Name	Baby VALLAPU DHANUSHREE	**UHID**	KMH-00000037
Father/Guardian	VALLAPU SHEKHAR	**Age/Gender**	6 M /Female
Address	KOTHUR (VI) MULUGU (M) SIDDIPET (D), Siddipet Bus Stand, Medak, Telangana, INDIA, 502103		
IP No	IP-00060593	**Admission Date**	06-07-2026
Ref Doctor		**Discharge Date**	08-07-2026

DISCHARGE SUMMARY
MLC No.271 (Done outside)

Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in Pediatric and Cardiac Intensive Care
(RCPCH Birmingham Children's Hospital UK)
Fellow in Pediatric Retrieval Medicine (KIDS-NTS UK)
APMC/FMR/79982

Diagnosis: Second degree superficial burns over perineal area & lower abdomen (10% body surface area)

History: Baby VALLAPU DHANUSHREE is a 6 M girl presented with alleged history of burns due to contact with hot liquid on 03.07.2026 at around 9:30 am for which child was treated with wound debridement & collagen dressing at outside hospital. For the above complaints, she was brought to Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 130/min, blood pressure - 80/50 mmHg and respiratory rate - 30/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was irritable. Other systemic examination was normal. Burn surface area was 10% second degree burns with no oozing, crusting noted and no clear signs of infection.

Name	Baby VALLAPU DHANUSHREE	UHID	KMH-00000037

Weight on admission : 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 and analgesics.

In view of raised CRP, IV antibiotics were continued. Consultation with Dr. A. Deepthi, Plastic Surgeon, was done and wound dressing was done. She advised to continue gel application over the wound.

Her vitals were regularly monitored. Her wound remained healthy and was healing. As she remained 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. Skin case and proper hand hygiene to be followed before application of any ointment of gel.
3. Megaheal gel for local application 8th hourly (6am-2pm-10pm) for 7 days.
4. Zincovit drops, 0.5ml once daily for 1 month.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.
6. Kindly consult Dr. K. Vishnu Vardhan Reddy, Consultant Pediatric Intensivist & Pediatrician, on 15.07.2026 (Wednesday) at Rainbow Children's Clinic at Kompally in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Paracetamol drops (1ml=100mg), 0.9ml for fever more than 99.6*F (maximum 4-6 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 doctor .....in the language that I understand and I have understood the same.

Name	Baby VALLAPU DHANUSHREE	UHID	KMH-00000037

Name : V-Shivam Signature :

Relationship with patient : Father

This summary has been explained by:

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

for

Registrar/Resident/C.M.O

Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in Pediatric and Cardiac Intensive Care
(RCPCH Birmingham Children's Hospital UK)
Fellow in Pediatric Retrieval Medicine (KIDS-NTS UK)
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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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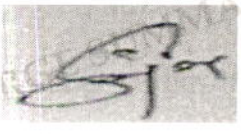
PatientName	: Baby VALLAPU DHANUSHREE	**Inpatient No.**	: IP-00060593
Age/Gender	: 6 M / Female	**Admit Date**	: 06-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-07-2026 21:56
HEMOGLOBIN (Colorimetry)	**10.0**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	4.15	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**27.6**	**VOL%**	L	33 - 49
MCV (Calculated)	**66.4**	**fL**	L	70 - 86
MCH (Calculated)	24.0	pg/cells		23 - 31
MCHC (Calculated)	**36.2**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	13.3	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	**609**	**10^9/L**	H	150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**18.50**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	22	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	70	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(++) WBC : LEUCOCYTOSIS PLATELETS : INCREASED**			

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 :06-07-2026 21:56
CRP (Immunoturbidimetry)	**34.0**	**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 :06-07-2026 21:56

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby VALLAPU DHANUSHREE	Inpatient No.	: IP-00060593
Age/Gender	: 6 M / Female	Admit Date	: 06-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	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 :06-07-2026 21:56
SODIUM (Direct ISE)	140	mmol/L	134 - 144
POTASSIUM (Direct ISE)	5.4	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	103	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-07-2026 21:56
UREA (Kinetic, Urease)	11.5	mg/dl	9 - 30

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 6/7 ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 105 ---------- Ward : 1st F ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7	1.0.30pm	ER	105	Nee

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Deepthi	7/7/26	3098808.	
2.	D. (Plastic Surgeon) for Dressing			
3.	Cross Cleared by 8/7/26.			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7	CBP. CRP. electrocyte	26022617	
	creat. urea		[illegible]
	Cross checked by [illegible] 8/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	Infusion pump	11 pm	7/7/26 7-30pm	3098245	Sadiya
	Cross checked by	[illegible]	8/7/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7	IV placement	1	3098244	Nee
	Cross clubbed by ~~dr~~ 8/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow® Children's Hospital — BirthRight BY RAINBOW HOSPITALS

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	2			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	01			
6	Doctors Progress Sheets	03			
7	Nurses Progress notes	02			
8	Consultation Sheets				
9	General Consent for Treatment	01			
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02			
	Intake and Output chart (fluid Chart)	02			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	thempH dempt	2			
	pain Assesm	01			
	Barden Q	01			
	other	04			
	Total No. of Pages	34			

Noted by [illegible]

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060593 **Admit Date** : 06-Jul-2026 **Admit Time** : 09:28 PM **UHID** : KMH-00000037

Patient Details :

Patient Name	: Baby VALLAPU DHANUSHREE	**Age**	: 6 M
Guardian	: VALLAPU SHEKHAR	**DOB**	: 28-12-2025 06:21 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOTHUR (VI) MULUGU (M) SIDDIPET (D) Siddipet Bus Stand Medak Telangana INDIA 502103	**Phone No**	: 8121262724/ 8121262610
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : VALLAPU SHEKHAR **Relationship** : Father

Contact Address : KOTHUR (VI) MULUGU (M) SIDDIPET (D) Siddipet Bus Stand Medak Telangana INDIA 502103 **Phone No** : 8121262724

Signature

Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN REDDY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

Patient Name : VALLAPU DHANUSHREE UHID : KMH-00000037 IPD : IP-00060593 Gender : Female Age : 6 M

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Dhanushree Age : 6m **Gender:** ☐ Male ☒ Female

Date : 6/7/26 Time of Arrival : 8:37pm

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: 97.8°F PR: 137b/m BP: Crying RR: 24b/m SpO_2: 97%

Chief Complaints: C/O Burns over the Abdomen and Perineal Area

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:40pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Samuel

Signature of Triage Nurse : Sam

Date & Time : 6/7/26 @ 8:40pm

Patient Name : VALLAPU DHANUSHREE UHID : KMH-00000037 IPD : IP-00060593 Gender : Female Age : 6 M

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE (F)
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 8:41PM

Chief Complaints: Burns over the abd & perineal area RBS: .....

Height : 93cm Weight : 6.25kg BMI : ..... Head Circumference (<2 years) 45 cm

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 2 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Burning ☐ Location Burn Site ☐ Frequency Intermittent ☐ Duration -

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 8:44pm

Patient Name : VALLAPU DHANUSHREE UHID : KMH-00000037 IPD : IP-00060593 Gender : Female Age : 6 M

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

Time	Nursing Notes
8:40pm	* Vitals checked & Recorded
8:40pm	* Doctor assesed the pt & Advised admission
9.27pm	* Admission done
10.10pm	* IV placement done
10.15pm	* Samples collected & sent to lab
	* pt shifted to ward

Samples collected by: Samuel Time: 10.15 pm

Samples sent by : Moghidra Time: 10.20 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
8:40pm	crocin drops	P/o	1ml		

Condition of patient at time of shift - out :		Details of Shift - out
HR: 137 b/m	BP: crying CFT: <3 sec	Shift - out from ER to: ICS
RR: 28 b/m	SPO_2 : 98%	Time of Shift - out: 6/7/26 @
GCS: 15	Temperature : 97.3 °F	Handover given to: Sr: Manasha (Nurse's Name)
Pain Score: 2		
Repeat RBS (if applicable): —		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Cannulation

Name of the Nurse : ..... Signature of the Nurse : .....

Date & Time : .....

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: 10% BSA Superficial burns

Arrival Time: 10:30pm Mode of Arrival: by mother hold Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NO

Body Weight: 6.25 Kg

Height: 93 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	NO

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: 6.25kg Length: 93 CM Head Circumference (< 2 years): 45CM

Temp.: 98.3°F HR: 128 b/m RR: 27 b/m BP: 100/66 (90)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (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 Nil Location Nil Frequency Nil Duration Nil

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: N/A (Date/Time): —

Social History: Lives With Family

Siblings in household ☐ Yes ☑ No (if yes How Many?) 0

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to mother

Nurse's Name: cuanaya Date: 6/7/26 Time: 14:00pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
KMH-00000037 IP-00060593 Baby VALLAPU DHANUSHREE 28-12-2025 6 M (F) Dr. KODICHERLA VISHNU VARDHAN	6/1/26 @ 9.28pm	6/1/26 @ 10.30pm
	Transfer Ordered by	Reason for Transfer
	Dr. Shriker	Admission
From Unit	To Unit	Information to Attendant
ER	105	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21		Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagasree	Dr. Shriker

Patient & Clinical Records Received by : Dr. Manasa

Date & Time of Patient Received : @ 10.40pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

MLC DONE OUTSIDE

MLC - 271

Patient Name: _____

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

UHID ID: _____

Department: _____

Consultant: _____

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
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Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

10% BSA → Superficial Burns at perineal, Lower ABDOMEN

History of present illness :

10% BSA Burns at perineal, lower Abdom due to hot liquid at 9:30 pm on 31/6/26

↓

@ outside hospital
wound debridment & collagen dressing done

f/u/p came to komalla clinic

↓

wound healthy
Dressing not intact

↓

Now planned for Dressing and wound care Management.

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Pediatric Multiorgan History & Physical Examination

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

not significant

Birth & Neonatal History:

Term | NVD | 3kg | No NICU stays

Birth & Socio Economic History:

About Father : class 2nd

About Mother :

Any additional Information :

Developmental History :

(P) developmental

Immunization History :

upto date.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 6 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : 130/min B.P. _____ SPO2 _____

Resp.rate and type of breathing : 22/min/ Regular

Rash –

Lymphadenopathy –

Oedema : ~10% TBSA Burns noted covered c incomplete collagen Dressing.

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) : no tachypnea / chest retractions noted

Air entry & breath sounds : B/E (+)

Any addes sounds : Burn areas / injuries (+)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft

Ausculation :

Spine : External Genitelia :

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

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[illegible] Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert ; irritable

Cranial Nerves : intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : not tested

Bladder / Bowel :

Clinical Summary & Diagnostic:

10% BSA superficial burn
↓
operated outside as eschar
clearing.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S/E, Scr,
B. urea.
X-ray plain ①

Planned Management

- IV fluids
- Pain Management
- wound care.
- IV Antibiotics
-

NPO – from 8:30am
↓
Dressing of wound in Afternoon in OT
↓ Sedation.

- I/O monitoring
- monitor vitals

Signature of the Doctor: [signature]

Name of the Doctor: Dr. [signature]

Date & Time:

Signature of the Consultant: [signature]

Name of the Consultant:

Date & Time:

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Baby VALLAPU DHANUSHREE
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN (F)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/1/26 8 AM	C&S/B Dr Vishnu 10% Scald burns BSA Current Status - Child stable & Active - NO fresh issues Plan - Plastic surgeon review today & further plan. → Keep Ketamine for sedation	VVM

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/1/26: 4:45 pm.	Procedure Notes:- by Dr. Deepti	
	Under ASP, Dressing is done under sedation. Vitals - stable. Post procedure - uneventful.	
		Adv:-
		- Vital monitoring.
		- Inform SOS
		- Dressing whenever.
7/1/26: 1:00 PM	S/B Dr. JV Krishna R. (PICU fellow) c/d/w Dr. Vishnu Sir	
	- Alert, Active	
	- Accepting feed well.	
	Explained mother about dressing & wound care.	
	Adv.	
	- Omit IV fluid	
	- Make mother learn dressing	
	- Explain complimentary feed to mother	
		JV Rao

Noted by maheshe
6PM 7/1/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	SB Resident	
9:00PM	(D/w Dr. Vishnu Sir)	
	IV cannula out	
	Adv:	
	change to oral.	
	(signature)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/1/26 9AM	C/S/B Reader	
	10% BSA scald burns	
	O/E Child active stable	PCA
	CVS S1S2 (N)	- vitals monitoring
	RS BLAE (N)	
	PA soft	- continue Amoxyclav
	Vitals stable	
		- Discharge & followup 1 week at Kompally
	NO fresh Issues	
		Ashwin
		- Zincovit drops
		- Vit D_3 drops
		- Skin care
Noted by [illegible] 1pm 8/1/26		VMV

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: 10% BSA Superficial burns			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: –			Post OP Day: –			
BACKGROUND	Date / Shift	6/7 N	7/7/26 M	7/7/26 E	7/7 N	8/7 M	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	DBM	NPO	NPO	DBM	DBM	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.5°F	98.3°F	98.3°F	
	Res:	28b/m	33b/m	30b/m	27b/m	26b/m	
	SpO_2:	98%	100%.	99%.	98%.	98%	
	Pulse:	130b/m	145b/m	150b/m	120b/m	118b/m	
	BP:	–	–	–	–	–	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	14	14	14	14	14	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	DBM	DBM	DBM	DBM	DBM	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :		manasa	Beonika	Manisha	Manasa	Indu	
Signature / ID :		Q019597	B018724	M905011	Q019592	R60660	
Date:		7/7/26	7/7/26	7/7/26	8/7/26	8/7/26	
Time:		@8AM	@2pm	@8pm	@8AM	@2pm	
Taken Over By Name :		Beonika	Manisha	Manasa	Indu		
Signature / ID :		B018727	M905011	Q019592	R60608		
Date:		7/7/26	7/7/26	7/7/26	8/7/26		
Time:		@ 8am	@2pm	@8PM	@8AM		

Noted by [illegible]

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

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NURSING SHIFT HAND OVER FORM

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

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NURSING CARE RECORD

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Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	1 PM	→ Relieve pain and discomfort	11:30 PM	→ Administered medications as per drug chart	→ To reduce pain	→ patient is stable	sf nurses

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NURSING CARE RECORD

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Date: 27/07/26

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	11am 12pm	→ Maintain fluid balance. → Relieve pain and discomfort.		MC Administered IV fluids. DNS 25 ml/hr → Provided Inj Paracetamol	→ Maintain Hydration Reduce pain	Patient is stable	Beeunika 7/7/26 @2pm
Afternoon	3PM	Maintain fluid Balance.		• Administered IV fluid DNS 25 ml/hr.	- Maintain Hydration.	patient is stable.	Manisha 7/7/26 @ 8pm
Night	10 PM	→ Ensure Safety	10:30 PM	→ Side rails kept up	→ prevent from fall risk	→ patient is stable	Manas

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NURSING CARE RECORD

Date: 8/1/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge notes:- pt came for discharge. patient is stable advice for discharge					
Afternoon							
Night						Noted by Pooja @ 12pm 8/1/26	

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NURSING CARE RECORD

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Date: .....

Goals

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

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 6/7	DATE 7/7	DATE 7/7	DATE 7/7	DATE 8/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own Ability	1					
Environmental Factors	History of Falls or Infant - Toddler Placed in Bed	4					
	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None ✓	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None ✓	1	1	1	1	1	1
	TOTAL		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		[illegible]	X	X	X	[illegible]
Other Intervention(s) Specify		✓	X	✓	✓	✓
Nurse's Name :		Brijal	[illegible]	Manisha	[illegible]	Bindu
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]
Date :		6/7	7/7	7/7	7/7	8/7
Time :		10 pm	9:45 pm	3pm	[illegible]	9 AM

Docu. No. RCH / FRM / CLINICAL / 005

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Ref. No. F / HW / QC / THROM / 07

CHECKLIST FOR THROMBOPHLEBITIS

Ward : .....
Date : .....Time : .....

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No. 6/7 7/7 8/7 N M E IV M	REMARKS
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	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 Cannual 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	- - ~) -	

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

Signature of Shift In Charge :
Signature : ..... Name .....

Signature of Ward In Charge :
Signature : ..... Name .....

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PAIN ASSESSMENT FORM

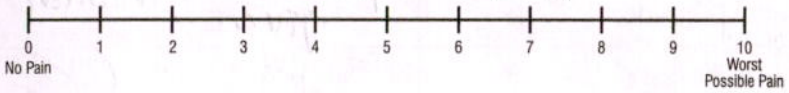
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	9:45 pm	2	Burn site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	PCM drops given	[illegible]
7/7/26	12pm	1	Burn site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	pcm given	Brij[illegible]
7/7/26	3pm	1	Burn site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	pcm given	Manisha
7/7/26	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
8/7	9am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

KMH-00000037 IP-00060593
Baby VALLAPUDHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

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BRADEN 'Q' SCALE

					Date :	6/7	7/7	7/7	7/7
					Time :		2pm	3pm	11pm
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	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.		4	2	2	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	3	3	2
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	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."		4	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	21	24	19
					Evaluator's Name	NEO	Brid	[illegible]	[illegible]

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

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

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby VALLAPU DHANUSHREE**	**Age :**	**6 M**
IP No:	**IP-00060593**	**Sex:**	**Female**
Consultant:	**Dr. KODICHERLA VISHNU VARDHAN REDDY**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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: Vallapu Sudhakar

Relationship: Father

Date: 06-02-2026

Time:

Witness Name:

Witness Signature:

Patient Address:

KOTHUR (VI) MULUGU (M) SIDDIPET
(D) Siddipet Bus Stand Medak
Telangana INDIA 502103

CONSULTATION FORM

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KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

Doctor Name : A-Deepthi

Date : 7/7/26 Hour : .....

Hospita ....

....

Referred for : ☐ Op... agement

☐ Transfer of care

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

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

Date : ..... Time : ..... By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: 10% Scald burn over lower abdomen & perineum.

Signature: M.D.

Report of Findings and Recommendations :

- 2° Superficial burn over lower abdomen & perineal region.

Adv:

→ MEGAHEAL GEL FOR LOCAL APPLICATION
(OR)
→ NANOCELL GEL.

→ CHANGE OF DRESSING WHEN WET / OR KEEP IT OPEN.

Consultant :

Name : A-DEEPTHI Signature : A Dept Date & Time : .....

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

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE (F)
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN

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WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date: 6/7 Time: 11:59PM	Date: 7/7 Time: 11:59PM	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse							

Intervention: NIL

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

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

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE (F)
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE (F)
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN

Pati... / CLINICAL / 125

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26 Time: 11 PM | 1 AM | 3 AM | 5 AM | 7 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F

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

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

100/(70)/60 | 103/(72)/60 | 94/(60)/56

Note: BP does not score in early warning scoring

Heart Rate (Number): 114 | 110 | 117 | 109 | 125

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

70 60 50 40 30 20 10

Resp Rate (Number): 27 | 26 | 26 | 25 | 26

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2(l/min)

O_2Saturations (%): 97 | 98 | 98 | 97 | 98

Conscious Level: Normal / Altered

GCS *: 15 | 15 | 15 | 15 | 15

TOTAL SCORE Number of shaded boxes: 0 | 0 | 0 | 0 | 0

Pain Score: 0 | 0 | 0 | 0 | 0

Observer's Initials: MG | MG | MG | MG | MG

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

Date: 7/7/26 Time:	9 am	11 am	1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 AM	3 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?												
Temperature (°F)	99.2°F	98.2°F	98.6°F	98.6°F	98.6°F	98.6°F	98.3°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	140	130	135	130	128	130	112	115	117	120	122	118
Resp. Rate (bpm) Over 1 Minute) *	35	40	38	32	30	32	30	28	27	26	27	26
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N								
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	99	99	98	98	98	97	98	97	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	M	MM	MD	MA	MA	MA	MA	MA	MA

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

Note: BP does not score in early warning scoring

105 → (72) ↓ 66

98 → (66) ↓ 54

ACTIONS NB: Scores 3 should be recorded overleaf	
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Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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Baby VALLAPU DHANUSHREE
28-12-2025 8 M (F)
Dr. KODICHERLA VISHNU VARDHAN

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Parameter			
Date: 8/12 Time:	9 Am	11 Am	
Doctor/Nurse/Family Concern?			
Temperature (°F) (scale 94–104)	98.3F	98.6F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring			
Heart Rate (Number)	120	118	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			
Resp Rate (Number)	28	20	
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	98	97	
Conscious Level — Normal	N	N	
Conscious Level — Altered			
GCS *	15	15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	[illegible]	[illegible]	

Noted by Endo
Dr [illegible]

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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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)

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
6/7	08:00 pm											
	09:00 pm											
	10:00 pm			DNS								
	11:00 pm		DBM	25ml								
	12:00 am			25ml								
	01:00 am		ORS/IC	25ml						22ml		
Total Intake : 75 ml						**Total Output :**						
7/7	02:00 am		ORS/IC	25ml								
	03:00 am		DBM	25ml								
	04:00 am			25ml								
	05:00 am		DBM	25ml								
	06:00 am			0								
	07:00 am		DBM	25ml						50ml		
Total Intake : 125 ml						**Total Output :**						

Discharge 7/7/26 @7am

Total 24 hrs. Intake	200 ml	Total 24 hrs. Output	72ml (1.28cc/kg/hr)

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FLUID CHART

Sheet No. : .....

7/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		Milk Cerelac									
	09:00 am									48ml		
	10:00 am		M	25ml							0	Bavanika 7/07/26 @ 1pm
	11:00 am			25ml								
	12:00 pm		P	25ml								
	01:00 pm		O	25ml								
Total Intake :				100ml		Total Output : 48 ml						
7/A	02:00 pm			25ml								
	03:00 pm			25ml						150ml	1	
	04:00 pm			25ml								
	05:00 pm										0	Manisha 7/07/26 @
	06:00 pm									150ml	1	
	07:00 pm											
Total Intake :		75ml				Total Output : 300ml						
	08:00 pm											
7/7	09:00 pm		DBM									
	10:00 pm									30ml		
	11:00 pm											
	12:00 am		DBM									
	01:00 am									52ml		
Total Intake :						Total Output : 82 ml					0	Manisha 8/7/26 @ 7AM
	02:00 am		DBM									
8/A	03:00 am											
	04:00 am		DBM							45ml		
	05:00 am											
	06:00 am		DBM									
	07:00 am											
Total Intake :						Total Output : 45 ml						

Total 24 hrs. Intake		Total 24 hrs. Output	475 (3.1 cc/kg/hr)

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7	08:00 am		150cc							Loose motion 50ml	1	
	09:00 am		+									
	10:00 am										0	
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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FLUID CHART

Sheet No. : .....

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKA ☐ ~~Not known any Drug Allergies~~

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 105

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shrikar/

Date & Time : 6/1/26 @ 9:45 PM

Nurse Name & Signature: Neeraja Sue/Nee

Date & Time : 6/1/26 @ 9:45 PM

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

Rain
Child
Hosp

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				6.25

REGULAR PRESCRIPTIONS

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
100mg	IV	6th hly	6/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:
10-15mg/kg/dose.

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
Time		
12 AM		
6 AM		
12 PM		
6 PM		

Verified 6/7/26 Clinical Pharmacologist

DRUG : MECHAHEAL OINTMENT

Dose	Route	Frequency	Start Dt.
	HA		7/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:
whenever diaper get wet

Daily Doctor's Endorsement by a Sign.

Smeary lemap 7/7/26

DRUG : CLAMPKID DROPS (AMOXYCILLIN+CLAVULANATE)

Dose	Route	Frequency	Start Dt.
1.5ml	P/O	TWICE DAILY	7/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:
(Inf/8hrly)

Daily Doctor's Endorsement by a Sign.

Date	8/7
Time	
10 AM	
10 PM	

NOG 8/7/26

DRUG : PARACETAMOL DROPS

Dose	Route	Frequency	Start Dt.
0.9ml	P/O	6th hrly	7/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:
15mg/kg/dose. (Inf/10hrly)

Daily Doctor's Endorsement by a Sign.

Date	8/7
Time	
12 AM	ESW
6 AM	ESW
12 PM	
6 PM	

NOG 8/7/26

KMH-00000037
Baby VALLAPU DHANUSHREE IP-00060593
28-12-2025 6 M
Dr. KODICHERLA VISHNU VARDHAN (F)

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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DRUG CHART

Date of Admission: 6/7 Drug Allergies: N/A ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... ture .....

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Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

I.V. FLUIDS CHART

Weight. 6kg Ward. .....

Date	Time	Composition of I.V. Fluid (Solution ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/12/25	12AM	DNS (Full M)	I/V	25 ml/hr			07/01/26 7pm	Jv Rao	

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

KMH-00000037 IP-00060593
Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	8:40pm	PARACETAMOL DROPS (15mg/kg)	1ml	PO		
7/7/26	4:30 pm	INJ. AVIL (PHENIRAMINE MALEATE)	3mg	IV		
7/7/26	5pm	INJ. KETAMINE	5mg	IV		

Verified Dr. Rishika Clinical Pharmacologist

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

Baby VALLAPU DHANUSHREE
28-12-2025 6 M (F)
Dr. KODICHERLA VISHNU VARDHAN

REGULAR PRESCRIPTIONS

Weight. 6.25kg Ward. ....

				Date/Time	6/7	7/7		
DRUG: INJ AMOXYCILLIN + K CLAVULANATE								
Dose	Route	Frequency	Start Date					
180mg	I/V	8th hrly	6/7/26	6AM		Sadiya	STOP	Change to oral (Consultant)
Name & Signature of the Doctor Starting the Drugs: Dr. Sh				2PM		[signature]		
				10PM	Sadiya			
Additional Instructions: 20-30mg /kg/dose								
Daily Doctor's Endorsement by a Sign								

				Date/Time	6/7	7/7		
DRUG: INJ. PANTOPRAZOLE								
Dose	Route	Frequency	Start Date					
6mg	I/V	once daily	6/7/26		10pm		STOP	Change to oral (Consultant)
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	Sadiya	Sadiya		
Additional Instructions: 1mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

				Date/Time	6/7	7/7
DRUG: ZINCOVIT DROPS						
Dose	Route	Frequency	Start Date			
0.5ml	P/O	ONCE DAILY	6/7/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Sh				6pm	10pm Sadiya	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

				Date/Time	6/7	7/7
DRUG: TAB. LIMCEE						
Dose	Route	Frequency	Start Date			
	P/O	ONCE DAILY	6/7/26		10pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Sh				6pm	Sadiya	[signature]
Additional Instructions: 1 TAB = 500mg DILUTE IN 5ml give 2.5ml.						
Daily Doctor's Endorsement by a Sign						

Verified Dr. Rishika Clinical Pharmacologist 6/7/26 (×4)