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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby ANGOTHU KASVIJA	**UHID**	HNH-00010854
Father/Guardian	Mr A HARSHAVARDHAN NAIK	**Age/Gender**	3 Y 9 M 4 D/ Female
Address	Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		
IP No	IP26-00006880	**Admission Date**	18-07-2026
Ref Doctor	SELF		
Discharge Date	22.07.2026		

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

DIAGNOSIS	ICD CODE
E.COLI URINARY TRACT INFECTION	

History: Baby ANGOTHU KASVIJA , 3 Y 9 M 4 D , old girl presented with the history of fever associated with runny nose since 3 days, poor oral intake, headache and body pains, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Outside investigations: Done on 17.07.2026: Complete blood picture showed Hemoglobin - 9.2 gm%, platelet count of 3.2 lakhs/cumm, C-Reactive

Name	Baby ANGOTHU KASVIJA	UHID	HNH-00010854
IP No	IP26-00006880	Admission Date	18-07-2026

Protein - 136mg/L, SGOT - 32 U/L, SGPT - 15 U/L.
Widal & Malarial Parasite (optimal & smear) were negative.

Examination: She was febrile, maintaining saturations at room air. Her heart rate was 140/min and Respiratory Rate - 40/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of dehydration were present in form of dry lips, sunken eyes, congested 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, 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: 17.6 kilo grams.

Investigations: Enclosed reports

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

Initial hemogram showed Hemoglobin of 8.5 gm%, White Blood Cell count of 14470cells/cumm, platelet count of 3.36 lakhs/cumm and C-Reactive Protein of 153 mg/l. **Complete urine examination shows: Pus cells - loaded, epithelial cells - 12-14, RBCS - 5-5.**

Urine culture shows :
Gross examination : Pale yellow in colour, turbid.
Gram stained smear - Shows no polymorphs or organisms.
Colony count: - $>10^5$cfu/ml

Name	Baby ANGOTHU KASVIJA	**UHID**	HNH-00010854
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Culture : **- E. coli isolated.**
Susceptible to –
Amoxycillin-Clavulanic acid, Ampicillin-sulbactam, Cephalexin, Cefotaxime, Ceftriaxone, Ceftazidime, Ceftizoxime, Cefoperazone, Cefpodoxime, Cefepime, Cefixime, Cefoxitin, Gentamicin, Amikacin, Sulfamethoxazole-Trimethoprim, Trimethoprim and Nitrofurantoin.
Resistant to –
Ampicillin, Cefuroxime, Piperacillin and Ticarcillin(75).
Significant in a 3 years 9 months child who is symptomatic on antibiotics.

Blood culture shows : No growth after 48 hrs of incubation

Repeat hemogram showed Hemoglobin of 9.4 gm%, White Blood Cell count of 9890 cells/cumm, platelet count of 4.09 lakhs/cumm and C-Reactive Protein of 49.0 mg/l.

Chest X-ray was normal.

Ultrasound abdomen shows:
* Internal echoes in urinary bladder.
* Mild fecal loading of ascending and sigmoid colon.
- For clinical and CUE correlation.

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

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In view of fever, cold symptoms, Respiratory panel was sent which showed negative.

In view of complete urine examination showed pus cells positive, Increase in infective marker levels, urine culture and sensitivity was sent which showed E.coli positive hence IV antibiotics were continued.

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

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:
Injection. Augmentin
Injection. Amikacin
Syp. Xyzal
Syp. Laxolite

Advice:
* Diet as advised.

Name	Baby ANGOTHU KASVIJA	**UHID**	HNH-00010854
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Taxim - O Forte (5ml/100mg)	5 ml	8am - 8pm (after food)	For 7 days.
2	Syrup. Laxolite	12.5 ml	8pm (after food)	Till further advice
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5.5 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. ANIKET ANIL PARASHAR on Saturday (25.07.2026) 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.

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

Name	Baby ANGOTHU KASVIJA	**UHID**	HNH-00010854
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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**

Registrar/Resident/C.M.O

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

00010854 IP26-00006880
ANGOTHU KASVIJA
)-2022 3 Y 9 M 6 D (F)
NIKET ANIL PARASHAR

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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	6			
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				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
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	1			
	Extras	6			
	Total No. of Pages	31			

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

Signature and Date : 22/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006880 **Admit Date** : 18-Jul-2026 **Admit Time** : 03:07 PM **UHID** : HNH-00010854

Patient Details :

Patient Name	: Baby ANGOTHU KASVIJA	**Age**	: 3 Y 9 M 3 D
Guardian	: Mr A HARSHAVARDHAN NAIK	**DOB**	: 15-10-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gandhi Nagar Hyderabad Telangana INDIA 500080	**Phone No**	: 8074890407/ 8555831153
		E-mail	: anapalapuyamini@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 A HARSHAVARDHAN NAIK **Relationship** : Father

Contact Address : Gandhi Nagar Hyderabad Telangana INDIA 500080 **Phone No** : 8074890407

Signature

Doctor Details :

Doctor Name : Dr. ANIKET ANIL PARASHAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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

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

Date of Admission : 18/7/26 Time : 03:07pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 208 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	3:07pm	ER	2nd floor/208	

Cross Consultation Visit

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/7/26	CBP, CRP, Blood c/s, Urine c/s, Respiratory panel, CUE, CXR	12092, 8750	
	Cross Checked done by Sneha		
18/7/26	CUE	12066	
20/7/26	USG Abdomen	8791	
21/7	CBP, CRP	12171	
	Cross Checked by	Injects by	22/7/26 at 11a

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7	Infusion pump	4pm	20/2/26 @11am	15054	[illegible]

Cross checked done by Sneha

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/7/26	IV placement	(1)	14991	
19/7/26	NHA	(1)	15154	Sm
			Cross checked done by Sister	
21/7/26	IV Placement	(1)	5640	Sm
	Cross checked by Sister on 22/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Fever x 3 days
Running nose x 3 days
poor oral Intake
Headache and body pains

History of present illness :

Fever x 3 days, high grade, documented upto 102 F, not associated chills, partially relieved by oral medication
associated Headache and body pain
associated running nose

associated poor oral intake

Outside report: (17/07/26)
CRP: 136 / TLC - 14.4k (74/17) /
PLT: 3.2 Lakh / Hb: 9.2 (Anemia)
Malaria (Smear) - Negative Dengue NS1 - Neg
Widal - Neg. SGOT/PT - 32/15

Pediatric Multiorgan History & Physical Examination

HNH-00010854 IP26-00005880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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

-

Birth & Neonatal History :

No h/o NICU stay

Birth & Socio Economic History :

About Father :

About Mother : -

Any additional Information :

Developmental History :

Normal for age

Immunization History :

Immunized as per age

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

ory & Physical Examination

Anthropometry

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

Weight (kgs) 17.6 kg (Centile _____)

On Examination :

Temperature : 100 F Pulse Rate: 140/min Description _____

B.P. _____ SPO2 99% @RA at _____

Resp. rate and type of breathing : mild pallor ⊕

Rash Normal Signs of dehydration ⊖
dry tongue lips
Sunken eyes ⊖
Lethargic

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAG ⊕, Clear

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 Nontender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

NAD

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Acute febrile Illness with delayed

Pediatric Multiorgan History & Physical Examination

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP CRP
TSlood C/S
CUG
Urine C/S. (Catheter sample)
Respiratory panel (5 virus)
Chest X-ray
~~USG whole Abdomen (with doppler)~~

Notes by @

Planned Management :

IV fluids
Inj Ceftriaxone
Fever management
After CUG report
To decide ~~of~~ USG whole Abdomen

Notes by @

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. Aniket P on whose name the patient is being referred

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No. 83568

Doctor's Signature Name _____ Date 18/7/26 Time 04:00pm

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 8:45 PM	S/B Dr. Aniket	P/a
	Δ UTI	
		✓ c/t IV fluids
	High grade fever spikes (+)	
		- USG Abdomen pelvis by Monday
	CVS - S1 S2 (+)	
	RS - BL - AE (+)	
		- Trace Resp panel
	P/A - Soft	
	Conscious	✓ c/t CEFTRIAXONE add AMIKACIN
	↓ oral intake	
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568
		[signature] Dr. Aniket AP
		noted by sr. Sandhya. 18/7/26 9 pm.

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	S/B Dr. Sreeyha	Plan
7:40 AM	Δ AFI ? dehydration	- c/f CEFTRIAXONE
	? UTI	AMIKACIN
	Fever spikes ⊕	
		- c/f IV fluids
	CVS - S1S2 ⊕	
	RS - BL - AE ⊕	- Encourage orals
	P/A - Soft	- c/f XP2AL
	Conscious	
		- Trace Resp. panel
		(Sign)
		noted by sandhya 19/7/26 7:40 am

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I/C/S. D. Aniket	
19/07/26 11 AM	AGE with dehydration (? UTI)	
	fever spikes (+) No fresh concerns	
	O/E. GC - fair vitals stable Hydration - good	
		Adv
		- If fever (+) today + USG Whole Abdomen T/on
		- IV fluids stop
		Inj Ceftriaxone/ Amikacin + Throat Resp. panel
		+ PCM SOS from every
		- Monitor vitals and Inform SOS
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568
		Dr. D. Aniket
		Noted by madhu

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA (F)
15-10-2022 3 Y 9 M 3 D
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	d/s/b Dr. Varun	
6PM	Δ - ARI / ? Cystitis	
	- fever spike @ 2pm (102.2F)	
	- No fresh complaints.	
	O/E - vitals stable.	Plan
		- Cl. ceftriaxone / Amikacin.
	S/E - WNL.	
		- Trace resp. panel / Blood c/s / urine c/s
		- Monitor vitals.
		- Change PCM to SOS
	N/B priyanka.	

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/25 7AM	c/s/b Dr. Varun / Dr. Sushanth	
	Δ - AFI / UTI	
	- fever spikes - 101.6°F @ 12:40am today & at 8am (100.4°F)	
	- Oral intake - Good.	Plan
	O/E - vitals stable.	- Ct. ceftriaxone / Amikacin.
		- USG Abdomen today
	S/E - UNL.	- Trace resp. panel / blood c/s / urine c/s
		- Monitor vitals & inform SOS.
		Advised by Sushanth
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by. Dr Aniketh	
20/2/26 11:20 AM		
	? UTI.	
		(USG Abd) – cystitis.
	fever spike (+)	(U/c/s) – Neg Growth.
	↓ intake.	
	O/E	
	vital stable.	– Inj CEFTRIAXONE
		Inj AMIKACIN
	S/E	
	B/L AE (+)	– (T) Adeno – Neg.
	NVBS (+)	(T) B/c/s U/c/s.
	d/U Adeno] Neg.	– Next prick – CBP, CRP
		IV cannula chge.
		– Enhance orally.
		↑ fibres diet
		Dr. Aniket P
	Dr. Aniket Anil Parashar, Consultant Pediatrician & Intensivist, Reg. No: 8568	

HNH-00010854 IP26-00006880
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15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	c/8/B - Dr. Prashanti	
2pm	Δ - Urinary Tract Infection	(Gram Negative UTI)
	fever spike s last at 7:50Am	
	intake - improving, but less	Plan
		1) Inj Ceftriaxone
		Inj Amikacin
	O/E	Syp Xyzal
	vitals stable	2) Trace - Blood C/S
		Urine C/S
	R-S - B/L AE⊕	3) CBP] Next Prick/
	P/A - Soft.	CRP] Cannula change
	Passed Stool	4) Enema daily
		Pram

HNH-00010854 IP26-00006880
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/22	S/B Dr. Aniket	
7pm		Adv
	fever (+) (100.8° @ 5pm)	• (T) Blood culture, urine c/s
	c/o fresh complaints	• [CBP, CRP with n/p]
	o/e	• Plan discharge if afebrile for >24 hours
	vitally stable	
	s/e	
	rest	

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

Dr. Aniket AP

1-00010854 IP26-00006880
Y ANGOTHU KASVIJA
0-2022 3 Y 9 M 6 D (F)
ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 · 7AM	S/B Dr. Archana/ Dr. Thanni ·	
	Δ: UTI (E.coli) positive c dehydration ·	
	fever spikes (+) ··	Adv
	Burning micturition (-) · pain per abdomen (-) ·· oral acceptance - good · No fresh complaints	(1) [CBP, CRP ~~with~~ d/p] · · Ct Ceftriaxone Amikacin · Ct rest same ·
	ole vitally stable	
	ole P/A: soft, nt ·	
	[Blood cts : 24 hrs ng]	

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

H-00010854 IP26-00006880
Dy ANGOTHU KASVIJA
10-2022 3 Y 9 M 6 D (F)
ANIKET ANIL PARASHAR

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Aniket	
21/7 11.00Am	UTI ("E-coli") +ve	C dehydration
	fever (+) -100°F.	Plan
	oral intake - fair.	
		- Cont Ceftriaxone Amikacin
	RIS / NAD PIA	
		- Encourage orally
	vitals - Stable.	
		- Monitor vitals
		- watch for fever spikes

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

Dr. D. Aniket

UHID: NH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
-10-2022 3 Y 9 M 6 D (F)
DR. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 2 PM	S/B Dr. Sreejhan	Plan
	Δ UTI (E.coli) - CF	CEFTRIAXONE
		AMIKACIN
	Afebrile now	
		- Encourage orals
	C/S - S, S (R)	
	D1 - B1C - A1F(P)	- Monitor vitals
	P/A Soft	
	Condition	
		1B.57 / D Sneha
	C/S/b Dr. Aniket	
21/7/26 7:30 PM	Δ - E.coli UTI	
	- Afebrile.	Plan
		- D/S tomorrow
	- O/E - vitals stable.	on Taxim O Syrup BD
		X1 week.
	S/E - WNL.	- Give IV ceftriaxone
		1gm @ morning tomorrow.
	Dr. Aniket Anil Parashar, Consultant Pediatrician & Intensivist, Reg. No: 8568	- Syp. Zoxalite 12.5ml
		HS x till further advice
	Dr. Aniket	

010854 IP26-00006880
NGOTHU KASVIJA
022 3Y9M6D (F)
KET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 8am	S/B Dr. Nameer / Dr. Anusha.	
	UTI (E. coli +ve)	
	- No fever spikes	Plan
	- last spike - 6pm (99.9°F)	(1) Inj Ceftriaxone (1gm) Amikacin
	- hemodynamically stable	
	Chest clear	(2) encourage orally
	P/A soft.	(3) Plan D/C today after rounds
	oral intake - good	(4)
		NB Sreh
		Nav (Dr Nameer)
22/7 11:00am	C/S/B Dr. Anikeet	
	UTI (E-coli positive)	
	No fever	plan
	vitals - stable.	
		- Discharge today
	R/S NAD	℞
	P/A	- Oral Taxim-O forte X 1 week
	Oral intake - good.	- Syp laxolite 12.5ml HS
	Ankul	- R/v/p on saturday

!010854 IP26-00006880
NGOTHU KASVIJA
022 3Y9M6D (F)
KET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

0010854 IP26-00005880
INGOTHU KASVIJA
1022 3Y9M6D (F)
IKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00010854 IP26-00006880
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DRUG CHART

Date of Admission: 18/7/26 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.

17.6 kg

SOS / PRN (As Required Medication)

				Date/Time			
DRUG: SYP. CROCIN DS					18/7	19/7	20/7
Dose	Route	Frequency	Start Date		9:35 pm	1pm	5:15 am
5.5ml	PO	SOS/6H	18/07		[signature]	[signature]	[signature]
Doctor's Signature	Valid Period	Pharm.					
[signature]		[signature]					
Additional Instructions: (5ml/240mg							

				Date/Time		
DRUG: SYP. IBUGESIC					19/7	20/7
Dose	Route	Frequency	Start Date		4:35 am	11:30 am
5.5ml	PO	SOS/8H	18/07		[signature]	[signature]
Doctor's Signature	Valid Period	Pharm.				
[signature]		[signature]				
Additional Instructions:						

				Date/Time
DRUG: NASOCLEAR SALINE DROP				
Dose	Route	Frequency	Start Date	
2°	Nasal	SOS	18/07	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions:				

Verified by Dr. Dhakshayani
Verified by Dr. Dhakshayani
Verified by Dr. Dhakshayani

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 17.6 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
550 mg	IV	12 Hrly	18/07

Date: 18/7, 19/7, 20/7, 21/7, 22/7
Time: 6Am, 6Pm

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : SYP. XYZAL

Dose	Route	Frequency	Start Date
2.5 ml	PO	HS (Night)	18/07

Date: 18/7, 19/7, 20/7, 21/7
Time: 10Pm

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

Additional Instructions: At bed time

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Inj. AMIKACIN

Dose	Route	Frequency	Start Date
250 mg	IV	OD	18/7

Date: 18/7, 19/7, 20/7, 21/7, 22/7
Time: 10Pm

Name & Signature of the Doctor Starting the Drugs: B. Sneha N

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYP. CROCIN DS

Dose	Route	Frequency	Start Date
5 ml	PO	Q6H	19/7

Date: 19/7
Time: 1Pm, 7Pm

CHANGE 19/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

+00010854 IP26-00006880
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ANIKET ANIL PARASHAR

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REGULAR PRESCRIPTIONS

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

				Date ▸ Time ▾
DRUG : Syp. LAXOLITE				21/7
Dose	Route	Frequency	Start Dt.	
12.5ml	PO	HS	21/7	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

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 :
Signatur

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

I.V. FLUIDS CHART

Weight. 17.6kg 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
18/07	3PM	IVF - DNS (2/3 maintenance)	IV	35			19/7		

Signature .....

VERIFIED BY : Name .....

(284)

HNH-00010854 IP26-00006880
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RESULT SHEET

Date	18/7/26	21/7/26				
Time	4:30pm					
Hb	8.5	9.4				
PCV	25.0	27.2				
RBC	4.14	4.55				
WBC	14.47	9.89				
N/L	73.4	34.0/55.0				
Platelets	336	401				
CRP	153	49				
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	18/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Present+++					
CUE - PUS Cells	Loaded					
CUE - RBC Cells	5-6					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Respiratory Panel :-						
	Flu-A	Negative				
	Flu-B	negative				
	SARS →	negative				
	Adenovirus →	not detected				

Culture and Sensitivities : urine c/s → E.coli isolated

blood c/s → 48 hrs no growth.

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Patient S

INICAL / 125

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

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

Date : 18/11/26 Time:

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)

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	98%
Conscious Level	Normal / Altered
GCS *	–
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	SV

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient S

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

INICAL / 125

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

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

Date : 19/7/25 Time: 9:30 AM 11:42 AM 12:34 PM 2 PM 4 PM 6 PM 9 PM 10 PM 11:30 PM 12:40 AM 2 AM 3:30 AM

Doctor / Nurse / Family Concern?

Temperature (℉)

104 103 102 101 100 99 98 97 96 95 94

98.4°F 98.3°F 99.1°F 102.2°F Ibugesic given 99.3°F 98.3°F 98.5°F 98.4°F 100.4°F 101.6°F Dolo given 100.4°F 98.2°F Analgesic given

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

Heart Rate (Number) 111 bpm 123 bpm 126 bpm 118 bpm 112 bpm

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 29 bpm 29 bpm 29 bpm 30 bpm 30 bpm

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		100% 100% 100% 100% 100%
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0 0 0 0 0
Pain Score		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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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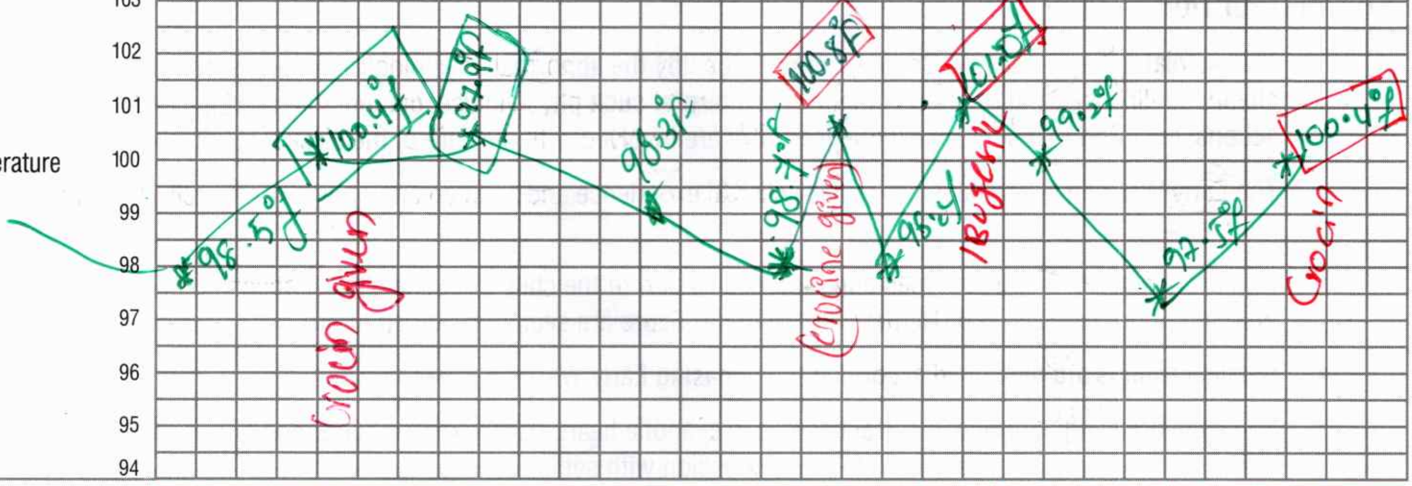
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 Time: 6:30AM, 7:15AM, 10:30AM, 1pm, 4pm, 5:35pm, 11pm, 12am, 2am, 7am

Doctor / Nurse / Family Concern?

Temperature (F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94



	6:30AM	10:30AM	1pm	7am
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	*	*	*	90 / 52
Heart Rate (Number)	118b/m	120b/m	118b/m	104b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	*			
Resp Rate (Number)	29b/m	30b/m	28b/m	27b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99%	100%	99%
Conscious Level: Normal / Altered				
GCS *	15/15			15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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It takes a lot to treat the little.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

)010854 IP26-00006880
,NGOTHU KASVIJA
:022 3 Y 9 M 6 D (F)
Patient Stick KET ANIL PARASHAR

L / 125

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

Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time:

Time	10Am	2pm	6pm	7pm	10pm	11pm	2am	6am
Doctor / Nurse / Family Concern?								
Temperature (°F)	97.2°F	97.5°F	99.9 (Crocin given)	98.7°F	97.9°F	98.0°F	98.3°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/59 (71)	101/60 (65)	102/61	101/71	104/78 (84)			100/62
Heart Rate (Number)	120 b/m	112	11	125 b/m	104/min			110 b/min
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	28 b/m	27	29 b/m	28 b/m	22 b/m			24 b/min
Resp Distress — Mod/ Severe / None / Mild								
Receiving O_2 (l/min)								
O_2 Saturations (%)	100%	99	99%	99%	100%			99%
Conscious Level — Normal / Altered								
GCS *					15/15			15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1			0
Pain Score	0	0	0	0	0			0
Observer's Initials								

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
18/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	DNS	H2O	35ml		NA		NA			0	
	06:00 pm			35ml						✓	0	
	07:00 pm			35ml							0	
Total Intake :						**Total Output :**	U-	M-				
18/7/26	08:00 pm			35ml							1	
	09:00 pm			35ml						✓		
	10:00 pm	DNS		35ml							0	
	11:00 pm			35ml		NA		NA				
	12:00 am			35ml						✓		
	01:00 am			35ml							1	
Total Intake :						**Total Output :**	U- 2	M-				
19/7/26	02:00 am			35ml							1	
	03:00 am			35ml								
	04:00 am	DNS		35ml						✓	0	
	05:00 am			35ml		NA		NA				
	06:00 am			35ml							1	
	07:00 am			35ml						✓		
Total Intake :						**Total Output :**	U- 2					

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
19/07/26	08:00 am			35ml								
	09:00 am			35ml								
	10:00 am	DNS		35ml				NA				Nadeem
	11:00 am			35ml								
	12:00 pm			35ml								
	01:00 pm			35ml	NA							
Total Intake :						**Total Output :**						
19/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice + H2O					NA				
	05:00 pm											
	06:00 pm											
	07:00 pm				NA							
Total Intake :						**Total Output :**						
19/7/26	08:00 pm											
	09:00 pm		Rice + H2O									
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am				NA			NA				
Total Intake :						**Total Output :** U- 2 M-						
20/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am				NA			NA				
Total Intake :						**Total Output :** U- 2 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Dr. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : 13

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							
20/7/26	08:00 am											
	09:00 am		Idli									
	10:00 am	0	1/2		NA			N/A				
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
20/7/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	Soup		NA			NA				
	05:00 pm		+									
	06:00 pm		H2O									
	07:00 pm											
Total Intake :							**Total Output :**					
	08:00 pm											
	09:00 pm		Idli									
	10:00 pm		1/2		NB		NB	NB			0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :							**Total Output :**					
	02:00 am											
	03:00 am											
	04:00 am				NB		NB				0	
	05:00 am							NB				
	06:00 am		1/2									
	07:00 am											
Total Intake :							**Total Output :**					

Total 24 hrs. Intake		Total 24 hrs. Output	

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ANGOTHU KASVIJA
2022 3Y9M6D (F)
IKET ANIL PARASHAR

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/9												
	08:00 am											
	09:00 am		Jelly									
	10:00 am		+									
	11:00 am											
	12:00 pm		170									
	01:00 pm											
Total Intake :						**Total Output :**						
21/9	02:00 pm											
	03:00 pm											
	04:00 pm		Jelly		NA		✓	NA		✓		
	05:00 pm		+									
	06:00 pm		Juice							✓		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		Milk									
	10:00 pm		+		NA			NA				
	11:00 pm		Juice									
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am						NP					
	05:00 am		Juice		NA			NA		✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**				✓		

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 18/1/26

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		ER					
Afternoon	2pm to 8pm	Assess the Pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	2pm to 8pm	Assessed the Pt condition. Monitored vitals & record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal.	Monitor vitals. Maintain I/O chart.	[signature]
Night	8PM to 8am	Assess the patient general condition. Monitor vitals. Administer medications as per doctor's orders.	8pm to 8am	Assessed the patient condition. Monitored vitals. Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	[signature]

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Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

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 to 2pm	→ Assess the pt condition → check the vitals → Maintain I/o Chart →	8Am to 2pm	→ Assess the pt condition → check the vitals → Maintain I/o Chart	pt is a stable.	check the vitals	Nadhe
Afternoon	2pm to 8pm	- Assess the pt. condition - monitor vitals & record - Maintain I/o chart - Give medications as prescribed by doctor	2pm to 8pm	- Assessed the pt. condition - Monitored vitals & record - Maintained I/o chart - Given medications as prescribed by doctor	Patient is Stable now	Re-checked vitals	
Night	8PM to 8am	→ Assess the patient general condition → monitor vitals → NO IV fluids → Provide Comfortable position	8PM to 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is Stable	Rechecked vitals	

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ANGOTHU KASVIJA (F)
3 Y 9 M 6 D
2022
IKET ANIL PARASHAR

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NURSING CARE RECORD

Date: 20/7/26

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	8Am – 2pm	- Asses the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	8Am – 2pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	Patient is stable now	Re-checked vitals	[illegible]
Afternoon				DAY			
Night	8pm – 8am	Asses the [illegible] Monitor V/S administer Medicine Maintain I/O chart	8pm – 8am	Assessed the baby Monitored V/S administered Medicine Maintaining I/O chart	[illegible]	[illegible]	[illegible]

00010854 IP26-00006880
ANGOTHU KASVIJA (F)
2022 3Y9M6D
NIKET ANIL PARASHAR

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 21/7/26

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	8AM – 2pm	→ Assess the pt condition → monitor vitals & I/O chart → drug as per chr → proved Comfortable position		→ Assessed the pt condition → Monitored vitals & I/O chart → Charged as per chart	pt is stable	Recheck vitals	[illegible]
Afternoon				DAY			
Night	8pm – 8am	Assess the baby Monitor the vls administer Medi Maintain I/O chart	8pm – 8am	Assessed the baby Monitored vls administer Medi Maintain I/O ch	administer Medi	Reassessed the pat by 1	[illegible]

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

Patient

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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	18/7 E	18/7/26 N8	19/7/26 M6	19/7/26 E2	19/7 N	20/7 M6
	Medical Condition (Any special condition to be noted):		—	—	—	—	—
	Diet:	Soft	soft	soft	soft	soft	soft
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:	98.4 F	98.3 F	98.3 F	97.8 F	98.5 F	97.8 F
	Res:	27 b/m	28 b/m	27 b/m	30 b/m	28 b/m	30 b/m
	SpO_2:	99%	99%	99%	100%	100%	100%
	Pulse:	112	118 b/m	112 b/m	118 b/m	118 b/m	120 b/m
	BP:	96/62	100/70	111/73	101/68	—	—
	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 :		[illegible]	Sandhya	Madhu	Priyanka	[illegible]	Priyanka
Signature / ID :		[illegible]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		18/7	19/7/26	19/7/26	19/7/26	20/7/26	20/7/26
Time:		8pm	8am	2pm	8pm	8Am	2pm
Taken Over By Name :		Sandhya	Madhu	Priyanka	[illegible]	Priyanka	[signature]
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		18/7/26	19/7/26	19/7/26	19/7/26	20/7/26	20/7
Time:		8pm	8Am	2pm	8pm	8Am	[illegible]

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

00010854 IP26-00006880
ANGOTHU KASVIJA
-2022 3 Y 9 M 6 D (F)
NIKET ANIL PARASHAR

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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	21/7 8am	21/7 8pm	22/7 8am			
	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:	98.2F	98.2F	98.2F			
	Res:	28/m	28/m	28/m			
	SpO_2:	100%	100%	100%			
	Pulse:	132/m	136/m	132/m			
	BP:	101/72	102/73	101/62			
	LOC:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
	Skin Integrity	—	—	—			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—			
	Critical Lab Test / Values:	—	—	—			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :							
Signature / ID :							
Date:		21/7	21/7	22/7			
Time:		8am	8pm	8am			
Taken Over By Name :							
Signature / ID :							
Date:		21/7	21/7				
Time:		8am	8pm				

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Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/7	DATE 19/7	DATE 20/7	DATE 21/7	DATE 22/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	—	✓		✓
	Room free of clutter		✓	✓	✓		✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		—	—	X	X	X
	Other Intervention(s) Specify		—	—	X	X	X
	Nurse's Name:		Priyanka	Priyanka			
	Signature:						
	Date:		18/7	19/7	20/7	21/7	22/7
	Time:		5pm	6pm			

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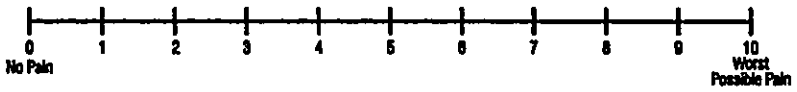
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	4pm	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

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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			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		0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0		0				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	0		0				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	0		0				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0		0				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

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					Date : 18/7		19/7	19/7
					Time : 8pm	10pm	10AM	2
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	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	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	28	28
				Evaluator's Name				

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

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

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

BRADEN 'Q' SCALE

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				Date :	2.11.22			
				Time :	8pm			
Mobility	**obile:** Does not ... n 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			
"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			
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			
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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			
				TOTAL SCORE	28			
				Evaluator's Name	Q			

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

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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: .....

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. Sreenath.....

Date & Time : ...18/7/26 @ 3:10 PM.....

Nurse Name & Signature: ...Aparna / .....

Date & Time : ...18/7/26 @ 2:40pm.....

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

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
Dr. ANIKET ANIL PARASHAR

211

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/7/26 Time: 9:40 AM

Weight: 17.6 kg Centile: 75th

Height: - Centile: -

Inference: Well Child

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

Diet Recommendations: Soft Diet with more liquids

Re-Assesment: Avoid Spicy, Chilled & outside foods

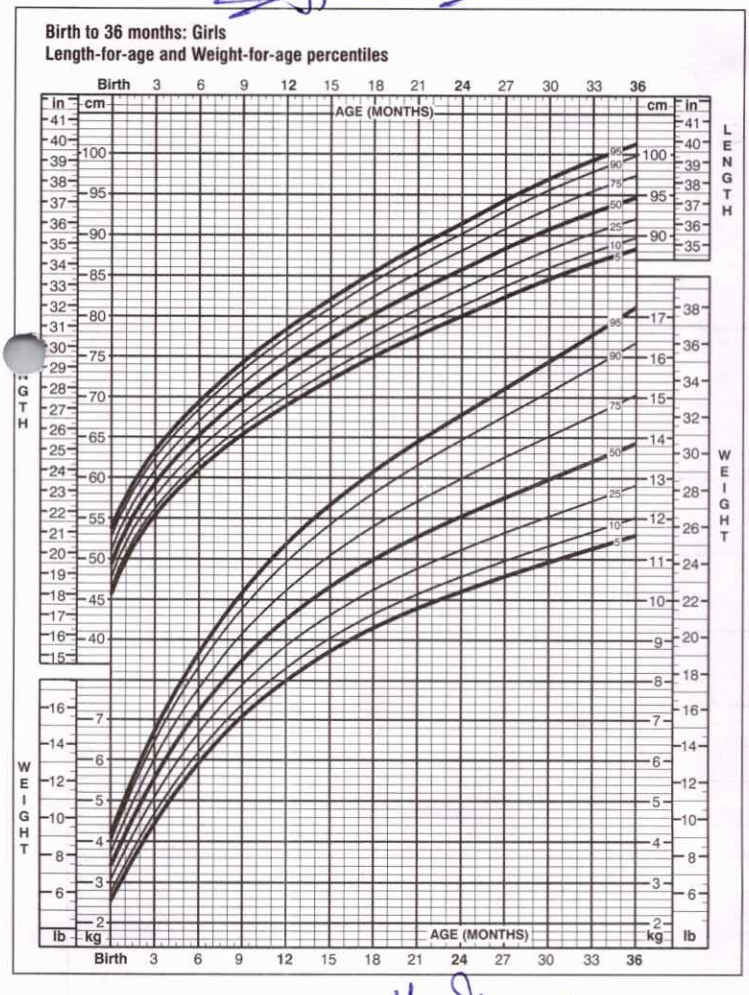
Food Allergies: NO Veg/Non-veg NON-Veg

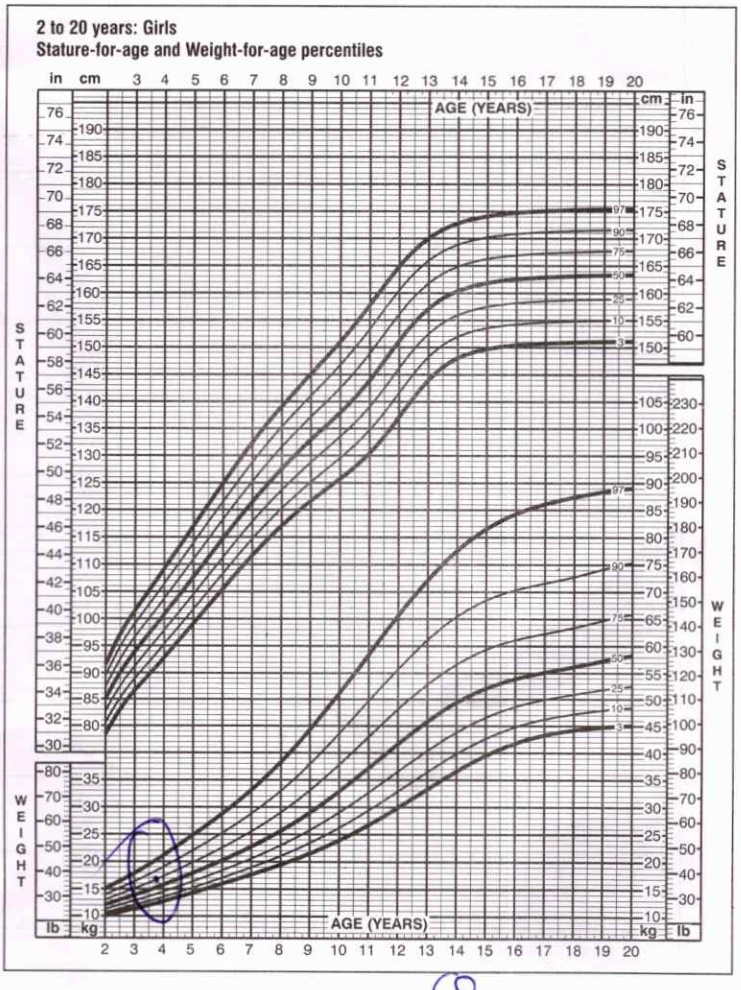
Diagnosis: AFI - Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

HNH-00010854 IP26-00006880
Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
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wt 17.66 kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Angothu kasvija Age : 3years **Gender:** ☐ Male ☑ Female

Date : 18/7/26 Time of Arrival : 2:50PM

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: 100°F PR: 148 b/m BP: 109/75 (68) RR: 20b/m SpO_2: 100%.

Chief Complaints: C/o fever since 3 days cold since 3 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 : 2:52pm

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 : Shivani

Signature of Triage Nurse : Shivani

Date & Time : 18/7/26 @ 2:52pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/4/26 Time of arrival : 2:54pm

Chief Complaints: c/o fever since 3 days RBS: N/A

Height : — Weight : 17.66kg BMI : Head Circumference (<2 years) —

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

If yes , identify

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 2:56pm

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Baby ANGOTHU KASVIJA
15-10-2022 3 Y 9 M 3 D (F)
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Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
2:58 PM	Assess The patient condition monitor The vital signs

Samples collected by: / Aparna / 28/7/26 Time:

Samples sent by : / Time: / 3:30Pm

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: 130b/m BP: 107/25 (61) CFT: —	Shift - out from ER to: 208/2nd Pom
RR: 29b/m SPO_2 : 98%	Time of Shift - out: 2:40 PM
GCS: 15/15 Temperature : 99°F	Handover given to: .....
Pain Score: -0/	(Nurse's Name)
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Atomic Signature of the Nurse :

Date & Time : 28/7/26 @

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00010854 IP26-00006880 Baby ANGOTHU KASVIJA 15-10-2022 3 Y 9 M 3 D (F) Dr. ANIKET ANIL PARASHAR	18/7/26 @ 3:07pm	18/7/26 @ 3:40pm
	Transfer Ordered by Dr; Susanth	Reason for Transfer Ademetion
From Unit ER	To Unit 202 room / 208	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 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
Atoru /	Dr; Susanth

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received : 18/7/26 @ 4pm

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