

ACTIVE

VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 21 D (F)
Dr. PREETHAM KUMAR

Name: --



UHID No

Consultant : -----

Dept : perinatal

Date of Admission : 24/6/26

Time : 7:38 PM

Date of Discharge : -----

Time: -----

Room / Bed No : 102

Ward : 1st floor

Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	9:20 PM	ER	102	<u>[Signature]</u>
25/6	4:25 PM	1st floor (102)	PIW	<u>[Signature]</u>
26/6/26	9:15 AM	PIW	1st floor	<u>[Signature]</u>

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible][illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	Implacement	①	3096129	shu.
25/6/26	IV placement	1	3094536	eller.
25/6/26	IV 1g			
Cross checked by 28/6/26				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward Gayathri 29/6 @ 12:30pm	Billing Assistant	Billing Supervisor
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Name	Baby NELLUTLA EESHA NRUSIMHA	UHID	VIH-00206130
Father/Guardian	Mr HARSHA VARDHAN	Age/Gender	1 Y 4 M 26 D/Female
Address	HNO-1-20-212/101 BANK COLONY NEAR TAAZA SUPER MAMRKET WEST VENKATAPURAM, Trimulgherry, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060467	Admission Date	24-06-2026
Ref Doctor	Dr Sudhir S	Discharge Date	29-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
 SENIOR CONSULTANT PEDIATRICS
 39859

Diagnosis: Kawasaki Disease

History: Baby NELLUTLA EESHA NRUSIMHA is a 1 Y 4 M 26 D girl presented with the history of moderate to high grade intermittent fever since 4 days, generalized erythematous maculopapular rash all over the body, eye redness since 2 days prior to admission. For the above complaints, she was treated at referral center, in view of persistent symptoms, she was referred to Rainbow Children's Hospital for further management.

OPD basis investigations: Hemogram done on 23.06.2026 showed hemoglobin 12.1 gm%, white blood cells count of 9,670 cells/cumm, platelet count of 2.77 lakhs/cumm and C-reactive protein was 29mg/l.

Examination: She was febrile (102.1°F), maintaining saturations at room air. Her heart rate was 150/min, blood pressure - 90/60 mmHg and respiratory rate - 26/min. Maculopapular rash all over the body present. Cervical lymphadenopathy present. Both feet are edematous. 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 conscious and oriented. Other systemic examination was normal.

Name	Baby NELLUTLA EESHA NRUSIMHA	UHID	VIH-00206130
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Weight on admission : 8.6 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids, antipyretics and antihistamines.

In view of suspected Kawasaki Disease, 2D echo was done and cardiologist opinion was sought. 2D echo revealed dilated coronary arteries with mild pericardial effusion for which child was given one dose of IVIG infusion, steroid under close monitoring also child was started on Aspirin.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually reduced. Repeat inflammatory markers showed improvement. Review 2D echo done after 2 days showed improvement in size of coronaries. 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. Tablet Aspirin (325mg) mix 1 tablet in 10ml of water and give 1.5ml once daily for 6 weeks (after feed).
3. Syrup Amoxicillin + Clavulanic Acid (5ml=400mg) 2ml, 12th hourly (after feed) for 2 days (Refrigerate after reconstitution).
4. Nexpro sachet (10mg) mix 1 sachet in 10ml of water and give, 8ml once daily (1/2 hour before breakfast) for 6 weeks.
5. Kindly consult with Dr. Preetham Kumar, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

Name	Baby NELLUTLA EESHA NRUSIMHA	UHID
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6. Kindly consult with Dr. Swetha, Consultant Pediatric Cardiologist, at Rainbow Heart Institute, Banjara Hills after 1 week in OPD with prior appointment (This consultation will be charged).
7. Regular follow up with Dr. S. Sudhir, 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).

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.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name	Baby NELLUTLA EESHA NRUSIMHA	UHID	VIH-00206130
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Name :

Signature :

Relationship with patient :

This summary has been explained by:

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

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

PatientName : Baby NELLUTLA EESHA NRUSIMHA

Inpatient No. : IP-00060467

Age/Gender : 1 Y 4 M 21 D/ Female

Admit Date : 24-06-2026

Ward/Bed : N 0 GF-EMERGENCY/ ER 103

Discharge Date :

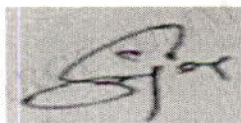
Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :24-06-2026 20:33	
HEMOGLOBIN (Colorimetry)	11.4	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.27	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	31.2	VOL%	L 33 - 49
MCV (Calculated)	73.0	fL	70 - 86
MCH (Calculated)	26.7	pg/cells	23 - 31
MCHC (Calculated)	36.6	g/dL	H 30 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	284	10 ⁹ /L	150 - 450
MPV (Calculated)	7.1	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.55	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	78	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	16	%	L 45 - 76
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%	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 :24-06-2026 20:33	
CRP (Immunoturbidimetry)	62	mg/L	H <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 :24-06-2026 20:33	

PatientName : Baby NELLUTLA EESHA NRUSIMHA Inpatient No. : IP-00060467
Age/Gender : 1 Y 4 M 21 D/ Female Admit Date : 24-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 103 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 :24-06-2026 20:33
SODIUM (Direct ISE)	134	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.4	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	100	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

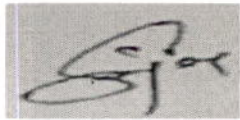
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :26-06-2026 19:50
<u>PHYSICAL</u>			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.5		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
<u>CHEMICAL</u>			
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
<u>MICROSCOPY</u>			
PUS CELLS	3-4	HPF	L 0 - 5
EPITHELIAL CELLS	1-2	HPF	L 0 - 5

PatientName : Baby NELLUTLA EESHA NRUSIMHA
Age/Gender : 1 Y 4 M 23 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 103

Inpatient No. : IP-00060467
Admit Date : 24-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RBCS.	NIL	HPF	0 - 2



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

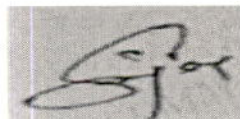
Order Date :28-06-2026 05:54

HEMOGLOBIN (Colorimetry)	10.6	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.10	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	30.4	VOL% L	33 - 49
MCV (Calculated)	74.1	fL	70 - 86
MCH (Calculated)	25.9	pg/cells	23 - 31
MCHC (Calculated)	35.0	g/dL	30 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	368	10 ⁹ /L	150 - 450
MPV (Calculated)	6.9	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.18	10 ⁹ /L	6 - 17

Differential Count

NEUTROPHILS (Microscopy, Leishman stain)	12	%	L 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	73	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	9	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	6	%	1 - 7

PERIPHERAL SMEAR (Microscopy, Leishman stain) RBC : NORMOCYTIC / HYPOCHROMIC
WBC : MORPHOLOGY NORMAL
PLATELETS : ADEQUATE



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Consultant Pathologist, Reg No : 39356

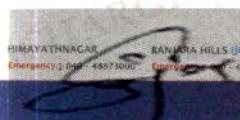
Investigation	Result	Unit	Biological Reference Interval
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C REACTIVE PROTEIN (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :28-06-2026 05:54

CRP (Immunoturbidimetry)	21	mg/L	H <10
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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.
040-42462200, Ext 2000,2001,2002.

PatientName	: Baby NELLUTLA EESHA NRUSIMHA	Inpatient No.	: IP-00060467
Age/Gender	: 1 Y 4 M 25 D/ Female	Admit Date	: 24-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report



Baby NELLUTLA EESHA NRUSIMHA

1 Y 4 M 23 D

Female

IP-00060467

VIH-00206130

Dr. PREETHAM KUMAR

VI26021420

24-06-2026 08:51 PM

24-06-2026 08:55 PM

N 0 GF-EMERGENCY / ER 103

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report

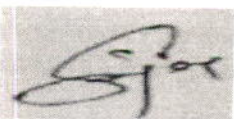
Interim Report

Laboratory Report

Patient Name	Baby NELLUTLA EESHA NRUSIMHA	Patient Ph. No	9441890769
Age	1 Y 4 M 20 D	Requisition No	VI26021308
Gender	Female	Collected on	23-06-2026 05:22 PM
IP / Bill No.	2606-007484	Received on	23-06-2026 06:11 PM
UHID No.	VIH-00206130	Reported on	23-06-2026 06:56 PM
Ref. Doctor	Dr. PREETHAM KUMAR	Ward / Bed No	

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			
CRP (Immunoturbidimetry)	29	mg/L	H <10

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
HEMOGLOBIN (Colorimetry)	12.1	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.58	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	33.7	VOL%	33 - 49
MCV (Calculated)	73.6	fL	70 - 86
MCH (Calculated)	26.5	pg/cells	23 - 31
MCHC (Calculated)	36.1	g/dL	H 30 - 36
RDW-CV (Calculated)	13.3	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	277	10 ⁹ /L	150 - 450
MPV (Calculated)	7.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.67	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	52	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	38	%	L 45 - 76
MONOCYTES (Microscopy, Leishman stain)	09	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA
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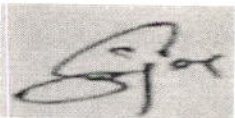
For Further Details
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Laboratory Report

Patient Name	Baby NELLUTLA EESHA NRUSIMHA	Patient Ph. No	9441890769
Age	1 Y 4 M 21 D	Requisition No	VI26021420
Gender	Female	Collected on	24-06-2026 08:51 PM
IP / Bill No.	IP-00060467	Received on	24-06-2026 08:55 PM
UHID No.	VIH-00206130	Reported on	25-06-2026 08:56 AM
Ref. Doctor	Dr. PREETHAM KUMAR	Ward / Bed No	N 0 GF-EMERGENCY / ER 103

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED			
HEMOGLOBIN (Colorimetry)	11.4	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.27	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	31.2	VOL%	L 33 - 49
MCV (Calculated)	73.0	fL	70 - 86
MCH (Calculated)	26.7	pg/cells	23 - 31
MCHC (Calculated)	36.6	g/dL	H 30 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	284	10 ⁹ /L	150 - 450
MPV (Calculated)	7.1	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.55	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	78	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	16	%	L 45 - 76
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%	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

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Laboratory Report

Patient Name	Baby NELLUTLA EESHA NRUSIMHA	Patient Ph. No	9441890769
Age	1 Y 4 M 21 D	Requisition No	VI26021420
Gender	Female	Collected on	24-06-2026 08:51 PM
IP / Bill No.	IP-00060467	Received on	24-06-2026 08:55 PM
UHID No.	VIH-00206130	Reported on	24-06-2026 09:36 PM
Ref. Doctor	Dr. PREETHAM KUMAR	Ward / Bed No	N 0 GF-EMERGENCY / ER 103

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			
CRP (Immunoturbidimetry)	62	mg/L	TEST RESULT STATUS : REPORT AUTHORISED H <10
CREATININE (Specimen : SERUM)			
CREATININE (Enzymatic)	0.2	mg/dl	TEST RESULT STATUS : REPORT AUTHORISED 0.03 - 0.5
ELECTROLYTES (Specimen : SERUM)			
SODIUM (Direct ISE)	134	mmol/L	TEST RESULT STATUS : REPORT AUTHORISED 134 - 143
POTASSIUM (Direct ISE)	4.4	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	100	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA
MD, DNB
Consultant Pathologist
Reg No : 39356

For Further Details
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Note: Clinically Correlate, Kindly discuss if necessary.

Laboratory Report

Patient Name	Baby NELLUTLA EESHA NRUSIMHA	Patient Ph. No	9441890769
Age	1 Y 4 M 23 D	Requisition No	VI26021625
Gender	Female	Collected on	26-06-2026 07:50 PM
IP / Bill No.	IP-00060467	Received on	26-06-2026 09:13 PM
UHID No.	VIH-00206130	Reported on	26-06-2026 09:53 PM
Ref. Doctor	Dr. PREETHAM KUMAR	Ward / Bed No	N 1F-FIRST FLOOR / SR 102

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.5		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	3-4	HPF	L 0 - 5
EPITHELIAL CELLS	1-2	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2



Dr. SRUJANA SHYAMALA
MD, DNB
Consultant Pathologist
Reg No : 39356

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details
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Laboratory Report

Patient Name	Baby NELLUTLA EESHA NRUSIMHA	Patient Ph. No	9441890769
Age	1 Y 4 M 25 D	Requisition No	VI26021762
Gender	Female	Collected on	28-06-2026 06:11 AM
IP / Bill No.	IP-00060467	Received on	28-06-2026 07:49 AM
UHID No.	VIH-00206130	Reported on	28-06-2026 08:53 AM
Ref. Doctor	Dr. PREETHAM KUMAR	Ward / Bed No	N 1F-FIRST FLOOR / SR 102

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			
CRP (Immunoturbidimetry)	21	mg/L	H <10

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
HEMOGLOBIN (Colorimetry)	10.6	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.10	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	30.4	VOL%	L 33 - 49
MCV (Calculated)	74.1	fL	70 - 86
MCH (Calculated)	25.9	pg/cells	23 - 31
MCHC (Calculated)	35.0	g/dL	30 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	368	10 ⁹ /L	150 - 450
MPV (Calculated)	6.9	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.18	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	12	%	L 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	73	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	9	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	6	%	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

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DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 26 D (F)
Dr. PREETHAM KUMAR



IP.No:

DOA:

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	03	-	-	
4	Patient Transfer Forms	03	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	06	-	-	
7	Nurses Progress notes	07	-	-	
8	Consultation Sheets	02	-	-	
9	General Consent for Treatment	01	-	-	
10	Consent for Surgery				
11	Consent for Blood Transfusion	01	-	-	
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint <i>Admission PICU</i>	01	-	-	
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	05	-	-	
26	Intake and Output chart (fluid Chart)	03	-	-	
27	Drug Chart (Regular prescription)	04	-	-	
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				
	<i>Humpty Dumpty</i>	03	-	-	
	<i>Pain assessment</i>	02	-	-	
	<i>Thrombophlebitis</i>	02	-	-	
	<i>Braden scale</i>	02	-	-	
	<i>others pages</i>	13	-	-	
	Total No. of Pages	66			

*Noted by
Subham
29/6
@ 1:50pm*

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :


Admission No : IP-00060467

Admit Date : 24-Jun-2026

Admit Time : 07:38 PM **UHID** : VIH-00206130

Patient Details :

Patient Name : Baby NELLUTLA EESHA NRUSIMHA

Age : 1 Y 4 M 21 D

Guardian : Mr HARSHA VARDHAN

DOB : 03-02-2025 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : HNO-1-20-212/101 BANK COLONY NEAR
TAAZA SUPER MAMRKET WEST
VENKATAPURAM Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9441890769/ 9491121961

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 103

Ward Name : N 0 GF-EMERGENCY

Room No : ER 103

Admission Type : First Visit

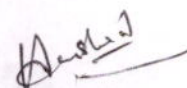
Contact Details :

Name : Mr HARSHA VARDHAN

Relationship : Father

Contact Address : HNO-1-20-212/101 BANK COLONY NEAR
TAAZA SUPER MAMRKET WEST
VENKATAPURAM Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9441890769


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

Patient Name : Baby. NELLUTLA EESHA NRUSIMHA UHID : VIH-00206130 IPD : IP-00060467 Gender :

Female Age : 1 Y 4 M 21 D

VIH-00206130

IP-00060467

Baby NELLUTLA EESHA NRUSIMHA

03-02-2025

1 Y 4 M 21 D

(F)

Dr. PREETHAM KUMAR



Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Wt : 8.6 °F

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Eesha Nrusimha Age : 1y

Gender: ☐ Male ☒ Female

Date : 24/6/26

Time of Arrival : 7:25 PM

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

Source of Information: ☒ Parents ☐ Others (Specify)

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 102.1 °F PR: 158 bpm BP: crying RR: 26 bpm SpO₂: 97%

Chief Complaints: c/o cold, cough, Fever x 3 days, vomitings (episode) today

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	☒ Stable
☒ Normal	☒ Normal	☐ Unstable:
☐ Sick Looking	☐ Increased	☐ Not - Life - Threatening
Circulation / Colour	☐ Decreased	☐ Life - Threatening
☒ Normal	☐ Gasping / Apnea	
☐ Abnormal		
☐ Bleeding		

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: [Signature]
Triage Completion Time: 7:26 PM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks? ☐ Yes ☒ No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? ☐ Yes ☒ No

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No
If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

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

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

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

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

Name of Triage Nurse : Archith

Signature of Triage Nurse : [Signature]

Date & Time : 24/6/26 @ 7:26 PM

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

Patient Name : Baby. NELLUTLA EESHA NRUSIMHA UHID : VIH-00206130 IPD : IP-00060467 Gender : Female Age : 1 Y 4 M 21 D

VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 21 D (F)
Dr. PREETHAM KUMAR



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 7:27pm
Chief Complaints : C/O Fever, cold, cough, Rashes RBS : —
Height : — Weight : 8.6kg 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
- Uses furniture for support

☐ Yes ☒ No
☐ Yes ☒ No

Gait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

Mental Status: Forgets limitations

☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening:

☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening:

☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 7:30pm

Patient Name : Baby. NELLUTLA EESHA NRUSIMHA UHID : VIH-00206130 IPD : IP-00060467 Gender : Female Age : 1 Y 4 M 21 D

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

Time	Nursing Notes
7:23PM *	patient came to ER
7:25PM *	vitals checked and Recorded
7:30PM *	Dr. vishwaja Seen the patient and advised admission
7:38PM *	Admission process done
8:45PM *	lv placement done
8:50PM *	collected the samples & Send to lab
*	patient shifted to ward

Samples collected by: g.sr. shanthi
 Samples sent by :

Time: 8:45PM
 Time: 8:50PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:30PM	Syp. Ibuprofen	oral	4 ml	<u>D. Vishwaja</u>	<u>AS</u>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>120b/min</u> BP: <u>crying</u> CFT: <u><2sec</u>	Shift - out from ER to: <u>102</u>
RR: <u>28b/min</u> SPO ₂ : <u>97%</u>	Time of Shift - out: <u>24/6/26 @ 9:20PM</u>
GCS: <u>A, 5, 6</u> Temperature: <u>100°F</u>	Handover given to: <u>N. Benenike</u>
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	<u>Bno-Sab L</u>

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

lv placement done

Name of the Nurse : Bn. Sabin

Signature of the Nurse : [Signature]

Date & Time : 24/6/26 @ 9:20PM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: ? Kawasaki disease

Arrival Time: 9:30 pm Mode of Arrival: Referred by Mother Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 8.6 Kg

Height: 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: 8.6 kgs Length: Head Circumference (< 2 years):

Temp.: 98.6°F HR: 140 bpm RR: 25 bpm BP: 100/55/68

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

Fall Risk Assessment: ☒ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score: 21) (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 Family

Siblings in household ☒ Yes ☐ No (if yes How Many?) 1

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 father

Nurse's Name: Beemika Date: 24/6/26 Time: 10pm

Brij
Signature

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206130 IP-00060467 Baby NELLUTLA EESHA NRUSIMHA 03-02-2025 1 Y 4 M 23 D (F) Dr. PREETHAM KUMAR		Date & Time of Admission 24/6/26	Date & Time of Transfer Order 26/6/26 at 10:30am
		Transfer Ordered by Dr. Preetham Kumar	Reason for Transfer IVIG transfusion is done. (stable)
From Unit Pw	To Unit 102	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 37	Number of Imaging Films * Xray - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Syp. Atarax	1	
2.	Tab Aspirin	1	
3.	Atarax lotion	1	
4.	IVIG 10gm - 20ml (opened - 26/6/26 2A)	1	
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Dr. Shivam			
Name & Signature of Person who is Transferring Dr. Nela		Name of Person Ordered Transfer Dr. Preetham Kumar	
Patient & Clinical Records Received by :			
Date & Time of Patient Received : Pw 26/6/26 at 10:30am			

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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206130 IP-00060467 Baby NELLUTLA EESHA NRUSIMHA 03-02-2025 1 Y 4 M 22 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 25/6/26 @ 7:38pm	Date & Time of Transfer Order 25/6/26 @ 11:25pm
		Transfer Ordered by Dr. Sameera	Reason for Transfer for IVPH transfer
From Unit 102	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 33	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	inj. Avil	1	
2.	high Pressure extension	1	
3.	GCA 100	1	
4.	50 cc	1	
5.	2cc	2	
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Dr. Manasa		Name of Person Ordered Transfer Dr. Sameera	
Patient & Clinical Records Received by : Sr. Devika			
Date & Time of Patient Received : 25/6/26 at 4:30pm			

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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206130 IP-00060467 Baby NELLUTLA EESHA NRUSIMHA 03-02-2025 1 Y 4 M 21 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 24/6/26 @ 7:38 PM	Date & Time of Transfer Order 24/6/26 @ 9:20 PM
		Transfer Ordered by Dr. Vishwaja	Reason for Transfer for admission
From Unit ER	To Unit 102	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File (21)	Number of Imaging Films CXR - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? op file given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Shanthi / Shun		Name of Person Ordered Transfer Dr. Vishwaja	
Patient & Clinical Records Received by : Sr. Bevonika			
Date & Time of Patient Received : 24/6/26 @ 9:30 PM			

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 21 D (F)
Dr. PREETHAM KUMAR



UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Eesha Age/Sex 1 year

Information given by: father Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever — since 4 days
Rash (maculopapular) } Since 2 days.
Swelling of feet
Eye redness.

History of present illness :

Child was brought by parents with
c/o Fever Since Sunday (Onset of illness)
Moderate to high grade

irrespective of

gradually progressing

Subsiding on medication.

c/o Eyeredness Since Tuesday

also rash over chest — anteriorly

↓

Progressed to all over body

c/o swelling of R/L foot + redness.

↓

Consulted in OPD

Started on Syp. Augmentin — 23/6/26

Syp Atarax

Atarax antitch 10h

↓

admitted w/o persistence of fever

O/E : child febrile

Rash (+)

Cracked Reddish lips.

No H/O travel

No H/O similar

complaints in past



Pediatric Multiorgan History & Physical Examination

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

NO H/O admissions

Birth & Neonatal History:

Term / LSCS / 2.5kg / Twin / No med stay
Baby



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} Class II

Developmental History :

Appropriate for age in all domains

Immunization History :

Received up to date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.6 kg (Centile _____)

On Examination :

Temperature : 102.1°F Pulse Rate : 168/min B.P. cryst SP02 94%

Resp.rate and type of breathing : 26/min

Rash maculopapular rash all over body

Lymphadenopathy cervical lymphadenopathy

Oedema : mild swelling of Rlt foot

Allergies (if any): NO

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : RAC (+)

Any addes sounds : NO

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS (+)

Spine : (N) External Genitalia : _____

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



Pediatric History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score, : 17/15

Cranial Nerves : (3)

Motor System:

Nutrition :

Tone :

Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : +

DTR +2

Superficials: +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

? Kawasaki disease



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: To treat current condition

Planned Labs:

✓
CBP ✓
CRP ✓
S/E ✓
S. creat ✓
B/c/s ✓
CUE ✗
CXR ✓
2D echo ✗

Planned Management

1) Puj pntas
2) Puj tramprole
3) IV fluids
4) Syp. Atarax
5) Atarax antitch wten.

Noted by
Dr. hema
24/6/26 @ 8:40pm

Dr. Preetham Kumar Reddy
Reg. No: 39859

Signature of the Doctor: G. N

Name of the Doctor: Dr. Vichwaja

Date & Time: 24/6/26 8:30pm

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 24/6/26 2 hr





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25.6.26 3.00 PM	Dr. Preetham <u>Kawasaki Disease</u> Fever spikes (T) $\uparrow$ a/w maculopapular rash B/C eye congestion with cracked lips O/E child asleep CRT ≤ 3 sec infants H/C - NAD P/C - soft	Plan → 2gm/kg iv immunoglobulin over 16-18 hrs in PICU → Aspirin → To repeat Echo on Monday
25/6/26 Dr. Preetham	Dr. Preetham Kumar Reddy Reg. No: 39859 Dr. Samad	noted by nurse 25/6/26 4:30pm
	Parents were counselled about Kawasaki Disease, its course & its possible complications. They were also counselled about various treatment options: 1st line treatment is i.v Ig, 2nd dose of i.v Ig would be given in kids if symptoms persist. 2nd line of treatment would be monoclonal antibodies.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/25 7AM	CD/W @ Preetham Δ Kawasaki Disease IVIg ongoing No issues Plan - give total 18 gm of IVIG 2mg Metylpred 17 mg after completion of IVIG	
	Noted by Nels 26/6/25	at BSH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/25 10 AM	CLS/B Dr Vishnu <u>Kawasaki Disease</u> <u>Currents</u> - IVIG completed - Mety prednisolone given <u>Plan</u> - Continue same - Shift toward - 2D Echo tomorrow <u>Clinical Dilemma</u> Child @ day Kawasaki disease, we gave IVIG, we will repeat 2D Echo after 48 hours. generally it gets improved after one dose but if still concerns then may need to repeat. All other symptoms are body's reaction to the disease.	Dr. Vishnu Vardhan Reddy Reg. No. APMC/FMR/79982 Dr. Vishnu

Date & Time	Progress Notes	Doctor's Order
26/6/26 8:00pm	<u>Kawasaki dx</u> No fever spikes. Rash (+) Eye redness (+) off child asleep Eutermic Vitals stable CVC - PICC (+) EF - BAC (+) PIA - rofi -	for thrombosis of veins <u>Plan</u> 1) Repeat counts on Sunday CBP / cep 2) 20 cells on Monday 3) to send CUE 4) Propeptaz 1st dose 5) Tab Aspirin 3rd dose.
		noted by manasa 26/6 8:40pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM	S/B Resident Assn - Kawasaki dfe no fever spikes no Rash no Eyeredness Assn - NO other concerns. dfe Child active Entirely Metals stable CRS 152A dfe - B/Ac(1) CRS right	
	COE: 3-4 pus cells Bfct - No growth 4 shrs.	plan 1) Repeat CRP/CRP T/m 2) 2 Deeds Monday 3) Pw penta dose 8 4) Tcb Aspirin dose 5 5) Allow orally
Don't know	for 27/6/26 8 AM.	Not

Date & Time	Progress Notes	Doctor's Order
8/16/26 2:20pm	S/B Resident ms Kawasaki disease no fever spikes no other concerns afe child active euthymic vitals stable cvs - S2 (+) pe - BAE (+) pa - rft plan 1) cnp, cep t/m 2) 2Deels monday 3) CIT	
	Noted By marisha 8/16/26 @8pm	

Date & Time	Progress Notes	Doctor's Order
28/6/26: 2:00 PM	<u>AB Resident:</u> A - Kawasaki Disease No fever. O/A Baby asleep, (Afebrile, Vital stable. CVS Rx P/A (N)	<u>Adv:</u> - CST - 2D Echo (Tn) - Bangalore - vitals monitoring - ↓ (unharmed).
		Noted by Subham 28/6/26 @ 6:30

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8:30 AM	<u>S/B Resident</u> Acu - Kawasaki disease No fever spikes. o/e Baby alert Eutermic Vital stable CVC - S1S2 (+) Rfs - BAE (+) P/A - Rpt	<u>plan</u> 1) 2 Decls - Today 2) Proj paptaz Dr 3) Tab Aspirin Du 4) VITAL laboratory inform res
Dr. Vishwaga.		
Dr. Srinivasan.		
29/6/26 9 AM		

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA: 24/6/26		Diagnosis: AFI		Surgery / Procedures: —	
		Allergies: Nil		Post OP Day: —			
		Date: 25/6/26		25/6/26			
		Area	Shift Time	Plcu	Plcu		
		Diet:		Evening	Night		
		Ventilation (RA, NP, NIV, VENTI)		Orally allowed	Formula feed		
INVASIVE LINES		1.		RA	RA		
		2.		IV cannula	IV cannula		
		3.		—	—		
		4.		—	—		
ASSESSMENT		Infusions / Transfusions			IVI G	IVI G	15-8-1/hr
		PU Prophylaxis			Nil	Nil	
		DVT Prophylaxis			Nil	Nil	
		Vitals	BP		96/72(84)	82/52/63	
			PR		150 b/m	124 b/m	
			RR		30 b/m	24 b/m	
			SpO ₂		98%	98%	
			Temp		99.6°F	9	
		Pain Score			0	0	
		LOC (Alert, Conscious, Confusion, Unconscious)			conscious	conscious	
		Skin Integrity (Intact / Bedsores / Any other condition)			Intact	Intact	
		Restrains If any	Physical		Nil	Nil	
			Chemical				
		Fall Risk (Vulnerable Y/N) if yes score			16	5	
(Ambulation, walking, moving with assistance, bed ridden)			Bed ridden	Bed ridden			
ADL (Dependent / Non-Dependent)			dependent	dependent			
Critical Lab Test / Values (If any)			—	—			

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

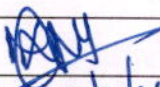
RECOMMENDATIONS	Date:	25/6/26		
	Area		picu	
	Shift Time		evening	
	Ordered / Planned		1VIG, 17gms	C.S.T
	Due		N/A	N/A
	Reports Pending		N/A	N/A
	Referrals (If any)		N/A	N/A
Remarks (Special Interventions like, Drainage tube flushing etc.)		N/A	N/A	
Handed Over By Name :			Sr Danka	Penuly
Signature :			[Signature]	[Signature]
Date:			25/6/26	26/6/26
Time:			8pm	8:15pm
Taken Over By Name :			Penuly	Neha
Signature :			[Signature]	[Signature]
Date:			25/6/26	26/6/26
Time:			8:pm	8:pm



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 24/6/26	Diagnosis: Kawasaki	Surgery / Procedures: -	
	Allergies: Nil		Post OP Day: -	
	Date: 26/6/26			
	Area	Plw		
	Shift Time	8am-2pm		
	Diet:	Orally allowed:		
Ventilation (RA, NP, NIV, VENTI)	room air.			
INVASIVE LINES	1.	IV cannula		
	2.	-		
	3.	-		
	4.	-		
ASSESSMENT	Infusions / Transfusions	* Nil		
	PU Prophylaxis	* -		
	DVT Prophylaxis	-		
	Vitals	BP	99/58(71) mmHg	
		PR	127b/min	
		RR	36 b/min	
		SpO ₂	98%	
		Temp	98.6 F	
	Pain Score	0		
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact		
	Restraints If any	Physical	Nil	
		Chemical		
Fall Risk (Vulnerable Y/N) if yes score	12			
(Ambulation, walking, moving with assistance, bed ridden)	walking			
ADL (Dependent / Non-Dependent)	dependent			
Critical Lab Test / Values (If any)	-			

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date: 26/6/26		
	Area	PIU	
	Shift Time	8am-2pm	
	Ordered / Planned	* Next 2oecho on 29/6/26.	
	Due	NO CUE	
	Reports Pending	NILL	
	Referrals (If any)	NILL	
Remarks (Special Interventions like, Drainage tube flushing etc.)	—		
Handed Over By Name :		Neha.	
Signature :			
Date:		26/6/26	
Time:		9 AM	
Taken Over By Name :		Subhan	
Signature :			
Date:		26/6	
Time:		@ 9:15 AM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>7 Kawasaki diseases</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>Nil</u>					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	<u>24/6/25</u>	<u>24/6/25</u>	<u>25/6/25</u>	<u>25/6</u>	<u>26/6</u>	<u>26/6</u>	
	Shift	<u>N</u>	<u>N</u>	<u>Morning</u>	<u>E</u>	<u>Morning</u>	<u>E</u>	
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:	<u>Soft d.</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp: <u>98.6°F</u>	Temp: <u>98.6°F</u>	Temp: <u>99.9°F</u>	Temp: <u>98.8°F</u>	Temp: <u>97.4°F</u>	Temp: <u>97.1°F</u>	
	Res:	<u>26b/m</u>	<u>28b/m</u>	<u>35b/m</u>	<u>30b/m</u>	<u>32b/m</u>	<u>30b/m</u>	
	SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>97%</u>	<u>99%</u>	<u>98%</u>	
	Pulse:	<u>102b/m</u>	<u>102b/m</u>	<u>142b/m</u>	<u>125b/m</u>	<u>123b/m</u>	<u>117b/m</u>	
	BP:	<u>95/68</u>	<u>101/63</u>	<u>100/60</u>	<u>100/60</u>	<u>95/59</u>	<u>100/60</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>11</u>	<u>11</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
Recommendations	Special Diet:	<u>Soft d.</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	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):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
	Post Operative Procedure Special Orders:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
Handed Over By Name :	<u>Sabin</u>	<u>Beevrika</u>	<u>Subham</u>	<u>Manasa</u>	<u>Subham</u>	<u>Manasa</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>24/6</u>	<u>24/6</u>	<u>25/6</u>	<u>25/6</u>	<u>26/6/25</u>	<u>26/6</u>		
Time:	<u>@ 9:20 AM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 5 PM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>		
Taken Over By Name :	<u>Beevrika</u>	<u>Subham</u>	<u>Manasa</u>	<u>Devi</u>	<u>Manasa</u>	<u>Beevrika</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>24/6</u>	<u>25/6/25</u>	<u>25/6</u>	<u>25/6</u>	<u>26/6</u>	<u>26/6/25</u>		
Time:	<u>@ 9:30 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 2 PM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>		

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>kawasaki disease.</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>nil.</u>						
	Surgery / Procedure: <u>nil</u>		Post OP Day: <u>nil</u>						
BACKGROUND	Date	Shift	<u>26/6/25</u> <u>Night</u>	<u>27/6/25</u> <u>M</u>	<u>27/6/25</u> <u>E</u>	<u>27/6/25</u> <u>Night</u>	<u>28/6/25</u> <u>M</u>	<u>28/6/25</u> <u>Evening</u>	
	Medical Condition (Any special condition to be noted):		<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Diet:		<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):		<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:		Temp:	<u>97.5°F</u>	<u>98.4°F</u>	<u>98.5°F</u>	<u>98.6°F</u>	<u>98.5°F</u>	<u>98.4°F</u>
	Res:		<u>28 blm</u>	<u>26 blm</u>	<u>24 blm</u>	<u>25 blm</u>	<u>24 blm</u>	<u>30 blm</u>	
	SpO ₂ :		<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>100%</u>	
	Pulse:		<u>126 blm</u>	<u>120 blm</u>	<u>120 blm</u>	<u>112 blm</u>	<u>115 blm</u>	<u>116 blm</u>	
	BP:		<u>105/60 (92)</u>	<u>100/61 (72)</u>	<u>107/78</u>	<u>100/50</u>	<u>96/56 (61)</u>	<u>92/58 (61)</u>	
	LOC:		<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:		<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	
Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity		<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:		<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:		<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>S. diet</u>	
	Critical Lab Test / Values:		<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	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):		<u>dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:		<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
Handed Over By Name :		<u>Benorika</u>	<u>manasa</u>	<u>manisha</u>	<u>Benorika</u>	<u>manasa</u>	<u>Subham</u>		
Signature / ID :		<u>2018727</u>	<u>2019599</u>	<u>2019599</u>	<u>2018727</u>	<u>2019599</u>	<u>2019599</u>		
Date:		<u>27/6/25</u>	<u>27/6</u>	<u>27/6/25</u>	<u>28/6/25</u>	<u>28/6</u>	<u>28/6/25</u>		
Time:		<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>		
Taken Over By Name :		<u>manasa</u>	<u>manisha</u>	<u>Benorika</u>	<u>manasa</u>	<u>Subham</u>	<u>Vaishnavi</u>		
Signature / ID :		<u>2019599</u>	<u>2019599</u>	<u>2018727</u>	<u>2019599</u>	<u>2019599</u>	<u>2020216</u>		
Date:		<u>27/6</u>	<u>27/6/25</u>	<u>27/6/25</u>	<u>28/6</u>	<u>28/6/25</u>	<u>28/6/25</u>		
Time:		<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>		

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Kawasaki Disease</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>Nil</u>					
	Surgery / Procedure: <u>Nil</u>		Post OP Day:					
BACKGROUND	Date	<u>28/6</u>	<u>29/6</u>					
	Shift	<u>N</u>	<u>Morning</u>					
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>					
	Diet:	<u>3 diet</u>	<u>S. diet</u>					
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>NP</u>					
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp: <u>98.4°</u>	<u>98.6°</u>					
	Res:	<u>25 b/m</u>	<u>22 b/m</u>					
	SpO ₂ :	<u>99%</u>	<u>100%</u>					
	Pulse:	<u>118 b/m</u>	<u>124 b/m</u>					
	BP:	<u>109/74/86</u>	<u>-</u>					
	LOC:	<u>Conscious</u>	<u>Conscious</u>					
	Fall Risk Score:	<u>13</u>	<u>13</u>					
	Pain Score:	<u>0</u>	<u>0</u>					
	Skin Integrity	<u>Intact</u>	<u>Intact</u>					
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>					
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	<u>3 diet</u>	<u>S. diet</u>					
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>					
	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):	<u>dependent</u>	<u>dependent</u>						
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>Nil</u>					
Handed Over By Name :		<u>Vaishnavi</u>	<u>Subham</u>					
Signature / ID :		<u>0000216</u>	<u>12444</u>					
Date:		<u>29/6/26</u>	<u>29/6</u>					
Time:		<u>@ 8 AM</u>	<u>2 PM</u>					
Taken Over By Name :		<u>Subham</u>						
Signature / ID :		<u>12444</u>						
Date:		<u>29/6/26</u>						
Time:		<u>@ 8 AM</u>						

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:								



NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	- Ensure safety - Maintain good nutritional support	8Am	- side rails are kept	- vitals are normal.	- patient is stable	Bernika 25/6/26 @ 8Am



NURSING CARE RECORD

Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	maintain fluid balance	9am	Administered IV fluid DMS 20ml/hr	maintain hydration	patient is stable	Subha 25/6 @2pm
	10am	Ensure safety	10am	side rails kept up	Prevent from fall risk		
Afternoon	3pm	- maintain fluid Balance		- administered IV fluid. DMS 20ml/hr	- maintain hydration	- patient is stable	Manasa 25/6/26 @8pm
		- Ensure safety		- side rails kept up	- prevent from fall risk		
Night	10pm	Assess the general condition of the child provide WIC		Assessed the general condition of the child To maintain Immunoglobulin	child is stable To prevent the illness	child is hemodynamically stable	Raj 26/6 8-9



NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	• Ensure safety Assessment.		• provided side rails Assessed the patient condition.	• To prevent fall from bed * vitals are stable.	→ patient is stable	neel 26/6/26 10n
Afternoon	3 PM	→ prevent infection	3:30 PM	→ Administered medication as per order	→ to prevent infection	→ patient is stable	Q manu
Night	11 PM 1 AM	→ Maintain good Nutritional status → Ensure Safety		→ to oral Intake is good → Side rails kept up	→ Provided soft diet → prevent from fall risk	Patient is stable	Benonika 27/6 @ Sam



NURSING CARE RECORD

Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Soft diet	→ patient is Stable	Anitha 27/6 @2pm
Afternoon	3pm	- maintain Good Nutritional status - Ensure safety		- oral intake is Good. - side rail kept up	- provided by soft diet - prevent from fall risk	- patient is stable	manisha 27/6/26 @8pm
Night	11pm	→ maintain good nutritional status		→ To oral intake is good	→ To provided soft diet	Patient is stable	Beonika 28/6/26
	1am	→ Ensure safety		→ side rails kept up	→ prevent from fall risk		@8am

NURSING CARE RECORD

Date: 28/6

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	10 Am	→ Ensure safety	10:30 Am	→ Side rails kept up	→ prevent from fall risk	→ patient is stable	(Signature)
Afternoon	3pm	→ maintain good nutritional status	3pm	→ To oral intake is good	→ To provided by soft diet	→ patient is stable	Subha 28/6 @ 8pm
Night	11pm	Maintain good Nutritional status - Ensure Safety	11:10	- Maintained good oral intake - provided side rails	- To maintain nutrition - To prevent falls	- Patient is stable	Vaishali 29/6/24 @ 8am



NURSING CARE RECORD

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am	Discharge Notes		→ Doctor Come for sound and advised to discharge			Subh 29/6 @2p
Afternoon							
Night							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	25/6	25/6	25/6	25/6	25/6
	3 to less than 7 years old	3	4	11	4	4	4
	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	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	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			13	13	13	13	13

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	✓	4	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Shruti	Beatrix	Subh	manas	Reem
Signature:	Shruti	(By)	Subh	manas	Reem
Date:	24/6	25/6	25/6	25/6	26/6
Time:	8:20pm	4pm	12pm	3pm	8pm



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			26/6	27/6	28/6	29/6	28/6
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	2	2	2	2	2
	Oriented to own ability	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			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 safe		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Manasa	Besavita	Anitha	Manasa	Besavita
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		26/6	27/6	28/6	29/6	28/6
Time:		6pm	2am	10am	3pm	2am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	28/6	28/6	29/6	29/6	
	3 to less than 7 years old	3	4	4	4	4	
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	
	Oriented to own ability	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	
	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	
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	
Total			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 safe		✓	✓	✓	✓	
Other Intervention(s) Specify		✓	✓	✓	✓	
Nurse's Name:		Mona	Sush	Krish	Sush	
Signature:		Q	Q	Q	Q	
Date:		28/6	28/6	29/6	29/6	
Time:		10 AM	4 PM	12 AM	1 PM	



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/6 25/6			DAY-2			26/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	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				Shrey	ML	Brij	Q	Subh	Kar				

Noted by
Subh
Sak
@ 2pm

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 : Sadiya

Signature of Ward In Charge :

Signature : Name : Elizabeth



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	8:30pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Shm.
25/6	4pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Besovika
25/6	10am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Subhas
25/6/25	3pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manasa
25/6/	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Renu
26/6/25	9am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Neelg
26/6	4pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Of
26/6	2am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bmij
27/6	10 Am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anel
27/6/25	3pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	manisha

Re-assessment Frequency:

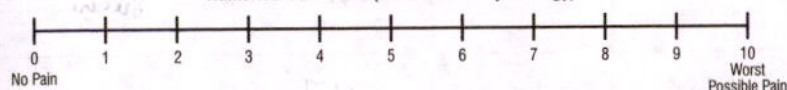
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	2am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bminj
28/6/26	8am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bminj
28/6	10am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	R
28/6/26	4pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subhr
29/6/26	12Am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Vaishu
29/6	2pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Subhr
				☐ 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:

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

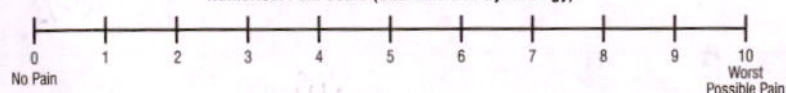
noted by
Subham
29/6/26
@ 2pm

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, 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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date :	24/6	25/6	25/6	25/6
					Time :	9:00 n	11 AM	10 AM	3 pm
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.	3	3	3	3	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
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.	3	3	3	3	
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.	3	3	3	3	
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."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	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.	3	3	3	3	
TOTAL SCORE					21	21	21	21	
Evaluator's Name					shw	By	Shw	ml	

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

					Date :	25/11/2025	26/11/2025	27/11/2025	28/11/2025
					Time :	11:29 AM	9:30 AM	2:00 PM	11:45 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.	3	3	3	3	
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	
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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	4	4	4	
TOTAL SCORE					27	25	26	28	
Evaluator's Name					RR	Neha	Brig	dy	

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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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

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby NELLUTLA EESHA NRUSIMHA

Age : 1 Y 4 M 21 D

IP No: IP-00060467

Sex: Female

Consultant: Dr. PREETHAM KUMAR

Ward/Bed No: N 0 GF-EMERGENCY/ER 103

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 insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care 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.

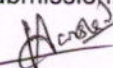
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

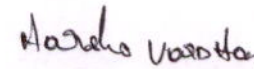
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers 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: 
Relationship: Father

Date: 04-06-2026

Time: 07-38 PM

Witness Name: 
Witness Signature: 
Patient Address:

HNO-1-20-212/101 BANK COLONY
NEAR TAAZA SUPER MAMRKET WEST
VENKATAPURAM Trimulgherry
Hyderabad Telangana INDIA 500015

CONSULTATION FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name :

Date : 29/6/26 Hour :

Hospital : RCH

Type of Referral : ☐ Emergency (within one hr.)Referred for : ☐ Opinion ☐ Co-Management☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)☐ Transfer of care

Date : Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 25 D (F)
Dr. PREETHAM KUMAR



Signature:

M.D.

Report of Findings and Recommendations :

→ F/U of Kawasaki Disease /

Received IVIG on 26/06/2020.

- Afebrile for >48 hours

Echo

- LMCA - 2.0mm (Z score +0.84)
LAD - 1.5mm (Z score +0.57)
RCA - 1.4mm (Z score -0.23)

- Trivial TR

- no PE (vegetation) / clot

→ GBV

Consultant :

Name : Signature : Date & Time :

NOTE : If more space is required use another consultation sheet as continuation

Adv

- CBC, CRP - ✓

- Tab. Disprin. (325mg)

1 tab + 10 ml water

1.5 ml once a day
x 6 weeks

→ RIA • 1 week - 2 week

Shut
Dr. Shuta

Pt name, Baby Nelluta Eesh Nrusimha.

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. KNR

Date : 25/6/26 Hour :

Hospital : RCHD

Type of Referral : ☐ Emergency (within one hr.)

Referred for : ☒ Opinion ☐ Co-Management

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

☐ Transfer of care

Date : Time : By :

Reason for C diagnosis: Dr. PREETHAM KUMAR
VIH-00206130 IP-00060467
Baby NELLUTLA EESHA NRUSIMHA
03-02-2025 1 Y 4 M 24 D (F)

re specify the particular need, especially in the absence of a second



Signature: _____

M.D. _____

Report of Findings and Recommendations :

Fever x 5 days
Conjunctival ingestion
Maculopapular rash.

23/6/26 Tc: 9670 / N52L38 / 12.1 / 2.77 lakh.

24/6/26

11.4 / 12550 / N78L6 / 2.8 Lakh. CRP ESR
62

Adv

1) Inj. MIDAZ 1.2 mg Iv.
(for Echo)

Consultant :

Name : Signature : Date & Time :

NOTE : If more space is required use another consultation sheet as continuation

SIB Dr Nageswara Rao sir

Situs Solitus Levocardia.

Dilated coronary arteries ^{non tapering}

RCA = 2.1 mm (+ 1.78)

LAD = 2.3 mm (+ 3.07)

LMCA = 2.8 mm (+ 3.16)

GBUF

Mild Pericardial effusion

Left arch no COA.

c/o clinical KD

Coronary arteries - ~~normal~~ dilated, No Aneurysm.

Adv

- 1) IVIG 2 gm/kg over 12 hours as infusion
- 2) Tab. ASPIRIN (DISPRIN) 90mg po tid (30mg/kg/day).
- 3) R/w on Monday in OPD (29/6/26).

A

Patient Name: Baby NELLUTLA EESHA NRUSIMHA
Age: 1 Y 4 M 22 D / Female
Dr. K NAGESWARA RAO

UHID NO: VIH-00206130
Date: 25/06/2026

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs Solitus Levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	Concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	No MR
Tricuspid Valve	No TR
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Left Arch / No COA
Pulmonary artery and branch PA	Normal
Aortic Valve	No LVOTO / No AR
Pulmonary valve	No RVOTO / No PR
Coronaries	LMCA = 2.8 mm (zscore = +3.16) LAD = 2.3 mm (zscore = 1.78) Mild circum cardiac pericardial effusion
PDA	No PDA
Pericardium	Normal
Others	-

DOPPLER / TISSUE Variables		Gradients	Regurgitation
Mitral flow			No MR
Tricuspid flow			No TR
Aortic flow		0.8	No AR
Pulmonary flow		1.0	No PR
Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE (cm)	Z score	PARAMETER	ABSOLUTE (cm)	Z score
AO	1.3		Tricuspid Annulus		
LA	1.9		Mitral Annulus		
IVSd	0.6		Aortic Annulus		
LVIDd	2.7		PA Annulus		
LVPWd	0.9		RPA		
IVSs	0.6		LPA		
IVIDS	2.6		MPA		
LVPW _s	0.7		AO Isthmus		
EF	61%		LV Mass		
FS	30%		Others		

IMPRESSION:

SITUS SOLITUS LEVOCARDIA

DILATED CORONARIES

NON TAPERING / IRREGULAR CORONARIES

NORMAL BIVENTRICULAR FUNCTION

NORMAL ARCH / NO COA

MILD CIRCUMCARDIAC PERICARDIAL EFFUSION

CONSULTANT: Dr. K NAGESWARA RAO

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Eesha Nrusimha Age: 1y 4m Gender: Male ☐ Female ☒
UHID.No: VH-00206130 Date: 25.6.26
I Nellu Harshevaran S/o, D/o, W/o, Nellu Srinivas Rao hereby
declare that our patient ~~Master~~/Baby Eesha who is related to me as daughter
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 25.6.26.

The doctors have explained to me in a language understood by me that my child has following health related issues :

Immunoglobulin infusion

The doctors have clearly explained to me that my patient ~~Master~~ / Baby Eesha during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child ~~Master~~ / Baby : Eesha
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: [Signature]
Name: N. Harshevaran
Relationship with Patient: Father
Date & Time: 25.6.26 ; 4.15 PM

Witness :

Signature: _____
Name: _____
Date & Time: _____

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Dr. Sameera
Date & Time: 25.6.26 ; 4.15 PM

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.డి
నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్సో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి. పెరిఫెరల్ ఇన్ఫర్జన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్జన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు)లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

IVIG **CONSENT FOR BLOOD TRANSFUSION**



Name: Eesha Nrusimha Age: 14.4m Gender: Male ☐ Female ☒
 UHID.No : VH-00206130 Date: 25.6.26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☒ Others <u>Immunoglobulin</u>

I, Nellita Harshvardan hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]

Name: N. Harshvardan

Date & Time 25.6.26 ; 4.15 PM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Sameer

Date & Time 25.6.26 ; 4.15 PM

Witness

Signature:

Name:

Date & Time

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యల సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/22	Time : 10 PM	1 AM	4:40 AM	7 AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	98.6°F	98.5°F	103.8°F Syll Ibuprofen Sponging	98.6°F
Heart Rate (bpm)	130	122	135	120
Blood Pressure (mmHg) *	100 (68) 55			95 (63) 50
sp. Rate (bpm) (Over 1 Minute) *	20	32	23	25
Resp Mod/ Severe Distress	N			
Receiving O ₂ (l/min)	08	09	09	100
O ₂ Saturations (%)				
Conscious Level	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE	0	0	1	0
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	B	B	B	B

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.

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-00206130 IP-00060467
 Baby NELLUTLA EESHA NRUSIMHA
 03-02-2025 1 Y 4 M 21 D (F)
 Dr. PREETHAM KUMAR



Joc. 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 : 25/6/26 Time: 10:40 12:25 3:30		4 Am	
Doctor / Nurse / Family Concern?			
Temperature (°F)	104		
	103		
	102		
	101		
	100		
	99		
	98		
	97		
	96		
	95		
94			
10:40 12:25 3:30 4 Am fever spike sup. Paracetamol 100.6°F sup. Paracetamol 100.6°F sup. Paracetamol 100.6°F			
Heart Rate (bpm)	190		
and	180		
Blood Pressure (mmHg) *	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)	117	120	127
p. Rate (bpm) (Over 1 Minute) *			
	70		
	60		
	50		
	40		
	30		
	20		
	10		
Resp Rate (Number)	27	28	27
Resp Distress			
Mod/ Severe			
None / Mild			
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	99	100	98
Conscious Level	N	N	N
Normal / Altered			
GCS *	15	15	15
TOTAL SCORE			
Number of shaded boxes	1	1	0
Pain Score	0	0	0
Observer's Initials	SK	SK	SK

ACTIONS

NB: Scores 3 should be recorded overleaf

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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	26/6/24	Time:	10	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?			am	pm	pm	pm	pm	pm	am	am	am
Temperature (°F)			98.6	97.8	98.6	97.7	97.9	97.5	98.2	98.6	98.6
Heart Rate (bpm)			123	122	112	117	118	120	126	124	120
Blood Pressure (mmHg) *			95 (63) 59		100 (70) 60		103 (72) 60				96 (63) 51
Respiratory Rate (bpm) (Over 1 Minute) *			32	28	27	28	27	28	30	25	30
Resp Mod/ Severe Distress None / Mild			N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)			99	100	97	98	98	99	100		
Conscious Level Normal / Altered			N	N	N	N	N	N	N	N	N
GCS *			15	15	15	15	15	15	15	15	15
TOTAL SCORE			1	0	0	0	0	0	0	0	0
Number of shaded boxes			0	0	0	0	0	0	0	0	0
Pain Score			0	0	0	0	0	0	0	0	0
Observer's Initials			SK	SK	M	M	no	B	B	B	B

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.

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!
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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.

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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/16	Time: 9	4	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	am	am	am

24/6 Temperature (°F)	104										
	103										
	102										
	101										
	100										
	99										
	98										
	97										
	96										
	95										
	94										

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)	117	115	117	114	110	109	110	115	122	110
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

sp. Rate (bpm) (Over 1 Minute) *	70										
	60										
	50										
	40										
	30										
	20										
	10										

Resp Rate (Number)	27	28	28	28	24	23	25	28	30	33
--------------------	----	----	----	----	----	----	----	----	----	----

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

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	me	me	me	M	M	M	B	B	B	B

ACTIONS

NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6/26	Time: 9	11	1	4	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	AM	AM	AM

Temperature (°F)	98.2°F	98.6°F	98.7°F	97.5°F	98.2°F	97.8°F	98.1°F	97.4°F	97.3°F
------------------	--------	--------	--------	--------	--------	--------	--------	--------	--------

Heart Rate (bpm)	110	115	112	116	124	118	112	110	104
Blood Pressure (mmHg) *	98/60	98/60	92/50	92/50	92/50	92/50	92/50	92/50	92/50

sp. Rate (bpm) (Over 1 Minute) *	27	26	25	30	29	26	25	21
----------------------------------	----	----	----	----	----	----	----	----

Resp Mod/ Severe Distress	None	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	97	98	97	99	96	99	99	98
Conscious Level	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15

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

ACTIONS

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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)



FLUID CHART

Sheet No. :

24/6/25

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	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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	milk	2mls										
	10:00 pm	leppma	20 ml										
	11:00 pm		20 ml										
	12:00 am		20 ml										
	01:00 am		20 ml										
Total Intake :			80ml			Total Output :							
	02:00 am		20 ml										
	03:00 am		20 ml										
	04:00 am		20 ml										
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :			60ml			Total Output :							
Total 24 hrs. Intake			140 ml			Total 24 hrs. Output							



FLUID CHART

Sheet No. : 3

26/6/26

- All measurements in ml.
- 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	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
26/6/26			Mouth	I.V	N.G						
	08:00 am										
	09:00 am	milk									Subhe 26/6 @ 2pm
	10:00 am										
	11:00 am	water									
	12:00 pm										
01:00 pm											
Total Intake :					Total Output :						
26/6	02:00 pm										
	03:00 pm	Rice									narsag 26/6/26 @ 2pm
	04:00 pm	water									
	05:00 pm										
	06:00 pm										
	07:00 pm										
Total Intake :					Total Output :						
	08:00 pm										
	09:00 pm	Hydro									Benavika 26/6 @ 1am
	10:00 pm	water									
	11:00 pm										
	12:00 am										
	01:00 am										
Total Intake :					Total Output :						
27/6/26	02:00 am										
	03:00 am										Benavika 27/6 @ 1am
	04:00 am	water									
	05:00 am										
	06:00 am										
	07:00 am										
Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output						

VH-00206130 IP-00060467
 Baby NELLUTLA EESHA NRUSIMHA
 03-02-2025 1 Y 4 M 23 D (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. : (4)

27/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
24/6	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
27/6/26	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
28/6	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
29/6	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. : 5

28/6/26.

- All measurements in ml.
- 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	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
28/6	08:00 am	2/4								✓	1	Subham 28/6 @ 2pm
	09:00 am	x										
	10:00 am	water										
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						Total Output :						
28/6/26	02:00 pm										1	Subham 28/6 @ 2pm
	03:00 pm	Rice										
	04:00 pm	water										
	05:00 pm											
	06:00 pm	milk							✓			
	07:00 pm											
Total Intake :						Total Output :						
28/6	08:00 pm	Rice										Vaishnavi 29/6/26 @ 2am
	09:00 pm	lalat										
	10:00 pm											
	11:00 pm								✓			
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
29/6	02:00 am											Vaishnavi 29/6/26 @ 8am
	03:00 am											
	04:00 am	lalat										
	05:00 am								✓			
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

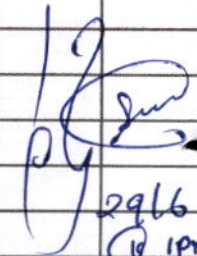
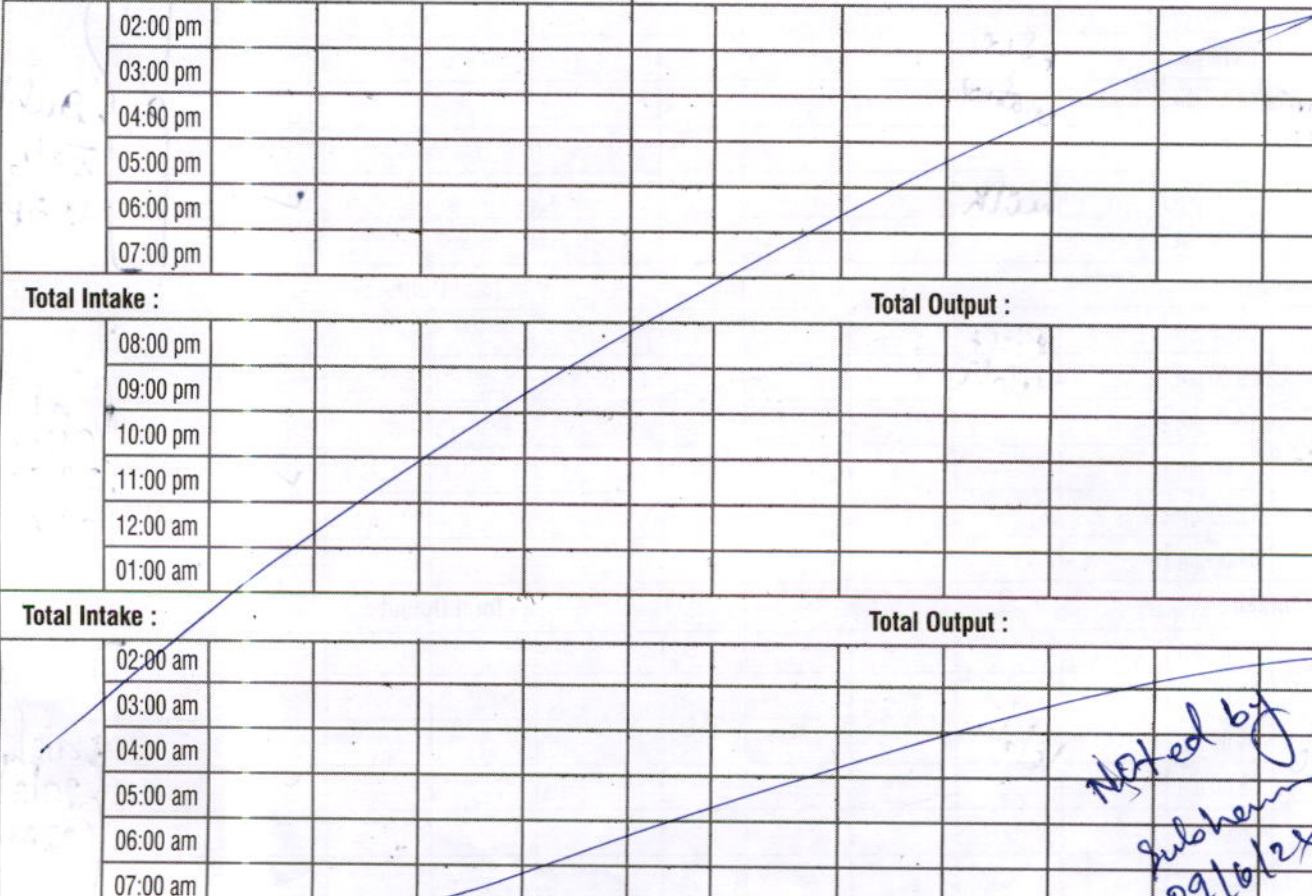
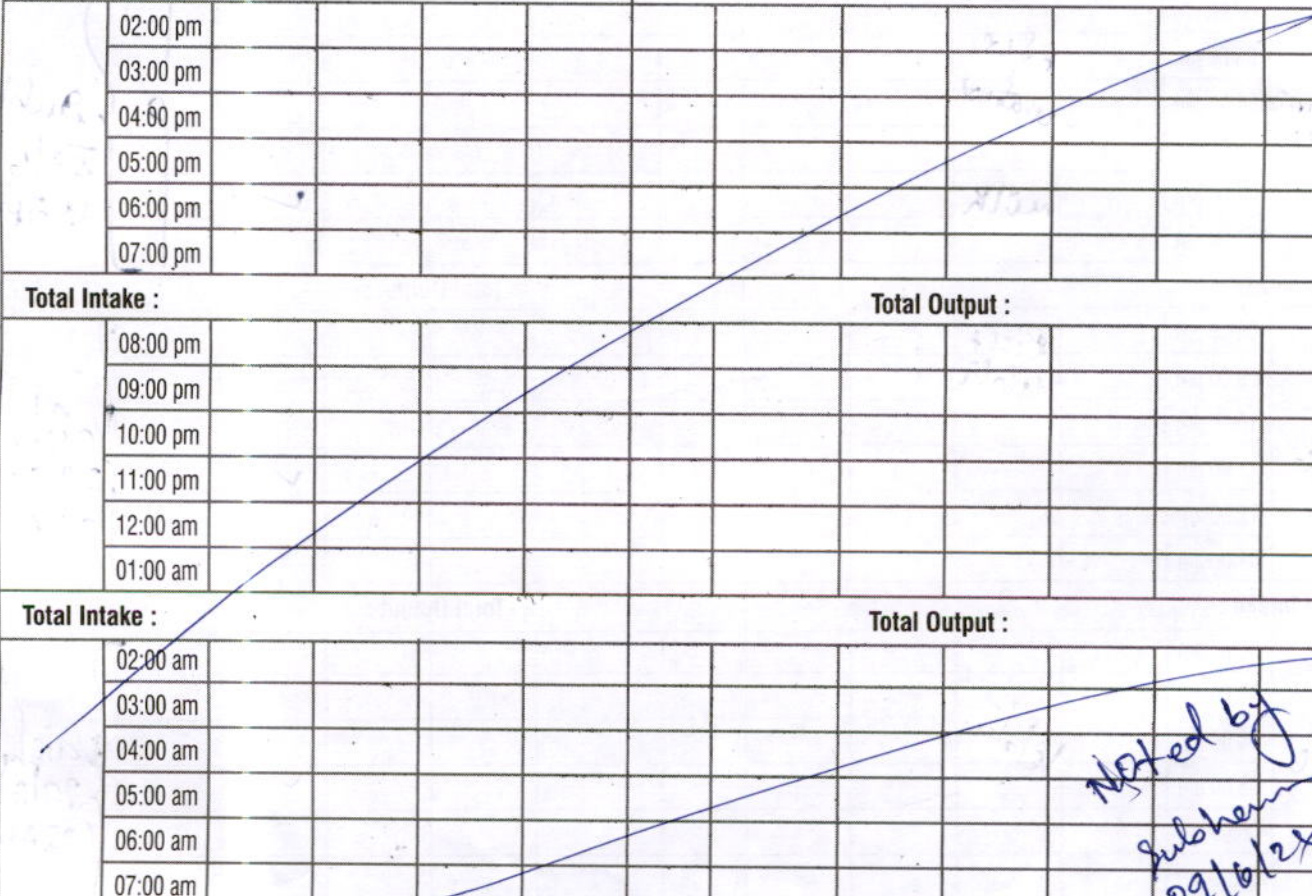
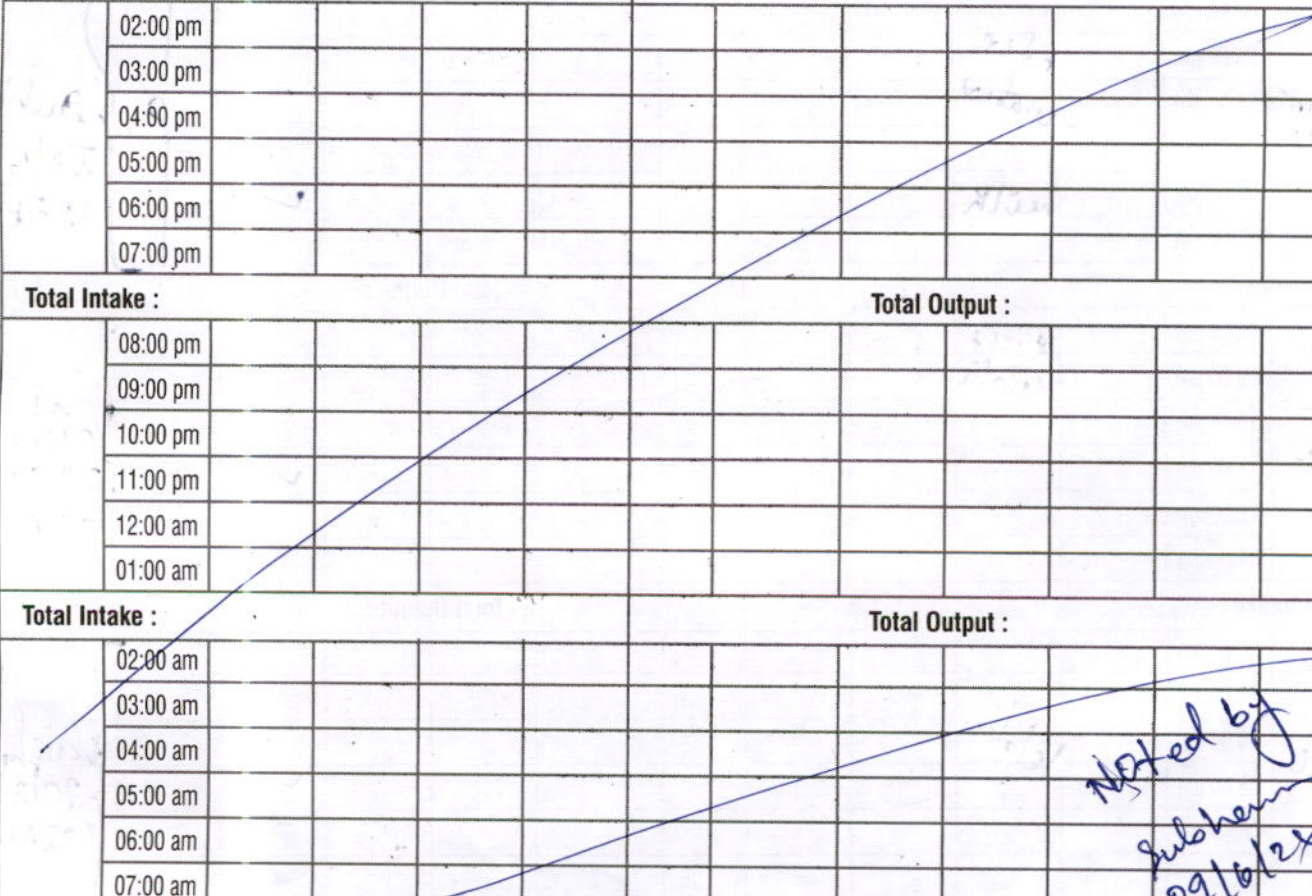


FLUID CHART

Sheet No. : 6

29/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/6	08:00 am											 29/6 @ 1pm
	09:00 am											
	10:00 am	milk										
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
29/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
29/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
29/6	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

Noted by
 Subham
 29/6/26
 @ 2pm



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: ICU

Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6		<u>Nil</u>				☐ 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. Vishwaja

Date & Time : 24/6/26 @ 8:23pm

Nurse Name & Signature: Shanthi / Shun

Date & Time : 24/6/26 @ 8:23pm

115

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VIH-00206130 IP-00060467
 Baby NELLUTLA EESHA NRUSIMHA
 03-02-2025 1 Y 4 M 22 D (F)
 Dr. PREETHAM KUMAR



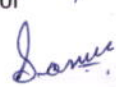
Rainbow Children's Hospital
 It takes a lot to treat the little.

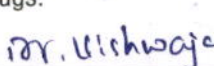
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight 8.6 kg Ward 1st floor

DRUG : TAB ASPIRIN (150mg)				Date	25/6	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Dt.	Time					
90mg	PO	8 th hrly	25/6	6 AM	X	Rem	Rem	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:				 Dr. Sameera					
Additional Instructions:				Dilute 1 tab in 5ml DW & give 3ml					
Daily Doctor's Endorsement by a Sign									

DRUG : TAB LANOPRAZOLE				Date	27/6	28/6	29/6
Dose	Route	Frequency	Start Dt.	Time			
	PO	once daily	26/6	6 am	X	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:				 Dr. Vishwaje			
Additional Instructions:				1 tab = 15mg dilute 1 tab in 10ml give 5ml			
Daily Doctor's Endorsement by a Sign							

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

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

25/6/26
 Eswar & I am
 Dr. Vishwaje

VERIFIED BY : NAR



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



DRUG CHART

Date of Admission: 24/6/26 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 **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 : <u>SYP. PARACETAMOL</u>				Date Time
Dose <u>2.5ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>24/6</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period <u>Max 6th hour</u>	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>5ml = 240mg</u> <u>15mg/kg/dose if temp > 100°F</u>				

DRUG : <u>SYP. IBUPROFEN</u>				Date Time
Dose <u>4ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>24/6</u>	<u>10:40 AM</u>
Doctor's Signature <u>[Signature]</u>		Valid Period <u>max 6th hour</u>	Pharm. <u>[Signature]</u>	<u>25/6 26/6</u> <u>See Spm 3:45 PM</u> <u>Need Remo</u> <u>CH Pinku</u>
Additional Instructions: <u>5ml = 100mg</u> <u>10mg/kg/dose if temp > 102°F</u>				

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

VERIFIED BY : Name Signature
 S. Mayank ab S. Mayank 24/6/26

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Weight. 8.6 kg Ward. 102

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	5:25pm	INJ. PHENERAMINE MALATE	4.3 mg 0.2 ml	ZV	2/	Deeka Neela
25/6	5:25pm	INJ. HYDROCHLORIDE	25 mg	ZV	2/	Deeka Neela
25/6	5:30pm	INJ. ZINTRAVENOUS ZMMUNOGLOBULIN	0.5ml/hr 15 min 1ml/hr 15 min	ZV ZV		Deeka Neela
25/6	6pm	[17gm] over (10-1) [170ml] 12 HRS	1.5 ml/hr 15 min 2 ml/hr 15 min	ZV ZV		Deeka Neela
25/6	6:30pm		5ml/hr 15 min 10 ml/hr 15 min	ZV ZV		Deeka Neela
25/6	7pm		15.8 ml/hr 9 1/2 HOURS	ZV		Deeka Neela
26/6	1:30 AM	INJ. FUROSEMIDE (MIDWAY)	5mg	ZV	2/	Renuka Rinku
26/6	8: AM	INJ. FUROSEMIDE (ENDWAY)	5mg	ZV	2/	Renuka Rinku
25/6	9:30pm	SYP PEDICULARY	4.5ml	PO	2/	Rinku Renuka

REGULAR PRESCRIPTIONS

Weight. 8.6 kg Ward. 102

DRUG : ATARAX ANTI ITCH LOTION				Date	Time	24/6	25/6	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6 AM		ESW	New Poly	ESW	ESW		
Name & Signature of the Doctor Starting the Drugs:				2 PM							
Additional Instructions:				10 PM	ESW	ESW	Poly	ESW	ESW		
Daily Doctor's Endorsement by a Sign											
DRUG : INTJ. PIPE RACILLIN + TAZODACTAM				Date	Time	24/6	25/6	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6 AM		ESW	Renu Rinku	Poly	ESW	ESW	
Name & Signature of the Doctor Starting the Drugs:				2 PM							
Additional Instructions:				10 PM	ESW	Renu Rinku	Poly	ESW	ESW		
Daily Doctor's Endorsement by a Sign											
DRUG : INTJ. ESOMEPRAZOLE				Date	Time	24/6	25/6	26/6			
Dose	Route	Frequency	Start Date	6 AM		ESW	ESW	Renu Rinku			
Name & Signature of the Doctor Starting the Drugs:				2 PM							
Additional Instructions:				10 PM	ESW	ESW	Renu Rinku				change to oral 26/6 G.D.
Daily Doctor's Endorsement by a Sign											
DRUG : SYP ATARAX				Date	Time	24/6	25/6	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6 AM		ESW	Renu Rinku	Poly	ESW	ESW	
Name & Signature of the Doctor Starting the Drugs:				2 PM							
Additional Instructions:				10 PM	ESW	Renu Rinku	Poly	ESW	ESW		
Daily Doctor's Endorsement by a Sign											