
c/o pain abdomen
↓ Urine output / ↓ Oral intake

History of present illness :

A 3y old child presented with complaints of

Fever - high grade (102 F) - 3episodes, insidious onset,
a/w - chills & rigor
- Subsided on paracetamol but recurred again
- No H/o travel
- No H/o similar complaints in family
- ~~No~~ H/o outside food consumption
- No H/o cry during micturition.
- No H/o any rash.

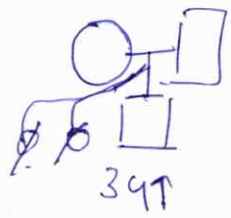
Seizure - 1e/o - GTCS - lasted 3mins
a/w frothing not a/w urine/stool passage,
a/w post ictal drowsiness.

1e/o pain abdomen - periumblical subsided on its own
non colicky
urine output ↓
Passes stool regularly, no loose stools/constipation

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate

Immunization History :

immunised uptodate

influenza ✓

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12.2 (Centile _____)

On Examination :

Temperature : 100F Pulse Rate: 110/min Description Regular rhythmic regular.

B.P. 90/60 SPO2 98 % at _____

Resp. rate and type of breathing : rhythmic 26/min

Rash no

Lymphadenopathy no

Oedema : no

Signs of Dehydration +

Nose - Nasal discharge + B/L ITH +

Respiratory system :

Inspection (any s/o distress) : (N) shape

Air entry & breath sounds : B/L AE +

Any addes sounds : NO added sounds

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

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 +

Any murmur : no

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

Per Abdomen :

Inspection ~~Soft~~ (N) shape

Palpation : Soft

Ausculation : Non tender

Spine: (N) Shape External Genitelia : WNL

Relevant data from outside (CT, USG etc.,) } X.

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI ? Dehydration

Simple FEBRILE SEIZURES (2nd episode)

Preventive aspects of the treatment :

AVOID Seizure

Desired goals of the treatment :

Febrile Seizure Prophylaxis
Treat for Infection focus
Diagnose

Planned Labs :

CBC, CRP, COT, BVG
Sr. Calcium, magnesium
VBG, GRBS.

Refer to ICU

Planned Management :

IV Fluids
midaz
Paracetamol
clobazam
Ibuprofen
monitor for Seizure
Trace reports.

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. Paresh [illegible]
Consultant Pediatrician & Intensivist
Reg. No: 47184

Doctor's Signature Name _____ Date _____ Time _____

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	c/s/b - Dr. Pritesh	
	A - AFI c dehydration	
	Simple febrile seizures (2nd episode)	
	No further SZ	
	- fever +	
		Plan
	o/E	- Trace reports
	febrile	- IV fluids
	S/E	N/BM
	WNL	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:00 A.M.	C/S/B Dr. Naipunya / Dr. Pranav	
	AFI c̄ dehydration	
	Simple febrile	Seizures (2nd episode)
	Fever spikes (+) (10pm, 3am)	Plan
		✓ Cont Tab. Frisium
	No further seizures	✓ Cont IVF 2/3 M
	oral intake - fair.	
	R/S - B/L AE (+) B/L NVBS	✓ watch for seizures
	P/A - soft, NT	✓ Monitor vitals
		NB Sunanda Fam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9:10 AM	S/B Dr. Pritesh	
	Δ AFI & dehydration	
	Simple febrile seizure	P/o
	Fever spikes (+)	- IT CLOBAZAM
	CVS - S1S2 (+)	- W/L seizures
	RS - BL-AE (+)	
		- IT IV fluids
	PA - soft	
	Conscious	- Encourage orally
		- Plan discharge
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg No. 67184
7/7/26 2:20 PM	S/B Dr. Sreejhan	
	Δ Simple febrile seizure,	Plan
	Throat follicles (+)	
	CVS - S1S2 (+)	- IT CLOBAZAM
	RS - BL-AE (+)	
		- W/L seizures.
	PA - soft	
	Conscious	- IT IV fluids
	No further seizure.	- Plan discharge

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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5:15 pm	c/s/B Dr. Pritesh	
	Single febrile seizures	
	- no fever	
	- no seizures	
	- oral intake: good	
	O/E	Plan
	vitals: stable	1) ct clobazam
	S/E (N)	2) STOP IVF
		3) discharge ~~today~~
		tomorrow
		morning.
		Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No. 87184 (stamp)
		[signature]
		N/B - Supriya 6:10pm 7/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/9/26 6AM	C/B Dr Archana/Dr. Nazneen	
	Δ: Simple febrile seizures	
	No fever spikes (last spike @ 6pm yesterday) 100.2°F	Advice • Continue Clobazam • Plan to discharge today
	No seizure spikes oral acceptance - good	N/B priyanka
	o/e vitally stable	
	o/e wnl	C/B Dr Archana

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Master SILUVERI KRISHIV RAO
13-08-2022 3 Y 10 M 14 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10 AM	c/s/B Dr. Pritesh	
	A - Simple febrile SZ - 2nd episode follicular tonsillitis	
		Plan
	O/E	- O.C examination >1hs
	O.C - membrane on (R) Tonsil	- cont clobazam
		- d/s
		- Amoxy oral plain x10 days.
	S/E WNL	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	
		NB - Supriya 10:05AM @ 8/7/26

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

(P.T.O)

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
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DRUG CHART

Date of Admission: 6/7/2026 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. PARACETAMOL

Dose	Route	Frequency	Start Date
4ml	Po	SOS	6/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (240mg/5ml)

Date/Time: 6/7 7/7 7/7 — 10pm 3:50am 11:30am 6:15pm

DRUG : Syp. IBUPROFEN

Dose	Route	Frequency	Start Date
3ml	Po	SOS	6/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: IBUGESIC (100mg/5ml)

DRUG : MIDAZOLAM Nasal spray MDS

Dose	Route	Frequency	Start Date
1spray	P/N	SOS	6/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 0.2mg/kg/dose (0.5mg/0.1ml)

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

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23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 12.2kg Ward. .....

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : TAB. FRISIUM

Dose	Route	Frequency	Start Date
5mg	PO	~~OD BD~~ HS	6/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Prashanti

Change BD

Additional Instructions:
once daily.

Daily Doctor's Endorsement by a Sign

Date / Time 6/7

DRUG : NASOCLEAR Nasal drops

Dose	Route	Frequency	Start Date
2 drops	PN	SOS	6/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Prashanti

Additional Instructions:
6th hrly.

Daily Doctor's Endorsement by a Sign

Date / Time 6/7 7/7 8/7

6am X

12pm X

6pm X

DRUG : Tab. FRISIUM

Dose	Route	Frequency	Start Date
5mg	PO	BD	7/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Sanya

Additional Instructions:
½ tablet

Daily Doctor's Endorsement by a Sign

Date / Time 7/6 8/6

10PM

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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

Weight. ..... 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

Signature .....

VERIFIED BY : Name .....

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

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

Date	Time	Addition of I.V. Fluid (In ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26.	1).	IV Fluids Plasmalyte	IV	G5 ml/hr	Rut.		7/7/26		
7/7/26	2:30 pm	PLASMALYTE	IV	↓ 30 ml			7/7/26		

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

HNH-00008647 IP26-00006763
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Dr. PRITESH NAGAR

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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: ..... 208 Bed 210 .....

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

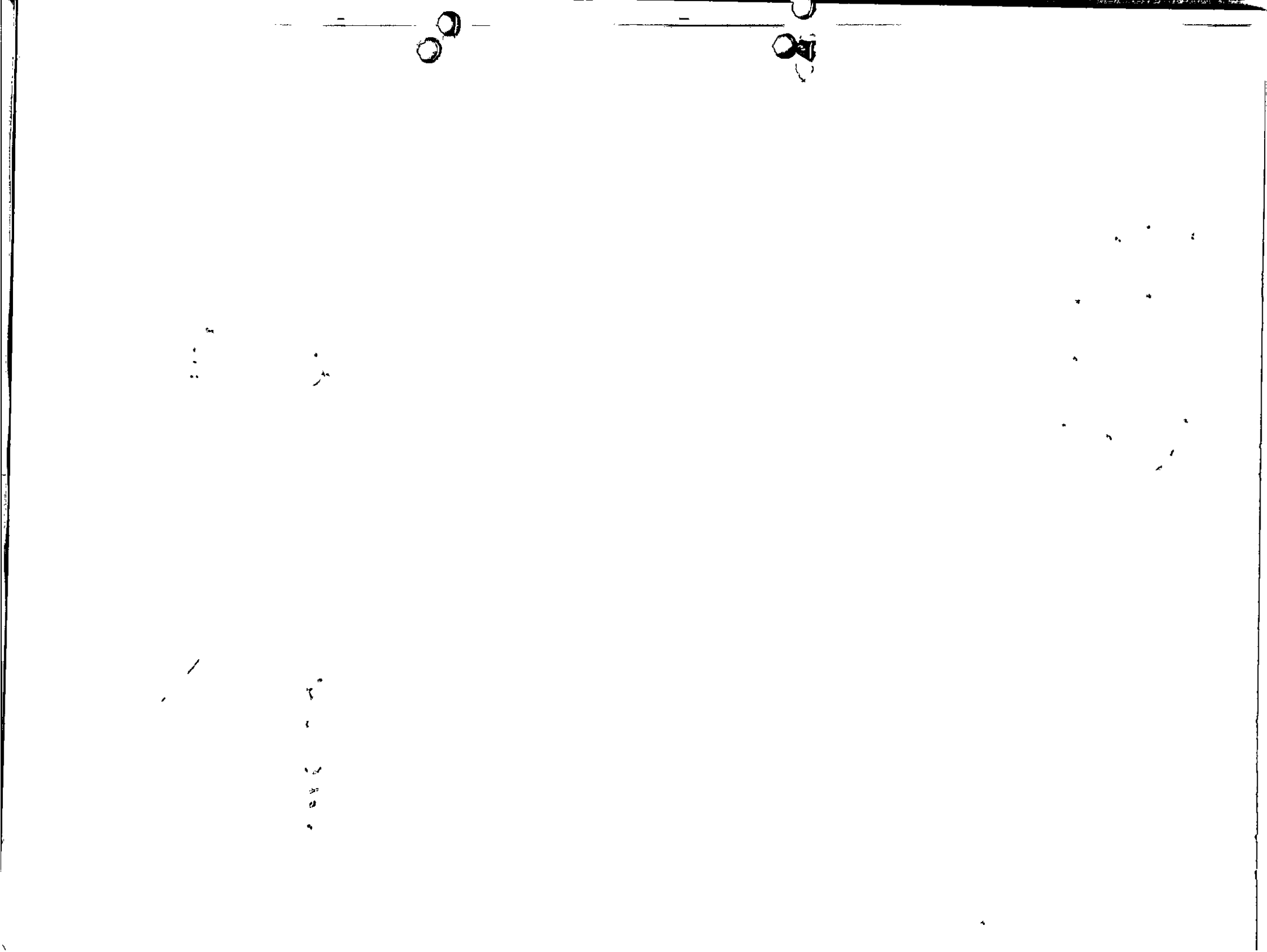
Doctor Name & Signature : Dr. Prashanthi .....

Date & Time : 6/7/26 @ 6:15 pm .....

Nurse Name & Signature: Kavitha @ .....

Date & Time : 6/7/26 @ 6:20 pm .....

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



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:TESH NAGAR

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RESULT SHEET

Date	6/7/26					
Time	6:26pm					
Hb	11·2					
PCV	30·3					
RBC	4·11					
WBC	13·82					
N/L	87·6/7·9					
Platelets	348					
CRP	26·0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	9·9/1·7					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	6/7/26					
Time	9:22pm					
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	Nil					
~~CUE~~ epithelial cells	1-2					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
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:H/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/07/16 Time: 7:35 pm 8pm 10 pm 12 am 2 am 3 50 am 5 am 6 am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.4F 98.8F 101.2F Crocin given 99.5F 99.2F 100.1F Crocin given 99.5F 98.4F

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

Note: BP does not score in early warning scoring

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

102 (74) 62 100 (82) 64 98 (64) 63

Heart Rate (Number) 120b/m 125b/m 109b/m 108b/m 112b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 29 30b/m 32b/m 30b/m 28b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 100 100% 100% 100% 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master SILUVERI KRISHIV RAO
3-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

Patien

CLINICAL / 125

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

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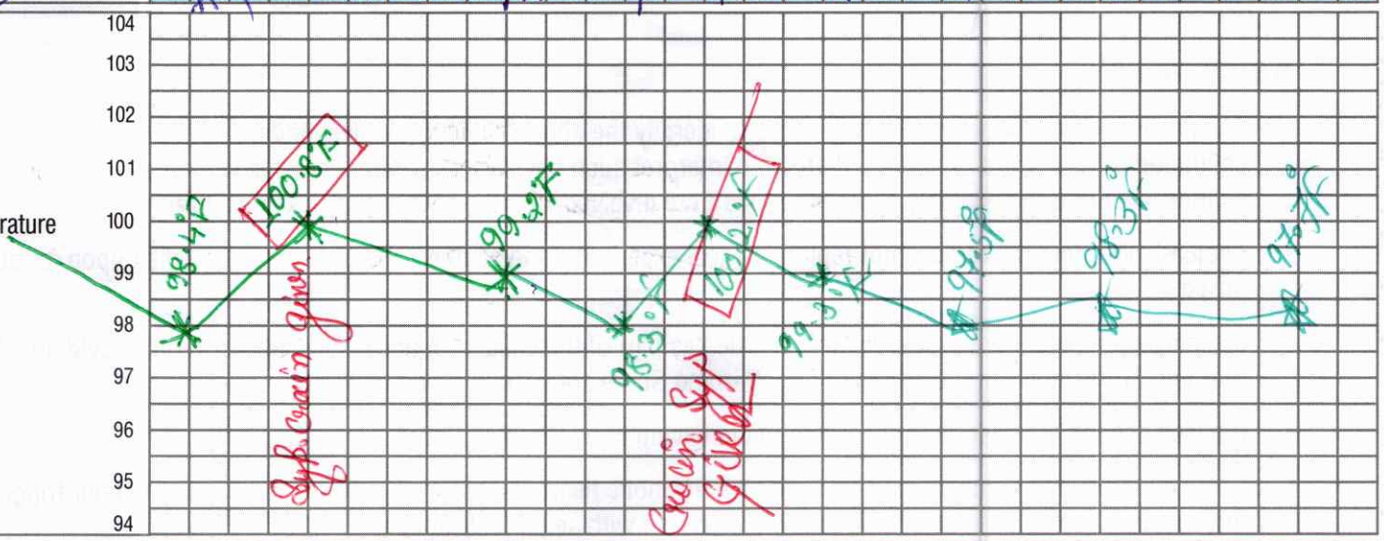
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 Time: 10 AM | 11:30 AM | 2 PM | 4:10 PM | 6 PM | 7 PM | 10PM | 2AM | 6AM

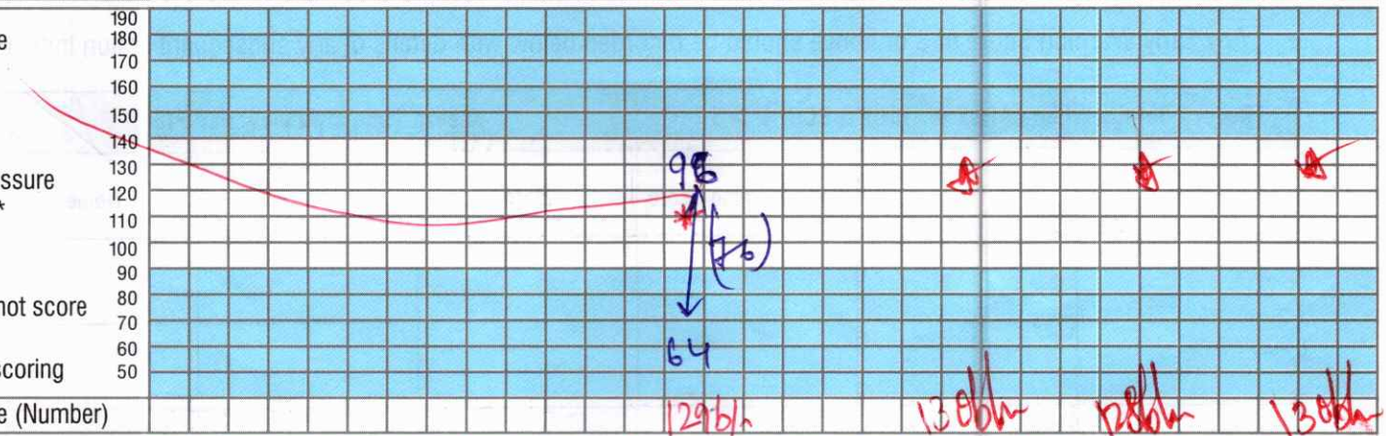
Doctor / Nurse / Family Concern?

Temperature (F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	129b/m		130b/m	128b/m	130b/m	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40b/m	36b/m	32b/m	30b/m	28b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	100%
Conscious Level: Normal / Altered						
GCS *			15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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 :**						
6/7/26	08:00 pm	↑				/						
	09:00 pm	Plasmalyte		45ml								
	10:00 pm		Curd Rice	45ml				NA		✓	0	
	11:00 pm			45ml								
	12:00 am		H2O	45ml	NA							
	01:00 am	↓		45ml								
Total Intake :		Taken				**Total Output :**				U-1	m-0	
7/7/26	02:00 am	↑		45ml		/						
	03:00 am			45ml								
	04:00 am	Plasmalyte	H2O	45ml			✓		/	✓	0	
	05:00 am			45ml	NA			NA				
	06:00 am			45ml								
	07:00 am	↓		45ml								
Total Intake :		Taken				**Total Output :**				U-1	m-1	

Total 24 hrs. Intake		Total 24 hrs. Output	

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ter SILUVERI KRISHIV RAO
8-2022 3 Y 10 M 13 D (M)
RITESH NAGAR

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7/26												
	08:00 am											
	09:00 am	0	Idly								0	
	10:00 am		H2O		ND				NA	✓		[signature]
	11:00 am									✓		
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output : U – 2 M						
7/7/26	02:00 pm		Rice				✓			✓	0	
	03:00 pm		+H2O								0	
	04:00 pm	0			NA						0	
	05:00 pm									✓	0	[signature]
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output :						
7/7/26	08:00 pm											
	09:00 pm		Rice							✓		
	10:00 pm	0	+		NA				NA		0	[signature]
	11:00 pm		H2O									
	12:00 am											
	01:00 am									✓		
Total Intake :						Total Output :						
8/7/26	02:00 am											
	03:00 am											
	04:00 am	0			NA				NA		0	[signature]
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

00008647 IP26-00006763
Mr SILUVERI KRISHIV RAO
2022 3 Y 10 M 13 D (M)
H NAGAR

Patient 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	8pm to 8am	– Assess the pt Condition – Moniton the v/s – Maintain the I/O – Drug as per chart	8pm to 8am	– Assess the pt Condition – Moniton the v/s – Maintain the I/O – Drug as per chart	– Now baby is stable	– Rechecked the v/s	SN

Patient S

8647 IP26-0000 6763
LUVERI KRISH. V RAO
2 3 Y 10 M. 13 D (M)
ESH NAGAR

NURSING CARE RECORD

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

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the General Condition of pt. → Monitor vitals. → Maintained I/O chart → Administered medication	8AM / 2PM	→ Assessed the general Condition of pt → Monitored vitals → Maintained I/O chart → Administered medication	pt is Stable	Re-assess vitals	
Afternoon	2PM to 8PM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	2PM to 8PM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O Chart maintain	→ Patient is stable	→ Re-checked the vitals & I/O	Supriya
Night	8pm / 8am	- Assen the pt. condition - Monitor vitals & recorded - Maintain I/o chard - Give Medication as prescribed by doctor	8pm / 8am	- Assened the pt. condition - Monitored vitals & recorded - Maintained. I/o chart - Given medication as prescribed by doctor	Patient is Stable	Re-checked vitals	

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FT HAND OVER FORM

SITUATION	Diagnosis: Seizure				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	6/7/26 N1	7/7/26 M6	7/7/26 E2	7/7/26 N1		
	Medical Condition (Any special condition to be noted):	—	—	—	—		
	Diet:	—	—	Soft	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.2°F	99.0°F	98.4°F	97.8°F		
	Res:	23b/m	24b/m	30b/m	30b/m		
	SpO_2:	99%	100%	99%	100%		
	Pulse:	124b/m	125b/m	126b/m	120b/m		
	BP:	102/67	103/67	100/64	101/62		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	"0"	"0"	"0"	—		
	Skin Integrity	Good	Good	Good	—		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	Soft	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Suraj	Sekar	Supriya	Priyanka		
Signature / ID :							
Date:		6/7/26	7/7/26	7/7/26	8/7/26		
Time:		12am	2PM	8pm	8AM		
Taken Over By Name :		Sekar	Supriya	Priyanka			
Signature / ID :							
Date:		7/7/26	7/7/26	7/7/26			
Time:		8am	2pm	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/7			7/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA				
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

008647 IP26-00006763
SILUVERI KRISHIV RAO
022 3 Y 10 M 13 D (M)
TESH NAGAR

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PAIN ASSESSMENT FORM

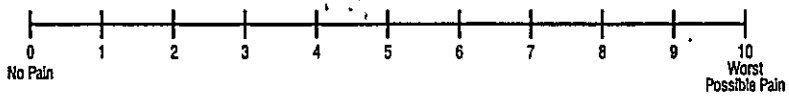
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7/26	6am	0/10	NA	☐ Continuous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

PATIENT TRANSFER FORM

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HNH-00008647 IP26-00006763 Master SILUVERI KRISHIV RAO 23-08-2022 3 Y 10 M 13 D (M) Dr. PRITESH NAGAR	Date & Time of Admission 6/7/26 @ 6:08pm	Date & Time of Transfer Order 6/7/26 @ 7:45pm
	Transfer Ordered by Dr. prashanth	Reason for Transfer Admission
From Unit ER	To Unit 210	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 14	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
K. vijaya	Dr. prashanth

Patient & Clinical Records Received by : Vijaya 6/7/26 @ 7:22 PM

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

HNH-00008547 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

wt 12.2 kgs

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EMERGENCY ROOM TRIAGE FORM

9RBS - 102 5:20pm

Patient's Name : mast SILUVERI KRISHIV Age : 3y 10m

Gender: ☑ Male ☐ Female

Date : 6/7/26 Time of Arrival : 5:10pm

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: 100°f PR: 136b BP: 99/61(71) RR: 36b SpO_2: 99%.

Chief Complaints: c/o fever since today morning seizure 1 episode today

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shivani

Signature of Triage Nurse : .....

Date & Time : 6/07/26 @ 5:12PM

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

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

GRBS - 102 mg/dl 5:20pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 06/07/26 Time of arrival : 5:14 p.m

Chief Complaints: c/o fever since today morning seizure 1 episode today cold since todays

Height : ..... Weight : 12.2 kgs Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☒ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** Assess the below parameters
History of Falling: within past 3 months ☐ Yes ☒ No

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... family .....

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

Time of Initial assessment completed by ER Nurse : ..... @ 5:16 p.m .....

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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

Time	Nursing Notes
5:18 PM	Sto Assess the patient condition monitor the vitals sis
	3:30pm Ibuprofen syp given At home.

Samples collected by: / Vijaya @ 6/07/26 Time: / 6:45pm

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 125 B/m BP: 100/62 CFT:	Shift - out from ER to: 210/2nd floor
RR: 28/m SPO2 at FiO2: 98%	Time of Shift - out: 7:15 PM
GCS: 15/15 Temperature : 99.5°F	Handover given to: Vijaya
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): 102 mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement Done.

Name of the Nurse : Shirisha Signature of the Nurse :

Date & Time : 6/07/26 @ 5:20 pm