

## DISCHARGE SUMMARY

|                        |  |                       |                     |
|------------------------|--|-----------------------|---------------------|
| <b>Name</b>            | Baby Of P LAVANYA  | <b>UHID</b>           | HNH-00015496        |
| <b>Father/Guardian</b> | Mr M. ANUROOP  | <b>Age/Gender</b>     | 0 Y 0 M 3 D/ Female |
| <b>Address</b>         | 301, RUTHUDAMA VEMPATI VARSHA, NEAR MOTHER DIARY PARK, NEW NALLAKUNTA, Nallakunta, Hyderabad, Telangana, INDIA, 500044 |                       |                     |
| <b>IP No</b>           | IP26-00006396  | <b>Admission Date</b> | 21-05-2026          |
| <b>Ref Doctor</b>      | SELF   |                       |                     |
| <b>Discharge Date</b>  | 23.05.2026   |                       |                     |

**Consultant:**

**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
30925

| <b>DIAGNOSIS</b>            | <b>ICD CODE</b> |
|-----------------------------|-----------------|
| NEONATAL HYPERBILIRUBINEMIA |                 |

**History:** Baby Of P LAVANYA is a 0 Y 0 M 3 D old baby girl presented with history of yellowish discolouration of skin and eyes since 1day prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was 16.7 mg/dl ). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Himayatnagar for further management.

|              |                   |                       |              |
|--------------|-------------------|-----------------------|--------------|
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| <b>IP No</b> | IP26-00006396     | <b>Admission Date</b> | 21-05-2026   |

**Birth history:** Baby Of P LAVANYA is a term ( 38 weeks + 2 days) baby girl, delivered to a primi mother by normal vaginal delivery on 19.05.2026 at 12:48 pm with birth weight of 2.68 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 6/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

**Examination:** She was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 142/min and Respiratory Rate - 50/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.6 kilo grams.  
Weight at discharge : 2.620 kilo grams.

**Investigations:** Enclosed.

## THYROID FUNCTION TEST

|                                   |       |             |        |
|-----------------------------------|-------|-------------|--------|
| TRIIODOTHYRONINE (T3)             | 153.4 | 73 - 288    | ng/dL  |
| THYROXINE (T4)                    | 17.81 | 5.04 - 18.5 | µg/dl  |
| THYROID STIMULATING HORMONE (TSH) | 8.90  | 0.7 - 15.2  | µIU/ml |

|              |                   |                       |              |
|--------------|-------------------|-----------------------|--------------|
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**Management:** She was admitted in ward. Her transcutaneous bilirubin on admission (done on OP basis) was 16.7 mg/dl . She was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Her last serum bilirubin on 3 days of life was 13.4 mg/dl with indirect fraction of 13.3 mg/dl for which phototherapy continued . On day 4 of life baby is clinically bleached /no icterus and accepting feeds well , hence being discharged .

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** To be done on follow up.

**New born screening advanced / Newborn screening-4:** To be done on follow up.

**At the time of discharge :** Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

**Advice:**

- Keep the baby clean & warm
- Exclusive breast feeding
- Continue direct breast feeds + measured feeds as advised.
- Monitor urine output.
- Immunization as per schedule
- Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.
- Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

**Plan:**

1. **Newborn screening advanced /Newborn screening-4 test report on followup.**

|              |                   |                       |              |
|--------------|-------------------|-----------------------|--------------|
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- 2. TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.**
- 3. Serum bilirubin to be decided on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on Monday (25.05.2026) in OPD at Himayatnagar with prior appointment (**Review consultation will be charged**).

**Review back to Hospital:** If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements 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 number 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](http://www.rainbowhospitals.in)**

|              |                   |                       |              |
|--------------|-------------------|-----------------------|--------------|
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**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
30925

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



## Rainbow Childrens Hospital-Himayatnagar

Rainbow  
Children's  
Hospital

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 : IP26-00006396      Admit Date : 21-May-2026      Admit Time : 04:03 PM      UHID : HNH-00015496

## Patient Details :

Patient Name : Baby Of P LAVANYA      Age : 0 Y 0 M 2 D  
Guardian : Mr M. ANUROOP      DOB : 19-05-2026 12:48 PM  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : 301, RUTHUDAMA VEMPATI VARSHA, NEAR      Phone No : 9880765533/ 9632262389  
MOTHER DIARY PARK, NEW NALLAKUNTA      E-mail : CHAMIKYA.ANUROOP@GMAIL.COM  
Nallakunta Hyderabad Telangana INDIA      500044

## Admission Details :

Bed Type : DAY CARE      Bed No : ER01      Ward Name : GF -EMERGENCY  
Room No : ER01      Admission Type : First Visit

## Contact Details :

Name : Mr M. ANUROOP      Relationship : Father  
Contact Address : 301, RUTHUDAMA VEMPATI VARSHA, NEAR      Phone No : 9880765533  
MOTHER DIARY PARK, NEW NALLAKUNTA  
Nallakunta Hyderabad Telangana INDIA 500044

  
Signature

## Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI      Specialisation : NEONATOLOGY  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

## Payment Details :

Payment Mode : DC/CC Card      Deposit Amount : 10000.00  
Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD

Printed Date / Time : 21/05/2026 16:06

Printed By : 016951

Ref.No. F/IN/PR/10



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

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

HNH-00015406      IP26-00006386  
Baby Of P LAVANYA  
19-05-2026      0 Y 0 M 2 D      (F)  
Dr. SPANDANA PASUPULETI



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

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

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

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



Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Informant Mother Reliability good.

Chief Presenting Complaints & Duration (Chronologically):

- yellowish discoloration of eyes & skin : 1 day

History of present illness :

M Bly → 0⊕ne

Risky blood group → 0⊕ne

- yellowish discoloration of eyes & skin : 1 day

- TCB - head : 16.7  
chest : 16.1

- accepting mother feeds well ✓ [DBF]
- passing urine & stools adequately.

- T.wt : 2.60 kg / B.wt : 2.68 kg.  
wt loss : 3%



Pediatric Multiorgan History & Physical Examination

HNH-00015496 IP26-00006396  
Baby Of P LAVANYA  
19-05-2026 0 Y 0 M 2 D (F)  
Dr. SPANDANA PASUPULETI



Anthropometry

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

Weight (kgs) 2.6 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.1 F Pulse Rate: 142 bpm Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 98% c/a at \_\_\_\_\_

Resp. rate and type of breathing : 50 bpm

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

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

**Respiratory system :**

RPE (+)  
clear

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : c/t/A: good

Any addes sounds.: \_\_\_\_\_

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

**Cardiovasclular System :**

S1S2 (+)

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

Heart Sounds : \_\_\_\_\_

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

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

**Per Abdomen :**

- soft  
- no distension

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 : \_\_\_\_\_

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

**Motor System :**

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

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

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

Posture : neuro +

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

**Reflexes :**

**DTR**

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

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

**Clinical Summary & Diagnostic :**

neonatal hyperbilirubinemia

Pediatric Multiorgan History & Physical Examination

HNH-00015496 IP26-00006396  
Baby Of P LAVANYA  
19-05-2026 0 Y 0 M 2 D (F)  
Dr. SPANDANA PASUPULETI

Preventive aspects of the treatment :

Desired goals of the treatment :

**Planned Labs :**

**Planned Management :**

1) NBS } Tomorrow  
2) SBR } morning  
22/5/26 e6am

1) DSPT  
2) warm care  
3) DBF every 2nd h  
Hb keeping  
4) monitor vitals.

**Please fill up the following details**

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

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

HNH-00015496 IP26-00006396  
Baby Of P LAVANYA  
19-05-2026 0 Y 0 M 2 D (F)  
Dr. SPANDANA PASUPULETI

**LING**

**ACT**

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



UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : pediatric

Date of Admission : 21/5/26 Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

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

**WARD TRANSFERS**

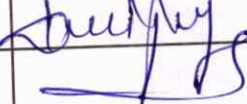


| Date           | Time          | From      | To                     | Signature of Nurse |
|----------------|---------------|-----------|------------------------|--------------------|
| <u>21/5/26</u> | <u>4:30pm</u> | <u>ER</u> | <u>2nd floor (214)</u> | <u>Bhargava</u>    |
|                |               |           |                        |                    |
|                |               |           |                        |                    |
|                |               |           |                        |                    |

**Cross Consultation Visit**

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



**INVESTIGATIONS**

| Date                                 | Investigations     | Order No. | Sign  |
|--------------------------------------|--------------------|-----------|---|
| 21/5/26                              | Tcb op Base's done |           |   |
|                                      | Head 16.7 ng/dl    |           |   |
|                                      | check 16.1 ng/dl   |           |  |
| 21/5/26                              | DSPT               | 20/12     |  |
| 5PM                                  |                    |           |   |
| 22/5                                 | SBR, TFT           | 8619      |  |
| <del>Cross checked done by SDR</del> |                    |           |   |







# DRUG CHART

Date of Admission: 21/5/26 Drug Allergies: None  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

VERIFIED BY: Name Signature









## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                           | Doctor's Order                 |
|-------------|--|--------------------------------|
| 21/5<br>9pm | <u>cls/B Di Progress</u>                 |                                |
|             | T / MVD / ASA / 2.68 kg / Girl / N N M D |                                |
|             |  | Phn                            |
|             | Baby 2 DSP T                             | 1) DSP T - eyes & genital exam |
|             | Enteral                                  | 2) DBF j/t burping 2x          |
|             | Cry                                      | 3) Warm Care                   |
|             | Tone } Good                              | 4) SBR } T/m 6AM               |
|             | Activity }                               | NBS }                          |
|             | R-S - B/LAE ⊕                            | 5) Monitor Vitals              |
|             | PIA - soft                               | Infon SOS                      |
|             | Percepting DBF                           | Phn                            |
|             | Passed urine kistead                     |                                |
|             |  |                                |
|             |  |                                |
|             |  |                                |
|             |  |                                |
|             |  |                                |
|             |  |                                |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                   | Doctor's Order   |
|-------------|----------------------------------|------------------|
| 22/5/24     | C/S/b Dr. Venun / Dr. Anuska     | MBG / Otvc       |
| 8 AM.       | Term / NVD / AGA / female / NNH. | BSG / Otvc.      |
|             | ↓ DSP T.                         | T.W - 2600 gms.  |
|             |                                  | B.W - 2680 gms.  |
|             | on DBF + PF Q2H.                 | A ← →            |
|             | Accepting feeds well.            | P - 3 P          |
|             | PE - vitals stable.              | Phar - Wcnc Care |
|             |                                  | - DBF Q2H hb     |
|             |                                  | - Temping        |
|             |                                  | - Trec SBR / TET |
|             |                                  | - Monitor vitals |
|             |                                  | MBG 5am @ 8am    |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes  | Doctor's Order   |
|-----------------|---|--|
| 22/5<br>10:30am | <p style="text-align: center;"><u>CBPA Dr. Tejaswi</u></p> <p style="text-align: center;"><u>PT / NVD / ASA / Gnd / NNND</u></p> <p style="text-align: center;">SBR - 13.4</p> <p>Baby ↓ DSPT<br/>on DBF</p> <p>C }<br/>T } Good<br/>A }</p> <p>R-5 - B/L PE @<br/>PLA - Soft</p> | <p style="text-align: center;"><u>Plan</u></p> <ol style="list-style-type: none"> <li>1) Numb can</li> <li>2) DBF j/b bulging, O, H</li> <li>3) Trace TFT</li> <li>4) Monitor Vitals</li> <li>5) Cf - DSPT to eye &amp; genital conduct</li> </ol> |
|                 | <p>Dr. E TEJASWI REDDY<br/>         Registration No: 94068</p>  | <p style="font-size: 2em;">Dr. Tejaswi</p>   |
| 22/5<br>1:30pm  | <p style="text-align: center;"><u>D/C At Request</u></p> <p>Parents have been advised about need to cont. phototherapy but parent want to get baby discharge. Hence since baby is sent discharge at request</p>   | <p style="text-align: center;"><u>Plan</u></p>   |







214

Doc. No. : RCH / FRM / CLINICAL / 124

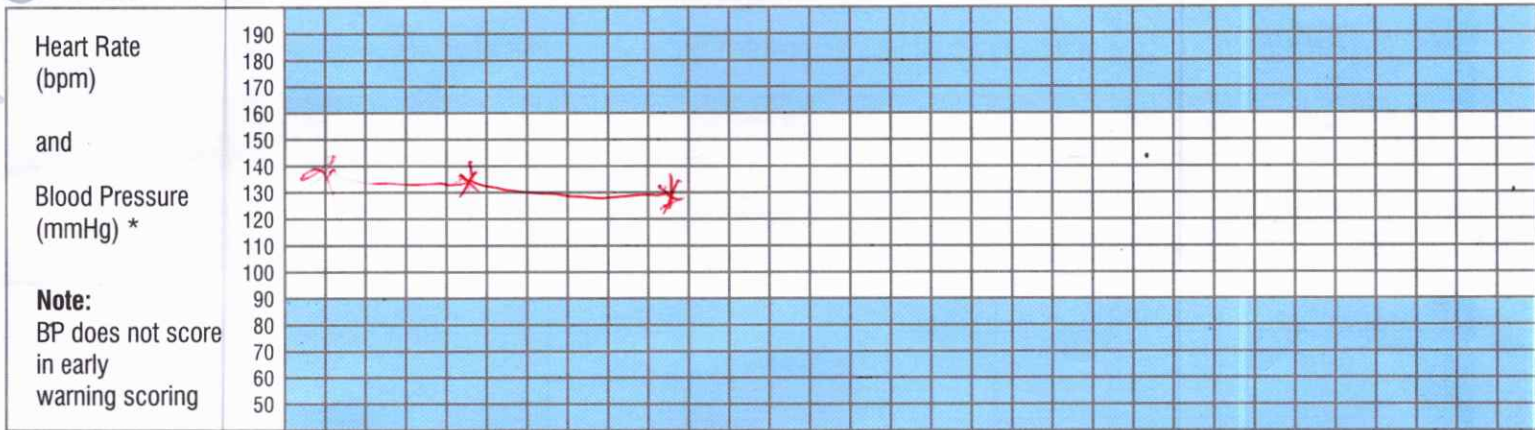
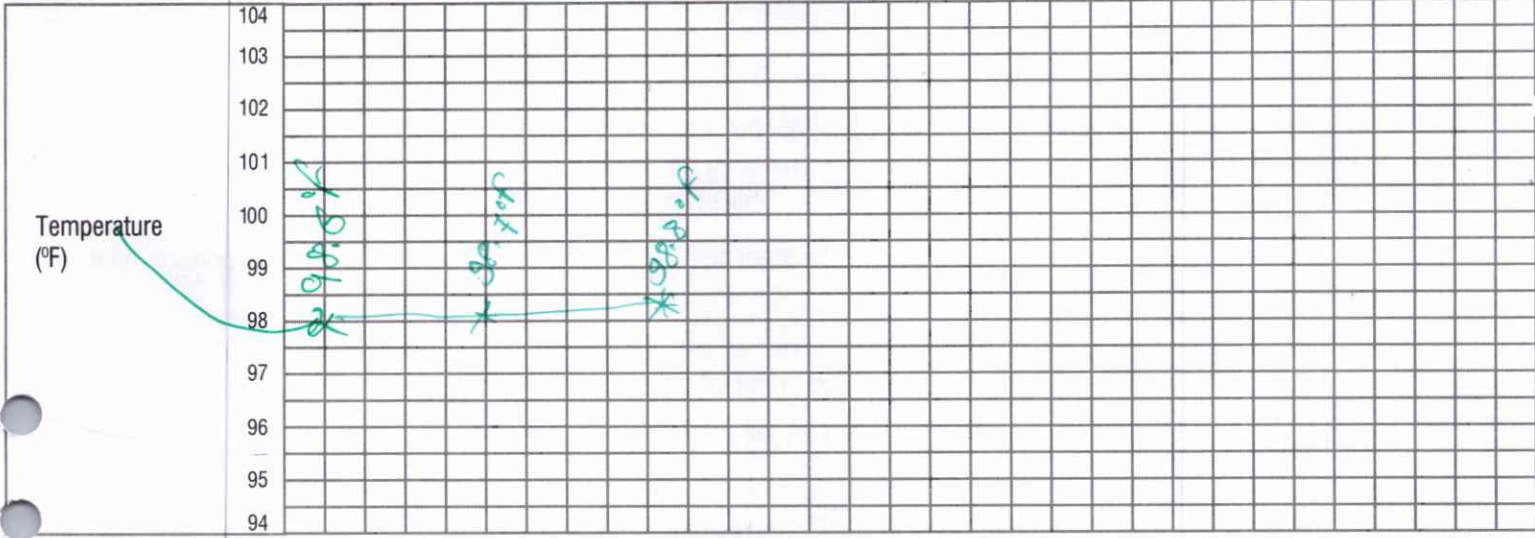
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



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

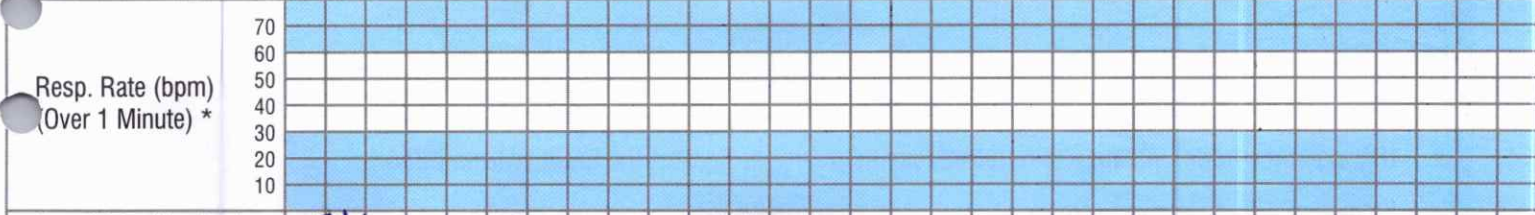
Date: 21/5/26 Time: 6:20 10 6

Doctor/Nurse/Family Concern? PM AM



**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number) 140bpm 135bpm 131bpm



Resp Rate (Number) 40bpm 40bpm 40bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100% 100%

Conscious Level Normal Altered

GCS \*

**TOTAL SCORE**  
 Number of shaded boxes 0 0 0  
 Pain Score 0 0 0  
 Observer's Initials B B B

**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.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

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

HNH-00015496  
 Baby Of P LAVANYA  
 19-05-2026 0 Y 0 M 2 D  
 Dr. SPANDANA PASUPULETI (F)

**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

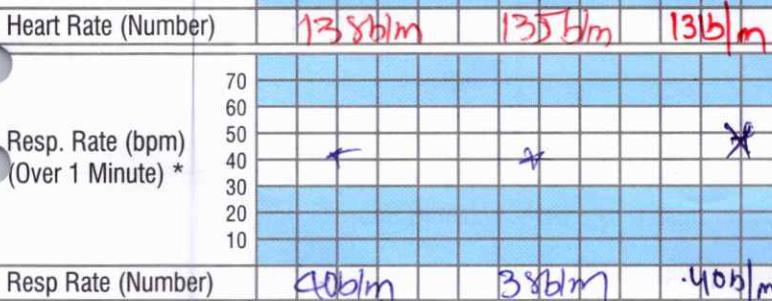
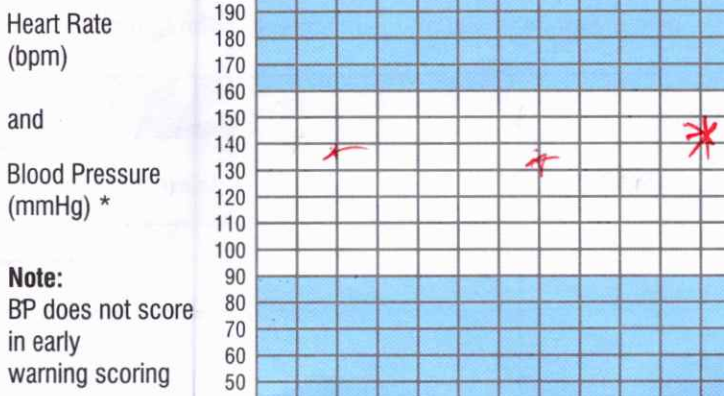
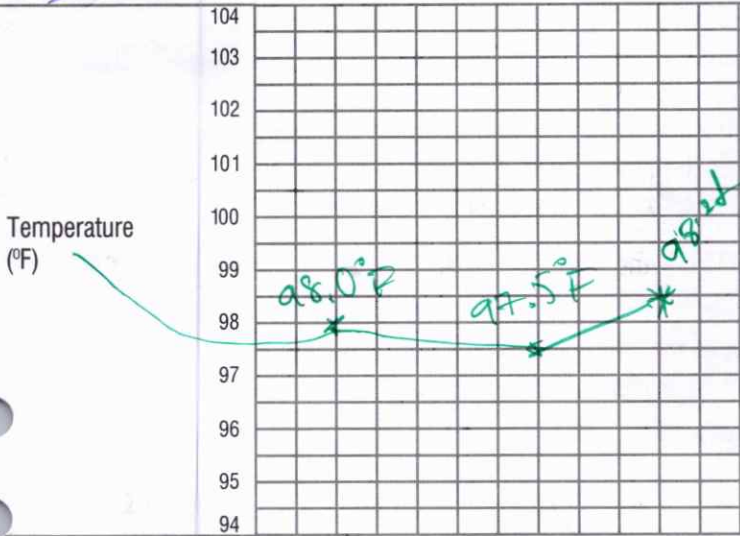


Patient Sticker

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

Date: 22/5 Time: 10AM 2pm 6PM

Doctor/Nurse/Family Concern?



Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)

|      |   |      |
|------|---|------|
| 10AM | 0 | 99%  |
| 2PM  | 0 | 99%  |
| 6PM  | 0 | 100% |

Conscious Level Normal / Altered

GCS \*

|                        |          |          |          |
|------------------------|----------|----------|----------|
| <b>TOTAL SCORE</b>     |          |          |          |
| Number of shaded boxes | 0        | 0        | 0        |
| Pain Score             | 0        | 0        | 0        |
| Observer's Initials    | <i>S</i> | <i>S</i> | <i>P</i> |

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

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

HNH-00015496 IP26-00006396  
 Baby Of P LAVANYA  
 18-05-2026 0 Y 0 M 2 D (F)  
 Dr. SPANDANA PASUPULETI



Patient Sticker

# FLUID CHART

Sheet No. : .....

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

| Date                  | Time     | Nature of Fluid | Intake |     |     | Output                |           |       |          |       | IV Site Thrombophlebitis Score | Sign. Nurse |  |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
|                       |          |                 | Mouth  | I.V | N.G | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                |             |  |
|                       | 08:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 09:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 10:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 11:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 12:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 01:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 2/15/26               | 02:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 03:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 04:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 05:00 pm | DBM             |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 06:00 pm |                 |        |     |     |                       |           |       |          | ✓     |                                |             |  |
|                       | 07:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
|                       | 08:00 pm | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 09:00 pm |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 10:00 pm | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 11:00 pm | D               |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 12:00 am | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 01:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
|                       | 02:00 am | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 03:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 04:00 am | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 05:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 06:00 am | DBF+FF          |        |     |     |                       |           |       |          |       |                                |             |  |
|                       | 07:00 am |                 |        |     |     |                       |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : 2

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

| Date                        | Time     | Nature of Fluid | Intake |     |     | Output                        |           |       |          |       | IV Site Thrombophlebitis Score | Sign. Nurse |   |   |   |   |   |   |
|-----------------------------|----------|-----------------|--------|-----|-----|-------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|---|---|---|---|---|---|
|                             |          |                 | Mouth  | I.V | N.G | NG                            | Diarrhoea | Vomit | Drainage | Urine |                                |             |   |   |   |   |   |   |
| 22/5/26                     | 08:00 am | DBF             |        |     | /   | /                             | /         | /     | /        | /     | /                              | /           |   |   |   |   |   |   |
|                             | 09:00 am | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 10:00 am | 0               |        |     |     |                               |           |       |          |       |                                |             | / | / | / | / | / | / |
|                             | 11:00 am | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 12:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 01:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                |             |   |   |   |   |   |   |
| 22/5                        | 02:00 pm | DBF             |        |     | /   | /                             | /         | /     | /        | /     | /                              | /           |   |   |   |   |   |   |
|                             | 03:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 04:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             | / | / | / | / | / | / |
|                             | 05:00 pm | 0               |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 06:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 07:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
| <b>Total Intake : Taken</b> |          |                 |        |     |     | <b>Total Output : M-3 0.2</b> |           |       |          |       |                                |             |   |   |   |   |   |   |
| 22/5                        | 08:00 pm |                 |        |     | /   | /                             | /         | /     | /        | /     | /                              | /           |   |   |   |   |   |   |
|                             | 09:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 10:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             | / | / | / | / | / | / |
|                             | 11:00 pm | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 12:00 am | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 01:00 am | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                |             |   |   |   |   |   |   |
| 22/5                        | 02:00 am |                 |        |     | /   | /                             | /         | /     | /        | /     | /                              | /           |   |   |   |   |   |   |
|                             | 03:00 am | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 04:00 am | FF              |        |     |     |                               |           |       |          |       |                                |             | / | / | / | / | / | / |
|                             | 05:00 am | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 06:00 am | DBF             |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
|                             | 07:00 am | FF              |        |     |     |                               |           |       |          |       |                                |             |   |   |   |   |   |   |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                |             |   |   |   |   |   |   |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015496 IP26-00006396  
 Baby Of P LAVANYA 0 Y 0 M 2 D  
 19-05-2026 Dr. SPANDANA PASUPULETI (F)

Patient Stic/



### NURSING SHIFT HAND OVER FORM

|  |  |  |   |   |   |   |   |  |
|--|--|--|---|---|---|---|---|--|
| SITUATION                                | Diagnosis:   | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known<br>If Yes Specify: ..... |   |   |   |   |   |  |
|  | Surgery / Procedure:                                   | Post OP Day: 22/5  |   |   |   |   |   |  |
| BACKGROUND                               | Date   | 21/5/26  | 21/5/26   | 22/5/26   | 22/5  | 22/5  |   |  |
|  | Shift  | E2   | N1  | N6  | E2  | N1  |   |  |
|  | Medical Condition (Any special condition to be noted): | -  | -   | -   | -   | -   |   |  |
|  | Diet:  | -  | -   | -   | -   | -   |   |  |
| ASSESSMENT                               | Allergy:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|  | Ventilation (RA, NP, NIV, VENTI):                      | -  | -   | -   | -   | -   |   |  |
|  | Tubes/Drains/Catheter:                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|  | Vital Signs:   | Temp:  | 98.5 F  | 98.1 F  | 97.8 F  | 98.3 F  | 98.2 F  |  |
|  |  | Res:   | 40b/m   | 40b/m   | 40b/m   | 45b/m   | 42b/m   |  |
|  |  | SpO <sub>2</sub> :   | 100%  | 100%  | 100%  | 98%   | 98%   |  |
|  |  | Pulse:   | 142b/m  | 140b/m  | 140b/m  | 142b/m  | 142b/m  |  |
|  |  | BP:  | -   | -   | -   | -   | -   |  |
|  |  | LOC:   | -   | -   | -   | -   | -   |  |
|  |  | Fall Risk Score:   | -   | -   | -   | -   | -   |  |
|  | Pain Score:  | -  | -   | -   | -   | -   |   |  |
|  | Skin Integrity   | -  | -   | -   | -   | -   |   |  |
| Recommendations                          | Safety Needs:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|  | Physiotherapy:   | -  | -   | -   | -   | -   |   |  |
|  | Others Specify:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|  | Special Diet:  | -  | -   | -   | -   | -   |   |  |
|  | Critical Lab Test / Values:                            | -  | -   | -   | -   | -   |   |  |
|  | Other Special Orders / Medications:                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|  | ADL (Dependent / Non Dependent):                       | Yes  | Yes   | -   | Yes   | Yes   |   |  |
| Post Operative Procedure Special Orders: | -  | -  | -   | -   | -   |   |   |  |
| Handed Over By Name :                    | Neha   | Suhani   | Priyanka  | Amrutha   | Sneha   |   |   |  |
| Signature / ID :                         | [Signature]  | [Signature]  | [Signature]   | [Signature]   | [Signature]   |   |   |  |
| Date:                                    | 21/5/26  | 22/5/26  | 22/5/26   | 22/5/26   | 23/5/26   |   |   |  |
| Time:                                    | 8PM  | 8AM  | 2PM   | 8PM   | 8AM   |   |   |  |
| Taken Over By Name :                     | Suhani   | Priyanka   | Amrutha   | Sneha   | [Signature]   |   |   |  |
| Signature / ID :                         | [Signature]  | [Signature]  | [Signature]   | [Signature]   | [Signature]   |   |   |  |
| Date:                                    | 21/5/26  | 22/5/26  | 22/5  | 22/5  |   |   |   |  |
| Time:                                    | 8PM  | 8AM  | 2PM   | 8PM   |   |   |   |  |

Patient Sticker



## NURSING SHIFT HAND OVER FORM

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



# BRADEN 'Q' SCALE

|   |  |  |   |  | Date : | 21/5/24 | 21/5/24 | 21/5/24 | 22/5/24 |
|---|--|--|---|--|--------|---------|---------|---------|---------|
|   |  |  |   |  | Time : | 6:2     | 11:16   | 12:2    | 2:17    |
| Mobility  | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.  | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.   | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.  |        | 4       | 4       | 4       | 4       |
| "Activity The degree of physical activity"  | <b>1. Bedfast :</b><br>Confined to bed   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."   | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.  | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.  |        | 4       | 4       | 4       | 3       |
| Sensory Perception  | <b>1. Completely limited:</b><br>Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.  | <b>2. Very limited:</b><br>responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.   | <b>3. Slightly limited:</b><br>Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.   | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.  |        | 3       | 4       | 4       | 4       |
| Moisture Degree to which skin is exposed to moisture  | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.   | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.   | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.   |        | 4       | 4       | 4       | 4       |
| <b>FRICION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.  | <b>2. Problem:</b><br>Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.  | <b>3. Potential problem:</b><br>Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.            | <b>4. No apparent problem:</b><br>Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."                         |        | 4       | 4       | 4       | 4       |
| Nutritional Usual food intake pattern   | <b>1. Very Poor:</b><br>NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | <b>2. Inadequate:</b><br>Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | <b>3. Adequate:</b><br>Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | <b>4. Excellent:</b><br>Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. |        | 4       | 4       | 4       | 4       |
| Tissue Perfusio & Oxygenation   | 1. Extremely compromised:<br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.  | 2. Compromised:<br>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:<br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.   | 4. Excellent:<br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.  |        | 4       | 4       | 4       | 4       |
| <b>TOTAL SCORE</b>  |  |  |   |  |        | 27      | 28      | 28      | 27      |
| <b>Evaluator's Name</b>   |  |  |   |  |        | (S)     | S       | S       | S       |

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

| Risk Score  | Category      | Action   | <b>Support Surfaces</b><br>(Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice) |
|-------------|---------------|--|--|
| 15-18       | At Risk       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>   | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>  | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>  | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |



# NURSING CARE RECORD



Date: .....

**Goals**

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

|           | Time       | Plan of Care  | Time       | Implementation  | Evaluation            | Re-Assessment      | Nurse Name & Signature |
|-----------|------------|---|------------|---|-----------------------|--------------------|------------------------|
| Morning   |            |   |            |   |                       |                    |                        |
| Afternoon | 4PM to 8PM | Assess the pt condition<br>Monitor the vitals<br>Maintain I/O chart<br>DBM every 2nd hourly<br>CIT DSPT | 4PM to 8PM | Assess the pt condition<br>Monitor the vitals<br>Maintain I/O chart<br>DBM every 2nd hourly<br>CIT DSPT       | Patient is now stable | Monitor the vitals |                        |
| Night     | 8PM to 8AM | Assess the pt condition<br>monitor vitals.<br>Maintain I/O chart.<br>DBM every 2nd hourly.<br>CIT DSPT  | 8PM to 8AM | assessed the pt condition<br>monitored the vitals<br>Maintained I/O chart<br>DBM every 2nd hourly<br>CIT DSPT | patient is stable now | monitor the vitals |                        |

HNH-00015496 IP26-00006396  
 Baby Of P LAVANYA  
 19-05-2026 0 Y 0 M 2 D (F)  
 Dr. SPANDANA PASUPULETI

Patient Sticker



# NURSING CARE RECORD



Date: 22/5/26

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

|           | Time | Plan of Care   | Time | Implementation   | Evaluation            | Re-Assessment        | Nurse Name & Signature |
|-----------|------|--|------|--|-----------------------|----------------------|------------------------|
| Morning   | 8am  | Assess the baby condition  | 8am  | Assessed the baby condition  | Patient is stable now | Re-checked vitals    | [Signature]            |
|           | 2pm  | <ul style="list-style-type: none"> <li>- Monitor vitals &amp; records</li> <li>- maintain I/O chart</li> <li>- DBF + RR 2nd hourly</li> </ul>          | 2pm  | <ul style="list-style-type: none"> <li>- Monitored vitals &amp; records</li> <li>- maintained I/O chart</li> <li>- DBF + RR 2nd hourly</li> </ul>          |                       |                      |                        |
| Afternoon | 2pm  | <ul style="list-style-type: none"> <li>→ Assess the pt condition</li> <li>→ 2nd hourly DBF + RR</li> </ul>   | 2pm  | <ul style="list-style-type: none"> <li>→ Assessed the pt condition</li> <li>→ monitoring vitals checked and recorded</li> </ul>                            | → pt is stable        | → Re-checked vitals  | [Signature]            |
|           | 8pm  | <ul style="list-style-type: none"> <li>→ I/O chart maintain in and recorded.</li> </ul>  | 8pm  | <ul style="list-style-type: none"> <li>→ continue DSPT at 12AM after 12AM SSPT continue</li> </ul>   |                       |                      |                        |
| Night     | 8pm  | Assess the pt condition  | 8pm  | Assessed the pt condition  | → pt is stable        | → monitor vitals     | [Signature]            |
|           | 10   | <ul style="list-style-type: none"> <li>monitor vitals &amp; records</li> <li>maintain ± 10 grams</li> <li>provide the comfortable position.</li> </ul> | 10   | <ul style="list-style-type: none"> <li>monitored vitals &amp; records</li> <li>maintained I/O chart</li> <li>provided the comfortable position.</li> </ul> |                       |                      |                        |
|           | 8am  | <ul style="list-style-type: none"> <li>medication give as per as of DSPT-SSPT 12AM</li> </ul>  | 8am  | <ul style="list-style-type: none"> <li>DSPT continue</li> </ul>  | → vitals normal       | → maintain I/O chart | [Signature]            |

ICB = head - 16.7 mgdl  
 chest - 16.1 mgdl  
 wt - 2.60kg



**EMERGENCY ROOM TRIAGE FORM**

Patient's Name : blo. lavanya Age : 3 days Gender:  Male  Female  
 Date : 21/5/26 Time of Arrival : 3:50pm  
 Allergies:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify): .....  Not known  
 Source of Information :  Parents  Others (Specify) .....  
 Mode of Arrival :  Ambulatory  Wheelchair  Ambulance  
 Initial Vital Signs: Temp: 97°F PR: 100b/m BP: ..... RR: 50bpm SpO<sub>2</sub>: 97%  
 Chief Complaints: cto. yellowish discoloration of the skin.

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

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

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

Signature of Parent / Guardian

Triage Completion Time : .....

**Communicable Disease Triage Screening**

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: .....
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

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

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

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

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

Name of Triage Nurse : Shargani

Signature of Triage Nurse : (Signature)

Date & Time : 21/5/26 @ 3:52pm

## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 21/5/26 Time of arrival: 3:50pm  
 Chief Complaints: do. yellowish discoloration of the skin RBS: .....

Height: ..... Weight: 2.60kg 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 : .....

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

| Time   | Nursing Notes                                  |
|--------|--|
| 3:56pm | ASSESS the pt Condition<br>monitore the vitals |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |

Samples collected by: /

Time: /

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: <del>126</del> 122 bpm BP: ..... CFT: ..... | Shift - out from ER to: 2nd floor (214) |
| RR: 50 bpm SPO <sub>2</sub> : 97%               | Time of Shift - out: 4:30pm             |
| GCS: ..... Temperature: 97°F                    | Handover given to: <i>NSH</i>           |
| Pain Score: .....                               | (Nurse's Name)                          |
| Repeat RBS (if applicable): .....               |   |

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse: *Bhargavi* Signature of the Nurse: *(B)*

Date & Time: *21/5/26 @ 3:58pm*

P MNH-00015496 IP26-00006396 **FORM**

Baby Of P LAVANYA  
19-05-2026 0 Y 0 M 2 D (F)  
Dr. SPANDANA PASUPULETI



|  |   |
|--|---|
| Date & Time of Admission<br><i>21/5/26 @ 4:30pm</i>  | Date & Time of Transfer Order<br><i>21/5/26 @ 4:30pm</i>  |
| Treating Consultant Name   | Transfer Ordered by<br><i>Dr. Ramu</i>  |
| Reason for Transfer<br><i>ADMISSION</i>  | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| From Unit<br><i>ER</i>   | To Unit<br><i>2nd floor (214)</i>   |
| Number of Sheets in Clinical File<br><i>251-</i>   | Number of Imaging Films<br><i>—</i>   |
| Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>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<br><i>Bhargavi</i> | Name of Person Ordered Transfer<br><i>Dr. Ramu</i> |
| Patient & Clinical Records Received by :<br><i>Maha</i>           |  |
| Date & Time of Patient Received :<br><i>21/5/26 @ 4:30pm</i>      |  |

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-00015496  
 Baby Of P LAVANYA IP26-00006396  
 19-05-2026 0 Y 0 M 2 D (F)  
 Dr. SPANDANA PASUPULETI



## MEDICATION RECONCILIATION FORM

Drug Allergies: NPII  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: 2nd floor (214)

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                          |
|------|---|-------------------|---------------------------|-----------|--------------------------|--|
| 1    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10   |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Tanvi

Date & Time : 21/5/26 @ 3:52 pm

Nurse Name & Signature: Bhargavi

Date & Time : 21/5/26 @ 3:55 pm

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