DISCHARGE SUMMARY

Name	Baby SANYA ZEHRA KHURASANI	UHID	HNH-00015617
Father/Guardian	Mr SAJJAD ALI KHURASANI	Age/Gender	4 Y 7 M 18 D/ Female
Address	FLAT.NO: 405, LAKE VIEW APTS., Chaderghat, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006428	Admission Date	25-05-2026
Ref Doctor	Dr Siraj Afroz		
Discharge Date	28.05.2026		

Consultant:
Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

Referral Doctor
Dr Siraj Afroz

DIAGNOSIS	ICD CODE
SEVERE PNEUMONIA WITH RESPIRATORY DISTRESS	

History: Baby SANYA ZEHRA KHURASANI, 4 Y 7 M 18 D old girl presented with history of cough & cold since 2 days, vomitings 5 episodes, fever since 1

Name	Baby SANYA ZEHRA KHURASANI	UHID	HNH-00015617
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day, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations / SpO2 of 88% at room air. Heart rate was 164/min and Respiratory Rate - 45/min. Peripheries were warm, pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions. On auscultation, air entry was bilaterally equal with bilateral severe wheeze & fine crepitations. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

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

Weight on admission: 18.3 kgs.

Investigations: Enclosed reports.

Adenovirus PCR test was sent, which was negative.
Mycoplasma IGM was reactive.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.

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Date	On 25.05.2026	On 27.05.2026
TEST	**Result**	**Result**
CBP: Hemoglobin	13.0g/dl	11.6 g/dl
While blood cell	13700 cell/cmm	7800cell/cmm
Platelets	3.27 lakh/cmm	3.11 lakh/cmm
CRP	40.0 mg/L	15.4 mg/L
PROCALCITONIN	0.258 ng/ml	ng/ml

Chest X-ray shows:
Patchy areas of opacities noted involving right upper and bilateral paracardiac regions.

ULTRASOUND CHEST
Large area of dense consolidation is noted in right upper and mid lobes anterior segments, with multiple air bronchograms. No obvious necrotic areas noted within at present - Likely infective etiology.
Small area of consolidation is noted in left mid / lower zone anterolaterally,

Name	Baby SANYA ZEHRA KHURASANI	UHID	HNH-00015617
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with multiple air bronchograms. No obvious necrotic areas noted within at present - Likely infective etiology.
Multiple confluent B lines are noted in bilateral lung fields, predominantly in the posterior lung fields.
Mild non tappable bilateral plural effusion noted, of thickness measuring 3.5 mm on the right and 1.5 mm on the left side
Both domes of diaphragm are moving normally with respiration.
No focal mediastainal lesions.
- For clinical correlation.

Management: She was admitted in PICU in view of respiratory distress and was started on HHHFNC with flow 18L, Fio2 at 40%, maintenance IV fluids and IV antibiotics. In view of chest signs, she was frequently nebulised with Levolin and Ipravent.

In view of persistent severe wheeze, IV Magnesium sulphate and methyl prednisolone were administered. USG chest was s/o severe pneumonia. She was started on oral azithromycin and oseltamivir empirically. Later IV Linezolid was added. Chest physiotherapy was started. Mycoplasma IgM was done which was positive and hence IV Levofloxacin was started and Ceftriaxone, Azithromycin were stopped. Later child's distress gradually subsided and hence HFNC gradually tapered and taken on oxygen by nasal prongs and shifted to room side.

In the ward nebulization's were gradually tapered and as distress subsided oxygen was tapered and stopped. At present child is vitally stable and maintaining saturations on room air and hence is being discharged with the following advice.

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She was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually her oxygen support was gradually tapered & stopped. As she remained hemodynamically stable, maintaining saturations at room air, accepting orally well, she was shifted to ward for further management.

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

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

Medication during hospital stay:
Injection. Esmoprazole
Injection. Ceftriaxone
Injection. Linezolid
Nebulisation Ipravent
Nebulisation Levolin
Nebulisation 3% Nacl
Syrup. Azithromycin
Syp. Fluvir
Syp. Bevon

Advice:
* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. LEVOFLOXACIN (Levofloxacin - 5ml/125mg)	7 ml	8am - 8pm (after food)	For 7 days.
2	NEBULISATION with Levolin (0.31mg)	1 respule	every 6th hourly	till further orders
3	Nebulization with 3% NS	1 respule	6th hourly	for 3 days
4	Syrup. BEVON	5ml	once daily	1 month
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

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

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ANIKET ANIL PARASHAR **on Monday(01.06.2026)** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Regular followup with Dr Siraj Afroz, Primary Pediatrician.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours

Name	Baby SANYA ZEHRA KHURASANI	UHID	HNH-00015617
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after food based on tolerance of stomach.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed occurs or any abnormal movements.

If any IV antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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.**

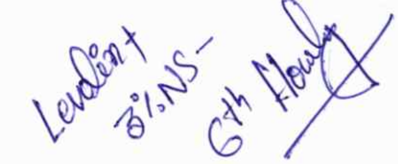
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Baby SANYA ZEHRA KHURASANI	UHID	HNH-00015617
IP No	IP26-00006428	Admission Date	25-05-2026

Registrar/Resident/C.M.O

Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00	Levolin + Hypernebs (2)	[illegible]	
	06.00	2770	(2)	
	07.00			
	08.00			
	09.00			
	10.00			
	11.00	~~[illegible]~~ 2778	(1) [illegible]	
	12.00	Levolin + 3% NS	[illegible]	
	13.00			
	14.00			
	15.00	cross checked		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

levolin 0.31mg – 4th hourly
Hyper neb – 6th hourly

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
28/5/26	03.00	levolin 0.31mg		✓
	04.00		4.	✓
〃	05.00	hyper neb	2521	
	06.00			
〃	07.00	levolin 0.31mg		
	08.00			
	09.00			
	10.00			
	11.00	Hyperneb + Levolin 0.31mg	① 2552	✓
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00	levolin+ Hyperneb ①	Sneha	[signature]
	18.00			
	19.00			
	20.00		2770	
	21.00			
	22.00			
	23.00	Levolin 0.31mg. levolin. Hyperneb ① ②	[illegible]	

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

levolin 0.31mg — 2nd hourly.
Hyper Neb — 6th hourly.
Ipravent — 6th hourly.

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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/5/26	00.00			
"	01.00	levolin 0.31mg.		
	02.00			
	03.00		4	
"	04.00	levolin 0.31mg.	2315	
"	05.00	Hyper Neb.		
	06.00			
"	07.00	levolin 0.31mg.		
	08.00			
	09.00	Levolin 0.31mg	2449	
	10.00			
	11.00	Levolin 0.31mg + Hyperneb	3	
	12.00		Sonam	
	13.00	Levolin 0.31mg		
	14.00			
	15.00			
	16.00	levolin 0.31mg	2449	
	17.00	HyperNeb		
	18.00		3	
	19.00	Levolin 0.3mg.	Swetha	
	20.00			
	21.00			
	22.00			
	23.00	levolin 0.31mg + Hyper Neb.	1	2521

Doc. No. : RCH / FRM / CLINICAL / 170

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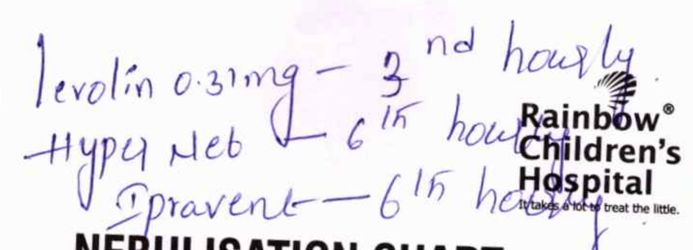
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR



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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/5/26.	00.00	levolin		
"	01.00	Ipravent + levolin		✓
"	02.00	levolin	7	11
"	03.00	levolin	Ramya	
"	04.00	levolin		
"	05.00	levolin + Hyper Neb.	2161	
"	06.00	levolin		
"	07.00	Ipravent + levolin		
	08.00			
"	09.00	Levolin 0.31mg		
	10.00			
"	11.00	Levolin 0.31mg + HyperNeb		
	12.00			
"	13.00	Levolin 0.31mg + Ipravent	2252	✓
	14.00			
	15.00		6	✓
"	16.00	levolin 0.31mg	Smitha	
"	17.00	HyperNeb		
	18.00			
"	19.00	levolin 0.31mg + Ipravent	✓	
	20.00			
	21.00			
"	22.00	levolin 0.31 mg	2315	✓
"	23.00	Hyper Neb	2	

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

levolin 0.31mg - 2nd hourly
Iprovent 250mg - 6th hourly

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
25/5/26	19.00	levolin 0.31mg + Iprovent	Sanam	
	20.00			
"	21.00	levolin 0.31mg		
	22.00	levolin 0.31mg + back to back	(4)	
"	23.00	levolin 0.31mg	2161	

Rainbow Children's Hospital

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 : IP26-00006428 **Admit Date** : 25-May-2026 **Admit Time** : 06:10 PM **UHID** : HNH-00015617

Patient Details :

Patient Name	: Baby SANYA ZEHRA KHURASANI	**Age**	: 4 Y 7 M 17 D
Guardian	: Mr SAJJAD ALI KHURASANI	**DOB**	: 08-10-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT.NO: 405, LAKE VIEW APTS. Chaderghat Hyderabad Telangana INDIA 500024	**Phone No**	: 9398699568/ 7207561619
		E-mail	: SAJJADAK9999@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 SAJJAD ALI KHURASANI	**Relationship**	: Father
Contact Address	: FLAT.NO: 405, LAKE VIEW APTS. Chaderghat Hyderabad Telangana INDIA 500024	**Phone No**	: 9398699568

Signature

Doctor Details :

Doctor Name	: Dr. ANIKET ANIL PARASHAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Siraj Afroz	**Phone No**	: 9440029848
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: FAMILY HEALTH PLAN INSURANCE TPA LTD

ACTIVITY RECORD FOR BILLING

Name: HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	7:00PM	ER	PICU	[signature]
28/5/26	11:30am	PICU	2nd Floor Room (216)	[signature]

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
25/6/26	CBP, CRP, Respiratory Panel	883 5	[signature]
	Mycoplasma IgM		
27/5/26	VBG	8834	
26/5/26	X-Ray chest PA	6350	[signature]
26/5/26	Ultrasound chest	6356	[signature]
26/5/26	PCT	8858	[signature]
27/5/26	CBP, CRP	8894	[signature]
	Cross checked by Srijatha on 28/05/26 [signature]		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	Invasive Monitoring	25/5/26 7PM	29/5/26 12pm	02087	
	Infusion pump	25/5/26 7PM	26/5/26 at 11 Am	02087	[signature]
	HFNC	25/5/26 7PM	28/5/26 at 9AM	02099	[signature]
	Oxygen	25/5/26 7PM	29/5/26 10 Am	02099	
	Cross checked by Sujatha on 28/[illegible]/2				
					at 11a

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/5/26	IV cannula.	1	2081	[illegible]
26/5/26	Nebulization.	11.	2161	Ramya
26/5/26	NHA	1	2228	[illegible]
26/5/26	Nebulizatioon	6	2252	[illegible]
27/5/26	Nebulization.	6	2315	Ramya
27/5/26	physiotherapy (1)	1	024251	[illegible]
27/5/26	Nebulization	6	2449	[illegible]
28/5/26	nebulization	4	2521.	[illegible]
	Cross checked by Sujatha on 28/05/26 at 11:12			
28/5/26	Nebulization	1	2552	[illegible]
28/5	Physiotherapy (2)	1	2605	[illegible]

Cross check [illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : ______________________

Patient ID# : ______________________

Consultant : ______________________

Final Diagnosis : ______________________

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

c/o Cough } x 2 days
Cold }

c/o Vomitings x 5 episodes from yesterday.

c/o Fever x yesterday

History of present illness :

Child was apparently alright 2 days back, then after travel developed cough, dry, progressive in nature continuous

c/o cold a/w nose block, sudden onset progressive.

c/o Vomitings 5 episodes since yesterday non projectile, watery, non progressive.

c/o Fever x yesterday, High grade continuous progressive.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

No similar c/o in family.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Up to date.

Immunization History :

~~Last~~. flu vaccine not given.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 18.3 kg (Centile ________)

On Examination :

Temperature : ________ Pulse Rate: 164/min Description ________

B.P. ________ SPO2 88 % at RA

Resp. rate and type of breathing : Tachypnea +
RR: 45/min

Rash ________ SCR/ICR (+)

Lymphadenopathy ________

Oedema : ________

Respiratory system : B/L Crepitations +++

Inspection (any s/o distress) : ________

Air entry & breath sounds : ________

Any addes sounds : ________

Relevant data from outside (Chest X-Ray, ABG, etc.,) 25/5/25 CXR B/L Patchy paracardiac infiltrates.

Cardiovasclular System : $S_1 S_2$ +

Inspection of procordium : ________

Heart Sounds : ________

Any murmur : ________

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

Per Abdomen : Soft.

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 : 15/15.

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials :

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

LRTI c̄ severe RD.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent RF

Desired goals of the treatment :

Treat underlying infection.

Planned Labs :

VBG.
CBP
CRP
5 virus panel.
IgM Mycoplasma.

Entra. Plain

Planned Management :

→ HHHFNC 15 L flow 40% FiO2. Target sats. >94%.

1. IVF 2/3 Maintanance
2. inj Ceftriaxone 1g IV BD
3. Syp Azithromycin (200mg/5ml) 4.5ml OD.
4. Syp Fluvir. 3.5ml BD.
5. Neb. Levolin 0.31mg Q2H
6. Neb. Ipravent 250mcg Q6H.

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. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

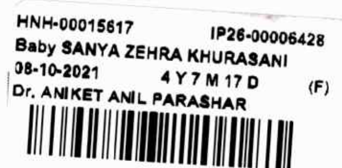
Doctor's Signature Name Date Time

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Dr. Prabhath	
6pm		
	△ LRTI c̄ Severe RD	
	Tachypnea - still persistant.	
	Neb. Levolin → Budecort → Levolin given in ER.	
		Plan
	On - 5L/min O_2 by Mask.	(1) Shift to PICU.
	O/E RR 44/min. Child active. RS Diffuse crepts (+)	HHHFNC ↑ to 18L flow 40% FiO_2 target SpO_2 94%.
		(2) w/f RD. Monitor vitals.
		(3) CT. inj Ceftriaxone. Syp Azithromycin fluvir
		(4) Trace reports.
		(5) T/m Plan CXR.

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/	S/B Dr. Prabhakar [struck through]	
25/5/26 08:00 pm	S/B Dr. Aniket P	
	Pneumonia with Respiratory distress	
	on HHHFNC (FiO2 40%, flow 15 L/min)	
	Afebrile	
	RR - 30/min with subcostal retractions	
	SpO2 - 96% on FiO2 40%	
	Bilateral expiratory wheeze + fine crackles	
	Hemodynamically stable.	
		Advice:
	Dr. Aniket Anil Parashar, Consultant Paediatrician & Intensivist [stamp]	- Inj: MgSO4 1.5ml in 20ml NS IV over 30min.
		- Continue Neb. Levolin 2nd hourly
		- Ryles SOS
		Sd/- Dr Aniket

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 08:00 pm	Counselling note	
	Pneumonia with severe breathing difficulty	
	on non-invasive breathing support (HHHFNC)	
	needing high oxygen support to maintain oxygenation	
	severe chest congestion.	
	Chest X-ray, blood count suggestive of pneumonia	
	Plan to continue HHHFNC, IV antibiotics & 3rd hourly nebulisations.	
	Risk of worsening breathing difficulty + complications of pneumonia (ARDS, Empyema, sepsis) explained.	
	Child may need atleast 3-5 days of PICU stay based on response to treatment.	
	[illegible signature] Dr. Aniket	[illegible signature] (Rathod)

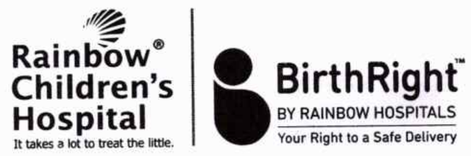
HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	COUNSELLING NOTES	
25/5/26		
8:30PM	USG Thorax done	
	↓	
	shows big consolidation → in right upper zone	
	- X ray to be repeated tomorrow morning.	
	- USG thorax by Radiologist tomorrow.	
	- Started oral medications (Fluvir & Azithromycin)	
	IV medications.	

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5 10:15pm	c/s/B Dr Pranav	
	Pneumonia c̄ Severe R.D	
	- RD ⊕	Plan
	- No fever : admission	1) HFNC { FiO2 - 45% Flow - 18 Lit
	- Accepted food	
	On HFNC { 18 Lit 40% FiO2	2) NASOCLEAR drops
	Vitals	
	HR - 155/min	3) IVF - 1/2 ⊕
	SpO2 - 88%	
	RR - 52/min	4) Ct. Inj Ceftriaxone
	SCR ⊕, ICR ⊕	Syp Azee
	R/S - B/L Diffuse Wheeze ⊕	Syp Flovir
	P/A - Soft.	
		5) Neb c̄ Levolin - Q2H
		Epinephrine - Q6H
	Passed Urine	
		6) Monitor Vitals
		7) (RTV) Aminophylline after next Neb
		Pranav

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 10:30pm	c/s/b Dr-Sridharan	
	child alert MHFNC - flow - 18 L/kg FiO2 - 45% RR - 40/min Lungs - B/L AE (+) Bilateral (+) (+). SpO2 - 87% c FiO2 - 45%.	
		Adv - Repeat VBG - To discuss with Dr. Aniket - CT Angiography after discussion with Dr. Aniket
	Back to Back Levolin Neb c zonal interval ↓ Next Hourly c Levolin	Dr. Sridharan
	→ Chest X ray @ 7AM → ABG - T/m.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 12:45Am	C/S/B Dr Pranav	
	Severe Pneumonia c̄ R·D	
	On HHHFNC c̄ 18 Lit 60% FiO_2	Rx 1) HFNC Taper - FiO_2
	Vitals HR - 148/min SpO_2 - 96% RR - 28/min SCR (+) R-S - B/L AE (+) Wheeze (+) (both) P/A - soft	2) Neb c̄ Levolin - Hourly c̄ Ipravent - Q6H 3) Ct. Inj Ceftriaxone Syp Azee Syp Flinis 4) Trace Respiratory Panel 5) IVF - 1/2 (M) 6) Monitor Vitals Inform SOS 7) Chest X-ray - 7 Am Pranav

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5	C/S/B Dr. Pranav	
5:30 Am		
	Severe Pneumonia c̄ RD	
		Plan
	RD (+) - Better	1) Ct HFNC
	On HFNC - 18 lit & 40%	Try to taper FiO2
	Vitals	2) Neb c̄ Levolin - Q2H
	HR - 132/m	Ipravent - Q6H
	SpO2 - 92%	Add Neb c̄ 3%-NaCl
	RR - 30/m	
		3) Inj Ceftriaxone
	SCR (+)	Syp Azee
	Child asleep	Syp Flixin
	R-S - B/L AE (+), Wheeze (+)	
		4) Nasivion
	P/A - Soft	Nasoclear
		5) Monitor Vitals
		6) CXR @ 7Am
		Pranav

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Baby SANYA ZEHRA KHURASANI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 7:30 Am	C/s/b Dr. Pranav / Dr. Varun	
	Severe Pneumonia c̄ R.D	
	RD - Better	
		Plan
	On HFNC 18 lit, 30% FiO2	1) HFNC 18 lit, 30% FiO2
	No fever	Taper FiO2
		2) Neb c̄ Levolin - Q2H
	Vitals	Ipravent - Q6H
	HR - 120/min	Hypernet - Q6H
	RR - 26/min	
	SpO2 - 93%	3) Inj Ceftriaxone
		Syp Azee
	SCR (P)	Syp Flum
	R-S - B/L AE (+)	4) Trace Respiratory panel
	Wheeze (+) > crept (+)	
	P/A - soft	5) NASIVION-P
		NASOCLEAR
	Oral intake - fair	6) Chest X ray - Now
	Passed Urine	7) ABG after event
		8) Monitor Vitals
		9) USG Chest
		Pranav

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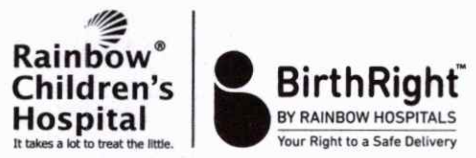

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 9 AM	C/S/B - Dr. Pritesh Sir / Dr. Aniket	
	Severe Pneumonia c̄ R.D	
	RD - Better	Plan
	No fever	1) HFNC - 18 lit
	On HFNC < 18 lit, 30 % FiO_2	Taper FiO_2
	Vitals	
	HR - 140/min	2) Inj CEFTRIAXONE -
	RR - 38/min	Syp Azee - 4.5 ml / OD
	SpO_2 - 92 %	Syp Fluvir - 4 ml / OD
		3) Neb c̄ Levolin - Q8H
	R-S - B/L AE ⊕	Ipravent - Q6H
	B/L Wheeze ⊕	3% NaCl - Q6H
	P/A - Soft.	4) Trace Respiratory Panel
		5) Add Oral Linezolid
	USG Screening - chest	
	Ⓡ UL } Multiple air bronchogram	6) Monitor Vitals
	Ⓛ LL } c̄ B lines &	
	Sub Pleural consolidation	7) Official USG chest - Now
	→ Minimal Ⓡ Pleural effusion > Ⓛ	
		8) Stop IVF after breakfast
	[signature]	9) Send PCT in Same Sample

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:20am 26/05/2026	Counselled. Pneumonia → "Severe" RD+ O_2 Req.	(24th) Cough [Exposure to water park ★★★ 3-4 days ago]
	(Stable Fast Breathing Comfortable	HFNC – O_2 level borderline USG – (R) UL / (L) LL / pneumonia
		– CXR – Pneumonia – effusion +
	Virus – Bacteria ↳ Antb ✓ Rx	Blood Infection
	No Rx No Med	[3 antb] ✓ Rapidly Progressive Danger
	Flu – Rx ↳ If -ve stop] ✓	If all ok 3-5 day ↳ Response
Severe ✓ lungs × ↳ ventilation Lungs – Necrotising – empyma ↳ Surgery	(30%) Progression Complication] ✓	Depending further decide

(Mother) [signature]

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Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	UMB Dr. Thanvi	
2pm	Severe Pneumonia c̄ RD	
	- no fever spikes	
	- tachypnea (+)	
	on HFNC - FL: 18L	Plan
	- FiO_2: 25%	1) ct. HFNC
		2) ct. inj ceftriaxone
	vitals: HR: 117bpm	inj linezolid
	RR: 42 bpm	acel
	SpO_2: 93%	3) neb c̄ levolin Q.2H
	RS: BAE (+)	c̄ ipravent Q.6H
	B/L wheeze (+)	c̄ 3% NS Q.6H
	creps (+)	4) trace adenovirus, IgM mycoplasma
	CVS: S1S2 (+)	5) monitor vitals
		Noted by Sunitha

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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 18 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 4:50 PM	S/B Dr. Pritesh / Dr. Aniket	
	Δ Severe Pneumonia c̄ RD Play	
	HR - 140/min	- c/f HFNC - Flow - 18 L/m
	SpO2 - 94-95%	FiO2 - 25%
		- c/f CEFTRIAXONE
	CVS - S1 S2 ⊕	LINEZOLID
	RS - B/L - AE ⊕	
	B/L rhonchi ⊕	- Neb c̄ Levolin 3rd hrly
		c̄ 3% NS 6th hrly
	Continue.	
		- Trace Adenovirus PCR
		- Chest Physiotherapy
		- Try for taper / Flow
	2L - every 2-3 hrs	
	If there is no tachypnea & SpO2 > 95%	
		Noted by Sunitha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 05:00 pm	Counselling note:	
	Pneumonia with Respiratory distress.	
	Fever decreased	
	Breathing difficulty slightly better	
	Chest congestion persist	
	Still needs breathing support (HHHFNC)	
	Flu panel negative.	
	USG chest shows lung pneumonia on right	
	Plan to continue HHHFNC, IV antibiotics, 8th hourly nebulisation.	
	Dr. Aniket P	
		[signature]

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Baby SANYA ZEHRA KHURASANI
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Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/22 10 pm	S/B Dr Dalmaao	
	Δ Severe Pneumonia c̄ RD	
	No fever	
	Tachypnea ↓	
	RR 32/min	
	on HHHFNC 15L flow 25% FiO2	Adv
	Oral intake - fair	(1) CT HFNC
	o/e Vitals	Plan to taper flow.
	Stable	
	Oral ulcer (+) HR 103/min	
	RR 32/min	
	SpO2 99%.	(2) CT. ceftriaxone inj linezolid syp azee.
	Pr: B/L wheeze + Crept +	
		(3) Trace adenovirus PCR.
		(4) Syp. Bevon 5ml OD.
		(5) Encourage Orally
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/B Dr Prabhath.	
12-30 Am	Δ Severe Pneumonia c̄ RD	
	No fever spikes	
	Oral intake fair	
	No fresh c/o	
	No RD	
	On H1+HFNC 15L flow	Adv
	25% FiO₂	
		① Monitor for
	O/E HR 88/min	RD, SpO₂
	RR 24/min	
	SpO₂ 97%	② CT Rest
	RS: Crepts ↓	③ ↓ flow to
		12L at
	[signature]	④ Encourage orally

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 7AM	C/S/b Dr. Saibcott / Dr. Prashant	
	Severe pneumonia with Respiratory distress	
	Afebrile	
	Oral acceptance - good	
	No fast breathing	
	On HHHFNC @ 10 lit/min flow 25% FiO2	
	O/E: vitals HR:- 93/min	
	RR:- 22/min	
	SpO2:- 95-96% @ HHHFNC - 10 lit/min 25% FiO2	
	S/E: RS:- B/L AE, B/L crepts (+)	
		Adv
		- Cont. HHHFNC @ flow 10 lit/min FiO2 25%
		- Antibiotics (Ceftriaxone / Linezolid)
		Syp. Azithromycin
		- Monitor vitals (RR, SpO2) and Inform SOS
		Nebulization (Levolin 3H, Ipravent 6H, Hypernes 6H) [signature]

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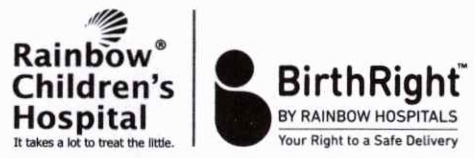

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	c/b Dr Pratesh	
9 Am	Δ Severe Pneumonia	
	c RD.	
	Child on.	
	HH HFNC 10L flow.	
	25% FiO2, Not Maintaining.	
	No fever.	Adv.
	Oral intake fair	
		① Taper HHHFNC
	O/E HR 138/m	slowly
	RR 26/m	↑ to ~~[illegible]~~
	SpO2 88%.	16L flow. 40% FiO2
	B/L BA(+).	② Inj MgSO4
	~~[illegible]~~	once 30 min now
Bedside USG Chest	Severe Bronchospasm +	
		③ Levolin Neb
		back to back
	(R) effusion – Minimal	now. 4 hours
	Dr. Pritesh Nagar, Consultant [illegible]	④ Syp Linezolid
		from afternoon
	~~① Mg~~	
	⑦ Levolin Neb	⑤ Chest PT.
	@ 2H	VBG, Now.
		⑥ CBP, CRP, IV Clex.
	⑧ Inj Methylpred 2mg/kg	~~Mycoplasma IgM~~
	Stat.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/1/26 9:15 AM	S/B Dr Pritesh	
	Severe Pneumonia c̄ RD	
	IgM Mycoplasma (+)	
	Dischar (?)	
	Child stable	Adv
	Not maintaining saturation	
		1) start inj Levofloxacin.
		2) syp Linezolid
		3) Hold ceftriaxone Azithromycin.
		4) CT HHHFNC 16L 40%
		Taper FiO2 first to 30% flow 6th-8th hrly.
		Noted by Sonam

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

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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:35am	Counselled	
27/5/26	[Fever X	
	Breathing diff – Better] ✓.	
	USG screen – No worsening] ✓	
	same	
100%.	Congestion	
Reason X	Wheezing] →	(Severe)
		HFNC Reduce
		Not Tolerate
	Back ↑↑	
	Support] ✓	
	[Mycoplasma	
	↳ +ve] —	REASON ✓
	Azithromycin ℞] –	Change | Higher Antibi
	Cetriaxone stop ✓	
	Linezolid → Syrup is better] ✓ (TRY)	
	Dr. ... Consultant ... Reg. No: ...184	

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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	c/s/b Dr Pranav	
2pm		
	Δ^c - Severe Pneumonia c̄ R-D	
	On HHHFNC { 16 L / 30%	Plan
		1) HFNC { 16 L / 30%
	RD - better	
	No fever	2) Inj LEVOFLOX
	.	Syp LINEZOLID
	Vitals	
	HR - 144/min	3) Neb c̄ Levolin - Q2 → Q3H
	SpO_2 - 95%	Neb c̄ 3% NaCl - Q6H
	RR - 32/min	
		4) Chest Physio
	Afebrile	
	R-S - B/L AE ⊕	5) NASOCLEAR - Q4H
	Wheeze ⊕	6) NASIVION-P nasal drops - BD
	P/A - Soft.	7) Syp BEVON
	Dry Skin ⊕	8) Monitor Vitals
		Inform SOS
		Pranav
		Noted by Smitha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by. Dr Aniket	
27/5 5:30pm	Seen Prem c̄ RD	
	HR 82/min	
	SpO2 = 95%. on HFNC	
	RR = 24/min	
	No tachypn.	
	No Retract	* ↓ FiO2 30 → 25% ↓ then Flow taper.
	S/E B/L AE (+) Wheeze (+) ↓	
		- c/t HFNC
		- c/t NEB Cuth Q3 hly ↓ [taper to Q4 hly by night]
		- Enb ally
		- c/t Antibiotic.
		Dr. Aniket P
		Noted by Sunita

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Baby SANYA ZEHRA KHURASANI
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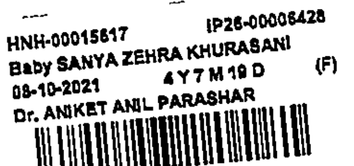
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 07:30 pm	Counselling note	
	Fever decreased	
	Breathing difficulty & chest congestion better.	
	Mycoplasma positive.	
	plan to taper HHHFNC support	
	plan to continue IV antibiotics, 4th hourly nebulisation.	
	Dr. Aniket	
	(mother)	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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	S/B Dr. Sneezhan	
	Δ Severe Pneumonia	c̄ R(I)
2:40 AM		Plan
	HR - 80/m	
	SpO₂ - 98%	- HFNC - Flow - 14 → 12 L
		FiO₂ - 30%
	RR - 22/m	
		- Neb c̄ Levolin 4th
	CVS - S₁S₂ ⊕	c̄ 3% NS 6th
	RS - B/L - ACE ⊕	
	B/L → Crepts	- Monitor ABG
		- Taper Flow 1L every 2 hour
	[signature]	

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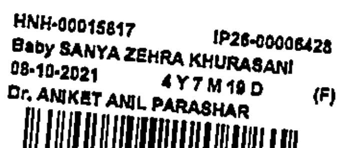
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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7 AM	S/B Dr. Sneegha	
	Δ Severe Pneumonia c̄ R/I Pley	
	HR - 76/min	- c/f HFNC Flow - 8L/min
	SpO2 - 96%	FiO2 - 40%
		Taper Flow to 6L/m @ 8AM
	CVS - S1S2 ⊕	
	RS - B/L - AEE ⊕	
	B/L - wheeze ↓	- c/f Neb c̄ Levolin 4AL
		c̄ 3% NS 6AL
	RR - 20/min	
		- c/f LINEZOLID
	Sleeping	LEVOFLOXACIN
		- Monitor RR/SpO2
		- c/f Chest Physiotherapy

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10:30 am	S/B Dr. Aniket	
	Afebrile.	
	Respiratory distress reduced.	
	HHHFNC stopped today	
	Air entry B/L equal.	
	SpO_2 97% on O_2 by prongs	
		Advice:
		– Shift to HDU.
		– Taper O_2 if stable.
		– Neb Levolin 6th hrly
		– Chest physiotherapy
	Dr. Aniket Anil Parashar, Consultant Pediatric Intensivist, Reg. No. [illegible]	Dr. Aniket

NOA by Sanam 28/5/26 12PM

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/8/26 10:30 am	Counselling note	
	Fever subsided	
	Breathing difficulty & chest congestion better.	
	HHHFNC stopped.	
	plan to shift to HDU	
	plan to continue oxygen, IV antibiotics.	
	Sd/- Dr. Aniket	

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

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Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/c/s Dr. Sanhath / Dr. Veeru	
28/05/26 2pm	Afebrile fast breathing ↓	
	O/E:- GC - fair Vitals:- SpO_2:- 99% @ O_2 c̄ 2 lit/min RR:- 22/min HR:- 116/min BP:- 101/65 mmHg	
	S/E: RS:- B/L AE ⊕ conducting sounds ⊕	
		Adv - O_2 c̄ NP @ 1 lit/min - Inj Levofloxacin - Linezolid Syp. - Nebs with Levolin 6th /Asthalin 6th - Monitor vitals (SpO_2, RR) 4th hourly - and inform SR @ 2pm NB Sneha Sanhath

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

HNH-00015817 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/S/B Dr. Aniket	
5:30PM	Afebrile	
	fast breathing ↓.	
		Plan - ↓ O_2 to 0.5 lit.
	O/E - vitals stable.	Inj. Levofloxacin.
		Monitor vitals.
	O/E - R/S - B/L wheeze ↓.	Levolin Q6H & Hyper neb Q6H.
		NB Sneha C 6PM
		Dr. Aniket

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 3568

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Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	C/S/R - Dr. [illegible]	
9am	Case of Severe Pneumonia c AD.	
	On 0.5L O2	
		Advise:
	No distress.	
	Feed: Oral intake better	i) Taper & off O2
	No fever spikes.	
		ii) Monitor vitals
	O/E -	
	Vitals stable.	
		iii) Continue levofloxacin
	(see)	
	CVS RS P/A } NAD.	iv) Continue levolin & Hyper Neb } Q6H.
		[signature]
		[signature]

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:30 AM	S/B Dr. Aniket	
	Δ Severe Pneumonia c̄ [illegible]	
		Plan
	off O2 now	
		– Monitor vitals
	CVS – S1S2 ⊕	
	H – B/L – AE ⊕	– Monitor RR, SpO2
	PA soft	– LEVOFLOXACIN – 5 days
	conscious	– Plan discharge
		– Neb c̄ levolin c̄ 3% NS } 6th hrly × 2 days
		– ?
		Dr. Aniket P
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568

HNH-00015817 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015617 IP25-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

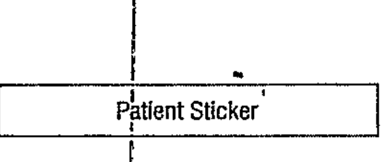
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CROSS CONSULTATION FORM

Doctor Name: Dr. G. Sai Lakshmi Prasanna Date: 28/5/26 Time:

Diagnosis:

Hospital: RCH Himayathnagar

Referred for: ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

c/o severe pneumonia.

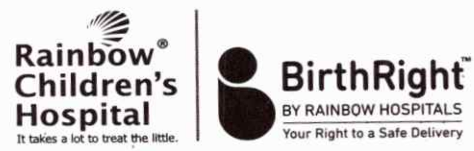
Rx → chest physio given and explained mother
→ chest physio every 3 hourly.

Consultant :

Name: Dr. G. Sai Lakshmi Prasanna Signature: Prasanna Date & Time: 28/5/26

Doc. No. : RCH / FRM / CLINICAL / 049

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR



DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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. CROCIN DS				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
5 mL	PO	SOS T>100°F	25/5/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions: (240mg/5ml).				

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

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

VERIFIED BY : Name .... Signature

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI (F)
08-10-2021 4 Y 7 M 17 D
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 18.3 kg. Ward. ....

DRUG: INJ CEFTRIAXONE				Date/Time: 25/5, 26/5
Dose	Route	Frequency	Start Date	
1g	IV	BD	25/5/26	6PM
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				CHANGED 26/5
Additional Instructions: In 50mL NS over 1 hr.				6PM, 7pm 26/5
Daily Doctor's Endorsement by a Sign				

DRUG: INJ ESMOPRAZOLE				Date/Time: 25/5, 26/5, 27/5
Dose	Route	Frequency	Start Date	
20mg	IV	OD	25/5/26	6PM, 7pm
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				STOP
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: SYP AZITHROMYCIN				Date/Time: 25/5/26, 26/5, 27/5
Dose	Route	Frequency	Start Date	
4.5mL	PO	OD	25/5/26	6PM, 10pm
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				Stop 27/5 STOP
Additional Instructions: (200mg/5mL)				10pm
Daily Doctor's Endorsement by a Sign				

DRUG: SYP FLUVIR				Date/Time: 25/5, 26/5
Dose	Route	Frequency	Start Date	
3.5mL	PO	BD	25/5/26	6, 10AM
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				STOP 26/5 STOP
Additional Instructions: (5ml = 60mg) → 4ml				10pm
Daily Doctor's Endorsement by a Sign				

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 18.3 kg. Ward ....

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	Neb.	Q2H.	25/5/26.

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

Additional Instructions:

CHANGED

Daily Doctor's Endorsement by a Sign

DRUG : NEB IPRAVENT

Dose	Route	Frequency	Start Dt.
250 Mcg	Neb	Q6H	25/5/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhat

Additional Instructions:

CHANGED

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR SALINE NASAL Drop

Dose	Route	Frequency	Start Dt.
2°	P/N	4 hly	25/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Date/Time	25/5	26/5	27/5	28/5
6AM				
10AM				
2pm				
6pm				
10pm				
2AM				

Daily Doctor's Endorsement by a Sign

DRUG : NEB c̄ LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	Hourly	25/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

CHANGED

Daily Doctor's Endorsement by a Sign

Docu. No. : RCH /FRM / CLINICAL / 108 (P.T.O.)

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 18 D (F)
Dr. ANIKET ANIL PARASHAR

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : NEB c̄ 3% NaCl

Dose	Route	Frequency	Start Dt.
1 ampule	NEB	6th hrly	26/5

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

Additional Instructions: Hypertonic

See the chart

Daily Doctor's Endorsement by a Sign

DRUG : NEB c̄ LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	2nd hrly	26/5

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

Additional Instructions:

CHANGED

See the chart

Daily Doctor's Endorsement by a Sign

DRUG : NASIVION-P Nasal drop

Dose	Route	Frequency	Start Dt.
2°	P/N	BD	26/5

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

Additional Instructions:

Date/Time	26/5	27/5	28/5
6PM	[signature]	[signature]	[signature]
6pm	[signature]	[signature]	[signature]

Daily Doctor's Endorsement by a Sign

DRUG : Syp LINEZOLID

Dose	Route	Frequency	Start Dt.
9 ml	PO	TID	26/5

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

Additional Instructions: 5ml = 100mg

Date/Time	26/5
6AM	[signature]
2PM	
10PM	

CHANGED CHANGED

Daily Doctor's Endorsement by a Sign

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 18 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG: Inj CEFTRIAXONE				Date/Time: 26/5, 27/5
Dose	Route	Frequency	Start Dt.	6PM, 6PM
750mg	IV	BD	26/5	Stop 27/5 — STOP
Name & Signature of the Doctor Starting the Drugs: Pranav				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: INJ LINEZOLID				Date/Time: 26/5, 27/5
Dose	Route	Frequency	Start Dt.	6AM, 12PM, 2P, 10pm
200mg	IV	TID	26/5	Change to Syrup — CHANGED
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions: @10mg/kg/dose 8th h.				
Daily Doctor's Endorsement by a Sign				

DRUG: NEB c LEVOLIN				Date/Time
Dose	Route	Frequency	Start Dt.	
0.3mg	neb	Q.3H	26/5	See the chart — CHANGED — Reduced to 2nd hourly
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: SYP BEVON				Date/Time: 26/5, 27/5, 28/5, 29/5
Dose	Route	Frequency	Start Dt.	10AM, 11am
5ml	Po	OD	26/5	
Name & Signature of the Doctor Starting the Drugs: Prabhath				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : NEB c LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	2H	27/05

Name & Signature of the Doctor Starting the Drugs: Surbhi

Additional Instructions:

Date / Time: Chang. 27/5 See the chart. CHANGED

Daily Doctor's Endorsement by a Sign

DRUG : Inj LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.
180 mg	IV	BD	27/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: (10mg/kg / BD in <5yr)

Date: 27/5, 28/5, 29/5
Time: 10AM, 10PM

Daily Doctor's Endorsement by a Sign

DRUG : NEB c LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	3rd hly	27/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

See the chart. change frequency.

Daily Doctor's Endorsement by a Sign

DRUG : Syp LINEZOLID

Dose	Route	Frequency	Start Dt.
10 ml	PO	TID	27/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 5ml = 100mg

Date: 27/5, 28/5, 29/5
Time: 7AM, 3PM, 10PM (Sonam)

Daily Doctor's Endorsement by a Sign

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

(P.T.O.)

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

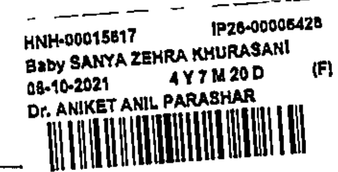
Sheet No: .... Weight .... Ward ....

DRUG : NEB c̄ LEVOLIN				Date / Time
Dose	Route	Frequency	Start Dt.	
0.3mg	neb	4th h	27/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				See the chart. Revised to 6th hourly
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : NEB c̄ LEVOLIN				Date / Time
Dose	Route	Frequency	Start Dt.	
0.31mg	NEB	6H	28/05	
Name & Signature of the Doctor Starting the Drugs: [signature]				See the chart
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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



Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time ▼

VERIFIED BY Name Signature

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

STAT / ONCE ONLY DRUGS

Name: SANIYA Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
27/5	9:45 AM	DULOLAX SUPPOSITORY	5mg	P/R	Pam	[illegible]	Sujatha

Patient Sticker

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

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.	

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
25/5	8:20PM	MgSO4	1ml in 19ml NS over 30 min	IV	[signature]	[signature]
25/5	10:30pm	NEB c̄ LEVOLIN	0.31mg x 3 [illegible]	NEB	[signature]	[signature]
27/5	10Am	Inj MgSO4.	1.5mL in 19mL NS over 30m	IV	[signature]	Sivam
27/05	9AM	LEVOLIN NEB (0.31mg)	Back to back (3 times) (0.31mg)	NEB	[signature]	[signature]
27/5	9Am	INJ METHYL PRED	40mg	IV	[signature]	[signature]

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

Patient Sticker

I.V. FLUIDS CHART

Weight. 18.3 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/5/26	6pm	IVF PLASMALYTE (2/3 Maintainance)	IV	40	[signature]	[signature] [signature]	25/5	[signature]	[signature] [signature]
25/5	10 pm	IVF - PLASMALYTE (1/2 M)	IV	28 ml/h	[signature]	[signature] [signature]	26/5 @ 11am	[signature]	[signature] [signature]

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

RESULT SHEET

Date	25/5/26	26/5/26	27/5/26			
Time	6:59PM	11.20AM	9:36AM			
Hb	13.0		11.6			
PCV	36.4		33.1			
RBC	4.60		4.17			
WBC	13.70		7.80			
N/L	86.2/10.1		31.1/50.8			
Platelets	327		311			
CRP	40.0		15.4			
ESR						
PCT		0.258				
RBS						
Na						
K						
Cl						
Ca/Mg						
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
mycoplasma Igm	Reactive					
5 viruses	Negative					

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5/26

Time:	2pm	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?					
Temperature (F) (scale 94–104)	98.0°F	97.8	97.5°F	97.6°F	97.1
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	101/65 (86)	108/65 (74)	85/72 (78)	97/71	100/59
Heart Rate (Number)	116 b/m	(114)	100 b/m.	112 b/m	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	20 b/m	24 bm	24 b/m	28 b/m	28 b/m.
Resp Distress: Mod/ Severe					
Resp Distress: None / Mild					
Receiving O_2(l/min)	O_2 2 lit	O_2 0.5 lit	O_2 0.5 lit	0.5 lit	
O_2Saturations (%)	100%	97%	98%	99%	99%.
Conscious Level: Normal					
Conscious Level: Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

FLUID CHART

Sheet No. : ....

O2 2 liters

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G						0	
28/5/26	08:00 am	0								✓	0	
	09:00 am								NA		0	
	10:00 am				NA						0	
	11:00 am							NA		✓	0	[signature]
	12:00 pm										0	
	01:00 pm									✓	0	
Total Intake :								**Total Output :**		U – 3	B –	
28/5/26	02:00 pm	0	milk + Fried Rice			NA	0		NA		0	[signature]
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :								**Total Output :**		U – 2	M – 0	
28/5/26	08:00 pm											
	09:00 pm											
	10:00 pm		Idly + H2O							✓		[signature]
	11:00 pm				NA		NP					
	12:00 am							NA				
	01:00 am									✓		
Total Intake :								**Total Output :**				
29/5/26	02:00 am											
	03:00 am											
	04:00 am						NP					[signature]
	05:00 am	0			NA			NA		NP	0	
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake	

Total 24 hrs. Output	

FLUID CHART

Sheet No. : .... (Q2 0.5 Hrs)

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
29/5	08:00 am											
	09:00 am											
	10:00 am		Oral diet	NO Inf	nil			nil			0	Afua
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

NURSING CARE RECORD

Date: 28/5/26

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 to 2pm	→ Assess the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medication as per drug chart		→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart	→ pt is stable	→ Rechecked vitals → O_2 2 liters	[signature]
Afternoon	2PM to 8PM	Assess the pt. condition Monitor vitals Maintain I/O chart Drug given as per Drug chart.	2PM to 8PM	Assessed the Pt. condition monitored vitals Maintained I/O chart Drug given as per Drug chart.	patient is stable now	Rechecked vitals 2 liters	[signature]
Night	8PM to 8AM	→ Assess the pt condition. → monitor the vitals. → O_2 0.5 liters plan → drugs give as per drug chart.	8PM to 8AM	→ Assessed the pt condition. → monitored the vitals. → O_2 0.5 liters planed. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals & SpO_2	[signature]

Date: 29/5/26

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 baby, monitor the v/s, continue oxygen, administer nebulization	8am – 2pm	Assessed the baby, monitored the v/s, maintain SpO2, nebulization on time	Maintain SpO_2	Reassessed the baby	[signature]
Afternoon							
Night							

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LRTI c RD.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	25/5/26 E2	25/5/26 N1	26/5/26 MG	26/5/26 E2	26/5/26 N1	27/5/26 MG
	Medical Condition (Any special condition to be noted):	RD	RD	RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.7F	98.6°F	98.3°F	98.6F	98.6°F	98.6°F
	Res:	30b/m	27%	28 b/m	25b/m	26 b/m	33b/m
	SpO_2:	95%.	91%	94%.	96%.	100%.	98%.
	Pulse:	120b/m	128 b/m	146 b/m	125b/m	118 b/m	133b/m
	BP:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
Recommendations	Safety Needs:	–	–	–	yes	Yes	yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	–	–	–	–	–	–
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Sonam	Ramya	Suman	Swetha	Ramya	Suman
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		25/5/26	26/5/26	26/5/26	26/5/26	27/5/26	27/5/26
Time:		8Pm	8 Am	2Pm	8pm	8 Am	2pm
Taken Over By Name :		Ramya	Suman	Swetha	Ramya	Suman	Swetha
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		25/5/26	26/5/26	26/5/26	26/5/26	27/5/26	27/5/26
Time:		8 pm	8Am	2pm	8 pm	8AM	2pm

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: Sever pneumonia c RD			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	27/5/26 E2	27/5/26 N1	28/5/26 M6	28/5/26 M6	28/5/26 E2	28/5 N1
	Medical Condition (Any special condition to be noted):	RD	RD	RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.3F	96.7°F	98.6°F	98.6°f	98.6°F	98.1°f
	Res:	25b/m	30b/m	30b/m	30b/m	30 b/m	28 b/m
	SpO_2:	96%	97%	97%	98%	98.1F	98
	Pulse:	132 b/m	123b/m	136b/m	135 b/m	132bm	113b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	yes	Yes	yes	yes	yes	yes
	Physiotherapy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Sunitha	Ramya	Suman	Swetha	Sneha	mahi
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		27/5/26	28/5/26	28/5/26	28/5/26	28/5/26	29/5/26
Time:		8pm	8 am	2pm	2pm	8 PM	8Am
Taken Over By Name :		Ramya	Suman	Swetha	Sneha	mahi	[illegible]
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		27/5/26	28/5/26	28/5/26	28/5/26	28/5	29/5/26
Time:		8pm	8AM	12:40pm	2 PM	8pm	[illegible]

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Pneumonia			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:				
	Surgery / Procedure:			Post OP Day:				
BACKGROUND	Date / Shift	29/5 8PM						
	Medical Condition (Any special condition to be noted):	Pneumonia						
	Diet:	ON						
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:	98.8						
	Res:	28						
	SpO_2:	100%						
	Pulse:	112						
	BP:	100/62						
	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:		O2 O.Fid						
Handed Over By Name :		[signature]						
Signature / ID :		[signature]						
Date:		29/5						
Time:		8PM						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

Patient Sticker

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:							

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

CHECKLIST FOR THROMBOPHLEBITIS

28/5/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	(N)	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0		0							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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							
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							
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							
			Signature of the Nurse	[signature]		[signature]							

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

Signature of Shift In Charge :

Signature : [signature] Name : Mounita

Signature of Ward In Charge :

Signature : [signature] Name : Balarani

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
06-10-2021 4 Y 7 M 20 D (F)
Dr. ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE

				Date :	9/5	28/5		
				Time :	N	N		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name	[signature]	[signature]		

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00015617 IP26-00006428 Baby SANYA ZEHRA KHURASANI 08-10-2021 4 Y 7 M 17 D (F) Dr. ANIKET ANIL PARASHAR	Date & Time of Admission 25/5/26 @ 6:10PM	Date & Time of Transfer Order 28/5/26 @ 11 AM
Treating Consultant Name DR. Aniket Anil	Transfer Ordered by DR. Aniket Anil	Reason for Transfer Baby Stabl
From Unit PICU	To Unit 2nd floor Room No (216)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 61	Number of Imaging Films 1 X-ray - (1) VBG - (1)	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.	Syp Bevon	1
2.	Nasoclear Nasal Drops	1
3.	Syp Linezolid	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sunam	DR. Krisha Prabhat

Patient & Clinical Records Received by : [signature] 28/05/26 @ 12:42pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE

				Date :	25/5	26/5/26	26/5/26	27/5/26
				Time :	8PM	8AM	8pm	8AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE

				Date :	22/5/26	27/5/26	28/5/26	
				Time :	2pm	10pm	8AM	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	
				TOTAL SCORE	24	24	24	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

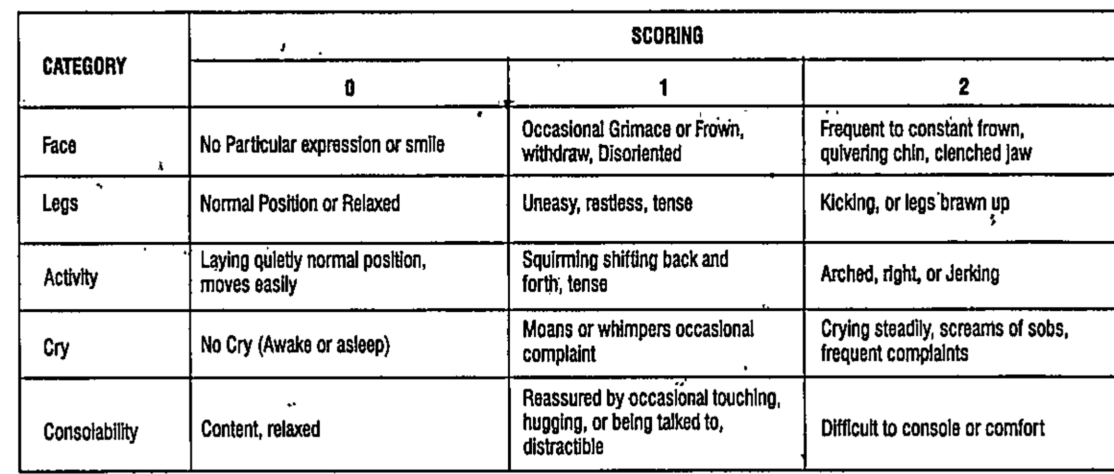
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/5	7PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
26/5	1AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
26/5	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
26/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
"	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
"	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/5/26	2Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
"	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/5/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
"	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]

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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)



CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

Numerical Pain Scale (Obstetric and Gynecology)

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

0 No Pain; 10 Worst Possible Pain

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

Wong - Baker (Pediatrics) Above 7 Years

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5/26	12 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5/26	8Am	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		
				☐ 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.
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

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

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

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 25/5			26/5 DAY-2			27/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	NA	
			Signature of the Nurse		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	

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

Signature of Shift In Charge :

Signature : [signature] Name : Ramya

Signature of Ward In Charge :

Signature : [signature] Name : Sujatha

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 19 D (F)
Dr. ANIKET ANIL PARASHAR

CHECKLIST FOR THROMBOPHLEBITIS

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

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 : ....

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/5	DATE 26/5	DATE 26/5/26	DATE 26/5/26	DATE 27/5/26
Age	Less than 3 years old	4	✓	✓			
	3 to less than 7 years old	3			✓	✓	✓
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	✓	✓	✓	✓	✓
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	✓	✓	✓	✓	✓
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	✓	✓	✓	✓	✓
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2			✓	✓	✓
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	✓	✓			
	More than 48 hours/ None	1			✓	✓	✓
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	✓	✓	✓	✓	✓
	Total		12	12	12	12	12

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✓	✓	✓	–	–
	Other Intervention(s) Specify		✓	✓	–	–	–
	Nurse's Name:		Sonam	Suman	Swetha	[illegible]	Suman
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		25/5	26/5/26	26/5/26	27/5/26	27/5/26
	Time:		8pm	8AM	8pm	8pm	8Am

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/5	DATE 27/5	DATE 28/5	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	✓	✓	✓		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	✓	✓	✓		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	✓	✓	✓		
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	✓	✓	✓		
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	✓	✓	✓		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	✓	✓	✓		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	✓	✓	✓		
	Total		12	12	12		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		—	—	—		
	Other Intervention(s) Specify		—	—	—		
	Nurse's Name:		[illegible]	[illegible]	[illegible]		
	Signature:		[illegible]	[illegible]	[illegible]		
	Date:		27/5	27/5/24	28/5/26		
	Time:		8pm	8AM	8AM		

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Saniya Age : 4Y **Gender:** ☐ Male ☑ Female

Date : 25/5/26 Time of Arrival : 5:20 P.m

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99. PR: 166 BP: ..... RR: ..... SpO_2: 87%

Chief Complaints: C/o cough since 2 day fever since night.

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 5:22 P.m

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 : Anupam Signature of Triage Nurse : A.P

Date & Time : 25/5/26 @ 5:25 P.m.

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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/5/26 Time of arrival : 5:20

Chief Complaints: Cough sinmne 2 day Fever 1 day RBS: ....

Height : .... Weight : 18 Kg 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 : 6:06 Pm

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

Time	Nursing Notes
	Assessed The patient condition
	vital checked

Samples collected by: Apurba   Time: 6:30PM

Samples sent by :   Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:40pm	Nironin 0.3	neb	q 2		[signature]
	Bandicort	neb	1		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: .... BP: .... CFT:	Shift - out from ER to: ....
RR: .... SPO_2 :	Time of Shift - out: ....
GCS:.......... Temperature :	Handover given to: Suman (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

....

Name of the Nurse : Amtan   Signature of the Nurse : [signature]

Date & Time : 25/5/26 @ 6:35

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

	Date & Time of Admission	Date & Time of Transfer Order
	25/5/26	25/5/26 at 7pm.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Pranat	Admission
From Unit	To Unit	Information to Attendant
ER	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	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
Dr. Pranav	Amrfun

Patient & Clinical Records Received by : Suman

Date & Time of Patient Received : 25/5/26 at 7pm.

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: .... Shifted to: ....

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	SYP MEFTAL	4ml	Po.	1 dose		☐ C ☐ DC
2	DUOLIN	1 respule	Neb.	Stat		☐ C ☐ DC
3	ORS		Po.	adlib		☐ 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 : [signature] ....

Date & Time : 25/5/26 6:30 pm

Nurse Name & Signature: ....

Date & Time : ....

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

CROSS CONSULTATION FORM

Doctor Name : Dr. G. Sai lakshmi Prasana Date : 27/5/26 Time : ....

Diagnosis : ....

Hospital : RCH

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

c/o Severe pneumonia.
Rx
→ chest physio and explained mother.
every 3 hourly chest physio.

Consultant :

Name : Dr. G. Sailakshmi Prasana Signature : Prasa. Date & Time : 27/5/26

Doc. No. : RCH / FRM / CLINICAL / 049

CONSENT FOR SPECIAL PROCEDURES

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

Patient Name : .... Gender: ☐ Male ☑ Female

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

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

Here by give consent for procedure of : ....

For my patient, Named : ....

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

....

....

....

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

....

....

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

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

Patient Attendant :

Signature : [signature]

Name : Sajjad Ali K

Relationship with Patient: Father

Date & Time : 25/5/26 @ 7PM

Witness :

Signature : [signature]

Name : Sai Sri

Date & Time : 25/5/26 @ 7PM

Doctor (who is taking the consent) :

Signature : ....

Name : ....

Date & Time : ....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: HNH-00015617 IP26-00006428 Baby SANYA ZEHRA KHURASANI 08-10-2021 4 Y 7 M 17 D (F) Dr. ANIKET ANIL PARASHAR Age: .... Gender: Male ☐ Female ☐ (Female marked)

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

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

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

(LRTI) Severe Pneumonia with Respiratory distress

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

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

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

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

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

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

Patient Attendant :

Signature: [signature]

Name: Sajjad Ali K

Relationship with Patient: Father

Date & Time: 25/5/26 @ 7pm

Witness :

Signature: [signature]

Name: Saisri

Date & Time: 25/5/26 @ 7pm

Doctor (who is taking the consent) :

Signature: for [signature] (Dr. Aniket)

Name: Dr. [illegible]

Date & Time: 25/05/26

Docu. No. : RCH /FRM / CLINICAL / 013

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	Explain about cost of	HFNC circuit and opti
	flow Nasal Cannula to	the patient attendant.
		[signature] (father)

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00015617 IP26-00006428
Baby SANYA ZEHRA KHURASANI
08-10-2021 4 Y 7 M 17 D (F)
Dr. ANIKET ANIL PARASHAR

203.

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 26/5/26 Time: 10:45am

Weight: 18.3Kg Centile: 50th

Height: — Centile: —

Inference: Well nourished child

RDA: — Calories: 1350Kcal/day Protein: 23gm/day

Diet Recommendations: High protein diet with liquids

Re-Assesment: No cold items, spicy, oily food

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

Diagnosis: Severe pneumonia c̄ RD.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

Dietician's Name: Syeda Sobiya Zahan

Dietician's Signature: Sobiya.

Daily Notes:

RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR

R

BABY SANYA ZEHRA KHURASANI 4Y 7M 17D F HNH 00015517 CHEST AP 26-May-25 9:39 AM
RAINBOW CHILDREN S HOSPITAL,HIMAYATH NAGAR