

DISCHARGE SUMMARY

Name	Master AGASTYAANAND RAO BALMURI	UHID	HNH-00016606
Father/Guardian	Mr SHASHI VARDHAN RAO BALMURI	Age/Gender	1 Y 1 M 22 D/ Male
Address	flat no 202, csk elevate opp shanbagh veg park, Basheer Bagh, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006853	Admission Date	15-07-2026
Ref Doctor	Dr. Shaheera Eram		
Discharge Date	20.07.2026		

Dr. PRITESH NAGAR

MBBS, MD

CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST

Reg No. 47184

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED WITH LOWER RESPIRATORY TRACT INFECTION WITH RESPIRATORY DISTRESS	
PNEUMONIA WITH WHEEZE	

History: Master AGASTYAANAND RAO BALMURI, 1 Y 1 M 22 D old boy presented with history of high grade fever associated with cough & cold since 2 days , fast breathing since 1 day , prior to admission. For the above

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complaints he was admitted at Rainbow Children's Hospital for further management.

Examination: He was febrile, maintaining saturations, SpO2 of 97% at room air. Heart rate was 128/min and Respiratory Rate - 68/min. Peripheries were warm, pulses well felt. On examination tachypnea, subcostal and intercostal retractions present. On auscultation of chest, air entry was bilaterally decreased with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 8.4 kgs.

Investigations: Enclosed reports.

Adenovirus PCR test was sent, which was negative.
GeneXpert SARS-CoV-2+FluA+FluB+RSV were sent, which was negative.
VBG showed pH - 7.37, pCO2- 38.6 mmhg, pO2 - 56 mmhg, HCO3 - 22.2 mmol/l, BE: -2.7 mmol/l.

Initial hemogram showed Hemoglobin of 11.9 gm%, White Blood Cell count of 13720 cells/cumm, platelet count of 3.91lakhs/cumm and C-Reactive Protein of 8.0 mg/l. Magnesium was 2.1 mg/dl.

Chest X-ray was normal.

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ULTRASOUND CHEST:

Multiple B lines noted are noted in bilateral lung fields, predominantly in the upper and mid zones - suggestive subpleural septal congestion. Tiny subpleural consolidations noted involving bilateral upper zones anteriorly. Both domes of diaphragm are moving normally with respiration. Bilateral minimal non tappable pleural effusion noted, of thickness measuring 2 mm posteriorly. No obvious focal mediastinal lesions.

- Suggested clinical correlation.

Management: He was admitted in PICU in view of severe respiratory distress and was started on HFNC with flow 16L, Fio2 at 30%, maintenance IV fluids and IV antibiotics. In view of chest signs, he was frequently nebulised with Levolin, 3% NS and Ipravent. In view of persistent severe wheeze and bronchospasm injection. Magnesium sulphate stat dose and inj methylprednisolone was given.

Base line investigations sent showed negative infective markers .In view of fever and chest signs showing crepitations and differential air entry , child was started IV antibiotics. Usg chest was done showed consolidation picture (subpleural septal congestion) .

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually HFNC was tapered & stopped on DOA 3 . As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status,

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oxygen saturations and vital parameters. Gradually his oxygen support was tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:

Injection. Augmentin
Injection. Methylprednisolone
Nebulisation Levolin
Nebulisation Ipravent
Nebulisation 3% NS
Syrup. Omnacortil forte
Syp. Azithromycin

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

Advice:

* Diet as advised.

S.N o	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 200 + Potassium Clavulanate 28.5 mg/5ml)	4 ml	8am-8pm (after food)	For 4 days
2	Syrup. AZEE (AZITHROMYCIN- 5ml/100mg)	2 ml	8am (after food)	For 2 days

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3	Syrup. OMNACORTIL (PREDNISOLONE - 5ml/5mg)	2.5 ml	8am- 8pm (after food)	For 2 days
4	NEBULISATION with Levolin (0.31mg)	1 respule	4th hourly	For 2 days (Till 22.07.2026)
5	NEBULISATION with Levolin (0.31mg)	1 respule	6th hourly (6am -6pm- 12am-12pm)	For 2 days (Till 24.07.2026)
6	NEBULISATION with Levolin (0.31mg)	1 respule	8th hourly (6am-2pm- 10pm)	For 2 days Till 26.02.2026
7	NEBULISATION with Levolin (0.31mg)	1 respule	12th hourly (8am-8pm)	For 2 days (Till 28.07.2026)
8	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 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.

Review consultation with Dr. PRITESH NAGAR on **WEDNESDAY (22.07.2026)** at Himayatnagar in OPD with prior appointment (**Review consultation will**

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be charged).

Regular followup with Dr. Shaheera Eram, Primary Pediatrician.

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.

* Food can decrease the absorption of **antihistamines**. Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed occurs or any abnormal movements.

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

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


Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184



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	15			
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	1			
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	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	4			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)	3			
36	Consent for Admission in PICU / NICU	1			
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	50			

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

016606

IP26-00006853

AGASTYAANAND RAO

2025 1 Y 1 M 19 D (M)

PRITESH NAGAR



Levofen 0.3mg - 3rd body

3/1 NLS - 4th body

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
15/12/24	21.00	levofen 0.3mg	4256	
	22.00	3/1 NLS	②	
	23.00		Sunita	

Levolin 0.3mg - 3rd bdy
3/. NS 6^m bdy
Ipratent 6^m bdy.

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
16/7/20	00.00	Levolin + Ipratent	4256 (6) Sunita	
	01.00	Levolin		
	02.00	3/. NS + Levolin		
	03.00			
	04.00	Levolin 0.3mg		
	05.00			
	06.00	Levolin + 3/. NS + Ipratent		
	07.00			
	08.00	Levolin 0.3mg		
	09.00			
	10.00	3/. NS + Levolin 0.3mg	4376 (6) Panya	
	11.00			
	12.00	Levolin + Ipratent		
	13.00			
	14.00	Levolin + 3/. NS	4463 (2) Sunita	
	15.00			
	16.00	Levolin		
	17.00	Levolin 0.3mg		
	18.00	Ipratent 1/2 aerosol		
	19.00			
	20.00	3/. NS + Levolin		
	21.00			
	22.00			
	23.00	Levolin		



Levolin 0.31mg - 4th hourly
3 y. NS 6th hourly

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
17/7/26	00.00	Ipratent 1/2 resp		
	01.00			
	02.00	Levolin 0.31mg + 3 y. NS		
	03.00			
	04.00			
	05.00	Levolin 0.31mg		
	06.00			
	07.00			
	08.00	Levolin 0.31mg + 3 y. NS		
	09.00			
	10.00			
	11.00	Levolin 0.31 mg		
	12.00			
	13.00			
	14.00	3% NS + Levolin 0.31mg		
	15.00			
	16.00			
	17.00	Levolin 0.31mg		
	18.00	Levolin 0.31mg (1)	Sm	
	19.00			
	20.00	Hypert Neb. (2)	Sm	
	21.00			
	22.00			
	23.00			

14563
(4) Sister

21.47.30
(5)
Total Nebes - 21
done

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Master AGASTYAANAND RAO
26-05-2025 1 Y 1 M 21 D (M)
Dr. PRITESH NAGAR



levolin 4th baby
3% NS 6th baby

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
18/07/26	00.00	levolin ③	DA	[Signature]
	01.00			[Signature]
	02.00	levolin 3% NS ②	DA	[Signature]
	03.00			
	04.00			
	05.00	levolin ⑤	DA	[Signature]
	06.00			
	07.00			
	08.00	hyres neb ⑥		
	09.00	levolin ①	made	
	10.00			
	11.00			
	12.00			
	13.00	levolin ② ③	made	
	14.00	3% NS ③	made	
	15.00			
	16.00			
	17.00	levolin ①	DA	
	18.00			
	19.00			
	20.00	3% NS ② 5056	DA	
	21.00			
	22.00			
	23.00			

Patient Stn

HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 22 D (M)
 Dr. PRITESH NAGAR



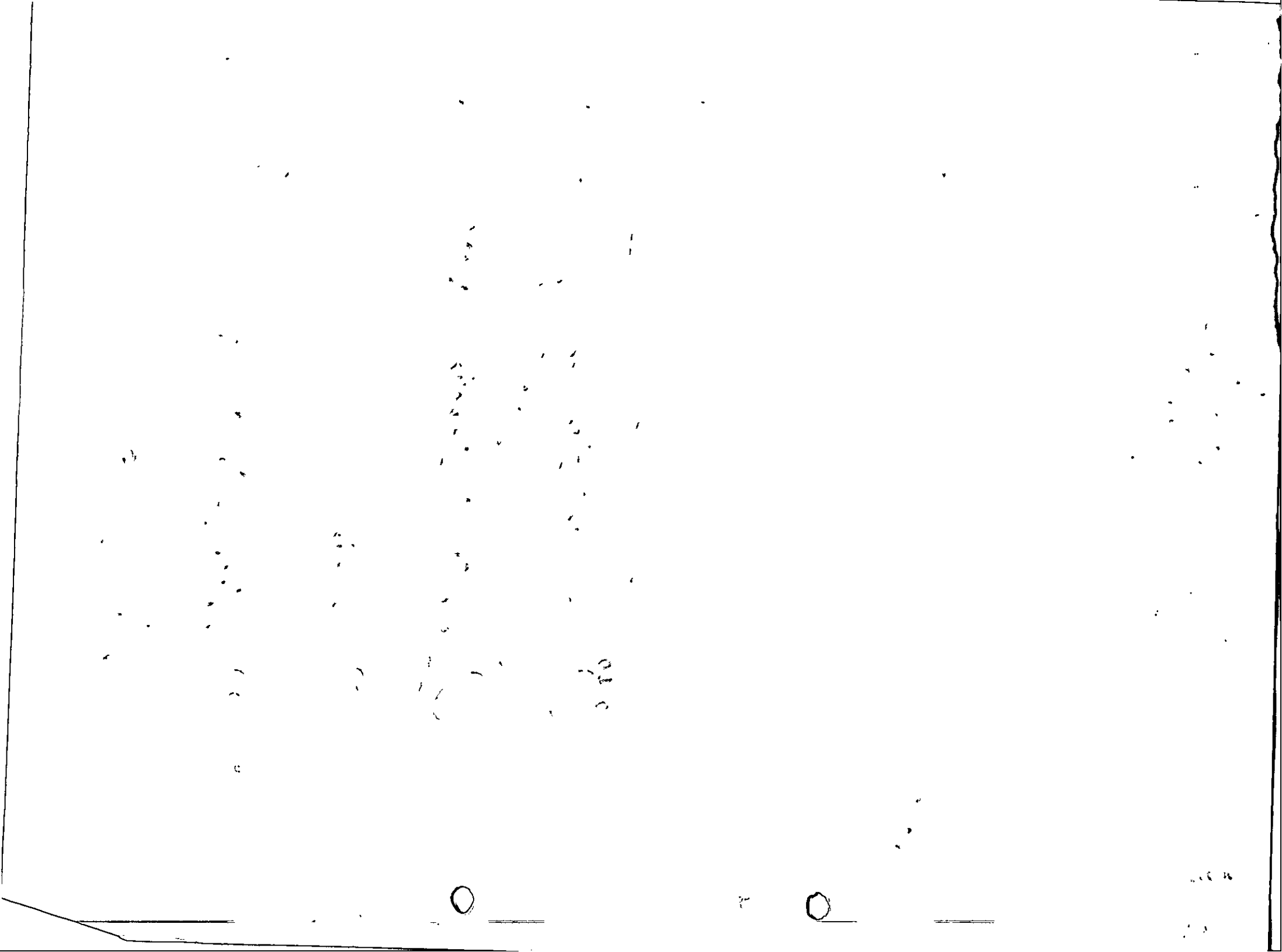
levolin 3rd hly
 3% NS 6th hly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
19/4	02.00	3% NS + levolin. ①	Dr	Signature
	03.00			
	04.00			
	05.00			
	06.00	levolin ②	Dr	Signature
	07.00			
	08.00	3% NS + levolin ③	Dr	Signature
	09.00			
	10.00	Total = 3 - 15 III		
	11.00	Levolin + IPACENT	Sm	Signature
	12.00			
	13.00	④ - [5172]		
	14.00	3% NS + Levolin ⑤	Nad	Signature
	15.00			
	16.00			
	17.00	Levolin ①	Dr	
	18.00			
	19.00			
	20.00	3% NS + levolin ②	Dr	
	21.00	15196		
	22.00			
	23.00	levolin. ①	Dr	





NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00	3% NS + Levolin (3)	da	
	03.00			
	04.00			
	05.00	Levolin (3)	da	
	06.00			
	07.00			
20/7	08.00	3% NS + Levolin (4)	da	
	09.00			
	10.00			
	11.00	Levolin		
	12.00			
	13.00			
	14.00	3% NS + Levolin		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006853 **Admit Date** : 15-Jul-2026 **Admit Time** : 07:10 PM **UHID** : HNH-00016606

Patient Details :

Patient Name :	Master AGASTYAANAND RAO BALMURI	Age :	1 Y 1 M 19 D
Guardian :	Mr SHASHI VARDHAN RAO BALMURI	DOB :	26-05-2025 01:00 AM
Gender :	Male	Religion :	
Occupation :		Martial Status :	
Address (H) :	flat no 202, csk elevate opp shanbagh veg park Basheer Bagh Hyderabad Telangana INDIA 500029	Phone No :	9989451888/ 9966660403
		E-mail :	manognya.volimineni@gmail.com

Admission Details :

Admission Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY
Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr SHASHI VARDHAN RAO BALMURI **Relationship** : Father
Contact Address : flat no 202, csk elevate opp shanbagh veg park Basheer Bagh Hyderabad Telangana INDIA 500029 **Phone No** :


Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE
Referral Doctor : Self. **Phone No** :
Co-Consultant :

Payment Details :

Deposit Amount : 50000.00
Payment Mode : DC/CC Card **Payor Name** : SELFPAY

ACTIV HN-00016606 IP26-00006853
Master AGASTYANAND RAO
26-05-2025 1 Y 1 M 19 D (M)
Dr. PRITESH NAGAR

NG

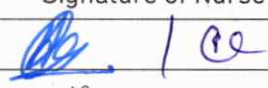
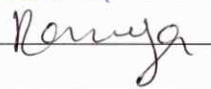
Name:  _____

UHID No: _____ Consultant: _____ Dept: _____

Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____

Room / Bed No: 226/10 Ward: PICU Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	7:45 pm	ETC	PICU	
12/2/26	5:40 pm	PICU	210	

Cross Consultation Visit

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

INVESTIGATIONS			
Date	Investigations	Order No.	Sign
15/7/20	UBP, CRP, Respiratory panel	11800	
	CRP	8583	
	UBG	11799	
16/7/26	Sr. Magnesium	11853	
16/7/26	UBG	11821	
16/7/26	Ultra sound Chelt	8626	
Cross Checked by Dr. M. S. S. S. 12/7/26 at 3pm.			

Cross Checked by Danny 12/21/26 at 3pm

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
15/7/26	lv placement	①	14138	
16/7/26	nebulization	⑧	4256	Smith
16/7/26	NHA	①	214324	
16/7/26	lv placement	①	214312	
16/7/26	nebulization.	⑤	4376	
17/7/26	nebulization	6	14563	Be
17/7/26	nebulization	2	214730	
Cross Checked by Ranga 17/7/26 at 5 pm				

ANY OTHER INFORMATION

Date : Time : Prepared By :

Prepared By :

Billing Supervisor



PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

Maath Agastyaanand

Patient ID# :

Consultant :

Final Diagnosis :

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Master AGASTYAANAND RAO
26-05-2026 1 Y 1 M 19 D (M)
Dr. PRITESH NAGAR



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o cough & cold since 2 days.
c/o fever since 2 dy.
c/o fast breathing since today.

History of present illness :

Child presented with c/o cough & cold
since 2 day after noisy breath &
progressive in nature.

a/w fast breathing & chest indrawing
since morning.

- c/o fever since 2 days high grade
intermittent, relin' on taking medication
& recovers again.

- c/o dull activity

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

OTD
D
A

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 8.1 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: _____ Description _____

B.P. _____ SPO2 99% RA at _____

Resp. rate and type of breathing : SCR (+) LCR (+)

Tachypn (+)

Rash _____

Lymphadenopathy _____

Sign of Respiratory distress (+)

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : Blk AC (+)

Air entry & breath sounds : _____

Any added sounds : Blk wheeze (+) Blk Crept (+) (Basal area)

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1, S2 (+)

Any murmur : no

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : Soft not distended

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : _____

Motor System :

Nutrition : n

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

n

Superficials :

Plantars _____

Sensory System :

n

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

WALRI E RD.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent respiratory failure.

Desired goals of the treatment :

Planned Labs :

→ VBG
CBP
CRP
Resp panel
CXR (CPE)

← Bkls - sample (w/H)

Noted By Prabir

Planned Management :

- HFNC
- IV fluids
- MgSO₄ iv stat.
- Monitor vitals.
- NEB c levoflo back to back.
- NEB c Ipratent ~~1/2~~ 1/2 respul
stat

- 1g AUGMENTIN
Noted By Prabir

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

Doctor's Signature Name _____ Date 16/2/26 Time 10am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/2/26 2:15pm	cl/hy. Dr. Anusha WACRI to new RD.	
	Tachypn (+) SR (+) ICR (+)	
	<u>O/E</u> RLs B/L AE (+) ↓ B/L digm wheez (+) D/L. Crypt - Basal are.	<u>Plan</u> - HFNC flow - 16 lit 30% FiO2. - Levoflox NRB Qzly. - 3% NS NRB Qzly. - shift to new stat HFNC. - 17 AUGMENTIN - 17 Mg so4 stat. - 1 form (so4). RR, spo2.
	<i>AP</i>	

Date & Time	Progress Notes	Doctor's Order
5/2/20 8:30pm	<u>c/s/hy Dr Ditch</u> WACRI & RD	
	Tachypn (+) SCR (+) ICR (+)	<u>Plan</u>
	(RL) ↓ Bk AE (R+Lt) crepts (R+Lt) Bk Wheeze (+)	- Ct HFNC - Ct NEB / volin 0.3L - Ct NEB & 3% NS
	RD → 11:00am 2PM → Fernandez Neb	- Salin nasal drip 2° B/L Outley
	data here	- Hy Amoxyc - (T) sample - CXR pending - Hyform sor
	DR. PRITESH NAGAR Reg. No. 47184	<u>Noted by</u> Smith



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 15/7 - 9PM	<u>Counselled</u>	
	Examination ✓	RD → 60-70/m ² (N) Adult 12-14 Baby < 30-40
✓ <u>HFNC</u>	lungs congestion/wheezing	
	VIRAL / BACTERIAL	
	O ₂ Neb Supportive	Pneumonia doubt CXR Not Visible
	(48-72h) Response // Idea ✓	USG Chest Plan ✓
(15/7)	Dr. PRITESH NAGAR Reg. No: 47184	B. J. [Signature] 9966660403 (Father)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12:30am 16/07/26	C/B Dr Pritesh Intermittent worsening of distress B/L A/E (+) Differential <u>R > L</u> Bronchospasm + Rates ok	
		(Adv)
		① Neb Levolin Q2H
		② Add on Ipratent 2 Resp
		③ Methyl Pred. 15mg IV stat
		④ 1-2hr - Recheck eos upon

Noted by Swati

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/2/26 8 AM	C/S/ky. Dr. Anuiche / Dr. prachontii L/A/LRI & RD.	
	Tachypnea ↓ distress ↓ RR = 38/min SpO ₂ = 95% HFNC 16 lit flow. HR = 128/min 30% fio ₂	
	RLs B/L AG (+) (Ck ↓) NVIBS (+) Wheez (+) ↓ ↓ B/L Crepts (Bawl)	<u>Plan</u> - ct HFNC - ct NEB Iexolin 3% NS Ipravent. - ct Amoxycylin.
	<u>Al</u> 11 AM	- Monitor RR, SpO ₂ - (+) Lyp panel. Noted by Swetha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/2/26	<u>cl/s/hy</u> Dr pritch	
8:40 AM	WACRI ERD.	
	promonia	
	<u>distra</u> <u>improving</u> .	
	(Intuititit worsening +)	<u>Plan</u>
	irritabil (+)	- ct HFNC.
	ctn HFNC	= USG chest today.
	16 lit → (12-14 lit) ✓	ct Amoxycclav
	30% jiol.	- ct NEB + levolin
	(Pls) Bronchospasm (+).	3% NS.
	when ↓	1pravent
	appt (+)	- Monitor vitals
	USG swing ↓	- Second iv ling. - send vBg
	subphal consolidation (+)	SrMg levels
	Air bronchi (+)	- (Ada) Azithmycin.
	B lin (+)	- DEXMED Myion start.
	Flu - Negative (Verbal)	- 1/2 KETAMINE stat.

Dr. PRITESH NAGAR
Reg. No: 47184

Noted by
Dr

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/2/24 1:30 PM	C/S/b Dr. Pritesh <u>U & LRI E NO.</u> Distress improving. - Child is irritable (intermittently). S/E - HR - 113/min. RR - 30/min. SpO ₂ - 100% on H ₂ O ₂ 14 B ₂ - 30%.	Plan - US chest today. - Ct. Mbs / Amoxycillin AZITHROMYCIN - Total vol / kg
	S/E - R/S - BAF(+), B/L wheeze(+).	
		Noted by Signature

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/9 5:00pm	<u>CLSLB DO. Aniket</u> LRT & E RD. No fever. Respiratory distress ↓↓. RLs - B/LAE ⊕ B/L Crepts ⊕ PA - Soft NT.	<u>Plan</u> - Cont Augmentin Azithromycin. - Tape flow 2L/2nd h and change to Nasal pr. - Cont Neb Levulin D₃H Neb Ipratrop D₆ Neb 3% NS D₆ - Cont. H₂O₂ - Monitor RR, SPO₂.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 9:00 AM	C/S/L/S Dr. Naipanya WALRI & RD	Dr. Archana
	on room Air on 1 lit O ₂	Plan
	Vitals - HR - 112 SPo ₂ - 98%	- Stop O ₂
	RLS - BILAE ⊕ BILNURS ⊕ BILCrept ⊕	- Cont Neb levolin 8uH Neb 3x NS 8uH
	PIA - soft NT	- Cont sy. Azithromycin - monitor vitals
		Self
		noted by sr. Sanchya 18/7/26 @ 7: am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 9:15 AM	C/S/B Dr. Pritesh Su <u>WALRI C RD</u> No fever No RD off O ₂ child alert Vital stable R-S - B/LAE (+) Wheezes (+) PIA - soft	<u>Plan</u> 1) Neb C Berolix - Q4H 2) Neb 3% NaCl - Q4H 3) Amoxycloz D3-4 4) Azee - D3 5) Sig methylpred - (2mg/2) 6) Stat Neb C Berolix (0.3%) 7) Reassess after 2 hours
		

Date & Time	Progress Notes	Doctor's Order
18/7 5pm	C/S/13 D. Pratesh <u>WAZRI E RD</u>	
	RD - Beth Ne jem	Ph 1) Neb E Lerohi - Qup 3% NaCl - Q64
	child alert Vital stable R-S - D/2 P.E. @ Wheezes ↓ P/A - Soft	2) E. Amoxycilin Syp Azee 3) Montair Vial N/B priyanka.

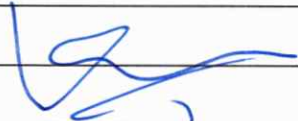
HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 22 D (M)
 Dr. PRITESH NAGAR



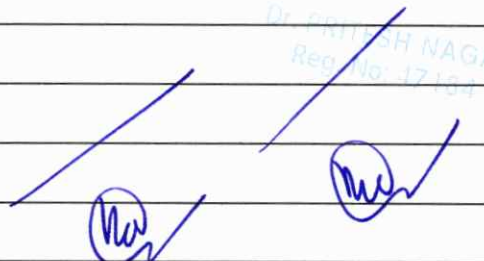
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/12/26 7:30 AM	S/B Dr. Sandhya	Pln
	Δ WALK FIRM - short	
	CVS - S4S1 ⊕	Syp. AMOXICLAV
	R S 34 - ACF ⊕	(Syr/dose)
	Blr - wheeze ⊕	4ml BD
	PIA - SOL	- Neb i Levof 4h L
	conscious.	3% Neb by
	Tachypnea ⊕	- CF AZITHROMYCIN
		- Plan discharge
		- Neb i Levof
		Back to back - 20/26
		noted by sr. Sandhya
		18/12/26
		7:30 AM.

Date & Time	Progress Notes	Doctor's Order
19/07/26 1000h	C/S/L WALRS with RD.	Practiced
	Afebrile No joint swelling	
	O/E G. fem vitals stable SpO ₂ 99% @ RA Tachypnoea (+) S/EI RS: B/CAGE B/C wheeze (+) T/C crackling (+)	Oral Rx Amoxicillin / Syp Amoxicillin Meb 5 Levetiracetam 3x ncs 6H Oral Ammoniochloride (1mg/kg) Ipratropium / start Levetiracetam If persist → MgSO ₄ Check physiotherapy NB Since 90m

Date & Time	Progress Notes	Doctor's Order
10/3/22	CS/b Dr. Varian	
6 PM	WALRI E RD -	
	- Ate bite; active & playful.	
	- No fast breathing.	
	SE - vitals -	
	RR - 50/min	Plan
	SpO ₂ - 98% @ NA	- Ct. No 2nd line Q3
		- 3% NS Q4H.
	SE - R/S BAE (+).	- chest physiotherapy qpy
	RL wheeze (+).	- If wheezing/ Tachypnea persists ↓ MgSO ₄ stat.
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 9:30 Am	1/8/B- Dr. Portesh	
	A- WALKER ERD Pneumonia with wheeze	
	Afebrile	Plan
	No fresh complaints	discharge today.
		① Oral- Omnicor 6.1 ② It Nobs 24h till 1w ③ Azee 5 days (2) ④ Aug 7 x 7 days (4) ⑤ 1/w > 48h on wed
	o/e RR- 36/min SpO ₂ - 100% at room ^{room} air	
	S/c Ls - B/LAET wheeze + No retraction	

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DRUG CHART

Date of Admission: 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 : CROSIN DS SYP				Date Time															
Dose	Route	Frequency	Start Date																
2.5ml	PO	SOS	15/7																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
(200mg/5ml)																			

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:																			



REGULAR PRESCRIPTIONS

Weight. 8.4kg Ward.

DRUG : 1) AMOXYCILLIN				Date Time	15/7/24
Dose	Route	Frequency	Start Date		
300mg	iv	TID	15/7	6pm + 10am + 2pm	
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				200mg - Amoxicillin	
Daily Doctor's Endorsement by a Sign					
DRUG : NEB T /wolin				Date Time	
Dose	Route	Frequency	Start Date		
0.31mg	NEB	Orally	15/7		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				See [CHANGED] [Signature]	
Daily Doctor's Endorsement by a Sign					
DRUG : NEB T 3% NS				Date Time	
Dose	Route	Frequency	Start Date		
regular	NEB	Orally	15/7		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				See [CHANGED] [Signature]	
Daily Doctor's Endorsement by a Sign					
DRUG : NEB T /wolin				Date Time	
Dose	Route	Frequency	Start Date		
0.31mg	NEB	Orally	15/7		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				See [CHANGED] [Signature]	
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <i>NEB 2 /wolin</i>				Date Time																
Dose <i>0.3mg</i>	Route <i>NEB</i>	Frequency <i>Qzly</i>	Start Dt. <i>15/7</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>C. Anurhe</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>NEB 2 /pravent</i>				Date Time																
Dose <i>500mg</i>	Route <i>if repub</i>	Frequency <i>QID</i>	Start Dt. <i>16/7</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>Al</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>SYP AZITHROMYCIN</i>				Date Time	<i>16/7</i>	<i>17/7</i>	<i>18/7</i>													
Dose <i>2ml</i>	Route <i>PO</i>	Frequency <i>OD</i>	Start Dt. <i>16/7</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>Al</i>																				
Additional Instructions: <i>200mg/5ml (10mg/14/day)</i>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>NEB levolin</i>				Date Time																
Dose <i>0.3mg</i>	Route <i>NEB</i>	Frequency <i>QzH</i>	Start Dt. <i>16/7</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>Deep</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Neb $\pm$ 3Y-NS				Date Time																
Dose	Route	Frequency	Start Dt.																	
100ml	Neb	Q6H	16/7																	
Name & Signature of the Doctor Starting the Drugs:				See Mr. Ch																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Neb $\pm$ levoflo				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.3g	Neb	4hly	17/7																	
Name & Signature of the Doctor Starting the Drugs:				See Mr. Ch																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SyP. AUGMENTIN				Date Time	19/7/2025															
Dose	Route	Frequency	Start Dt.																	
4ml	Oral	BD	18/7																	
Name & Signature of the Doctor Starting the Drugs:				B. Singh																
Additional Instructions:				AMOXICILLIN (5ml/200mg)																
Daily Doctor's Endorsement by a Sign																				
DRUG : SyP. OMNACORTIL				Date Time	19/7/2025															
Dose	Route	Frequency	Start Dt.																	
2.5ml	PO	12H	19/7																	
Name & Signature of the Doctor Starting the Drugs:				B. Singh																
Additional instructions: (mg/kg/dose)				(5ml/15mg)																
Daily Doctor's Endorsement by a Sign																				



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	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
15/7/26	7 pm.	li Mgsoy (0.8 ml + 19 ml)	NS	iv	Al	Al
			over 30 min stat			
16/7/26	1 AM	li Methylpred	15mg iv stat	iv	Al	Sunitha Be
16/7/26	2:50 AM	li mgsoy (0.8 ml + 19 ml)	over 30 min	iv	Al	Sunitha Be
16/7/26	6:40 AM	li KETAMINE	5mg	iv	Al	Sunitha Be
18/7	9:30 AM	li METHYLPREDNISOLONE	15mg	iv	Al	Sunitha Be
19/7	10:40 AM	li LEVULEN (0.2 mg)	(0.31 mg) Mes	Mes	Al	Sunitha Be
19/7	10:50 AM	li PRAVASTATIN	250mg	Mes	Al	Sunitha Be

Weight. 8.4 kg Ward.

[illegible]

HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 23 D (M)
 Dr. PRITESH NAGAR



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : NCTB C LEVULIN				Date Time															
Dose 0.31mg	Route Neb	Frequency 34	Start Dt. 17/07																
Name & Signature of the Doctor Starting the Drugs: <i>P. N. N.</i>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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

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

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

REGULAR PRESCRIPTIONS

Weight Ward

Table 1

100

217

[illegible]



0212-

210

RESULT SHEET

Date	15/7/26	16/7/26				
Time	7.30pm					
Hb	11.9					
PCV	33.4					
RBC	4.33					
WBC	13.72					
N/L	50.3/38.9					
Platelets	391					
CRP	8					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg		12.1				
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

/ 125

Date : 12/7/26		Time: 6:00pm		2:00pm		6:00am																	
Doctor / Nurse / Family Concern?																							
Temperature (°F)																							
Heart Rate (bpm) and Blood Pressure (mmHg) *																							
Note: BP does not score in early warning scoring																							
Heart Rate (Number)		128b/m, 136b/m, 135b/m, 136b/m																					
Resp. Rate (bpm) (Over 1 Minute) *																							
Resp Rate (Number)		36b/m, 39b/m, 40b/m, 26b/m																					
Resp Distress		<table border="1"> <tr> <td>Mod/ Severe</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>None / Mild</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Mod/ Severe								None / Mild							
Mod/ Severe																							
None / Mild																							
Receiving O ₂ (l/min) O ₂ Saturations (%)		<table border="1"> <tr> <td>02/L</td> <td>02/L</td> <td>02/L</td> <td>02/L</td> </tr> <tr> <td>99%</td> <td>99%</td> <td>99%</td> <td>99%</td> </tr> </table>						02/L	02/L	02/L	02/L	99%	99%	99%	99%								
02/L	02/L	02/L	02/L																				
99%	99%	99%	99%																				
Conscious Level		<table border="1"> <tr> <td>Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Altered</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Normal								Altered							
Normal																							
Altered																							
GCS *																							
TOTAL SCORE																							
Number of shaded boxes		0, 0, 0, 6																					
Pain Score		0, 0, 0, 0																					
Observer's Initials		m, [signature], [signature], [signature]																					

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

T	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)

Patient Sticker

125

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/5	Time: 10 PM	11 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						
Temperature (F)	98.8	98.3	98.9	98.3	97.1	98.2
Heart Rate (bpm)	135bpm	140bpm	140bpm	151bpm	145bpm	140bpm
Blood Pressure (mmHg) *						
Resp. Rate (bpm) (Over 1 Minute) *	30bpm	30bpm	30bpm	30bpm	28bpm	30bpm
Resp Rate (Number)	30bpm	30bpm	30bpm	30bpm	28bpm	30bpm
Resp Distress	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
Receiving O ₂ (l/min)	100%	99%	98%	99%	99%	99%
O ₂ Saturations (%)	100%	99%	98%	99%	99%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *						
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PN	PN	PN	PN	PN	PN

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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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)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/7/25	Time: 10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.4	98.0	98.2	98.4	98.5	98.1
Heart Rate (bpm)	135	130	128	130	129	128
Blood Pressure (mmHg) *	135/90	130/80	128/80	130/80	129/80	128/80
Resp. Rate (bpm) (Over 1 Minute) *	35	30	30	29	31	30
Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min) O ₂ Saturations (%)	100	100	99	99	100	99
Conscious Level Normal / Altered						
GCS *						
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes						
Pain Score						
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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)
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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)

* 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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R	RECOMMENDATION : 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)

HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2026 1 Y 1 M 21 D (M)
 Dr. PRITESH NAGAR

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 It takes a lot to treat the little.

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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.

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											
	Total Intake : Taken			Total Output :								
17/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
	Total Intake : Taken			Total Output : U-2 M-1								
17/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
	Total Intake : Taken			Total Output : U-2 M-1								
18/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
	Total Intake : Taken			Total Output : U-2 M-0								
Total 24 hrs. Intake			Total 24 hrs. Output									

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			
18/7/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
18/7/26	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
18/7/26	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake : Taken						Total Output : U-2 M-0							
19/7/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : Taken						Total Output : U-2 M-							

Total 24 hrs. Intake

Total 24 hrs. Output

INH-00016606 IP26-00006853
 Visiter AGASTYAANAND RAO
 16-05-2025 1 Y 1 M 23 D (M)
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FLUID CHART

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			
19/7	08:00 am	Milk H2O								✓	0	Su	
	09:00 am									✓	0		
	10:00 am									✓	0		
	11:00 am									✓	0		
	12:00 pm									✓	0		
	01:00 pm									✓	0		
Total Intake :						Total Output :						0-3-0-0	
19/7	02:00 pm	Rice H2O									✓	1	Su
	03:00 pm										✓	1	
	04:00 pm										✓	1	
	05:00 pm										✓	1	
	06:00 pm										✓	1	
	07:00 pm										✓	1	
Total Intake :						Total Output :						0-3-0-0	
19/7/26	08:00 pm	Rice + H2O								✓	1	Su	
	09:00 pm									✓	1		
	10:00 pm									✓	1		
	11:00 pm									✓	1		
	12:00 am									✓	1		
	01:00 am									✓	1		
Total Intake :						Total Output :						4-2-0-0	
20/7/26	02:00 am	Milk								✓	1	Su	
	03:00 am									✓	1		
	04:00 am									✓	1		
	05:00 am									✓	1		
	06:00 am									✓	1		
	07:00 am									✓	1		
Total Intake :						Total Output :						4-2-0-0	

Total 24 hrs. Intake

Total 24 hrs. Output

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



NURSING CARE RECORD

Date: 17/2/26

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				PICU			
Afternoon	2pm	- Assess the patient condition - monitor vitals - Maintain I/O Chart - Medication given as per drug chart	2pm	- Assessed the patient condition - monitored vitals - maintain I/O Chart - medication given as per drug chart	Pt. is stable	Rechecked vitals	manisha
Night	8pm	- Assess the patient general condition - patient is on O2 support 1 lit - administered medications as per doctor's orders.	8pm	- Assessed the patient general condition - monitored vitals - Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	



Patient Sticker

NURSING CARE RECORD

Date: 18/7/26

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	→ Assess the pt condition → check the vitals → Maintain I/O Chart	8am	→ Assess the pt condition → check the vitals → Maintain I/O Chart	Pt is stable	check the vitals	[Signature]
	2pm		2pm				
Afternoon	2pm	Assess the pt condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor.	2pm	Assessed the pt condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor.	Patient is stable now	Re-checked vitals	[Signature]
	8pm	Cont. Nebulization	8pm	Cont. Nebulization			
Night	8pm	→ Assess the patient general condition → monitor vitals → nebulization & evaluation with hourly → 3/NS & 6 th hourly	8pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[Signature]
	8am		8am				

HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 23 D (M)
 Dr. PRITESH NAGAR



NURSING CARE RECORD

Date: 19/7/20

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	Assess the pt condition	8Am	Assessed the pt condition	pt is stable	checked vitals	[Signature]
	10	monitor vitals & maintain I/O chart	10	monitored vitals & maintained I/O chart			
Afternoon	2Pm		2Pm		patient is stable now	Re-checked vitals	[Signature]
	2pm	Assess the pt condition	2pm	Assessed the pt condition			
Night	8pm	monitor vitals & maintain I/O chart	8pm	monitored vitals & maintained I/O chart	Patient is stable	Rechecked vitals	[Signature]
	8pm	Give medications as prescribed by doctor	8pm	Given medications as prescribed by doctor			
Night	8pm	Assess the patient general condition	8pm	Assessed the patient general condition	Patient is stable	Rechecked vitals	[Signature]
	8am	monitored vitals	8am	monitored vitals			
Night	8am	Administer medications as per doctor's orders	8am	Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[Signature]
	8am		8am				

HNH-00018806 IP26-00008853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 23 D (M)
 Dr. PRITESH NAGAR



NURSING CARE RECORD

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Date:

Goals

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

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



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: WALRI E RD		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area	Shift Time	15/7/26 E2	15/7/26 N1	16/7/26 M5	16/7/26 N1	17/7/26 M6	17/7/26 E2	
	Medical Condition (Any special condition to be noted):		RD	RD	RD	RD	RD	RD	
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6°F	98.6°F	98.2°F	98.4°F	98.6°F	98.6°F	
		Res:	35b/m	30b/m	24b/m	27b/m	26b/m	30b/m	
		SpO ₂ :	98%	94%	99%	98%	99%	97%	
		Pulse:	109b/m	160b/m	116b/m	115b/m	112b/m	120b/m	
		BP:	-	-	-	-	-	-	
	Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-			
Recommendations	Safety Needs:	Yy	yes	yes	yes	yes	Yy		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Others Specify:	-	-	-	-	-	-		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ 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 :		Rangya		Saritha		Saritha		Rangya	
Signature :		[Signature]		[Signature]		[Signature]		[Signature]	
Date:		15/7/26		16/7/26		17/7/26		18/7/26	
Time:		8pm		8am		8am		8pm	
Taken Over By Name :		Saritha		Saritha		Saritha		Rangya	
Signature :		[Signature]		[Signature]		[Signature]		[Signature]	
Date:		15/7/26		16/7/26		17/7/26		18/7/26	
Time:		8pm		8am		8am		8am	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: WALRT E RD		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Area	Shift Time	18/7/26 16	18/7/26 E2	18/7/26 N8	19/7/26 N6	19/7/26 E2	19/7/26 N1
BACKGROUND	Medical Condition (Any special condition to be noted):		RA	N	RA	RA	RA	N2
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	98	97.8	97.5	98	97.8	98.1
	Res:	28	30b/m	35b/m	35b/m	30b/m	28b/m	
	SpO ₂ :	100	100	99	99	100	100	
	Pulse:	130	132b/m	140b/m	145b/m	140b/m	135	
	BP:	—	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	—	
Recommendations	Safety Needs:		—	—	—	—	—	—
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		—	—	—	—	—	—
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		RA	—	—	—	—	—
Post Operative Procedure Special Orders:			RA	—	—	—	—	—
Handed Over By Name :			Nadler	Priyanka	Sandhya	Nadler	Priyanka	Shruti
Signature :			Nadler	Priyanka	Sandhya	Nadler	Priyanka	Shruti
Date:			18/7/26	18/7/26	19/7/26	19/7/26	19/7/26	19/7/26
Time:			2pm	8pm	8am	8pm	8pm	5pm
Taken Over By Name :			Priyanka	Sandhya	Nadler	Priyanka	Shruti	—
Signature :			Priyanka	Sandhya	Nadler	Priyanka	Shruti	—
Date:			18/7/26	18/7/26	19/7/26	19/7/26	19/7/26	—
Time:			2pm	8pm	8pm	2pm	8pm	—



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 15/7/16/7			DAY-2 16/7 17/7			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	
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													

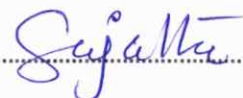
NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature :  Name : 

Docu. No. : RCH /FRM / CLINICAL / 137

Signature of Ward In Charge :

Signature :  Name : 

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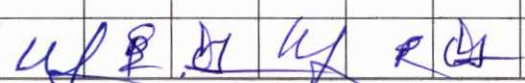
Abstract

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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	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				
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				
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				
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				
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				
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 of Ward In Charge :

Signature : Name :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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 cord pyrexia	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 personnel 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 : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	
16/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	
16/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	5pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7/2026	8pm	0/6	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	
17/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

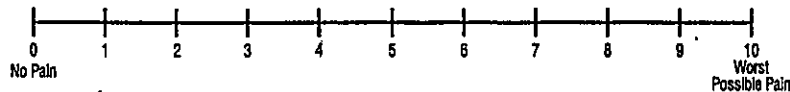
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	10AM	0/10	V	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	able
18/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	R
18/7/26	6pm	0/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	R
18/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	dy
19/7/26	10AM	0/10	ucl	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	ucl
19/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	R
24/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	dy
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

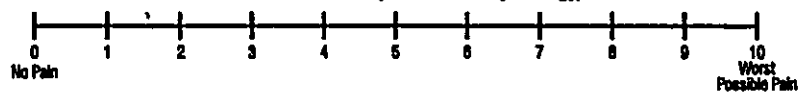
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
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 - Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

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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 or sobs, frequent complaints
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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)
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Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date :	15/3/26	16/3/26	17/3/26	18/3/26
					Time :	8 pm	8 pm	8 pm	12 pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	7
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	7	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3	3	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."		3	3	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.		3	3	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.		2	2	3	3
					TOTAL SCORE	23	23	27	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

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

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

HNH-00016606 P26-00006853
Master AGASTYAANAND RAO
26-05-2025 1 Y 1 M 19 D (M)
Dr. PRITESH NAGAR



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


BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Malter. Agastyaanand Rao Age : 14V 2 months Gender : ☒ Male ☐ Female
Weight : 8.4 kg UHID No. : HNH-00016606 Sheet No. : ①

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
16/7/26	8:45 AM	h' DEXMED (100mcg/ml)	(1ml in 20ml NS) 1ml = 4mcg	0.5mcg/h (0.2mcg/kg/h)	<u>Al.</u>	<u>d</u>	16/7/26		<u>daily</u>

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	15/2/24	16/2	17/2	18/2	19/2/24
	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	2	✓	✓	✓	✓
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	3	✓	✓	✓	✓
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	✓	✓	✓	✓
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	✓	✓	✓	✓
Total			13	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		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Ramya	Swathi	Sanja	Sijatha	Ramya
Signature:		①	②	③	④	⑤
Date:		15/2/24	16/2	16/2	17/2	18/2/24
Time:		8pm	9am	8pm	8pm	8pm

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 15/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		✓	✓	
Excess Rainout (Efferent Tubing) Drained		✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil		✓	✓	
Gas Bubbling Continuously		✓	✓	
Water Level at Desired Level in Bubble Chamber.		✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:	 Signature of the Nurse: Date & Time: 15/7/26 at 8pm			

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 16/2

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	-	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	-	-	-	
Excess Rainout (Efferent Tubing) Drained	-	-	-	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	-	-	-	
Moustache Suitable and Effective	-	-	-	
Nasal Bridge Intact	-	-	-	
Septum Intact	-	-	-	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	-	-	-	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	S. J. J.	R. J. J.	S. J. J.	
Signature of the Nurse:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:	16/2	16/2	16/2	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 17/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5°C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Patient Sticker

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5°C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT


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


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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Age: Gender: Male ☐ Female ☐

UHID.No : Date:

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

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

NACRI - Respiratory distress

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

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

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

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

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

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

Patient Attendant :

Signature: *[Signature]*

Name: *B. Shylivardhan Rao*

Relationship with Patient: *Father*

Date & Time:

Witness :

Signature: *[Signature]*

Name: *[Name]*

Date & Time: *15/7/26 at 8pm*

Doctor (who is taking the consent) :

Signature: *[Signature]*

Name: *Anuhe*

Date & Time: *15/7/26*



2

1



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Gender: ☒ Male ☐ Female
UHID No : Department : paed Date : 15/7/26

I S/D/W/O

Here by give consent for procedure of : H.F.N.C.

For my patient, Named : Agasthyaanand

The doctors have clearly explained to me that the procedure has following possible complications:

Local nail trauma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr pritesh

Patient Attendant :

Signature : B. Shyishvardhan Rao

Name : B. Shyishvardhan Rao

Relationship with Patient: Father

Date & Time : 15/7/26 at 8 PM

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 15/7/26 at 8 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Anuha

Date & Time : 15/7/26



PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00016606 IP26-00006853 Master AGASTYAANAND RAO 28-05-2025 1 Y 1 M 20 D (M) Dr. PRITESH NAGAR 		Date & Time of Admission 15/7/26 at 7:10pm	Date & Time of Transfer Order 17/7/26 at 5:40pm
Transfer Ordered by Dr. pritesh.		Reason for Transfer Stable.	
From Unit PICU	To Unit 210	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 30	Number of Imaging Films VBG - ② X-ray - ①	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring [Signature] 17/7/26 at 5:40pm		Name of Person Ordered Transfer Dr. pritesh.	
Patient & Clinical Records Received by : [Signature] 17/7/26 @ 6pm			
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

PATIENT TRANSFER FORM

HNH-00016606 IP26-00006853
Master AGASTYAANAND RAO
26-05-2025 1 Y 1 M 19 D (M)
Dr. PRITESH NAGAR



Date & Time of Admission <i>15/7/26 @</i>		Date & Time of Transfer Order <i>15/7/26 @</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Anusha</i>	Reason for Transfer <i>Admission.</i>
From Unit <i>ER</i>	To Unit <i>PICU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>(20)</i>	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 <i>Anam / [Signature]</i>		Name of Person Ordered Transfer <i>Dr. Anusha</i>
Patient & Clinical Records Received by : <i>Ramya 15/7/26 at 7:45 pm.</i>		
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



104-8-4318



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mr. Anshuman RAO Balmur Age : 14

Gender: ☒ Male ☐ Female

Date : 15/7/26 Time of Arrival : 7 PM

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

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

Mode of Arrival: ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 140 BP: 140 RR: 18 SpO₂: 98%

Chief Complaints: elo fever & RTI symptoms since morning 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

☒ Normal

☐ Sick Looking

Circulation / Colour

☒ Normal

☐ Abnormal

☐ Bleeding

Work of Breathing

☐ Normal

☒ Decreased

☐ Increased

☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

☐ Unstable:

☐ Not - Life - Threatening

☐ Life -Threatening

Triage Classification

☐ Level 1: Resuscitation

☐ Level 2: EMERGENT: Life or limb threatening

☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening

☐ Level 4: LESS URGENT: Significant illness but not life threatening

☐ Level 5: NON - URGENT: May receive care when convenient

CTAS

☐ Immediate

☒ < 15 min

☐ 30 min

☐ 60 min

☐ 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 : 7:02 PM

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 : Afame

Signature of Triage Nurse : [Signature]

Date & Time : 15/7/26 @ 7:02 PM

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

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10



Wt-8-4324

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 15/7/26 Time of arrival: 7:04 PM

Chief Complaints: E/O RBS:

Height: Weight: BMI: Head Circumference (<2 years)

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 0/1 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse:

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

Time	Nursing Notes
	Assess the Patient condition,
	monitor vitals down

Samples collected by: /

Time: /

Samples sent by: /

Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
15/7/26 27:05 pm	Levothyroxine	Neb	0.31		
7:15	Pravastatin	Neb	50-mcg		
7:40	Levalin	Neb	0.31		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 165b/min BP: CFT: 25°C RR: SPO ₂ : 98% GCS: 15/15 Temperature: 98°F Pain Score: 0- Repeat RBS (if applicable):	Shift - out from ER to: PICU Time of Shift - out: 7:45 PM Handover given to: Ranjga (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Atorn

Signature of the Nurse : 

Date & Time : 15/7/26 @



PICU-202

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/7/26 Time: 8:40 AM

Weight: 8.46 kg Centile: 25th

Height: Centile: -

Inference: underweight child

RDA: - Calories: 1200 Kcal/day Protein: 20gms/day

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods

Food Allergies: NO Veg/Non-veg NON-veg

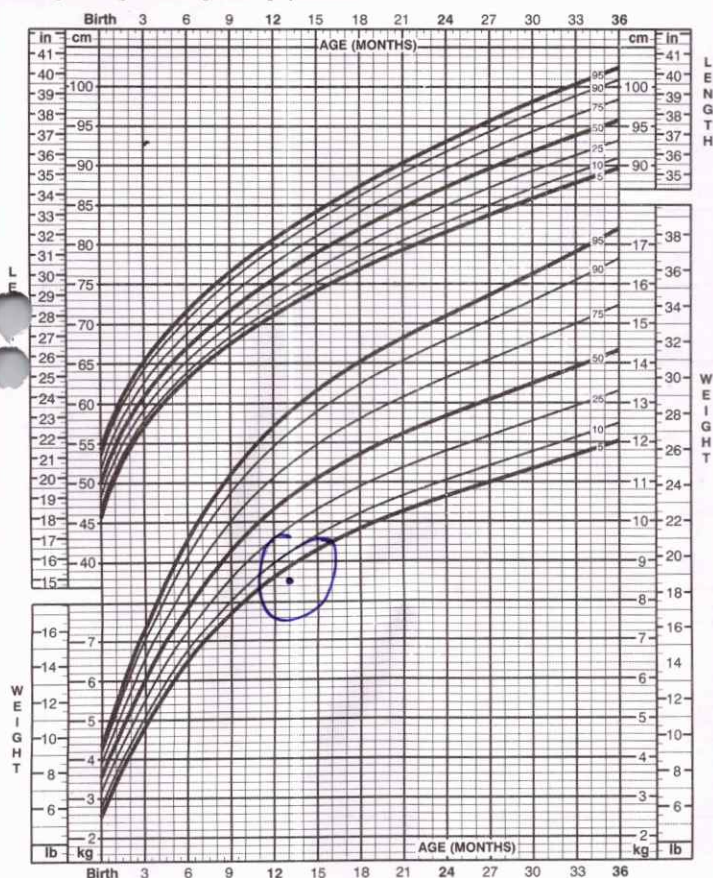
Diagnosis: WARI ERP

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

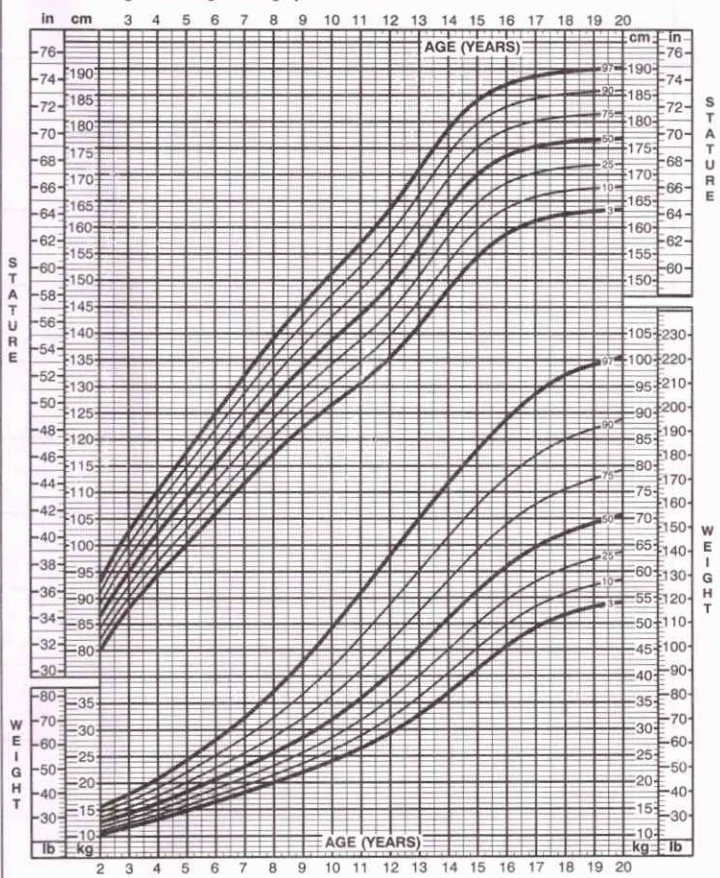
Patient's Signature: [Signature]

GROWTH CHART (BOYS)

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles



2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles



Dietician's Name: Syeda Sabiya Zahoor

Dietician's Signature: [Signature]

Daily Notes:

17/7/26 child is stable, oral intake better
continue soft high protein diet as advised.
Sathwik. G

HNH-00016606 IP26-00006853
Master AGASTYANAND RAO
26-05-2025 1 Y 1 M 19 D (M)
Dr. PRITESH NAGAR



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ADMISSION INTIMATION

Name of the Patient: Mate Agastyaanand Rao Date: 15/7/26
UHID No: 00016606 Gender: ☒ Male ☐ Female Balmia

Admitting Doctor: Dr. prites h Department: paed.

Referred by Doctor:

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 : AFNC, O2, NRB.

Duration of Hospitalization : 3-4 days.

Doctor Signature : [Signature]

Type of Payment :

Package Opted: Room Eligibility:

Name & Relationship: Manogna Volaminei Admitting Executive R. kesh
mother

Signature: [Signature] Signature: [Signature]

Date & Time: Date & Time: 15/7/26

100

100

100



HNH-00016606 IP26-00006853
 Master AGASTYAANAND RAO
 26-05-2025 1 Y 1 M 19 D (M)
 Dr. PRITESH NAGAR



COUNSELLING SHEET

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Hospital, Door no: 3-6-267, opp. Cafe niloufer, Old MLA quarters road
 Himayatnagar, Hyderabad-500029

	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY INVESTIGATION	✓ 12 pm - 12 pm 6 pm - 12 pm 12 pm - 12 pm
CONSULTATION CHARGES				CROSS CONSULTATION CONSUMABLES	
CONSULTANT CHARGES				BLOOD PRODUCTS OXYGEN	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED) ✓
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP EQUIPMENT / DSPT / SSPT / TSPT	VISITING HOURS 04:00pm TO 05:00pm. ✓
DIET CHARGES				PROCEDURE NEBULISATION	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS) ✓
TOTAL			16400/-	MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	OUTSIDE FOOD AND MEDICATION NOT ALLOWED ✓
PATIENT NAME	Master. Agastyaanand Rao		AGE/SEX	14 m 19 D / Male	
UHID	HNH-00016606		INSURANCE NAME	Self pay	

Manganya
 ATTENDENT SIGNATURE

CAUTION
 DEPOSIT
 500/-

Reli 016951
 COUNSELLING PERSON SIGNATURE

Name of Manganya is *102-4500-5500/-*
 Relation of Mother *4500-6500-7500/-*
10500-11500/-

100

100

