Rainbow® Children's Hospital
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR I

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Name :_____ _____

UHID No. : _____ IF tant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7	12:40Am	CR	138 (Oncology)	Ramadevi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/22	CBP, CRP, RP2, Blood us	72941	
21/7/22	USG Abdomen	36306	
21/7	x-ray abdomen [erect]	036376	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	INFUSSION PUMP	1 Am	21/7/26 12pm	9713704.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/22	IV Placement	1	13573	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : 21/7/22 Time : 12p Prepared By : Veena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Veena	Dayshift onology		

VIH-00183239 IP5-00176680
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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :
21/7/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176680 **Admit Date** : 21-Jul-2026 **Admit Time** : 12:19 AM **UHID** : VIH-00183239

Patient Details :

Patient Name	: Master FARHAN	**Age**	: 10 Y 5 M 26 D
Guardian	: Mr MOHAMMAD SALEEM	**DOB**	: 25-01-2016
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 2-1-17/2, BAGULA WADA Nirmal Adilabad Telangana INDIA 504106	**Phone No**	: 7989177705/ 8978704749
		E-mail	: SMD033382@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 138 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 138 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMAD SALEEM **Relationship** : Father

Contact Address : H NO 2-1-17/2, BAGULA WADA Nirmal Adilabad Telangana INDIA 504106 **Phone No** : 7989177705 / 8019690656

Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o severe abd pain : 1 day.
loose stool 1 ep
vomiting : 1 ep.
poor intake.

History of present illness :

c/o severe abdominal pain : 1 day, diffuse, then localised to right iliac fossa, a/w tenderness since morning, better since evening.

1 ep of loose stool in morning.
1 ep of vomiting.
c/o poor intake : ~~toda~~ today.

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

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

-

Birth & Neonatal History:

Term/AGA/M.

Birth & Socio Economic History:

About Father : -

About Mother : -

Any additional Information : -

Developmental History :

As per age.

Immunization History :

As per age

(P.T.O.)

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 33.6 kg (Centile _____)

On Examination :

Temperature : 97° F Pulse Rate : 96/min B.P. 105/60 SPO2 100%

Resp.rate and type of breathing : 23/min.

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft

Ausculation : BS (+)

Spine : External Genitelia :

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

VIH-00183239 IP5-00176660
Master FARHAN
25-01-2018 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars (N)

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

H/o B cell ALL on Maintenance
CAGE ? Appendicitis.

(P.T.O.)

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis / Appendicular perforation

Desired goals of the treatment : H. stability

Planned Labs:	**Planned Management**
CBP	Pip tz
CRP	Line zolid
RFT	Can
Blood c/s	20/kg
CUE	PCM IID SOS
USG Abd t/m	IVF
Surgical review t/m	Clear fluids only till 6 AM
	HOLD GMP t/m & today

noted by
Pardeep
21/7/26
12:30 Am

Signature of the Doctor: Akanksha
Name of the Doctor: Akanksha
Date & Time: 20/7/26 @ 1 AM

Signature of the Consultant:
Name of the Consultant: Sandhya V
Date & Time: Dr Sandhya 21/7/26 @ 10am

DR. SANDHYA VADDADI Reg. No: 71664

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/3/26 9 AM	Morning rounds	
	B-ALL AU/on Maintenance with Acute Abdomen	Adv
		1) to send CUE.
		2) USG Abd today
	No fever	3) SOS surgical review
	Vomiting -	4) IVF
	loose stools -	5) inform SOS
	Vitals Ⓝ	Dharshaba
	S/E CVS / RS / P/A Ⓝ	N/B Veena 60684 21/3/26 @ 10AM
	1: September 2024	Sandhya V 9am
	Last IP: BMA March 2026 - Ⓝ	Dr. SANDHYA VADDADI Reg. No: 71664

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

(1)

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RESULT SHEET

Date	21/7/26					
Time	1 AM					
Hb	14					
PCV	40.3					
RBC	5.11					
WBC	6.81					
N/L	53/42					
Platelets	246.					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	14					
Creatinine	0.4					
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 / BICARBONATE	22.					
N/L						

(2)

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : Inj PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
500mg	iv	SID	21/7	
Doctor's Signature		Valid Period	Pharm.	
Dhanlaxmi				
Additional Instructions: for pain / T > 100°F				

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

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

VERIFIED BY : Name ..... Signature

VIH-0018323?
Master FARHAN
25-01-2018 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 33.6 kg Ward. 1st 1008

DRUG : Inj PIPERACILLIN TAZOBACTAM				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
3 grams	IV	TID	20/7	
Name & Signature of the Doctor Starting the Drugs: Akanksha				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj LINEZOLID				Date ▸ / Time ▾	20/7	21/7
Dose	Route	Frequency	Start Date	6AM	X	1PM Karima Washeem
300mg	IV	BD	20/7			
Name & Signature of the Doctor Starting the Drugs: Akanksha						
Additional Instructions:				6PM	X	X
Daily Doctor's Endorsement by a Sign						d

DRUG : Inj PIPERACILLIN TAZOBACTAM				Date ▸ / Time ▾	20/7	21/7
Dose	Route	Frequency	Start Date	6AM	X	12:30PM Karima Washeem
4.5g	IV	BD	20/7			
Name & Signature of the Doctor Starting the Drugs: Akanksha						
Additional Instructions:				6PM	X	X
Daily Doctor's Endorsement by a Sign						d

DRUG : Inj PANTOPRAZOLE				Date ▸ / Time ▾	21/7
Dose	Route	Frequency	Start Date	6AM	12:30Am [illegible]
30 mg	IV	OD	20/7		[illegible]
Name & Signature of the Doctor Starting the Drugs: Akanksha				8AM	X
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					[illegible]

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...33.6kg... Ward ...2nd floor...

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
6 mg	IV	TID	20/1

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	20/1	21/1														
	6AM	X														
	2PM	✓														
	10PM	✓														
		d														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 33.6 kg Ward Oncology

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

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

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

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

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

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 8 M 26 D (M)
Dr. SANDHYA VADDADI

Weight. 33.6kg Ward. oncology

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/4/16		Protolysis enema	1 unit	PR		Veena Sam

Signature
VERIFIED : Name

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

I.V. FLUIDS CHART

Weight. 33.6 kg Ward. oncology

		osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/7	1AM.	DNS full (M)	I V	70		Subhasini Nayak	21/7/26		Clear Simple

Signature .....

VERIFIED BY : Name .....

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ Not known any Drug Allergies

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

Shifting From: ct Shifted to: oncology (138)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	6 MP.		P/O	OD	20/7.	☐ C ☐ DC
2	Syp Levipil	5ml	P/O	BID	20/7	☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sowmya (Dr. Sowmya)

Date & Time : 21/7/26 1:00am

Nurse Name & Signature: Yamadevi

Date & Time : 21/7/26 at 12:30 Am

VIH-00183239 IP5-00176680
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

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PAIN ASSESSMENT FORM

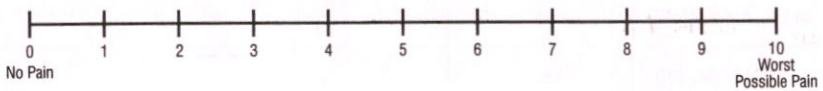
Date	Time	e (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7	12:30 Am	2/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	medication given	Radeeji
21/7	8:50Am	02	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	INJ PAN. GIVEN.	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

(2)

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time: 9AM

Doctor / Nurse / Family Concern?

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

Heart Rate (bpm)
and
Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
93/61/51

Note:
BP does not score in early warning scoring

Heart Rate (Number) 103bpm

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

Resp Rate (Number) 23bpm

Resp Distress: Mod/ Severe | None / Mild — x

Receiving O_2(l/min)
O_2Saturations (%) 100%

Conscious Level: Normal | Altered

GCS * 15/15

TOTAL SCORE
Number of shaded boxes x
Pain Score 0
Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 Time:	1Am.	3am	6am
Doctor / Nurse / Family Concern?			
Temperature (F)	98.5F	98.6F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 / 61	102 (80) / 52	98 (62) / 59
Heart Rate (Number)	108bm	108bm	112bm
Resp. Rate (bpm) over 1 Minute) *	•	-	-
Resp Rate (Number)	24bm	28bm	28bm
Resp Distress: Mod/ Severe / None / Mild	0	-	+
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	6
Pain Score	2	0	2
Observer's Initials			

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
21/7	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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FLUID CHART

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Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/7			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			70ml							0	
	03:00 am			70ml						250ml	0	
	04:00 am			70ml							0	
	05:00 am			70ml							0	
	06:00 am			70ml						250ml	0	
	07:00 am			70ml							0	
Total Intake :		420ml				**Total Output :**						

Total 24 hrs. Intake	420 ; 12cc/kg	Total 24 hrs. Output	500 ; 2.5cc/kg/hr

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1AM. Mode of Arrival: wheelchair. Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 33.6 Kg

Not known. Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-NA-	-NA-	Yes.

Family History: .....

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

If yes please list, ...

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

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

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

Observations: Weight: 33.6Kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.5F HR: 112bm. RR: 28bm BP: 96/66 (76).

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 4 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 21/7/26 @ 1:10pm

Cultural & Spiritual Needs: ☐ Yes ☑ No if Yes specify ..... Inform consultant for positive criteria.

Social History: Lives With ..... patient.

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother.

Nurse Signature: .....

Nurse Name: Subhankar.

Date: 21/7/26

Time: 1:10 AM.

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NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 21/7/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	→ Assess the pt general condition	8:30 AM	→ Assessed the pt general condition	pt feels better
9AM	→ Monitor the vital signs	9:30 AM	→ To check & Recorded the vital signs	
10AM	→ Ensure the safety needs	10:30 AM	→ To provided the safety	
11AM	→ maintaine the hygiene	11:30 AM	→ To Explained the parents personal hygiene	
12pm	→ Administer the medications	12:10 pm	→ Administered the medications	

Re-Assessment: pt feels better

Special Notes:

Nurse Signature: [signature] Nurse Name: Veena Date & Time: 21/7/26 @ 2pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 21/7/26.

Assessment: Patient Having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
1AM.	Assess the Patient condition.	2AM.	Assessed the Patient condition.	patient feel better now.
2AM.	monitor vital.	3AM.	monitored vital.	
3AM.	maintain Iv fluids.	4AM.	maintained Iv fluids.	
4AM.	Administer medication.	5AM.	Administered medication.	
5AM.	provide personal hygine.	6AM.	provided personal hygine.	
7AM.	Provide supportive care.	7:30AM	provided supportive care.	

Re-Assessment: patient feel better now.

Special Notes:

Nurse Signature: Nurse Name: Subhankar Date & Time: 21/7/26. @ 8AM.

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sandhya Department: Pediatrics Date of Admission: 21/7/26

SITUATION

Diagnosis: Klclo B cell ALL & ~~Abdomi~~ ~~ad~~ Appendicitis

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

BACKGROUND

Area / Shift Time	ER 8-8AM	ONCO 8AM	ONCO 2PM			
Medical Condition (Any special condition to be noted):	NA	NA	NA			

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:	98.4F	98.5F	98.6F			
Res:	26bpm	24bm.	26bm			
SpO_2:	98%	100%	100%			
Pulse:	102bpm	96bm.	102/m			
BP:	102/52 (64)	96/46 (66)	96/56 (71)			
Fall Risk Score:	11	11	11			
Pain Score:	0/10	0	0			

Recommendations

Safety Needs:	Qcy	side rails	side rails			
Physiotherapy	☐ Yes ☐ ~~No~~	☐ ~~Yes~~ ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	NA			
Special Diet:	☐ Yes ☐ ~~No~~	☐ ~~Yes~~ ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA			
Post Operative Procedure Special Orders:	NA	NA	NA			
Handed Over By Name :	Rakesh	SUBHANKAR	Neeraj			
Signature :	Rakesh					
Date:	21/7/26	21/7	21/7/26			
Time:	12:30	8AM.	2pm			
Taken Over By Name :	Nathan	Neeraj	D/C.			
Signature :						
Date:	21/7/26	21/7/26				
Time:	1AM.	8AM.				

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	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:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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P
P ..... Patient / Learner Literacy: ☐ Read ☑ Write ☐ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7	12:32 AM	2	Treatment and care plan	M	1	2	1	1	—	

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

VIH-00183239 IP5-0017____
Master FARHAN
25-01-2016 10 Y 5 M 26 D (M)
Dr. SANDHYA VADDADI

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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: k/c/o Bcel Al Nao ? Appendicitis

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
21/7/26	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Pain abdomen vomiting	H. stability	USG Abd IV Antibiotics IV fluids	Soheb	☐ Nursing ☐ Others:
21/7/26 12:32 AM	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Abdominal pain vomiting	H. stability	→ USG Abdomen → IV fluid → clear liquid	Radeey	☐ Medical ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 20/7			21/7. 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						
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	–						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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	—						
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	—						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	–						
		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 : Nasheer Name : Nasheena.

Signature of Ward In Charge :

Signature : Saritha. Name : SARITHA.

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/7/17	DATE 21/7/17	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		10	10			

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

	Bed in low position		Yes	Yes			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		No	NO			
	Other Intervention(s) Specify		NO	NO			
	Nurse's Name :		[illegible]	[illegible]			
	Signature :		[signature]	[signature]			
	Date :		21/7	21/7			
	Time :		12:30	8AM			

Docu. No. RCHBH / FRM / CLINICAL / 005