DISCHARGE SUMMARY

Name	Baby USWA OMER	**UHID**	HNH-00016289
Father/Guardian	Mr MOHAMMED OMER	**Age/Gender**	3 Y 11 M 2 D/ Female
Address	3-6-832, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006705	**Admission Date**	01-07-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	03.07.2026		

Consultant:
Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

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

DIAGNOSIS	ICD CODE
CULTURE POSITIVE UTI (E COLI)	

Name	Baby USWA OMER	UHID	HNH-00016289
IP No	IP26-00006705	Admission Date	01-07-2026

History: Baby USWA OMER is a 3 Y 11 M 2 D , old girl presented with history of pain abdomen associated with burning micturition since 10 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 134/min and RR - 26/min. On examination Signs of dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, tachycardia, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 12.5 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 10.8 gm%, White Blood Cell count of 15360 cells/cumm, platelet count of 4.88 lakhs/cumm and C-Reactive Protein of 31 mg/l. Serum electrolytes showed sodium of 137 mmol/L, potassium of 4.2 mmol/L & Chloride of 101 mmol/L. Serum Creatinine was 0.4 mg/dl. Blood Urea was 17 mg/dl. Bicarbonate was 16 mmol/L. Complete urine examination shows 20-25 pus cells, 6-8 epithelial cells, protein present +.

Urine culture and sensitivity shows

Gross examination : Pale yellow in colour, clear.

Gram stained smear - Shows no polymorphs or organisms.

Colony count: - $>10^5$cfu/ml

Name	Baby USWA OMER	**UHID**	HNH-00016289
IP No	IP26-00006705	**Admission Date**	01-07-2026

Culture : **- E. coli isolated.**
Susceptible to -
Amoxycillin-Clavulanic acid, Cefoxitin, Gentamicin, Amikacin, Tobramycin, Sulfamethoxazole-Trimethoprim, Trimethoprim and Nitrofurantoin.
Resistant to -
Ampicillin, Ampicillin-sulbactam, Cephalexin, Cefuroxime, Cefotaxime, Ceftriaxone, Ceftazidime, Ceftizoxime, Cefoperazone, Cefpodoxime, Cefepime, Cefixime, Piperacillin and Aztreonam.

Ultrasound abdomen shows
* Internal echoes in urinary bladder, suggestive of cystitis.
* Few non specific lower mesentery nodes.
* Fecal loading of ascending and sigmoid colon.

Management: She was admitted in the ward and started on intra venous fluids and other symptomatic management .

Infective markers were high and urine routine showed significant pus cells .In view outside investigations showed urine culture positive for pseudomonas organism , susceptible IV antibiotics were started (Inj piptaz)after sending repeat Urine culture .

In view of abdominal pain ultrasound was done suggestive of Cystitis and fecal loading , Hence Dr. Swapna (Paediatric surgeon) consultation was done who advised for toilet training, continue same treatment and review after 2 months if not subsided.

She was regularly monitored for pain abdomen and hydration status. Her symptoms settled gradually. Repeat urine culture showed significant growth for

Name	Baby USWA OMER	UHID	HNH-00016289
IP No	IP26-00006705	Admission Date	01-07-2026

Ecoli , hence antibiotics were changed according to susceptibility report .

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Piptaz
Syrup. Cital
Muout powder

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syp Septran (5ml contains Trimethoprim 40mg , Sulfamethaoxazole 200mg)	6 ml	BD	For 7 days
1	MUOUT POWDER	mix 2 Scoops in 40 ml of water	10pm (after food)	For 3 months
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management

Name	Baby USWA OMER	**UHID**	HNH-00016289
IP No	IP26-00006705	**Admission Date**	01-07-2026

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MANJIT KUMAR on Monday(06.07.2026) at his clinic

Review after 2 months with Dr Swapna if pain abdomen/ constipation not subsided.

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 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 **Himayatnagar** / **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB**

Name	Baby USWA OMER	**UHID**	HNH-00016289
IP No	IP26-00006705	**Admission Date**	01-07-2026

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**

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Registrar/Resident/C.M.O

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

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ACTIVITY CARD FOR BILLING

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

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

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

Date of Admission : 1/07/26 Time : 3:17pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 2nd floor Ward : 218 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/07/26	3:50pm	ER	2nd floor/218	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swapna Para Karthy	2/7/26	10118	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked done by

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/7/26	USG	7846	A.R
	~~RFT~~ CRP	0740	
	CRP		
	Sr. electro	10741	
	Sr. creatnn		
	urea		
	Bicarbonate		
	CUE	0740	
	urin c/s		

Cross checked done by Snehe

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7/26	Infusion Pump	9:40 pm	3/7/26 @ 7AM	209879	[illegible]

Cross checked done by Sneha

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Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/~~2~~/26	Iv cannula	1	9781	
2/7/26 11am	NHA	1	10086	

Cross checked done by Sneha

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Pediatric Multiorgan History & P

Name : Uswa Omer 4y/FCH

Informant father and mother. Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o pain per abdomen along with burning micturition x 10 days.
c/o fever since morning.

History of present illness :

Patient was apparently asymptomatic 10 days ago, when she developed pain in the lower abdomen and ~~vaginal~~ urethral region, not c fever spikes c itching and rash.

c/o burning micturition associated with with-holding urine x 10 days.

- c/o fever low grade.

- c/o decreased acceptance of feeds.

Patient took oral cefixime and oral drotin for 8 days on OPD basis.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Normal
FT | SVD | 2.9 kgs bwt | FCM
delivered in Fernandez hospital

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

upto date.
flu vaccine pending.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12.5 kgs (Centile _____)

On Examination :

Temperature : 98.7°F Pulse Rate: 134 bpm Description _____

B.P. _____ SPO2 98% at RA

Resp. rate and type of breathing : 26/min, normal

Rash – Sign of dehydration — present (+)

Lymphadenopathy – Sunken Eye,

Oedema : – dry lips, dull look.

dry oral mucosa

Respiratory system :

Inspection (any s/o distress) : AEBE

Air entry & breath sounds : B/L clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : S_1S_2 (+) Mo

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection Soft

Palpation : nontender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : WNL Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic : AFI ? dilydubin.

? Urinary tract infection.

_____

_____

_____

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Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP, CRP
- CUE
- urine culture & sensitivity
- RFT
- USG full abdomen.

Notes by @ Anupam

Planned Management :

- Inj PIPTAZ (PIPERACILLIN & TAZOBACTEM) ~~1.125 grams~~
  100 mg/kg/dose
  1.25 g IV (dilute in 50 ml NS)
  give over 1 hour.
- Syp CITAL
  5 ml PO H/S
- Pediatric surgery consultation.

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

Doctor's Signature Name Date 1/7/26 Time 5pm

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Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26. 4pm.	c/s/by Dr Anuchi	
	? UTI	
	~~AFI~~ ↓ dehydration	
	No H/o fever (-)	
	H/o pain abdomen (+)	USG abd
	H/o burning micturition (+).	cystitis (+)
		focal loading (+)
	vital stable	
		Plan
	S/E	
	RS — Blc AC (+)	— Enhance orally.
	NIVBS (+)	— ct Antibiotics.
	CVS — S1 S2 (+).	— Monitor vitals.
	Al 11/7/26.	— (T) CRP, RFT, o/d/s
		NBM Strict @ 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr pritesh	
1/7/26 5 20pm	?UTI	
	Pain abdu (+)	outside c/s - pseudomon.
	burning micturition (+)	Tab CEFIXIME
	vital stable	
	s/e	
	(P/A) suprapubic tender (+)	Plan
		- (T) sample.
		- Enhance orally
		- Diet counselling - fibre rich veg/fruits
		- ct Antibiotic
		NB Sucho C 6pm
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9PM		
—	S/B. Dr. Manjit Kumar	
	- CYSTITIS	
	- Ct. ZOSYN	
	IVF.	
	- Paed. surgn. opinia tode (For local examination)	
	- Dietician Counselling.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7:00 AM.	C/S/B Dr Pranav / Dr Naipunya	
	UTI - cystitis	
		Plan
	Abd pain - ?	1) Inj PIPTAZ
	Fever - 0	Syp CITAL
		MVOUT
	Dysuria - better	
	Oral intake - fair	2) Trace Urine C/S
	Vitals stable	3) Ped Surgeon consult
	Afebrile	for local examination
	R-S - B/L AE ⊕	
	P/A - soft	4) Dietician advice
		(High fibre diet)
		5) Monitor vitals
		N/B [signature]

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Baby USWA OMER 3 Y 11 M 2 D (F)
29-07-2022
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. Pritesh	
2/7 7:00 AM	UTI - Cystitis.	
	No fever.	Plan
	Abdomen pain ↓.	
		✓ Cont Inj PIPTAZ
	oral intake - fair.	Syp. CITAL.
		MUOUT.
	R/S - B/L AE (+)	✓ (T) urine C/S
	P/A - Soft, NT.	
		✓ Pead Sx opinion
		✓ Dietician Advice.
		Dr. Pritesh Nagar Intensivist 9AM 2/7/26
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

INH-00016269 IP26-00006705
Baby USWA OMER
19-07-2022 3 Y 11 M 3 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2:30PM.	c/c/o rr. Varun / rr. Thanvi	
	Δ- cystitis. ~~Ceftaside~~	
	- Afebrile since admission.	
	- Pain abdomen ↓↓	
	- no dysuria symptoms.	
	- Oral intake - fair.	Plan
		- Trace urine c/s.
	O/E - vitals stable.	- Ct. Pipta, Citralka, Mucout.
	O/E - WNL.	- PDS opinion in evening.

INH-00016289 IP26-00006705
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 6:40 PM	S/B Dr. Manjit	Plan
	Δ Cystitis	- Ct PIPTAZ
	CVS - S1 S2 (+)	- Ct CITAL
	RS - BIL-ACE (+)	MOUT
	P/A - Soft	- Throw Urine C/S
	Conscious	
	Pain Abdomen	- Encourage orally
3/7/26 7AM	S/B Dr. Archana / Dr. Sreeghan	
	Δ : cystitis	
	No fever spikes (-)	
	Burning micturition (-)	Advice
	pain per abdomen (-)	· Ct piptaz
	C/ passed	· (T) urine c&s (Organism growth +ve)
	S/	
	O/E vitally stable	· Encourage orally.
	S/E P/A - soft	· Ct test same
		N/B

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/24	S/B Dr. Pritesh	
9:15 Am	Dengue	Plan
		- Discharge after Manjith Sir round
	Afebrile	Urine C/S
	Vitals stable	
		- Trace Urine C/S
		- Stop IV fluid
		- C/F PIPTAZ
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184 [signature]	

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Baby USWA OMER
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CROSS CONSULTATION FORM

Doctor Name: Dr. manjit Kumar Date: 2/7/26 Time: ~~2/7/2~~ 6 Pm.

Diagnosis: cystitis

Hospital: RCH Himayatnagar

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 : UTI c̄ chronic constipation

- c/o pain abdomen – lower abdomen x 10 days.
  - persistent
- h/o constipation (+) [chronic]
- no vomitings / abd. distension.

Plan: 1) toilet training.
2) ct the same Rx
3) Review after 2 months if not subsiding.

Consultant :

Name: Dr. swapna Signature: [signature] Date & Time: 2/7/26 @ 6pm

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: 218 / 2nd floor.

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, Archana

Date & Time : 1/07/26 @ 3:05PM

Nurse Name & Signature: Anupam /

Date & Time : 01/07/26 @

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

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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 :				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:				

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

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

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

REGULAR PRESCRIPTIONS

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

DRUG : Inj PIPTAZ				Date/Time	1/7	2/7	3/7
Dose	Route	Frequency	Start Date				
1.25g	IV	8 hourly	1/7/26	8Am	X	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Archana				4Pm	[illegible]	[illegible]	
Additional Instructions: PIPERACILLIN (+) TAZOBACTEM; dilute in 50 ml NS give over 1hr				12Am	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign							

DRUG : Syp. CITAL				Date/Time	1/7	2/7
Dose	Route	Frequency	Start Date			
5ml	PO	H/s	1/7/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Archana				10Pm	[illegible]	[illegible]
Additional Instructions: In 1/4th glass water						
Daily Doctor's Endorsement by a Sign						

DRUG : MV OOT				Date/Time	1/7	2/7
Dose	Route	Frequency	Start Date			
2scoops	PO	H/s	1/7/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	[illegible]	[illegible]
Additional Instructions: 2scoops in 40ml						
Daily Doctor's Endorsement by a Sign						

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

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	5:30pm	· Rsoctoclyn Enema.	30ml stat	PR		

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

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

I.V. FLUIDS CHART

Weight. ...12.5kg. 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
1/7/26	8:30pm	IVF - PLASMALYTE (2ml/kg)	IV	25 ml/hr	TP	N N	3/7		A A

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

INH-00016289 IP26-00006705
Baby USWA OMER
9-07-2022 3 Y 11 M 3 D (F)
Dr. MANJIT KUMAR

IN 219

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/7/26 Time: 11 AM

Weight: 12.5 kg Centile: 65th

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1300 kcal/d Protein: 22 gms/d

Diet Recommendations: soft high fiber Diet

Re-Assesment: Avoid spicy, chilled & outside foods

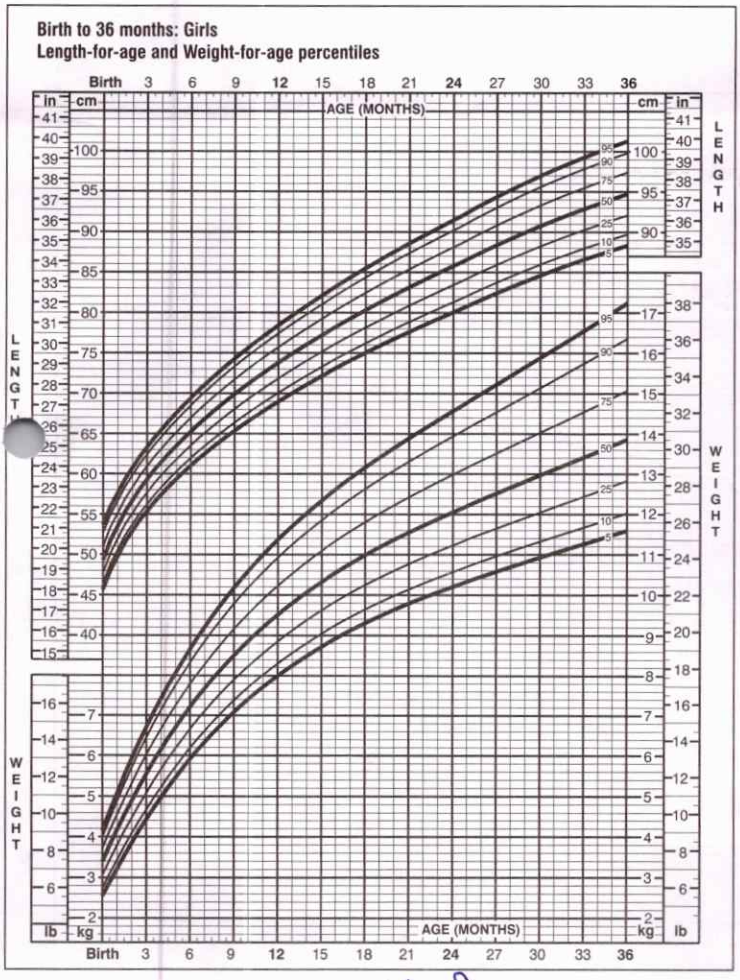
Food Allergies: ND Veg/Non-veg NON-veg.

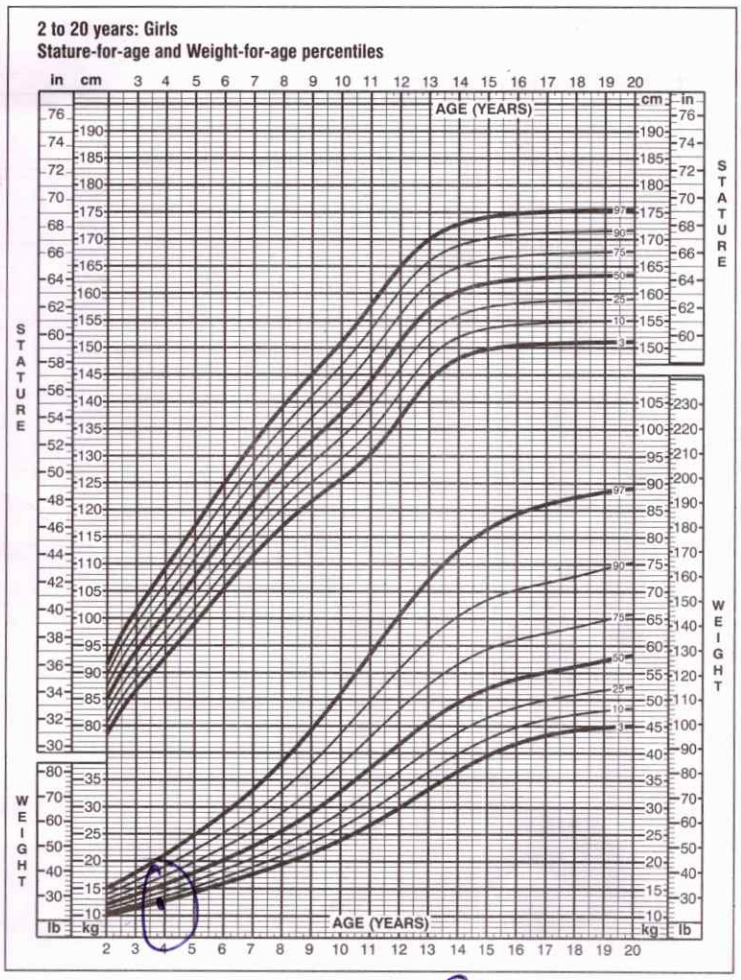
Diagnosis: UTI with cystitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sruthi

GROWTH CHART (GIRLS)





Dietician's Name Sathwika.G Dietician's Signature

Docu. No. : RCH /FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

INH-00016289 IP26-00006705
Baby USWA OMER
9-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

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RESULT SHEET

Date	1/7/26					
Time						
Hb	10.8					
PCV	30.3					
RBC	4.26					
WBC	15.36					
N/L	69.0/21.9					
Platelets	488					
CRP	31					
ESR						
PCT						
RBS						
Na	137					
K	4.2					
Cl	101					
Ca/Mg						
Phosphate						
Urea	17					
Creatinine	0.4					
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 BICARB	16					

Date	1/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	20-25					
CUE - RBC Cells	3-5					
CUE						
NITRITE	Positive					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 1/7/26 Urine C/S -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

1NH-00016289 IP26-00006705
Baby USWA OMER
19-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Patient :

LINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 1/7/26 Time:	9 pm	[illegible] pm	10 pm	2 Am	6 Am
Doctor / Nurse / Family Concern?					
Temperature (F) (104–94)	97.8°F	97.0°F	97.0°F	98.0°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	98/71 (80)	95/69 (84)	99/64 (83)	98/60 (80)	94/61 (65)
Heart Rate (Number)	122 b/m	125 bm	103 bb	114 bb	120 bb
Resp. Rate (bpm) (Over 1 Minute) * (70–10)					
Resp Rate (Number)	28 bm	29 bm	29 [illegible]	28 bb	28 bb
Resp Distress — Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	99%	100%	99%	99%
Conscious Level — Normal / Altered					
GCS *	14/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	S	[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

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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)

NH-00016289 IP26-00006705
Baby USWA OMER
19-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Patient Sticker

AL / 125

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/7 Time:

	10 Am	2pm	6pm	10pm	2am	6am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	97°F	97.7°F	97.3°F	95.9°F	98.0°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	100/64 (70)	99/62 (72)	100/65 (74)	91/67 (78)		98/64 (65)
Heart Rate (Number)	121 b/m	120 b/m	118 b/m	100 b/m		[illegible]
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)	*	*	*	*		
Resp Rate (Number)	30 b/m	30 b/m	28 b/m	29 b/m		34
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	99%	100%	100%	99%		100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *	15/15	15/15		15/15		15/15
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
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* 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

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

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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)

INH-00016289 IP26-00006705
Baby USWA OMER
19-07-2022 3 Y 11 M 2 D (F)
Patie Dr. MANJIT KUMAR

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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 :**						
11/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
11/7/26	08:00 pm	Plasmalyte										
	09:00 pm											
	10:00 pm			25ml								
	11:00 pm		Liv tho	25ml								
	12:00 am			25ml	NG							
	01:00 am			25ml								
Total Intake :						**Total Output :**						
12/7/26	02:00 am	Plasmalyte		25ml								
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am		Hvo	25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby USWA OMER 3 Y 11 M 2 D (F)
19-07-2022
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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/7/26	08:00 am	Plasmalyte		25ml					/		0	
	09:00 am		Idly	25ml		/				✓	0	
	10:00 am			25ml	NA			NA			0	
	11:00 am		H2O	25ml				/		✓	0	[illegible]
	12:00 pm			25ml	/		✓				0	
	01:00 pm			25ml							0	
Total Intake : Taken									**Total Output :**	U-2	M-1	
2/7	02:00 pm	Plasmalyte		25ml							0	
	03:00 pm			25ml					/		0	
	04:00 pm		Rice	25ml				NA		✓	0	
	05:00 pm		&	25ml	NA						0	[illegible]
	06:00 pm		H2O	25ml				/		✓	0	
	07:00 pm			25m	/						0	
Total Intake :									**Total Output :**	U-2	M-	
2/7	08:00 pm	Plasmalyte		25ml								
	09:00 pm			25ml								
	10:00 pm			20ml							0	[illegible]
	11:00 pm		Idly H2O	25ml		nm	N	nm		✓		
	12:00 am			25ml								
	01:00 am			20ml								
Total Intake :									**Total Output :**	U-1	M	
3/7	02:00 am	Plasmalyte		20ml								
	03:00 am			20ml						✓		
	04:00 am			20ml							0	
	05:00 am			20ml		nm	N	nm				[illegible]
	06:00 am			20ml								
	07:00 am		H2O	20ml						✓		
Total Intake :									**Total Output :**	U-2	M	

Total 24 hrs. Intake	

Total 24 hrs. Output	

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19-07-2022 3 Y 11 M 2 D (F)
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NURSING CARE RECORD

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Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				EP			
Afternoon	2pm hr 8pm	Assess the pt condition. Monitor vitals & record. Maintain I/o chart. Provide the comfortable position. medication given as per as doctor order.	2pm hr 8pm	Assessed the pt condition monitored vitals & record maintained I/o chart. Provided the comfortable position. medication given as per as doctor order.	→ Pt is stable → vitals normal.	→ monitor vitals. → maintain I/o chart.	Sneh
Night	8pm 8pm	Assess the baby Monitor the VS administer Medicine Maintain I/o chart	8pm 8pm	Assessed the baby Monitored the VS administered Medicine Maintain I/o chart	administered	Reassess the pt	

HNH-00016289 IP26-00006705
Baby USWA OMER
29-07-2022 3 Y 11 M 2 D (F)
Dr. MANJIT KUMAR

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 2/7/26

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 general condition. – Check vital & record – Administer medication as per doctor advice – I/O chart maintain	8am – 2pm	Assessed the baby general condition. Checked vital & recorded. Administered medication as per doctor advice – I/O chart maintain	pt is stable	→ Re-checked the vitals → I/O → Ped. Surgeon opinion to be done	Supriya
Afternoon	2Pm to 8Pm	Assess the pt condition. Monitor vitalsigns. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order	2Pm to 8 Pm	Assessed the pt condition. Monitored vitalsigns. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable. → vitals normal	→ monitor vitals. → maintain I/O chart	[illegible]
Night	8pm – 8am	Assess the pt condition. Check the vitals. Administer medication. Maintain I/O chart	8pm – 8am	Assessed the pt. Checked the vitals. Administered medication. Maintained I/O chart	[illegible]	[illegible]	[illegible]

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: UTI

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day: 1/1/26

BACKGROUND

Date / Shift	1/7/26 E2	2/7 8000	2/7/26 M6	2/1/26 E2	2/7 8A	
Medical Condition (Any special condition to be noted):		UTI	-		-	
Diet:	Soft	Soft	High fibre	High fibre	-	

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	98.6°F	98.1°F	98.2°F	98.6°F	
Res:	30b/m	28	29b/m	28b/m	28	
SpO_2:	99%	100%	99%	98%	100%	
Pulse:	112	106	110b/m	106b/m	112	
BP:	99/62	100/62	100/63	102/62	110/72	
LOC:	-	-	-	-	-	
Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	"0"	0	-	
Skin Integrity	-	-	Good	Good	-	

Recommendations

Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Physiotherapy:	-	-	-	-	-	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	-	-	High fibre	-	-	
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:	-	Surgeon opinion for	-	-	-	
Handed Over By Name :	Sneha	Sneha	Supriya	Sneha	Sneha	
Signature / ID :						
Date:	1/7/26	2/7	2/7/26	2/7	3/7	
Time:	8pm	8am	2pm	8pm	8am	
Taken Over By Name :	Sneha	Supriya	Sneha	Sneha		
Signature / ID :						
Date:	1/7	2/7/26	2/7	2/7		
Time:	8pm	8AM	2pm	8pm		

1NH-00016289 IP26-00006705
Baby USWA OMER 3 Y 11 M 2 D (F)
19-07-2022
Dr. MANJIT KUMAR

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NURSING SHIFT HAND OVER FORM

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 1/7	DATE 2/7	DATE 2/7	DATE 2/7	DATE 3/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	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	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	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	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	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	1	1	1
	Total		9	9	9	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		X	X	X	X	X
Other Intervention(s) Specify		X	X	X	X	X
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		1/7	2/7	2/7	2/7	3/7
Time:		8pm	8am	2pm	8pm	8am

HNH-00016289 IP26-00006705
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29-07-2022 3 Y 11 M 2 D
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PAIN ASSESSMENT FORM

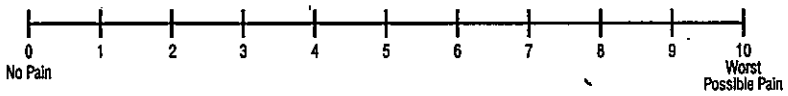
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7	3Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
1/7	8 pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	6am	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	[illegible]	[illegible]
2/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
2/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
3/7	6am	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	[illegible]	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	1/7 DAY-1			2/7/26 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	0	0	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	0	0	NA	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		NA	0	0	NA	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		NA	0	0	NA	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		NA	0	0	NA	0				
		Signature of the Nurse			Sm			Sm					

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 : Sneha Name : Sneha

Signature of Ward In Charge :
Signature : Balamani Name : Balamani

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Baby USWA OMER
9-07-2022 3 Y 11 M 2 D (F)
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BRADEN 'Q' SCALE

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					Date :	11/7	2/7	2/7	3/7
					Time :	8PM	MN	EL	SM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	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	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	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.		4	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.		4	4	4	4
					TOTAL SCORE	23	22	23	26
					Evaluator's Name				

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

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

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

PATIENT TRANSFER FORM

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HNH-00016289 IP26-00006705 Baby USWA OMER 29-07-2022 3 Y 11 M 2 D (F) Dr. MANJIT KUMAR	Date & Time of Admission 01/07/26 @	Date & Time of Transfer Order 01/07/26 @ 4Pm
	Transfer Ordered by Dr, Archana	Reason for Transfer Admission
From Unit ER	To Unit 218 / 2nd floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1 USG	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
Anupam	Dr, Archana

Patient & Clinical Records Received by : Sneha 1/7/26 @ 4pm

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016289 IP26-00006705
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wt 12.5kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. USWA OMER Age : 4 y 6m **Gender:** ☐ Male ☑ Female

Date : 1/8/26 Time of Arrival : 2:40 pm

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

Source of Information : ☐ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.7 PR: 134 BP: 113/72 RR: 26b SpO_2: 98

Chief Complaints: c/o vomit 2 to 3 times, severe pain

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 : 2:45 pm

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 : Kuldeep

Signature of Triage Nurse : .....

Date & Time : 1/8/26 2:45 pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/1/26 Time of arrival : 2:40 pm

Chief Complaints: c/o urine: pass time severe Pain RBS: .....

Height : ..... Weight : 12.5 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: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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

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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: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse [signature] @ 2:50 pm

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

Time	Nursing Notes
2:30pm	⇒ Assessed the general condition. ⇒ Vitals checked and recorded.

Samples collected by:

Samples sent by : Vijaya.

Time:

Time: 2:30 Pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 97 BP: ..... CFT: —	Shift - out from ER to: ICU
RR: 28 SPO_2 : 99%	Time of Shift - out: 3:10 PM
GCS: 15/15 Temperature : 98.1	Handover given to: Sneha
Pain Score: 1	(Nurse's Name)
Repeat RBS (if applicable): No	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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Name of the Nurse : Anuja

Signature of the Nurse : A.Y

Date & Time : 1/8/26 @ 2:30 PM