DISCHARGE SUMMARY

Name	Master PURVIK	**UHID**	LBH-00094266
Father/Guardian	Mrs A PADMIKA	**Age/Gender**	13 Y 7 M 17 D/ Male
Address	HOUSE NO 1-7-196 TO 198 BAKARAM, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006660	**Admission Date**	26-06-2026
Ref Doctor	SELF		
Discharge Date	29.06.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS WITH DEHYDRATION	

History: Master PURVIK, 13 Y 7 M 17 D , old boy presented with history of fever since 6 days, severe body pains since 4 days, poor oral intake since 3 days, vomitings since 2 days, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was (102*F) febrile, maintaining saturations at room air. His heart rate was 82/min, Blood pressure - 129/73 mmHg and Respiratory Rate - 18/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well

Name	Master PURVIK	UHID	LBH-00094266
IP No	IP26-00006660	Admission Date	26-06-2026

felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, dry oral mucosa, sunken eyes were 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, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 56.7 kilo grams.

Investigations: Enclosed reports.

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

VBG showed pH of 7.51, pCO2 of 26.1 mmHg, pO2 of 61 mmHg, HCO3 of 20.9 mmol/L and BE of -2.1 mmol/L.

Initial hemogram showed Hemoglobin of 11.6 gm%, White Blood Cell count of 3030 cells/cumm, platelet count of 2.04 lakhs/cumm and C-Reactive Protein of 37 mg/l. Blood culture and sensitivity shows no growth after 48 hours of incubation.
Complete urine examination was normal.
Dengue NS1 & IgM were negative.
Myco plasms IgM was non reactive.

VITAMIN D (25 HYDROXY)	11.4	Below 10: Deficient 10-30 : Insufficient 30-76 : Normal

Name	Master PURVIK	**UHID**	LBH-00094266
IP No	IP26-00006660	**Admission Date**	26-06-2026

Chest X-ray shows:
There are increased perihilar and peribronchial markings bilaterally, predominantly on tl

NASOPHARYNX shows
Lobulated soft tissue along posterior nasopharyngeal wall causing moderate to marked narrowing of nasopharyngeal air way - Likely enlarged adenoid.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of vomiting, he was administered probiotics and advised gastrodiet.

In view of noisy breathing xray nasopharynx was done which showed adenoid hypertropy.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, His fever spikes and other symptoms gradually settled.

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

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

Medication during hospital stay:
Injection. Esomeprazole
Injection. Ceftriaxone

Name	Master PURVIK	UHID	LBH-00094266
IP No	IP26-00006660	Admission Date	26-06-2026

Tablet. Montelukast
Nasivion Nasal drops
Injection. Ondensetron

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	NASIVION NASAL DROPS	2 drops	thrice daily	for 2 days
2	Tablet. Montelukast	1 tablet	at bed time	for 5 days.

Fever Management
* Tablet. Dolo 650mg, 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Wednesday(01.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

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.

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Name	Master PURVIK	**UHID**	LBH-00094266
IP No	IP26-00006660	**Admission Date**	26-06-2026

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006660 **Admit Date** : 26-Jun-2026 **Admit Time** : 10:38 PM **UHID** : LBH-00094266

Patient Details :

Patient Name	: Master PURVIK	**Age**	: 13 Y 7 M 16 D
Guardian	: Mrs A PADMIKA	**DOB**	: 10-11-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HOUSE NO 1-7-196 TO 198 BAKARAM Musheerabad Ndso Hyderabad Telangana INDIA 500020	**Phone No**	: 9032340464/ 9849921997
		E-mail	: a.padmika@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 : Mrs A PADMIKA **Relationship** : MOTHER

Contact Address : HOUSE NO 1-7-196 TO 198 BAKARAM Musheerabad Ndso Hyderabad Telangana INDIA 500020 **Phone No** : 9032340464

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO. LTD

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ACTIVITY RECORD FOR BILLING

LBH-00094266 IP26-00006660
Master PURVIK
Name: 10-11-2012 13 Y 7 M 16 D (M) ----------
Dr. SINDHURA MUNUKUNTLA

UHID N  ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : 26/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	10:35 PM	ER	214	
27/6/26	6:45 PM	214	307	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/6/26	CBP		
	CRP		
	Blood cly		
	Dengue NS1	✓ 10414	
	25 D vitamin	✓ ~~10416~~	
	RBS	✓ 10415	
	X-ray chest		
26/6	X-ray C	✓ 7614	
~~26.~~	CUE	✓ 10434	
27/6/26	X-ray nasophynx.	✓ 7632	
27/6	mycoplasma igm	✓ 10436	
		Cross Checked done by Sneha	
26/6/26	Respiratory panel (5 virus)	✓ 10414	
28/6/26	GRBS (80mg/dl)	10551 ✓ ~~80 mg/dl~~	
29/6/26	GRBS (82mg/dl)	10560 ✓	
		Cross checked done by maheshwari	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6.	Infusion Pump	12pm	27/6 @6pm	8841	[signature]
				cross checked	done by maheshwari

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6/26	w placement	1	8500	Vijaya
27/6/26	NHA	(1)	8662	
9:45 am				
			Cross checked done by Sn	

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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Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

LBH-00094256 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multio

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

nation

Name : Purvik Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o - Fever :: 6 day
c/o Severe Body pain :: 4 day
c/o Poor Oral intake :: 3 day
c/o Vomiting :: 2 day

History of present illness :

child brought with
c/o Fever :: 6 days
High grade fever - 102-103°F ass c chills
evening 4-6th hourly
ass c headache & body pains

c/o Eye pain & retro orbital pain :: 3-4 day
occ photophobia

c/o Poor Oral intake
Dull activity } :: 3 day

c/o Vomitings :: 2 day
Multiple episodes, non bilious vomiting
No loose stools ; occ Abdominal pain

Used Oral Faropenem :: 3 day & Azithromycin

Outside investigations → CRP - 62
CBP - Hb-12.6 / WBC-7200 (N-77 / L-18) / PH-2.66

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

No significant birth history

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Up to date

Anthropometry

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

Weight (kgs) 56.7 Kg (Centile _____)

On Examination :

Temperature : 102° F Pulse Rate: 82/m Description _____

B.P. 129/73 SPO2 100 % at _____

Resp. rate and type of breathing : 18/m

Signs of Dehydration (+) - Sunken eyes, dry lips & oral mucosa, Dry skin

Rash _____

Lymphadenopathy _____

Oedema : B/L pedal (R>L)

Throat - (+) Cobble stone Pharyngitis

Nose - B/L Inferior Turbinate H.T

Ears - (N)

B/L Upper Cervical LN (<1.5cm)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft - Splenomegaly (+)

Ausculation : _____

Spine: _____ External Genitelia : _____

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI - DG c Dehydration
To R/O ? Enteric / : Dengue

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

Shock

Desired goals of the treatment :

H D stability

Planned Labs :

- VBG
- CBP, CRP
- Blood C/S +
- Dengue NS1 + IgM
- CVE
- CXR
- 5 Virus Respiratory Panel
- Vit D (25-OH)

Planned Management :

- IVF - DNS
- Inj Ceftriaxone
- Inj Esomeprazole
- Tab Montelukast
- Nebulization Adrenaline
- Inj Ondem

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 Dr. Sindhura on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 Date 26/6 Time 11 pm

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6 11 pm	c/o/b Dr Sindhura	
	AFI - D6 ē Dehydration	
	Fever (+)	Plan
	Body pain (+)	1) IVF - DNS - 2/3rd (M)
	Nausea & Vomiting (+)	
	Red eye (+)	2) CBP, CRP
		3) Blood C/S
		4) Dengue NS1 + IgM
	Child appear Dehydrated	5) 5 Viral Respiratory Panel
	Dry skin	6) CUE
	Dry Oral mucosa & Lips	
		7) Inj Ceftriaxone
	child Drowsy	8) Monitor Vitals
	Vitals stable	Inform SOS
	Throat - Cobblestone Pharyngitis	(Later decide on VOD)
	Nose - B/L Inferior Turbinate H.T	
	Ears - B/L T.M - (N)	
	B/L Upper Cervical LN (+) (<1.5cm)	
	CVS - S1 S2 (+)	
	R.S - B/L AE (+), conducted Sounds	
	P/A - Spleen Tip palpable.	
	No neck Stiffness	
	No Signs of meningeal irritation	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6 8Am	C/S/B Dr Pranav / Dr. Vishnu	
	AFI – D/D Dengue Dehydration	
	· Fever (+)	Plan
	· Oral intake – Better	1) IVF – ↓ to 3rd lb
		2) Tbm Dengue
	child alert	Adeno & Blood/CX
	Vitals stable	3) Inj Ceftriaxone
	R-S – B/L AE (+), conducted Sounds	4) Send CUE
	P/A – Soft	5) Monitor Vitals
		6) Ct – Supportive Care
		7) Info SOS
		N/B Consultant Pranav

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10 AM	c/i/by Dr. Sindhura	
	AFI c dehydration	
	fever spike (+)	
	flu / Dey] Neg	(T) Adeno. B/c/p.
	vital stable	Cl- ½ M IV fluids.
	S/E	Extrasample ⟹ Send Mycoplasm IgM
	(R/S) B/L AE (+) NVBS (+)	To send CUE
	(P/A) soft Non tender.	Ct oth Mx
		X Ray NP → H Adenoid hypertrophy
		Monitor vital
		Noted by: METATOP.
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 2pm	c/s/by Dr. Anuh	
	AFI c̄ dehydrati.	
	Nb fevc	
	since mng	
	child active	Ⓣ CUE
	vital	mycoplan
	stable.	
		- ct IV fluid (4 m)
	S/G NAD.	
		- Enhance orals
		- ct oth Mx as p/e chart
		- Monitor vital
	Af	
		w.B Amoruth c2pm.

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/8/25 6pm	S/B Dr Sindhura.M	
	Child alert	
		Adv
		Stop IV fluids
		NBS Sample 6pm
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/B- Dr. Prashanti /	Dr. Naipunya.
28/6/26 7AM	Δ - AFI with Dehydration	
	Adenoid Hypertrophy	(coil)
		stopped IVF
	- No Fever since morning	
	- throat better	Plan
	- Snoring - no	
	Child Active	
	Urine ✓ Orally ✓	- ~~Trace CRP~~
	O/E Chills+	- Trace mycoplasma IgM
		- continue ordan
	vitals stable	Nasivion
		montelukast
		Esomeprazole
	S/E	- Ceftriaxone (D3)
	NAD	
		[signature]
		Noted by [illegible]

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

(P.T.O)

LBH-00094266
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA
IP26-00006660

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 11 AM	S/B Dr. Sindhura	
	(AFI c dehydration) · Abnormal illness	Adv
	Adenoid hypertrophy (+)	· Stop IVF
	snoring (+)	· Encourage orally
	fever spikes (+) chills (+)	· Hourly temp monitoring · check qRBS if sweating/chills are persisted
	o/e	· Ct rest same.
	vitally stable	
	o/e NAD	
		noted by Sr. Sandhya. 28/6/26 11:a.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 10 pm	S/B Dr. Archana. Adenoviral illness c dehydration	
	Adenoid hypertrophy (+)	
	Snoring (+)	Adv.
	fever spikes c chills (+)	· (T) Blood culture
c/o	sweating (−).	· Ct Xone
		; Ct rest same.
	O/E	
	HR - 80 bpm	
	RR - 18/min	
	S/E WNL	Dr. Archana.
28/6/26 8 AM	S/B Dr. Archana.	
	Adenoviral illness c dehydration.	
	fever spike (+)	
	Snoring (+)	Adv -
c/o	sweating (+) RBS: 82 mg/dl	· (T) Blood culture.
	O/E HR - 82 bpm	✓ Ct Ceftriaxone
		✓ Ct Esmoprazole (p)
	S/E P/A - soft	✓ montelukast (p)
	RS - AEBE	✓ Ct rest same.
		Dr Archana
		NB. Maheswari 8:21 Am @ 29/6/26 (P.T.O)

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 11:30 AM	S/B Dr. Sindhura	Plan
	Δ Adenoviral Illness c̄ dehydration	- Discharge
	CVS - S1, S2 ⊕	- Trace Blood Eg
	RS - BL - AE ⊕	↓
	P/A - Soft	IC Negative
	Conscious.	↓
		Stop Antibiotics
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
		noted by Sr. Sandhya. 29/6/26 11:30

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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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: ..... 214 .....

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. Pranav .....

Date & Time : 26/6/26 @ 10:40pm .....

Nurse Name & Signature: K. Jyothi .....

Date & Time : 26/6/26 @ 10:45pm .....

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

Certified by

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 26/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Tab DOLO - 650				Date / Time
Dose: 1 Tab	Route: Po	Frequency: SOS 6th hly	Start Date: 26/6	
Doctor's Signature: Pharm	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:				

Dhakshayani

VERIFIED BY : Name Signature

LBH-00094256 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 56.2 kg Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
2g	IV	BD	26/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 26/6 27/6 28/6

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	once daily	26/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 26/6 27/6 28/6 29/6

DRUG : Tab MONTELUKAST

Dose	Route	Frequency	Start Date
1tb	PO	H.S	26/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 26/6 27/6 28/6

DRUG : NASIVION - ADULT NASAL Drg

Dose	Route	Frequency	Start Date
2	P/N	TID	26/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 26/6 27/6 28/6 29/6

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Dr. SINDHURA MUNUKUNTLA

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REGULAR PRESCRIPTIONS

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

DRUG : Inj ONDANSETRON				Date/Time	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Dt.		[illegible]	[illegible]	[illegible]	[illegible]
4mg	IV	TID	26/6					
Name & Signature of the Doctor Starting the Drugs: Pranav					[illegible]	[illegible]	[illegible]	
Additional Instructions:					[illegible]	[illegible]	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]	✓

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 ....

Patient Sticker

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

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

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

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

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

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 56.7kg 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
26/6	11PM	IVF - DNS + 5ml KCl (2/3rd)	IV	60			27/6		
27/6	8AM	IVF - DNS + 5ml KCl (1/3rd)	IV	35					

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

LBH-00094256 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
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RESULT SHEET

Date	25/6/26	26/6/26				
Time	Outside					
Hb	12.6	11.6				
PCV	41.3	32.8				
RBC	5.7	4.77				
WBC	7200	3.03				
N/L	77/18	41.8/41.0				
Platelets	2.6	204				
CRP	62	37.4				
ESR	26					
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	195					
SGPT	26					
SGOT	35					
T.Bill/Conj	0.7/0.1					
T.Protein	7.1					
S.Albumin	4.0					
S.Globulin	3.1					
A/G Ratio	1.29					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	25/6					
Time	Outside					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
WIDAL	Negative					
Malaria (F+V)	Negative					
VITAMIN D :	11.4					
Dengue NS1	-ve					
Dengue IgM	-ve					
Respiratory (5) virus						
Adeno -	+ve					

Culture and Sensitivities : Blood culture .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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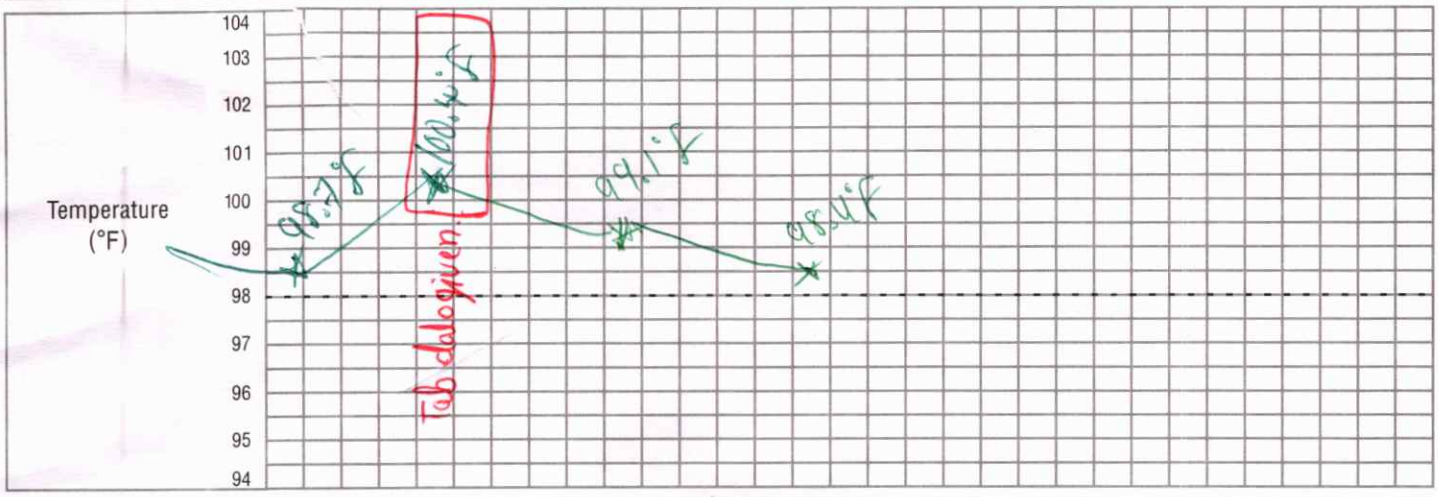
NAGE (12 + years)
ren's Observation & Warning Scoring Chart

LBH-00094266 IP26-00006660
Master PURVIK
Patient Name : ..... 10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA
Date of Birth : .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/6..... Time:	2 AM	4:30AM	5 AM.	6 AM	
Doctor / Nurse / Family Concern?					



Heart Rate (bpm) and Blood Pressure (mmHg) * **NOTE :** BP does not score in early warning scoring	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	121 (86) 71		107 (74) 61	
Heart Rate (number)		73b/m		69b/m	
Resp Rate (bpm) (over 1 minute)	70 60 50 40 30 20 10	✕		✓	
Resp Rate (number)		20b/m		20b/m	
Resp. Mod/Severe Distress None/Mild					
Receiving O2 (L/min) O2 saturations (%)		99%		99%	
Conscious Normal Level Decreased					
GCS *					
TOTAL SCORE Number of shaded boxes		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.

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient
Date of

EWS / 04

.....
.....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/6..... Time: 10 Am | 1pm | 6pm | 8 pm | 10 pm | 9/ Am | 6 Am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F | 97.2°F | 97.6°F | 98.6°F | 97.8°F | 96.8°F | 97.4°F

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

NOTE : BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

106/71 (78) | 107/68 (75) | 112/64 | 107/69 (73) | 115/73 (82) | 105/70 (77)

Heart Rate (number): 91b/m | 97b/m | 73b/m | 97bm | 93b/m | 97bm

Resp Rate (bpm) (over 1 minute)

70 60 50 40 30 20 10

Resp Rate (number): 20b/m | 22b/m | 23b/m | 23bm | 80bm | 23bm

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%): 100% | 98% | 99% | 99% | 99% | 100%

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Observer's initials						

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

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

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LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

+ years)
tion &
ing Chart

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Nam .....
Date of Birt .....

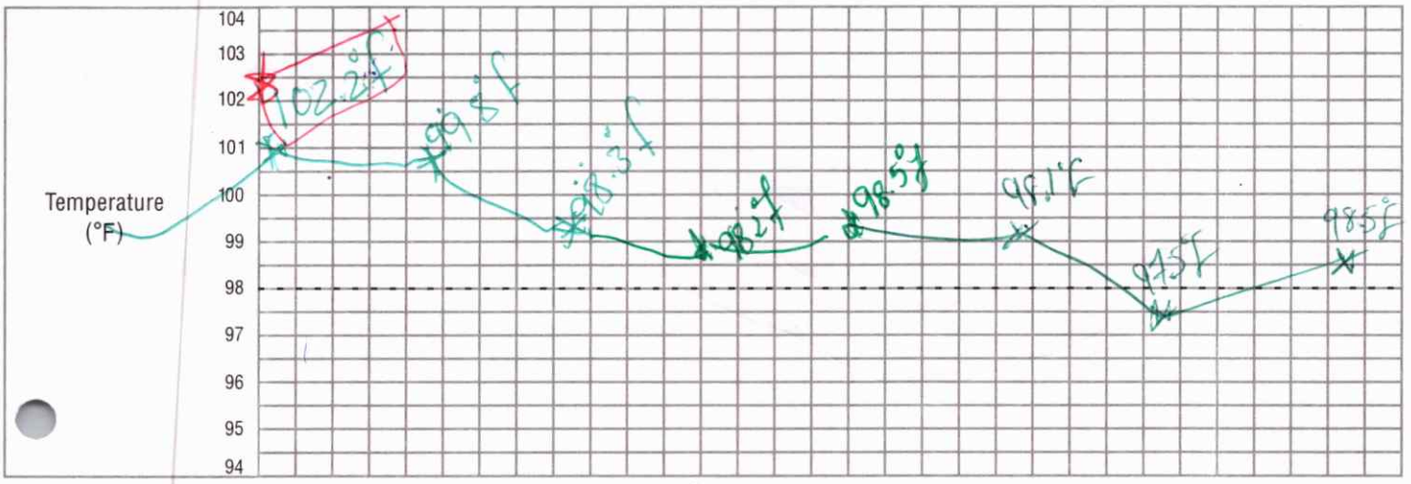
04

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6/26 Time: 10 am 12PM 2pm 4pm 6pm 10pm 2:30am 6Am

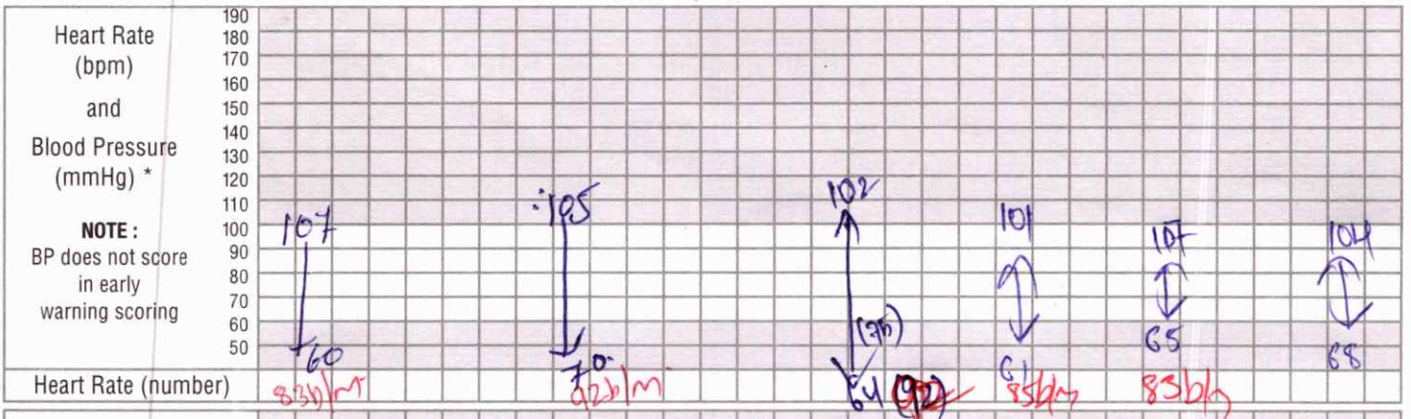
Doctor / Nurse / Family Concern?

Temperature (°F)



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

NOTE : BP does not score in early warning scoring



Heart Rate (number) 83b/m 92b/m 92b/m 85b/m 83b/m

Resp Rate (bpm) (over 1 minute)

Resp Rate (number) 20b/m 20b/m 20b/m 20b/m 20b/m 21b/m

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%) 99% 99% 100% 100% 99% 99%

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Observer's initials

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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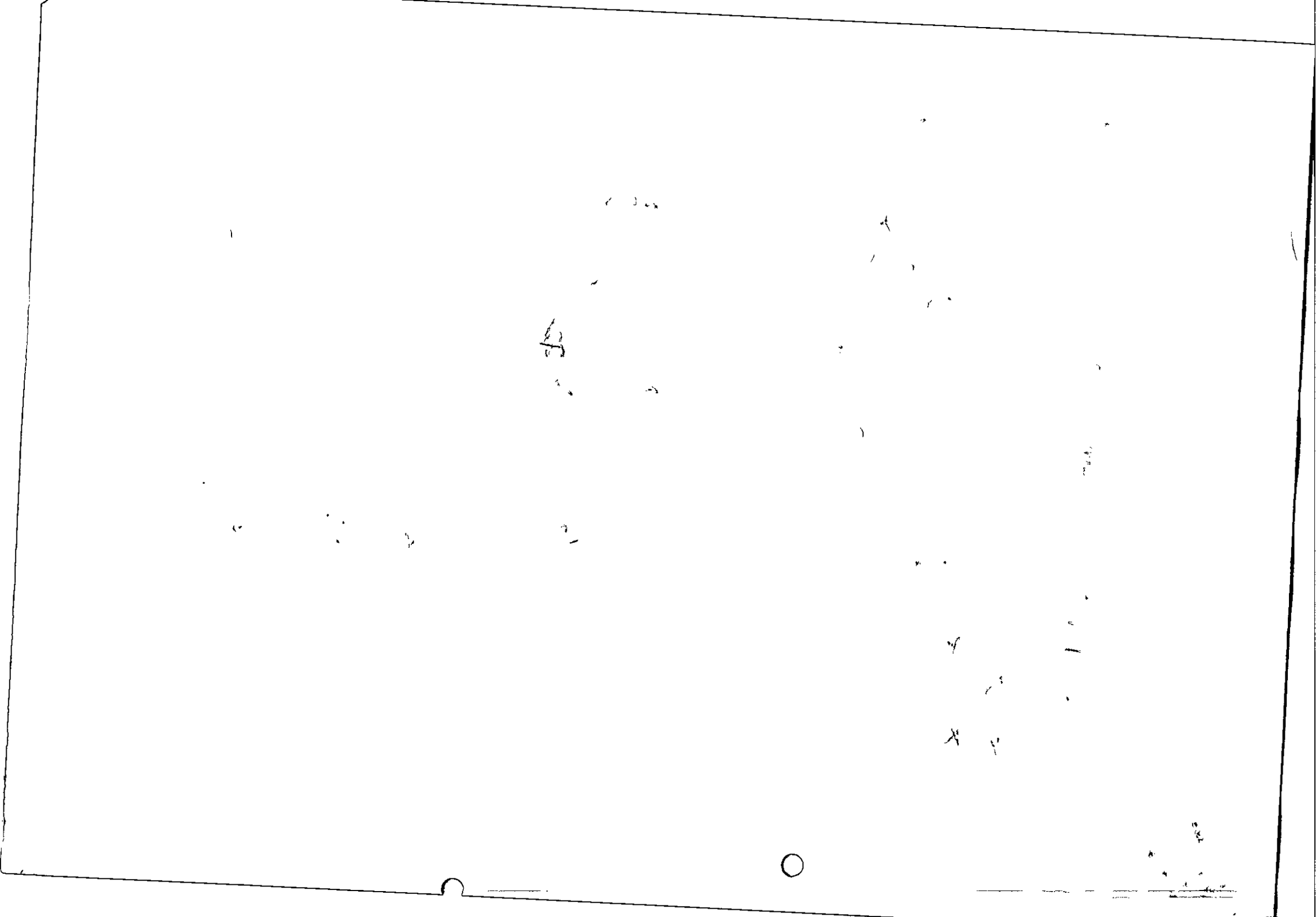
* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.



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Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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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			60ml								
	09:00 pm											
	10:00 pm	DNS		60ml			✓			✓		
	11:00 pm	KCl	RiCPt						no			
	12:00 am		H_2O	60ml		no					0	[signature]
	01:00 am											
Total Intake :						Total Output :						
	02:00 am			60ml								
	03:00 am	DNS								✓		
	04:00 am			60ml								
	05:00 am	KCl				no			no		0	[signature]
	06:00 am			60ml								
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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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							
27/6	08:00 am			35ml						✓	0	
	09:00 am			35ml			✓				0	
	10:00 am	DNS + KCl	10ml	35ml	— NA			— NA			0	
	11:00 am		7°	35ml						✓	0	
	12:00 pm		H2O	35ml							0	
	01:00 pm			35ml							0	
Total Intake : Taken						**Total Output :** M-1					V-2	
	02:00 pm			35ml							0	
	03:00 pm		Rice	35ml			1				0	
	04:00 pm	DNS		35ml							0	
	05:00 pm	KCl		35ml						✓	0	
	06:00 pm		H2O	STOP			4				0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
27/6	08:00 pm											
	09:00 pm									✓		
	10:00 pm											
	11:00 pm		Rice							✓		
	12:00 am		H2O		— NA			— NA				
	01:00 am									✓		
Total Intake :						**Total Output :** U-3					M-0	
28/6	02:00 am											
	03:00 am											
	04:00 am									✓		
	05:00 am		H2O		— NA			— NA				
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :** U-2					M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
28/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
28/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
29/6	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	

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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	

LBH-00094266
Master PURVIK IP26-00006660
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 26/6/26

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							
Afternoon							
Night	8pm 8am	Assess the general condition Check vital & recorded Administer medication as per doctor advice I/O chart main	8pm 8am	Assessed the general condition Checked vital & recorded Administered medication as per doctor advice I/O Chart maintain	Pt is Stable	Rechecked Vital	[signature]

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 27/6/26

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	8 AM | 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8 AM | 2pm	→ Assessed the pt condition → Administrations medication given as per doctor orders	→ pt is stable	→ Re-Assess the vitals	
Afternoon	2pm to 8pm	→ Asses pt condition → monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	2pm to 8pm	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked	
Night	8pm to 8AM	→ Assess the pt condition → Monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	6pm to 8AM	→ Assess the pt condition → Monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	pt is a stable	Re-checked	

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NURSING CARE RECORD

Date: 7.8.16/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the patient general Conditions → monitor vitals → Administer medications as Per doctor's orders	8am to 2pm	→ Assessed the patient general Conditi → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	
Afternoon	2pm to 8pm	⇒ Assess the pt condition ⇒ monitor vitals & record ⇒ Maintain I/O chart ⇒ Administer medications as per drug chart	2pm to 8pm	⇒ Assessed the pt condition ⇒ monitored vitals & recorded ⇒ Maintained I/O chart ⇒ Administered medications as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	
Night	8PM to 8Am	→ Assess the pt condition. → monitor the vitals. → maintained I/O chart. → Administere medications as per drug chart.	8pm to 8Am.	→ Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → Administered medications as per drug chart.	→ pt is stable now	→ Reassessed the vitals.	

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NURSING CARE RECORD

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Date: .....

Goals

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

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI c̄ dehydration.				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	27/6/26 N1	27/6 MG	27/6/26 E2	27/6/26 N1	28/6/26 mrng	28/6/26 E2
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	—	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.1°F	98.2°F	97.5°F	98.3	98.4°F	98.5°F
	Res:	26b/m	20b/m	23b/m	23b/m	25b/m	20b/m
	SpO_2:	99%	100%.	100%.	100%	100%.	100%
	Pulse:	73b/m	71b/m	72b/m	73b/m	80b/m	82b/m
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	0	"0"	—	—	—	—
	Skin Integrity	Good	Good	Good	Good	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:	—	—	—	—	—	—
	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:		—	NA	NA	NA	NA	NA
Handed Over By Name :		mounika	Amruth	Anusha	Madhu	Sandhya	Swetha
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		27/6/26	27/6	27/6/26	28/6/26	28/6/26	28/6/26
Time:		8Am	2pm	8pm	8AM	2pm	8pm
Taken Over By Name :		Amruth	Anusha	Madhu	Sandhya	Swetha	mahi
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		27/6	27/6/26	27/6/26	28-6/26	28/6/26	28/6/26
Time:		8AM	2pm	8pm	8:–	2pm	8pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFIC dehydration.						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
	Surgery / Procedure:						Post OP Day:
BACKGROUND	Date / Shift	28/6/26 N1					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	24b/m					
	SpO_2:	99%					
	Pulse:	80b/m					
	BP:	—					
	LOC:	—					
	Fall Risk Score:	—					
	Pain Score:	0					
	Skin Integrity	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:	—					
	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 :		mahi					
Signature / ID :							
Date:		28/6/26					
Time:		8Am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/6			DAY-2 27/6			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0		0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA		NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		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 : Baleswari .....

IP28-00006660

Patient 13 Y 7 M 17 D (M)
SAGURA MUNUKUNTLA

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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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PAIN ASSESSMENT FORM

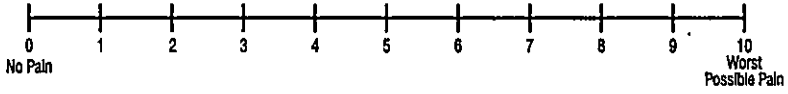
Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6/26	6pm	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/6/26	10Am	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/6/26	2pm	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/6/26	6pm	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/6/26	10pm	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
28/6/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
29/6/26	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[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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BRADEN 'Q' SCALE

				Date :	26/6	27/6	27/6	27/6
				Time :	[illegible]	MG	E	all
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	22	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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

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BRADEN 'Q' SCALE

				Date :	28/6	28/6		
				Time :	E	N		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	3		
				TOTAL SCORE	28	27		
				Evaluator's Name	[illegible]	[illegible]		

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
LBH-00094266 IP26-00006660 Master PURVIK 10-11-2012 13 Y 7 M 16 D (M) Dr. SINDHURA MUNUKUNTLA	26/6/26 @ 9:38pm	26/6/26 @ 11:38 PM
	Transfer Ordered by Dr. pranay	Reason for Transfer Admission.
From Unit ER	To Unit 2/H	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File (14)	Number of Imaging Films V136 – (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. pranay

Patient & Clinical Records Received by : [signature] 26/6/26 @ 11:39 pm

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

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
Dr. SINDHURA MUNUKUNTLA

wt - 56.7 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Purvik Age : 13 **Gender:** ☒ Male ☐ Female

Date : 26/6/26 Time of Arrival : 10:05 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: 102 PR: 81 BP: 129/73 RR: ..... SpO_2: 100

Chief Complaints: c/o Fever since 7 days.

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 : 10:7 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 : Anupama

Signature of Triage Nurse : A.P

Date & Time : 26/6/26 @ 10:8 Pm

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Master PURVIK
10-11-2012 13 Y 7 M 16 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/6/26 Time of arrival : 10:30pm

Chief Complaints: c/o fever since 7 days. RBS: .....

Height : ..... Weight : 36.4kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 10:50pm

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

Time	Nursing Notes
	Assessed The patient condition
	vital checked.

Samples collected by: /

Samples sent by : / vinaya

Time: /

Time: / 10:30 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: ~~130~~ 88 BP: 130/73 CFT:	Shift - out from ER to: 214
RR: 20 SPO_2 : 99%	Time of Shift - out: 10:35 Pm
GCS: 15/15 Temperature : 100	Handover given to: Chandke
Pain Score: 1	(Nurse's Name)
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Anupam Signature of the Nurse : A.12

Date & Time : 26/6/20

LBH-00094266 IP26-00006660
Master PURVIK
10-11-2012 13 Y 7 M 18 D (M)
Dr. SINDHURA MUNUKUNTLA

214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/6/26 Time: 9:45am

Weight: 36.7 kg Centile: 75th

Height: — Centile: —

Inference: Well nourished child

RDA: — Calories: 1800 kCal/day Protein: 32gms/day

Diet Recommendations: Balanced diet with liquid

Re-Assesment: No Junk, Oily, Spicy food

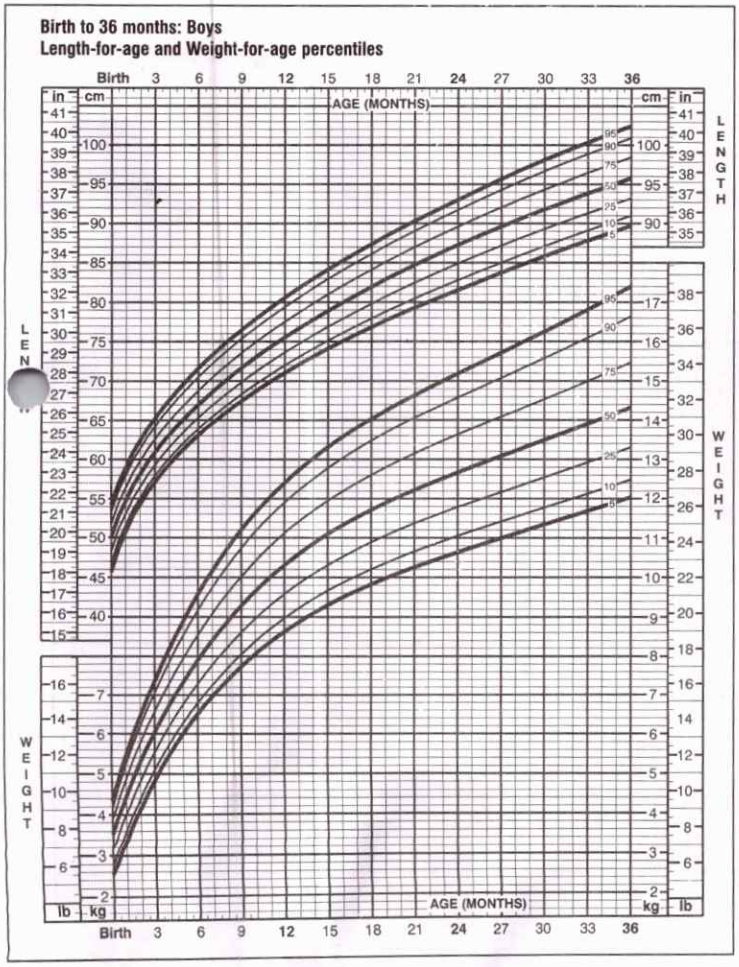
Food Allergies: No Veg/Non-veg Non Veg

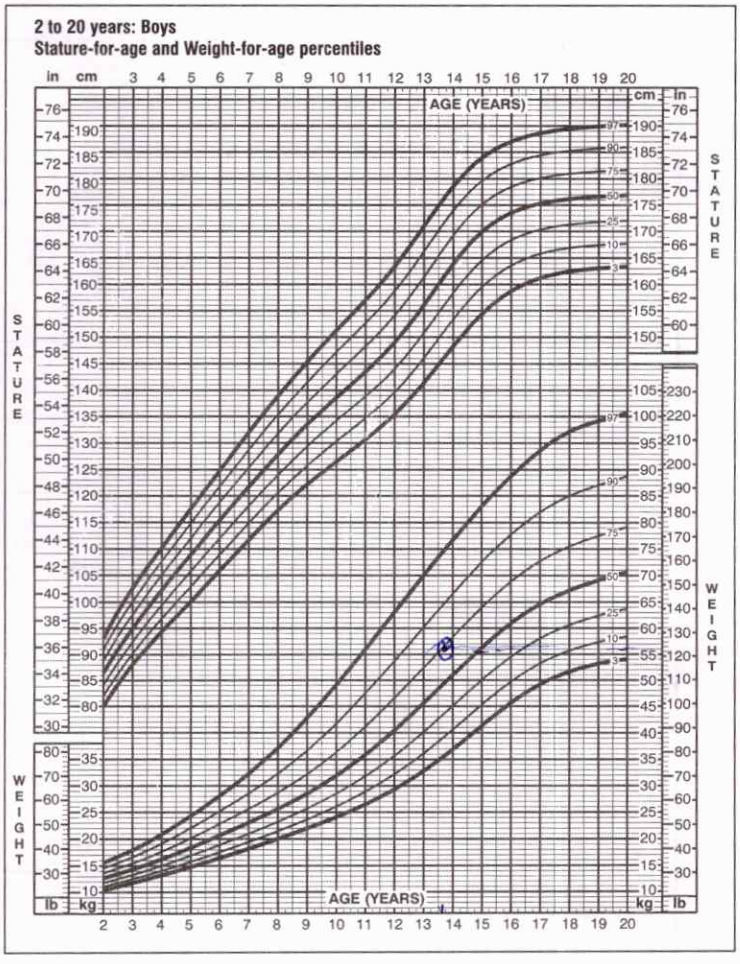
Diagnosis: AFIC dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sabiya

GROWTH CHART (BOYS)

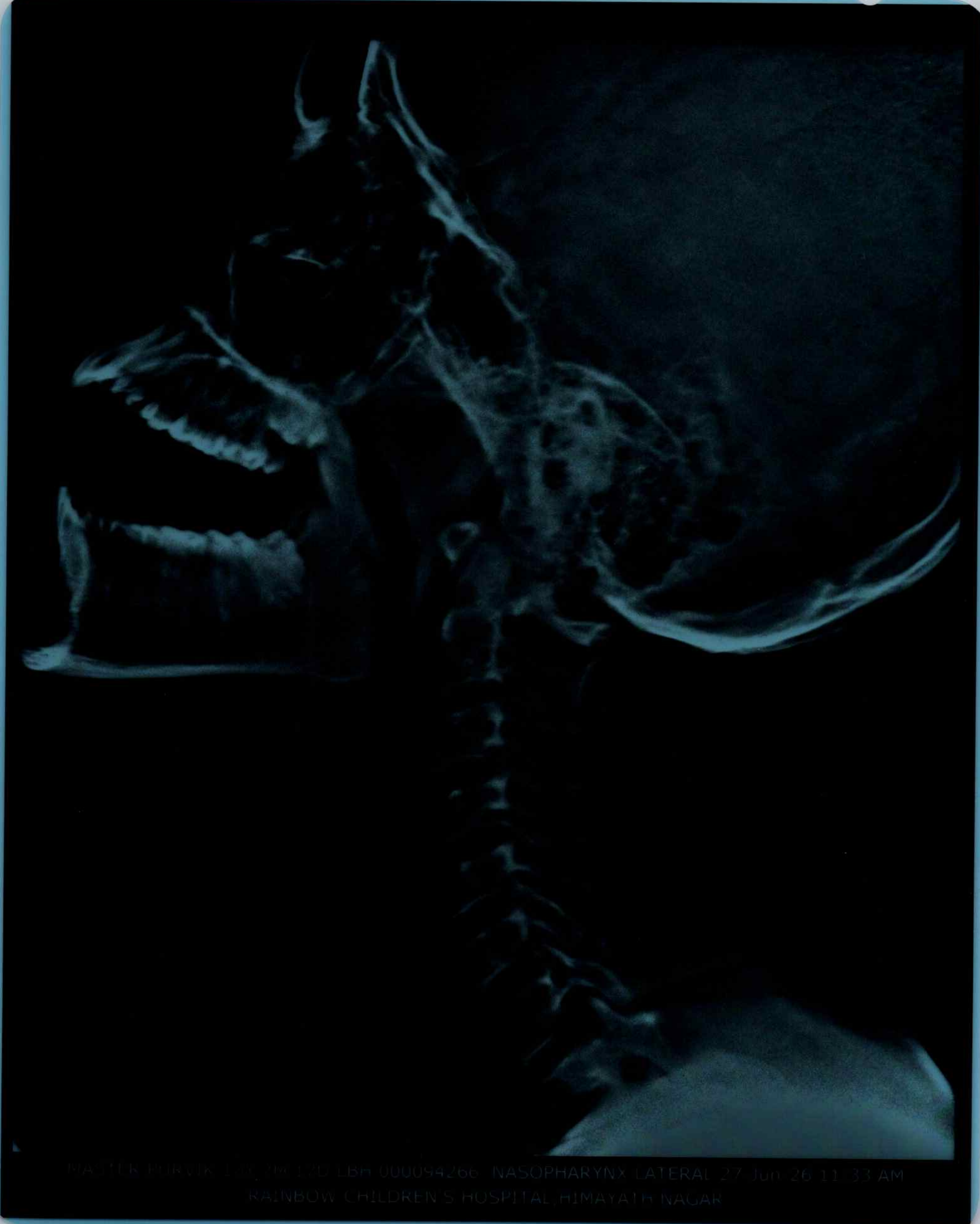




Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

(P.T.O.)

Daily Notes:


LBH 000094266 NASOPHARYNX LATERAL 27 Jun 26 11:33 AM
RAINBOW CHILDREN'S HOSPITAL,HIMAYATH NAGAR

AFI & Dehydration

214