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

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Your Right to a Safe Delivery.

ACTIVIT VIH-00207009 IP-00060733 **IG**
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Name: ---

UHID No : ---------- Consultant : ---------- Dept : Paediatrics.

Date of Admission : 16/7/26. Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 130 Ward : 1st Floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26.	10:28pm	ER	130	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/7/26	CBP, CRP, S/E, Creatinine Blood C/S, LFT	26024044	[illegible]
	Chest X-Ray	R26-011488	[illegible]
	Cross checked by [illegible] 17/7/26		
17/7	CUE	26024107	[illegible]
18/7	CBP CRP	26024229	
17/7	X-ray Nasopharynx	26-011504	[illegible]
	Cross checked by [illegible] 18/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7	Infusion pump.	10-40pm	17/7/26. 10pm	3102450	[signature]
	Cross checked by [signature] 17/7/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26.	IV placement	1	3102451	Sr. Shanthi Kumari
	Cross Checked by [illegible]		17/7/26	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Eizabeth Ashton		

Name	Baby JILLA HIMANSHI	**UHID**	VIH-00207009
Father/Guardian	Mr JILLA ACHYUTH	**Age/Gender**	1 Y 3 M 3 D/Female
Address	HNO-3-138, ARAPET ,METPALLY, Metpalli, Karimnagar, Telangana, INDIA, 505325		
IP No	IP-00060733	**Admission Date**	16-07-2026
Ref Doctor	DR N VIDYA SAGAR REDDY	**Discharge Date**	18-07-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: Acute febrile illness

History: Baby JILLA HIMANSHI is a 1 Y 3 M 3 D girl presented with the history of moderate grade intermittent fever since 4 days, halitosis since 3-4 days, decreased oral intake and dull activity since 2 days prior to admission. For the above complaints, she was investigated and treated at referral center, in view of persistent symptoms, she was referred to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 16.07.2026 showed hemoglobin 10.2 gm%, white blood cells count of 9,000 cells/cumm, platelet count of 3.39 lakhs/cumm and C-reactive protein was 112 mg/l.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 140/min, blood pressure - 90/60 mmHg and respiratory rate - 28/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was dull. Other systemic examination was normal.

Weight on admission : 8.28 kgs.
Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics, intravenous fluids and metaspray.

Her blood investigations showed leucocytosis. Blood culture was sterile after 24 hours of incubation. Chest x-ray showed minimal perihilar infiltrates. X-ray nasopharynx showed soft tissue enlargement in nasopharynx --S/o Adenoid hypertrophy.

Her vitals were regularly monitored. Repeat inflammatory markers were within normal limits. Her fever spikes and other symptoms gradually settled. As hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg) 2ml, 12^{th} hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Metaspray nasal spray, 1 puff in each nostril, once daily (at 7pm) for 2 weeks.
4. Follow up with Dr. N. Vidyasagar Reddy, Consultant Pediatrician.

In case of Fever:
Syrup Paracetamol (5ml=240mg), 2.5ml for fever more than 99.6*F (maximum 4-6 hourly).
Syrup Ibuprofen (5ml=100mg), 4ml for fever more than 101*F (maximum 8 hourly).

Name	Baby JILLA HIMANSHI	UHID	VIH-00207009

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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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 the language that I understand and I have understood the same.

Name : J. kavya

Signature : kavya

Relationship with patient : mother

This summary has been explained by:

Summary prepared by: Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Baby JILLA HIMANSHI	**Inpatient No.**	: IP-00060733
Age/Gender	: 1 Y 3 M 1 D/ Female	**Admit Date**	: 16-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-07-2026 21:36
HEMOGLOBIN (Colorimetry)	12.3	g/dL		10.5 - 13.5
RBC COUNT (DC detection method)	4.86	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	34.9	VOL%		33 - 49
MCV (Calculated)	71.8	fL		70 - 86
MCH (Calculated)	25.4	pg/cells		23 - 31
MCHC (Calculated)	35.3	g/dL		30 - 36
RDW-CV (Calculated)	12.8	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	439	10^9/L		150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**18.70**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	21	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	70	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	08	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS PLATELETS - ADEQUATE**			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-07-2026 21:36
CRP (Immunoturbidimetry)	5.0	mg/L	<10

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-07-2026 21:36

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PatientName	: Baby JILLA HIMANSHI	Inpatient No.	: IP-00060733
Age/Gender	: 1 Y 3 M 1 D/ Female	Admit Date	: 16-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.2	mg/dl	0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :16-07-2026 21:36
SODIUM (Direct ISE)	144	mmol/L	H	134 - 143
POTASSIUM (Direct ISE)	5.2	mmol/L	H	3.7 - 5
CHLORIDE (Direct ISE)	114	mmol/L	H	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :16-07-2026 21:36
TOTAL BILIRUBIN (Azobilirubin)	0.3	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	37	U/L	20 - 60
SGPT (ALT) (Kinetic with P5P)	23	U/L	5 - 45
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	278	U/L	145 - 420
PROTEIN (Biuret method)	6.9	g/dL	5.9 - 7
ALBUMIN (Bromocresol Green)	4.3	g/dL	3.4 - 4.7
GLOBULIN (Calculated)	2.6	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.6		1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :17-07-2026 09:42

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PatientName	: Baby JILLA HIMANSHI	**Inpatient No.**	: IP-00060733
Age/Gender	: 1 Y 3 M 2 D/ Female	**Admit Date**	: 16-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**2 - 3**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**3 - 5**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-07-2026 06:25
HEMOGLOBIN (Colorimetry)	11.9	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.72	10^12/L	3.7 - 5.6
PCV/HCT (Calculated)	33.6	VOL%	33 - 49
MCV (Calculated)	71.3	fL	70 - 86
MCH (Calculated)	25.1	pg/cells	23 - 31
MCHC (Calculated)	35.2	g/dL	30 - 36
RDW-CV (Calculated)	12.7	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	355	10^9/L	150 - 450
MPV (Calculated)	7.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.74	10^9/L	6 - 17
Differential Count			

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PatientName	: Baby JILLA HIMANSHI	**Inpatient No.**	: IP-00060733
Age/Gender	: 1 Y 3 M 3 D/ Female	**Admit Date**	: 16-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
NEUTROPHILS (Microscopy, Leishman stain)	21	%	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	69	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	08	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	02	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-07-2026 06:25
CRP (Immunoturbidimetry)	2.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

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Baby JILLA HIMANSHI	8885811250
1 Y 3 M 3 D	VI26024044
Female	16-07-2026 10:05 PM
IP-00060733	16-07-2026 10:36 PM
VIH-00207009	
Dr. PREETHAM KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 3 D (F)
Dr. PREETHAM KUMAR

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary				
3	Nursing Initial assessment form	03	—	—	
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record	03	—	—	
6	Doctors Progress Sheets	02	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	—	—	
26	Intake and Output chart (fluid Chart)	02	—	—	
	Drug Chart (Regular prescription)	02	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Humpty Dumpty Scale	01	—	—	
	Thrombophlebitis	01	—	—	
	Pain assessment	01	—	—	
	Braden Q	02	—	—	
	assessing DVT	01	—	—	
	Others	06	—	—	
	Total No. of Pages	35			

noted by monitor @ 11:8 AM 18/7/26

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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ADMISSION SHEET

Registration Details :

Admission No : IP-00060733 **Admit Date** : 16-Jul-2026 **Admit Time** : 09:28 PM **UHID** : VIH-00207009

Patient Details :

Patient Name	: Baby JILLA HIMANSHI	**Age**	: 1 Y 3 M 1 D
Guardian	: Mr JILLA ACHYUTH	**DOB**	: 15-04-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-3-138, ARAPET ,METPALLY Metpalli Karimnagar Telangana INDIA 505325	**Phone No**	: 8885811250
		E-mail	: NA@GMAILGMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr JILLA ACHYUTH **Relationship** : Father

Contact Address : HNO-3-138, ARAPET ,METPALLY Metpalli Karimnagar Telangana INDIA 505325 **Phone No** : 8885811250 / 9490562444

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Baby. JILLA HIMANSHI UHID : VIH-00207009 IPD : IP-00060733 Gender : Female Age : 1 Y 3 M 1 D

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

wt: 8.28 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Himanshi Age : 1 yrs **Gender:** ☐ Male ☑ Female

Date : 16/7/26 Time of Arrival : 8:52 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 142 b/m BP: crying RR: 28 b/m SpO_2: 99%

Chief Complaints: fever since 1 month, bad odour from mouth > 1 week.

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 : 8:55 pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sr - Nagmani

Signature of Triage Nurse : Nagmani

Date & Time : 16/7/26 @ 8:55 pm

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

Patient Name : Baby. JILLA HIMANSHI UHID : VIH-00207009 IPD : IP-00060733 Gender : Female Age : 1 Y 3 M 1 D

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 8:56pm

Chief Complaints: fever since 1 month, bad odour from mouth & since 1 week. RBS: —

Height : — Weight : 8.28kg 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 — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 9 pm.

Patient Name : Baby. JILLA HIMANSHI UHID : VIH-00207009 IPD : IP-00060733 Gender : Female Age : 1 Y 3 M 1 D

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

Time	Nursing Notes
8:52pm	Patient Came to ER.
8.55pm	vitals checked and recorded.
9pm	Dr. Deepthi seen the patient
9:18	Advice for admission, Admission done.
10pm	IV placement done, Sample colected & Send to Lab.
10.28pm	Patient Shifted to. 130

Samples collected by: Sr. Shantha Kumari Time: @10pm

Samples sent by : Time: @10:05pm

Medication given in ER:

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

Condition of patient at time of shift - out :				Details of Shift - out	
HR:		BP: Coping	CFT: <2sec	Shift - out from ER to:	130.
RR:	28b/m	SPO_2 :	99.1.	Time of Shift - out:	@ 10:28pm
GCS:	15/15	Temperature :	98.2°F	Handover given to: (Nurse's Name)	Sr. Anitha By Sr Nagmani
Pain Score:	0				
Repeat RBS (if applicable):	—				

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr - Nagmani Signature of the Nurse : Nagmani

Date & Time : 16/7/26 @ 10:28pm

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: APS

Arrival Time: 10:28 pm Mode of Arrival: Taken by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 8.28 Kg

Height: - cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Nil	Nil

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, Nil

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 8.28 kg Length: - Head Circumference (< 2 years): -

Temp.: 98.4F HR: 119 b/m RR: 33 b/m BP: 96/64 (73) mmhg

Pain Score: 0 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 25) (Document in the Braden Q Assessment Sheet)

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

Character of Pain - Location - Frequency - Duration -

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 ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

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 ..... parents .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Anitha ..... Date: ..... 16/7/26 ..... Time: ..... 10.40pm ..... Signature

PATIENT TRANSFER FORM

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VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 @ 9:28pm	16/7/26 @ 10:28pm
Transfer Ordered by	**Reason for Transfer**
Dr. Deepthi.	Admission.
From Unit	**To Unit**	**Information to Attendant**
SNR	130	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over — OPD File given.

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
Swagathika	Dr. Deepthi.

Patient & Clinical Records Received by : Sr. Anitha

Date & Time of Patient Received : @ 10.35pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00207009 IP-00060733 Baby JILLA HIMANSHI 15-04-2025 1 Y 3 M 1 D (F) Dr. PREETHAM KUMAR _____

UHID ID: _____ _____

Department: _____

Consultant: AFI

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Himanshi Age/Sex 15m / F

Information given by: Mother (fair) Relationship

Chief Presenting Complaints & Duration (Chronologically)

Fever :: 4 days
Halitosis :: 3-4 days
↓ed oral intake + dull activity] :: 2 days

History of present illness :

A 15m old (F) child who is apparently 4 days back, was admitted & treated @ outside hospital, but i/v/o persistent of fever, he was referred to RHH for

> fever :: 4 days
mild to mod grade
intermittent
> Halitosis :: 3-4 days
more during febrile phase
Also
> ↓ed oral intake + dull activity] :: 2 days

No H/o cough / cold / vomiting / loose stools / cry while passing urine / altered sensorium / rash /
Other concerns

→ received CEFTRIAXONE + TAZOBACTUM @ outside hospital

→ Outside Rx (16/4/25)

Hb = 10.2
wbc - 9k / 3.39
plt - 2.9 L
CRP - 112.8 mg/dl
PCT - 32%

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

→ 15 days apart (not documented)
> H/o one of (3 spikes) @ JUNE (2024)
↓
treated on OPD basis

> Hospitalised for AFI (outside) x 1 day
@ 1 yr.

Birth & Neonatal History:

FT / CS / LSCS / B.wt / ~ 3kg /
No immediate perinatal complications

Birth & Socio Economic History:

About Father :
About Mother : Class III
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received upto date as per NIS

(P.T.O.)

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)________(Centile ________) Height (cms):________(Centile)________)

Weight (kgs)) 8.28 kg (Centile ________)

On Examination :

Temperature : 98.2°F Pulse Rate : 148/m B.P. ________ SPO2 98% @ RA

Resp.rate and type of breathing : 28/m

- All peripheral pulses - felt
- peripheries - warm
- CRT <3 sec
- Throat - NAD

Rash
Lymphadenopathy (-)
Oedema :
Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : B/L chest moving symmetrically

Air entry & breath sounds : BAE (+); B/L NVBS (+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : (-)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection (N)

Palpation : soft, non tender, no organomegaly

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

VIH-00207009 IP-00060733
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15-04-2025 1 Y 3 M 1 D (F)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : is lr, dull

Cranial Nerves : Intact

Motor System:

Nutriton : (N)

Tone: Power 3/5 in all limbs

Co-ordinator :

Posture : (N)

Involuntary Movements : (-)

Reflexes :

DTR 2+ in all 4 limbs **Superficials:** Ant

Plantars Extensor

Sensory System : (N)

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness (Day 4 illness)
to rlo UTI

(P.T.O.)

VIH-00207009 IP-00060733
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To prevent further Complications

Desired goals of the treatment :

To treat current Condition

Planned Labs:

CBC, CRP, S/E, Blood c/s,
S. creatinine, LFT
Extraplain - (R)

CUE x
CXR

Planned Management

- Admit in wards
- IVF
- Inj Ceftriaxone
- Antipyretics
- Inj pantop
- Monitor vitals
- I/O charting
- Nebulisations

noted by Shanthi
16/7 @ 9:33pm

Signature of the Doctor: ....
Name of the Doctor: Dr. Rupini
Date & Time: 16/7/25 @ 9:15Am

Signature of the Consultant: ....
Name of the Consultant: Dr. Preetham Kumar
Date & Time: 17/7/25 9d

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 8:15	C/B Residents	
	Acute febrile illness (D5)	
	100 fever spikes	
		Plan
	Outside CRP - 112	
		- Inj Ceftriaxone
	O/E Conscious	- Antipyretics
	Afebrile	- I/O chart
	CVS - S1S2 (+)	- V/s monitoring
	RS - B/L AE (+)	
	PA - soft	
	Vitals stable	
		Xray - Nasopharynx lat
	17/7/26 9 AM Dr. [signature]	Noted by manisha 17/7/26 @2pm

VIH-00207009 IP-00060733
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15-04-2025 1 Y 3 M 2 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.7.26 4.00 PM	S/B Registrar	
	Acute febrile illness	
	no fever	
	O/E child awake	
	CRT < 3sec.	
	afebrile	
	CVS - S1S2 (+)	Plan
	RS - BAE (+), clear	→ CBP, CRP T/m
	P/A - soft	→ Vitals 4th hrly
		→ Cont. Ceftriaxone
CBP T/m. CRP	Sd/- (Dr. Sameera)	
Sd/- Dr. [illegible]NMANA 17/7/26. 4pm.		Noted by Subhan 17/7/26 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026 8:00AM		Acute febrile illness
		? Adenoid hypertrophy
	— No fevers	
	- orally tolerating.	
	- Urine passing	
	- No RD.	
		CRT <3 sec pulses - ok.
	CVS	
	CNS	
	RS	
	PA	
		Plan
	Trace CRP.	
	Cefixime - 5 days	- DC T/D
	metaspray - 2 dtes.	- advice as
	thr 3 days.	per consultant.
		- Ceftriaxone
	Dr. Kunmana	4 doses.
	18/7/26	- Continue rest
	9 AM.	- Inform SOS
		[signature]
		Noted by manutha 18/7/26 10:45 AM

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

(P.T.O)

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI (F)
15-04-2025 1 Y 3 M 2 D
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute febrile Illness				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: —				Post OP Day: —		
BACKGROUND	Date / Shift	16/7/26 M	16/7 N	17/7 M	17/7 E	17/7 N	18/7 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nill	Nil	Nil	Nil
	Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2°F	98.4°F	98.6°F	98.3°F	98.1°F	
	Res:	28b/m	26 b/m	27b/m	28b/m	26 b/m	
	SpO_2:	98b/m	99%	99%	98%	99%	
	Pulse:	140b/m	132 b/m	130b/m	118b/m	113 b/m	
	BP:	Crying.	96/62(69)	100/77	-	—	—
	LOC:	Conscious	Conscious	Conscious	conscious	Conscious	Consious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nill	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nil	Nil	Nill	Nil	S.diet	S.diet
	Critical Lab Test / Values:	Nil	Nil	Nill	Nil	Nil	Nil
	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):	Dependent	Dependent	Dependent	Depend	dependent	dePendent
Post Operative Procedure Special Orders:		Nil	Nil	Nill	Nil	Nil	Nil
Handed Over By Name :		Nagmani	Anitha	manista	Indu	Anitha	manisha
Signature / ID :							
Date:		16/7/26	17/7	17/7/26	17/7/26	18/7/26	18/7/26
Time:		@10:45pm	@8AM	@2pm	@2pm	@8AM	@10:45AM
Taken Over By Name :		Anitha	manish	Indu	Anitha	manista	
Signature / ID :							
Date:		16/7	17/7/26	17/7/26	17/7/26	18/7/26	
Time:		@10:45pm	@8AM	@2pm	@2pm	@8AM	

Noted by manisha 18/7/26 @10:45 AM

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

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 2 D
Dr. PREETHAM KUMAR (F)

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NURSING SHIFT HAND OVER FORM

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

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11pm 2AM	→ maintain Good Nutritional Status → maintain fluid Balance		→ To oral intake is Good → maintained IV fluid Balance	→ To provided by Soft diet → To maintain hydration	→ patient is Stable	Anitha 17/7 @7AM

VIH-00207009 IP-00060733
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15-04-2025 1 Y 3 M 1 D (F)
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NURSING CARE RECORD

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Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	- Maintained Fluid Balance - Ensure safety	10Am	- Administered Iv fluid - provided Side rails	- To prevent dehydrations - To prevent falls	- patient is Stable	Maneesha 17/7/26 @10Am
Afternoon	3:00 7:00	Maintain aseptic technique Ensure safety	3:30 7:30	maintained aseptic technique Side rails kept up	-prevent from Infection -prevent from falls risk	-patient is stable -no fresh Complaint	Indu @8pm 17/7/26
Night	9 pm	Maintain Fluid Balance - Ensure Safety	9:10 pm	- Administered IV Fluid -provided side rails	-To prevent dehydration -To prevent Falls	-patient is stable	Agitha 18/7/26 @8Am

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NURSING CARE RECORD

Date: 18/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ 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	9Am	maintain Good nutritional status		→ To oral intake is Good Discharge Note DOCTOR come for round advice for discharge	→ To Provided by soft diet	→ Patient is stable	manisha @9:Am 18/7/26
Afternoon						Noted by manisha 18/7/26 @10:15Am	
Night							

VIH-00207009 IP-00060733
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NURSING CARE RECORD

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Date: .....

Goals

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

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

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7/26	DATE 17/7/26	DATE 17/7	DATE 18/7	DATE 18/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	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	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	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		11	11	11	11	11

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

	Bed in low position	X	✓	✓	✓	✓	✓
	Call device within reach	X	X	X	X	X	✓
	Wheels Locked	✓	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	✓	✓	✓	✓
	Wheel chair [illegible]	X	X	X	X	X	X
	Other Intervention(s) Specify	X	✓	✓	✓	✓	✓
	Nurse's Name:	[illegible]	[illegible]	MD	AS	Anitha	[illegible]
	Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	16/7/26	17/7	17/7	17/7	18/7	18/7
	Time:	9:26	11am	9am	5pm	11am	9:20am

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			18/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0		0	0	0	0	0			
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	[signature]		[signature]	[signature]	[signature]	[signature]	[signature]			

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 : [signature] Name : Shantha Kumari

Signature of Ward In Charge :

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

Doc. No. : RCHBH/ FRM / CLINICAL /137

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PAIN ASSESSMENT FORM

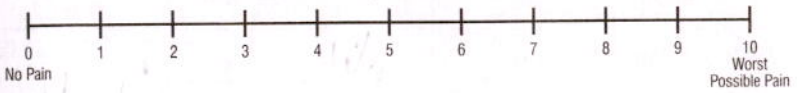
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	9:26	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Swayath
17/7	1Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Anuj
17/7/26	9Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Mahesh
17/7	5PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
18/7	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Anuj
18/7	1Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Manish
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

					Date : 16/7/25	17/7	12/7	18/7
					Time : 9pm	1Am	5pm	1Am
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.	4	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	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	3	3	3
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	28	27	27	27
				Evaluator's Name	Sweyta Ay			

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

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

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

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BRADEN 'Q' SCALE

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					Date : 18/4			
					Time : @9Am			
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			
"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			
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			
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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	mark			

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
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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 17/7 Time: 1Am	Date: 18/7 Time: 1am	Date: 18/7 Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse		Anuj	Anuj				

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby JILLA HIMANSHI**	**Age :**	**1 Y 3 M 1 D**
IP No:	**IP-00060733**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ırance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ɜ of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
ɛeivers Signature:(.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: J. Achyuth

Name: Achyuth
Relationship: father
Date: 16/07/26 Time: 09.28 P.m
Witness Name: Sravan
Witness Signature:

Patient Address:
HNO-3-138, ARAPET ,METPALLY
Metpalli Karimnagar Telangana INDIA
505325

VIH-00207009 IP-00060733
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15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM	AM	AM

17/7/26

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F | 98.6°F | 98.6°F | 98.2°F | 98.2°F | 98.4°F | 97.8°F | 98.2°F | 98.3°F | 98.4°F | 98.6°F | 98.5°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	103	109	112	115	113	128	113	114	116	118	120	116

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

70 60 50 40 30 20 10

Resp Rate (Number)	30	32	30	28	28		30	28	24	26	28	30
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	99	98	98	100	98	99	98	100	97	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	Subham	Subham		A	A	A	A	A	A

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)

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

(1)

: RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

16/7

Date : .... Time:	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?					
Temperature (°F) (scale 94–104)	98.4F	98.7F	98.7F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	96/60 (69)				94/56 (68)
Heart Rate (Number)	112	114	114	116	110
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	26	28	26	24	26
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild	N	N	N	N	N
Receiving O_2 (l/min)					
O_2 Saturations (%)	99	98	99	98	98
Conscious Level — Normal	N	N	N	N	N
Conscious Level — Altered					
GCS *	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	A	A	A	A	A

Note: BP does not score in early warning scoring

ACTIONS
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PRESCHOOL (1-5 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/7/26 Time: 9

Doctor / Nurse / Family Concern? Am

18/7/26

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 105

Resp. Rate (bpm) per 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 30

Resp Distress	Mod/ Severe / None / Mild	N
Receiving O_2 (l/min)		
O_2 Saturations (%)		99
Conscious Level	Normal / Altered	N
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		M

Noted by manisha 18/7/26 @ 10:15 pm

ACTIONS

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1

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FLUID CHART

Sheet No. : ....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm				Nil							
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm		Idly								1	
16/7	11:00 pm		water	25 ml							0	
	12:00 am			25 ml							1	Anitha
	01:00 am			25 ml							1	
Total Intake :				75ml		Total Output :						17/7
	02:00 am			25ml						✓	1	@7AM
17/7	03:00 am		water	25 ml							1	
	04:00 am			25 ml							0	
	05:00 am			25 ml								
	06:00 am			25 ml						✓	1	
	07:00 am			25 ml								
Total Intake :		150 ml				Total Output :						

Total 24 hrs. Intake	225 ml	Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : .....

17/7/26

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		ragi water	25ml								Manisha 17/7/26 @
	09:00 am			25ml								
	10:00 am			25ml						✓	0	
	11:00 am			25ml								
	12:00 pm			25ml								
	01:00 pm			25ml						✓		
Total Intake :						**Total Output :**						
17/7	02:00 pm		kichidi + water	25ml								Indu @5pm 17/7/25
	03:00 pm			25ml						✓		
	04:00 pm			25ml							0	
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :	375ml					**Total Output :**						
17/7	08:00 pm			25 ml								
	09:00 pm		kichidi + water	25 ml								
	10:00 pm			25 ml						✓		
	11:00 pm			25 ml							0	Anitha 17/7
	12:00 am			25 ml								
	01:00 am			25 ml								
Total Intake :	300 ml					**Total Output :**						
18/7	02:00 am			25 ml								
	03:00 am			25 ml						✓		
	04:00 am											
	05:00 am										0	Anitha 18/7 @8Am
	06:00 am									✓		
	07:00 am											
Total Intake :	50ml					**Total Output :**						

Total 24 hrs. Intake	425 ml	Total 24 hrs. Output	7 times

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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

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EDICATION 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: SR Shifted to: 130

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		Nil				☐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. Deepthi

Date & Time : 16/7/26 @ 9:23 pm

Nurse Name & Signature: Swagatika

Date & Time : 16/7/26 @ 9:23 pm

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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

VERIFIED BY : Name .... Signature .... Chitte 16/7/26

DRUG : SYP PARACETAMOL

Dose	Route	Frequency	Start Date
2.5ml	PO	6th hrly	16/7
Doctor's Signature		Valid Period	Pharm.
[illegible]			

Additional Instructions: 5ml=240mg
10-15 mg/kg/day

Date / Time

DRUG : SYP. IBUPROFEN

Dose	Route	Frequency	Start Date
4ml	PO	6th hrly	16/7
Doctor's Signature		Valid Period	Pharm.
[illegible]			

Additional Instructions: (100mg/5ml)
8-10 mg/kg/dose >101°F

Date / Time

Chitt 16/...

DRUG :

Dose	Route	Frequency	Start Date
Doctor's Signature		Valid Period	Pharm.

Additional Instructions:

Date / Time

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15-04-2025 1 Y 3 M 1 D (F)
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I.V. FLUIDS CHART

Weight. 8.28 kg Ward. 130

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
16/4/25	10pm	NF - DNS (2/3rd)	IV	25					

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

VIH-00207009 IP-00060733
Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 2 D (F)
Dr. PREETHAM KUMAR

Weight. 8.28 kg Ward. 130

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Baby JILLA HIMANSHI
15-04-2025 1 Y 3 M 1 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS Weight. 8.28 kg Ward. 130

DRUG : INJ CEFTRIAXONE				Date/Time: 16/7, 17/7, 18/7
Dose	Route	Frequency	Start Date	
400mg	IV	12th hrly	16/7	6 Am
Name & Signature of the Doctor Starting the Drugs: Dr Ashivam				10Pm
Additional Instructions: 50mg/kg/dose After test dose				6 pm, pm
Daily Doctor's Endorsement by a Sign				

DRUG : INJ PANTOPRAZOLE				Date/Time: 16/7, 17/7, 18/7
Dose	Route	Frequency	Start Date	
10mg	IV	OD	16/7	10pm
Name & Signature of the Doctor Starting the Drugs: Dr Ashivi				6 Am, pm, pm
Additional Instructions: 1mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

DRUG : METASPRAY NASAL SPRAY				Date/Time: 17/7, 18/7
Dose	Route	Frequency	Start Date	
1 puff	P/N	12th hrly	17/7	7 Am
Name & Signature of the Doctor Starting the Drugs: Dr. Sameer				7 pm
Additional Instructions:				
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				

Chitti 16/7/26
Chitti 16/7/26

Verified Dr. Rishika Clinical Pharmacologist