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ACTIV[illegible] FOR BILLING

VRCH.0000052857 IP-00060735
Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

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

UHID N ---------- Consultant : ---------- Dept : pesadiatric

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

Room / Bed No : 114 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	12:10Am	ER	114	Shm.

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	CBP, CRP, S/E, Creat, Urea, LFT	26024054	Shy
17/7	RBS — 101 mg/dL	26024058	
	Cross checked by [illegible] 17/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/7	Infusion pump.	1AM.	17/7 @4PM	3102545	
	Cross checked by 17/7/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7	IV placement	(1)	3101546	Shm.
	Cross checked by		4/7/26	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Evening Shift		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VRCH.0000052857 IP-00060735
Master PRANEEL T
Patient Name : 21-01-2014 12 Y 5 M 26 D (M) IP.No:
Dr. AKHEEL SYED RIZWAN
Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
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)	03	—	—	
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 Educatlon Form				
	Humpty dumpty	01	—	—	
	Thrombophlebitis	01	—	—	
	Pain assessment	01	—	—	
	Braden Scale	02	—	—	
	DVT	01	—	—	
	Others pages	07	—	—	
	Total No. of Pages	38			

Noted by Akheel 18/1/26 @ 10:52am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060735 **Admit Date** : 16-Jul-2026 **Admit Time** : 10:56 PM **UHID** : VRCH.0000052857

Patient Details :

Patient Name	: Master PRANEEL T	**Age**	: 12 Y 5 M 25 D
Guardian	: Mr PAVAN KUMAR .T	**DOB**	: 21-01-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-1-9-60,,TEMPLE ALWAL,, Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 6304283859/
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr PAVAN KUMAR .T **Relationship** : S/O

Contact Address : H.NO-1-9-60,,TEMPLE ALWAL,, Alwal Hyderabad Telangana INDIA 500010 **Phone No** : 6304283859 / 7013907816

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Patient Name : Mast. PRANEEL T UHID : VRCH.0000052857 IPD : IP-00060735 Gender : Male Age : 12 Y 5 M 25 D

VRCH.0000052857 IP-00060735
Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

Wt: 52.6 kg
Ht: 162 cm
Allergy: Peanuts, almonds, dust allergy.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast - Praneel Age : 12 yrs Gender: ☑ Male ☐ Female

Date : 16/7/26 Time of Arrival : 8:28 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: 98.6 F PR: 100 b/m BP: (22/72 mHg) RR: 20 b/m SpO_2: 98%

Chief Complaints: Loose stools since morning, Vomiting since 2 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:37 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 8:31 pm

Patient Name : Mast. PRANEEL T UHID : VRCH.0000052857 IPD : IP-00060735 Gender : Male Age : 12 Y 5 M 25 D

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26. Time of arrival : 8:31pm

Chief Complaints: vomiting since 2days, loose stools since morning. RBS: –

Height : 162cm Weight : 52.6kg BMI : – Head Circumference (<2 years) –

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

If yes , identify Peanuts, almonds, dust allergy.

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 : 8:35pm

Patient Name : Mast. PRANEEL T UHID : VRCH.0000052857 IPD : IP-00060735 Gender : Male Age : 12 Y 5 M 25 D

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

Time	Nursing Notes
@8:28pm	Patient came to ER
8:30pm	Vitals checked & recorded.
8:32pm	Dr. Deepthi seen the patient.
8:35	Advised medications.
11pm	Mam advice for admission.
11:10pm	Admission intimation done & admission done
	& placement done & samples sent to lab.
12:10Am	Patient shifted to ward (114)

Samples collected by: Sr. Shantha Time: 12:30 pm

Samples sent by : Time: 11:35pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
8:48pm	inj. Ondam.	IV	4mg.	Dr. Shriram	Shantha
8:49pm	inj. Esmoprazol.	IV	40mg.		
8:52pm	DNS	IV	80ml/hr.		

Condition of patient at time of shift - out :

HR: 101 b/m BP: 121/73 (86) CFT: <2 sec

RR: 22 b/m SPO_2 : 99%

GCS: 4, 5, 6 Temperature : 98.1°F

Pain Score: 0

Repeat RBS (if applicable): ....

Details of Shift - out

Shift - out from ER to: 114

Time of Shift - out: @ 12:10Am

Handover given to: Sr. Vaishnavi

(Nurse's Name) By. Nagmani

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

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

Date & Time : 16/7/26 @ 12:10Am

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Gastroenteritis & Some dehydration

Arrival Time: 12:10Am Mode of Arrival: Ambulatory Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Peanuts, Almonds & dust Allergy

Body Weight: 52.6 Kg

Height: 162 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	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, –

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: 52.6 kg Length: 162 cm Head Circumference (< 2 years): –

Temp.: 98.3°F HR: 80 b/m RR: 20 b/m BP: 111/69 (82)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 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 ..... Mother .....

Nurse's Name: ..... Vaishnavi ..... Date: ..... 17/7/26 ..... Time: ..... 12:25 AM ..... Signature

PATIENT TRANSFER FORM

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Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
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Treating Consultant Name

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 @ 11:56 pm	16/7/26 @ 12:10 pm

Transfer Ordered by	Reason for Transfer
DR. Deepthi	for Admission

From Unit	To Unit	Information to Attendant
ER	ICU	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 ? Op files given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS + Intrafix	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
Shanthi / Shm	DR. Deepthi

Patient & Clinical Records Received by : Vaishnavi

Date & Time of Patient Received : 17/7/26 @ 12:10 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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Name: praneel Age/Sex 12y /m

Information given by: Mother (fair) Relationship

Chief Presenting Complaints & Duration (Chronologically)

vomitings + loose stools] :: 2 days

Giddiness + ↓ed oral intake + dull activity] :: 1 day

History of present illness :

A 12y old (m) child, who is apparently asymptomatic 2 days back was initially managed on OPD c ER, but i/v/o persistence of symptoms, he was admitted to RCH for

> vomitings :: 2 days
multiple episodes
NB/NP non blood stained
food particles (+)

> loose stools :: 2 days
loose watery
multiple episodes

Also

> ↓ed oral intake + dull activity] :: 1 day
> Giddiness

No H/o fever / burning micturition / abd pain / altered sensorium / outside food consumption / other concerns.

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21-01-2014 12 Y 5 M 25 D (M)
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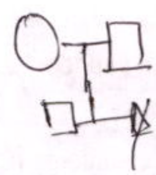
Pediatric Multiorgan History & Physical Examination

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

Nil significant.

Birth & Neonatal History:

FT | LSCS (placenta previa) | CIAn |
Birth-wt-WNL | 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 immunization
Schedule

(P.T.O.)

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Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 162 (Centile)_____)

Weight (kgs)) 52.6 (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 100/m B.P. 122/72 (86) mmHg SPO2 95% @ RA

Resp.rate and type of breathing : 20/m; Regular

- All peripheral pulses - full
- peripheries - warm
- CRT < 3 sec

Rash

Lymphadenopathy ⊖

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : Rt Chest moving Symmetrically

Air entry & breath sounds : AEBS ⊕; Rt NVRS ⊖

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium : (N)

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 :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15, dull

Cranial Nerves : Intact

Motor System:

Nutriton : N

Tone: Power 3/5 in all 4 limbs

Co-ordinator :

Posture :

Involuntary Movements : -

Reflexes :

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

Plantars Flexor

Sensory System :

N

Bladder / Bowel : Bladder - Regular ; Bowel - Altered

Clinical Summary & Diagnostic:

Acute gastroenteritis c some dehydration
(D_2 of illness)

(P.T.O.)

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Dr. AKHEEL SYED RIZWAN

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:

CBP, CRP, S/E,
S.Creatinine, LFT
~~Entroplain~~ - (+). X

Planned Management
(S/B Dr Akheel sir @ OPD - Morning)

- Admit in wards
- IVF - fm
- Gastric diet
- Inj unelon
- Rifilac
- Syp. Zincovit
- Inj metrogyl
- Monitor vitals
- I/O charting
- Emeset

Notedly
progress
16/7/16

Signature of the Doctor: ....
Name of the Doctor: Dr. Neethi
Date & Time: 16/7/16

Signature of the Consultant: ....
Name of the Consultant: Dr. Akheel Rizwan
Date & Time: ....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 8:30 am	S/B Resident	
	Acute Gastro Enteritis c̄ some dehydration	
	C/o = Ongoing loose stools (+)	Plan
	low fluid intake	
	No vomitings / fever /	– IV fluids conti same
	Other Concerns	instructions
		– Gastro diet
		– inj metrogyl – after
	O/E – Euthermic	rounds
	CVS – S1 S2 (+)	– Monitor vitals
	RS – NAE (+)	– I/O charting
	PA – soft	– as per rounds
	CNS – NAD	

[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.7.26 3.00 PM	S/o Dr. Akheel	
	AGE with some	dehydrate
	1 loose stool : morning	
	no vomiting	
	O/E child lavake	
	CRT < 3sec.	Plan
	afebrile	→ Sporanorm - R sachet
	CVS - SS, ①	1 — 1
	RS - BAE ①, clear	→ Cont IVF till 11.00 PM
	P/A - soft	→ Vitals 4th hrly.
		→ If no loose motion & no vomiting
	Sameer.	D/c T/m
	(Dr. Sameera)	
17.7.26 4.30 PM	D/w Dr. Akheel	
		Plan
		→ Add. Cefixime.
	Sameer.	

Noted by Dr. Akheel 17/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026 8:20AM	AGE c̄ some dehydration. - 1 time passed semi solid stool - No vomitings - urine passing CRT <3sec c/T/A - Good - Pulses - good. CVS - S1S2 CNS - NAD RS / PA ⊙	Plan - DC T/D - Stop IVF - Continue rest - [signature] Noted by Subham 18/7/26 @ 10:12AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VRCH.0000052857 IP-00060735
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21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Gastroenteritis c̄ Some dehydration.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	16/7/26 N	17/7/26 N	17/7/26 Morning	17/7 E	17/7/26 N	18/7/26 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	G.diet	G.diet	G.diet	G.diet	G.diet	G.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	98.3°F	98.4°F	98°F	98.5°F	97.0°F
	Res:	20b/m	20b/m	19b/m	20b/m	20b/m	20b/m
	SpO_2:	99%	99%	99%	98%	98%	100%
	Pulse:	110b/m	80b/m	92b/m	98b/m	86b/m	72b/m
	BP:	112/65mmHg	111/69(82)	103/64(72)	110/70(84)	113/78	107/73(84)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	12	12	12	12	12	12
	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	Nil	Nil	Nil	Nill
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nil	G.diet	G.diet.	G.diet	G.diet	G.Diet
	Critical Lab Test / Values:	Nil	Nil	Nil	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	Dependent	dependent	dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Nagmani	Vaishnavi	Manasa	Indu	Vaishnavi	Subham
Signature / ID :		@020114	@020216	@019541	[illegible]	@020216	
Date:		16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26
Time:		9:10am	@8AM	@2PM.	@8pm	@8AM	10 AM
Taken Over By Name :		Vaishnavi	Manasa	Indu	Vaishnavi	Indu	
Signature / ID :		@020216	@019541	[illegible]	@020216	[illegible]	
Date:		17/7/26	17/7	17/7/26	17/7/26	18/7/26	
Time:		@12:10AM	@8AM	@2pm	@8pm	@8AM	

Noted by subham 18/7/26 @ 10:30am

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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:							

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NURSING CARE RECORD

Date: 17/1/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11AM	Maintain Fluid Balance - Ensure Safety	1:10 AM	- Administered IV Fluid DNS-80ml/hr - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vanishree 17/1/26 @ 8AM

Docu. No: RCH /FRM / CLINICAL / 148

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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	Maintain fluid balance.		- Administered iv fluid DNS 80ml/hr.	- To prevent dehydration	- patient is stable.	- Manasa 17/7/26 @ 2pm
	12pm	Ensure safety.		- Side rails kept up.	- To prevent from fall		
Afternoon	3:00	- Maintain aseptic technique.	3:30	maintained aseptic technique	-prevent from Infection	-patient is Stable	Indu @8pm 17/7/26
	7:00	- Maintain fluid Balance.	7:30	maintained fluid Balance	-Maintain Hydration	-No fresh Complaints	
Night	9 pm	Maintain Fluid Balance - Ensure Safety	9:10 pm	- Administered IV Fluid -DNS- 80 ml/hr - provided side rails	- To prevent dehydration - To prevent Falls	- patient is stable	Vaishnavi 18/7/26 @8AM

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NURSING CARE RECORD

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	9 Am	maintain Fluid Balance	9:30 Am	Administered IV Fluid.	-To Prevent dehydration	Patient is stable	Subhiksha 18/7/26 @10:30 Am
Afternoon							
Night						Noted by subham 18/7/26 @ 10:30am	

Discharge Notes :- Doctor came for Rounds, patient is stable and Advice discharge.

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NURSING CARE RECORD

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Date: .....

Goals

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

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 17/7	DATE 17/7	DATE 17/7	DATE 18/7	DATE 18/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2 ✓	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2 ✓	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3 ✓	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1 ✓	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	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	12	12	12	12	12	12

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

	Bed in low position	✓	✓	✓	✓	✓	✓
	Call device within reach	✓	✓	✓	✓	✓	✓
	Wheels Locked	✓	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	✓	✓	✓	✓
	Wheel chair support	✓	x	x	x	x	x
	Other Intervention(s) Specify	✓	✓	✓	✓	✓	✓
	Nurse's Name:	[illegible]	Vaishnavi	manasa	[illegible]	Vaishnavi	manasa
	Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	16/7	17/7	17/7	17/7	18/7	18/7
	Time:	11:20pm	7am	12pm	8pm	4AM	9:30AM

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			17/7 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			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0	0	—	—			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	—	—	—			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	0	—	—	—			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	0	—	—	—			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	—	—	—			
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : Shanthi

Signature of Ward In Charge :

Signature : ..... Name : Jyothi

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PAIN ASSESSMENT FORM

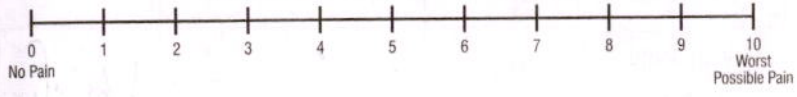
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7	11:22pm			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		[signature]
17/7	7AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
17/7	10 Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
18/7	8AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
18/7	9:30Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
				☐ 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		
				☐ 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	17/7/26	[illegible]	18/7
					Time : 12 Am	8 Am	6 pm	2 Am
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	4	4	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	28	24	27
				Evaluator's Name	[illegible]	meenakshi	[illegible]	[illegible]

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

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

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

BRADEN 'Q' SCALE

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					Date : 18/7			
					Time : 9:30Am			
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			
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			
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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	[illegible]			

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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Master PRANEEL T
21-01-2014 12 Y 5 M 26 D (M)
Dr. AKHEEL SYED RIZWAN

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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: 17/7 Time: 8 Am	Date: 18/7 Time: 8Am	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	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	0			
	Total Score		0	0	0			
	Signature of the Nurse		Vais	manoka	manoka			

Intervention: _____

_____

_____

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

Rainbow Children's Hospital - Secunderabad
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:	**Master PRANEEL T**	**Age :**	**12 Y 5 M 25 D**
IP No:	**IP-00060735**	**Sex:**	**Male**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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 rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the 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.
ceivers 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:

Name: PAVAN KUMAR
Relationship: brother
Date: 16/07/26 Time: 10-56 P.M
Wittness Name: geeny
Wittness Signature:

Patient Address:
H.NO-1-9-60,,TEMPLE ALWAL,, Alwal
Hyderabad Telangana INDIA 500010

VRCH.0000052857 IP-00060735
Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

(1)

:H/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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..RLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/8/16 Time:	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	AM
Temperature (°F)	98.3 °F	98.2 °F	98.4 °F
Heart Rate (bpm) and Blood Pressure (mmHg) *	111/69 (82)		104/64 (74)
Note: BP does not score in early warning scoring			
Heart Rate (Number)	80	85	88
Resp. Rate (bpm) (Over 1 Minute)			
Resp Rate (Number)	19	20	19
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	98	99
Conscious Level: Normal / Altered	N	N	N
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	✓	✓	✓

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

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

Patient Sticker

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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)

VRCH.0000052857 IP-00060735
Master PRANEEL T
21-01-2014 12 Y 5 M 26 D (M)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/2/26 Time:	9	11	1	3	5	7	9	12	3	7		
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM		
Temperature (°F)	98.4°F	98.3°F	98.6°F	98.3°F	98.6°F	98.3°F	98.5°F	98.3°F	98.4°F	98.0°F		
Heart Rate (bpm) and Blood Pressure (mmHg) *	105/66 (76)				106/70 (80)		113/78 (89)			109/76 (86)		
Heart Rate (Number)	82	90	94	95	98	90	86	90	84	93		
Resp. Rate (bpm) (Over 1 Minute)												
Resp Rate (Number)	14	16	18	20	20	22	20	20	19	18		
Resp Distress: Mod/ Severe / None / Mild	N	N	N									
Receiving O_2 (l/min) O_2 Saturations (%)	RA	100	RA	RA	RA	RA	99	98	99	99		
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N		
GCS *	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		
Pain Score	0	0	0	0	0	0	0	0	0	0		
Observer's Initials	M	M	M	Linda	Linda	Linda	V	V	V	V		

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

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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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)

VRCH.0000052857 IP-00060735
Master PRANEEL T (M)
21-01-2014 12 Y 5 M 26 D
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/7/26. Time:		9
Doctor / Nurse / Family Concern?		Am
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	[illegible] (plotted ~97.5)
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	107 / (84) / 73
Heart Rate (Number)		90
Resp. Rate (bpm) (Over 1 Minute)	70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)		14
Resp Distress	Mod/ Severe	
	None / Mild	N
Receiving O_2 (l/min)		
O_2 Saturations (%)		100
Conscious Level	Normal	
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		M

Noted by Subhan 18/7/26 @ 10:30 AM

ACTIONS

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

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
17/7/26	12:00 am			DNS								
	01:00 am			80ml			✓			✓		
Total Intake :	80 ml					**Total Output :**						
	02:00 am		Water	80ml								
17/7/26	03:00 am			80ml								
	04:00 am			80ml			✓			✓		
	05:00 am			80ml								
	06:00 am			80ml								
	07:00 am			80ml								
Total Intake :	480 ml					**Total Output :**						

Vaishnavi 17/7/26 @8Am

Total 24 hrs. Intake	560 ml	Total 24 hrs. Output	2times urine passed / 2times stool

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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			80ml								
	09:00 am			80 ml						✓	0	
	10:00 am			80 ml								meenakshi
	11:00 am			80 ml								17/7/26
	12:00 pm			80ml.								@ 2pm
	01:00 pm											
Total Intake : 400 ml						**Total Output :**						
	02:00 pm			80ml								
	03:00 pm		Rice +	80ml						✓		Indra
	04:00 pm			80ml							0	
16/7	05:00 pm		water.	80ml						✓		@8pm
	06:00 pm			80ml			✓					
	07:00 pm			80ml								(7/7/26
Total Intake : 480ml						**Total Output :**						
	08:00 pm		Jolly	80ml								
	09:00 pm		water	80ml								
	10:00 pm			80ml							0	Vaishnavi
17/7	11:00 pm									✓		18/7/26
	12:00 am										1	@2Am
	01:00 am											
Total Intake : 240 ml						**Total Output :**						
	02:00 am											
	03:00 am		Water									
	04:00 am											Vaishnavi
18/7	05:00 am									✓	0	18/7/26
	06:00 am											@8Am
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	1,120 ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		lolly + water									subham 18/2/26 @ 10:50
	09:00 am									✓		
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						noted by subham 18/2/26 @ 10:50am
	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**	

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FLUID CHART

Sheet No. : .....

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

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

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

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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: CR Shifted to: 114.

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		NIL	—			☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. Deepthi | D

Date & Time : 16/7/26 @ 11:18 pm

Nurse Name & Signature: Shanthi Selvam.

Date & Time : 16/7/26 @ 11:18 pm.

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : TAB CEFEXIME (200 mg)

Dose	Route	Frequency	Start Dt.
1 tab	PO	12th hrly	17/1

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

Additional Instructions: 5 mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date / Time: 17/1 — 10 am / 10 pm

DRUG : SPORONORM-R SACHET.

Dose	Route	Frequency	Start Dt.
1 sachet	PO	12th hrly	17/1

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 17/1 — 10 am / 10 pm

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

Verified Dr. Rishika Clinical Pharmacologist 12/2/26

Verified Dr. ... Clinical ... Signature 12/2/26

VERIFIED BY : Name .....

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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DRUG CHART

Date of Admission: 16/7 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

VERIFIED BY : Name Signature

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I.V. FLUIDS CHART

Weight. 52kg Ward. IV-4

		position 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
16/7/26	11 pm	NS + DNS (full maintenance)	IV	80		Nagamani			

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

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Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

Weight. 52.6 Kg Ward. 11 4

	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

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

VRCH.0000052857 IP-000607...
Master PRANEEL T
21-01-2014 12 Y 5 M 25 D (M)
Dr. AKHEEL SYED RIZWAN

REGULAR PRESCRIPTIONS

Weight. 52.6 kg Ward. 114

DRUG: INJ. ONDANSETRON				Date/Time	16/7	17/7		
Dose	Route	Frequency	Start Date	6 Am				
4 mg	IV	8 hourly	16/7					
Name & Signature of the Doctor Starting the Drugs: Dr Deepthi				2 pm		6:20		
Additional Instructions: 0.1 - 0.2 mg/kg/dose				10 pm				
Daily Doctor's Endorsement by a Sign								

Chitra 16/7/26

STOP — Ramu 17.7.26

DRUG: INJ. ESOMEPRAZOLE				Date/Time	16/7	17/7	18/7
Dose	Route	Frequency	Start Date				
40 mg	IV	ONCE DAILY	16/7				
Name & Signature of the Doctor Starting the Drugs: Dr Deepthi				6 AM	8:40		
Additional Instructions: 1 mg/kg/dose							
Daily Doctor's Endorsement by a Sign							

Chitra 16/7/26

DRUG: SYP. BIFILAC				Date/Time	16/7	17/7
Dose	Route	Frequency	Start Date	10 Am		Eliz
5 ml	PO	12 hourly	16/7			
Name & Signature of the Doctor Starting the Drugs: Dr Deepthi						
Additional Instructions:				10 pm	7PM	
Daily Doctor's Endorsement by a Sign						

Chitra 16/7/26

DRUG: SYP. ZINCONIA				Date/Time	16/6	17/7
Dose	Route	Frequency	Start Date			
5 ml	PO	ONCE DAILY	16/7			
Name & Signature of the Doctor Starting the Drugs: Dr Deepthi				10 pm	12.30AM	
Additional Instructions: (5 ml/20 mg)						
Daily Doctor's Endorsement by a Sign						

Chitra 16/7/26