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302
D.C

DISCHARGE SUMMARY

Name	Baby CHANDRANOLLA PRANAVI	**UHID**	HNH-00011376
Father/Guardian	Mr CHANDRANOLLA RAVI KUMAR	**Age/Gender**	2 Y 4 M 26 D/ Female
Address	1-20, MANTHRONIPALLY VILLAGE, Dhanwada, Mahabubnagar, Telangana, INDIA, 509205		
IP No	IP26-00006771	**Admission Date**	07-07-2026
Ref Doctor	Self.		
Discharge Date	09.07.2026		

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

DIAGNOSIS	ICD CODE
WALRI WITH RD	

History: Baby CHANDRANOLLA PRANAVI , 2 Y 4 M 26 D , old girl presented with the history of cough and cold since 3 days, difficulty in breathing since1 day, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart

Name	Baby CHANDRANOLLA PRANAVI	UHID	HNH-00011376
IP No	IP26-00006771	Admission Date	07-07-2026

rate was 138/min , Blood pressure - 98/60 (50th centile)mmHg and Respiratory Rate - 40/min . Capillary Refill Time was <3 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions, nasal flaring + audible wheeze present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 12 kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.33, pCO2 of 44.2 mmHg, pO2 of 43 mmHg, HCO3 of 23.3 mmol/L and BE of -2.5 mmol/L.

Initial hemogram showed Hemoglobin of 11.2 gm%, White Blood Cell count of 8790 cells/cumm, platelet count of 3.62 lakhs/cumm and C-Reactive Protein of 5 mg/l.

Management:
She was admitted in the HDU and started on oxygen by nasal prongs by at 2L/min. Intra Venous fluids . She was treated symptomatically . In view of chest signs, she was frequently nebulised with Levolin .
In view of persistent severe wheeze injection. Magnesium sulphate and Methylprednisolone stat dose was given .

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Her fever

Name	Baby CHANDRANOLLA PRANAVI	**UHID**	HNH-00011376
IP No	IP26-00006771	**Admission Date**	07-07-2026

spikes and other symptoms gradually settled . Child's saturations levels improved gradually and oxygen support tapered and stopped. Child maintaining saturations on room air.

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

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

Medication during hospital stay:
Syrup. Omnacortil Forte
Nebulisation Levolin
Nebulisation Ipravent
MDI with budecort

Advice:
* Diet as advised.

Name	Baby CHANDRANOLLA PRANAVI	UHID	HNH-00011376
IP No	IP26-00006771	Admission Date	07-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	MDI spacer with levolin (100 mcg)	4 puff	(6am- 12pm-6pm-12am) 6th hourly	For 2 days
	MDI spacer with levolin (100 mcg)	4puff	8 th hourly	For 2 days
	MDI spacer with levolin (100 mcg)	4 puff	12th hourly	For 2 days
2	MDI spacer with Budecort(50mcg)	1 puff	(12am-12pm) 12th hourly	till further advice
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* 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. PRITESH NAGAR on (13.07.2026) Monday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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IP No	IP26-00006771	**Admission Date**	07-07-2026

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

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

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 27 D (F)
Dr. PRITESH NAGAR

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	3			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing Extras	1 0			
	Total No. of Pages	32			

Signature and Date : 09/07/24

Doc. No. : RCH/ FRM / GENERAL / 126

(P.T.O)

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006771 **Admit Date** : 07-Jul-2026 **Admit Time** : 10:32 AM **UHID** : HNH-00011376

Patient Details :

Patient Name	: Baby CHANDRANOLLA PRANAVI	**Age**	: 2 Y 4 M 25 D
Guardian	: Mr CHANDRANOLLA RAVI KUMAR	**DOB**	: 12-02-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-20, MANTHRONIPALLY VILLAGE Dhanwada Mahabubnagar Telangana INDIA 509205	**Phone No**	: 9951198701/ 9392530247
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr CHANDRANOLLA RAVI KUMAR **Relationship** : Father

Contact Address : 1-20, MANTHRONIPALLY VILLAGE Dhanwada Mahabubnagar Telangana INDIA 509205 **Phone No** : 9951198701

C. Ravi Kumar

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : Cash **Payor Name** : SBI General Insurance Company Ltd

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 27 D (F)
Dr. PRITESH NAGAR

Levolin 4th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
9/7	01.00	Levolin (2) (3)	(A)	
	02.00			
	03.00			
	04.00			
	05.00	Levolin (2) (4)	(A)	
	06.00		(A)	
	07.00	11947		
	08.00			
	09.00	Levolin (1) (1)		
	10.00			
	11.00			
	12.00			
	13.00	levola		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
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Levolin 6th 8th hourly
Ipravent 6th

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/2/26	00.00	Ipravent + Levolin (6)		
	01.00			
	02.00			
	03.00	Levolin (7)		
	04.00			
	05.00			
	06.00	Levolin + Ipravent (8)		
	07.00			
	08.00			
	09.00	Levolin (1)		
	10.00			
	11.00			
	12.00	Ipravent (2)		
	13.00	Levolin (3)		
	14.00			
	15.00			
	16.00			
	17.00	Levolin (4)		
	18.00	~~Ipravent~~		~~Stop~~
	19.00			
	20.00			
	21.00	Levolin (2)		
	22.00			
	23.00			

U667
11894

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

* Levolin 2nd hourly
* Ipravent - 4th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	FR		
	11.00			
7/7/26	12.00	levolin 0.31mg ①	[signature]	[signature]
	13.00			
	14.00	Levolin + Iprevent ②	[signature]	[signature]
	15.00			
	16.00	Levolin ③	[signature]	[signature]
	17.00			
	18.00	Ipravent + levolin ④	[signature]	[signature]
	19.00			
	20.00			
	21.00	Levolin ⑤	[signature]	[signature]
	22.00			
	23.00			

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ACTIVITY RECORD FOR BILLING

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

Name: ---

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

Date of Admission : 7/7/26 Time : 10:30Am Date of Discharge : ---------- Time: ----------

Room / Bed No : PICU Ward : 2nd Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	11:40Am	ER	PICU	
7/7/26	1:55Pm	221	302	

Cross Consultation Visit

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/7/26	CBP CRP	1157	
	VBG	1115 b	
	X-Ray chest	8124	

Cross checked Cont by Lmo

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	
1/7	O2	12pm		11512	[signature]
1/7	Infusion pump	12pm		11512	[signature]

Cross checked done by [signature]

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI (F)
12-02-2024 2 Y 4 M 25 D
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Ord	Signature
7/7/26	IV placement	1	11448	
7/7/26	NTA	(1)	11513	
			Cross checked done by	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Baby HNH-00011376 IP26-00006771 Baby CHANDRANOLLA PRANAVI 12-02-2024 2 Y 4 M 25 D (F) Dr. PRITESH NAGAR 'anavi

Patient ID# :

Consultant : Dr. Pritesh Nagar.

Final Diagnosis : UNDER-5-WHEEZER with Respiratory Distress.

Pediatric Multiorgan Hi

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

Name : Baby PRANAVI Chandrolla Age/Sex 2y4m

Informant Parents. Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

c/o Cold x 2days
Cough x 2day
difficulty breathing x 1 day

History of present illness :

A 2y4m old girl Presented with complaints of

cold x ~~afw~~ 3days — a/w running nose, clear discharge, thick consistency, a/w sneezing & nose block c intermittent snoring.

Cough x 2days - wet type, not a/w postussive vomiting, swallowing phlegm, ~~and~~ it gradually progressed. to fast breathing on day 4 of illness

↓

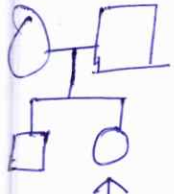
- a/w chest indrawing
- a/w noisy breathing (wheeze),
-

oral intake fair
Urine ✓
Stool ✓
No H/o Fever / pain abdomen / burning micturition

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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

Birth & Neonatal History : Antenatal - uneventful.
FTLSCS (delayed labour), CIAB, Bwt - 3kg
(Prev LSCS
No NICU admission / NNH on Day 2,
on Pty for 2days



No F/H/O similar complaints.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate

Immunization History :
last immunised at 18 months
Pulse polio ✓
Influenza - Not sure -

Anthropometry

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

Weight (kgs) 12 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: 138/min Description Tachycardia, regular

B.P. 98/60 (50th Centile) SPO2 90 - 92% at RA

Resp. rate and type of breathing : 40/min CFT<3sec

Prolonged Expiration

Rash NO

Lymphadenopathy NO

Oedema : NO

Respiratory system :

Downes - 4/10

Inspection (any s/o distress) : SCR+, ICR+, SSR+ Nasal flaring+, audible wheeze +

Air entry & breath sounds : NVBS+ B/L AE+

Any addes sounds : B/L Scattered wheeze

Relevant data from outside (Chest X-Ray, ABG, etc.,) NO

Cardiovasclular System :

Inspection of procordium : Chest indrawing +

Heart Sounds : S1S2+

Any murmur : No murmur

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

Per Abdomen :

Inspection (N) Shape

Palpation : Soft ; non tender

Ausculation : ~~NO~~ BS+

Spine: N External Genitelia :

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Wheeze Associated Lower Respiratory tract Infection (WALRI) with moderate Respiratory Distress.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC, CRP, Chest PRAY
VBG

Notes by Q

Planned Management :

Neb levolin Q2H
Neb IPRAVENT Q4H.
mgSO4
methylpred
2lit O2 via Nasal prongs.
keep in HDU

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 7/7/26 Time 1PM

Dr. Pritesh Nagar
Consultant Pediatrician
Reg. No:

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/16 1PM	S/B Dr. Pritesh Δ WALRI c RD Tachypnea (+) RS - B/L AE (+) B/L wheeze (+)	Plan - C/t Neb c Levolin 2nd hrly c Ipravent 6th hrly - C/t Oxygen by NP @ 2L/m - Monitor RR/SpO2 NB Sruthi
7/7/16 3PM	S/B Dr. Sreeyha ΔWALRI c RD C/o Snoring Tachypnea (+) AR - CVS - S1 S2 (+) RS - B/L AE (+) B/L wheeze (+) Conducted sounds (+)	Plan - C/t Neb c Levolin 2nd hrly c Ipravent 6th hrly - Oxygen by NP @ 2L/m - Monitor RR/SpO2

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

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Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5:15pm	c/s/B Dr. Pritesh WARD I RD	
	- on O_2 c̄ NP @ 2l/min - tachypnea (+)	
	O/E RR : 48 bpm RS : BAE (+) ↓ wheeze.	Plan 1) ct neb levolin 3h frequent 6-8h 2) oral feed. 3) monitor vitals NB Sneh C 8:54

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7 AM	S/B Dr. Archana/Dr. Naseem Δ: WALRI c RD on O_2 by np @2L/min sleeping RR - 22/min Euthermic O/E sleeping RR - 24/min SpO_2 - 98% on O_2 S/E RS - AEBE, B/L wheeze (+) ↓	Advice - ct Nebulisations with Levosalbutamol Q^{3}hrly - Ipravent Q^6 hourly - ct oral omnacortil - watch for distress - Room O_2 trial, stop O_2 support NB Sundaka Dr. Archana
8/7/26 10 AM	S/B Dr. Pritesh WALRI c RD on Room Air Euthermic O/E vitally stable SpO_2 - 95-96% @ RA S/E RS - AEBE, B/L wheeze (+) ↓	Advice - Restart Inhalers with Budecort (200 mcg) 1 puff BD - Inhaler c levolin (50 mcg) @ disc - Shift to ward. - ct Nebs 4th hourly - Stop Ipravent Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184 NB Sneha @ 10 Am

INH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/26 2 pm	S/B Dr. Sreelatha	Plan:
	DWARAKI ENT	
		- c/f Neb c Levolin 4th
	CVS - S1 S2 (+)	c Ipravent 6th L
	RS - B/L - AE (+)	
	B/L wheeze (+)	- Monitor RR, SpO2
	P/A - Soft	- c/f OMNACORTIL
	Conscious	
	Tachypnea (+)	
	RR - 40/min	
	(13-6?)	
	SpO_2 - 95% on RA	

1NH-00011376 IP26-00006771
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2-02-2024 2 Y 4 M 25 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Dr. pritesh.	
8/7 5:00pm	WALRI C RD	
		Plan
	No fever.	
	Tachypnea (+)	- MDI c Budecort 200mcg. 1 puff BD.
	Vitals - RR - 40cpm; SpO$_2$ - 95% on RA.	- Cont Neb c levolin 8th hly
		- Stop Ipravent.
	R/S - B/L AE (+)	- Cont omnacortil.
	B/L wheeze (+)	- Monitor RR, SpO$_2$.
		NB Monfusla @ 6PM.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 7 AM	C/S/B Dr. Varun, WARD ̄c MO.	
	- No fever.	
	- No fresh complaints.	
	- O/E - HR - 127/min	Plan
	RR - 32/min	- Monitor RR, SpO2.
	SpO2 - 99% @ RA	- Cf. Levolin Q4H.
	S/E - R/S - BAE (+),	- MDI ̄c budecort
	B/L wheeze (+)	200 mcg BD.
		Amrutha
		N.B

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I/S - O. Pratuk	
09/07/26 9:30AM	WALRI with RO	
	Afebrile No fresh concern Cough (+) O/E: HR - 120/min RR - 35/min SpO2: 99% @ RA	
	S/E: RS: B/L AE (+), clear	
		Adv - Discharge on Levolin MDI and - Budecort twice daily If future → Cough / Running nose / SNDC ↓ ((Levolin MDI) 4 puffs 6 Hr) - F/u on Monday Sd/- Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: 7/7/26 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 :				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-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 12 kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : Neb LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
0.31mg	Neb	Q2hrly	7/7

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

Additional Instructions:
LEVOLIN

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7/26 10am

See the chart

STOP

Verified by Dr. Dhakshayani

DRUG : Neb. IPRAVENT

Dose	Route	Frequency	Start Date
250mg	Neb	Q 6h	7/7

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

Additional Instructions:
IPRATROPIUM

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7/26 10:15am

See the chart

STOP

DRUG : NEB C LEVOLIN

Dose	Route	Frequency	Start Date
0.5mg	neb	Q·3H	7/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

See next chart

Verified by Dr. Dhakshayani

DRUG : SYP OMNACORTIL FORTE

Dose	Route	Frequency	Start Date
4ml	PO	BD	7/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
(5ml = 15mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7 8/7 9/7 6am

INH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
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Dr. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 12 kg Ward .....

DRUG : NEB C LEVOLIN.

Dose	Route	Frequency	Start Dt.
0.31mg	Neb	8 4H	8/7.

Name & Signature of the Doctor
Starting the Drugs:
@ Q4.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

See the chart.

DRUG : MDI C BUDECORT

Dose	Route	Frequency	Start Dt.
200mcg	Inhaler	BD	8/7

Name & Signature of the Doctor
Starting the Drugs:
@Q 1 Puff = 200mcg

Additional Instructions:
6PM 5PM

Daily Doctor's Endorsement by a Sign

Date / Time 8/7 6M

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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				

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

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

(P.T.O.)

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	10:40 AM	Inj. mg.SO_4 (30 mg/kg/dose)	350 mg (0.7ml) + 19.3ml NS	IV over 30 min	Ruth.	
7/7/26	10:40 AM	Inj. METHYLPREDNISOLONE	12 mg (1mg/kg/day)	IV	Ruth.	SaiSri

Signature .....
VERIFIED BY : name .....
Verified by Dr. Dhakshayani

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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
7/7/26	11:00 Am	IVFluid DNS	IV	30 ml/hr	Ruth.				
8/7/26	1 PM	DNS	IV	25 ml	—		8/7		

Page: 4/4

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

221 302

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RESULT SHEET

Date	7/7/26					
Time	11Am					
Hb	11.2					
PCV	32.1					
RBC	4.15					
WBC	8.79					
N/L	64/28					
Platelets	362					
CRP	5.					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

1NH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

Patient S

_INICAL / 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.

BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7/26 Time:	7 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?				

Temperature (F): 98.2°F, 97.8°F, 97.5°F, 97.5°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	123/m	125/m	126/m	127/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	40/m	34/m	38/m	32/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min)				
O_2Saturations (%)	99%	100%	99%	99%
Conscious Level: Normal / Altered	O_2 2L+	O_2 2L+	O_2 2L+	O_2 2L+
GCS *	✓	✓	✓	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	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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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

RM / CLINICAL / 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.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/1/26

Time:	9 Am	2 pm	3 pm	6 pm	10pm	2Am	6Am
Doctor / Nurse / Family Concern?							
Temperature (°F) (scale 94–104)	98.1°F	98.6°F	98.6°F	98.7°F	97.3°F	98°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	95/51 (65)	94/56 (70)		98/54 (90)	95/60 (70)		98/60 (77)
Heart Rate (Number)	130b/m	128b/m		126b/m	126b/m		128b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	30	30		30	30		30
Resp Rate (Number)	30b/m	30b/m		30b/m	30b/m		30b/m
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2(l/min)							
O_2 Saturations (%)	95%	96%		97%	98%		98%
Conscious Level: Normal	off O2						
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
Observer's Initials	[signature]	[initials]		[initials]	[initials]		[initials]

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.
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	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 26 D (F)
Dr. PRITESH NAGAR

VI / CLINICAL / 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.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																																	
Doctor / Nurse / Family Concern?																																	
Temperature (F)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
	100																																
Note: BP does not score in early warning scoring	90																																
	80																																
	70																																
	60																																
	50																																
Heart Rate (Number)																																	
Resp. Rate (bpm) (Over 1 Minute) *	70																																
	60																																
	50																																
	40																																
	30																																
	20																																
	10																																
Resp Rate (Number)																																	
Resp Distress: Mod/ Severe																																	
Resp Distress: None / Mild																																	
Receiving O_2(l/min)																																	
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Conscious Level: Normal																																	
Conscious Level: Altered																																	
GCS *																																	
TOTAL SCORE Number of shaded boxes																																	
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Observer's Initials																																	

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Patient Sticker

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INH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

(02 - 2 Htres.)

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 :**						
7/7/26	02:00 pm			25ml								
	03:00 pm		Ly RL	25ml								
	04:00 pm	DNS		25ml								
	05:00 pm			25ml								
	06:00 pm			-								
	07:00 pm			-								
Total Intake :						**Total Output :**						
7/7/26	08:00 pm			25ml								
	09:00 pm		idly	25ml								
	10:00 pm	DNS	H2O	25ml								
	11:00 pm			25ml								
	12:00 am			25ml								
	01:00 am			25ml								
Total Intake :						**Total Output :**						
8/7/26	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am	DNS		25ml								
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

1NH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 2

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							
8/7	08:00 am										0	
	09:00 am		Idly	25ml							0	
	10:00 am	DRS	+	25ml							0	
	11:00 am		H2O								0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake : Taken						Total Output : U-1						
8/7/26	02:00 pm		Khichdi + Sup								0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake : Taken						Total Output : U-2 M-2						
8/7	08:00 pm										0	
	09:00 pm										0	
	10:00 pm		Rice + H2O								0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake : Taken						Total Output : M-0 U-1						
9/7	02:00 am										0	
	03:00 am		H2O								0	
	04:00 am		+								0	
	05:00 am		Idly								0	
	06:00 am										0	
	07:00 am										0	
Total Intake : Taken						Total Output : M-0 U-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011376 IP26-00006771
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12-02-2024 2 Y 4 M 26 D (F)
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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							
9/7/26	08:00 am		Idli									
	09:00 am		+ H2O									
	10:00 am	0						NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				**Total Output :**				U-	M-	
	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	

Patient Sticker

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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 :**						
	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**	

NH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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NURSING CARE RECORD

Date: 7/7/26

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							
Afternoon	2pm 8pm	Asses the baby Monitor the v/s administer nebs continue Oxygen	2pm 8pm	Assessed the baby Monitored the v/s Nebulisation cont Oxygen continued	Oxygen Spo2 maintain	Reassured the baby have RD	[signature]
Night	8pm 8am	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medications as - Cont. O_2 2lit.	8pm 8Am	- Assessed the baby condition - Monitored vitals & records - Maintained I/o chart - Give medication as prescribed by doctor - Cont. O_2 2 lit.	Patient is stable now	- Re-checked vitals	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 8/7/26

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 hr 2Pm	Assess the pt condition. monitor vitals q 4hrs. maintain I/O charts. Provide the comfortable position. medication give as per as doctor orders.	8Am hr 2Pm	Assessed the pt condition. monitored vitals q 4hrs. maintained I/O charts. Provided the comfortable position. medication given as per as doctor orders.	pt is stable. → vitals normal.	→ monitor vitals q 4hrs. → maintain I/O charts	Sr G
Afternoon	2pm 8pm	- Assess the pt Condition - monitor vitals - maintain I/O Chart - Medication Give as per as drug chart	2pm 8pm	- Assessed the pt condition - Monitored vitals - maintain I/O chart - Medication Given as per drug chart	pt is stable	Rechecked vitals	
Night							

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 27 D (F)
Dr. PRITESH NAGAR

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	8am 2pm	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug chart	8am 2pm	- Assessed the pt condition - Monitored vitals - Maintained vitals - Medication Given as per drug chart	pt is stable	Rechecked vitals	Ramesha
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

1NH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: VALRI CRD				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	7/7 8pm	7/7 N1	7/7 MS	8/7 N1	9/7/26 MC	
	Medical Condition (Any special condition to be noted):	VALRI	—	/	weakness CRD	-	
	Diet:	—	—	/		-	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	/	NA	-	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	97.8F	98.2°F	98.3F	98.6°F	
	Res:	32b/m	30b/m	30b/m	30b/m	30b/mn	
	SpO_2:	100%	99%	98%	98%	99%	
	Pulse:	112b/m	115b/m	112b/m	113b/m	116b/mn	
	BP:	—	—	/	-	-	
	LOC:	—	—	/	—	—	
	Fall Risk Score:	-	—	/	—	-	
	Pain Score:	—	—	/	—	"0"	
	Skin Integrity	—	—	/	—	Yes	
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	/	NA	—	
	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):	—	—	/	NA	-	
Post Operative Procedure Special Orders:		O2 2 litres	O2 2 lit.	/	NA	—	
Handed Over By Name :		Harsh	priyanka	Sw	Amrutha	G. Supriya	
Signature / ID :							
Date:		7/7	8/7/26	8/7	9/7	9/7/26	
Time:		8pm	8AM	8PM	8AM	2pm	
Taken Over By Name :		Priyanka	Sw	Amrutha	G. Supriya		
Signature / ID :							
Date:		7/7	8/7	8/7	9/7/26		
Time:		8pm	8AM	8pm	8pm		

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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:							

INH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 7/7			DAY-2 8/7			DAY-3 9/7			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		0	0	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	NA	NA	NA	NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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

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PAIN ASSESSMENT FORM

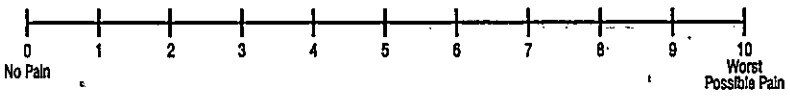
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
7/7	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Decreasing ☐ Increasing	☐ Yes ☐ No	NA	
8/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	6Pm	0	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
8/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	2pm	0/10	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

1NH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
2-02-2024 2 Y 4 M 25 D
Dr. PRITESH NAGAR (F)

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HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 7/7	DATE 8/7	DATE 9/7	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3		
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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		
	Total		16	16	16		

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		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:		Navi?	[illegible]	[illegible]		
Signature:		[illegible]	[illegible]	[illegible]		
Date:		7/7	8/7	9/7		
Time:		8P	8PM	2pm		

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

HNH-00011376 IP26-00006771
Baby CHANDRANOLLA PRANAVI
12-02-2024 2 Y 4 M 25 D (F)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: PICU

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. Prasanna.

Date & Time : 7/7/26 @ 10:40 Am

Nurse Name & Signature: Afarin @

Date & Time : 7/7/26 @ 11:40 Am

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

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Chandranolla Pranav Age : 1 y 9m **Gender:** ☐ Male ☑ Female

Date : 7/7/26 Time of Arrival : 9:50Am.

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: 98.3°F PR: 101 b/m BP: 97/57 RR: 40 b/m. SpO_2: 94%.

Chief Complaints: c/o Walang Asthamma.

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 : 9:52Am

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 : Atam

Signature of Triage Nurse : .....

Date & Time : 7/7/26 @ 9:52Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 9:54Am

Chief Complaints: c/o walams Asthamam

Height : .... Weight : 12 kg 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	☐ Yes	☑ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 9:54Am / [signature]

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12-02-2024 2 Y 4 M 25 D (F)
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Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
	Assessed the Patient vital Signs.
	monitor vitals Done.

Samples collected by: / Sujatha @ 7/7/26 Time:

Samples sent by : / Time: / 11Am.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7/7/26 @ 10Am	Levocine	Nebulization	0.3 ml		
7/7/26 @ 10:15 Am	Ipravent	Nebulization	250 mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 110bpm BP: 99/61 CFT:	Shift - out from ER to: PICU
RR: 42bpm SPO2 at FiO2: 98%	Time of Shift - out: 11:40Am
GCS: 15/15 Temperature : 98.6°F	Handover given to: SM
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Afsana Signature of the Nurse :

Date & Time : 7/7/26 @ 9:56Am

PATIENT TRANSFER FORM

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HNH-00011376 IP26-00006771 Baby CHANDRANOLLA PRANAVI 12-02-2024 2 Y 4 M 25 D (F) Dr. PRITESH NAGAR	Date & Time of Admission 7/7/26 @ 10:32Am	Date & Time of Transfer Order 7/7/26 @ 10:40 Am
	Transfer Ordered by Dr, Ponsatu	Reason for Transfer Aberation
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
Afam	Dr, Prasanthi.

Patient & Clinical Records Received by : 7/7/26 10:40 A

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

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 7/2/26 Time: 1pm

Weight: 12kg Centile: <5 oth

Height: — Centile: —

Inference: WCH Child

RDA: — Calories: 1250kcal/d Protein: 21gms/d

Diet Recommendations: soft high protein diet

Re-Assesment: Avoid Spicy, chilled & outside foods

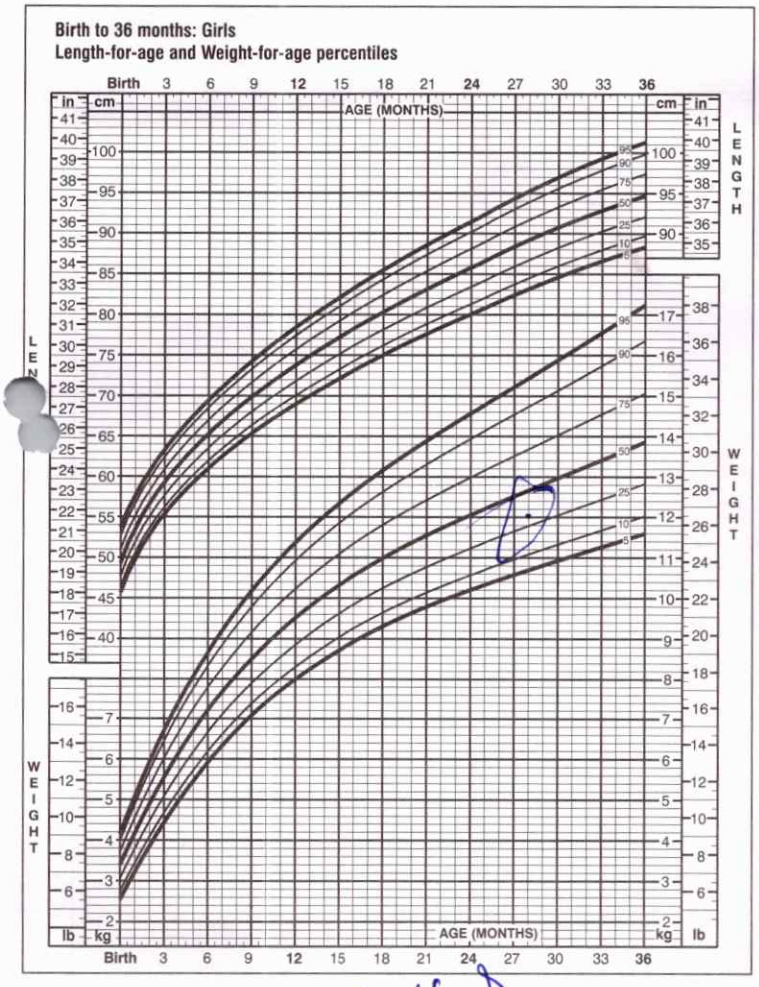
Food Allergies: NIO Veg/Non-veg NON-veg

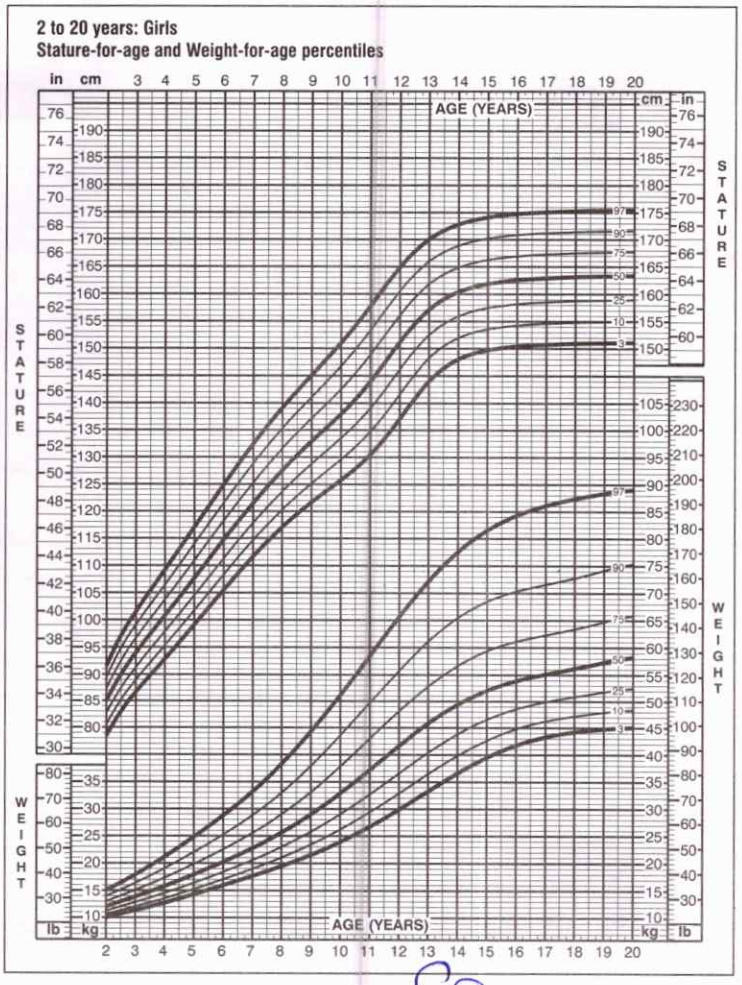
Diagnosis: wARI 2AP

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: N. Radhika

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes: