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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master KONDURI KARTIKEYA DATTA	**UHID**	HNH-00016543
Father/Guardian	Mr KONDURI SUBRAHMANYA NARASIMHA RAO	**Age/Gender**	9 Y 1 M 11 D/ Male
Address	B-502, MAYFLOWER PLATINUM, Mallapur, Hyderabad, Telangana, INDIA, 500076		
IP No	IP26-00006828	**Admission Date**	12-07-2026
Ref Doctor	Sanjay Srirampur		
Discharge Date	15.07.2026		

Consultant:
Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

Co-Consultant
Dr. PRITESH NAGAR
MBBS, MD
CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST
Reg No. 47184

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH DEHYDRATION	

History: Master KONDURI KARTIKEYA DATTA, 9 Y 1 M 11 D , old boy presented

Name	Master KONDURI KARTIKEYA DATTA	UHID	HNH-00016543
IP No	IP26-00006828	Admission Date	12-07-2026

with history of cough and cold since 2 days, fever, body-pain, vomitings, headache since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was febrile(101*F). His heart rate was 140/min, Blood pressure - 94/46 mmHg and Respiratory Rate - 20/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with tenderness present in right hypochondriac region no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 38.79 kilo grams.

Investigations: Enclosed reports.

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

SARS-CoV-2	NEGATIVE
Influenza A	**POSITIVE**
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 11.4 gm%, White Blood Cell count of 4220 cells/cumm, platelet count of 2.39 lakhs/cumm and C-Reactive Protein

Name	Master KONDURI KARTIKEYA DATTA	UHID	HNH-00016543
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of 10 mg/l. Complete urine examination 4-6 pus cell, 1-2 epithelial cells. Repeat C-Reactive Protein of 13 mg/l. Dengue NS1 and IgM was negative. Blood culture and sensitivity shows no growth after 24 hours of incubation.

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

In view of fever, cold and cough respiratory panel was sent which showed influenza A positive, hence started syrup. Fluvir. Dengue NS1 and IgM was sent which showed negative.

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Ondansetron
Injection. Esmoprazole
Syrup. Fexofenadine
Syrup. Fluvir

Advice:

Name	Master KONDURI KARTIKEYA DATTA	UHID	HNH-00016543
IP No	IP26-00006828	Admission Date	12-07-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	5 ml	9am-9pm (after food)	For 2 days.
2	Tablet. DOMSTAL 5mg	1 tablet	8am-2pm-8pm (before food)	For 3 days
3	ECONORM SACHET	1 SACHET	twice daily	For 3 days
4	Syrup. ZINCONIA	5 ml	10am (after food)	For 14 days
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect final blood culture report on followup.

Fever Management
* Tablet. Paracetamol - 500mg, 1 tablet 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. SANJAY SRIRAMPUR on Friday(17.07.2026) at his OPD.

Food instructions while taking medications:

Name	Master KONDURI KARTIKEYA DATTA	**UHID**	HNH-00016543
IP No	IP26-00006828	**Admission Date**	12-07-2026

* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

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ACTIVITY RECORD FOR BILLING

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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

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

Date of Adm ..... : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	9:30 PM	ER	216	Bhargavi
14/7	9pm	216	213	Sd

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
12/7/26	CBP, CRP, Respiratory panel	11586	
	Dengue NS1 + IgM		
12/7	CUE	11590	Sneha
13/7	X-ray chest	8441	Uma
13/7	Blood culture	11629	
	CBP		

Cross checked done by Sneha

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7	Infusion pump	10 Pm	14/7/26 @10pm	3204	Sneha
			Cross	checked	done by Sneha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/7/26	Iv placement	01	13195	
13/7/26	NHA	(1)	3635	

Cross checked done by Sir

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 , 9 Y 1 M 10 D (M)
Dr, SANJAY SRIRAMPUR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o cold, cough :: 2days
- c/o fever :: 1 day
- c/o body pains :: 1 day
- c/o vomitings :: 1 day
- c/o headache :: 1 day.

History of present illness :

child was apparently normal 2days ago,
then developed cold - also runny nose,
cough - dry cough
c/o fever - high grade also chills.
- not relieved on taking medication.
c/o body pains - dull aching
:: 1 day
- c/o headache - in the frontal region
:: 1 day
no h/o retroorbital pain.

- c/o vomitings - 2 episodes :: morning
1 contained food,
no blood, non bilious.

- Passing urine adequately.
- did not pass stools today.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother : no similar dx in the family

Any additional Information :

Developmental History :

upto date

Immunization History :

- nephew - not aware.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 38.79kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate: 140bpm Description _____

B.P. 94/46 SPO2 98 at Room air

Resp. rate and type of breathing : - 20 rpm

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖ signs of dehydration ⊕

Respiratory system :

RBE ⊕ clear

Inspection (any s/o distress) : -

Air entry & breath sounds : - dull

Any addes sounds : _____

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

Cardiovasclular System :

$S_1 S_2$ ⊕ no murmurs

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Soft tenderness ⊕ in ® hypochondriac & epigastric region

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

AFIC dehydration.

_____

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP, CRP, WE
- Resp. panel (5 minutes)
- dengue NS1 & IgM
- extra plain - 1 sample

N/b Ampam

Planned Management :

1) IVF
2) PCM
3) cyclopam SOS.

N/b Ampam.

Please fill up the following details

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

Doctor's Signature Name ______ Date 12/2/26 Time 9:41 pm

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 T: 9am	U/B Dr. Pravni	
	AFI c dehydration [Influenza	A illness]
	- c/o - fever spikes (+)	
	- body pains : ↓	
	- headache : ↓	
	- vomitings : nausea (+)	Plan
	- oral intake : poor	1) ct. IVF
		2) monitor BP every 4th h
	O/E	
	- vitals : stable	3) Rest ct. as per Rx chart
	- s/t -	4) monitor vitals
		5) syp Fevice → 5ml BD
		6) trace dengue NS1 IgM adenovirus
	Pravni	

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

(P.T.O)

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 10 AM	S/B Dr. Sanjay Sir	
	D/n Rheumatic illness	
	Fever spikes ⊕	P/a
	CVS - S1S2 ⊕	- Send Blood C/S
	RS - BL-AE ⊕	CRP
	P/A soft	- Chest X-ray now
	Conscious	
		- C/T FLUVIR
	↓ oral Intake	
		- C/T IV Fluids
		(signature)

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Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipriya	
13/7 2:00pm.	Influenza. A illness	
	fever (+) - 101°F. (yesterday 6:00 AM)	Plan.
		- Trace B/Cls
	R/S - B/L. AE (+)	
	P/A - soft. NT.	- Cont flavir
		- Cont IV Fluids
	oral intake - poor	
		[signature]

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

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/L/B. Dr. Pritesh	
13/7 12:00pm	Influenza A illness	
	Fever (+)	Plan
	1 episode vomiting	
		- Syp. Domstal,
	R/S - B/L AE (+)	30min before fluvir
	B/L NVBS	- Cont Syp fluvir
	P/A - soft, non tender.	
		- Monitor vitals
	oral intake - fair.	- Cont IVF 1/2 M
		- (T) Adenovirus
		- Encourage orally
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7	c/s/o Dr. Bavan / Dr. Prashanth	
8 AM	Influenza A illness	Advice - Ward
	Fever (+)	Rx
	cough (+)	1) Syp Fluvir
	Oral intake - less	2) Tab DOMSTAL
		3) Inj Esomeprazole
	Vitals stable	4) Syp Paracetamol
	Afebrile	5) IVF - 1/2 (M)
	R-S - B/L AE (+)	6) Monitor Vitals
	P/A - soft.	
14/7 1:45 pm	c/s/o Dr. Sanjay	
	Influenza A illness.	Plan
	Fever (+).	- Cont Syp. fluvir.
	Cough (+).	- Cont T. Domstal
	R/s - B/L AE (+)	- Cont IVF 1/2 M.
	P/A - soft, NT.	- Monitor vitals

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 2pm	S/B Dr. Archana / Dr. Naipunya. Influenza A illness c̄ dehydration.	
	Last spike @ 7:45 pm yesterday (100.8°F)	
	Cough ↓ Vomitings (-) No fresh complaints	Advice · Continue oseltamivir · Ct rest same - · TPR / 2° C.
	O/E vitally stable S/E WNL.	
15/7/26 7AM	S/B Dr. Sreeghana / Dr. Nagaraj	
	Δ Influenza A Illness Afebrile CVS - S1S2 + RS - B/L AE + P/A soft Conscious.	Pls - Tab FLUVIR - Encourage orals - Plan discharge

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-08-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/9/26 10:30 pm	S/B - Dr. Sanjay Srirampur.	Adv - • c/t fluids (for total 5 days). • Start probiotic & Discharge. • F/u friday evening. N/B Ofand [signature]

HNH-00016543 IP26-00008828
Master KONDURI KARTIKEYA DATTA
02-05-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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RESULT SHEET

Date	12/7/26	13/7/26				
Time						
Hb	11.4					
PCV	32.8					
RBC	4.91					
WBC	4.22					
N/L	83.3/10.3					
Platelets	239					
CRP	10	13.0				
ESR						
PCT						
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	12/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil.					
CUE - Ketones	Negative					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Flu A	+ve					
Adenovirus	Negative					
Dengue :	not	detected				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticke

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/7 Time:	10 Pm	12 Am	1 Am	2 Am	3:30 Am	6:15 Am	7:40 Am
Doctor / Nurse / Family Concern?							
Temperature (F)	98.2 oF	100.4 oF Given Crocin T.	101 oF	99.6 oF	98.6 oF	101.8 oF Given Crocin T.	98.6 oF
Heart Rate (bpm) and Blood Pressure (mmHg) *	101 (65)					105 70	
Note: BP does not score in early warning scoring							
Heart Rate (Number)	97b/m					92b/m	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	22b/m					20b/m	
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	99%					99%	
Conscious Level: Normal / Altered							
GCS *	14/15						
TOTAL SCORE Number of shaded boxes	0					0	
Pain Score	0					0	
Observer's Initials	S					S	

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

Patient Sticker

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SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/4 Time: 10 Am | 10:30 | 2 PM | 4:30 PM | 6 PM | 8:45 PM | 10 PM | 2 Am | 6 Am

Doctor / Nurse / ~~Family Concern~~?

Temperature (F) — scale 94–104
Handwritten readings: 98.0 °F | 101.4 °F (Ibugesic) | 98.0 °F | 101.4 °F (Dolo) | 100.1 °F / 100.8 °F (Ibugesic) | 97.3 °F | 98.2 °F | 99.3 °F

Heart Rate (bpm) and Blood Pressure (mmHg) * — scale 50–190

Note: BP does not score in early warning scoring

BP readings: 108/67 (80) | 102/61 (82) | 107/65 (80) | 104/65 (78) | 106/70 (69) | 109/73 (83)

Heart Rate (Number): 97 b/m | 94 b/m | 94 b/m | 98 bpm | 100 b/m | 103 bpm

Resp. Rate (bpm) (Over 1 Minute) * — scale 10–70

Resp Rate (Number): 28 b/m | 28 b/m | 24 | 28 b/m | 28 b/m | 28 b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%): 100 | 100% | 100% | 100% | 100% | 100%

Conscious Level: Normal | Altered

GCS *: 15/15 | 15/15 | 15/15

TOTAL SCORE Number of shaded boxes: 0 | 0 | 1 | 0 | 0 | 0

Pain Score: 0 | 0 | 0 | 0 | 0 | 0

Observer's Initials

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticker

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Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

/ 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7 Time:	10	2	6	10 pm	2 AM	6 AM
Doctor / Nurse / Family Concern?	am	pm	pm			
Temperature (°F) (scale 94–104)	98.6°F	98.8°F	99.0°F	97.4°F	98.4°F	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	83/63 (58)	102/62 (70)	105/80 (74)	98/45 (62)	100/69	99/65 (54)
Heart Rate (Number)	95 b/m	94 b/m	96 b/m	97 b/m	98 b/m	98 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	24 b/m	26 b/m	24 b/m	24 b/m	26 b/m	22 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	99%	99%	99%	99%	99%	100%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
12/7	08:00 pm	1										
	09:00 pm		Liquid								0	
	10:00 pm	Plasmalyte	+	50ml							0	
	11:00 pm	1	RL@	50ml							0	
	12:00 am			50ml						✓	0	Sm
	01:00 am			50ml						✓	0	
Total Intake :						**Total Output :**				V-	U-	
13/7	02:00 am	1		50ml						✓	0	
	03:00 am			50ml							0	
	04:00 am	Plasmalyte	RL@	50ml							0	
	05:00 am	1	+	50ml							0	Sm
	06:00 am		RL@	50ml							0	
	07:00 am			50ml							0	
Total Intake :						**Total Output :**				V-	U-	

Total 24 hrs. Intake		Total 24 hrs. Output	V- U-

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			—								
	09:00 am			—								
	10:00 am											
13/7	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm			—								
	03:00 pm			—								
	04:00 pm											
13/7	05:00 pm			—								
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
13/7	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am											
	04:00 am											
14/7	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/7/25	08:00 am			–								
	09:00 am			–								
	10:00 am			–		NA		NA				
	11:00 am			–								
	12:00 pm			40ml								
	01:00 pm			40ml								
Total Intake :								**Total Output :**		U-2	M-1	
14/7/25	02:00 pm			40ml								
	03:00 pm			40ml								
	04:00 pm			40ml		NA		NA				
	05:00 pm			40ml								
	06:00 pm			40ml								
	07:00 pm			40ml								
Total Intake :								**Total Output :**		U-2	M-0	
14/7	08:00 pm			40ml								
	09:00 pm			40ml								
	10:00 pm			40ml								
	11:00 pm			40ml								
	12:00 am			40ml								
	01:00 am			40ml								
Total Intake :								**Total Output :**		U-2 M-0		
15/7	02:00 am			–								
	03:00 am			–								
	04:00 am			–								
	05:00 am			–								
	06:00 am			–								
	07:00 am			–								
Total Intake :								**Total Output :**		U-2 M-0		

Total 24 hrs. Intake		Total 24 hrs. Output	U- M-

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
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	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-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

NURSING CARE RECORD

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Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				EP			
Afternoon							
Night	8pm to 8Am	Assess the pt condition. Monitor vitals as needed. Maintain I/O chart. Provide the comfortable position. Medication give as per doctor order.	8pm to 8Am	Assessed the pt condition. Monitored vitals. Maintained I/O chart. Provided the comfortable position. Medication given as per doctor.	→ pt is stable. → vitals normal	→ monitor vitals. → maintain I/O chart.	Sn

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NURSING CARE RECORD

Date: 13/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 8am	Assess the baby Monitor the v/s administer medicine Maintain I/O chart	8am 8am	Assessed the baby Monitored v/s administered the med Maintained I/O chart	administer Meds	Reassessed the pt	[illegible]
Afternoon				DAY DUTY			
Night	8pm to 8am	Assess the pt condition. Monitor vitals hrly. Maintain I/O chart. Provide the comfortable position Medication give as per os doctor order	8pm to 8am	Assessed the pt condition. Monitor vitals hrly Maintained I/O chart Provided the comfortable position Medication given as per os doctor order	→ pt is stable. → vitals normal	→ monitor vitals. → maintain I/O chart.	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	Assess the baby Monitor the VS administer Medicine Maintain I/O chart		Assessed the baby Monitored the VS administered Medi Maintain I/O chart	administer Med	Reassess the pt	[illegible]
Afternoon		Day					
Night	8pm to 8Am	Assess the Pt condition. Monitor vitals & reassess → check the vitals → maintain I/O chart	8pm to 8Am	Assessed the Pt condition. Monitored vitals → check the vitals → Maintained I/O chart	check the vitals	Re-check the vitals	[illegible]

Patient Sticker

HNH-00016543 IP26-00006825
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 12 D (M)
Dr. SANJAY SRIRAMPUR

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Flu +ve

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Section	Item	1	2	3	4	5	6
BACKGROUND	Date / Shift	12/7 N1	13/7 E0	13/7 N1	14/7 E0	14/7/26 E2	14/7/26 N1
	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:	98.2°F	98.4F	98.2°F	98.8	98.6F	98°
	Res:	24 b/m	24	24 b/m	24	24 b/m	24 b/m
	SpO_2:	99%	100%	98%	99%	99%	99%
	Pulse:	102	100	99%	112	104 b/m	105 b/m
	BP:	112/62	107/66	112/62	100/62	100/68	102/72
	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 :		Sneha	[illegible]	Sri	[illegible]	Amrutha	Madhu
Signature / ID :		dl/0/603	[illegible]	dl/0/603	[illegible]	[illegible]	[illegible]
Date:		13/7	13/7	14/7	14/7	14/7/26	15/7/26
Time:		8Am	8P	8Am	2pm	8pm	8Am
Taken Over By Name :		[illegible]	Sneha	[illegible]	Amrutha	Madhu	
Signature / ID :		[illegible]	dl/0/604	[illegible]	[illegible]	[illegible]	
Date:		13/7	13/7	14/7	14/7/26	14/7/26	
Time:		8	8pm	8	2pm	8pm	

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-05-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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NURSING SHIFT HAND OVER FORM

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

Patien

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 12/7	DATE 13/7	DATE	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	2	2			
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	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	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		9	9			

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]			
Signature:		[signature]	[signature]			
Date:		12/7	13/7			
Time:		10pm	[illegible]			

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

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PAIN ASSESSMENT FORM

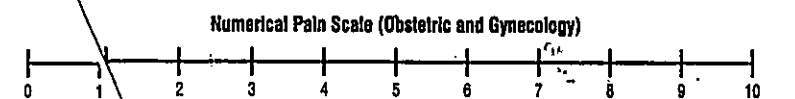
Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
13/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
14/7/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 12/7			DAY-2 13/7			DAY-3 14/7			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	
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			M	0	0	M	0		0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			M	0	0	M	0		0	
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			M	0	0	M	0		0	
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			M	0	0	M	0		0	
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			M	0	0	M	0		0	
		Signature of the Nurse											

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

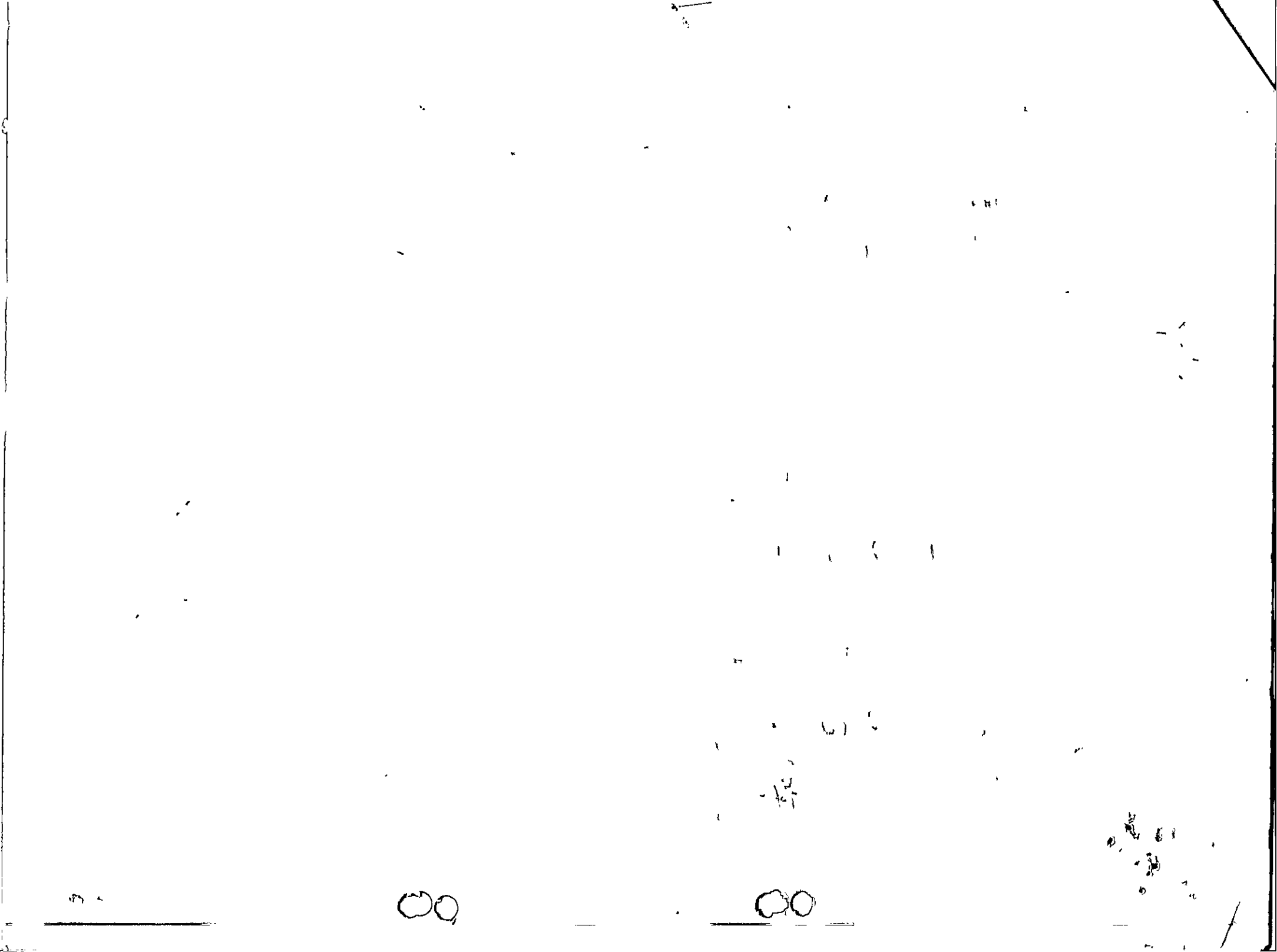
Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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



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DRUG CHART

Date of Admission: 12/7/26 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: T. PARACETAMOL				Date/Time	
Dose	Route	Frequency	Start Date		13/7 12:13
1tab	PO	SOS / 6th	12/7		
Doctor's Signature	Valid Period	Pharm.			6:45
[signature]		(circled signature)			
Additional Instructions: (1tab = 500mg) if temp > 100.4°F					

DRUG: T. IBUGESIC				Date/Time	
Dose	Route	Frequency	Start Date		13/7
1tab	PO	sos	12/7		
Doctor's Signature	Valid Period	Pharm.			7:00
[signature]		(circled signature)			
Additional Instructions: 1tab = 200mg if temp > 102°F					

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY : Name .... Signature

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

REGULAR PRESCRIPTIONS

Weight. 38 kg Ward. .....

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	TID	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7
6Am	X	Sig
2Pm	X	
10Pm	Sig	

STOP

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7	15/7
6Am	Sig	Sig	Sig	Sig
10Pm	Sig			

DRUG : SYP FEXOFENADINE

Dose	Route	Frequency	Start Date
5ml	PO	BD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(5ml = 30mg).

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7
10Am	X		
10Pm	10:30 Sig	Sig	

Stop 14/7

DRUG : SYP FLUVIR

Dose	Route	Frequency	Start Date
5ml	PO	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7	15/7
9Pm	Sig		

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : TAB · DOMSTAL

Dose	Route	Frequency	Start Dt.
5mg	PO	BD	13/7

Name & Signature of the Doctor Starting the Drugs: 30min before syp. Fluvin
[signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	13/7	14/7
9am	[signature]	[signature]
9pm	[signature]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

(P.T.O.)

Verified by Dr. Dhakshayani

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

Weight. 38 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
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I.V. FLUIDS CHART

Weight. ..... 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
12/7	~~8:30pm~~ 10PM	IVF PLASMALYTE (2/3 main)	IV	50 ml/hr			13/7		
13/7		IVF PLASMALYTE (1/2 M)		40ml/hr.					

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

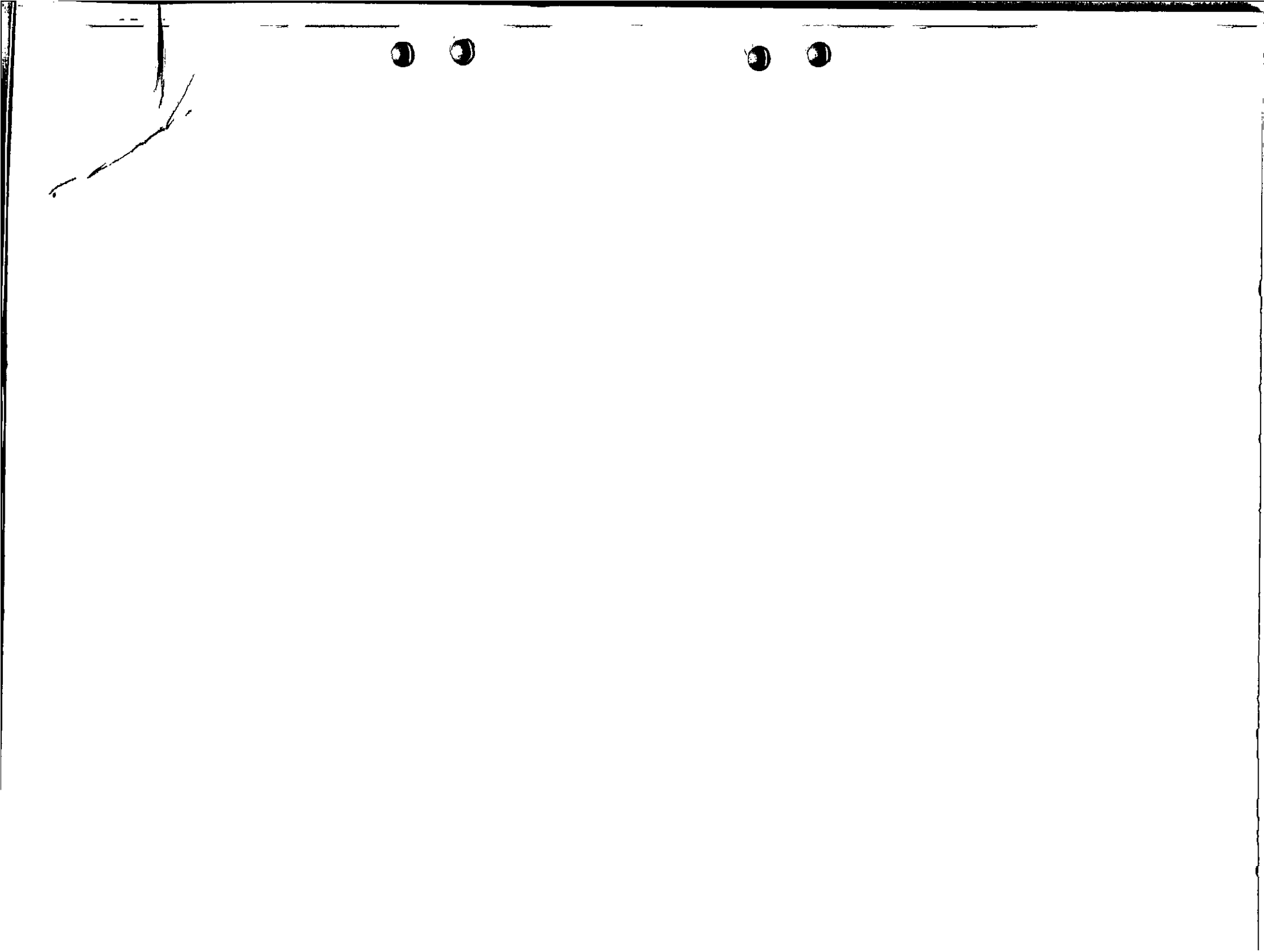
Doctor Name & Signature : Dr. TANVP

Date & Time : 12/7/26 @ 8:10pm

Nurse Name & Signature: Bhargavi

Date & Time : 12/7/26 @ 8:15pm

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



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wt - 38.7kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Karthikeya - Datta Age : 9 yr **Gender:** ☑ Male ☐ Female

Date : 12/7/26 Time of Arrival : 7:47pm

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: 101.4°F PR: 146b/m BP: 94/46(58) mmHg RR: ..... SpO_2: 100%

Chief Complaints: c/o fever since morning 2 episode of vomit

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:55pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 12/7/26@ 7:49pm

Patient Sticker 9Y1M

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/7/26 Time: 11:20Am

Weight: 38 kg Centile: 90th

Height: - Centile: -

Inference: overweight Child

RDA: - Calories: 1600 kcal/d Protein: 28 gms/d

Diet Recommendations: Normal High protein Diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

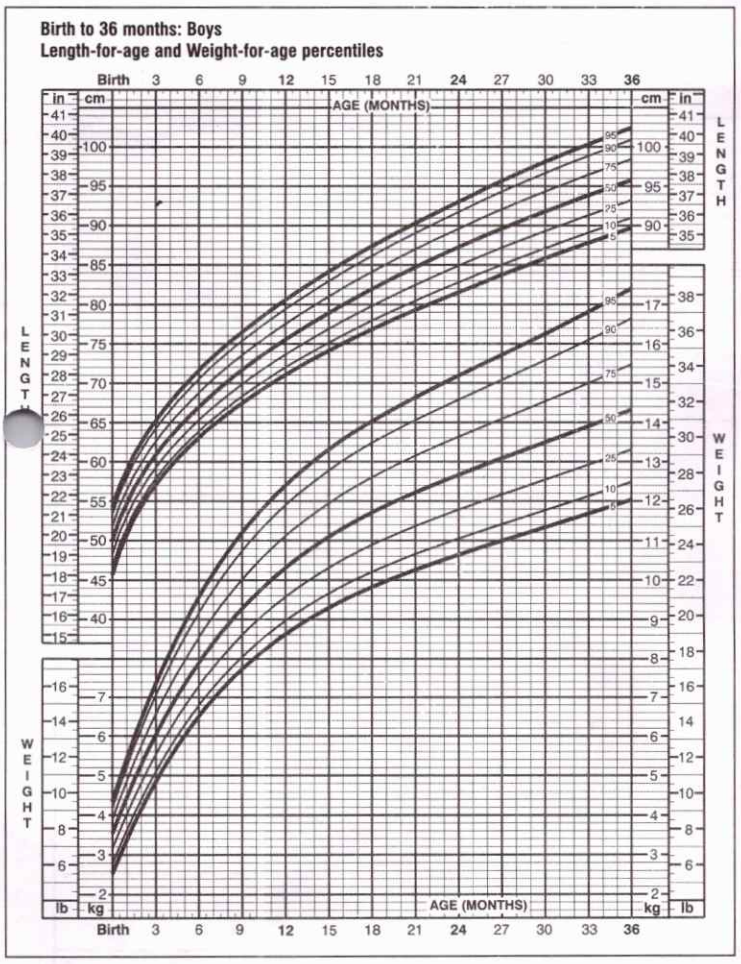
Food Allergies: NO Veg/Non-veg Veg

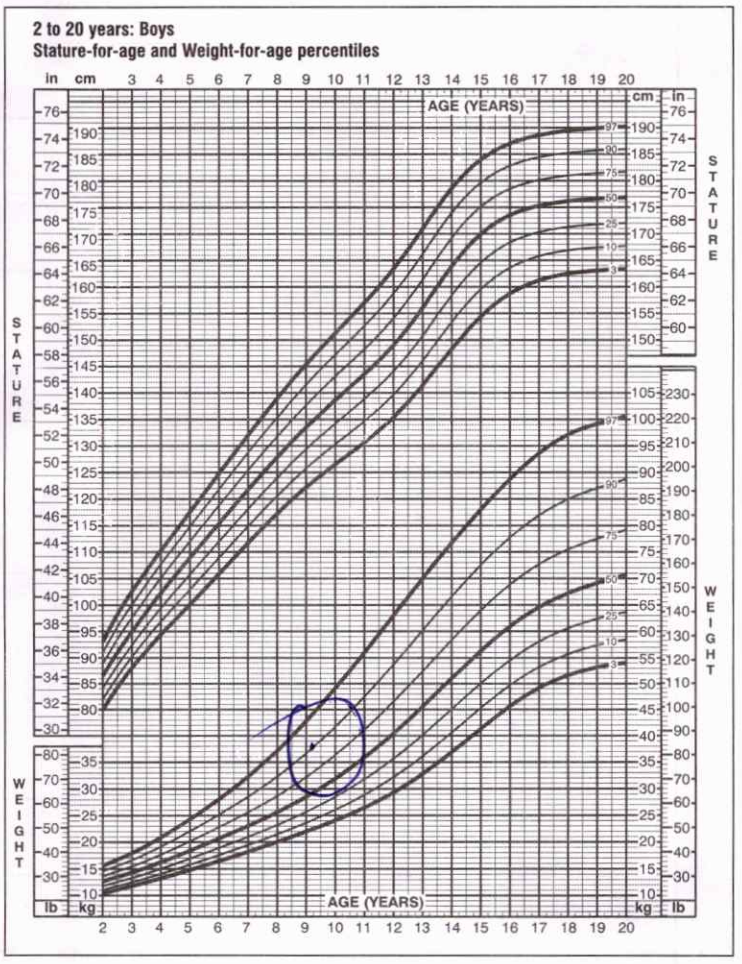
Diagnosis: AFI & Dehydration with Influenza "A" Illness

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: K. Durga

GROWTH CHART (BOYS)





Dietician's Name Sathwika. G

Dietician's Signature

Daily Notes:

HNH-00016543 IP26-00006828
Master KONDURI KARTIKEYA DATTA
02-06-2017 9 Y 1 M 10 D (M)
Dr. SANJAY SRIRAMPUR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/7/26 Time of arrival : 7:50 pm

Chief Complaints: c/o, fever since morning 2 episode of vomiting RBS: .....

Height : ..... Weight : 38.7kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : B @ 7:57 pm

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

Time	Nursing Notes
7:52pm	Assess the pt condition monitore the vitals

Samples collected by: / Apurba Time: /

Samples sent by : / Time: / 9:10pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12/7/16 8pm	Ibugesic Syp	oral	10ml	Dr Tanvir	B

Condition of patient at time of shift - out :	Details of Shift - out
HR: ~~144~~ 138 BP: 94/65 CFT:	Shift - out from ER to: ~~9:30pm~~ 12/7/16
RR: 25 SPO_2 : 98	Time of Shift - out: 9:30pm
GCS: 15/15 Temperature : 98.9	Handover given to: Sm
Pain Score: 2	(Nurse's Name)
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Bhargava Signature of the Nurse : B

Date & Time : 12/7/16 @ 7:52pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016543 IP26-00006828 Master KONDURI KARTIKEYA DATTA 02-06-2017 9 Y 1 M 10 D (M) Dr. SANJAY SRIRAMPUR	12/7/26 @ 8:30pm	12/7/26 @ 8:30pm
	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Sneha 12/7/26 @ 9:41Pm

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