

DISCHARGE SUMMARY

Name	Baby AKSHARA BARDHIPURAM	UHID	HNH-00006043
Father/Guardian	Mr MADHU SUDHAN	Age/Gender	7 Y 9 M 21 D/ Female
Address	f no 102 fortuner sundharam apts c e colony bagh amberpet, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006443	Admission Date	28-05-2026
Ref Doctor	Sanjay Srirampur		
Discharge Date	30.05.2026		

Consultant:

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

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS	

History: Baby AKSHARA BARDHIPURAM , 7 Y 9 M 21 D , old girl presented with the history of fever since 3 days, cough since 5 days, vomitings, poor oral intake and dull activity since 2 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

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

Name	Baby AKSHARA BARDHIPURAM	UHID	HNH-00006043
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rate was 146/min and Respiratory Rate - 24/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, oral mucosa, delayed skin turgor, decreased urine output. Throat - congestion 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: 21 kilo grams.

Investigations: Enclosed reports

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

VBG showed pH of 7.44, pCO2 of 33.8 mmHg, pO2 of 52 mmHg, HCO3 of 23.6 mmol/L and BE of -1.0 mmol/L.

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 13430 cells/cumm, platelet count of 2.04 lakhs/cumm and C-Reactive Protein of 9 mg/l. Serum Calcium was 8.6 mg/dl.

Complete urine examination was normal.

Urine culture and sensitivity shows no growth after 24 hours of incubation.

Throat swab culture report awaited.

Blood culture and sensitivity shows no growth after 24 hours of incubation

Management: She was admitted in the ward and started on Intra Venous

Name	Baby AKSHARA BARDHIPURAM	UHID	HNH-00006043
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fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of vomitings, she was administered antiemetic.

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations. 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. Ceftriaxone
Injection. Ondansetron

Advice:

* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. Taxim-O (Cefixime - 200mg)	1/2 tablet	8am - 8pm (after food)	For 4 days.
2	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 4 days
3	ENTEROGERMINA (2 billion cells of Bacillus Claussi Spores/5ml)	1 Vial	9am-9pm (after food)	For 3 days

Plan: To collect throat swab culture and final blood culture report on followup.

Fever Management

* Tablet. Paracetamol - 500mg, 1/2 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SANJAY SRIRAMPUR on Tuesday(02.06.2026) at his OPD.

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.

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

Parent/ Attender

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

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


Registrar/Resident/C.M.O

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



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 : IP26-00006443 Admit Date : 28-May-2026 Admit Time : 10:57 AM UHID : HNH-00006043

Patient Details :

Patient Name : Baby AKSHARA BARDHIPURAM Age : 7 Y 9 M 21 D
Guardian : Mr MADHU SUDHAN DOB : 07-08-2018
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : f no 102 fortuner sundharam apts c e colony Phone No : 9032159601/ E-mail : madhusudhanbardhipuran@gmail.com
bagh amberpet Bagh Amberpet Hyderabad
Telangana INDIA 500013

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr MADHU SUDHAN Relationship : Father
Contact Address : f no 102 fortuner sundharam apts c e colony Phone No : 9032159601
bagh amberpet Bagh Amberpet Hyderabad
Telangana INDIA 500013


Signature




Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self. Phone No :
Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00006043 IP26-00006443 Baby AKSHARA BARDHIPURAM 07-08-2018 7 Y 9 M 21 D (F) Dr. SANJAY SRIRAMPUR 		Date & Time of Admission 28/5/26	Date & Time of Transfer Order 28/5/26 @ 11:50 AM
From Unit ER		Transfer Ordered by Dr. Prasad	Reason for Transfer Admission
To Unit 303		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Prasad	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 28/5/26 @ 11:50 AM			

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

ACTIVITY RECORD FOR BILLING

Name: ----- **HNH-00006043** **IP26-00006443**
Baby AKSHARA BARDHIPURAM
07-08-2018 **7 Y 9 M 21 D** (F)
Dr. SANJAY SRIRAMPUR

UHID No: ----- **07-08-2018** **7 Y 9 M 21 D** (F)
Dr. SANJAY SRIRAMPUR

Date of Admission: ----- **07-08-2018** **7 Y 9 M 21 D** (F)
Dr. SANJAY SRIRAMPUR

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

----- Consultant : ----- Dept : -----
 ----- Date of Discharge : ----- Time: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	11.00 AM	ER	303	<u>A. V</u>

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/5/20	In camera ✓	1	2574	*4 292
28/5/20	NHA ✓	①	2618	①
		<i>grass checked down by John</i>		

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Ref.No: F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name :

HNH-00006043 IP26-00006443

Baby AKSHARA BARDHIPURAM

07-08-2018 7 Y 9 M 21 D (F)

Dr. SANJAY SRIRAMPUR

Patient ID# :



Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Akshara Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 3 days

c/o Cough :: 5 days

c/o Vomiting :: 2 days

c/o Poor oral intake } :: 2 days
Dull activity }

History of present illness :

child brought with

c/o cough :: 5 days

initially dry - non-productive type

c/o Fever :: 3 days

High grade, intermittent every 4-6 hrs
102-103°F

c/o Vomiting :: 2 days

Multiple episodes - Non bilious vomiting

Non blood tinged - but associated epigastric pain

c/o Poor oral intake :: 2 days

c/o Dull activity :: 2 days

9

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 21 kg (Centile _____)

On Examination :

Temperature : 101.6°F Pulse Rate: 146/m Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : 24/m

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system : Throat - mild congestion, ⊕

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE ⊕

Any addes sounds : _____

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

⊕ eye Redness ⊕
Sign of dehydration ⊕ - Dry lips & mucosa
Sunken eyes
Delayed Skin Turgor

S2 ⊕

soft

⊕

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : 7/10

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : 7/10

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI ± Dehydration - D3

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBS

CBP, CRP, calcium

Blood C/D ^{due}

Umi C/D & K/UE ^{due}

Planned Management :

- IV Fluid

- Iij PAN

- Iij ONDEM

- Iij Ceftriaxone

-> via respiratory tract

-> Throat Swab for Streptococcus group

Please fill up the following details

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

Doctor's Signature Name _____ Date *28/5/26* Time _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 3pm	<p><u>C/S/B Dr. Prasad</u></p> <p><u>AFI = Dehydration - D3</u></p>	
<p>- Fever at admission - 101.6°</p> <p>- Poor oral intake</p> <p>- Eyes redness - better</p>		<p><u>Plan</u></p> <p>1) IVF</p> <p>2) Inj Pan</p> <p>3) Inj Omeprazole</p> <p>4) Inj ceftriaxone</p> <p>5) Tylenol (Colum) COE</p>
<p>Vital stable</p> <p>R-S - B/LAE ⊕</p> <p>PLA - Soft</p>		<p>Urin C/S & Blood c/s</p> <p>Respiratory Panel</p> <p>Throat Swab</p>
<p>Passed Urine</p>		<p>6) Monitor Vital</p>
		<p><u>Prasad</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Pr. Aniket	
28/5/26		
6 PM	Δ - AP1 0 dehydration.	
	- No vomiting.	
	- Not passed stool since 2 days	
	- fever (+)	
	SpO2 - vitals stable.	Plan -
	SpE - WNL.	✓ Tab. PARAVEL-DT
		(325mg) for fever.
		✓ Gt. Antibiotics.
		✓ Gt. Esomeprazole,
		Ondansetron.
		✓ ↓ to 1/2 IVF.
		✓ Trace Adeno PCU, resp.
		penal, Throat swab.
		Dr. Aniket
		NB Sunanda



SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/8 7:00 AM	C/S/B Dr. Naipuzel / Dr. Alekya AFB & dehydration	Dr. Alekya
	fever spikes no vomitages	Plan
	Vitals - stable.	- Cont ceftioxiel
	R/S - B/LAEP	- Cont esmaprazole
	PLA - soft. NT	- (T) Adenovirus resp panel Throat swabs
		- Cont IVF 1/2 M
		Done



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:30 AM	<p>cf/by Dr. Sruthim</p> <p><u>Adeno viral itta</u></p>	
	<p>guc spike low grad (+)</p>	
	<p>oral intake ↓ hydr ↓ fair</p>	
	<p><u>vital stable</u></p>	<p>- (T) culture throat swab</p> <p>- cf EFFIRIAYORNE</p>
	<p><u>stc</u> NAD</p>	<p>- Enhance orally</p>
		<p>- stop IV fluids (if taking well)</p> <p>- Monitor vitals</p>
		<p>- If not taking ↓ 1 form</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 3:00pm	S/B Dr Prabhath.	
	△ Adenoviral illness	
	Fever spikes (+)	
	8:40am: 101.4°F	
	no further spikes.	Adv
	no fresh c/o	
	G.C. fair	① CT-ceftiozone
	Vitals stable	
	PA Soft.	② Syp Ambrodil - 5 5ml BD
		③ Trace respiratory panel
		Throat swab c/s
	no	
		④ CT for Mastitis
		Encourage orally
		+ Tapu fluid
		Stop IVF



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 11 PM	06/16. Dr. Shantik / Dr. Subhuti	
	Dr. Advanand Iltan	
	Afebrile oral intake - poor	
	O/E: Wt gain	
	Growth normally stable	
	S/G: MAO	Adm - plan' elis 1/oz on oral Gaviscon
		- Rest continue same
		Sanjiv

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Baby AKSHARA BARDHIPURAM

07-08-2018 7 Y 9 M 22 D (F)

Dr. SANJAY SRIRAMPUR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 6 AM	C/S 16 - Dr. Sureshankh / Dr. Vamsy Dr. Adhwarred J. Chavva	
	Afebrile No fresh w/cons	
	O/E: ac-fair Hemodynamically stable Hydrating good	
		Afe - discharge on oral Cefixime - Rect continence same Stability
		noted by Sr. Sureshankh 30/5/26 6:00



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Aniket	
30/5/23		
10 AM	- Afebrile	
	- Cough & ↓	
	- SpO ₂ - vitals stable.	Plan -
	SpO ₂ - WMC	SpO ₂ on
		Oral
		Cefixime X 5 days.
		- R/V after 5 days
		with Dr. Sanjay
		Dr. Aniket
		N/B Supina @ 10A
30/5	C/S/B A. Shanthi	Pk
11 AM	Admitted iller	1) D/C Today &
	Fever ↓	R/V on Tuesday
	Child alert	Oral Cefixime X 7 days total
	Vitals stable	[Signature]



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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. Ibuprofen				Date															
				Time															
Dose	Route	Frequency	Start Date																
1/2 tab	PO	SOS	28/5																
Doctor's Signature		Valid Period	Pharm.																
[Signature]		> 102 F.																	
Additional Instructions:																			
1 tab = 200mg.																			

DRUG : ONDONISETRON TAB				Date															
				Time															
Dose	Route	Frequency	Start Date																
4mg	PO	SOS	29/5																
Doctor's Signature		Valid Period	Pharm.																
[Signature]																			
Additional Instructions:																			
[Blank]																			

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

HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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.
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 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
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SOS / PRN (As Required Medication)

DRUG : Tab PARACETAMOL				Date Time	AS																		
Dose	Route	Frequency	Start Date	4:30 PM	BY	/																	
1/2 tab	PO	SOS 6 th hly	28/5																				
Doctor's Signature Pranav		Valid Period	Pharm.																				
Additional Instructions: 1 tab = 500mg																							
DRUG : Syrup IBUGESIC				Date Time																			
Dose	Route	Frequency	Start Date			/																	
5ml	PO	SOS 8 th hly	28/5																				
Doctor's Signature Pranav		Valid Period	Pharm.																				
Additional Instructions: If T > 102°F																							
DRUG : T DOLO 650mg				Date Time	28/5	29/5																	
Dose	Route	Frequency	Start Date	10PM	5:50 PM	/																	
1/2	PO	SOS	28/5																				
Doctor's Signature AS		Valid Period	Pharm.																				
Additional Instructions: 1 tab = 650mg																							

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. ...21 kg... Ward.

DRUG : <i>Ij ESOMEPRAZOLE</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>															
Dose	Route	Frequency	Start Date																			
<i>20mg</i>	<i>iv</i>	<i>once daily</i>	<i>28/5</i>																			
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>				<i>10am 11:10 AM</i> 																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <i>Ij ONDANSETRON</i>				Date Time	<i>28/5</i>	<i>29/5</i>																
Dose	Route	Frequency	Start Date																			
<i>4 mg</i>	<i>iv</i>	<i>BD</i>	<i>28/5</i>																			
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>				<i>10am 11:10 AM</i> 																		
Additional Instructions:				<i>10pm</i> <i>dry e</i>																		
Daily Doctor's Endorsement by a Sign																						

DRUG : <i>Ij CEFTRIAXONE</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>															
Dose	Route	Frequency	Start Date																			
<i>1 gram</i>	<i>iv</i>	<i>BD</i>	<i>28/5</i>																			
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>				<i>10am 1pm 10pm</i> 																		
Additional Instructions:				<i>10pm</i> 																		
Daily Doctor's Endorsement by a Sign																						

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

HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



MEDICATION RECONCILIATION FORM

Drug Allergies: 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: EP Shifted to: 903

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prasad

Date & Time : 28/5/26 @ 10:30 AM

Nurse Name & Signature: Ampam

Date & Time : 28/5/26 @ 10:30 AM

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

303

HNH-00006043 IP26-00006443
Baby AKSHARA BARDHIPURAM
07-08-2018 7 Y 9 M 21 D (F)
Dr. SANJAY SRIRAMPUR



RESULT SHEET

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	28/5/26				
Time					
Hb	12.4				
PCV	35				
RBC	4.25				
WBC	13.43				
N/L	85.3/10.1				
Platelets	204				
CRP	9				
ESR					
PCT					
RBS					
Na					
K					
Cl	8				
Ca/Mg	8.6				
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	28/5/20					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	3+					
CUE-PUS Cells	3-4					
CUE - RBC Cells						
CUE						
Nitrite -	-ve					
Lactoferrin -	-ve					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Respiratory panel -	(N)					
Throat Swab:-						
Adenovirus - Detected						

Culture and Sensitivities : urine cfs: 24 hours no growth
 Blood cfs:-

Radiology: USG :
 X-Ray:.....
 ECHO:
 CT:
 MRI
 Others (ECG, Contrast Studies etc.):

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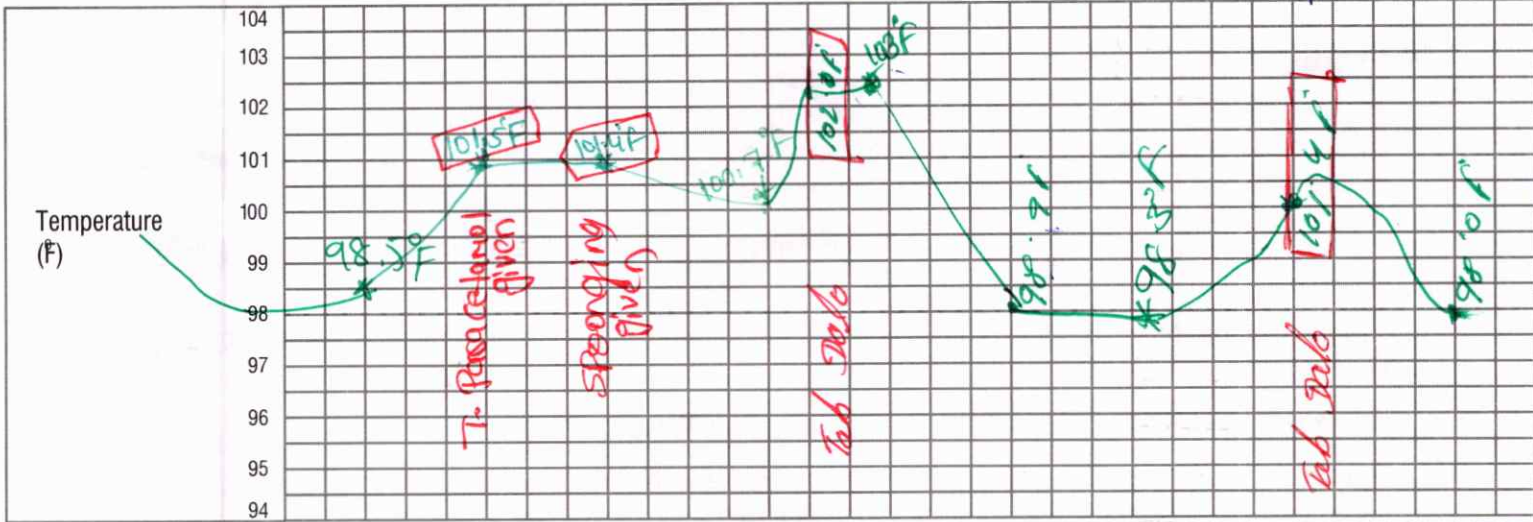
RM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date	28/5/26	Time:	1 PM	4:30 PM	6 PM	8 PM	10 PM	10:20 PM	12 AM	1:30 AM	5:45 AM	6:30 AM
Doctor / Nurse / Family Concern?												



Heart Rate (bpm) and Blood Pressure (mmHg) *					
Note: BP does not score in early warning scoring					
Heart Rate (Number)	115b/m	122b/m	117b/m	120b/m	128b/m
Blood Pressure (mmHg)	94/56 (72)	94/66	100/56	99/70	100/69

Resp Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	18b/m	20b/m	20b/m	20b/m	20b/m

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	99%	99%
Conscious Level	Normal	Altered
GCS *		

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	2	2	2	2	2
Observer's Initials	SN	SN	SN	SN	SN

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue 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.

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 is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

Hospital
 It takes a lot to be a...

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5/26 Time: 10Am 2pm 5:30pm 10pm 2Am 6Am
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *	10Am	2pm	5:30pm	10pm	2Am	6Am
Heart Rate (Number)	95	100	99	96	99	100
Blood Pressure (mmHg)	53/66	60/76	105/99	62/96	65/99	72/100
Note: BP does not score in early warning scoring						

Resp. Rate (bpm) (Over 1 Minute) *	10Am	2pm	5:30pm	10pm	2Am	6Am
Resp Rate (Number)	22	20	20	20	22	25

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	0.9	0.9
O ₂ Saturations (%)	99%	100%
Conscious Level	Normal	Altered
GCS *		

TOTAL SCORE	10Am	2pm	5:30pm	10pm	2Am	6Am
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AS	AS	AS	AS	AS	AS

ACTIONS

- 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: Scores 3 should be recorded overleaf

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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)

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 Dr. SANJAY SRIRAMPUR



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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/5/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	DNS	Idly	40ml	NA							
	01:00 pm	Suited	Idly	40ml						✓	1	AS
Total Intake :					Total Output :							
28/5/28	02:00 pm			—							0	
	03:00 pm			—							0	
	04:00 pm	DNS + 5ml KCl	Kly Apple	40ml	NA						0	
	05:00 pm			40ml						✓	0	
	06:00 pm			40ml							0	
	07:00 pm			40ml							0	
Total Intake :					Total Output :							
28/5/26	08:00 pm	DNS	Idly	25ml							0	
	09:00 pm			25ml							0	
	10:00 pm	+ 5ml KCl	H2O	25ml	NA						0	
	11:00 pm			25ml							0	
	12:00 am			25ml							0	
	01:00 am			25ml							0	
Total Intake :					Total Output : M-0 U-2							
29/5/26	02:00 am			25ml							0	
	03:00 am	DNS	H2O	25ml							0	
	04:00 am	+ 5ml KCl	H2O	25ml	NA						0	
	05:00 am			25ml							0	
	06:00 am			25ml							0	
	07:00 am			25ml							0	
Total Intake :					Total Output : M-0 U-1							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/5/26	08:00 am			25ml									
	09:00 am			25ml									
	10:00 am	DNS	Idly	25ml									
	11:00 am	+	+	25ml									
	12:00 pm	5ml KCl	H ₂ O	25ml									
	01:00 pm			25ml									
Total Intake : <i>taken</i>						Total Output :							
29/5/26	02:00 pm												
	03:00 pm		Rice										
	04:00 pm		H ₂ O										
	05:00 pm												
	06:00 pm												
07:00 pm													
Total Intake : <i>taken</i>						Total Output :							
29/5/26	08:00 pm												
	09:00 pm		Rice										
	10:00 pm		H ₂ O										
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output : <i>U-2 M-0</i>							
30/5/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am		H ₂ O										
	07:00 am												
Total Intake :						Total Output : <i>U-2 M-0</i>							

Total 24 hrs. Intake

Total 24 hrs. Output

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NURSING CARE RECORD



Date: 28/5/26

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	12pm to 2pm	→ Assess the pt condition → Monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	12pm to 2pm	→ Assessed pt condition → monitored vitals → Maintained I/O chart → Administered medication as per drug chart	patient is stable	Re-checked vitals	<i>[Signature]</i>
Afternoon	2pm to 8pm	Assess the pt condition monitor vitals Maintain I/O chart Drug given as per Drug Chart.	2PM to 8PM	Assessed the pt condition monitored vitals Maintained I/O chart Drug given as per Drug Chart.	Patient is stable now	Rechecked vitals	<i>[Signature]</i>
Night	8PM to 8AM	- Assess the pt condition - Monitor the vitals - maintain I/O charts - medication given as per drug charts - Trace Report - cannula Preget	8PM to 8AM	- Assess the pt condition - Monitor the vitals - maintain I/O charts - medication given as per drug charts - Trace Report - cannula Preget	- Pt is stable	- Monitor the vitals	<i>[Signature]</i>



Patient

NURSING CARE RECORD



Date: 29/5/26

- 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	8pm to 2pm	<ul style="list-style-type: none"> → ASSESS the pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart 	8am to 2pm	<ul style="list-style-type: none"> → Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart 	patient is stable	re-checked vitals	
Afternoon	DAY						
Night	8pm to 8am	<ul style="list-style-type: none"> - Assess the pt condition - monitor the vitals - maintain I/O charts - medication given as per drug charts - cannula present - IV fluids stop 	8pm to 8am	<ul style="list-style-type: none"> - Assess the pt condition - monitor the vitals - maintain I/O charts - medication given as per drug charts - cannula present - IV fluids stop 	patient is stable	monitor the vitals	

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BRADEN 'Q' SCALE



					Date :	28/08/15		
					Time :	10/11	9	
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	9	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	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	
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	
FRICITION-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 lift up completely during move. Maintains good position in bed or chair at all times."	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	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	
TOTAL SCORE					28	28	28	
Evaluator's Name					AS	2	2	

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

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/5/26	4pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
28/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
29/5/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
29/5/26	4pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
29/5/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

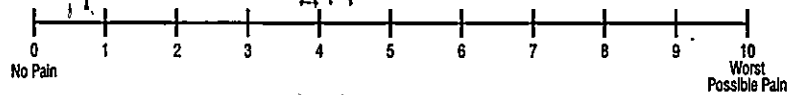
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

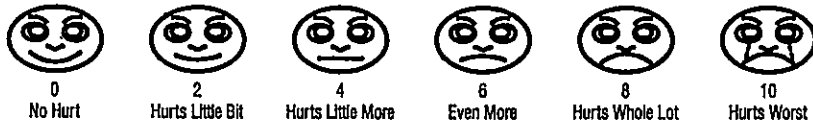
Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



ING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	28/5	28/5	28/5/16	28/5/16	28/5/16	
	Shift	Nb	E2	M1	M5	M1	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
	Diet:	-	-	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97.6°F	98.1°F	98.6°F	98.5°F	98.6°F
		Res:	22b/m	22b/m	20b/m	22b/m	20b/m
		SpO ₂ :	99%	99%	100%	99%	100%
		Pulse:	103b/m	100b/m	105b/m	102b/m	110b/m
		BP:	100/66	100/60	105/60	105/62	100/60
		LOC:	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	-	-	-		
Skin Integrity	-	-	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	-	-	-	-	-	
Post Operative Procedure Special Orders:	-	-	-	-	-		
Handed Over By Name :	Aneesh	Divya	Meha	Sunanda	Meha		
Signature / ID :							
Date:	28/5/20	28/5/20	28/5/16	29/5/16	30/5/16		
Time:	2PM	8PM	8AM	8PM	8AM		
Taken Over By Name :	Divya	Meha	Sunanda	Meha			
Signature / ID :							
Date:	28/5/20	28/5/26	29/5/16	29/5/16			
Time:	2PM	8PM	8AM	8PM			

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	/	/				
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADL (Dependent / Non Dependent):						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

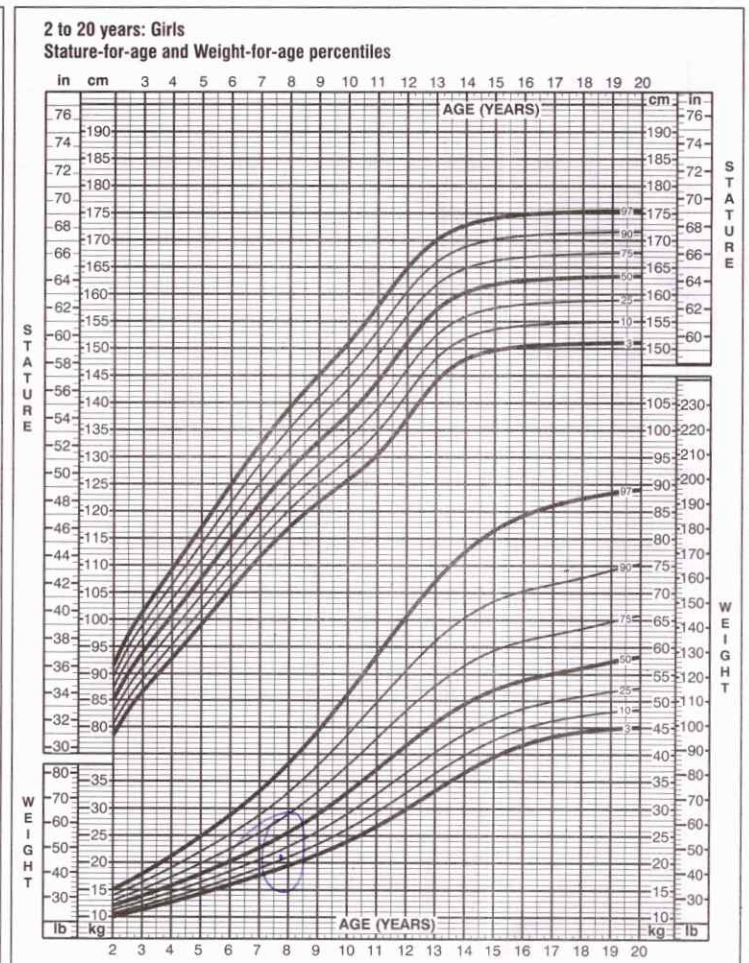
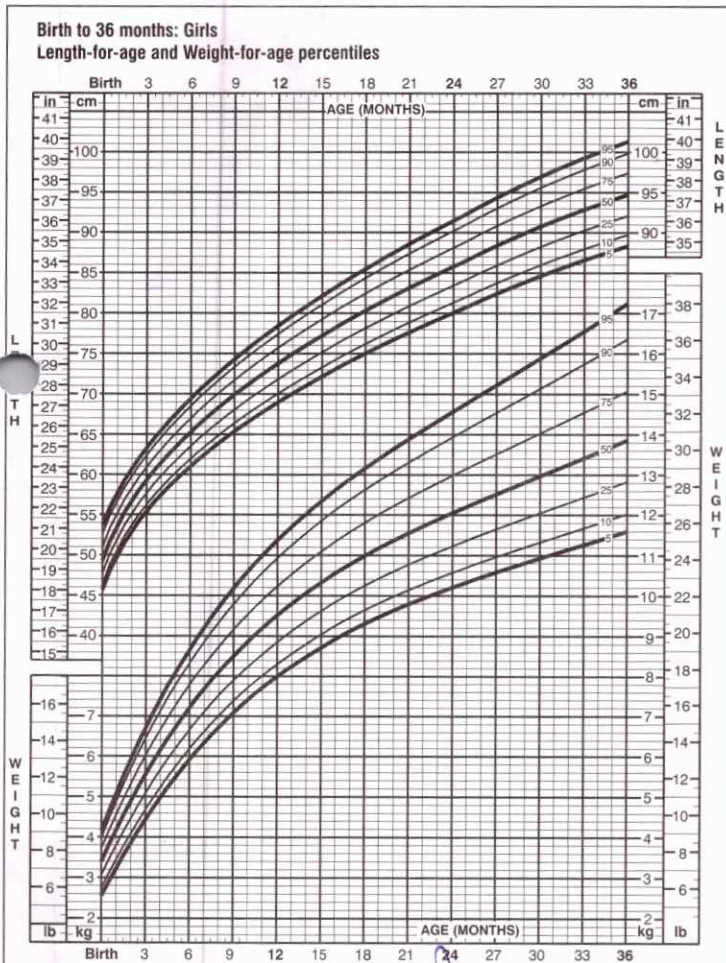
303

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 11:50 Am

Weight: 2.1 kg - Centile: 10th
 Height: - Centile: -
 Inference: underweight child
 RDA: Calories: 1500 kcal/d Protein: 26 gms/d
 Diet Recommendations: Normal Diet with more liquids
 Re-Assesment: Avoid spicy, chilli & outside foods
 Food Allergies: NO Veg/Non-veg NON-VEG
 Diagnosis: AFI = Dehydration
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: E. Sree

GROWTH CHART (GIRLS)



Dietician's Name: Sathya

Dietician's Signature: [Signature]



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aksha Age : 7y Gender: Male Female

Date : 28/5/20 Time of Arrival : 10:30 AM

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

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 101.6 PR: 146 BP: 101/62 RR: SpO₂: 96%

Chief Complaints: C/O Fever 3 days cough 2 days vomiting 2 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 : 10:32 AM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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 : Amrutan

Signature of Triage Nurse : [Signature]

Date & Time : 28/5/20 @ 10:35 PM

HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/5/26 Time of arrival : 10:30 Am
 Chief Complaints : Fever 3 day cough 5 days vomiting 2 du RBS:

Height : Weight : 21 Kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Forehead 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

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Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family
 Siblings in household Yes No (if yes How Many?)

Time of Initial assessment completed by ER Nurse : 10:35 Am

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

Time	Nursing Notes
	Assessed the patient condition
	vital checked.

Samples collected by:

Samples sent by :

Suganda

Time:

Time:

11:00 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<i>11: AM</i>	<i>250 mg Pam</i>	<i>oral</i>	<i>250 mg</i>		<i>A</i>
	<i>Pam</i>	<i>IV</i>	<i>20 mg</i>		<i>A</i>
	<i>ondem</i>	<i>IV</i>	<i>1</i>		<i>A</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>146</i> BP: <i>90/70</i> CFT:	Shift - out from ER to: <i>303</i>
RR: <i>25</i> SPO ₂ : <i>97%</i>	Time of Shift - out: <i>11:30 AM</i>
GCS: <i>—</i> Temperature: <i>99</i>	Handover given to:
Pain Score: <i>2</i>	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : *Anupam* Signature of the Nurse : *A.P.*

Date & Time : *24/5/26 @ 10:35 AM*