



<b>Name</b>	Baby VAMIKA SHINDE	<b>UHID</b>	BAH-00572822
<b>Father/Guardian</b>	MR SAI KRISHNA SHINDE	<b>Age/Gender</b>	1 Y 11 M 28 D/Female
<b>Address</b>	H NO 38-217/1 , CHENNA REDDY NAGAR, BEHIND MASJID, Jagadgirigutta, Hyderabad, Telangana, INDIA, 500037		
<b>IP No</b>	IP5-00159534	<b>Admission Date</b>	08-07-2025
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	21-07-2025

### DISCHARGE SUMMARY

#### Consultants:

<p><b>DR. SIRISHA RANI</b> Head Of The Department SENIOR CONSULTANT HEMATO - ONCOLOGIST &amp; BMT SPECIALIST MD Pead(PGIMER),DNB,MRCPCH(UK), License No. 40525</p>	<p><b>Dr. SANDHYA.V.</b> MD (PEDIATRICS) FNB, PHO CONSULTANT PEDIATRICIAN &amp; HEMATO - ONCOLOGIST Reg No: 071664</p>
<p><b>Dr. VARSHINI BANDI.</b> DNB (PEDIATRICS) FNB HAEMATOLOGY CONSULTANT PEDIATRICIAN &amp; HEMATO - ONCOLOGIST Reg No: 075072</p>	



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<b>IP No</b>	IP5-00159534	<b>Admission Date</b>	08-07-2025

DIAGNOSIS	ICD CODE
K/C/O DIAMOND-BLACKFAN ANEMIA (DBA)	D61.01
MATCHED UNRELATED DONOR (10/10) STEM CELL TRANSPLANTATION DAY+26	Z52.00 Z94.84
MUCOSITIS GRADE I-II/ SUSPECTED SEPSIS	K12.3/A41.9
PRIMARY GRAFT FAILURE	T86.83
SUSPECTED HEMOPHAGOCYTIC LYMPHO-HISTIOCYTOSIS (HLH)	D76.1

**History:** Baby VAMIKA SHINDE, 1 Y 11 M 23 D, old girl K/C/O Diamond-Blackfan anemia (DBA). Now she was admitted at Rainbow Children's Hospital - Banjara Hills for hematopoietic stem cell transplantation.

**Examination:** Child was afebrile, maintaining saturations at room air and was hemodynamically stable. HR- 122/min, BP- 84/48(52)mmHg and RR - 24/min. CRT < 2 secs. Peripheries were warm & pulses well felt. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 8.48 kgs.

**Management:** Child was admitted in the bone-marrow transplantation unit and started on IV fluids and antiemetics. Child was treated symptomatically with antacids and antipyretics.

Peripheral blood stem cells collected on 31.05.2025 from (MUD Datri Donor ) and stored.

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**Donor details:**

**Donor** : MUD (Datri Donor ID - 8486 0000 0907 2707 212)  
**Age** : Datri  
**Blood Group** : B Positive.  
**HLA type** : 10/10 match  
**Source** : Peripheral blood

**Recipient details:**

**Age** : 1 year 11 months.  
**Blood group** : A Positive .  
**CMV status** : IgG- Negative, IgM- Negative.

**Conditioning:**

Injection. Fludarabine : **On day: - 7 to day : - 4** (18.06.25 to 21.06.25)  
 Injection. Treosulfan : **On day: - 6 and day : - 4** (19.06.25 and 21.06.25)  
 Injection. Thiotepa : **On day: - 2** (On 23.06.25)  
 Inj. Cyclophosphamide : **On day: + 3 to day : + 4** (28.06.25 & 29.06.25)

**GVHD prophylaxis** : Injection. Cyclosporine, Syrup. MMF.

Prophylactic antibiotics, antifungal and antiviral were started. Serial investigations done for monitoring counts and biochemical profile.

**Date of transplant: 25.06.2025.**

Child received blood product support in the form of PRBC & SDP transfusions as per need.

**PRIMARY GRAFT FAILURE/HLH:-**On Day +19 in view of persistent temperature spikes investigations were sent and antibiotics were upgraded. CBP showed severe leucopenia, thrombocytopenia. Serial hemograms did not show any signs of engraftment, child continued to have persistent temperature spikes. Viral Panel was negative, Cultures were sterile. In view of persistent cytopenia's, temperature spikes HLH was suspected. Ferritin was elevated 18,000ng/ml, started on IV steroids. Repeat ferritin was in decreasing trend,

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counts were in gradual improving trend, no further temperature spikes.

Child was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Child's symptoms gradually settled. Child remained hemodynamically stable during the hospital stay. Child improved with the above line of management and is being discharged with the following advice.

**At the time of discharge:** Child is active, afebrile & hemodynamically stable.

**\* Weight on discharge : 8 kgs.**

**Advice:**

- \* Diet as advised.
- \* Continue Mouth care with Candid mouth paint and chlorhexidine mouth wash as advised.

**Anti microbials:**



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No	MEDICATION	DOSE	TIMINGS	DURATION
1	Inj. CEFTRIAZONE IV	900 ng	8 am	For 2 days
2	Tablet. VALACICLOVIR (500 mg)	1/4 tablet	8am - 8pm	Till Review
3	Tablet. VORICONAZOLE (200mg)	1/2 tablet	Once daily	Till further advice
4	Tab DEXAMETHASONE 0.5mg	1 Tablet	8am-2pm-8pm (After food)	For 3 days and plan to taper on followup.
5	Syrup RANITIDINE (1ml/15mg)	1ml	8am-8pm	Till Further advice
6	Syp. CICLOSPORIN	0.1 ml	8am - 8pm	Till review
7	Tab. AMLODEPINE 2.5mg	1/2 tablet	8am - 8pm	Till review

### Supportive care:

No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. SEPTRAN (TRIMETHOPRIM-40mg - SULFAMETHOXAZOLE 200mg/ -5ml)	2.5 ml	Twice daily (Monday, Wednesday, Friday)	Till further advice
2	Syrup. ZINCOVIT	2.5 ml	Once daily	Till further advice
3	Syrup. CALCIMAX PLUS (Calcium 250mg, Magnesium-75mg, Zinc-2mg, Vitamin D3 200IU/5ml)	2.5 ml	Once daily (after food)	Till further advice

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**Plan:**

- To do CBP on Friday and review in ward (Keep 2ml EDTA + 2ml Plain sample EXTRA).**

**Fever Management**

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5ml after food as and whenever required, if temperature > 100 \*F (maximum 4 times a day at 6 hour intervals).

\* Tepid sponging if fever > 101 \*F.

Review consultation with Dr. SIRISHA RANI / Dr. SANDHYA V / Dr. VARSHINI B on 25.07.2025 at Banjara Hills in OPD with prior appointment **with reports (Review consultation will be charged).**

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

*Radhika Shinde*  
Parent/ Attender

In case of emergency contact **040-44665555 / 040-23551555 / +91-9100925516** emergency pediatrician on duty.



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To take appointment for OPD consultation at Rainbow **Banjara Hills / Rainbow Attapur Clinic/ Himayath nagar/ Kukatpally/ Vikrampuri/ LB Nagar / Financial District** dial just one toll free number **18002122**.  
You can also take appointments at any time by going **online** to our website **[www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

**FNB PHO Fellow:**

*BVKJOF*  
**Registrar/Resident/C.M.O**  
*24/7*

**Dr. SIRISHA RANI**

MD (Peds), DNB, MRCPCH (UK), Fellow Ped.Hemato-Oncology and BMT (UK)  
CONSULTANT HAEMATO-ONCOLOGIST / BMT  
40525

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## Rainbow Children's Hospital - Banjara Hills

852-120/103/1,2,3,4 and 5, Road, Loc. 2, Banjara Hills, Telangana, Hyderabad,  
INDIA Banjara Hills Hyderabad, Telangana, India, 500034.  
+91-40-4466 5555



It takes a lot to treat the little.

PatientName : Baby VAMIKA SHINDE  
Age/Gender : 1 Y 11 M 25 D/ Female  
Ward/Bed : 1F-HEMATO-ONCOLOGY/ FSW 138

Inpatient No. : IP5-00159534  
Admit Date : 08-07-2025  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-07-2025 08:16			
HEMOGLOBIN (Colorimetry)	11.8	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.48	10 <sup>12</sup> /L	3.7 - 5.6
PCV/HCT (Calculated)	33.1	VOL%	33 - 49
MCV (Calculated)	73.9	fL	70 - 86
MCH (Calculated)	26.3	pg/cells	23 - 31
MCHC (Calculated)	35.6	g/dL	30 - 36
RDW-CV (Calculated)	11.9	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	26	10 <sup>9</sup> /L	L 150 - 450
MPV (Calculated)	10.9	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	0.69	10 <sup>9</sup> /L	L 6 - 17
<b>Differential Count</b>			
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MARKED LEUKOPENIA+ DC IS NOT POSSIBLE PLATELETS - DECREASED		

## INTERPRETATION

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

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Dr. HAFSA AHMED MBBS,DCP

## CONSULTANT CLINICAL PATHOLOGY

## COMPLETE BLOOD PICTURE (Specimen : BLOOD)

## TEST RESULT STATUS : REPORT AUTHORISED

Order Date :11-07-2025 06:44

HEMOGLOBIN (Colorimetry)	10.3	g/dL	L 10.5 - 13.5
RBC COUNT (DC detection method)	3.95	10 <sup>12</sup> /L	3.7 - 5.6
PCV/HCT (Calculated)	28.9	VOL%	L 33 - 49
MCV (Calculated)	73.2	fL	70 - 86
MCH (Calculated)	26.1	pg/cells	23 - 31
MCHC (Calculated)	35.6	g/dL	30 - 36
RDW-CV (Calculated)	11.7	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	42	10 <sup>9</sup> /L	L 150 - 450



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**PatientName** : Baby VAMIKA SHINDE  
**Age/Gender** : 1 Y 11 M 27 D/ Female  
**Ward/Bed** : 1F-HEMATO-ONCOLOGY/ FSW 138

**Inpatient No.** : IP5-00159534  
**Admit Date** : 08-07-2025  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
MPV (Calculated)	9.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	2.95	10 <sup>9</sup> /L	L 6 - 17
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	94	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	3	%	L 45 - 76
MONOCYTES (Microscopy, Leishman stain)	1	%	L 4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	2	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC, MICROCYTES SEEN. WBC - LEUKOPENIA+ PLATELETS - DECREASED		

**INTERPRETATION**

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*Hafsa*

Dr. HAFSA AHMED MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-07-2025 06:44			
SODIUM (Direct ISE)	135	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	104	mmol/L	102 - 112

*Hafsa*

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CONSULTANT CLINICAL PATHOLOGY

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :13-07-2025 10:07			
HEMOGLOBIN (Colorimetry)	8.5	g/dL	L 11.5 - 15.5



Rainbow Children's Hospital - Banjara Hills

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It's time to treat the little.

PatientName : Baby VAMIKA SHINDE  
Age/Gender : 1 Y 11 M 29 D/ Female  
Ward/Bed : 1F-HEMATO-ONCOLOGY/ FSW 138

Inpatient No. : IP5-00159534  
Admit Date : 08-07-2025  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RBC COUNT (DC detection method)	3.34	10 <sup>12</sup> /L	L 3.9 - 5.3
PCV/HCT (Calculated)	24.4	VOL%	L 34 - 40
MCV (Calculated)	73.1	fL	L 75 - 87
MCH (Calculated)	25.4	pg/cells	24 - 30
MCHC (Calculated)	34.8	g/dL	32 - 36
RDW-CV (Calculated)	11.5	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	47	10 <sup>9</sup> /L	L 150 - 450
MPV (Calculated)	8.9	fL	6.5 - 10
WBC COUNT (DC Detection Method)	0.15	10 <sup>9</sup> /L	L 5.5 - 15.5

**Differential Count**

PERIPHERAL SMEAR (Microscopy, Leishman stain)  
RBC - NORMOCYTIC / NORMOCHROMIC, MICROCYTES SEEN.  
WBC - MARKED LEUKOPENIA +  
DC IS NOT POSSIBLE  
PLATELETS - DECREASED

**INTERPRETATION**

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

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CONSULTANT CLINICAL PATHOLOGY

**COMPLETE BLOOD PICTURE (Specimen : BLOOD)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :13-07-2025 23:34

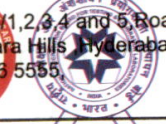
HEMOGLOBIN (Colorimetry)	8.6	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	3.34	10 <sup>12</sup> /L	L 3.9 - 5.3
PCV/HCT (Calculated)	24.1	VOL%	L 34 - 40
MCV (Calculated)	72.2	fL	L 75 - 87
MCH (Calculated)	25.7	pg/cells	24 - 30
MCHC (Calculated)	35.7	g/dL	32 - 36
RDW-CV (Calculated)	11.7	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	43	10 <sup>9</sup> /L	L 150 - 450
MPV (Calculated)	8.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	0.22	10 <sup>9</sup> /L	L 5.5 - 15.5

**Differential Count**



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It takes a lot to treat the little.

PatientName	: Baby VAMIKA SHINDE	Inpatient No.	: IP5-00159534
Age/Gender	: 1 Y 11 M 30 D/ Female	Admit Date	: 08-07-2025
Ward/Bed	: 1F-HEMATO-ONCOLOGY/ FSW 138	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC, WBC - MARKED LEUKOPENIA + DC IS NOT POSSIBLE PLATELETS - DECREASED		MICROCYTES SEEN.

## INTERPRETATION

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## CONSULTANT CLINICAL PATHOLOGY

## COMPLETE BLOOD PICTURE (Specimen : BLOOD)

## TEST RESULT STATUS : REPORT AUTHORISED

Order Date :15-07-2025 06:39

HEMOGLOBIN (Colorimetry)	7.0	g/dL	L	11.5 - 15.5
RBC COUNT (DC detection method)	2.75	10 <sup>12</sup> /L	L	3.9 - 5.3
PCV/HCT (Calculated)	19.6	VOL%	L	34 - 40
MCV (Calculated)	71.3	fL	L	75 - 87
MCH (Calculated)	25.5	pg/cells		24 - 30
MCHC (Calculated)	35.7	g/dL		32 - 36
RDW-CV (Calculated)	11.5	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	45	10 <sup>9</sup> /L	L	150 - 450
MPV (Calculated)	8.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	0.26	10 <sup>9</sup> /L	L	5.5 - 15.5

Differential Count

PERIPHERAL SMEAR (Microscopy, Leishman stain) RBC - NORMOCYTIC / NORMOCHROMIC, MICROCYTES SEEN.  
WBC - MARKED LEUKOPENIA+  
DC IS NOT POSSIBLE.  
PLATELETS - DECREASED

## INTERPRETATION

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

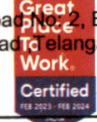
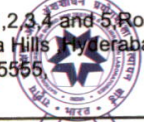
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It's never too late to treat the little.

<b>PatientName</b>	: Baby VAMIKA SHINDE	<b>Inpatient No.</b>	: IP5-00159534
<b>Age/Gender</b>	: 2 Y 0 M 1 D/ Female	<b>Admit Date</b>	: 08-07-2025
<b>Ward/Bed</b>	: 1F-HEMATO-ONCOLOGY/ FSW 138	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
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*Hafsa*

Dr. HAFSA AHMED MBBS,DCP

**CONSULTANT CLINICAL PATHOLOGY**

Investigation	Result	Unit	Biological Reference Interval
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**ELECTROLYTES (Specimen : SERUM)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :15-07-2025 06:39

SODIUM (Direct ISE)	131	mmol/L	L 134 - 143
POTASSIUM (Direct ISE)	4.3	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	102	mmol/L	102 - 112

*Rashida*

Dr. RASHIDA MAHREEN MBBS,MD

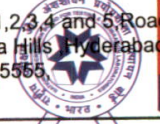
**CONSULTANT BIOCHEMIST**





**Rainbow Children's Hospital - Banjara Hills**

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<b>PatientName</b>	: Baby VAMIKA SHINDE	<b>Inpatient No.</b>	: IP5-00159534
<b>Age/Gender</b>	: 2 Y 0 M 3 D / Female	<b>Admit Date</b>	: 08-07-2025
<b>Ward/Bed</b>	: 1F-HEMATO-ONCOLOGY/ FSW 138	<b>Discharge Date</b>	:

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

TEST RESULT STATUS : REPORT AUTHORISED  
Order Date :17-07-2025 06:24

HEMOGLOBIN (Colorimetry)	12.5	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.88	10 <sup>12</sup> /L	3.9 - 5.3
PCV/HCT (Calculated)	35.4	VOL%	34 - 40
MCV (Calculated)	<b>72.5</b>	<b>fL</b>	L 75 - 87
MCH (Calculated)	25.6	pg/cells	24 - 30
MCHC (Calculated)	35.3	g/dL	32 - 36
RDW-CV (Calculated)	12.6	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	<b>21</b>	<b>10<sup>9</sup>/L</b>	L 150 - 450
MPV (Calculated)	9.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	<b>0.33</b>	<b>10<sup>9</sup>/L</b>	L 5.5 - 15.5

**Differential Count**

PERIPHERAL SMEAR (Microscopy, Leishman stain)  
**RBC - NORMOCYTIC / NORMOCHROMIC**  
**WBC - MARKED LEUKOPENIA+**  
**DC IS NOT POSSIBLE**  
**PLATELETS - DECREASED**

**INTERPRETATION**

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*Hafsa*

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**CONSULTANT CLINICAL PATHOLOGY**


Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-07-2025 06:24			
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	<b>5.3</b>	<b>mmol/L</b>	H 3.7 - 5
CHLORIDE (Direct ISE)	111	mmol/L	102 - 112

*Rashida*


Dr. RASHIDA MAHREEN MBBS,MD

**CONSULTANT BIOCHEMIST**

Investigation	Result	Unit	Biological Reference Interval
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**Rainbow Children's Hospital - Banjara Hills**  
 8-2-120/103/1,2,3,4 and 5, Road No. 2, Banjara Hills, Telangana, Hyderabad,  
 INDIA Banjara Hills Hyderabad, Telangana, India, 500034.  
 +91-40-4466 5555



<b>PatientName</b> : Baby VAMIKA SHINDE <b>Age/Gender</b> : 2 Y 0 M 5 D/ Female <b>Ward/Bed</b> : 1F-HEMATO-ONCOLOGY/ FSW 138	<b>Inpatient No.</b> : IP5-00159534 <b>Admit Date</b> : 08-07-2025 <b>Discharge Date</b> :
---	--

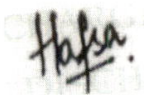
Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b> Order Date :19-07-2025 06:19	
HEMOGLOBIN (Colorimetry)	11.2	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	4.38	10 <sup>12</sup> /L	3.9 - 5.3
PCV/HCT (Calculated)	32.1	VOL%	L 34 - 40
MCV (Calculated)	73.3	fL	L 75 - 87
MCH (Calculated)	25.6	pg/cells	24 - 30
MCHC (Calculated)	34.9	g/dL	32 - 36
RDW-CV (Calculated)	12.6	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	87	10 <sup>9</sup> /L	L 150 - 450
MPV (Calculated)	9.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	0.49	10 <sup>9</sup> /L	L 5.5 - 15.5
<b>Differential Count</b>			
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC, MICROCYTES SEEN WBC - MARKED LEUKOPENIA+ DC IS NOT POSSIBLE PLATELETS - DECREASED		

**INTERPRETATION**

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

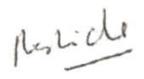
**DISCLAIMER**

Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the laboratory. Test Result may show interlaboratory variations. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the referring physician.



Dr. HAFSA AHMED MBBS,DCP  
 CONSULTANT CLINICAL PATHOLOGY

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b> Order Date :19-07-2025 06:19	
SODIUM (Direct ISE)	134	mmol/L	134 - 143
POTASSIUM (Direct ISE)	5.5	mmol/L	H 3.7 - 5
CHLORIDE (Direct ISE)	108	mmol/L	102 - 112



Dr. RASHIDA MAHREEN MBBS,MD



Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5, Road No. 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills Hyderabad, Telangana, India ,500034. +91-40-4466 5555



Not to treat the little.

PatientName : Baby VAMIKA SHINDE  
Age/Gender : 2 Y 0 M 5 D/ Female  
Ward/Bed : 1F-HEMATO-ONCOLOGY/ FSW 138

Inpatient No. : IP5-00159534  
Admit Date : 08-07-2025  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>FERRITIN (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-07-2025 06:19			
FERRITIN (CLIA)	10500	ng/ml	H 6 - 67

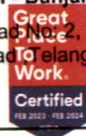
*Rashida*

Dr. RASHIDA MAHREEN MBBS,MD



## Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5, Road No. 2, Banjara Hills, Telangana, Hyderabad,  
INDIA Banjara Hills, Hyderabad, Telangana, India, 500034.  
+91-40-4466 5555



It's Easy to treat the little.

PatientName : Baby VAMIKA SHINDE  
Age/Gender : 2 Y 0 M 7 D/ Female  
Ward/Bed : 1F-HEMATO-ONCOLOGY/ FSW 138

Inpatient No. : IP5-00159534  
Admit Date : 08-07-2025  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT ENTERED</b>	
			Order Date :21-07-2025 06:10
RBC COUNT (DC detection method)	4.48	10 <sup>12</sup> /L	3.9 - 5.3
PCV/HCT (Calculated)	32.3	VOL%	34 - 40
MCV (Calculated)	72.1	fL	75 - 87
MCH (Calculated)	25.7	pg/cells	24 - 30
MCHC (Calculated)	35.6	g/dL	32 - 36
RDW-CV (Calculated)	12.0	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	43	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	9.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	2.17	10 <sup>9</sup> /L	5.5 - 15.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	61.3	%	H 23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	6.0	%	35 - 65
MONOCYTES (Microscopy, Leishman stain)	26.7	%	H 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	0.0	%	1 - 6
HEMOGLOBIN (Colorimetry)	11.5	g/dL	11.5 - 15.5

# Interim Report



Rainbow Children's Hospital - Banjara Hills

8-2-120/103/A, 2,3,4 and 5, Road No. 2, Banjara Hills, Telangana, Hyderabad, INDIA, Banjara Hills, Hyderabad, Telangana, India, 500034.



It takes a lot to treat the little.

<b>PatientName</b>	: Baby VAMIKA SHINDE	<b>Inpatient No.</b>	: IP5-00159534
<b>Age/Gender</b>	: 2 Y 0 M 2 D/ Female	<b>Admit Date</b>	: 15-07-2025
<b>Ward/Bed</b>	: 1F-HEMATO-ONCOLOGY/ FSW 138	<b>Discharge Date</b>	:

**BLOOD CULTURE AND SENSITIVITY ( Specimen :BLOOD )**

**RESULT**

TEST RESULT STATUS : REPORT ENTERED

Order Date : 15-07-2025 06:39:46

**Culture :-**

**Second Report** - No growth after 48 hrs of incubation

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

Interim Report

①



**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_ BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 25 D (F)  
Dr. SIRISHA RANI \_\_\_\_\_

UHID No. : \_\_\_\_\_  \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse

**Cross Consultation Visit**

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

Docu. No. RCHBH/FRM/GENERAL/145





PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
11/7	IV placement	①	9098400	[Signature]
15/7	Blood Transfusion (PRBC)	①	0104926	[Signature]
17/7	Replacement	①	9106975	[Signature]
18/7	Blood Transfusion (SDP)	①	9108006	[Signature]
<b>ANY OTHER INFORMATION</b> Do not charge for NHA. <span style="float: right;">[Signature]</span>				
Date: 20/7/25      Time: 3PM      Prepared By: <span style="color: red;">[Signature]</span>				
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor	
sudhan	evening/auca	[Signature]		



## Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad  
,Telangana, India ,500034.  
TEL NO :+91-40-4466 5555  
WEB : https://rainbowhospitals.in

## ADMISSION SHEET

## Registration Details :



Admission No : IP5-00159534      Admit Date : 08-Jul-2025      Admit Time : 11:14 PM      UHID : BAH-00572822

## Patient Details :

Patient Name : Baby VAMIKA SHINDE      Age : 1 Y 11 M 24 D  
Guardian : MR SAI KRISHNA SHINDE      DOB : 14-07-2023  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H NO 38-217/1 , CHENNA REDDY NAGAR,  
BEHIND MASJID Jagadgirigutta Hyderabad  
Telangana INDIA 500037      Phone No : 9700369239/ 9059083471  
E-mail : SAI018043@GMAIL.COM

## Admission Details :

Bed Type : FOUR SHARING      Bed No : FSW 138      Ward Name : 1F-HEMATO-ONCOLOGY  
Room No : FSW 138      Admission Type : First Visit

## Contact Details :

Name : MR SAI KRISHNA SHINDE      Relationship : Father  
Contact Address : H NO 38-217/1 , CHENNA REDDY NAGAR,  
BEHIND MASJID Jagadgirigutta Hyderabad  
Telangana INDIA 500037      Phone No : 9700369239

Signature

## Doctor Details :

Doctor Name : Dr. SIRISHA RANI      Specialisation : HEMATO ONCOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant : Dr. VARSHINI BANDI

## Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y O M 3 D (F)  
 Dr. SIRISHA RANI



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	6			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	7			
7	Nursing plan of care and handover sheets	22			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	2+2			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	16			
30	Intake and Out take chart (fluid chart)	7			
31	Drug chart (Regular Prescription)	1+4			
32	Investigation Values (result sheet)	2			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	3			
38	Braden Q Scale	4			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		2+2			
		17			
	<b>Total No. of Pages</b>	<b>103</b>			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date:

20/7/25

(P.T.O)

**ERROR LOG**


LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE: 22/7/25

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI




### ADMISSION CRITERIA – ONCOLOGY

**Admission / Transfer from:**


- Emergency   
  Outpatient (OPD)   
  Ward   
  Operation Theater   
  Others: .....

**Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY**

- For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- Febrile Neutropenias (ANC <500 cells / mm3)
- Netropenic Enterocolitis
- Mucositis Induced Significant Diarrohea or Pain
- Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- Management of Oncological Emergencies
- Bleeding Problems (where it is indicated)
- Evaluation and Management of Severe Anemias
- Day Care Admissions for PRBC Transfusions
- Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- Management and Evaluation of Hemophagocytic LymphoHisticytosis
- Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: *[Handwritten Signature]*  
 Name of the Doctor: *[Handwritten Name]*  
 Date & Time: *8/7 @ 12 PM*

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI




### DISCHARGE CRITERIA – ONCOLOGY

**Discharge to:**

- HDU / Step down ICU     
  Ward     
  Outside Facility     
  Others: .....

**Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY**

- Completion of chemotherapy, with no debilitating side effects.  
 Resolution of febrile episode, with no fever > 24hrs and Absolute Neutrophil count (ANC) > 1500/mm<sup>3</sup>.  
 Admitted patients - Once the admitting problem gets resolved or made a plan to manage.

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 6 D (F)  
 Dr. SIRISHA RANI



Signature of the Doctor: *[Handwritten Signature]*

Name of the Doctor: *[Handwritten Name]*

Date & Time: *20/7 @ 11Pm*



**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

①


Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI





BAH-00572822 IP5-00159534

Baby VAMIKA SHINDE

14-07-2023 1 Y 11 M 24 D (F)

Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

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**Developmental History :**

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---

**Immunization History :**

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(P.T.O.)

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI



**Pediatric Multiorgan History & Physical Examination**

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) \_\_\_\_\_ (Centile \_\_\_\_\_)

**On Examination :**

Temperature : \_\_\_\_\_ Pulse Rate : \_\_\_\_\_ B.P. \_\_\_\_\_ SPO2 \_\_\_\_\_

Resp.rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any added sounds : \_\_\_\_\_

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

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

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

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power: \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(P.T.O.)

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

*hemodynamic stability*

**Planned Labs:**

*CBP - 1m*

**Planned Management**

*- Cont all medications  
as per orders*

Signature of the Doctor: *Abhishek*

Name of the Doctor: *A. Abhishek*

Date & Time: *9/7/23, 8 AM*

Signature of the Consultant: *B. @e*

Name of the Consultant: *B. @e*

Date & Time: *9/7/23 at 10 AM*

*S*  
*SIRISHA RANI*

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<p><del>9/17/23</del> 9am</p>	<p>Morning Rounds                  to Diamond Blackfan Syn.                  for MUD HSGT. - <u>DT15</u></p>	<p>DOT → 25/6/25</p>
	<p>No fever present                  oral intake - good                  vitals - stable</p>	<p>① Cont. of CSF. (Daily)                  ② Cont. Antibiotics                  ③ Cont. Supportive Care                  ④ [unclear] to do LFT, examine                  ⑤ [unclear] on level of [unclear]</p>
<p>Pipraz (D3)                  valacyclovir                  voriconazole</p>	<p>①                  ②                  ③                  ④                  ⑤</p>	<p>Noted by                  Dr. Sirisha Rani                  01/23/24                  9/17/23                  B. O                  @ [unclear] Vamika</p>
<p><del>3pm</del></p>	<p>Afternoon rounds                  afebrile                  oral intake - bh                  vitals - stable</p>	<p>Hold care today                  Ct Scan / Supplement care.</p> <p>Noted by                  Dr. Sirisha Rani                  01/23/24                  9/17/23                  @ [unclear] Vamika</p>

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



**GRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/07/23 8 AM	<p>✓ <u>Kid's DBA</u> / admitted patient</p>	<p><u>DFIB</u></p>
	<p>NO complaints                      activity ⊕                      Hemodynamically stable                      on En = alert</p>	<p><u>TWT = 8.4 kg</u></p>
	<p>CV, RR / HA /</p>	<p>⊕ Supportive care                      ⊕ Throating Obk</p>
	<p>Ther ⊕</p>	<p>⊕ GCSF today</p>
	<p>En = Inp 11 to 20 ⊕                      T until voluymen</p>	<p>⊕ Cap (TM)</p>
	<p>Noted in monitor vitals                      Phya                      016020                      10/7/23                      @ 12 PM</p>	<p>⊕ (b1201)</p>
10/07/23		<p><del>med</del>  <del>handkeys</del></p>
2 PM	<p>✓ <u>Afternoon rounds</u></p>	<p>⊕</p>
	<p>NO complaints                      activity ⊕                      vital = stable</p>	<p>⊕ Supportive care</p>
	<p>N.B                      Sonar                      21/5/23                      @ 4 PM</p>	<p>⊕ CBP (TM)                      ⊕ monitor vitals.</p>
		<p>⊕ (b1201)</p>

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 26 D (F)  
Dr. SIRISHA RANI



3)



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07 9AM	KICK DBAL admitted for HCT	① ①⑦ Engrafted
	<p>NO complaints Activity ① Hemodynamically stable on En-XACT CV, RR PIA ② TMC ③</p> <p>on Int pntoz ④ TMC ⑤</p> <p>Monday - Co levels, chimerism, CRP BMT viral panel + Extra plan</p>	<p>② cont supportive care ③ I/O monitoring ④ R/w GCSF today ⑤ Monitor vitals</p>
3/PM	Evening rounds	
	<p>No complaints vitals stable</p>	<p>① cont supportive care ② Monday - Co levels / chimerism CRP, BMT viral panel + Extra plan</p> <p>③ GCSF 4m ④ Jmkh vials</p>

Dr. B Subramanian  
② 11/7 @ 11/7 @ 3:30 PM

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RANI

(A)



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/17 8AM	Morning Rounds KID OBA DTB	
	Engorged	
	No complaints Activity (W) Hemodynamically stable CVS/RES RA (W)	1) Don't supportive care 2) I/O charting O&A
	TIC (W)	3) CBP, chimerism plan Monday
	MIB Amplified platelet copy	4) Monitor vitals inj UCF 5T/M (B) (MTR011)
2pm	Afternoon Rounds	
	No Complaints Vitals Stable	plan
		1) CBP, chimerism, Co levels, BMR viral panel sat Monday
		n.B
		Subhankar
		S 12/17 @ 2:30 PM

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI

5



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
13/07 8AM	KID DBA	D-19
	NO complaints	<u>Engrafted</u>
	Activity (M)	? sepsis
	Hemodynamically stable	① Gent supportive care
	on Elix-acerit	② I/O charting q4h
	CV, I&S	③ R/W lab, inline
	PLA (M)	④ Monitor vitals
	Tinc (M)	⑤ GCSE today. (SIC) (P)
	② Low grade temp spikes	after count (SIC) (P)
	↓	trace CBP
	Thrombophlebitis (P)	⑥ Repeat CBP (TIM); EDTA Extra
	① Next temp spike	N/A
	Piptazolamphulgan	Amphotericin
	② Repeat CBP (TIM); EDTA Extra	oligo

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/7 8AM	KICND, BA DF 20	? Septic / vitro / Rec
	NO further temp spikes activity (C) Hemodynamically stable on $E_n = ALOTT$ C/S, K2 PLA (C) Thc (C)	1) cont IV antibiotics 2) I/O monitoring suit 3) GRF today 4) TO send vitro / pro today (P/S)
	$U_n =$ Inj new / Gancin (C)	5) Monitor vitals
	6) CBP, plain (T/A)	7) (P/S)
	8) CRP; U/G Absence today	B. Cl Ammal
<del>14/7 3PM</del>	9) <del>Amphomule 25mp IV QD</del> 10) <del>add Amphomule 25mp IV QD</del> 11) <del>chest same</del> 12) <del>CBP, SE, Ethanol x 2 to sterom</del> 13) <del>no symptoms</del> 14) <del>vitals stable</del>	15) <del>any fever / cough</del> 16) <del>add Amphomule 25mp IV QD</del> 17) <del>chest same</del> 18) <del>CBP, SE, Ethanol x 2 to sterom</del>

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Baby VAMIKA SHINDE  
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Dr. SIRISHA RANI



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/23	Morning Rounds	
8am	Klco DBA - Now, $\epsilon \oplus$ Neutropenia	D+(21) of HES - Haplo mix
	fever spikes $\oplus$ - $\ominus$ spikes today oral intake - fair vitals stable	
	<ul style="list-style-type: none"> <li>Vori Conazole / Vancomycin</li> <li>Mersivon (D3)</li> <li>Amphotericin (D2)</li> </ul> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Viral <math>\rightarrow</math> Negative</div>	<p>plan</p> <ol style="list-style-type: none"> <li>Trace Blood cts - (15) <math>\oplus</math></li> <li>PRBC today</li> <li>Rlx Cyclosporine dosage</li> <li>Cont. cyclo</li> <li>Stop Granisetron</li> </ol>
	<p>Send further same sample Rlx inlc Rlx same Add Colistin, linezolid</p>	
2pm	Afternoon notes	
	fever spikes $\oplus$ (Chrysele)	
	oral intake $\oplus$	ph
	vitals stable	PRBC today
	N.B	at medication on record
	Sonam	Hunk note
	O/S/S/S B. 001	<p>Supra case Hold 6am <math>\pm</math> m - CRP / wra plan B. 001</p>

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
16/07 8AM	<p>KLUD DBA   Hapt HJUT D (+52)  <u>Suspected sepsis ? HLH</u></p> <p>No further temp spikes                      activity (2)                      Hemodynamically stable                      on Enoxilox                      CRP (2)                      DA (2)                      Thc (2)</p> <p>on Mow (2) / amphot (2)                      Colistin (2) / Linezolid (2)</p>	<p>13                      1200 In antibiotic</p> <p>2 supportive care</p> <p>3 TB starting 0.4</p> <p>4 CBP, SIE                      plain, EDTA (TM)</p> <p>5 Monitor vitals</p> <p>Noted by                      Shivani                      016+20                      16/07                      @ 12th</p>
16/07 3PM	<p><u>afternoon rounds</u></p> <p>NO complaints                      activity (2)                      vitals stable</p> <p>NIB                      2000ml                      16/7                      @ 4pm</p>	<p>B. Cle                      DimmV</p> <p>1                      1200 antibiotic</p> <p>2 CBP, SIE                      plain, EDTA (TM)</p> <p>3 Monitor vitals</p>

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<p>17/07 8AM</p>	<p><u>Morning Rounds</u>                  KUB OBA / Hapt H wt 0 + 23  <u>Suspected sepsis / HLH</u></p>	
	<p>NO temp spikes                  activity (2)                  Hemodynamically stable                  In H's Alert                  CVS, RS /                  PA / (2)                  TNC (2)</p> <p>Sp: Mexo (65) / Amp (63)                  ✓ Wistin (line 30) (63)</p> <p>Noted by                  Shivam                  016070                  17/07                  @ 12pm</p>	<p>R                  1. In antibiotic                  2. Do vomiting obs                  3. Supportive care                  4. TNC lab                  5. Monitor vitals</p> <p>Chimerism (SOS) - today (near)                  B. Que                  Dr. Vanshini</p>
<p>17/07 3pm</p>	<p><u>Afternoon Rounds</u>                  NO symptoms                  activity (2)                  vitals stable</p> <p>1/2 unit exp</p>	<p>R                  1. Supportive care                  2. Do vomiting obs                  3. cont obs                  4. Monitor vitals</p>

M/D  
 17/07  
 @ 6pm

(P.T.O)

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
18/7/23 8am	<p><u>Morning Rounds</u></p> <p>Kc/cb DBA/Haplo Hsc/D (734)</p> <p><u>Suspected sepsis/Hypofunction</u></p> <p>No fever spikes</p> <p>Activity (N)</p> <p>Hemodynamically stable</p> <p>on Enivort</p> <p>CRP, R2</p> <p>RA (N)</p> <p>TUC (N)</p> <p>on: Mow (N) / Amp (N)</p> <p>within (Unesoid (N))</p> <p>(N) SOS MRI Brain (N)</p>	<p>?</p> <p>1. HLH</p> <p>2. Supportive care</p> <p>3. Ibuprofen 600</p> <p>4. IV Antibiotics</p> <p>5. Monitor vitals</p> <p>6. CBP, SIE plan</p> <p>7. Ferritin</p> <p>8. (N)</p>
18/7/23 4pm	<p><u>Afternoon Rounds</u></p> <p>No temp spikes</p> <p>Activity (N)</p> <p>Vitals stable</p> <p>CRP, R2</p> <p>RA (N)</p> <p>TUC (N)</p>	<p>9. Noted in shift</p> <p>10. 01620</p> <p>11. 18/7/3</p> <p>12. 0120</p> <p>13. CBP, SIE</p> <p>14. Ferritin plan (N)</p> <p>15. Ibuprofen 600</p> <p>16. MRI Brain 202</p> <p>17. Monitor vitals</p>

N/A  
 Kanwar  
 15/8/23  
 18/7/23  
 e b p m

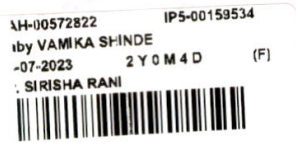
AH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 07-2023 2 Y 0 M 4 D (F)  
 SIRISHA RANI

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
19/07 8AM	<p>Morning Rounding                      KIDW D3A / Haptoglobin D (25)                      Sup. resp. sp. / HLH.</p>	
	<p>NO temp spikes                      Afebrile                      Intermittent irritability                      on EtO alert</p>	<p>R                      1) cont supportive care                      2) EtO monitoring only</p>
	<p>CNS, RS /                      HA (W)                      Tbc (W)</p>	<p>3) Tbc on penicillin</p>
	<p>on - Mow (W) / Amphot /                      Wistar / Ganciclovir (W)</p>	<p>4) meritor vitals</p>
	<p>Hold                      DRWME,                      sup. cyclophosphamide</p>	<p>5) (broad)                      normalcy</p>
		<p>6) Hold GCF today</p>
		<p>NOTED by                      Shruva                      016020                      19/07/23                      12p</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
19/7 1pm	8/10 on standby @	
	Chemistry: 4:7 done ferritin - 10,800 ng/ml	<p>(P)</p> <p>Trab Denar (0.5mg) 1-1-1</p>
	No full	<p>at collection till 7pm night dose &amp; stop</p>
		<p>Amphotericin till 7pm and stop</p>
		<p>stop mmt / cedospirine</p>
		<p>at Neopen 10mg/ml / valacyclovir</p>
		<p>Rpt CBP st on 21/7/23</p>
		<p>at 7pm</p>
	<p>Noted by Shivan 016020 19/7/23 1pm</p>	<p>(Signature) standby</p>

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 Baby VAMIKA SHINDE  
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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
20/07 8 AM	<p>Morning rounds            KLW DBA / Df 26 / HLH (1<sup>o</sup> graft failure)            Not temp spikes            Activity @            Hemodynamically stable            on Elixolox            CVS, RS            PLA @            TMC @            on MOW @ / Line @</p>	<p>Cont IV antibiotic            I (is) starting OLT            stop Wistin / amphotericin            Hctocay            monitor vitals            hi urea today. (17.0)</p>
	<p>Noted by            Sushant            ID-22-26            20/7 at 10 AM            B. Ole            Dr. Vankini</p>	



AH-00572822 IP5-00159534  
 aby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 r. SIRISHA RANI



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**RESULT SHEET**

Date	19/7/25				
Time	6:19AM				
Hb	11.2				
PCV	32.1				
RBC	4.38				
WBC	0.49				
N/L	34.7/36.7				
Platelets	87,000				
CRP					
ESR					
PCT					
RBS					
Na	134				
K	5.5.				
Cl	108				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	le				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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.....

.....

Radiology :   USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc..) : .....

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



①



**RESULT SHEET**

Date	9/7/25	11/9/25	13/7/25	13/7	15/7/25	17/7
Time		6:44AM	10AM	11:30PM		8AM
Hb	11.8	10.3	8.5	8.6	7.0	12.5
PCV		28.9	24.4	24.1	10.6	35.4
RBC	6.48	3.95	3.34	3.34	2.75	4.88
WBC	0.89	2.95	0.15	<del>43,000</del> 220	260	330
N/L	79/1.4	92.5/1.4		36/54	15/61	12/84
Platelets	26,000	42,000	47,000	43,000	45,000	15,000
CRP						21,000-manual
ESR						
PCT						
RBS						
Na					131	139
K					4.3	5.3
Cl					102	111
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCHBH / FRM / CLINICAL / 0138

(PT.O)

F



BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
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### DRUG CHART

Date of Admission: 8/7/25 Drug Allergies:  Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

- GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
  - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
  - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
  - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
  - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
  - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- Nurses - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

**SOS / PRN (As Required Medication)**

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

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

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

VERIFIED BY: Name Signature

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Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI



REGULAR PRESCRIPTIONS

Weight: 5kg Ward: Oncology

**DRUG :** 2g. Piroxicam + Piroxicam

Dose: 1.12gm Route: IV Frequency: BD Start Date: 7/7

Date/Time: 8/7 9/7 10/7 11/7

Name & Signature of the Doctor Starting the Drugs: Nishita

Additional Instructions:

Daily Doctor's Endorsement by a Sign: N N N N

**DRUG :** Sy. GCSF

Dose: 5mg Route: IV Frequency: OD Start Date: 2/7

Date/Time: 8/7 9/7 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

Name & Signature of the Doctor Starting the Drugs: Nishita

Additional Instructions:

Daily Doctor's Endorsement by a Sign: N N N N N N N N N N N N N N N N

**DRUG :** Sy. CECOSPORINE

Dose: 0.2ml Route: P/O Frequency: BD Start Date: 30/6

Date/Time: 7/7 10/7

Name & Signature of the Doctor Starting the Drugs: Nishita

Additional Instructions: 1ml/100mg

Daily Doctor's Endorsement by a Sign: N N

**DRUG :** T. AMIODARONE

Dose: 1/2 tab Route: P/O Frequency: OD Start Date: 24/6

Date/Time: 9/7 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

Name & Signature of the Doctor Starting the Drugs: Nishita

Additional Instructions: 1 tab = 2.5mg

Daily Doctor's Endorsement by a Sign: N N N N N N N N N N N N N N N N

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI



Weight. 8.19g Ward. Oncology

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7	10:20 AM	INT DEXAMETHASONE	1mg	IV	(Signature)	Amparna, Nasheera
13/7	10:20 AM	INT CEFTRIAZONE	800mg	IV	(Signature)	Amparna, Nasheera
15/7	2:50 PM	INT GCSE	50mcg	SLC	(Signature)	Sonam, Subhankar
15/7	12:15 PM	INT DEXAMETHASONE	1mg	IV	(Signature)	Amparna, Nasheera
15/7	4:25 PM	di: Avic	0.2ml	w	(Signature)	Sonam, Subhankar
15/7	4:25 PM	PRBC	100ml	w	(Signature)	Sonam, Subhankar
15/7	9:25 PM	di: losix	4mg	w	(Signature)	Sawitri, Dharani
		di: V1a	8mg	w	(Signature)	(HOLD)

Signature  
VERIFIED BY : N



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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 8kg Ward OMU

DRUG : <u>Syn. SEPTORAN</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>17/6</u>	<u>8/7</u>	<u>9/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>8/7</u>	<u>9/7</u>
Additional Instructions:				<u>10/7</u>	<u>11/7</u>
Daily Doctor's Endorsement by a Sign				<u>12/7</u>	<u>13/7</u>
DRUG : <u>T. Clofazimine</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1/2 tab</u>	<u>PO</u>	<u>OD</u>	<u>19/6</u>	<u>8/7</u>	<u>9/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>10/7</u>	<u>11/7</u>
Additional Instructions:				<u>12/7</u>	<u>13/7</u>
Daily Doctor's Endorsement by a Sign				<u>14/7</u>	<u>15/7</u>
DRUG : <u>T. VALAMANDOL</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1/2 tab</u>	<u>PO</u>	<u>OD</u>	<u>23/6</u>	<u>14/7</u>	<u>15/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>16/7</u>	<u>17/7</u>
Additional Instructions:				<u>18/7</u>	<u>19/7</u>
Daily Doctor's Endorsement by a Sign				<u>20/7</u>	<u>21/7</u>
DRUG : <u>T. VORICONAZOLE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1/2 tab</u>	<u>PO</u>	<u>OD</u>	<u>23/6</u>	<u>14/7</u>	<u>15/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>16/7</u>	<u>17/7</u>
Additional Instructions:				<u>18/7</u>	<u>19/7</u>
Daily Doctor's Endorsement by a Sign				<u>20/7</u>	<u>21/7</u>

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8kg

Ward ORW

DRUG :				Date/Time
Syp. <u>mmf</u>				8/4
Dose	Route	Frequency	Start Dt.	
0.5ml	PO	TD	8/4	
Name & Signature of the Doctor Starting the Drugs:				
<u>NSR</u>				
Additional Instructions:				
<u>1ml 100mg</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>T. Amoxic</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
1/2 tab	PO	BD	1/2	
Name & Signature of the Doctor Starting the Drugs:				
<u>NSR</u>				
Additional Instructions:				
<u>1 tab = 600mg</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syp. Calcium +</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
2.5ml	PO	OD	12/4	
Name & Signature of the Doctor Starting the Drugs:				
<u>NSR</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syp. Uridin</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
3ml	PO	BD	17/4	
Name & Signature of the Doctor Starting the Drugs:				
<u>NSR</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

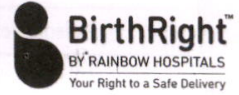
**REGULAR PRESCRIPTIONS**

Weight 8kg - Ward ON 10

<b>DRUG:</b> <u>Sy. Ciprofloxacin</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>0.3ml</u>	<u>PO</u>	<u>BD</u>	<u>10/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG:</b> <u>Ly. Ceftriaxone</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>800mg</u>	<u>IV</u>	<u>OD</u>	<u>12/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG:</b> <u>Sy. Zidovudine</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>13/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG:</b> <u>INT Ceftriaxone</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>400mg</u>	<u>IV</u>	<u>BD</u>	<u>14/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY: Name .....

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... 9.1kg

Ward ..... 0110

**DRUG : INT AMIKACIN** Date/Time 13/7

Dose	Route	Frequency	Start Dt.
120 mg	IV	OD	13/7

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG INT MEROPENEM** Date/Time 13/7

Dose	Route	Frequency	Start Dt.
350mg	IV	BD	13/7

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG INT GANCYCLOVIR** Date/Time 13/7

Dose	Route	Frequency	Start Dt.
50mg	IV	OD	13/7

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG : Zi. AMPICOMUL** Date/Time 15/7

Dose	Route	Frequency	Start Dt.
957	IV	OD	15/7


Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

VERIFIED BY: Name

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 1 D (F)  
 Dr. SIRISHA RANI




Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward 010

**DRUG : T. ADAMANTINE**

Date	Time	Dose	Route	Frequency	Start Dt.
15/7	10 AM	1/2 tab	PO	OD	15/7
16/7					
17/7					
18/7					
19/7					
20/7					

Name & Signature of the Doctor Starting the Drugs: N. K. K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG : T. VALACICLOVIR**

Date	Time	Dose	Route	Frequency	Start Dt.
15/7	10 AM	1/2 tab	PO	BD	15/7
16/7					
17/7					
18/7					
19/7					
20/7					

Name & Signature of the Doctor Starting the Drugs: N. K. K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG : Zy. LINEZOLID**

Date	Time	Dose	Route	Frequency	Start Dt.
15/7	10 AM	100mg	IV	BD	15/7
16/7					
17/7					
18/7					
19/7					
20/7					

Name & Signature of the Doctor Starting the Drugs: N. K. K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG : Zi. COLISTIN**

Date	Time	Dose	Route	Frequency	Start Dt.
15/7	10 AM	3.5 tab	IV	BD	15/7
16/7					
17/7					
18/7					
19/7					
20/7					

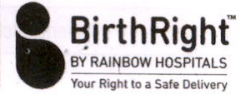
Name & Signature of the Doctor Starting the Drugs: N. K. K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature .....  
Name .....

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG : wj. DEXAMETHASONE</b>				Date Time	15/7/17	10:15														
Dose	Route	Frequency	Start Dt.																	
1mg	w	12H	15/7																	
Name & Signature of the Doctor Starting the Drugs:				GAM X Dexamethasone																
Additional Instructions:				GAM X Dexamethasone 1mg/100mg																
Daily Doctor's Endorsement by a Sign				N N N N N																
<b>DRUG : SYP CYCLOSPORINE</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.2ml	P/O	BD	19/7																	
Name & Signature of the Doctor Starting the Drugs:				STOP 19/7																
Additional Instructions:				1ml / 100mg																
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : Tab DEXAMETHASONE</b>				Date Time	19/7	10:15														
Dose	Route	Frequency	Start Dt.																	
0.5mg	P/O	TID	19/7																	
Name & Signature of the Doctor Starting the Drugs:				2pm X Dexamethasone																
Additional Instructions:				10pm X Dexamethasone																
Daily Doctor's Endorsement by a Sign				1 tab = 0.5mg																
<b>DRUG : SYP LINCZOLID</b>				Date Time	19/7	10:15														
Dose	Route	Frequency	Start Dt.																	
4ml	P/O	TID	19/7																	
Name & Signature of the Doctor Starting the Drugs:				2pm X Linczolid																
Additional Instructions:				10pm X Linczolid																
Daily Doctor's Endorsement by a Sign				5ml / 100mg																

VERIFIED BY: Name



BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



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**PAIN ASSESSMENT FORM**

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA NA	⊕
19/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
19/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
19/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
20/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
20/7	12m	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
20/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
21/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊕
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Docu.No: RCHB/FRM / CLINICAL / 152

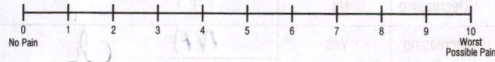
(P.T.O)

### PAIN ASSESSMENT TOOLS

**FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)**

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

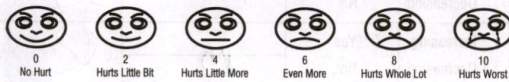
**Numerical Pain Scale (Obstetric and Gynecology)**



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

**Wong - Baker (Pediatrics) Above 7 Years**



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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI

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**PAIN ASSESSMENT FORM**

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
15/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	PM
16/7	11am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	PM
16/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Q
16/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA NA	Q
16/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	M
17/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA NA	Q
17/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA NA	Q
17/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	PM
18/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Q

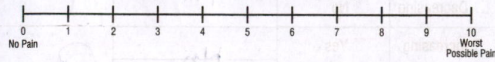
**Re-assessment Frequency:**  
 1. Every eight hours for all hospitalized patients.  
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:  
 a) At least every 2 hours for the first 24 hours      b) Then every 4 hours.  
 c) Prior to pain relieving intervention.     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

### PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

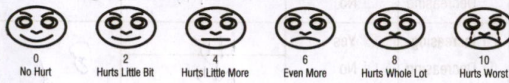
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI

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**PAIN ASSESSMENT FORM**

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	dy
12/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
12/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	B
13/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	R
13/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
13/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Q
14/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	P
14/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Deh
14/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Deh
15/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	R

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.

Docu.No: RCHB /FRM / CLINICAL / 152

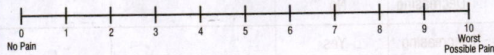
(P.T.O)

### PAIN ASSESSMENT TOOLS

#### FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

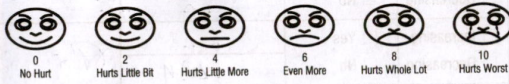
#### Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

#### Wong - Baker (Pediatrics) Above 7 Years



BAH-00572822 IPS-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI



1

**PAIN ASSESSMENT FORM**



Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
9/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
9/7	12PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
9/7	8PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
10/7	4am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
10/7	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
10/7	8PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
11/7	4AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
11/7	12PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
11/7	8PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]

**Re-assessment Frequency:**

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

Docu.No: RCHBH /FRM / CLINICAL / 152

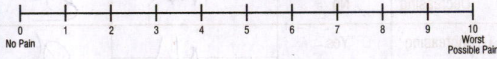
(P.T.O)

### PAIN ASSESSMENT TOOLS

**FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)**

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

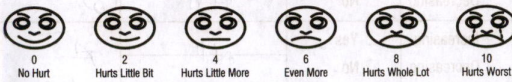
**Numerical Pain Scale (Obstetric and Gynecology)**



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

**Wong - Baker (Pediatrics) Above 7 Years**



BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 Dr. SIRISHA RANI

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CHBH/ FRM / CLINICAL / 125

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date:	20/7/25	Time:	9 AM	1 PM	4 PM	7 PM	10 PM
Doctor / Nurse / Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
Note: BP does not score in early warning scoring	150						
	140						
	130						
	120						
Heart Rate (Number)	110						
	100						
	90						
	80						
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
Resp Rate (Number)	30						
	20						
	10						
Resp Distress	Mod/ Severe						
	None / Mild						
Receiving O <sub>2</sub> (l/min)							
	O <sub>2</sub> Saturations (%)						
Conscious Level	Normal						
	Altered						
GCS *							
<b>TOTAL SCORE</b>							
Number of shaded boxes							
Pain Score							
Observer's Initials							
<b>ACTIONS</b>	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



## 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.

<b>I</b>	<b>IDENTITY</b> : I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION</b> : 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>B</b>	<b>BACK GROUND</b> : 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)
<b>A</b>	<b>ASSESSMENT</b> : 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.
<b>R</b>	<b>RECOMMENDATION</b> : 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)

H-00572822 IP5-00159534  
 by VAMIKA SHINDE  
 07-2023 2 Y 0 M 4 D (F)  
 SIRISHA RANI

15

wt:- 8.7 kg

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



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/7	Time: 9am	1pm	4pm	7pm	10pm	3am	6am
Doctor / Nurse / Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99	98.5F	*98.5F	*98.5F	*98.5F	98.5F	98.5F
	98						
	97						
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
Note: BP does not score in early warning scoring	110						
	100						
	90	99 (62)	90 (69)	95 (60)	98 (62)	94 (60)	97 (60)
	80						
	70						
	60						
	50						
	Heart Rate (Number)	102bpm	106bpm	113bpm	115bpm	105bpm	111bpm
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)	26bpm	25bpm	26bpm	26bpm	26bpm	26bpm
Resp Distress Mod/ Severe None / Mild	Receiving O <sub>2</sub> (l/min)						
	O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	99%	100%
	Conscious Level	C	C	C	C	C	C
	GCS *	15/15	15/15	15/15	15/15	15/15	15/15
	TOTAL SCORE	0	0	0	0	0	0
	Number of shaded boxes						
	Pain Score						
	Observer's Initials	S	S	S	S	S	S
ACTIONS	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



## 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.
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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI

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

**PRE-SCHOOL (1-5 years)**  
 Children's Observation &  
 Early Warning Scoring Chart

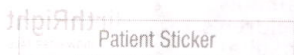
Rainbow  
 Children's  
 Hospital  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 10/7/25	Time: 9am	10pm	4pm	7pm	10pm	2am	6am
Doctor / Nurse / Family Concern?							
Temperature (°F)	98.1	98.1	99.4	97.8	98.5	98.2	98.0
Heart Rate (bpm)	106	108	104	106	104	106	105
Blood Pressure (mmHg) *	100/69	90/69	90/60	92/64	105/65	94/64	97/69
Heart Rate (Number)	106b/m	108b/m	104b/m	106b/m	104b/m	106b/m	105b/m
Resp. Rate (bpm) (Over 1 Minute) *	26	26	26	26	26	26	26
Resp Rate (Number)	26b/m	26b/m	26b/m	26b/m	26b/m	26b/m	26b/m
Resp Mod/ Severe Distress None / Mild	0	0	0	0	0	0	0
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S	S
<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse Score 2 : Shift in charge nurse to be informed and continue hourly observations Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.						

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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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

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<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 2 D (F)  
 Dr. SIRISHA RANI

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

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

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

wt -> 8.7 kg

Date : 17/7/23	Time: 9am	1pm	4pm	7pm	10pm	3am	6am	
Doctor / Nurse / Family Concern?								
Temperature (°F)	104							
	103							
	102							
	101							
	100							
	99							
	98	*98.6	*98.7	*97.6	*96.4	98.4	98.4	
	97							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
Note: BP does not score in early warning scoring	110							
	100							
	90							
	80							
	70							
	60							
	50							
	40							
Heart Rate (Number)	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
	114	101	102	110	89	104	108	
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	0							
Resp Rate (Number)	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
	22	22	22	22	24	26	26	
Resp Mod/ Severe Distress None / Mild	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
	100%	100%	100%	100%	100%	100%	100%	
Conscious Level Normal Altered	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
	C	C	C	C	C	C	C	
GCS *	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
	15/13	15/13	15/13	15/13	15/13	15/13	15/13	
TOTAL SCORE	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
Observer's Initials	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
	S	S	S	S	S	S	S	
ACTIONS	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: Scores 3 should be recorded overleaf							

\* 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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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<b>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI

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

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

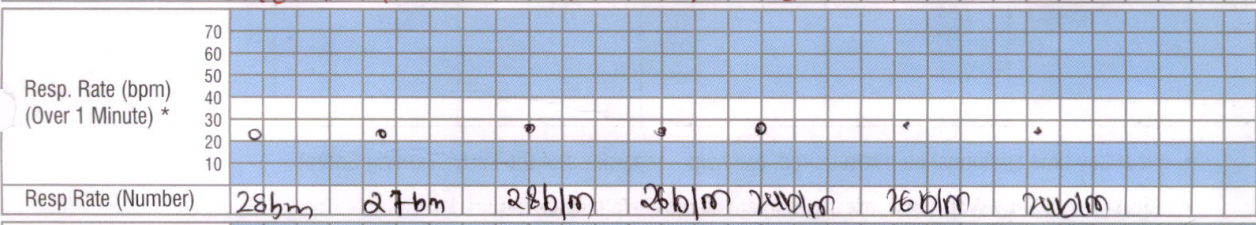
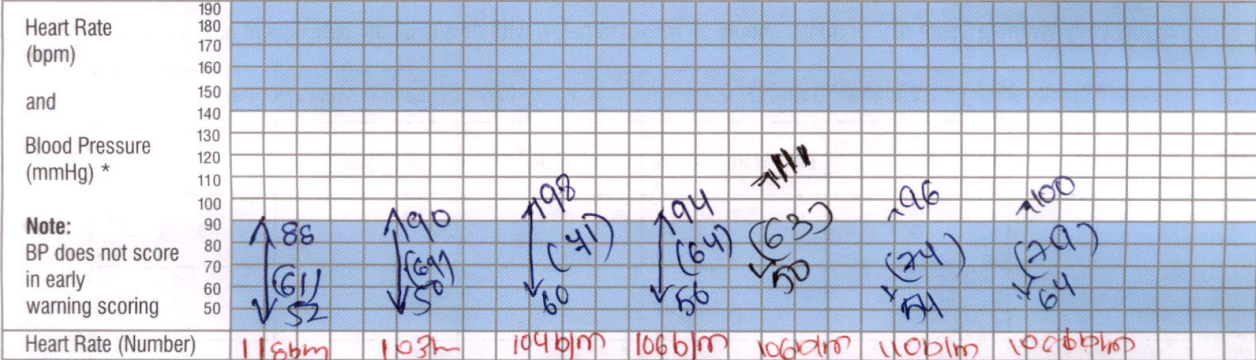
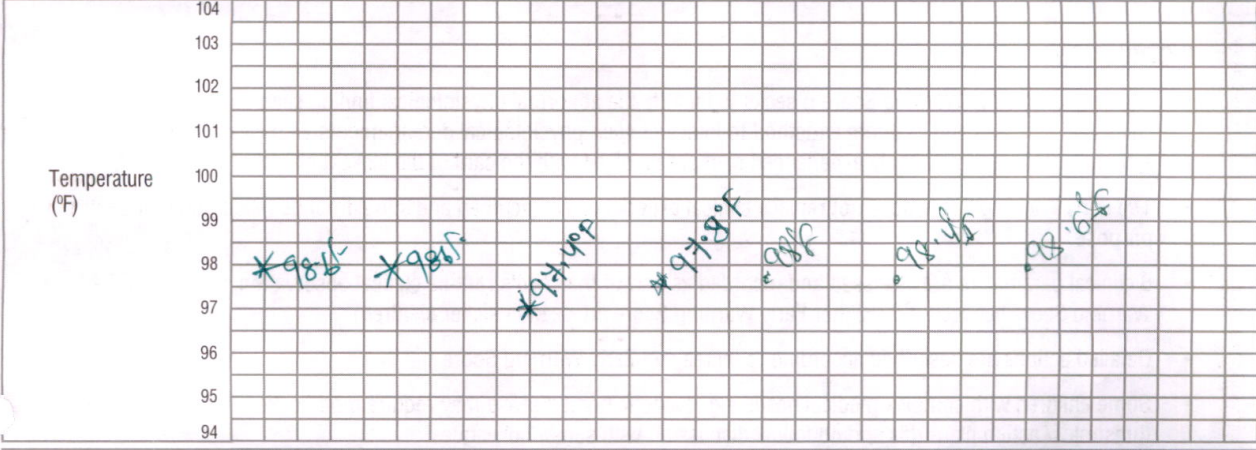
Rainbow Children's Hospital  
 It takes a lot to treat the little.

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 16/07/25 Time: 9am 10am 11am 12pm 1pm 2pm 3pm 6am

Doctor / Nurse / Family Concern?



Resp Distress	None / Mild	0	0	0	0	0	0
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level	Normal / Altered	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S	S

**ACTIONS**

- 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.
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Patient Sticker



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<b>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
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BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 1 D (F)  
 Dr. SIRISHA RANI



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

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 15/8/25 Time: 11:20am 2pm 4pm 5pm 10pm 3am 6am

Doctor / Nurse / Family Concern?

Temperature (°F)	104							
	103	103.1°F						
	102							
	101							
	100							
	99		98.6°F	98.6°F	98.5°F	98.6°F	97.5°F	
	98							

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
Note: BP does not score in early warning scoring	170						
	160						
Heart Rate (Number)	150						
	140						
Heart Rate (Number)	130						
	120						
Heart Rate (Number)	110						
	100						
Heart Rate (Number)	90						
	80						
Heart Rate (Number)	70						
	60						
Heart Rate (Number)	50						
	40						

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
Resp Rate (Number)	50						
	40						
Resp Rate (Number)	30						
	20						
Resp Rate (Number)	10						
	0						

Resp Distress	Mod/ Severe	None / Mild					
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)			99%	100%	100%	100%	100%
Conscious Level	Normal	Altered	C	C	C	C	C
GCS *			15/15	15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>						
Number of shaded boxes						
Pain Score						
Observer's Initials						

**ACTIONS**

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.

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Patient Sticker



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



oc. No. : RCHBH/ FRM / CLINICAL / 125

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 15.7.23	Time: 3am	6am	9am	12pm
Doctor / Nurse / Family Concern?				
Temperature (°F)	99.6	102.6 P	98.6	
Heart Rate (bpm)	108 bpm	112 bpm		
Blood Pressure (mmHg) *	98/56	100/59		
Resp. Rate (bpm) (Over 1 Minute) *	26 bpm	28 bpm		
Resp Distress	None	None		
Receiving O <sub>2</sub> (l/min)	100%	100%		
O <sub>2</sub> Saturations (%)	100%	100%		
Conscious Level	C	C		
GCS *	15/16	15/16		
<b>TOTAL SCORE</b>	0	0		
Number of shaded boxes	0	0		
Pain Score	0	0		
Observer's Initials	SR	SR		
<b>ACTIONS</b>	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.			

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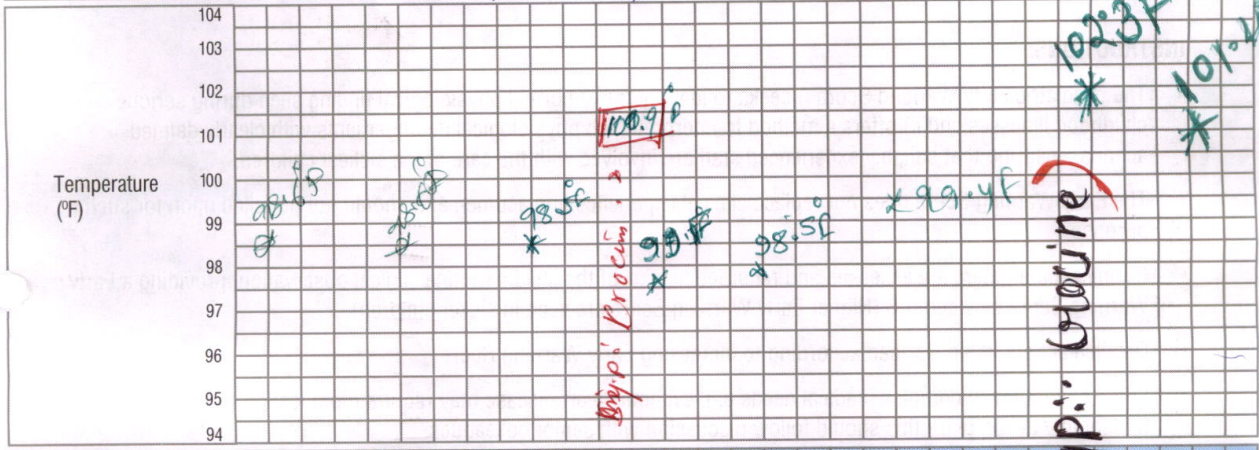
**PRE-SCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 14/07/23 Time: 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm 12:15am 2am

Doctor / Nurse / Family Concern?



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
and Blood Pressure (mmHg) *															
Note: BP does not score in early warning scoring															
Heart Rate (Number)	131/m	125/m	110/m	102/m	103/m										

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	28/m	28/m	28/m	28/m	29/m		

Resp Distress	None	Mild	Mod	Severe
Receiving O <sub>2</sub> (l/min)				
O <sub>2</sub> Saturations (%)	100%	100%	100%	100%
Conscious Level	Normal	Altered		
GCS *	15/15	15/15	15/15	15/15

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	A	A	P	G	h

**ACTIONS**

Score 1 : Continue normal observation by staff nurse

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Patient Sticker



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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date :	14/7	Time:	6am	
Doctor / Nurse / Family Concern?				
Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99	98.6		
	98			
	97			
	96			
	95			
	94			
Heart Rate (bpm)	190			
	180			
and	170			
	160			
Blood Pressure (mmHg) *	150			
	140			
<b>Note:</b> BP does not score in early warning scoring	130			
	120			
	110	104		
	100			
	90			
	80	(63)		
	70			
	60	60		
	50			
	Heart Rate (Number)	119 (6/1m)		
	Resp. Rate (bpm) (Over 1 Minute) *	70		
60				
50				
40				
30				
20				
10				
Resp Rate (Number)	26 (6/1m)			
Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O <sub>2</sub> (l/min)				
O <sub>2</sub> Saturations (%)	100%			
Conscious Level	Normal	C		
	Altered			
GCS *	15/5			
<b>TOTAL SCORE</b>				
Number of shaded boxes	0			
Pain Score	1			
Observer's Initials	S			
<b>ACTIONS</b>	Score 1	: Continue normal observation by staff nurse		
	Score 2	: Shift in charge nurse to be informed and continue hourly observations		
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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI



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

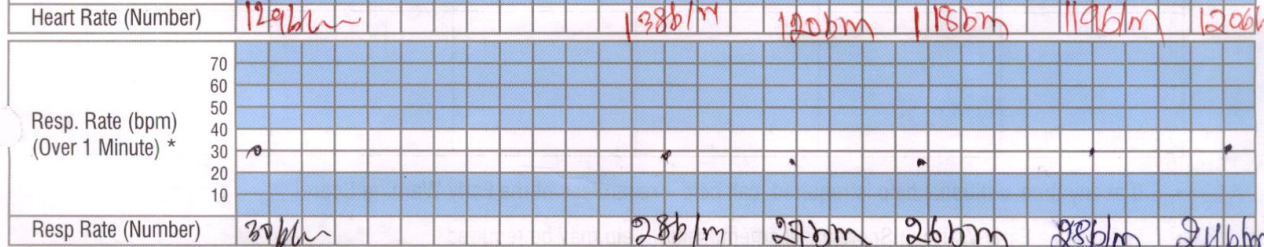
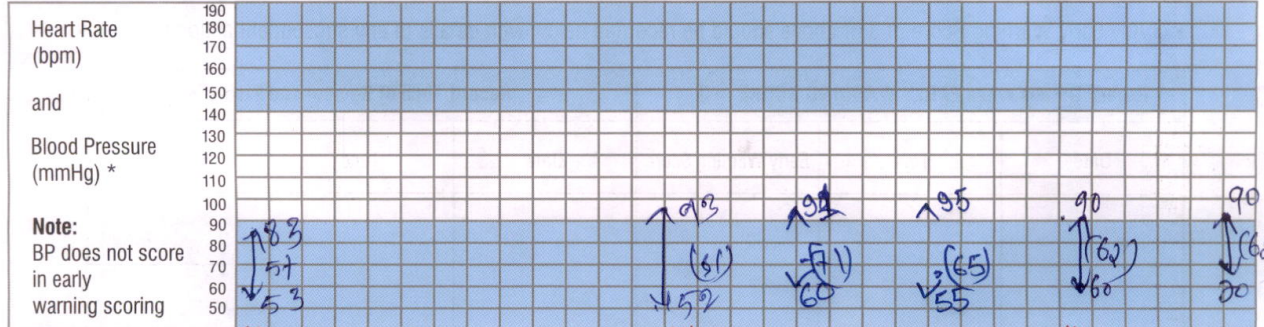
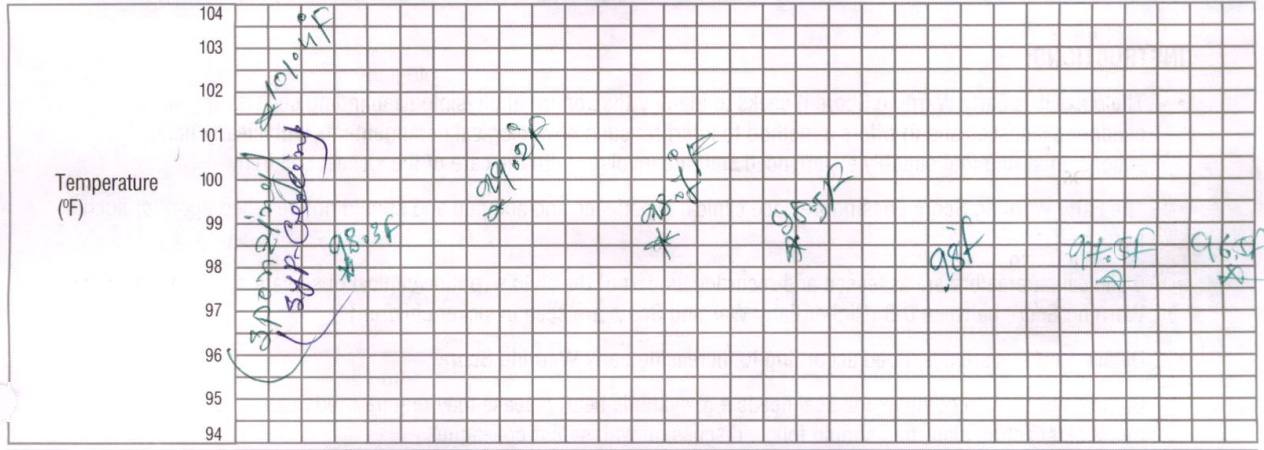
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 13/7/25 Time: 7am 9am 11am 1pm 3pm 5pm 7pm 9pm

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild	0	0	0	0	0
Receiving O <sub>2</sub>	(l/min)	0	0	0	0	0
O <sub>2</sub> Saturations (%)		99	99	100	100	100
Conscious Level	Normal / Altered	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>		0	0	0	0	0
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		CH	A	S	S	S

**ACTIONS**

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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

BAH-00572822 IP5-00159534  
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**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 13/5/23	Time: 1:15 AM	3 AM	6 AM
Doctor / Nurse / Family Concern?			
Temperature (°F)	99.7	98.6	97.5
Heart Rate (bpm)	108	126	
Blood Pressure (mmHg) *	89/62	100/69	
Resp. Rate (bpm) (Over 1 Minute) *	26	26	
Receiving O <sub>2</sub> (l/min) / O <sub>2</sub> Saturations (%)	100%	100%	
Conscious Level	C	C	
GCS *	15/15	15/15	
<b>TOTAL SCORE</b>	0	0	
Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	SR	SR	
<b>ACTIONS</b> 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	
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IC. No. : RCHBH/FRM / CLINICAL / 125

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

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 12/7/25 Time: 9 AM 10 AM 11 AM 12 PM 1 PM 2 PM 3 PM

Doctor / Nurse / Family Concern?

Temperature (°F)	98.8	98.6	99.1	98.8	98.8	100.8	98.8	100.8
Heart Rate (bpm)	83	86	95	90	92	105	106	105
Blood Pressure (mmHg) *	81/65	83/58	87/67	87/60	85/65	90/62	90/62	90/62
Heart Rate (Number)	106 bpm	117 bpm	110 bpm	118 bpm	120 bpm	120 bpm	120 bpm	120 bpm
Resp. Rate (bpm) over 1 Minute *	23 bpm	24 bpm	27 bpm	26 bpm	28 bpm	28 bpm	28 bpm	28 bpm
Resp Distress	None	None	None	None	None	None	None	None
Receiving O <sub>2</sub> (l/min)	0	0	0	0	0	0	0	0
O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%	100%	100%
Conscious Level	C	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	SR	SR	SR	SR	SR	SR	SR	SR

**ACTIONS**

Score 1 : Continue normal observation by staff nurse  
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Patient Sticker



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**PRE-SCHOOL (1-5 years)**  
 Children's Observation & Early Warning Scoring Chart



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 11/7 Time: 9 AM 10 AM 11 AM 12 PM 1 PM 2 PM 3 PM 6 PM

Doctor / Nurse / Family Concern?

Temperature (°F)	99.6	99.8	99.8	99.6	99.5	99.5	99.5
Heart Rate (bpm)	115	119	121	126	126	126	119
Blood Pressure (mmHg) *	86/65	100/64	100/68	104/60	93/60	100/69	90/59
Resp. Rate (bpm)	28	28	26	24	26	24	26
Receiving O <sub>2</sub> (l/min)	100%	100%	100%	100%	100%	100%	100%
O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level	e	e	e	e	e	e	e
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	1	1	0
Observer's Initials	S	A	S	S	S	S	S

**ACTIONS**

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<b>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
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**PRE-SCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT** PT-84 by

Date : 10/7..... Time: 9am 1pm 4pm 7pm 10pm 3am 6am

Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99						
	98	*98.6	*98.6	98.6	98.6	98.5	98.5
	97						
	96						
	95						
	94						

Heart Rate (bpm)	190						
and	180						
Blood Pressure (mmHg) *	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100	110	111	100	95	88	90
	90	(84)	(84)	(84)	(84)	(84)	(84)
	80	V65	VH	V50	V54	V60	V60
	70						
	60						
	50						

Heart Rate (Number) 143bpm 103bpm 124bpm 102bpm 102bpm 112bpm 100bpm

Resp. Rate (bpm) per 1 Minute *	70						
	60						
	50						
	40						
	30						
	20						
	10						

Resp Rate (Number) 28bpm 28bpm 28bpm 28bpm 26bpm 28bpm 26bpm

Resp Distress	Mod/ Severe	None / Mild					
			0	0	0	0	0

Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	100%	100%	100%

Conscious Level	Normal	Altered	C	C	C	C	C
GCS *			12/15	12/15	12/15	12/15	12/15

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	D	D	D	D	D	D	D

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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WT-8.5kg

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 9/7 Time: 9am 11am 1pm 3pm 6pm 9pm

Doctor / Nurse / Family Concern?

Temperature (°F)	98.8	98.8	98.8	98.8	98.8	98.8	98.8
Heart Rate (bpm) and Blood Pressure (mmHg) *	108/68	108/68	108/68	108/68	108/68	108/68	108/68
Heart Rate (Number)	98bpm	98bpm	98bpm	108bpm	108bpm	108bpm	109bpm
Resp. Rate (bpm) (Over 1 Minute) *	24	24	24	24	24	26	26
Resp Rate (Number)	24bpm	24bpm	24bpm	24bpm	24bpm	26bpm	26bpm
Resp Mod/ Severe Distress None / Mild	None	None	None	None	None	None	None
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	0	0	0	0	100%	100%	100%
Conscious Level Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SR	SR	SR	SR	SR	SR	SR

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<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI

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

**PRE-SCHOOL (1-5 years)**  
 Children's Observation &  
 Early Warning Scoring Chart



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date	8/7	Time:	11 PM	3 PM	6 PM
Doctor / Nurse / Family Concern?					
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99				
	98	98.6F	98.8F	98.8F	
	97				
	96				
	95				
	94				
Heart Rate (bpm)	190				
	180				
and	170				
	160				
Blood Pressure (mmHg) *	150				
	140				
Note:	130				
	120				
BP does not score in early warning scoring	110				
	100				
	90				
	80				
	70				
	60				
	50				
Heart Rate (Number)		116b/m	126b/m	110b/m	
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
Resp Rate (Number)	50				
	40				
Resp Distress	30				
	20				
Receiving O <sub>2</sub> (l/min)	10				
O <sub>2</sub> Saturations (%)					
		100%	100%	100%	
Conscious Level					
		C	C	C	
GCS *		15/15	15/15	15/15	
<b>TOTAL SCORE</b>		0	0	0	
Number of shaded boxes					
Pain Score		0	0	0	
Observer's Initials		SR	SR	SR	
<b>ACTIONS</b>	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



# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

IAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 Dr. SIRISHA RANI




# 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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

IAH-00572822  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 Ir. SIRISHA RANI

# FLUID CHART



Sheet No. : 13

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/7	08:00 am	Idly	1							100ml	0	}
	09:00 am										0	
	10:00 am										0	
	11:00 am	Bo	100ml								0	
	12:00 pm									100ml	0	
	01:00 pm	gice	100ml								0	
<b>Total Intake :</b>			100			<b>Total Output :</b>					200ml	
	02:00 pm										0	}
	03:00 pm									150ml	0	
	04:00 pm	milk	100ml								0	
	05:00 pm										0	
	06:00 pm									200ml	0	
	07:00 pm										0	
<b>Total Intake :</b>			100ml			<b>Total Output :</b>					350ml.	
	08:00 pm										0	}
	09:00 pm	chappi	half							150ml	0	
	10:00 pm										0	
	11:00 pm	H2O	100ml								0	
	12:00 am	milk	100ml								0	
	01:00 am									150ml	0	
<b>Total Intake :</b>			300ml			<b>Total Output :</b>					300ml	
	02:00 am										0	}
	03:00 am									100ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am									100ml	0	
<b>Total Intake :</b>						<b>Total Output :</b>					290ml	

**Total 24 hrs. Intake** 500 = 62.5ml/kg/day. **Total 24 hrs. Output** 1100 = 5.9ml/kg/day

mottion → (2)

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : 12

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse			
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine					
19/07/23	08:00 am										0	}			
	09:00 am	Idly 1							150ml	0	}				
	10:00 am	milk tea								0			}		
	11:00 am	H <sub>2</sub> O 150ml								0				}	
	12:00 pm									0					}
	01:00 pm								150ml	0					
Total Intake : 250ml			Total Output : 300ml												
	02:00 pm	Rice 1cup									0	}			
	03:00 pm	Egg 1P							100ml	0	}				
	04:00 pm	H <sub>2</sub> O 70ml								0			}		
	05:00 pm									0				}	
	06:00 pm	H <sub>2</sub> O 50ml							100ml	0					}
	07:00 pm									0					
Total Intake : 120ml			Total Output : 200ml												
	08:00 pm										0	}			
	09:00 pm	Egg							100ml	0	}				
	10:00 pm	Chapati half								0			}		
	11:00 pm	H <sub>2</sub> O 100ml								0				}	
	12:00 am	H <sub>2</sub> O 100ml								0					}
	01:00 am								120ml	0					
Total Intake : 400ml			Total Output : 220ml												
	02:00 am										0	}			
	03:00 am								150ml	0	}				
	04:00 am									0			}		
	05:00 am									0				}	
	06:00 am									0					}
	07:00 am								100ml	0					
Total Intake : 50ml			Total Output : 300ml												

Total 24 hrs. Intake : 820 <sup>0</sup>/<sub>5</sub> 102.5cllg Day      Total 24 hrs. Output : 1020 <sup>0</sup>/<sub>5</sub> 122.4cllg

ratio 12 → 120

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : 21

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
8/7/25	08:00 am									150ml	0	}	
	09:00 am	Uprmg 1cp									0		
	10:00 am	H2o 150ml									0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm									150ml	0		
<b>Total Intake :</b>			150ml			<b>Total Output :</b>						300ml	
8	02:00 pm	H2o	100ml								0	}	
	03:00 pm	milk	100ml						150ml	0			
	04:00 pm	fruits	1cup							0			
	05:00 pm									0			
	06:00 pm									0			
	07:00 pm	H2o	100ml							150ml	0		
<b>Total Intake :</b>			300ml			<b>Total Output :</b>						300ml	
	08:00 pm	dal									0	}	
	09:00 pm	chepati							100ml	0			
	10:00 pm	hno	200ml							0			
	11:00 pm									0			
	12:00 am	mitte	100ml							0			
	01:00 am									150ml	0		
<b>Total Intake :</b>			300ml			<b>Total Output :</b>						300ml	
	02:00 am										0	}	
	03:00 am								120ml	0			
	04:00 am									0			
	05:00 am									0			
	06:00 am									0			
	07:00 am									130ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>						260ml	

<b>Total 24 hrs. Intake</b>	750 = 937.5cc/kg/day	<b>Total 24 hrs. Output</b>	820 = 42cc/kg/day
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BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 1 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : 10

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
14/07/23	08:00 am			50ml						150ml	0	[Signature]
	09:00 am			30ml							0	
	10:00 am	fdy 1		30ml							0	
	11:00 am	milk 100									0	
	12:00 pm	H2O 150ml									0	
	01:00 pm									150	0	
<b>Total Intake :</b>			260ml			<b>Total Output :</b>					300ml + 1	
	02:00 pm	1/20		50ml							0	[Signature]
	03:00 pm	milk		100ml					150ml		0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	H2O		50ml							0	
	07:00 pm								150ml		0	
<b>Total Intake :</b>			200ml			<b>Total Output :</b>					300ml	
	08:00 pm										0	[Signature]
	09:00 pm	phosphate							150ml		0	
	10:00 pm	egg									0	
	11:00 pm	H2O 150ml									0	
	12:00 am										0	
	01:00 am								150ml		0	
<b>Total Intake :</b>			150ml			<b>Total Output :</b>					170ml	
	02:00 am										0	[Signature]
	03:00 am								60ml		0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am								70ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					130ml	

<b>Total 24 hrs. Intake</b>	550 + 68.75mls/day	<b>Total 24 hrs. Output</b>	400 + 4.66ml/day
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m - 11

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 1 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART


Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
16/07/23	08:00 am			50ml						150ml	0	}
	09:00 am	Idley		25ml							0	
	10:00 am	Khichdi		25ml							0	
	11:00 am	H2O		150ml							0	
	12:00 pm										0	
	01:00 pm									150ml	0	
<b>Total Intake :</b>			250ml			<b>Total Output :</b>					300ml + 10	
	02:00 pm	egg	1/2 pc								0	}
	03:00 pm	H2O	50ml						150ml	0		
	04:00 pm	milk	50ml							0		
	05:00 pm	khichdi	1cup							0		
	06:00 pm									0		
	07:00 pm	H2O	50ml						150ml	0		
<b>Total Intake :</b>			150ml			<b>Total Output :</b>					300ml	
	08:00 pm	khichdi		50ml							0	}
	09:00 pm	H2O	100ml	50ml					150ml	0		
	10:00 pm			50ml						0		
	11:00 pm	milk	50ml	50cup						0		
	12:00 am			50ml						0		
	01:00 am								150ml	0		
<b>Total Intake :</b>			350ml			<b>Total Output :</b>					250ml	
	02:00 am										0	}
	03:00 am								100ml	0		
	04:00 am									0		
	05:00 am									0		
	06:00 am									0		
	07:00 am								120ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>					220ml	
<b>Total 24 hrs. Intake</b>			750 ÷ 93750cup Idley			<b>Total 24 hrs. Output</b>			1070 ÷ 400cup			

m - J

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI




# FLUID CHART

Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
13/08/23	08:00 am	Feed								100ml	0	A
	09:00 am										0	
	10:00 am	H2O	100ml								0	
	11:00 am	Coold Rice		100ml	100ml						0	
	12:00 pm	H2O	100ml	100ml	100ml					110ml	0	
	01:00 pm			20ml	20ml						0	
<b>Total Intake :</b>			310ml			<b>Total Output :</b>					250ml + 10ml	
14/08/23	02:00 pm									150ml	0	A
	03:00 pm	Khutti									0	
	04:00 pm	H2O	100ml	30ml							0	
	05:00 pm			30ml							0	
	06:00 pm	Milk	100ml	30ml						150ml	0	
	07:00 pm	Feed		30ml							0	
<b>Total Intake :</b>			220ml			<b>Total Output :</b>					200ml	
15/08/23	08:00 pm			30ml						100ml	0	A
	09:00 pm			30ml							0	
	10:00 pm	Khutti		30ml							0	
	11:00 pm	H2O	100ml								0	
	12:00 am										0	
	01:00 am									100ml	0	
<b>Total Intake :</b>			190ml			<b>Total Output :</b>					200ml	
16/08/23	02:00 am										0	A
	03:00 am									100ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am			20ml							0	
	07:00 am			50ml						100ml	0	
<b>Total Intake :</b>			70ml			<b>Total Output :</b>					170ml	

<b>Total 24 hrs. Intake</b>	<del>310ml</del> 830 ± 100.5ccs/24h	<b>Total 24 hrs. Output</b>	820 - 4.2ccs/h
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BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : 57

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage			Urine
14/7/25	08:00 am	Jelly								150 ml	0	A
	09:00 am	Khichdi									0	
	10:00 am	H2O	120 ml								0	
	11:00 am										0	
	12:00 pm									150 ml	0	
	01:00 pm	H2O	120 ml								0	
	Total Intake :		250 ml			Total Output :					200 ml	
	02:00 pm	Rice									0	A
	03:00 pm	H2O	100 ml								0	
	04:00 pm								150 ml	0		
	05:00 pm									0		
	06:00 pm	H2O	100 ml						100 ml	0		
	07:00 pm									0		
Total Intake :		220 ml			Total Output :					370 ml		
	08:00 pm								100 ml	0	A	
	09:00 pm	Rice								0		
	10:00 pm									0		
	11:00 pm	H2O	100 ml							0		
	12:00 am									0		
	01:00 am	H2O	50 ml						100 ml	0		
Total Intake :		150 ml			Total Output :					200 ml		
	02:00 am								100 ml	0	A	
	03:00 am									0		
	04:00 am									0		
	05:00 am									0		
	06:00 am								100 ml	0		
	07:00 am									0		
Total Intake :					Total Output :					200 ml		

Total 24 hrs. Intake : 620 ÷ 77.50cc/day      Total 24 hrs. Output : 1070 ÷ 40cc/day

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : 6

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
13/7	08:00 am	Idly								120ml	0	A
	09:00 am	H2O	100ml								0	
	10:00 am	Brinj		50ml							0	
	11:00 am			50ml							0	
	12:00 pm	H2O	100ml		50ml					100ml	0	
	01:00 pm										0	
<b>Total Intake :</b>		350ml			<b>Total Output :</b>					200ml		
	02:00 pm	Kichdi	100ml								0	A
	03:00 pm	H2O	100ml	50ml					100ml	0		
	04:00 pm			50ml						0		
	05:00 pm	snacks	100ml							0		
	06:00 pm	H2O	100ml						100ml	0		
	07:00 pm									0		
<b>Total Intake :</b>		300ml			<b>Total Output :</b>					200ml + 100ml		
	08:00 pm								100ml	0	A	
	09:00 pm	cust								0		
	10:00 pm	Rice								0		
	11:00 pm	H2O	100ml							0		
	12:00 am	Kididi								0		
	01:00 am								100ml	0		
<b>Total Intake :</b>		100ml			<b>Total Output :</b>					200ml		
	02:00 am									0	A	
	03:00 am								50ml	0		
	04:00 am									0		
	05:00 am									0		
	06:00 am									0		
	07:00 am								50ml	0		
<b>Total Intake :</b>					<b>Total Output :</b>					100ml		
<b>Total 24 hrs. Intake</b>		750ml			<b>Total 24 hrs. Output</b>					670ml		
		93.75 cckly/day								34 cckly/day		

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/7/23	08:00 am	247 milk								120ml	0	A	
	09:00 am	100ml				✓				0	0		
	10:00 am									0	0		
	11:00 am									0	0		
	12:00 pm	100ml H2O					✓			100ml	0		
	01:00 pm										0		
<b>Total Intake :</b> 200ml			<b>Total Output :</b> 260ml										
	02:00 pm										0	A	
	03:00 pm	Roti 2P							100ml	0	0		
	04:00 pm	H2O 100ml								0	0		
	05:00 pm	snacks 1cup								0	0		
	06:00 pm	H2O 50ml				✓			150ml	0	0		
	07:00 pm									0	0		
<b>Total Intake :</b> 150ml			<b>Total Output :</b> 250ml										
	08:00 pm								100ml	0	0	A	
	09:00 pm	H2O 50ml								0	0		
	10:00 pm	Chapati								0	0		
	11:00 pm	Egg								0	0		
	12:00 am	H2O 100ml								0	0		
	01:00 am								100ml	0	0		
<b>Total Intake :</b> 150ml			<b>Total Output :</b> 200ml										
	02:00 am								100ml	0	0	A	
	03:00 am									0	0		
	04:00 am									0	0		
	05:00 am									0	0		
	06:00 am									0	0		
	07:00 am								170ml	0	0		
<b>Total Intake :</b>			<b>Total Output :</b> 270ml										

**Total 24 hrs. Intake** 500 :- 20, 8 cal/hr

**Total 24 hrs. Output** 980 :- 5.10 cal/hr day

m + 3

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : 24


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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/7/23	08:00 am	Sdy							100ml	0	A	
	09:00 am	milk	100ml							0		
	10:00 am									0		
	11:00 am									0		
	12:00 pm	H2O	80ml						100ml	0		
	01:00 pm									0		
<b>Total Intake :</b>			180ml			<b>Total Output :</b>					200ml (E)	
	02:00 pm	Rice	100ml							0	2	
	03:00 pm							100ml		0		
	04:00 pm	H2O	100ml							0		
	05:00 pm									0		
	06:00 pm	Prms	100ml					100ml		0		
	07:00 pm	H2O	50ml							0		
<b>Total Intake :</b>			150ml			<b>Total Output :</b>					200ml	
	08:00 pm								200ml	0	2	
	09:00 pm	Rice								0		
	10:00 pm	Chal								0		
	11:00 pm	H2O	100ml							0		
	12:00 am	milk	50ml							0		
	01:00 am							100ml		0		
<b>Total Intake :</b>			150ml			<b>Total Output :</b>					200ml + 2ml	
	02:00 am									0	2	
	03:00 am							100ml		0		
	04:00 am									0		
	05:00 am									0		
	06:00 am									0		
	07:00 am							70ml		0		
<b>Total Intake :</b>						<b>Total Output :</b>						

<b>Total 24 hrs. Intake</b>	480 ÷ 68 cc/kg/day	<b>Total 24 hrs. Output</b>	820 ÷ 4.2 cc/kg/day
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m-2

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI




# FLUID CHART

3

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/7	08:00 am									150	0	[Signature]	
	09:00 am	Idly									0		
	10:00 am	milk 100									0		
	11:00 am	1/20 150ml									0		
	12:00 pm										0		
	01:00 pm									150ml	0		
Total Intake : 250ml			Total Output : 300ml										
	02:00 pm	1/20 100ml									0	[Signature]	
	03:00 pm	Rice								120ml	0		
	04:00 pm	Dal									0		
	05:00 pm	1/20 150ml									0		
	06:00 pm									130ml	0		
	07:00 pm	1/20 100ml									0		
Total Intake : 300ml			Total Output : 250ml										
	08:00 pm										0	[Signature]	
	09:00 pm	Dal								130ml	0		
	10:00 pm	Egg									0		
	11:00 pm	1/20 200ml									0		
	12:00 am										0		
	01:00 am									150ml	0		
Total Intake : 200ml			Total Output : 250ml										
	02:00 am										0	[Signature]	
	03:00 am									150ml	0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am	milk 100ml								150ml	0		
Total Intake : 100ml			Total Output : 300ml										

Total 24 hrs. Intake	850 ÷ 106 cc/day	Total 24 hrs. Output	1100 ÷ 5 cc/day/hr
----------------------	------------------	----------------------	--------------------

+ 9 M

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : ②

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

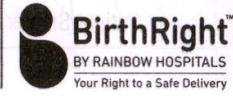
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										100ml	0	
	09:00 am	Baby ②										0	
	10:00 am	tho 100ml										0	
	11:00 am	tho 100ml										0	
	12:00 pm	milk 100ml									90ml	0	
	01:00 pm											0	
<b>Total Intake :</b> 200ml						<b>Total Output :</b> 190ml							
	02:00 pm											0	
	03:00 pm	tho 100ml										0	
	04:00 pm	tho 100ml										0	
	05:00 pm	milk 100ml										0	
	06:00 pm										130ml	0	
	07:00 pm											0	
<b>Total Intake :</b> 200ml						<b>Total Output :</b> 280ml							
	08:00 pm											0	
	09:00 pm	tho 100ml										0	
	10:00 pm	tho 100ml										0	
	11:00 pm	tho 100ml										0	
	12:00 am	milk 100ml										0	
	01:00 am										100ml	0	
<b>Total Intake :</b> 150ml						<b>Total Output :</b> 250ml							
	02:00 am											0	
	03:00 am										120ml	0	
	04:00 am											0	
	05:00 am											0	
	06:00 am											0	
	07:00 am	tho 200ml										0	
<b>Total Intake :</b> 200ml						<b>Total Output :</b> 200ml							

**Total 24 hrs. Intake** 750 ml 93cc/kg

**Total 24 hrs. Output** 960 ml 5cc/kg

m-③

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	Hy 100 ml										
	12:00 am	NSF 100 ml							100 ml			
	01:00 am											
<b>Total Intake : 200 ml</b>						<b>Total Output : 100 ml</b>						
	02:00 am											
	03:00 am								100 ml			
	04:00 am											
	05:00 am											
	06:00 am								100 ml			
	07:00 am											
<b>Total Intake :</b>						<b>Total Output : 220 ml</b>						
<b>Total 24 hrs. Intake</b>		<b>200 : 25 cc/kg</b>										
<b>Total 24 hrs. Output</b>		<b>320 : 5 cc/kg/hr</b>										

BAH-00572822 IP5-00159534  
Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 24 D (F)  
Dr. SIRISHA RANI



### Nursing General Admission Assessment Form For Pediatrics

Diagnosis: 11:50 pm Arrival Time: 11:50 pm Mode of Arrival: with parents Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: Not Significant Body Weight: 8 kg Kg  
Height:                      cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Not Significant</u>	<u>Not Significant</u>	<u>Not Significant</u>

Family History:                     

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

If yes please list,                     

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

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

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

Observations: Weight: 8 kg Length:                      Head Circumference (< 2 years):                     

Temp: 98.6 F HR: 103 bpm RR: 25 bpm BP: 99/60/4

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

Fall Risk Assessment:  Yes  No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

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

Character of Pain                      Location                      Frequency                      Duration                     

FUNCTIONAL SCREENING:  No Abnormalities Detected  
 Mobility Problem  Walking Problem  
 Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:  No Abnormalities Detected  
 Underweight  Overweight  Special Feeding Method  
 Feeding Problem  Special diet  No Abnormality Detected

Inform consultant for positive criteria

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

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

**Social History:** Lives With .....

Siblings in household  Yes  No (if yes How Many?) ..... ~~5~~ .....

All Information Obtained From  Patient  Mother  Father  Other Family Member

**Orientation has been given regarding the following aspects:**

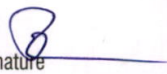
Call Bell in Reach :  Yes  No Waste Disposal Explained:  Yes  No

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

Patient Rights & Responsibilities:  Yes  No

Information given to ..... Mother .....

Nurse's Name: Shivani ..... Date: 8/7/22 ..... Time: 8pm .....

Signature 

IAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y O M S D (F)  
 Dr. SIRISHA RANI

22  
**NURSING CARE RECORD**



Shift:  Morning  Noon  Night

Date: 2/1/07

Assessment: The patient has complaints of dull activity

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ provide comfort position	9pm	→ provided comfort position	The activity has been improved within 2hr.
9pm	→ maintain DLO chart	10pm	→ maintained DLO chart	
10pm	→ monitor vital signs	11pm	→ monitored vital signs	
11pm	→ provide continuous supportive care	12am	→ provided continuous supportive care	
8am	→ Administer medication	7am	→ Administered medication	

Re-Assessment: The patient felt better.

Special Notes:

Nurse Signature: *[Signature]* Nurse Name: Sujayalakh Date & Time: 2/07 @ 8am.

IAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 Dr. SIRSISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 20/4/25

Assessment: patient is having weakness

- 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
8am	Handed over fever from night duty staff.	9:30am	Handed over fever from night duty staff.	pt felt better
10am	Monitor vital signs.	10:30am	Monitored vital signs.	
11am	Provide supportive care	11:30am	Provided supportive care	
4pm	Administer medication	4:30pm	Administered medication	
7pm	Maintain flow chart	8pm	Maintained flow chart	

Re-Assessment: pt felt better

Special Notes: No today

Nurse Signature: [Signature] Nurse Name: Janem

Date & Time: 20/7 @ 8:12

+00572822 IP5-00159534  
 by VAMKA SHINDE  
 37-2023 2 Y O M 4 D (F)  
 SIRISHA RANI

33

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night Date: 20/07

Assessment: The patient has complaints of dull pain

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ provide comfort position.	9pm	→ provided comfort position	The activity has been improved within
9pm	→ maintain I/O chart	10pm	→ maintained I/O chart.	
10pm	→ monitor vital signs	11am	→ monitored vital signs	
11pm	→ provide continuous supportive care.	12pm	→ provided continuous supportive care	
12am	→ Administer medication	1am	→ Administered medication	

Re-Assessment: The patient felt better

Special Notes:

Nurse Signature: *[Signature]* Nurse Name: Sujayalaxi Date & Time: 20/7 @ 8am

H-00572822  
 by VAMKA SHINDE  
 07-2023 2 Y O M 4 D (F)  
 SIRISHA RANI

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**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 19/7/25

Assessment: Patient Having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the patient condition.	2:30pm	Assessed the patient condition	Patient feel better
3pm	monitone vital	3:30pm	monitored vital	
4pm	maintain Iv fluids	4:30pm	maintained Iv fluids	
5pm	Administer medication.	6pm	Administered medication.	
6pm	provide personal hygiene	6:30pm	Provided personal hygiene.	
7pm	provide supportive care	7:30pm	Provided supportive care.	

Re-Assessment: Patient feel better now

Special Notes: ACSF TIM., CBP, SB. ON 21/7

Nurse Signature: Nurse Name: Subhanika

Date & Time: 19/7/25 8pm

H:0572822 IP5-00159534  
 Y: VAMIKA SHINDE  
 DT: 2023 2 Y C M 4 D (F)  
 SIRISHA RANI

31

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: .....

Assessment: Patient Having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	TO ASSESS the patient condition	9 AM	TO ASSESSED the patient condition	patient feel better
9 AM	TO check the vitals	10 AM	TO checked the vitals	
10 AM	TO maintain I/O chart	11 AM	TO maintained I/O chart	
11 AM	TO give medication	12 PM	TO given medication	
12 PM	TO continue supportive care	1 PM	TO continued support	
1 PM	TO give comfort post	2 PM	TO given comfort post	

Re-Assessment: patient feel better

Special Notes: on 21/11/23 CBP SE

Nurse Signature: [Signature] Nurse Name: Shivani Chavhan Date & Time: 19.11.23 8 PM

JH-00572822 IP5-00159534  
 by VAMIKA SHINDE  
 -07-2023 2 Y O M 4 D (F)  
 SIRISHA RANI

25

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 19/07

Assessment: The patient has complaints of dull activity

- 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
3pm	→ provide comfort position.	9am	→ provided comfort position	The activity has been improved within 2hr.
9am	→ maintain I/O chart	10pm	→ maintained I/O chart	
10pm	→ monitor vital signs	11pm	→ monitored vital signs	
11pm	→ provide continuous supportive care.	12am	→ provided continuous supportive care	
6am	→ administer medication.	6am	→ administer medication	

Re-Assessment: The patient felt better.

Special Notes: TBP SE, explain done

Nurse Signature: *[Signature]* Nurse Name: S. Vijayalaxmi Date & Time: 19/07 @ 8am

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 3 D (F)  
 Dr. SIRISHA RANI

29

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 18/7 @ 2pm

Assessment: patient having weakness.

- 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
  - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient condition.	2:30pm	→ Assessed the patient condition.	patient feel better.
3pm	→ maintain personal hygiene.	3:30pm	→ maintained personal hygiene.	
4pm	→ monitor. <del>res</del> vital sings.	4:30pm	→ monitored vital sings.	
5pm	→ Administer medication.	5:30pm	→ Administered medication.	
6pm	→ maintain a/o chart.	6:30pm	→ maintained a/o chart.	
7pm	→ provide Supportive care.	8pm	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes:

Nurse Signature:

Nurse Name: Ravina

Date & Time: 18/7 @ 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 18/7/23

Assessment: Patient Having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	TO ASSESS: Hm patient condition	9Am	TO ASSESSED Hm patient condition	Patient Feels better
9Am	TO check Hm vitals	10Am	TO CHECKED Hm vitals	
10Am	TO maintain I/O chart	11Am	TO maintained I/O chart	
11Am	TO give medication	12P	TO given medication	
12P	TO continue Supportive care	1P	TO continued Supportive care	
1P	TO give comfort post	2P	TO given comfort post	

Re-Assessment: Patient Feels better

Special Notes: CBP, SE, FHR, ECG, EDTA, TB

Nurse Signature: Nurse Name: Shivani Chouhan Date & Time: 18/7/23 @ 2pm

BAH-00572822 IPS-00159534

Baby VAMKA SHINDE

14-07-2023 2 Y 0 M 2 D (F)

Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 18/07

Assessment: The patient has complaints of dull nuchly

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ provide comfort position.	9pm	→ provided comfort position.	The activity has been improved
9pm	→ maintain Ilo chart	10pm	→ maintained Ilo chart	
10pm	→ monitor vital signs	11pm	→ monitored vital signs	
11pm	→ provide continuous supportive care	12am	→ provided continuous supportive care.	
8am	→ administered medication	7am	→ administered medication.	

Re-Assessment: The patient felt better.

Special Notes:

Nurse Signature: *[Signature]* Nurse Name: Sujayalaxi Date & Time: 18/07 @ 8am.

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 2 D (F)  
 Dr. SIRISHA RANI

22



**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 17/7 @ 2pm


Assessment: Patient having weakness.

- 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
  - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient condition.	2:30pm	→ Assessed the patient condition.	patient feel better.
3pm	→ maintain personal hygiene.	3:30pm	→ maintained personal hygiene.	
4pm	→ monitor vital signs.	4:30pm	→ monitored vital signs.	
5pm	→ Administer medication.	5:30pm	→ Administered medication.	
6pm	→ maintain I/O Chart.	6:30pm	→ maintained I/O Chart.	
7pm	→ provide Supportive care.	8pm	→ provided Supportive care.	

Re-Assessment: Patient feel better.

Special Notes:

Nurse Signature:  Nurse Name: Subhankar. Date & Time: 17/7 @ 8pm

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y O M 2 D (F)  
 Dr. SIRISHA RANI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 17/7/23

Assessment: .....

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	TO ASSESS the patient condition	9 AM	TO ASSESSED the patient condition	patient for 3ch ar
9 AM	TO check the vitay	10 AM	to checked the vitay	
10 AM	TO maintain I/O chart	11 AM	to maintained I/O chart	
11 AM	TO give medication	12 PM	to given medication	
12 PM	TO Continues Supportive care	1 PM	TO continued supportive care	
1 PM	TO give comfort position	2 PM	TO given comfort position	

Re-Assessment: patient for 3ch ar

Special Notes: .....

Nurse Signature: Nurse Name: Shivani Chaudhary Date & Time: 17/7/23 @ 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 2 D (F)  
 Dr. SIRISHA RANI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 17/07

Assessment: The patient has complaints of Dist activity

- 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
8pm	→ provide comfort position	9pm	→ provide comfort position	The activity has been improved within 2hr
9pm	→ maintain ILO chart	10pm	→ maintained ILO chart	
10pm	→ monitor vital signs	11pm	→ monitored vital signs	
11pm	→ provide continuous supportive care	12am	→ provided continuous supportive care	
6am	→ administer medication	7am	→ administered medication	

Re-Assessment: The patient felt better.

Special Notes:

Nurse Signature: [Signature] Nurse Name: S. vijayalaxmi Date & Time: 17/07 @ 2am

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 Baby VAMKA SHINDE  
 14-07-2023 2 Y 0 M 0 D (F)  
 Dr. SIRISHA RANI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 16/7 @ 8pm

Assessment: patient having weakness

- 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
  - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient condition.	2:30 pm	→ Assessed the patient condition.	
3pm	→ maintain personal hygiene.	3:30 pm	→ maintained personal hygiene.	patient feel better.
4pm	→ monitor vital signs.	4:30pm	→ monitored vital signs.	
5pm	→ Administer medication.	5:30pm	→ Administered medication.	
6pm	→ maintain I/O chart.	6:30pm	→ maintained I/O Chart.	
7pm	→ provide supportive care.	8pm	→ provided Supportive care.	

Re-Assessment: patient feel better

Special Notes: T/M CBP, SE, EX EDTA, plain.

Nurse Signature: [Signature] Nurse Name: Karima Date & Time: 16/7 @ 8pm

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 0 D (F)  
 Dr. SIRISHA RANI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 16/11/23

Assessment: Patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	TO ASSESS the patient condition	9 AM	TO ASSESSED the patient condition	patient fee status
9 AM	TO check the vitals	10 AM	TO checked the vitals	
10 AM	TO maintain I/O chart	11 AM	TO maintained I/O chart	
11 AM	TO give medication	12 PM	TO given medication	
12 PM	TO continue supportive care	1 PM	TO continued supportive care	
1 PM	TO give comfort position	2 PM	TO given comfort pos	

Re-Assessment: patient fee status

Special Notes: Nil M CBP & Extra EDTA plain

Nurse Signature:

Nurse Name: Shivani Chaudhary

Date & Time: 16/11/23 8 AM

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 0 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 16/07

Assessment: The patient has complaints of dull aching

- 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
8pm	→ provide comfort position.	9pm	→ provided continuous suppository care	The aching has been improved with 2u.
9pm	→ maintain I/O chart	10pm	→ maintained I/O chart	
10pm	→ monitor vital signs	11pm	→ monitored vital signs	
11pm	→ provide continuous suppository care.	12am	→ provided continuous suppository care	
8am	→ administer medication	8am	→ administered medication	

Re-Assessment: The patient felt better.

Special Notes:

Nurse Signature: [Signature] Nurse Name: Sujayala M. Date & Time: 16/07 @ 8am.

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 0 D (F)  
 Dr. SIRESHA RANI



**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 15/7/25

Assessment: patient is having low counts wbc 22.1 & Hb 4.

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Hand over taken from morning duty staff	2:30pm	→ Handed over taken from morning duty staff.	pt felt better
3pm	→ Monitor vital sign	3:30pm	→ Monitored vital sign	
4pm	→ Provide supportive care	4:30pm	→ Provided supportive care	
5pm	→ Plan for conned PRBC. Hb 4	5:30pm	→ Connected PRBC	
6pm	→ Provide side rail	6:30pm	→ provided supportive care	
7pm	→ Administer medication	7:30pm	→ Administered medication	
8pm	→ Maintain s/o chart	8:10pm	→ Maintained s/o chart	

Re-Assessment: pt felt better

Special Notes:

Nurse Signature: Nurse Name: Soram Date & Time: 15/7 @ 8pm

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 15/7/25

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Take the Paracetamol from night start.	9am	Take the Paracetamol from night start.	Patient felt better now.
9am	checking the vitals sign	10am	checked the vitals sign	
10am	Give medicine as per plan	10am	Given medicine as per plan.	
11am	Maintain I/O chart.	12pm	Maintained I/O chart	
12pm	Doing sponzing for the patient.	2pm	Sponzing done for patient.	

Re-Assessment: Patient felt better now

Special Notes:

Nurse Signature: *Amparna* Nurse Name: Amparna Date & Time: 15/7/25 @ 2pm

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI



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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 14.7.25

Assessment: *the patient having weakness*

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	to check the vitals	9pm	to checked the vitals	the patient is stable
10pm	maintain I/O chart	3am	maintained I/O chart	
11pm	maintain 21v glucose	5am	maintained 21v glucose	
12am	Administer medication	6am	Administered medication	
1PM	provide comfortable position	7AM	provided comfortable position	

Re-Assessment: *the patient is healthy*

Special Notes: *nil*

Nurse Signature: *Am* Nurse Name: *Amudh* Date & Time: 15.7.25 at 8pm

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 19/7

Assessment: Patient having measures

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Relieve pain	2pm	Given medication	Patient is comfortable.
3pm	Maintain vitals	3pm	checked vitals	
4pm	ensure safety	4pm	provide side rails	
5pm	maintain I/O chart	5pm	passed urine	
6pm	maintain fluid balance	6pm	continue I/V fluids	

Re-Assessment: Re Assessment 7th Hourly

Special Notes: NA

Nurse Signature: *Devi* Nurse Name: priyanka Date & Time: 19/7 at 8pm

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Baby VAMIKA SHINDE  
14-07-2023 1 Y 11 M 28 D (F)  
Dr. SIRISHA RANI



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**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 12/1/25

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Take the hand over from night sister.	8am	Taken the handover from night sister.	Patient felt better now.
9am	checking the vitals sign	10am	checked the vitals sign	
10am	Educate the patient about personal hygiene.	11am	Educated the patient about personal hygiene.	
11am	Give the medicine as per order.	12pm	Given the medicines as per order.	
11:30am	Assist for VSG Maintain I/O chart	1:00pm	USG done Maintained I/O chart	

Re-Assessment: Patient felt better now.

Special Notes: —

Nurse Signature: A

Nurse Name: Anupama

Date & Time: 12/1/25 @ 2pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 13/7

Assessment: pt having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8:00	Assess pt general condition	8:10	Assessed pt general condition	pt feebly
10:00	monitor vitals	10:30	vitals checked & recorded	better now.
12:00	provide comfortable position	1:00	provided comfortable position	
1:00	Administer medication	5:00	medication given	
7:00	monitor 2 to next	8:00	2 to next monitor	

Re-Assessment: pt stable no complaint

Special Notes:

Nurse Signature: *[Signature]*

Nurse Name: Shehan

Date & Time: 13/7 @ 8:00

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI

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**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 13/7/25

Assessment: .....

- 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
2pm	Assess the Patient condition.	2:30pm	Assessed the patient condition.	Patient Feel better.
3pm	monitor vital	3:30pm	monitored vital	
4pm	maintain IV fluids	4:30pm	maintained IV fluids	
5pm	Administer medication.	5pm	Administered medication.	
6pm	Provide personal hygiene.	6:30pm	provided personal hygiene.	
7pm	provide personal hygiene supportive cane.	7:30pm	provided supportive cane.	

Re-Assessment: ..... patient feel better now.

Special Notes: ..... RPT CBP, EX-EDTA TIM.

Nurse Signature:  Nurse Name: Subhambar Date & Time: 13/7/25 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SURESHA RANI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 13/7/23

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Take the Paracetamol 100mg night sister.	9am	Taken the paracetamol 100mg night sister.	Patient felt better now.
9am	checking the vital signs	10am	checked the vital signs	
10am	Put new cannula	11am	put new cannula	
11am	Send CBP counts	12pm	sent CBP counts	
12pm	maintain D/O chart	4pm	Maintained D/O chart	
1pm	Give the medicine	2pm	Given the medicine.	

Re-Assessment: Patient felt better now.

Special Notes: plan Repeat CBP & exten of EDTA T/M

Nurse Signature: *[Signature]*

Nurse Name: Amparna

Date & Time: 13/7/23 2pm

BAH-00572822 IPS-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 12/7

Assessment: pt looking well

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess pt general condition	8:10	Assessed pt general condition	pt activity
10pm	monitor vitals	10:50	vitals checked & recorded	tolerance is
12am	provide comfortable position	1am	provided comfortable position	settle now.
4am	Administer medication	5am	medication given	
7am	mention 2h wait	7am	2h wait maintain	

Re-Assessment: pt side no complaint

Special Notes:

Nurse Signature:

Nurse Name: Anshu

Date & Time: 12/7 @ 6am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2025 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 12/7

Assessment: .....

- 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
2pm	Assess the patient condition.	2:30pm	Assessed the patient condition.	Patient feel better now
3pm	Monitor vital	3:30pm	monitored vital	
4pm	maintain IV fluid	4:20pm	maintained IV fluid	
5pm	Administer medication.	6pm	Administered medication.	
6pm	Provide Personal hygiene.	6:30pm	Provided personal hygiene.	
7pm	Provide supportive cane.	7:30pm	Provided supportive cane.	

Re-Assessment: Patient feel better now

Special Notes: CBP: c-OLP vel, ~~at~~ chimerism on Monday, ins GCSF TIM.

Nurse Signature: Nurse Name: Subhankar Date & Time: 12/7/25 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



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**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 12/11/23

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the general condition	9am	Assessed the general condition	Patient felt better now.
9am	checking the vitals sign	10am	checked the vitals sign	
10am	Maintain personal hygiene	11am	Maintained personal hygiene	
11am	Give the medicine	12pm	Given the medicine	
12pm	Maintain of chart	2pm	Maintained of chart	

Re-Assessment: Patient felt better now

Special Notes:

Nurse Signature: *[Signature]* Nurse Name: Amparna Date & Time: 12/11/23

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RAMI

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**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 11.17.25

Assessment: the patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	To check the vital	9pm	To checked the vital	the patient is stable
12am	maintain 110 chart	11am	maintain 110 chart	
1pm	maintain 21v fluid	5am	maintain 21v fluid	
1:30am	Administer medication	6am	Administer medication	
2am	provide comfortable position	7am	provide comfortable position	
3am	Supportive care	7:30am	Supportive care	

Re-Assessment: the patient is better

Special Notes: NA

Nurse Signature: *Am* Nurse Name: Ammalha Date & Time: 12/17/25 at 8am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 11/2

Assessment: Patient Having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
2:20pm	Assess the Patient condition.	2:30pm	Assessed the Patient condition.	Patient feel better now.
3pm	monitor vital	3:30pm	monitored vital	
4pm	maintain IV fluids	4:30pm	maintained IV fluids	
5pm	Administer medication.	6pm	Administered medication.	
6pm	Provide Personal hygiene	6:30pm	provided Personal hygiene	
7pm	provide supportive care.	7:30pm	provided supportive care.	

Re-Assessment: Patient feel better now.

Special Notes: IN's ceftriaxone 1gm.

Nurse Signature: [Signature] Nurse Name: Subhanuan Date & Time: 11/2/23 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 11/8/25

Assessment: Patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Take the fentanyl from night shift	9am	Taken the fentanyl from night shift	
9am	checking the vitals sign	10am	checked the vitals sign	
10am	Educate the patient about maintain hygiene	11am	Educated the patient about maintain hygiene	patient's weakness has been reduced
11am	Give the medicine as per order.	12pm	Given the medicine as per order.	
12pm	Maintain SpO2 chart.	1pm	Maintained SpO2 chart.	
		2pm	Maintained SpO2 chart.	

Re-Assessment: Patient felt better now.

Special Notes: Co-levels, chimerism, 1 CDP, BMT viral panel + Explain on Monday.

Nurse Signature: *[Signature]* Nurse Name: *Stampena* Date & Time: 11/8/25 @ 2:30pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RANI



**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 10/7/23

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Hand over taken from Evening duty	8:30pm	→ Hand over taken from Evening duty	Feel better
12am	→ Monitor vital signs.	12:30am	→ Monitored vital signs	
2am	→ Monitor I/O chart	2:30am	→ Monitored I/O chart	
4am	→ Administer medication as order	4:30am	→ Administered medication as order	
7am	→ provide Supportive care.	7:30am	→ provided supportive care.	

Re-Assessment: Feel better

Special Notes: T.M. CBP

Nurse Signature:

Nurse Name: Savithri

Date & Time: 11/7 @ 8am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI

5

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 10/8/25

Assessment: Patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Take the Landover from morning sister.	3pm	Take the Landover from morning sister.	Patient felt better now.
3pm	Assess the general condition of the patient.	4pm	Assessed the general condition.	
4pm	Checking the vitals sign	5pm	checked the vitals sign	
5pm	Maintain IV fluid	6pm	Maintained IV fluid	
6pm	Maintain per chart	7pm	Maintained per chart	
7pm	Give the medicine	8pm	Given the medicine.	

Re-Assessment: Patient felt better now

Special Notes:

Nurse Signature: A.S. Nurse Name: Sonoma Date & Time: 10/8/25 @ 8pm

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



6

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 1.07.25

Assessment: patient having weakness

- 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
8AM	TO Assess the patient condition	9AM	TO Assessed the patient condition	patient Feels Better
9AM	TO check the vitals	10AM	TO checked the vitals	
10AM	TO maintain I/O chart	11AM	TO maintained I/O chart	
11AM	TO give medication	12PM	TO given medication	
12PM	TO continue supportive care	1PM	TO continued supportive care	
1PM	TO give comfort position	2PM	TO given comfort position	

Re-Assessment: patient Feels Better

Special Notes: P.m. E.P. continuity

Nurse Signature: [Signature]

Nurse Name: Shivani

Date & Time: 1.7.25 9PM

Docu. No: RCHB/FRM/CLINICAL/148

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2022 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



3

NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 10/7/22

Assessment: pt having weakness

- 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
8pm	Assess pt general condition	8:10	Assessed pt general condition	pt feeling
8pm	monitor vitals	10:30	vitals checked & recorded	better now
9am	provide comfortable position	9am	provided comfortable position	
9am	Administer nurobatus	9am	medication given	
7am	maintain 2to chest	8am	2to chest maintained	

Re-Assessment: pt side no complaint

Special Notes:

Nurse Signature: [Signature] Nurse Name: Anshana Date & Time: 10/7/22 @ 8am

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI

4

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 9/7/23

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	maintain Eto cholest.	8:30am	maintained Eto cholest.	Patient feel better.
9am	monitor vital signs.	9:30am	monitored vital signs.	
10am	medications given after order.	10:30am	medications given after order.	
11am	encourage oral intake.	11:30am	encouraged oral intake.	
12pm	provide comfortable position.	12:30pm	provided comfortable position.	
1pm	provide psychological support.	7:30pm	provided psychological support.	

Re-Assessment: Patient feel better.

Special Notes: 25 Gtt IM

Nurse Signature: [Signature] Nurse Name: Charani Date & Time: 9/7/23 @ 8am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI

2



**NURSING CARE RECORD**

Shift:  Morning  Afternoon  Night

Date: 2/7/25

Assessment: patient is having weakness & dull activity

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

Time	Plan of Care	Time	Implementation	Evaluation
11pm	Hand over fever from evening duty staff.	12pm	Handed over fever from evening duty staff.	pt felt better
12pm	Monitor vital signs.	1pm	Monitored vital signs.	
1pm	Provide supportive care	2pm	Provided supportive care	
3pm	Provide sickle cells	4pm	Provided supportive care	
5pm	Administer medication	6pm	Administered medication	
7pm	Maintain I/O chart	8pm	Maintained I/O chart	

Re-Assessment: pt felt better

Special Notes: Cbl. extra plain done.

Nurse Signature: *[Signature]*

Nurse Name: Sonam

Date & Time: 2/7/25 @ 8pm

BAH-00572822  
 Baby VAMIKA SHINDE IP5-00159534  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI

**NURSING CARE RECORD**



Shift:  Morning  Afternoon  Night

Date: 8/7/23

Assessment: patient having lockness

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	TO ASSESS the patient condition	3pm	TO ASSESSED the patient condition	patient feel better
3pm	TO check the vitals	4pm	TO checked the vitals	
4pm	TO maintain I/O chart	5pm	TO maintained I/O chart	
5pm	TO give medication	6pm	TO given medication	
6pm	TO continew suppositon	7pm	TO continewd suppositon	
7pm	TO give comfort position	8pm	TO given comfort position	

Re-Assessment: patient feel better

Special Notes:

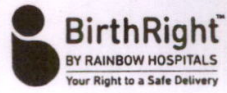
Nurse Signature:

Nurse Name: Shruvanti

Date & Time: 8/7/23 8pm

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI

①



**SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. Sirisha Rani Department: Oncology Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Area	8pm	8am	8pm	8am	2pm	8pm	
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ASSESSMENT	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6	98.6	98.6	98.6	98.6	98.6
		Res:	28b/m	24b/m	26b/m	28b/m	28b/m	28b/m
		SpO <sub>2</sub> :	100%	100%	99%	98%	98%	99%
		Pulse:	103b/m	110b/m	102b/m	107b/m	103b/m	103b/m
		BP:	99/60/14	100/60/10	100/60/10	101/50/60	103/60/14	103/60/14
	Fall Risk Score:	19	19	19	19	19	19	
Pain Score:	0	0	0	0	0	0		
Recommendations	Safety Needs:	Sider	Sider	Sider	Sider	Sider	Sider	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	NA	NA	NA	NA	NA	NA	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:		NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Shiv	Sonam	Shiv	Shiv	Shiv	Sonam	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		10/7	9/7	9/7	10/7	10/7	10/7	
Time:		8pm	8am	8pm	8am	2pm	8pm	
Taken Over By Name :		Shiv	Shiv	Shiv	Shiv	Sonam	Shiv	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		10/7	9/7	9/7	10/7	10/7	10/7	
Time:		8pm	8am	8pm	8am	2pm	8pm	

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



2



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: DR. SIRISHA RANI Department: ONCOLOGY Date of Admission: .....

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Area	Shift Time	0800-8am	0800-2pm	0800-8pm	0800-8am	0800-2pm	0800-8pm	
BACKGROUND	Medical Condition (Any special condition to be noted):		NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	96.5F	98.6F	98.5F	98.6F	98.6F	98.6F
			Res:	26b/m	28b/m	27b/m	21b/m	28b/m	26b/m
			SpO <sub>2</sub> :	100%	100%	100%	100%	100%	100%
			Pulse:	102b/m	108b/m	113b/m	100b/m	122b/m	110b/m
			BP:	100/70	98/51/64	98/62/59	99/55/69	84/58/65	96/71/80
		Fall Risk Score:	10	10	10	10	10	10	
		Pain Score:	0	0	0	0	0	0	
RECOMMENDATIONS	Safety Needs:		Side rails	Side rails	Side rails	Side rails	Side rails	Side rails	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		NA	NA	NA	NA	NA	NA	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA		
Handed Over By Name :		Savitri	Amypana	Subhanna	Shweta	Amypana	Subhanna		
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		11/7	11/7	11/7	12/7	12/7	12/7		
Time:		8am	2pm	8pm	8am	2pm	8pm		
Taken Over By Name :		Amypana	Subhanna	Shweta	Amypana	Subhanna	Shweta		
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		11/7	11/7	11/7	12/7	12/7	12/7		
Time:		8pm	2pm	8pm	8pm	2pm	8pm		

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI



3



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. Sirisha Rani Department: Onco Date of Admission: 8/7

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Area	ONCO 2PM	ONCO 2PM	ONCO 8PM	ONCO 8AM	ONCO 2PM	ONCO 8PM	
BACKGROUND	Shift Time							
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97.4	96.6	98.5	97.2	98.6	98
		Res:	26b/m	28b/m	27b/m	28b/m	26b/m	26b/m
		SpO <sub>2</sub> :	100%	99%	100%	97%	98%	98%
		Pulse:	106b/m	123b/m	113b/m	106b/m	116b/m	118b/m
		BP:	90/50/60	90/50/60	98/62/75	91/50/60	98/60/69	98/60/60
Fall, Risk, Score:	19	19	19	19	19	19		
Pain Score:	0	0	0	0	0	0		
Recommendations	Safety Needs:	side rails	side rails	side rails	side rails	side rails	side rails	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	NA	NA	NA	NA	NA	NA	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:		NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Ashu	Amyang	Subhankar	Ashu	Amyang	Amyang	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		13/7	13/7	13/7	14/7	14/7	14/7	
Time:		8AM	2PM	8PM	8AM	2PM	8PM	
Taken Over By Name :		Amyang	Subhankar	Ashu	Amyang	Priyanka	Amyang	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		13/7	13/7	13/7	14/7	14/7	14/7	
Time:		8AM	2PM	8PM	8AM	2PM	8PM	

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI

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**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. Sirisha Rani Department: ONCU Date of Admission: 8/7

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
			If Yes Specify: .....					
BACKGROUND	Area	<u>ONCU 8AM</u>	<u>ONCU 2PM</u>	<u>ONCU 8PM</u>	<u>ONCU 8AM</u>	<u>ONCU 2PM</u>	<u>ONCU 8PM</u>	
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NI</u>	<u>NA</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RECOMMENDATIONS	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.4F</u>
		Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>
		SpO <sub>2</sub> :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>104b/m</u>	<u>110b/m</u>	<u>110b/m</u>	<u>100b/m</u>	<u>103b/m</u>	<u>104b/m</u>
		BP:	<u>100/51/61</u>	<u>91/40/61</u>	<u>100/60/60</u>	<u>100/61/71</u>	<u>103/60/61</u>	<u>98/60/61</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Other Special Orders / Medications:	Safety Needs:	<u>Sid</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Sid</u>	<u>Side rails</u>	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NI</u>	<u>NA</u>	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NI</u>	<u>NA</u>		
Handed Over By Name :	<u>Chell</u>	<u>Amyra</u>	<u>Sonam</u>	<u>Niyam</u>	<u>Shravan</u>	<u>Karima</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>15/7</u>	<u>15/7</u>	<u>15/7</u>	<u>16/7</u>	<u>16/7</u>	<u>16/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>Amyra</u>	<u>Sonam</u>	<u>Shravan</u>	<u>Shravan</u>	<u>Karima</u>	<u>Shravan</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>15/7</u>	<u>15/7</u>	<u>15/7</u>	<u>16/7</u>	<u>16/7</u>	<u>16/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>		

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 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SIRISHA RANI

5



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. SIRISHA RANI Department: ONC/OLOGY Date of Admission: 7/7

SITUATION	Diagnosis:	<u>Diamond Jume. Syndrome.</u>						
	Any Infection:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
BACKGROUND	Area	<u>ONC</u>	<u>ONC</u>	<u>ONC</u>	<u>ONC</u>	<u>ONC</u>	<u>ONC</u>	
	Shift Time	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RECOMMENDATIONS	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6</u>	<u>98.1</u>	<u>98.6</u>	<u>98.6</u>	<u>98.1</u>	<u>98.6</u>
		Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20</u>	<u>20b/m</u>
		SpO <sub>2</sub> :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>110b/m</u>	<u>103</u>	<u>104b/m</u>	<u>100b/m</u>	<u>103</u>	<u>104b/m</u>
		BP:	<u>102/61(71)</u>	<u>101/62(71)</u>	<u>100/60(71)</u>	<u>100/61(71)</u>	<u>102/62(71)</u>	<u>100/60(71)</u>
	Fall Risk Score:	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Other Special Orders / Medications:	Safety Needs:	<u>side rail</u>	<u>side rail</u>	<u>side rail</u>	<u>side rail</u>	<u>side rail</u>	<u>side rail</u>	
	Physiotherapy	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :	<u>Wijayanti</u>	<u>Shruv</u>	<u>Subhankar</u>	<u>Wijayanti</u>	<u>Shruv</u>	<u>Karima</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>17/7</u>	<u>17/7</u>	<u>17/7</u>	<u>17/7</u>	<u>18/7</u>	<u>18/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>Shruv</u>	<u>Subhankar</u>	<u>Wijayanti</u>	<u>Shruv</u>	<u>Karima</u>	<u>Shruv</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>17/7</u>	<u>17/7</u>	<u>17/7</u>	<u>18/7</u>	<u>18/7</u>	<u>18/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	<u>8pm</u>		

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 Dr. SIRISHA RANI

9



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. SIRISHA RANI Department: ONCOLOGY Date of Admission: 21/7

SITUATION	Diagnosis:	<u>Diamond Syndrome.</u>						
	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....							
BACKGROUND	Area	<u>ONCO</u>	<u>ONCO</u>	<u>ONCO</u>	<u>ONCO</u>	<u>ONCO</u>	<u>ONCO</u>	
	Shift Time	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RECOMMENDATIONS	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6</u>	<u>98.6</u>	<u>98.6</u>	<u>98.6</u>	<u>98.6</u>	<u>98.6</u>
		Res:	<u>20b/m</u>	<u>20</u>	<u>20b/m</u>	<u>20b/m</u>	<u>25b/m</u>	<u>20b/m</u>
		SpO <sub>2</sub> :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>101b/m</u>	<u>102b/m</u>	<u>110b/m</u>	<u>106b/m</u>	<u>107b/m</u>	<u>101b/m</u>
	BP:	<u>99/61</u>	<u>103/64</u>	<u>96/52</u>	<u>100/61</u>	<u>100/61</u>	<u>100/61</u>	
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Other Special Orders / Medications:	Safety Needs:	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	
	Physiotherapy	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :	<u>Wijayanti</u>	<u>Shruti</u>	<u>Subhankar</u>	<u>Wijayanti</u>	<u>Sonam</u>	<u>Wijayanti</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>19/7</u>	<u>19/7</u>	<u>19/7</u>	<u>20/7</u>	<u>20/7</u>	<u>21/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :	<u>Shruti</u>	<u>Subhankar</u>	<u>Charan</u>	<u>Sonam</u>	<u>Wijayanti</u>	<u>Wijayanti</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>19/7</u>	<u>19/7</u>	<u>19/7</u>	<u>20/7</u>	<u>20/7</u>	<u>21/7</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>		

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 Dr. SIRISHA RANI





**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: ..... Department: ..... Date of Admission: .....

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Area							
<b>BACKGROUND</b>	Shift Time							
	Medical Condition (Any special condition to be noted):							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
	BP:							
Fall Risk Score:								
Pain Score:								
<b>Recommendations</b>	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

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

		<b>Rainbow Children's Hospital - Banjara Hills</b>	
		8-2-120/103/1,2,3,4 and 5, Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills, Hyderabad, Telangana, India, 500034. TEL NO : +91-40-4466 5555 WEB : https://rainbowhospitals.in	

### GENERAL CONSENT FOR TREATMENT

<b>Patient Name:</b>	<b>Baby VAMIKA SHINDE</b>	<b>Age :</b>	<b>1 Y 11 M 24 D</b>
<b>IP No:</b>	<b>IP5-00159534</b>	<b>Sex:</b>	<b>Female</b>
<b>Consultant:</b>	<b>Dr. SIRISHA RANI</b>	<b>Ward/Bed No:</b>	<b>1F-HEMATO-ONCOLOGY/FSW 138</b>

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

Signature of Patient/Relative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: 08/07/25

Witness Name: Nagababu

Witness Signature: \_\_\_\_\_

Time: 11:14 PM

Patient Address:

H NO 38-217/1, CHENNA REDDY  
 NAGAR, BEHIND MASJID Jagadgirigutta  
 Hyderabad Telangana INDIA 500037





## BILLING POLICY

- **Billing cycle:** - With effective from 1<sup>st</sup> January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

## INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

## MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only ), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days

Name & signature of Patient/Attendant

*Nagabai*  
(Signature of Admission Desk executive)

**NOTE: Self – attested Govt. ID proof is mandatory whosoever is signing the undertaking.**

## Rainbow Children's Medicare Private Limited

Registered Office: Road No. 2, Banjara Hills, Near Hotel Park Hyatt, Hyderabad

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No. 11, Banjara

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | M L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHAT

CIN : U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

BAH-00572822 IP5-00159534

Baby VAMIKA SHINDE

14-07-2023

Dr. SIRISHA RANI

1 Y 11 M 24 D (F)

146 2300



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Baby VAMIKA SHINDE  
14-07-2023 2 Y 0 M 1 D (F)  
Dr. SIRISHA RANI



# CONSENT FOR BLOOD TRANS

Name: Vamika Shinde Age: 2y Gender: Male  Female   
UHID.No : 572822 Date: 15/4/25

- Type of Blood Product:**
- Fresh Frozen Plasma
  - Packed Red Blood Cells
  - Random Donor Platelets
  - Cryoprecipitate
  - Single Donor Platelet
  - Whole Blood
  - Albumin
  - Red Blood Cell
  - Others .....

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

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

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

**Patient (Or Patient Relative / Guardian):**

**Doctor (Who is talking the consent)**

Signature: Radhika Shinde  
Name: Radhika Shinde  
Date & Time: 15/4 @ 4pm

Signature: [Signature]  
Name: [Name]  
Date & Time: 15/4 @ 4pm

**Witness**

Signature: Radhika Shinde  
Name: Radhika Shinde  
Date & Time: 15/4 @ 4pm

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 Dr. SIRISHA RANI



### BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/7 Time: 4:25 PM

Blood Group of the Patient: A +ve Blood Group on the Blood Bag: A +ve

Blood Bank Issue No: 01412 Date of Collection: 1/7/25 Date of Expiry: 12/8/25

Date & Time of Starting Transfusion: 15/7 @ 4:25 PM Planned duration of Transfusion: 4 hrs

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: S. S. Kam Nurse 2: Subhankar

Before starting transfusion vitals: Temp: 98.6 F HR: 110 bpm RR: 27 bpm BP: 91/57 (83) SpO<sub>2</sub>: 100%

**PLEASE MONITOR THE FOLLOWING:**

Date	Time	HR	Temperature	Blood Pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>15/7</u>	<u>15 Min</u>	<u>110 bpm</u>	<u>98.6 F</u>	<u>91/57 (83)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>15 Min</u>	<u>107 bpm</u>	<u>98.6 F</u>	<u>93/57 (81)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>	<u>110 bpm</u>	<u>98.6 F</u>	<u>99/57 (84)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>	<u>103 bpm</u>	<u>98.6 F</u>	<u>91/57 (81)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>	<u>106 bpm</u>	<u>98.6 F</u>	<u>101/57 (81)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>1 Hr</u>	<u>107 bpm</u>	<u>98.6 F</u>	<u>101/57 (81)</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>1 Hr</u>								

Comments: No complaints

Name of the Incharge-Nurse: Sharan

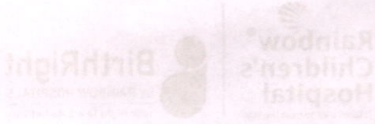
Name of the Nurse: Vijayalakshmi

Signature of the Incharge-Nurse: Sharan

Signature of the Nurse: Vijayalakshmi

Date & Time: 15/7/25 @ 11 PM

Date & Time: 16/7/25 @ 11 AM



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital  
 D.No. 120 103 1, 2, 4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,  
 Banjara Hills, Hyderabad, Telangana State

**BIACH&RI**  
**BLOOD BANK** OPERATOR *[Signature]* DATE: *15/7/25*

Qty. 1  
 SAGM **25 Gy INDICATOR** *[Redacted]* C.P.D./

**IRRADIATED** (on)

**A**  
**Rh Positive**

reactive  
 VDRL - Non reactive  
 MP - Negative  
 NAT(HIV 1 & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH25-01412**  
 Blood Group: **A Rh Positive**  
 Collection Date: **01/Jul/2025**  
 Expiry Date: **12/Aug/2025**

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2-8°C

Approved by: *[Signature]*  
 Antibiotic: *[Blank]*

**Issue Label / CrossMatching Report**

Patient : **VAMIKA SHINDE**  
 Patient's Blood Group : **A Rh Positive**  
 Hosp/Dr : **Rainbow Childrens Hospital, DR. SIRISHA RANI**  
 UHID No.: **BAH-00572822** Wd-Bed No.:

Product : **LR-PRBC Podia-2**  
 Blood Group : **A Rh Positive**  
 Unit No.: **BAH25-01412**  
 X-Matching Report: **Compatible**  
 X-matched by: **Premalatha**

Issue Dt : **15/Jul/2025**  
 Colln. Dt : **01/Jul/2025**  
 Exp. Dt : **12/Aug/2025**  
 Issued By : **Premalatha**

**Rainbow Hospital Blood Centre, Rainbow Childrens Hospital**  
 D.No.8-2-120 103 1, 2, 4 & 5, 1st floor, Sy.No.129/11, 403 P, Road No.2, Banjara Hills, Hyderabad, Telangana State  
 Lic. No. 49/HID TS.2018/3B/C

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

# CONSENT FOR BLOOD TRANSFUSION

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI




Name: Baby Vamik Shinde. Age: 24 Gender: Male  Female   
 UHID.No : BAH - 00572822 Date: 17/7

- Type of Blood Product:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells           | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate     | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> Albumin             | <input type="checkbox"/> Red Blood Cell                   | <input type="checkbox"/> Others .....           |

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

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

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

**Patient (Or Patient Relative / Guardian):**  
 Signature: [Signature]  
 Name: Sai Krishna Shinde  
 Date & Time 17/7/25 8:30 PM.

**Doctor (Who is talking the consent)**  
 Signature: [Signature]  
 Name: Dr. Sandhya  
 Date & Time 17/7/25 9 PM

**Witness**  
 Signature: [Signature]  
 Name: Subhankar  
 Date & Time 17/7/25 8:30 PM.

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI



### BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17/7 Time: 7:40pm

Blood Group of the Patient: A+ve. Blood Group on the Blood Bag: A+ve.

Blood Bank Issue No: 1327-25 Date of Collection: 17-7-25 Date of Expiry: 27-7-25

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: 30 min.

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Subhankan. Nurse 2: Sonam.

Before starting transfusion vitals: Temp: 100° HR 110b/m RR: 27b/m BP: 96/71(80) SpO<sub>2</sub> 100°

**PLEASE MONITOR THE FOLLOWING:**

Date	Time	HR	Temperature	Blood Pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>17/7</u>	<u>15 Min</u>	<u>98b/m</u>	<u>98.5F</u>	<u>101/71(80)</u>	<u>100°</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>15 Min</u>	<u>113b/m</u>	<u>98.5F</u>	<u>96/71(80)</u>	<u>100°</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO.</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: NO Reaction.

Name of the Incharge-Nurse: Shaxani

Name of the Nurse: Subhankan.

Signature of the Incharge-Nurse: Shaxani

Signature of the Nurse: [Signature]

Date & Time: 17/7/25 8pm

Date & Time: 17/7/25 8pm.

**BASAVATARAKAM**  
Basavatarakam Indo-American Cancer Hospital & Research Institute  
Promoted by Smt. Nandamuri Basavataraka Ramarao Memorial Cancer  
Foundation & Indo-American Cancer Organisation  
Block-III, Cellar, Road No. 10, Banjara Hills, Hyderabad - 500 034.  
Ph : +91-40-2355 1235 / 2360 7944, Fax : +91-40-2354 2120  
E-mail : info@induscancer.com, Website : www.induscancer.com  
Mfg. Licence No. 1/HDI/AP/2002/BB/R Granted on 08-02-2022

**BLOOD CENTRE**  
**PLATELET PHERESIS**  
Total Vol Y2 (250ml - 300ml)  
Bag No. 1327-25 Blood Group. A+ve  
Date of Prep. 17.7.25 Date of Expiry 21.7.25  
Patient Details : Baby. VAMIKA SHINDE  
MR No. Rainbow  
Tested & Found Negative for HIV I & II, HBsAg, HCV, VDRL & MP  
Date & Time 17.7.25 Signature [Signature]  
1. Storage temperature 20°C to 24°C with continuous agitation  
2. Do not store, transfuse immediately  
**BIACH&RI** OPERATOR [Signature] DATE: 17/7/25  
**BLOOD BANK**  
25 Gy INDICATOR [Blacked out] on IRRADIATED  
Prepared from a Voluntary Blood Donor/Replacement Donor

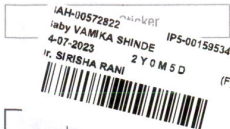
Handwritten notes on the left side of the form, including "22-F-EC" and "MIMOS".

Handwritten notes on the right side of the form, including "22-F-EC" and "MIMOS".

Handwritten note: "No Reaction"

Handwritten notes at the bottom left, including "SUBPHAN" and "17/7/25".

Handwritten notes at the bottom right, including "17/7/25" and "17/7/25".



**CHECKLIST FOR THROMBOPHLEBITIS**



S. No.	STAGE / ACTION	SCORE	20/7 DAY-1			DAY-2			DAY-3			Remarks
			M	E	N	M	E	N	M	E	N	
1	IV site appears healthy No signs of phlebitis / Observe cannula	0	0	0	0							
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	NA	NA	NA							
3	Two of the following Signs are evident: Pain at IV Site Redness Early stage of phlebitis / Resite Cannula	2	NA	NA	NA							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA							
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	NA	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA							
Signature of the Nurse												

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

Signature of Shift In Charge :

Signature : *[Signature]* Name : *Sudhan*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *Sarika*

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 2 D (F)  
 Dr. SIRISHA RANI



9



**CHECKLIST FOR THROMBOPHLEBITIS**

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/7 DAY-1			18/7 DAY-2			19/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	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	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Signature of the Nurse				0	0	1	0	0	2	0	0	1	

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

Signature of Shift In Charge : \_\_\_\_\_  
 Signature : \_\_\_\_\_ Name : sudhakar

Signature of Ward In Charge : \_\_\_\_\_  
 Signature : \_\_\_\_\_ Name : sarit kar

BAH-00572822 IPS-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 29 D (F)  
 Dr. SURESHA RANI

3



**CHECKLIST FOR THROMBOPHLEBITIS**

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : [Signature] Name : Sushan

Signature : [Signature] Name : Sarika

BAH-00572822  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 26 D (F)  
 Dr. SIRISHA RANI



2



**CHECKLIST FOR THROMBOPHLEBITIS**

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

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

Signature of Shift In Charge :

Signature : Name : Sudha

Signature of Ward In Charge :

Signature : Name : Solithe

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 23 D (F)  
 Dr. SIRISHA RANI



①



**CHECKLIST FOR THROMBOPHLEBITIS**

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0		
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		HD	NA	NA	NA	NA	HD	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		HD	NA	NA	NA	NA	HD	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		HD	NA	NA	NA	NA	HD	NA	NA	
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		HD	NA	NA	NA	NA	HD	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		HD	NA	NA	NA	NA	HD	NA	NA	
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

AH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 4-07-2023 2 Y 0 M 5 D (F)  
 Dr. SIRISHA RANI

**BRADEN 'Q' SCALE**



		Date: 20/7/23		Time: 2:00 PM		
Mobility	<p><b>Immobile:</b> Loses not make even slight changes in body or extremity position without assistance.</p> <p><b>1. Bedfast:</b> Confined to bed</p>	<p><b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.</p> <p><b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p>	<p><b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.</p> <p><b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p>	<p><b>4. No limitations:</b> Makes major and frequent changes in position without assistance.</p> <p><b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.</p>	9	7
'Activity The degree of physical activity'					9	7
Sensory Perception	<p><b>1. Completely limited:</b> 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.</p>	<p><b>2. Very limited:</b> 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.</p>	<p><b>3. Slightly limited:</b> 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.</p>	<p><b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.</p>	9	7
Moisture Degree to which skin is exposed to moisture	<p><b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.</p>	<p><b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.</p>	<p><b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.</p>	<p><b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.</p>	7	7
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<p><b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.</p>	<p><b>2. Problem:</b> 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.</p>	<p><b>3. Potential problem:</b> 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.</p>	<p><b>4. No apparent problem:</b> 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.</p>	7	7
Nutritional Usual food intake pattern	<p><b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin &lt; 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.</p>	<p><b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin &lt; 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.</p>	<p><b>3. Adequate:</b> 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.</p>	<p><b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.</p>	9	9
Tissue Perfusion & Oxygenation	<p><b>1. Extremely compromised:</b> Hypotensive (MAP &lt; 50 mm Hg; &lt; 40 in a newborn) or the patient does not physiologically tolerate position changes.</p>	<p><b>2. Compromised:</b> Normotensive oxygen saturation may be &lt; 95%; hemoglobin may be &lt; 10 mg/dl; capillary refill may be &gt; 2 seconds; serum pH is &lt; 7.40.</p>	<p><b>3. Adequate:</b> Normotensive oxygen saturation may be &lt; 95%; hemoglobin may be &lt; 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.</p>	<p><b>4. Excellent:</b> Normotensive, oxygen saturation &gt; 95%; normal hgb; capillary refill &lt; 2 seconds.</p>	7	7
		<b>TOTAL SCORE</b>		28		
		<b>Evaluator's Name</b>		R		

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

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

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 0 D (F)  
 Dr. SIRISHA RANI



**BRADEN 'Q' SCALE**



				Date: 16/07/2023	17/07/2023	18/07/2023	19/07/2023
				Time: 2:00 PM	2:00 PM	2:00 PM	2:00 PM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4
'Activity The degree of physical activity'	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				<b>TOTAL SCORE</b>	20	20	20
				<b>Evaluator's Name</b>	2	2	2

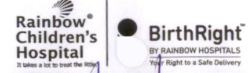
Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23  
 Docu. No. : RCHBH /FRM / CLINICAL / 119

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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00572822 IPS-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



**BRADEN 'Q' SCALE**



(2)

					Date:	12/7	13/7	14/7	15/7
					Time:	9:07	10:00	11:00	12:00
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4	
'Activity The degree of physical activity'	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
<b>FRICION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
<b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>									
Docu. No. : RCHBH /FRM / CLINICAL / 119									
					<b>TOTAL SCORE</b>				
					28				
					<b>Evaluator's Name</b>				
					R				

Risk Score	Category	Action	Support Surfaces <small>(Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)</small>
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00572822 IPS-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SURESHA RANI

**BRADEN 'Q' SCALE**



Date: 8/7/23  
 Time: 9:14 AM

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	9	4	4	2
'Activity The degree of physical activity'	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lie up completely during move. Maintains good position in bed or chair at all times.	4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	2

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

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

<b>TOTAL SCORE</b>	20	28	28	28
<b>Evaluator's Name</b>	[Signature]	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> <li>Regular Turning Schedule</li> <li>Enable as much activity as possible</li> <li>Protect the heels</li> <li>Use pressure redistribution surfaces</li> <li>Manage moisture, friction and shear</li> <li>Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>Use the Same Protocol as for "At Risk" Patients</li> <li>Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>Follow the same protocol as for "Moderate Risk" Patients</li> <li>In addition to regular turning schedule</li> <li>Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>Use same protocol as for "High Risk" Patients</li> <li>Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

### INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BAH-00572822  
 Baby VAMIKA SHINDE  
 4-07-2023  
 Dr. SIRISHA RANI 2 Y 0 M 5 D (F)



**Part - I,**

Patient's / Learner Language : Telugu Patient / Learner Literacy :  Read  Write  Speak

Yes  No  Healthcare Literacy :  Yes  No

**Identified Education Needs :**

- |                            |   |  |   |
|----------------------------|---|--|---|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication   | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                       | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social Rehabilitation Needs                             |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                     | 12. Patient's Family Rights                                    | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |   |  | 17. Others.....   |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/7	9 AM	7	Hand Hygiene	M/K	5	0	1	Yes	NSR	[Signature]

**Part - III : CODES**

**Who was taught :** PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

**Learning Barriers :**

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process / Cognitive limitations	10. Financial Difficulties	13. Cultural / Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Difference	12. Impaired Vision / or Hearing	

**Teaching Tools Used :** A : Audio D : Demonstration V : Video O : Oral P : Printed

**Mechanism/s to overcome barrier/s :**

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify.....
2. Obtain translator	4. Teach Family / others	6. Respect Cultural / Religion Preference	

**Understanding :**

1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review
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3

BAH-00572822 IP5-00159534  
 Baby VAMKA SHINDE  
 14-07-2023 2 Y 0 M 1 D (F)  
 Dr. SIRISHA RANI



**INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD**

**Part - I,**

Patient's / Learner Language : Telugu Patient / Learner Literacy :  Read  Write  Speak Willingness to Learn :  Yes  No Healthcare Literacy :  Yes  No

**Identified Education Needs :**

- |                            |  |  |   |
|----------------------------|--|--|---|
| 1. Diagnosis               | 5. Medication / Terapy (safety, effects/side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication  | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                      | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social Rehabilitation Needs                             |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                    | 12. Patient's Family Rights                                    | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |  |  | 17. Others.....   |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
16/7	11Am	7	Infection Control measures	m	1	0	1	1	m	DR
17/7	10am	7	Infection Control measures	m	1	0	1	1	m	DR
18/7	10am	7	Infection Control mea	m	1	0	1	1	m	DR
19/7	10am	7	Infection control mea	m	1	0	1	1	m	DR

**Part - III : CODES**

**Who was taught :** PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

**Learning Barriers :**

1. No Learning Barries	4. Language Barrier	7. Impaired Thought Process / Cognitive limitations	10. Financial Difficulties	13. Cultural / Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
3. Emotional Barries	6. Desire / Motivate to Learn	9. Cultural Difference	12. Impaired Vision / or Hearing	

**Teaching Tools Used :** A : Audio D : Demonstration V : Video O : Oral P : Printed

**Mechanism/s to overcome barrier/s :**

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify.....
2. Obtain translator	4. Teach Family / others	6. Respect Cultural / Religion Preference	

**Understanding :** 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 27 D (F)  
 Dr. SIRISHA RANI



**INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD**

**Part - I,**

Patient's / Learner Language : Tamil Patient / Learner Literacy :  Read  Write  Speak Willingness to Learn :  Yes  No Healthcare Literacy :  Yes  No

**Identified Education Needs :**

- |                            |   |  |   |
|----------------------------|---|--|---|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication   | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                       | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social Rehabilitation Needs                             |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                     | 12. Patient's Family Rights                                    | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |   |  | 17. Others.....   |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
12/7	9am	1.	substitution / diet	M	1	0	1	1	with	A
13/7	9am	7.	Infection Control Measures	M	1	0	1	1	with	A
14/7	9am	10.	Fall Risk Education	M	1	0	1	1	with	A
15/7	10am	13.	Risk / Safety	M	1	0	1	1	with	A

**Part - III : CODES**

**Who was taught :** PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

**Learning Barriers :**  
 1. No Learning Barriers 4. Language Barrier 7. Impaired Thought Process / Cognitive limitations 10. Financial Difficulties 13. Cultural / Religion Practice  
 2. Physical Impairment 5. Educational Level 8. Responsibilities at Home 11. Beliefs and Values 14. Others (Specify) .....  
 3. Emotional Barriers 6. Desire / Motivate to Learn 9. Cultural Difference 12. Impaired Vision / or Hearing

**Teaching Tools Used :** A : Audio D : Demonstration V : Video O : Oral P : Printed

**Mechanism/s to overcome barrier/s :**  
 1. None 3. Reassurance & Support 5. Respect values & beliefs 7. Other, Specify.....  
 2. Obtain translator 4. Teach Family / others 6. Respect Cultural / Religion Preference

**Understanding :** 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI



**THE HUMPTY DUMPTY SCALE**

8/7 9/7 10/7 11/7 12/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			8am	8am	8am	8am	8am
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4			1	1	1
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			10	10	10	10	10


**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:		Shweta	Shweta	Shweta	Shweta	Shweta
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		8/7	9/7	10/7	11/7	12/7
Time:		8am	8am	8am	8am	8am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 25 D (F)  
 Dr. SIRISHA RANI




### DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: \* To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 20/7/25

2. Destination Post Discharge:  Home

Family Members Notified (Person Contacted)

Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:  Self Care  Family Home Care  Home Professional Assistance

Needs Assistance In:

Remarks

- Medication  Yes  No
- Bathing  Yes  No
- Eating  Yes  No
- Walking  Yes  No
- Dressing  Yes  No
- Toileting  Yes  No

By mother help  
u  
u  
u  
u  
u

4. Nutritional Plan:

- Dietary Instruction Discussed with the:
- Patient  Family Member  Others: .....

5. Discharge Planning Discussed with the:

- Patient  Family Member  Others: .....

6. Patient/Family Educational Plan:

- Educational Topic/s: Explained about medication
- Patient's Educational Topic/s discussed with the:
- Patient  Family Member  Others: .....

Nurse Signature: [Signature]

Nurse Name: Sondm

Date and Time: 8/7 @ 11:30 PM

Docu. No. : RCHBH /FRM / CLINICAL / 191



# PATIENT DISCHARGE INTIMATION FROM NURSING STATION

## CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 20/7/25

Name of the Patient: ... AH-00572822 IP5-00159534  
aby VAMIKA SHINDE  
4-07-2023 2 Y 0 M 6 D (F)  
r. SIRISHA RANI

UHID No: ..... 

Gender: .....

Ward: .....

Room No: 124

Certified that in respect of the above patient:

- a. There are no drugs for return
- b. Emergency cupboard issues have been replenished
- c. No pending indents are there against above patient
- d. Checked the bed side cupboard of the bed
- e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign  
Date: 20/7/25  
Time: 3pm

Nurse Sign  
Date: 20/7/25  
Time: 3pm

Pharmacy Sign  
Date: .....  
Time: .....

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI

INTI



**PARENT / FAMILY EDUCATION RECORD**



**Part - I,**

Patient's / Learner Language: Telugu Patient / Learner Literacy:  Read  Write  Speak Willingness to Learn:  Yes  No Healthcare Literacy:  Yes  No

**Identified Education Needs :**

- |                            |   |  |   |
|----------------------------|---|--|---|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication   | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                       | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social Rehabilitation Needs                             |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                     | 12. Patient's Family Rights                                    | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |   |  | 17. Others.....   |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
8/7	4pm	7	Infection control measure	m	1	0	1	1	Hi	Q
9/7	9am	5	Medication	M	1	0	1	1	nik	Q
10/7	9am	5	medication	m	1	0	1	1	r	Q
11/7	9am	7	Infection Control measures	m	1	0	1	1	nik	Q

**Part - III : CODES**

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify).....

Learning Barriers:  
 1. No Learning Barries  
 2. Physical Impairment  
 3. Emotional Barries  
 4. Language Barrier  
 5. Educational Level  
 6. Desire / Motivate to Learn  
 7. Impaired Thought Process / Cognitive limitations  
 8. Responsibilities at Home  
 9. Cultural Difference  
 10. Financial Difficulties  
 11. Beliefs and Values  
 12. Impaired Vision / or Hearing  
 13. Cultural / Religion Practice  
 14. Others (Specify) .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:  
 1. None  
 2. Obtain translator  
 3. Reassurance & Support  
 4. Teach Family / others  
 5. Respect values & beliefs  
 6. Respect Cultural / Religion Preference  
 7. Other, Specify.....

Understanding:  
 1. Verbalizes Understanding  
 2. Demonstrates Understanding  
 3. Needs Review

Doc No. RCHBH / FRM / CLINICAL / 187

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 0 M 3 D (F)  
 Dr. SIRISHA RANI



3



**THE HUMPTY DUMPTY SCALE**

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	18/7	19/7	20/7	21/7	
	3 to less than 7 years old	3	4	4	4	4	
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None	1	1	1	1	1	
<b>Total</b>			14	14	14	14	

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes
Adequate lighting		Yes	Yes	Yes	Yes
Wheel chair support		Yes	Yes	Yes	Yes
Other Intervention(s) Specify		Yes	Yes	Yes	Yes
Nurse's Name:		Neeraj	Neeraj	Neeraj	Neeraj
Signature:		[Signature]	[Signature]	[Signature]	[Signature]
Date:		18/7	19/7	20/7	21/7
Time:		8am	8am	8am	8am

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 28 D (F)  
 Dr. SIRISHA RANI

12



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	13/7	14/7	15/7	16/7	17/7
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		10	✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓	✓
Wheel chair support		✗	✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✗	✗	✗	✗
Nurse's Name:		Deepa	Deepa	Deepa	Deepa	Deepa	Deepa
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		13/7	14/7	15/7	16/7	17/7	17/7
Time:		5:00	5:00	5:00	5:00	5:00	5:00

BAH-00572822 IP5-00159534  
 Baby VAMIKA SHINDE  
 14-07-2023 1 Y 11 M 24 D (F)  
 Dr. SIRISHA RANI



**THE HUMPTY DUMPTY SCALE**

8/7 9/4 10/7 11/7 12/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			8/7	9/4	10/7	11/7	12/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			10	10	10	10	10

**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:		Shirish Rani	Shirish Rani	Shirish Rani	Shirish Rani	Shirish Rani
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		8/7	9/4	10/7	11/7	12/7
Time:		8am	8am	8am	8am	8am

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