DISCHARGE SUMMARY

Name	Master MOHD AFFAN AHMED	**UHID**	BAH-00365732
Father/Guardian	Mr MR.MOHD MOSIN AHMED	**Age/Gender**	11 Y 3 M 19 D/ Male
Address	H.NO-16-6-484,OSMAN PURA , Chaderghat, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006956	**Admission Date**	25-07-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	28.07.2026		

Consultant:
Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

Co Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
NEW ONSET TYPE 1 DIABETES MILLETUS	
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Master MOHD AFFAN AHMED, 11 Y 3 M 19 D , old boy presented with

Name	Master MOHD AFFAN AHMED	UHID	BAH-00365732
IP No	IP26-00006956	Admission Date	25-07-2026

history of fever since 1 week, generalised weakness, increase in frequency of micturition since 3 days, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was febrile (102.*F) and maintaining saturation at room air. Heart rate - 109/min and Respiratory Rate - 25/min. On examination Signs of some dehydration were present, dry lips, delayed skin turgor were present. GRBS - 330mg/dl. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 28.7 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 12.7 gm%, White Blood Cell count of 4610 cells/cumm, platelet count of 1.91 lakhs/cumm. Serum electrolytes showed sodium of 133 mmol/L, potassium of 4.3 mmol/L & Chloride of 100 mmol/L. Complete urine examination was normal.
GLYCOSALATED HAEMOGLOBIN (HBA1C) - BLOOD was 11.5 %.
THYROID STIMULATING HORMONE (TSH) was 3.41 µIU/ml.
FREE T4 1.53 ng/dL.
FASTING BLOOD GLUCOSE was 168 mg/dl

Management : He was admitted in the ward and was started on Intra Venous fluids. He was treated symptomatically with antacids and antipyretics. In view of loose stools, he was administered probiotics and advised gastrodiet.

Name	Master MOHD AFFAN AHMED	**UHID**	BAH-00365732
IP No	IP26-00006956	**Admission Date**	25-07-2026

In view of high GRBS, HBA1C levels and urine routine showing glucose positive, suspecting new onset type1 diabetes milletus, pediatric endocrinologist opinion was taken, adviced to start subcutaneous insulin. hence started on Inj. LANTUS(insullin glargine) and Inj. NOVARAPID(insulin aspart).CGM sensor is placed for continues glucose monitoring on 27/7/26.

Thyroid profile sent which showed normal. Type 1 DM autoantibody panel sent report awaited. His glucose levels were regularly monitored and insulin dose was adjusted accordingly.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

Parents were counselled about the prognosis, nature, course of illness, long term nature of problem and various precautionary measures to be taken. Parents were also trained about regular monitoring of blood sugars and to give insulin injections. Child remained hemodynamically stable, and is being discharged with the following advice. If hypoglycemic episodes are noted (GRBS less than 70mg/dl), give 3 scoops of glucose powder in 1 glass of water, check GRBS level after 15 minutes. (repeat dose if GRBS is less than 70mg/dl)

At the time of discharge : He is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Injection. Pan
Injection. Actrapid
Injection. Lantus

Name	Master MOHD AFFAN AHMED	UHID	BAH-00365732
IP No	IP26-00006956	Admission Date	25-07-2026

Injection. Novarapid

Advice:
Diet as advised.
Monitor blood sugar levels before and after breakfast, lunch, dinner

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Injection. Lantus	8 IU	4 PM	Till further advice
2	Injection. Novorapid			Till further advice
	RBS level	**B.BREAKFAST**	**BEFORE LUNCH**	**BEFORE DINNER**
	<100	8 Units	8 Units	8 Units
	100-200	9 Units	9 Units	9 Units
	>200	10 Units	10 Units	10 Units

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 10 ml 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.

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Name	Master MOHD AFFAN AHMED	**UHID**	BAH-00365732
IP No	IP26-00006956	**Admission Date**	25-07-2026

Review consultation with Dr. MANJIT KUMAR on FRIDAY (31/07/26) day at his clinic.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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

If any IV antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar** / **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB**

Name	Master MOHD AFFAN AHMED	**UHID**	BAH-00365732
IP No	IP26-00006956	**Admission Date**	25-07-2026

Nagar dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 20 D (M)
Dr. MANJIT KUMAR

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
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	Anaestesia 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	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
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				
	Billing	1			
	Extras	6			
	Total No. of Pages	80			

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

Signature and Date : 26/07 pb

(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 :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

214

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ADMISSION INTIMATION

Date: 25/7/26

Name of the Patient: AFFAN AHMED

UHID No: ..... Gender: ☐ Male ☐ Female

Admitting Doctor: Dr. MANJIT Department: PAEDS

Referred by Doctor: CO-CONSULTANT DR. PALTECH

Admit in : ☐ NICU ☐ PICU ☑ Ward ☐ OT
☐ Oncology ☐ Day Care ☐ Birthing Centre

Admission Type : ☐ OPD ☑ Emergency ☐ Referral
☐ Transport ☐ New Born ☐ Labour Ward

Category : ☑ Medical ☐ Surgical ☐ Ventilation
☐ Phototherapy ☐ Cradle

Plan of Treatment : IVF, INVESTIGATIONS, BASELINE INVESTIGATIONS

Duration of Hospitalization : 1-2 DAYS.

Doctor Signature : .....

Type of Payment : .....

Package Opted: ..... Room Eligibility: .....

Name & Relationship: AMREEN MOTHER Admitting Executive Yaseen ali

Signature: Amreen Signature: Yaseen

Date & Time: ..... Date & Time: 25/07/2026

Docu. No. : RCH /FRM / GENERAL / 146

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006956 **Admit Date** : 25-Jul-2026 **Admit Time** : 10:48 PM **UHID** : BAH-00365732

Patient Details :

Patient Name	: Master MOHD AFFAN AHMED	**Age**	: 11 Y 3 M 18 D
Guardian	: Mr MR.MOHD MOSIN AHMED	**DOB**	: 07-04-2015
Gender	: Male	**Religion**	: Muslim
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-16-6-484,OSMAN PURA Chaderghat Hyderabad Telangana INDIA 500024	**Phone No**	: 7674986986
		E-mail	: amreenpharma11@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr MR.MOHD MOSIN AHMED **Relationship** : S/O

Contact Address : H.NO-16-6-484,OSMAN PURA Chaderghat Hyderabad Telangana INDIA 500024 **Phone No** : 7674986986

Signature

Doctor Details :

Doctor Name : Dr. MANJIT KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Manjit Kumar **Phone No** : 9866105609

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

Pre and Post Meal GRBS

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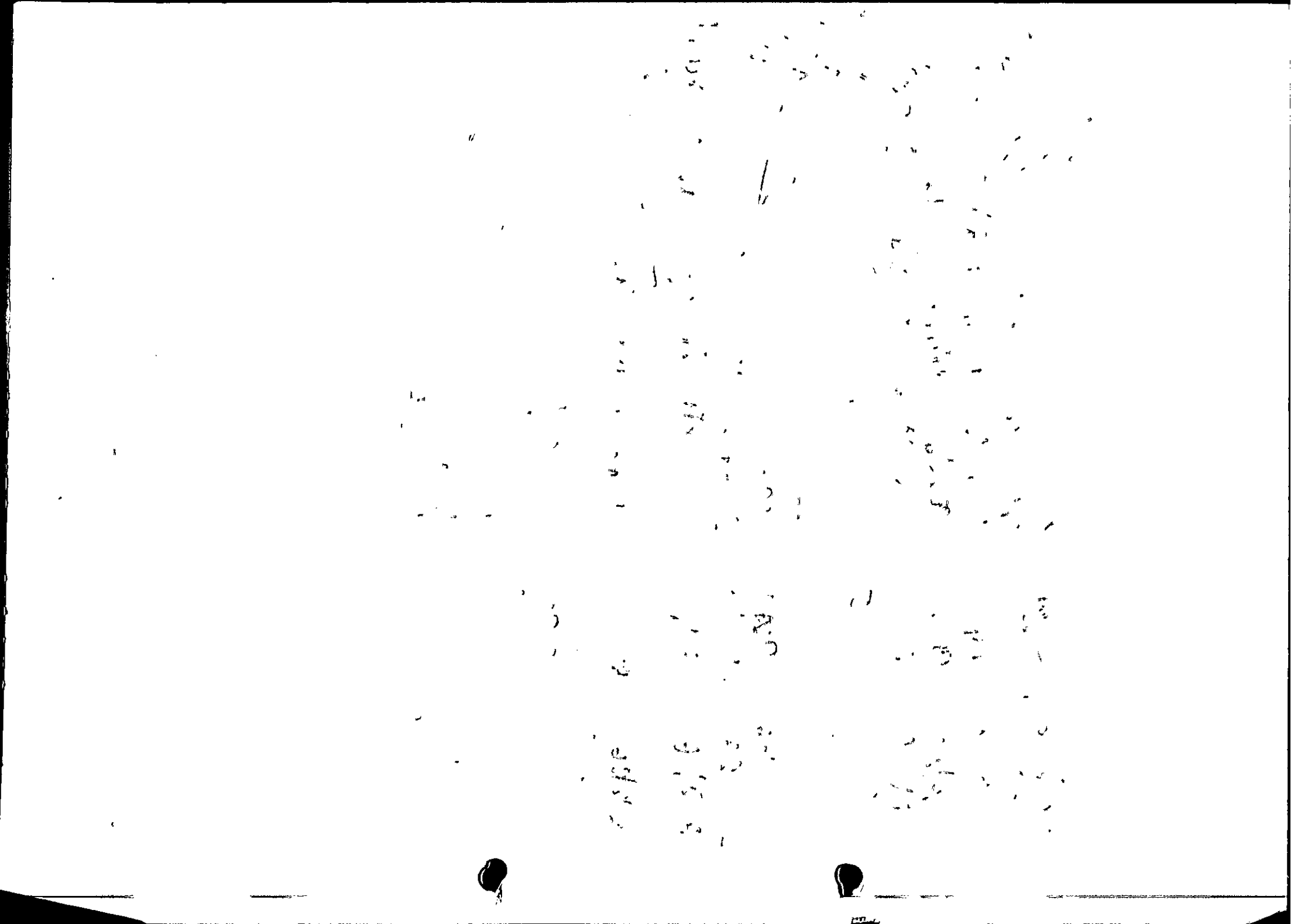
RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
26/7/26	2Am	138 mg/dl		Sneha
26/7/26	Pre breakfast 6Am	174 mg/dl	Inj. Actrapid 12U	Sneha (Pre)
26/7/26	1PM	168 mg/dl	Inj. Actrapid (6U)	(PP)
26/7/26	5pm	202 mg/dl	Inj: Lantus (8U)	Post
26/7/26	8pm	175 mg/dl	Inj: Novarapid 9U	(Pre)
26/7/26	10:45pm	172 mg/dl		Sneha (Post)
27/7/26	2Am	201 mg/dl		Sneha Midnight
27/7/26	7Am	324 mg/dl	Insulin Novarapid 10U	Sneha Pre
27/7/26	10AM	209 mg/dl		(PP) Post
27/7/26	1:30PM	269 mg/dl	Inj. Novarapid 10U	Pre
27/7/26	4:41pm	122 mg/dl	Lantus (8U)	Post lunch
				Pre
27/7/26	8:20pm	158 mg/dl	Novarapid (4U) (6pm Sensor started)	
27/7/26	10Pm	65 mg/dl → Sensor		Sneha
27/7/26	10:00Pm	93 mg/dl → Prick		Sneha
27/7/26	10:30Pm	153 mg/dl → Sensor		Sneha
27/7/26	10:30 Pm	154 mg/dl → Prick		Sneha
28/7/26	2Am	187 mg/dl → Sensor		Sneha
28/7/26	7Am	168 mg/dl → Sensor	9U Insulin Novarapid	Sneha

Docu. No. : RCHBH /FRM / CLINICAL / 185



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ACTIVITY RECORD FOR BILLING

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
Name: 07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR
UHID N

---------- Consultant : ---------- Dept : Pediatric

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	11:35 PM	ER	2nd floor (2W)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Leena Priyambada	26/7/26	7161	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross Checked done by Sneha

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/7/26	CBP, HBA1C, Electrodytes	12592	
	CUE	12593	
	RBS - 330 mg/dl (1)	12594	Cross checked done by Sneha
26/7	GRBS 2Am - 138 mg/dl (2)	2601	
26/7	GRBS 6Am - 174 mg/dl (3)	2613	
26/7	FBS (Sample)	2610	
26/7/26	GRBS 1PM (169 mg/dl) (4)	2657	
26/7/26	TSH, FT3, FT4		
	Zinc levels,		
	Glycosalated Hb (HbA1c)	12642	
	TTG IgA, Tissue Transglutaminase		
	Islet Tyrosine Phospate (2) Antibodies (IA2)		
	Anti islet cell Antibody		
	GAD Antibodies		
	Thyroied Antibodies [Microsomal]		
	Thyroied Antibodies [Thyroglobbulin]		
26/7	GRBS 5Pm (201 mg/dl) (5)	2658	
26/7	GRBS 8Pm PRC Dinner (175 mg/dl) (6)	2659	
26/7	GRBS 10:45Pm Post Dinner (172 mg/dl) (7)	2663	
26/7	GRBS 2Am (201 mg/dl) (8)	2676	
27/7	GRBS 7Am (324 mg/dl) (9)	2677	Sneha Cross Checked done by Sneha
27/7/26	GRBS 10AM (209 mg/dl) (10)	2722	
27/7/26	RBS [redacted] (11)	12716	

GRBS 13

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 20 D (M)
Dr. MANJIT KUMAR

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/7	GRBS 10PM (93 mg/dl)	(12) 2754	Sne
27/7	GRBS 10:30PM (154 mg/dl)	(13) 2755	Sne
		Cross checked done by Sneha	
		2783	Babu.
28/7	GRBS. 84 mg/dl	2782	
	GRBS = 219 mg/dl.		
	Cross checked by Babu		

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____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				

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	[illegible]				[illegible]

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/7/26	DVIA	1	7162	

Cross Checked done by Sneha

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

Patient Name : AFFAN AHMED.

Patient ID# :

Consultant :

Final Diagnosis : ACUTE GASTROENTERITIS WITH DEHYDRATION.

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

Pediatric Multiorgan History & Physical Examinatic

Name : AFFAN AHMED Age/Sex 11 Y 3 M 18 D / M

Informant MOTHER. Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

fever x 1 week.
vomiting
loose stools
} x 3 days.

History of present illness :

Child presented with complaints of fever since 1 week, vomiting, multiple high grade episodes /day & loose stools, multiple episodes, watery in consistency, large quantity since 3 days.

- H/o decreased oral intake since 2 days.
- H/o oral ulceration ✓ since today morning.

Pediatric Multiorgan History & Physical Examination

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

— NIL SIGNIFICANT —

Birth & Neonatal History :

Term/AG, AF Male.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : developmentally (N).

Immunization History :

As per date.

Pediatric Multiorgan History & Physical Examinatio

Anthropometry

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

Weight (kgs) 28.7 Kgs (Centile _____)

On Examination :

Temperature: 102.0°F Pulse Rate: _____ Description _____

B.P. _____ SPO2 100% at RA.

Resp. rate and type of breathing : _____

Sunken eyes

Rash Absent. Dry lips

Lymphadenopathy Skin turgor > 2sec

Oedema :

Respiratory system :

Inspection (any s/o distress) : BAE (+). NUBC.

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium : S1, S2 (+), No murmurs.

Heart Sounds :

Any murmur :

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,)

Per Abdomen :

Inspection SOFT, NT, NO organomegaly.

Palpation :

Ausculation :

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Intact.

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power 5/5.

Co-ordinator :

Posture :

Involuntary Movements : Absent

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic :

ACUTE GASTROENTERITIS WITH DEHYDRATIO

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
HbA1C
S. electrolytes, CUE.
FBS (tomorrow morning sample).
- 1 extra plain:
Pre breakfast
Pre lunch
Pre dinner
2 AM
} GMBS

NIB shifting

Planned Management :

- Inj. ACTRAPID
12 U - 10 U - 8 U.
- Start Insulated insulin from tomorrow morning.
- ALLERGIC TO ZOFER.
- Inj. PAN 30mg OD.

NIB shifting

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Dr. [illegible] (Pediatrician & Intensivist)
Consultant Pediatrician & Intensivist
Reg. No: 41[illegible]

Doctor's Signature Name _____ Date _____ Time _____

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26	C/S/B Dr. Verma	
	D - AGE c dehydration.	
	↳ Type I DM.	
	Afebrile -	
	- Vomiting (2 c/o) & loose stools (+).	
	- No c/o pain abdomen.	
	O/E - vitals stable.	Plan
		- Ct. Actrapid.
	O/E - P/A - S/NT, NT.	- Dietician consult
		- Peds. Endocrine consult today / tomorrow.
		NB Sneha CTM
		[signature]

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 18 D (M)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7 9:00 AM	C/S/B for pritesh	
	New onset Type I DM	
		Plan
		- PEN INSULIN
		- Actrapid 12U-10U-8U
		- pead endocrinologist opinion
		- GRBS monitoring pre breakfast, pre lunch, pre dinner
		- CGM plan tomorrow
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 19 D (M)
Dr. MANJIT KUMAR

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7 11:00pm.	C/D/W Dr. leena	
	New onset Type 1 DM	
	on room air	Plan →
	Vitals - stable.	- LANTUS - 8IU (4pm)
	RLS / NAD PIA	- NOVARAPID <100mg/dl → 8IU 100-200 → 9IU >200 → 10IU.
		- CGM sensor Plan T/M
		- Thyroid profile Type 1 DM Antibody profile. } To send
		- PRE & POST
		Dr. Dr leena.

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

BAH-00365732 IP26-00006956
Master MOHD AFFAN AHMED
07-04-2015 11 Y 3 M 19 D (M)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7 7:00 AM	C/S/B Dr. Naipuja / Dr prashuthi	
	A - New onset Type-1 DM	
	On RA	PLAN
	Vitals stable	1) Continue LANTUS
	RS / P/A } WNL	2) Continue NOVARAPID
		3) CGM Sensor to plan
	GRBS	4) Pre & Post P GRBS
	6AM - 174mg/dl - Actrapid 12U	
	1pm - 168 mg/dl - NOVARAPID 9U	5) Trace
	5pm - 202 - LANTUS 8U	Zn levels
	8pm - 175 . Novarapid 9U	HbA1C
	10pm - 172	IgA-TTG
	2AM - 201	Islet Tyrosine Phosphatase 2 Abs
	~~3~~AM - ~~324~~	Anti Islet cell Ab
	Total = ~~[illegible]~~ U/kg.	GAD Abs
		Thyroid Abs (microsomal)
		Thyroid Abs (Thyroglobulin)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 1pm	S/B Dr. Manjit New onset Type (1) DM. on oral feeds - good acceptance vitally stable No hypoglycemic episodes noted s/e P/A - soft, nt	Advice • Continue Novarapid & Lantus • Train mother in giving Insulin injections. • Signs / Danger signs of hypoglycemia explained to mother. N.B. Monitor @2PM
28/7/26 4pm	V/C with Dr. Heena. New onset Type (1) DM. vitally stable. CGM sensor applied (in-situ) s/e wnl. → If sugars [< 70 → 3 spoon of glucose powder]	Advice • Type (1) DM condition management & danger-si Counselled. • TO continue monitoring c CGM. • FU coming evening in O • Discharge cm. for Dr. Heena

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7 8:45pm	C/S/B Dr Pritesh Sir	
	New Onset Type 1 DM	
		Plan
	- No new symptom	1) Cont Novorapid, Lantus } as adv
	-	
	Child alert, Vitals Stable	2) Plan D/C T/m
	Accepting orally	3) F/up c̄ Dr Leena in OPD - T/m after disch
		4) GRBS monitor c̄ CGM as advised
		N B Sneha c̄ 8.45 Pm
		Prem
7	C/D/W Dr Leena	
	Pre Dinner GRBS (sensor) - 158 ↓	→ 9 U Novorapid given
	Post Dinner GRBS - Sensor 273/266, Prick → 92	Plan
		1) If < 70 → Recheck Sugar
	No clinical Symptoms ↓	2) Recheck after 30 mins
		3) Prefer SOS
	10:30 pm - 153 mg/dl	Prem

CH/FRM/CLINICAL/088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7 7:30 AM	c/s/b Dr Pranav / Dr Srishanth New onset Type 1 DM - No fresh symptom - Sugars - maintaining - oral intake - fair child alert Vitals Stable O/E - NAD	Plan 1) D/C Today F/Up c̄ Dr. Leena in OPD 2) Cont. Lantus] as per Novorapid] scale 3) GRBS monitoring as advised Pranav

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 10AM	C/S/O Dr. Pritesh	
	Δ- Type I DM	
	= No fresh symptoms.	
	-Sugars - Maintaining.	Plan
	-Oral intake - Good.	- D/S today.
		- f/u with Dr. Reena in OPD.
	G/E - vitals stable.	
		-GRBS as advised. monitoring
	G/E - P/A - Soft, NT.	
		- Ct. Lantus Novorapid

Dr. Pritesh Nanar ...ansivist
Consultant

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CROSS CONSULTATION FORM

Doctor Name : Dr. Jonitesh Date : 26/7/26 Time :

Diagnosis : New onset Type 1 DM

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

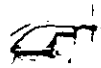
C/o frequent micturition
C/o Generalised weakness] 7 days.

Outside (24/7)
- RBS - 308mg/dL.
- HbA1C - 12.5.

(26/7)
- GRBS 6Am - 174mg/dL
- CUE - Urine Sugar (+)
  Ketones - Negative.

Plan
- SC INSULIN.
  LANTUS - 8IU (4PM)
  NOVARAPID.
  GRBS <100mg/dL - 8IU
  100-200 - 9IU
  >200 - 10IU.
- CGM sensor Plan T/m
- Thyroid profile.
- Type 1 DM Antibody profile.] send.
- PRE & POST Meal GRBS

Consultant :
Name : Dr. LEENA. Signature : (For Dr Leena) Date & Time : 26/7



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DRUG CHART

Date of Admission: 25/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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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REGULAR PRESCRIPTIONS

Weight 28.5 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date	Date/Time	25/7	26/7	27/7	28/7
30mg	IV	OD	25/7	6pm	12mn			Stop

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (PANTOPRAZOLE)

Daily Doctor's Endorsement by a Sign

DRUG : Inj. ACTRAPID

Dose	Route	Frequency	Start Date	Date/Time	25/7	26/7
	SC	TID	25/7	5Am		6Am
				1Pm		
				9Pm	Home	

STOP

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 12U - 10U - 8U

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Inj. LANTUS

Dose	Route	Frequency	Start Date	Date/Time	26/7	27/7
8IU	SC	OD	26/7	4pm 30		

Name & Signature of the Doctor Starting the Drugs: at (4PM)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. NOVARAPID

Dose	Route	Frequency	Start Date	Date/Time	26/7	27/7	28/7
	SC	TID	26/7.	7AM	✓	10U	8:30
				1PM	1PM 9IU	1:30PM 10IU	
				9PM			

Verified by Dr. Dhakshayani

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
GRBS <100 → 8 IU
100 - 200 → 9 IU
>200 → 10 IU

Daily Doctor's Endorsement by a Sign

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight: 28.7kg Ward: .....

		osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Varun

Date & Time : 25/7/16 @ 10:48 PM

Nurse Name & Signature: Shriya

Date & Time : 25/7/16 @ 11:35 PM

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214 - 209 - (2/2)

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RESULT SHEET

Date	25/7/26					
Time						
Hb	12.7					
PCV	35.0					
RBC	4.34					
WBC	4.61					
N/L	38.3/54.2					
Platelets	191					
CRP						
ESR						
PCT						
RBS						
Na	133					
K	4.3					
Cl	100					
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						

Date	25/7/26					
Time						
CUE - Alb						
CUE - Sugar	Present++					
CUE - Ketones	Negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
FBS 26/7/26 Morning	168mg/dl					
Free T4	1.53					
TSH	3.41					
HBA1C	11.5					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25.1.15 Time:	11	2	6
Doctor / Nurse / Family Concern?	Pm	Pm	Pm
Temperature (F)	98.2°F	98.4°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	109 (80)	102 (62)	104 (64)
Heart Rate (Number)	88/m	89/m	82/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	22/m	22/m	22/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	98%
Conscious Level: Normal / Altered			
GCS *	14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	S	S	S

Note: BP does not score in early warning scoring

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/7 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.5F 98.3F 98.6F 97.9F 98.0F 98.2F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

101 (72) 60 | 100 (71) 62 | 109 (74) 67 | 99 (84) 75 | 100 (79) 59 | 97 (81) 71

Heart Rate (Number)	109 b/m	108 b/m	120 b/m	99 b/m	90 b/m	89 b/m

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

70 60 50 40 30 2 1

Resp Rate (Number)	23 b/m	25 b/m	23 b/m	24 b/m	24 b/m	22 b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	99%	99%	99%	98%	98%
Conscious Level (Normal / Altered)						
GCS *	14/15	14/15	14/15	14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

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

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SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/7/17 Time: 10 AM | 2 PM | 6pm | 10pm | 2 AM | 6am

Doctor / Nurse / Family Concern?

Temperature (F): 98.4°F | 98.1°F | 98.8°F | 98.2°F | 98.5°F | 97.2°F

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

Note: BP does not score in early warning scoring

	10 AM	2 PM	6pm	10pm	2 AM	6am
BP	101/60	99/61	101/66	103/60	99/54	101/62
Heart Rate (Number)	110b/m	103b/m	107b/m	113b/m	90b/m	112b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	34b/m	28b/m	26b/m	32b/m	22b/m	25b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)	RA	RA	RA	RA	RA	RA
O_2Saturations (%)	100%	100%	100%	99%	98%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	1	1	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		Buti									
	09:00 pm		+									
	10:00 pm		H2O				1			✓		
	11:00 pm						0				0	
25/7 //	12:00 am										0	Sr
	01:00 am						1				0	
Total Intake :						**Total Output :**				V-	nil	
	02:00 am						1				0	
	03:00 am						0				0	
	04:00 am		H2O								0	
26/7 //	05:00 am		+								0	
	06:00 am		H2O				1			✓	0	Sr
	07:00 am		Dali/d								0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	6					✓			✓		
	10:00 am		Fd/g								0	
26/7	11:00 am		+	0		NA		NA				
	12:00 pm		H2O							✓		
//	01:00 pm											
Total Intake :		Taken				**Total Output :**				U-2 M-1		
	02:00 pm		Curd Rice									
	03:00 pm									✓		
	04:00 pm			NO							0	
26/7	05:00 pm			IVF		NA		NA				
	06:00 pm									✓		
//	07:00 pm											
Total Intake :						**Total Output :**				U-2	M	
	08:00 pm										0	
	09:00 pm		Curd				1				0	
	10:00 pm		rice							✓	0	
26/7	11:00 pm		+				6				0	Sr
	12:00 am		H2O								0	
//	01:00 am										0	
Total Intake :						**Total Output :**				U-	M-	
	02:00 am										0	
	03:00 am		H2O				1				0	
	04:00 am		+								0	
27/7	05:00 am		Ltr				0			✓	0	Sr
	06:00 am										0	
//	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/7/16	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :										**Total Output :**		
27/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :										**Total Output :**		
27/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :										**Total Output :**		
28/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/7	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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NURSING CARE RECORD

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Date: 27/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	→ Assess the general condition of pt. → Monitor Vitals → Maintain I/O chart. → Administer medication	8AM – 2pm	→ Assessed the general condit of pt. → Monitored vitals → Maintained I/O Ch → Adm medicati	Pt is stable.	Re-assess vitals	[signature]
Afternoon	2pm – 8pm	Assess the baby. Monitor the baby. administer Medicine. Maintain I/O chart	2pm – 8pm	Assessed the baby. Monitored baby. administered Medicine. Maintained I/O chart	administered Med.	Record the [illegible]	[signature]
Night	8pm – 8Am	Assess the Pt condition. Monitor vitalsigns. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	8pm – 8Am	Assessed the Pt condition. Monitored vitalsigns. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order	→ Pt is stable. → Vitals is normal.	→ monitor vital. → maintain I/O chart	[signature]

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NURSING CARE RECORD

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Date: 28/7/26

Goals

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

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

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NURSING CARE RECORD

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Date: 25/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				EM			
Afternoon							
Night	8Pm to 8Am	Assess the Ptlondition. Monitor vitals & record. Maintain I/O chart. Provide the Comfortable Position. Medication give as per as doctor order	8Pm to 8Am	Assessed the Ptlondition Monitored vitals & record maintained I/O chart. Provided the Comfortable position. Medication given as per as doctor's	→ Pt is stable. → vitals normal.	→ monitor vitals. → maintain I/O chart.	Sm 4

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NURSING CARE RECORD

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Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general Condition on abdt. → Monitor vitals. → Maintain I/O chart. → Administer medication.	8AM / 2PM	→ Assessed the general Condition of pt. → Monitored vitals. → Maintained I/O chart. → Administered medication	Pt is stable.	Re. assess vitals.	Monisha
Afternoon	2pm / 6pm	Assess the baby Monitor the VS check Pre & post meal RBS Insulin as Per advice	2pm / 6pm	Assessed the baby Monitored the v/s Both post meal RBS done Insulin give as Per advice	Insulin & Pre & post meal RBS	Reassess the baby on Insulin	
Night	8Pm / 8Am	Assess the Pt condition. Monitor vitals, record Maintain I/O chart. Provide the Comfortable position. Medication give as Per as chart.	8Pm / 8Am	Assessed the Pt condition. Monitored vitals, record Maintained I/O chart. Provided the Comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal	Monitor vitals Maintain I/O Chart.	Sig

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE C dehydration.

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	25/7 N	26/7 M	26/7 E	26/7 N	27/7 M	27/7 E
Medical Condition (Any special condition to be noted):						
Diet:	Soft	Salt	Soft			

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	98.4°F	98.2°F	98.2°F	98.4°F	98.2°F
Res:	22b/m	24b/m	22b/m	24b/m	26b/m	22b/m
SpO_2:	99%	99%	100%	99%	100%	100%
Pulse:	98	99	98	98	99	100
BP:	104/62	110/65	100/62	110/62	110/65	100/62
LOC:	–	–	–	–	–	–
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	–	–	–	–	–	–
Skin Integrity	–	–	–	–	–	–

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	–	–	–	–	–	–
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	–	–	–	–	–	–
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	–	–	–	–	–	–

Post Operative Procedure Special Orders:	–	–	Pre & Post meal steps	–	–	–
Handed Over By Name :	Sneha	D Moutushi	Moutushi	Sneha	Moutushi	Moutushi
Signature / ID :	Sy/6031			Sy/6031		
Date:	26/7	26/7	26/7	27/7	27/7	28/7
Time:	8 AM	2 PM	8 PM	8 AM	2 PM	
Taken Over By Name :	Moutushi	Moutushi	Sneha	Moutushi		Sneha
Signature / ID :			Sy/6031			Sy/6031
Date:	26/7	26/7	26/7	27/7	28/7	27/7
Time:	8 AM	2 PM	8 PM	8 AM	2 PM	8 PM

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE DEHYDRATION	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift	27/7 N					
	Medical Condition (Any special condition to be noted):	AGE					
	Diet:	Soft					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2F					
	Res:	24 b/m					
	SpO_2:	99%					
	Pulse:	90 b/m					
	BP:	102/62					
	LOC:	A					
	Fall Risk Score:	-					
	Pain Score:	0					
	Skin Integrity	-					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-					
	Critical Lab Test / Values:	-					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Sneha					
Signature / ID :		[signature]					
Date:		27/7					
Time:		8 PM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Patient

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/7	DATE 27/7	DATE 28/7	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2		
	13 years old and above	1					
Gender	Male	2	2	✓	✓		
	Female	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		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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		
	Total		9	9	9		

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

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X	X	X		
	Nurse's Name:		Sruthi	Sruthi	Sruthi		
	Signature:		[signature]	[signature]	[signature]		
	Date:		26/7	27/7	28/7		
	Time:		8pm	8pm	8pm		

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BRADEN 'Q' SCALE

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					Date : 26/7	27/7	28/7	28/7
					Time : 8AM	8AM	MS	8AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	4	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	3	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	26	28	27
				Evaluator's Name				

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

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

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

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07-04-2015 11 Y 3 M 18 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 25/7			DAY-2 26/7			DAY-3 27/7			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			NA	NA	NA	NA	NA	0	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	0	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	0	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	0	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	0	NA	
		Signature of the Nurse				Sneha			Sneha			Sneha	

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 : Sneha Name : Sneha

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

Patient Sti

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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										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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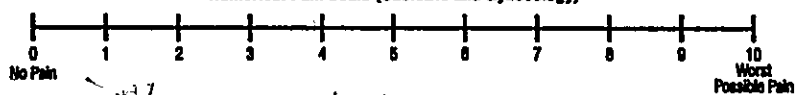
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/7	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	2Am	6	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7/26	6pm	0	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
26/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Wt - 28.7 kgs
GRBS - 330 mg/dL
10:23PM

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : mohd AFFan Ahmed Age : 11years **Gender:** ☑ Male ☐ Female

Date : 25/7/26 Time of Arrival : 10:20PM

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.9F PR: 76b/M BP: 114/80(90)mmHg RR: 22b/M SpO_2: 100%.

Chief Complaints: c/o fever since 1 weeks vomiting and loose stools since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:32PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : shirisha

Signature of Triage Nurse : .....

Date & Time : 25/7/26 @ 10:22PM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/7/26 Time of arrival : 10:24PM

Chief Complaints: fever since 1 week, vomiting and loose stools x 3 days RBS: .....

Height : ..... Weight : 28.7 kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... family .....

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

Time of Initial assessment completed by ER Nurse : ..... @ 10:26 pm .....

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

Time	Nursing Notes
10:28 PM	Assess the patient condition monitor the vital sign

Samples collected by: / Apurba Time:

Samples sent by : / Time: 10:50 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :

HR: 76 b/m BP: 114/80 (90) mmHg CFT: .....

RR: 26 b/m SPO_2 : 98% .....

GCS: 15/ Temperature : 98 F .....

Pain Score: .....

Repeat RBS (if applicable): 330 mg/dl

Details of Shift - out

Shift - out from ER to: 2nd floor (ICU)

Time of Shift - out: 29.11.25 PM

Handover given to: Sneha
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

NIL

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

Date & Time : 25/7/26 @ 10:30 PM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00365732 IP26-00006956 Master MOHD AFFAN AHMED 07-04-2015 11 Y 3 M 18 D (M) Dr. MANJIT KUMAR	25/7/26 @ 10:20 PM	25/7/26 @ 11:35 PM
	Transfer Ordered by Dr. Varun	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15-1-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shirisha	Dr. Varun

Patient & Clinical Records Received by : Sneha 25/7/26 @ 11:35 PM

Date & Time of Patient Received :

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

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

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102 → 214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 26/7/26 Time: 8:45 am

Weight: 29.7 kg Centile: <3rd

Height: - Centile: -

Inference: Underweight child.

RDA: - Calories: 1700 kcal/day Protein: 30 gms/day

Diet Recommendations: Gastrodiet can have:- ORS (WHO), Sago water, Coconut water, Rice based foods.

Re-Assesment: Avoid :- Ragi, Sugar, Wheat, Egg, Citrus, Citrus, Milk.

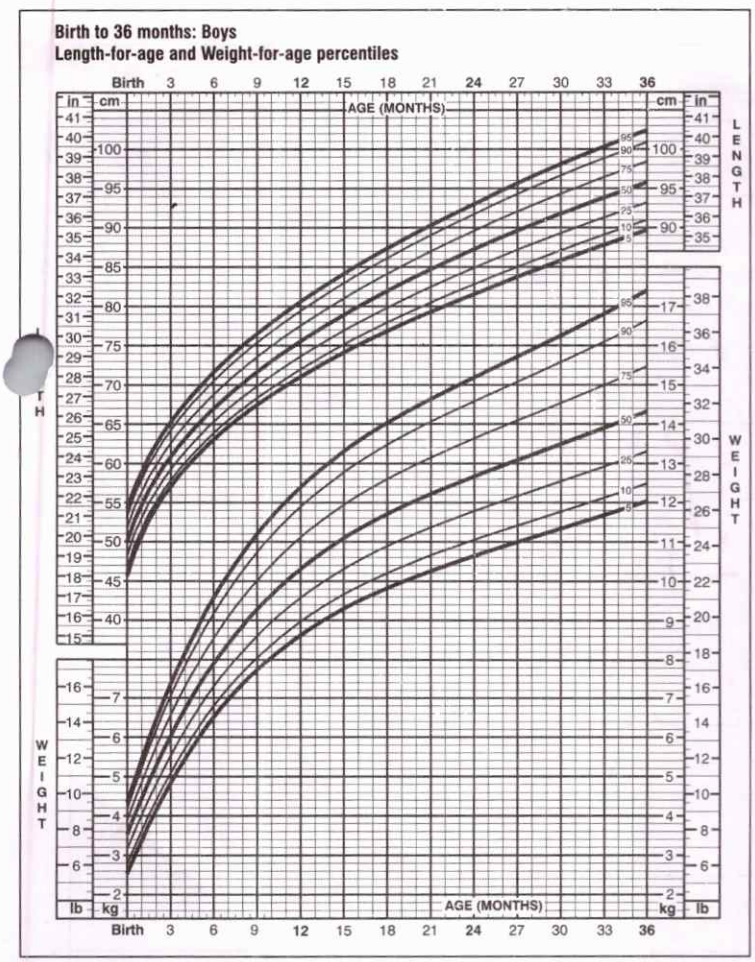
Food Allergies: No Veg/Non-veg Non veg

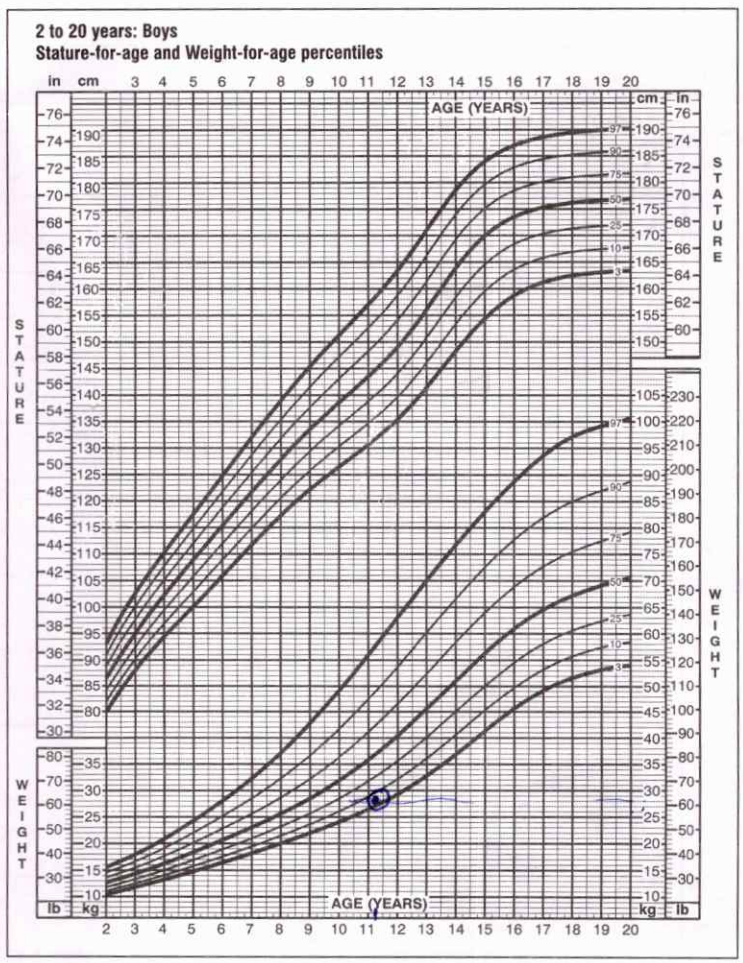
Diagnosis: AGE Edehyd ? Type I DM

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Anwer

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes:

26/7/26

As per the request of the parents, diagnosis noted as Acute G.E. But Patient admitted for Type 1 DM, so diabetic diet was explained to patient and parents.

Syeda Sobiya Zaheer
Dietician