Name	Baby TEJASWI	**UHID**	VIH-00170385
Father/Guardian	Mr SHASHIKANTH	**Age/Gender**	3 Y 4 M 29 D/Female
Address	H.NO. 6-80/5 , PLOT NO. 45P , SRI SAI ENCLAVE , Old Bowenpally, Hyderabad, Telangana, INDIA		
IP No	IP-00060595	**Admission Date**	06-07-2026
Ref Doctor	Dr Lakshmi Narayana	**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

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

Diagnosis: Wheeze Associated Lower Respiratory Tract Infection

History: Baby TEJASWI is a 3 Y 4 M 29 D girl presented with history of cold and cough since 3 days, high grade intermittent fever and difficulty in breathing since 1 day prior to admission. For the above complaints, she was admitted to Rainbow Children's Hospital for further management.

Examination: She was afebrile, not maintaining saturations at room air. Heart rate-150/min, blood pressure -90/60 mmHg and respiratory rate 36/min. Respiratory distress was present in the form of tachypnea, intercostal, subcostal and suprasternal retractions. On auscultation of chest, air entry was bilaterally equal with bilateral wheeze, normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, she was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 12 kgs.

Investigations: Enclosed.

Name	Baby TEJASWI	UHID	VIH-00170385

Management: She was admitted in the Pediatric Intensive Care Unit.

Course in Pediatric Intensive Care Unit:
CNS: Child did not have any neurological issues during Pediatric Intensive Care Unit stay.

CVS: Child did not require any inotropic support during Pediatric Intensive Care Unit stay.

RS: Chest x-ray showed hyperinflated lungs. In view of respiratory distress, child started on shifted to low flow oxygen. In view of chest signs, child was given Injection Hydrocortisone, magnesium sulphate and nebulized with Levolin and Budecort. As child's respiratory distress reduced, child was weaned off from low flow oxygen support to room air. Nebulizations were titrated accordingly.

Per abdomen examination was normal. Child was started on IV fluids as oral intake poor, later IV fluids gradually tapered and stopped as oral intake improved.

Infection: In view raised inflammatory markers, child was started on IV antibiotics and continued on same. Blood culture was sterile after 24 hours of incubation.

As she remained hemodynamically stable, maintaining saturations at room air and accepting feeds well, she was shifted to ward for further management.

During the ward stay, her vitals were regularly monitored. Repeat inflammatory markers showed decreasing trend and child further improved gradually. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Discharge Advice:

1. Diet as advised.
2. Syrup Amoxicillin + Clavulanic Acid (5ml=400mg) 4.5ml, 12th hourly for 3 days (Refrigerate after reconstitution).
3. Nebulization with Levolin (0.63mg), 1 respule 6th hourly for 2 days
   followed by 1 respule 8th hourly for 2 days
   followed by 1 respule 12th hourly for 2 days
   and stop.
4. Nebulization with Budecort (0.5mg), 1 respule 12th hourly for 5 days.
5. Kindly consult Dr. Preetham Kumar, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup Paracetamol (5ml=240mg), 3ml (if needed) if fever more than 99.6*F (maximum 4-6 hourly).
Syrup Ibuprofen (5ml=100mg), 5ml (if needed) (after food) 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.

Name	Baby TEJASWI	UHID	VIH-00170385

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 to me.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Admitting doctor : Dr. Shrikar

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

Registrar/Fellow

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

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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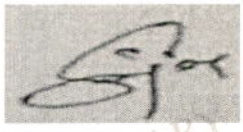
PatientName	: Baby TEJASWI	**Inpatient No.**	: IP-00060595
Age/Gender	: 3 Y 4 M 29 D/ Female	**Admit Date**	: 06-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

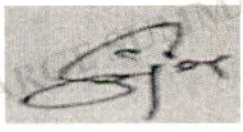
Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 00:16
HEMOGLOBIN (Colorimetry)	12.2	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.16	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	**33.3**	**VOL%**	L	34 - 40
MCV (Calculated)	80.0	fL		75 - 87
MCH (Calculated)	29.2	pg/cells		24 - 30
MCHC (Calculated)	**36.5**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	11.9	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	317	10^9/L		150 - 450
MPV (Calculated)	8.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**20.98**	**10^9/L**	H	5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**85**	**%**	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	**10**	**%**	L	35 - 65
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHILIC LEUCOCYTOSIS WITH TOXIC GRANULES 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 :07-07-2026 00:16
CRP (Immunoturbidimetry)	**37.0**	**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 :07-07-2026 00:16

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby TEJASWI	Inpatient No.	: IP-00060595
Age/Gender	: 3 Y 4 M 29 D/ Female	Admit Date	: 06-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.04 - 0.6

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 :07-07-2026 00:16
SODIUM (Direct ISE)	**146**	**mmol/L**	H	134 - 143
POTASSIUM (Direct ISE)	3.8	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	106	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
				Order Date :07-07-2026 00:16
PH (Reagent Strip/Double PH Indicator)	7.38	unit		7.35 - 7.45
pCO2	35.0	mm Hg		35 - 48
pO2	**75**	**mm Hg**	L	83 - 108
HCO3	20.6	mmol/L		
BE	-4.1	mmol/L		
O2 Sat	94.5%	mmol/L		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :07-07-2026 00:18
RANDOM BLOOD GLUCOSE (GOD/POD)	125	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
HIV TEST (CARD METHOD) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :07-07-2026 00:18
HIV TEST (CARD METHOD)	Non-reactive		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

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PatientName	: Baby TEJASWI	**Inpatient No.**	: IP-00060595
Age/Gender	: 3 Y 4 M 29 D/ Female	**Admit Date**	: 06-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :07-07-2026 01:56
COVID ANTIGEN RAPID TEST	negative			

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :08-07-2026 09:48
RBC COUNT (DC detection method)	4.19	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	33.9	VOL%		34 - 40
MCV (Calculated)	80.7	fL		75 - 87
MCH (Calculated)	28.7	pg/cells		24 - 30
MCHC (Calculated)	35.5	g/dL		32 - 36
RDW-CV (Calculated)	12.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	295	10^9/L		150 - 450
MPV (Calculated)	8.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.14	10^9/L		5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**45.7**	%	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	39.7	%		35 - 65
MONOCYTES (Microscopy, Leishman stain)	8.7	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	5.2	%		1 - 6
HEMOGLOBIN (Colorimetry)	12.0	g/dL		11.5 - 15.5

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :08-07-2026 09:48
CRP (Immunoturbidimetry)	24	mg/L		<10

Laboratory Report

Baby TEJASWI	9970232588
3 Y 5 M 0 D	VI26022622
Female	07-07-2026 12:17 AM
IP-00060595	07-07-2026 12:30 AM
VIH-00170385	
Dr. PREETHAM KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

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

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ACTIVITY RE

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

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

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

Date of Admission : 6/2 ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/2	12.55 AM	ER	PICU	NC
7/2	7PM	PICU	104	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/7	CBP. CRP. electrolyte	26022622	
	creat. Bloodcs.		
	HIV.	26022625	
	VBG	26022623	Nee.
	RBS - 125 mg/dl	26022624	
8/7	Rat-covid	26022638	Sn
6/7.	x-ray	26010834	
	Cross checked by Yamuna 7/7/16 at 7PM.		
8/7	CBP CRP	26022761	
	Cross checked by 8/7/16.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Invasive monitor	7/7/26			
	Infusion Pump	1 Am	7/7/26 @ 1PM	3098265	
	Oxygen		7/7/26 @ 1PM		
	(conducted by Yaswanth		7/7/26 at 7PM.		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7	IV placement	1	3098267	[illegible]
7/7/26	Nebulisation	6	3098295	[illegible]
7/7/26	Nebulisation	3	3098571	[illegible]
	Cross checked by	[illegible]	7/7/26 at 7pm.	
8/7	Neb	4	3098806	[illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
*Dr. PREETHAM KUMAR

104 (1)

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/7/26	00.00	10:45pm - Neb-Levolin	(ER)	
	01.00	10:33pm - Neb Ipravent	(2)	
7/7/26	02.00	2 Am - Levolin + Budecort	(6)	
	03.00	4 Am - Levolin	(3098295)	
	04.00	6 Am - Levolin	Bunky.	
	05.00	8 Am - Levolin		
7/7/26	06.00	10 Am - Levolin		
	07.00	12 pm - Levolin + Budecort	(3)	Yes
	08.00	4 PM - Levolin	3098571	
	09.00	(Dose checked by Yavana	7/7/26 at 7PM	
	10.00	10:30pm - Levolin	Manasa	Santosh
8/7/26.	11.00	2:00Am - Levolin + budicort	Manasa	
	12.00	6:00Am - Levolin	Manasa	
	13.00	11am - Levolin	Bennika	
	14.00	(4) 3098806.		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

Patient Name :

IP.No:

Ward:

DOA: 6/6/26.

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 Trasfer Forms	02			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	04			
7	Nurses Progress notes	04			
8	Consultation Sheets				
9	General Consent for Treatment	01			
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test	01			
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			
26	Intake and Output chart (fluid Chart)	02			
	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Hempty dumpty	02			
	Boarden o	01			
	pain Assessment	01			
	Thrombosis	01			
	Consent for PICU	01			
	others	03			
	Billing o	04			
	Total No. of Pages	45			

Noted by Index
2 items
8/6/26

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-00060595 **Admit Date** : 06-Jul-2026 **Admit Time** : 11:41 PM **UHID** : VIH-00170385

Patient Details :

Patient Name	: Baby TEJASWI	**Age**	: 3 Y 4 M 28 D
Guardian	: Mr SHASHIKANTH	**DOB**	: 08-02-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO. 6-80/5 , PLOT NO. 45P , SRI SAI ENCLAVE Old Bowenpally Hyderabad Telangana INDIA	**Phone No**	: 9970232588
		E-mail	: SHASHIKANTH.TADOORI@GMAIL.CO

Admission Details :

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

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

Contact Details :

Name	: Mr SHASHIKANTH	**Relationship**	: Father
Contact Address	: H.NO. 6-80/5 , PLOT NO. 45P , SRI SAI ENCLAVE Old Bowenpally Hyderabad Telangana INDIA	**Phone No**	: 9970232588

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Lakshmi Narayana	**Phone No**	: 7013101506
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 10000.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00170385 IP-00060595 Baby TEJASWI 08-02-2023 3 Y 4 M 29 D (F) Dr. PREETHAM KUMAR	6/7/26 @ 11:41pm	7/7/26 @ 7PM
	Transfer Ordered by J.V Krishna Rao	**Reason for Transfer** Stable
From Unit PICU	**To Unit** 111	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 38	**Number of Imaging Films** x-ray -1 VBG- 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.	Augmentin -1	
2.	Pacllop -1	
3.	5ml - 4	
4.	2ml - 5	
5.	northwam - 1	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Tharun	J.V. Krishna Rao

Patient & Clinical Records Received by : Sindu

Date & Time of Patient Received : 7:5pm 7/7/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PRISM SCORE FORM

Variable	Age Restriction	Score Appointed	Score
Systolic Blood Pressure (mmHg)	**Neonate / Infant / Child / Adolescent** 40-55 / 44-65 / 55-75 / 65-85 <40 / <45 / <55 / <65	3 7	—
Temperature	All ages <33°C OR > 40 °C	3	0
Mental Status	All ages stupor or coma (GCS<8)	5	0
Heart Rate	**Neonate / Infant / Child / Adolescent** 215-225 / 215-225 / 185-205 / 145-155 <225 / <225 / <205 / <155	3 4	0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm	7 11	0
Acidosis (pH) or total CO_2(mmol/L)	All ages = pH 7.0 - 7.28 or total CO_2 5 - 16.9 All ages = pH < 7.0 or total CO_2 < 5	2 6	0
pH	All ages = 7.48 - 7.55 All ages > 7.55	2 3	0
PCO_2(mmHg)	All ages = 50.0 - 0 All ages > 75.0	1 3	0
Total CO_2 (mmol/L)	All ages > 34.0	4	0
Artenal Pao_2(mmHg)	All ages = 42.0 - 49.9 All ages = 42.0	3 6	0
Glucose	All ages > 200mg/dl	2	—
Potassium	All ages > 6.9mmol/L	3	0
Creatinine (mg/dl)	**Neonate / Infant / Child / Adolescent** >0.84mg/dl / >0.9mg/dl / >0.9mg/dl / >1.3mg/dl	3	0
Urea (mg/dl)	**Neonate / All other ages** 725.9 / 32.5	3	
White blood cells	All ages < 3000 cella/mm^3	4	0
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	**Neonate**: PT > 22.0 sec or PTT > 85.0 sec **All other ages**: PT > 22.0 sec or PTT > 57.0 sec	3	—
Platelets (cells/mm^3)	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000	2 4 5	0
	Total PRISM III - 24 hours.		0

Name of the Doctor: Dr. JV Krishna Rao

Signature of the Doctor: Dr JV Rao

Date & Time: 07/07/26 | 06:30pm

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
VIH-00170385 IP-00060595 Baby TEJASWI 08-02-2023 3 Y 4 M 28 D (F) Dr. PREETHAM KUMAR	6/7/26 @ 11.48PM	7/7/26 @ 12.55AM
	Transfer Ordered by Dr. Shriker	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Maggie Sue Ree	Dr. Shriker.

Patient & Clinical Records Received by : Sr Jagrani

Date & Time of Patient Received : 7/7/26 at 12.55 AM

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

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

Patient Sticker

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: WALTRI

Arrival Time: 7:00pm Mode of Arrival: lifting by father Admitting From: ☐ ER ☐ OPD ☐ Direct PICU

Allergy / Adverse Reaction ..... Body Weight: 11.7kg Kg

..... nil ..... 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: 11.7kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 112b/m RR: 27b/m BP: 90/60(30)mm.

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 0 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: ..... (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: ..Rodie..... Date: ..7/2/26..... Time: ..7:15pm..... Signature

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 10:34PM

Chief Complaints: Fever, cold & cough, Fast breathing, vomitings RBS: .....

Height : — Weight : 11.7kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

Siblings in household ☑ Yes ☐ No (If yes How Many?) 1 (sister)

Time of Initial assessment completed by ER Nurse : 10:37pm

Patient Name : Baby TEJASWI UHID : VIH-00170385 IPD : IP-00060595 Gender : Female Age : 3 Y 4 M 28 D

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

Time	Nursing Notes
10.30 pm	* vitals checked & recorded
10.40 pm	* Doctor assessed the pt Admission.
11.50	* Pt admission process Done -
12.10 AM	* Pt IV placement Done and samples sent to Labs
12.55AM	* Pt shift ER TO PICU

Samples collected by: Bro. Samuel Time: 12.05AM

Samples sent by : Time: 12.10AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10:33pm	Ipravent	P/N	500mcg		Lam
10:45pm	Levolin	P/N	0.63mg		Lam
12:25AM	Inj:- Hydrocortisone	IV	50mg		Lam

Condition of patient at time of shift - out :	Details of Shift - out
HR: 160b/m BP: crying CFT: <2sec	Shift - out from ER to: PICU
RR: 30b/m SPO_2 : 98% with O2	Time of Shift - out: @ 12.55AM
GCS: 15 Temperature : 98.2°F	Handover given to: Sis. Jagrani
Pain Score: 0	(Nurse's Name) Bro. Sanjay
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulization Done

Name of the Nurse : Bro. Sanjay Signature of the Nurse : Sanjay

Date & Time : 7/7/22 @ 12.55AM

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

RBS – 125mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Tejaswi Age : 3Y **Gender:** ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 1:30pm

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: 170bpm BP: crying RR: 52bpm SpO$_2$: 94% - 97%

Chief Complaints: Fever x Today, cold x 2days, Cough x yesterday, Fast breathing x Today

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:33pm

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 : Jam

Date & Time : 6/7/26 @ 1:33pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00170385 IP-00060595 Baby TEJASWI 08-02-2023 3 Y 4 M 28 D (F) Dr. PREETHAM KUMAR _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- C/o cold, cough : 3 days
- C/o fast breathing : 1 day (Morning)
- C/o fever : 1 day

History of present illness :

- C/o cold : 3 days
  cough
- C/o fast breathing : 1 day (Morning)
  ↓
  Used nebulization
  ↓
  taken to nearby hospital
  ↓
  Referred here

→ (in ER) → SpO_2 – 93-94 / RA
RR – ~30/min
– 40
SCR (+)
Diffuse wheeze (+)(+).

↓

Nebulizations given

SpO_2 – 93-94/RA RR ↑ 40/min SCR (-)	where Better.

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

- H/o frequent wheezing episodes (+)
- H/o pneumonia ? 2yr ago
- H/o Bronchiolitis @ 1yr of age

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) Developmt

Immunization History :

- upto date

(P.T.O.)

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) ~12 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : 180/min B.P. _____ SPO2 93-94 (RA

Resp.rate and type of breathing : 35 cpm (Mixed) ABD Thoracic

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+) wheeze (+) → After nebulz

Any addes sounds : —

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

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.,)

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars Not elicited

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

- WALRI.

(P.T.O.)

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S/E, VBG, S/Cr,
~~VBG~~ B/C/S, X Ray - Chest X Ray
~~Ceftriaxone~~ ① X

Planned Management

- low flow O_2
- Inj HYDROCORT -
- Inj MgSO4
- Inj Amoxycillin
- IV fluids
- Levolin - 2nd hly
- Budecort - 12 hrly
- Ipratropium - 6 hrly
  500mg

Noted by Sister [illegible] 9/7/26

Dr. Preetham Kumar Reddy
Reg. No: 39859

Signature of the Doctor: [signature] Signature of the Consultant: [signature]
Name of the Doctor: Dr. [illegible] Name of the Consultant: Dr. Preetham
Date & Time: 9/7/26 / 12:10 AM Date & Time: 7/7/26 2 Pm

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8PM	C/B Resident	
	Δ WALRI	
	Current Issues	
	- M low flow 1lit/min	
	- NO fever spikes	
	Airway → pen & maintainable	
	Breathing → M low flow 1lit/min	
	Circulation → CRT (N)	
	BP (N)	
	Disability → GCS 15/15	
	Exposure → NO fever spike	
	Plan	
	→ Continue Inj Amoxyclav, Neb.	
	→ Continue Nebs	
	Noted by Dr. Parthu 7/7/26 @8PM	
		[signature]
		Dishwar

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8Am	C/S/B Dr Vishnu	
	Δ ? ALRI	
	Current status	
	- On low flow O2	
	- Child Active	
	Plan	
	- Half maintenance IV fluids	
	- Continue same	
	- Shift to Room by evening	
	[signature]	Noted by Sr. Renuka 7/7/26 @ 8AM
	Dr. Vishnu Vardhan Reddy Reg.No.APMC/FMR/79982	
9Am	Counseling Done by Dr Vishnu	
	- Mother Noted, the child is stable & is improving, we will monitor further & if stable by evening we will shift to ward	

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

VIH-00170385 IP-00060595
Baby TEJASWI (F)
08-02-2023 3 Y 4 M 29 D
Dr. PREETHAM KUMAR

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/07/2026 12PM	c/s/b PICU fellow	
	D - NAIRE	
	on HFNC 1 Lit/min	
	maintaining saturation	
	tachypnea (+) / no retractions	Plan
	PCR (-)	
	CRT < 3 sec	1) To taper & stop oxygen
	Tachycardia intermittent (+)	
	HR - 120/min	2) IVF ½ maintenance
	SpO2 - 98%	↓
	RR - 27/min	To stop if oral intake is good
	B/L Air entry	
	crepts (+)	3) Neb LEVO ICN 6th hrly
	No SOB	
		4) Plan to shift to ward
	d/w Intensivist	Noted by Dr. Thomas 7/7/26 @2PM

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/2026 3PM	c/s/b Dr. Preetham sir	
	1° - wARne	
	On Room Air maintaining saturation	
	B. no retractions	
	Tachypnea intermittent (+)	Plan
		1) Shift to ward, if maintaining saturation
		Noted by Dr. Thanga 7/7/26 @3PM
		of inpatient
	Counselling notes	
	There are reactive airway disease, causing cough & distress, early nebulization prevents hospital admission and oxygen requirement.	
	Sequence of recovery starts by decreasing oxygen requirement, reduce in distress then cough	

VH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

(3)

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26 6:15pm	c/o/b PICU fellow. c/d/w Dr. Preetham Sir	
	Δ^sis : KIALRI	
	- Maintaining sat on RA ∵ 3hrs	
	- No tachypnea / ↑sed work of breathing	
	- No wheeze on Auscultation	
	- Accepting feeds well.	
	vitd.	Adv
	HR : 99 bpm	- Shift to ward c̄ Monitoring
	RR : 27 cpm	
	SpO_2 97% on RA.	Jvl
	peripheries warm c̄	
	pal. pulses	
		noted by Br. Thana 7/7/26 @ 6:15PM

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26	Shifting Notes	
06:20pm		
	Δsis : WALRI.	
	3yr old girl came c/o Cold & Cough :: 3days	
	& fast breathing :: 1 day.	
	↓	
	At ER; Saturation were 93-94% @ RA	
	SCR ⊕	
	Diffuse wheeze ⊕	
	↓	
	- Nebulisation given c̄	Levolin, budecort, Ipratropium
	- Inj Hydrocort	
	- Inj MgSO4	
	&	
	Started on IV fluids	+ Augmentin i/v/ in ↑ TLC.
	↓	
	As the girl improved gradually, IV fluids were	
	tapered & omitted today morning.	
	↓	
	Was observed off O_2 from 3pm.	
	Girl is active, alert c̄ NO ~~efforts for~~	
	maintaining sat. @ RA.	
	↓	
	- Hence, the girl is being shifted to ward	

[signature]

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan.	
	- Cont. Augmentin + Pantaprazole	
	- Cont Nebulization c̄ - Levolin - Budecort	
	- Monitor HR / RR / SpO2 - 1 hourly / 4 hourly	
	- SpO2 < 90%.	
	Jr Res.	
		Noted by Dr. Tharun 7/7/23 @ 6:20PM

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9AM	C/S/B Resident	
	WALRI	
	on Room Air	
	O/E Conscious	Adv
	Afebrile	
		– Continue Augmentin
	CVS S1S2 (N)	– Continue nebs
	RS B/L AE (N)	
	PA - Soft	– Discharge & F/up after 3 days
	Vitals stable	
	No fever spikes	
	CBP, CRP – now	Ashwin
Dr. Kumuda 8/7/26 9AM		Noted by Ashwin 11AM 8/7/26

VH-00170385
Baby TEJASWI
08-02-2023
Dr. PREETHAM KUMAR
IP-00060595
3 Y 4 M 29 D
(F)

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NG SHIFT HAND OVER FORM

SITUATION	Diagnosis: WALTRI (wheezing associated lower respiratory tract infection)			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ...... Nil			
	Surgery / Procedure: Nil			Post OP Day: Nil			
BACKGROUND	Date / Shift	7/7 E	7/7 N	8/7/25 M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	S. diet	S. diet	S. diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.3°F	98.6F			
	Res:	27 b/m	26 b/m	23 b/m			
	SpO_2:	98%	97%	98%			
	Pulse:	110 b/m	112 b/m	110 b/m			
	BP:	–	103/64 (76)	90/60 (69)			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	14	14	14			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S. diet	S. diet	S. diet			
	Critical Lab Test / Values:	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):	Depen	Dependent	Depend			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Indu	Manasa	Indu			
Signature / ID :		1606601	4019597	1606601			
Date:		7/7/25	8/7/25	8/7/2			
Time:		@8pm	@8AM	11AM			
Taken Over By Name :		Manasa	Indu				
Signature / ID :		4019597	1606601				
Date:		7/7/25	8/7/25				
Time:		@8pm	@8AM				

Posted by Indu @ 11AM 8/7/25

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

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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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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(2)

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 6/7/26	Diagnosis: WALRI	Surgery / Procedures:	
	Allergies: Nil		Post OP Day:	
	Date:	7/7/26		
	Area / Shift Time	PICU 8am-2pm	PICU 2PM-8PM	
	Diet:	Soft diet	Soft diet	
	Ventilation (RA, NP, NIV, VENTI)	NP. 1Lit	NP RA	
INVASIVE LINES	1.	IV cannula (1)	IV cannula-1	
	2.	—	—	
	3.	—	—	
	4.	—	—	
ASSESSMENT	Infusions / Transfusions	DNS-29 ml/hr.	Nill	
	PU Prophylaxis	—	Nill	
	DVT Prophylaxis	—	Nill	
	Vitals — BP	97/64 (70)	98/58 (69) mmHg	
	Vitals — PR	136 b/m	130 b/m	
	Vitals — RR	32 b/m	32 b/m	
	Vitals — SpO_2	100 %	94%	
	Vitals — Temp	98.7°F	98.6°F	
	Pain Score	—	—	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	
	Restraints If any — Physical	—	Nill	
	Restraints If any — Chemical	—		
	Fall Risk (Vulnerable Y/N) if yes score	—	N	
	(Ambulation, walking, moving with assistance, bed ridden)	moving c Assistance.	walking	
	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:	7/7/26		
	Investigations Procedures	Area / Shift Time	PICU/MMG	PICU 2PM-8PM	
		Ordered / Planned	C.S.T	C.S.T	
		Due	B/c/s Report	Blood culture	
		Reports Pending	Nil	Nill	
		Referrals (If any)	Nil	Nill	
	Remarks (Special Interventions like, Drainage tube flushing etc.)		Nil	Nill	
Handed Over By Name :			Renuka	Br. Thanu	
Signature :					
Date:			7/7/26	7/7/26	
Time:			2! pm	@ 7PM	
Taken Over By Name :			Thanu		
Signature :					
Date:			7/7/26		
Time:			@2PM		

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 6/7/26	Diagnosis: WALRTI		Surgery / Procedures: —
	Allergies: NIL			Post OP Day: —
	Date:	7/7/26		
	Area / Shift Time	PICU (N)		PICU (N) 8pm-8A
	Diet:	Normal		SF Diet
	Ventilation (RA, NP, NIV, VENTI)	~~NP~~		NP-2litre
INVASIVE LINES	1.			Ivcanula
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	—		DNS 45ml/hr
	PU Prophylaxis	—		—
	DVT Prophylaxis	—		—
	Vitals BP	crying		100/61 (72)
	Vitals PR	174b/m		148b/minut
	Vitals RR	52b/m		37b/minut
	Vitals SpO_2	97% with O_2		98% (CO_2)
	Vitals Temp	97.3°F		98.6°F
	Pain Score	0		0
	LOC (Alert, Conscious, Confusion, Unconscious)	conciow		Alert
	Skin Integrity (Intact / Bedsore / Any other condition	Intact		Intact
	Restraints If any Physical	—		—
	Restraints If any Chemical	—		—
	Fall Risk (Vulnerable Y/N) if yes score	14		14
	(Ambulation, walking, moving with assistance, bed ridden)	Streeher		walking
	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:	7/7/26		
	Investigations Procedures	Area / Shift Time	PICU (12.55 AM)	PICU 8PM-8AM	
		Ordered / Planned	Inj Hydrocort Inj MgSO4 Inj Amoxycillin Neb. Levolin DNS 45ml/Hr Neb. Budecort	→ IV fluid → Nebulisation → IV medication	
		Due		—	
		Reports Pending	All ® Dw	Blood c/s	
		Referrals (If any)	—	—	
	Remarks (Special Interventions like, Drainage tube flushing etc.)		—	—	
Handed Over By Name :			Bro. Sanjay	Br. [signature]	
Signature :			Sn	[signature]	
Date:			7/7/26	7/7/26	
Time:			C 12.55 AM	8AM	
Taken Over By Name :			[signature]	Renuka	
Signature :			[signature]	[signature]	
Date:			7/7/26	7/7/26	
Time:			12:55A	8am	

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
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NURSING CARE RECORD

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Date: 7/7/26

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	1AM	Assessment	1AM	Assessed the child condition	Child is stable	Child is Hemodynamically stable	Br Bunch 7/7/26 SA
	4AM	I/O chart	4AM	I/O chart maintained	child is Hydrated		
	7AM	vitals	7AM	vitals checked	vitals are stable		

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Assess the general condition of the child Provide IV Fluids		Assessed the general condition of the child To maintain fluid balance	child is stable To prevent the dehydration	child is Haemodynamically stable	Renu 7/7 2pm
Afternoon	2PM ↓ 8PM	→ Observed → vital signs	2PM ↓ 8PM	→ Observed the child condition → Vitals are checked & recorded	→ child is active → Vitals are Normal	→ Now child is stable	Thara 1/7 @3PM
Night	10 PM	→ Nebalisation	10:30 PM	→ Levolin is for every 4th hourly	→ To reduce wheezing sounds	→ patient is stable	Nurse

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3				
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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				
	Total		12				

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

	Bed in low position						
	Call device within reach						
	Wheels Locked						
	Room free of clutter						
	Adequate lighting						
	Wheel chair support						
	Other Intervention(s) Specify						
	Nurse's Name:		Sindu				
	Signature:		Sindu				
	Date:		8/7				
	Time:	10	10AM				

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BRADEN 'Q' SCALE

(1)

					Date : / Time :	7/7 12 Am	7/7/26 8A	7/7 2pm	7/7 8PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]	K

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

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

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

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BRADEN 'Q' SCALE

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				Date :	7/7			
				Time :	11PM			
Mobility	**...immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
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.	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			
				TOTAL SCORE	23			
				Evaluator's Name	[illegible]			

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

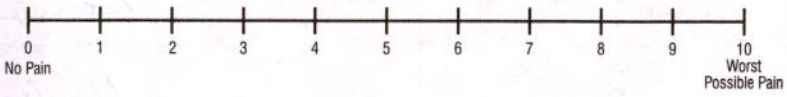
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7	12:AM	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
7/7	8Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
7/7	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
7/7	8pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature]
7/7	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

/ QC / THROM / 07

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	6/ 2/26			7/ I.P. No.					REMARKS
						N	M	E	N			
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	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 : Mce Name Magitha

Signature of Ward In Charge :
Signature : [signature] Name Yashoda

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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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: 7/7/26 Time: 1 Am	Date: Time:	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					
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0					
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0					
5	Entire leg swollen (Assess for both legs)	1	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0					
9	Previously documented DVT (Assess for both legs)	1	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					
	Total Score		0					
	Signature of the Nurse		Bunch					

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

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

Rainbow Children's Hospital

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby TEJASWI**	**Age :**	**3 Y 4 M 28 D**
IP No:	**IP-00060595**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ure 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 earance. In case of failing the submission, I will pay 200/- Rs.
eceivers 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: SHASHI KANTH

Relationship: FATHER

Date: 6-JULY-20 Time: 11:45PM

Witness Name:

Witness Signature:

Patient Address:

H.NO. 6-80/5 , PLOT NO. 45P , SRI SAI ENCLAVE Old Bowenpally Hyderabad Telangana INDIA

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Tejaswi Age: 3y Gender: Male ☐ Female ☐

UHID.No : 170385 Date: 7/7/26

I M. Vani S/o, D/o, W/o, Shashikanth Tadoori hereby declare that our patient Master/Baby Tejaswi who is related to me as Doughter. is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 7/7/26

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

.....

..... VARI .....

.....

The doctors have clearly explained to me that my patient Master / Baby Tejaswi 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 : Tejaswi ..... 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: M. Vani

Name: M. Vani

Relationship with Patient: Mother.

Date & Time: 7/7/26 @ 12:30 AM

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. Shruti

Date & Time: 7/7/26 @ 12:20 am

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో 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 బిడ్డకు 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 . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ 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 బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

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

ఒక బిడ్డ 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(అటెండ్డెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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CONSENT FORM FOR HIV

Patient Name : Tejaswi Age : 34

Gender : M ☐ F ☐ IP No : 60595 Marital Status : —

Ward / Bed No. : PICU IP/OP No. : 60595 Date : 7/7/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : M. Vani

Name : M. Vani

Relationship with Patient: Mother

Date & Time : 7/7/26 @ 12:30 AM

Parent (when patient is minor) :

Signature : .....

Name : .....

Relation : .....

Date & Time : .....

OR (Next to kin in case of unconscious patient) :

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

Relation : ..... Date & Time : .....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : .....

Name : .....

Date & Time : 7/7/26 @ 12:20 Am

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హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

రోగి పేరు .....,..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

వివాహస్థితి ..... వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి

సంతకము: .....

పేరు: .....

బంధము: .....

తేదీ మరియు సంతకము: .....

సాక్షి

సంతకము: .....

పేరు: .....

బంధము: .....

తేదీ మరియు సమయము: .....

(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)

పేరు:.....

సంబంధము : .....

సంతకము: .....

తేదీ మరియు సంతకము: .....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

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

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

Pratiksha 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 : 2/2

Time:	8 PM	9 PM		10 PM	12 AM	2 AM	4 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?									
Temperature (F) (scale 94–104)	98.6°F			97.3°F	98.3°F	98.6°F	98.6°F	98.6°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)									
Heart Rate (Number)	115	118	109	110	103	105	110	115	100
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)									
Resp Rate (Number)	25	26		25	26	25	26	25	26
Resp Distress — Mod/ Severe									
Resp Distress — None / Mild									
Receiving O_2(l/min)									
O_2Saturations (%)	98	98		97	96	97	98	98	98
Conscious Level — Normal	N	N		N	N	N	N	N	N
Conscious Level — Altered									
GCS *	15	15		15	15	15	15	15	15
TOTAL SCORE 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	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-0017
Baby TEJASWI 3 Y 4 M 29 D (F)
08-02-2023
Dr. PREETHAM KUMAR

Patient :

.IICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

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	
Pain Score	
Observer's Initials	

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 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

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 :**						
7/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm		Rice water									
	07:00 pm											
Total Intake :						**Total Output :**						
7/7	08:00 pm		Rice water									
	09:00 pm									✓		
	10:00 pm											
	11:00 pm		Milk									
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
8/7	02:00 am											
	03:00 am		Water									
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	3 times

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

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

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

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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: PICU

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. Shrikant

Date & Time : 6/7/26 @ 11:50pm

Nurse Name & Signature: Mageswari

Date & Time : 6/7/26 @ 11:50pm

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

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: PICU Shifted to: W1

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	Amoxicillin	360mg	IV	8th hrly		☑C ☐DC
2	Pantaprazole	10 mg	IV	24 hrly		☑C ☐DC
3	Neb : Levosalbutamol	0.63mg	P/N	4th hrly		☑C ☐DC
4	Neb : Budesonide	0.5mg	P/N	12th hrly		☑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. JV Krishna Rao

Date & Time : 07/07/26 | 06:30 pm

Nurse Name & Signature: BY-Thanu

Date & Time : 07/7/26 @ 6:30PM

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 29 D (F)
Dr. PREETHAM KUMAR

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

REGULAR PRESCRIPTIONS

DRUG : NEB · LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
4 hourly			7/6

Name & Signature of the Doctor starting the Drugs:
Dr. E Jayasree

Additional Instructions:
1 respule = 0.63 mg

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : NEB · LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
0.63 mg	PNV	4 hourly	7/6

Name & Signature of the Doctor starting the Drugs:
Dr. E Jayasree

Additional Instructions:
1 respule = 0.63 mg

Daily Doctor's Endorsement by a Sign.

Date / Time

See the Nebs chart

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

Verified
Dr. Rishika
Clinical Pharmacologist

VIH-00170385 IP-00060595
Baby TEJASWI (F)
08-02-2023 3 Y 4 M 29 D
Dr. PREETHAM KUMAR

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

REGULAR PRESCRIPTIONS

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.				

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 2/7 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

(5ml = 240mg) **SOS / PRN (As Required Medication)**

DRUG: SYP. PARACETAMOL

Dose	Route	Frequency	Start Date
5ml	P/O	SOS	6/7
Doctor's Signature		**Valid Period**	**Pharm.**
(signature)			(signature)

Additional Instructions: T > 100°F
10 mg/kg/dose

Verified Dr. Rishika Clinical Pharmacologist

DRUG: SYP. IBUPROFEN

Dose	Route	Frequency	Start Date
5ml	P/O	(SOS)	6/7
Doctor's Signature		**Valid Period**	**Pharm.**
(signature)			(signature)

Additional Instructions: T > 102°F
10 mg/kg/dose
(5ml = 100mg)

Verified Dr. Rishika Clinical Pharmacologist

DRUG:

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

Additional Instructions:

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

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 11-7kg Ward. PICU

		...sition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7/26	1Am	DNS 2/3 MD	IV	45 ml/hr	[signature]	Buk / Jag	7/7	[signature]	[signature] / [signature]
7/7/26	9:Am	TVF DNS	IV	20 ml/hr	Jsp	Reny / Nen	7/7/26	ms	Reny / Sagha

Chit 6/7 h...

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

VIH-00170385 IP-00060595
Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

Weight. 11.7 kg. Ward. PICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/2	10:45 pm	NEB. LEVOSALBUTAMOL	0.63mg	P/N		NE Jam
6/2	10:33 pm	NEB. IPRATROPIUM (IPRESP)	500mcg P/N			NE Jam
6/2	12:25 am	INT HYDROCORTISONE	50mg D/V			NE Jam
6/2	12:40 am	INT. MgSO4 (MAGNESIUM SULPHATE)	500mg over 30min D/V			Bindu Jag

Verified Dr. Rishika

Baby TEJASWI
08-02-2023 3 Y 4 M 28 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS Weight. 12 kg Ward. PICU

DRUG: INJ. AMOXYCILLIN + CLAVULANATE				Date/Time	7/7	8/7
Dose	Route	Frequency	Start Date	AM		
360 mg	IV	8th hly	7/6/26		Jag	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: (After test dose) 20-30 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

Verified Dr. Rishika 7/6/26 Clinical Pharmacologist

DRUG: INJ. PANTOPRAZOLE				Date/Time	7/7	8/7
Dose	Route	Frequency	Start Date			
10 mg	IV	OD	7/6/26.		2 AM	
Name & Signature of the Doctor Starting the Drugs:				6 AM	Jag	
Additional Instructions: 1 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

Verified Dr. Rishika Clinical Pharmacologist

DRUG: NEB. LEVOSALBUTAMOL				Date/Time	L	
Dose	Route	Frequency	Start Date			
0.63 mg	P/N	Q2H	7/6/26			
Name & Signature of the Doctor Starting the Drugs:					see the chart	
Additional Instructions: 1 Respule = 0.63 mg					frequency change	
Daily Doctor's Endorsement by a Sign						

Verified Dr. Rishika Clinical Pharmacologist

DRUG: NEB. BUDESONIDE				Date/Time	7/7	
Dose	Route	Frequency	Start Date			
0.5 mg	P/N	Q12H	7/6/26	2 AM	Jag	
Name & Signature of the Doctor Starting the Drugs: Dr Shruf					See the neb's chart	
Additional Instructions: 1 Respule = 0.5 mg				2 PM		
Daily Doctor's Endorsement by a Sign						

Verified Dr. Rishika Clinical Pharmacologist