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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

of Discharge : _____ Time: _____

Room / Bed No : _____

gested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	4:20m	ER	106	

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
11/7/26	CBP. CRP, S/E Creatinine, Ca, mg Blood cls	69222.	Chavan
11/7	CUE	26099343	SD
12/7	CBP. CRP.	26099162	Aruna

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7/26	Infusion pump	5 Am	12/7 c 11Am	98984625	Sunla

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7/26	IV placement	1	7336	Charan
11/7	NHA	1	9969176	Priyanka

ANY OTHER INFORMATION

Nil

Date : 12/7/26 Time : 11AM Prepared By : Soundar

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Soundar	Morning		

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Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176242 **Admit Date** : 11-Jul-2026 **Admit Time** : 04:00 AM **UHID** : BAH-00605031

Patient Details :

Patient Name	: Master SYED ALI SULEMAN	**Age**	: 1 Y 8 M 27 D
Guardian	: Mr SYED ALI FAZIL	**DOB**	: 14-10-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO. 16-3-839/1, CHANCHALGUDA, Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 8885794752/ 9392610442
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 106 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 106 **Admission Type** : First Visit

Contact Details :

Name : Mr SYED ALI FAZIL **Relationship** : Father

Contact Address : H NO. 16-3-839/1, CHANCHALGUDA, Malakpet Hyderabad Telangana INDIA 500036 **Phone No** : 8885794752 / 9392610442

Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever since 1 day.
Cough since 1 day.
Uprolling of eyes, tightening of all 4 limbs for 30sec on 10/7/26 @ 2:30am.
Aby LOC
Aby 2-3 episodes of vomiting

History of present illness :

Child was apparently normal days ago. Child developed above mentioned C/O

Fever - High grade
2-3 spikes/day.
Using c antipyretic medication.
Since 1 day.

Uprolling of eyes, tightening of all 4 limbs for 30 sec on 11/7/26 @ 2:30am
Aby LOC, 2-3 episodes of vomitings

H/O mild cold, cough since 1-2 days.
2 episodes of vomiting, vomitus contain food, non bloody stained, non bile stained
No H/O loose stools, burning micturition, pain abdomen
No H/O other fresh complaints.

child k/c/o G6PD deficiency.

Patient Sticker

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

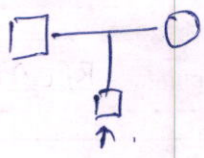
...ory & Physical Examination

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

K/C/o G6PD deficiency

Birth & Neonatal History:

35 wks PT/2.5Kg/ LSCS i/v/o PIH / H/O NICU stay for feed establishment for 2days.
NNJ - G6PD deficiency (+) + Treatment given



Birth & Socio Economic History:

About Father :
About Mother : Upper middle class
Any additional Information :

Developmental History :

(N) development

Immunization History :

Vaccinations till 18months given (IAP Schedule)

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.5kg (Centile _____)

On Examination :

Temperature : 102.8°F Pulse Rate : 143/min B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : RR = 28/min

4RBS-107mg/dl

Rash

Lymphadenopathy

Oedema : NT

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE (+)

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, NT

Ausculation :

Spine : External Genitelia :

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

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ (N)

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____ (N)

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

AFI ♂ Simple febrile seizure (1st episode)

_____

_____

_____

(P.T.O.)

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S.Electro,
S.Creatinine, S.Calcium, S.Mg,
Blood gs
CUE -

MB Anmol 11/7/26

Planned Management

Inj Ceftriaxone
IV Fluids
Tab Prisium
Inj Esomprezole

MB Anmol 11/7/26

DR. DINESH KUMAR CHIRLA
Registration No: 66227

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 11/7/26; 3:30am

Signature of the Consultant:
Name of the Consultant:
Date & Time: 11/7/26

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 0 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 1pm	Seen by Resident Asis - AF-I c 1st ep. of febrile seizures	
	No fevers since admission No further seizures. Cough (+). O/E child asleep, afebrile hemodynamically stable chest clear abdomen soft- hydration fair	plan 1. Continue medications as charted. 2. R/V 5 viral panel. 3. Send CUE. 4. monitor vitals 4 inform SOS Sahithi
11/7/26	Cls/B c/o DK since Dx: simple febrile seizures	
	O/E - Active, alert - Resp vitals - stable.	plan - CT brain. - Trace CUE., Blood cs. - Monitor vitals Rev

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 4pm	S/B Resident	
	Δ: AFI	plan.
	1st episode febrile seizures	1. cont. ceftriaxone
		frisium
		Relent plus
	2 fever spikes (+)	2. w/f fever
	since morning	3. monitor vitals
	high grade	4. trace blood c/s
	occ. cough (+)	5. Inform SOS
	no other complaints.	
	O/I - fair.	madhu
	O/E Child alert	
	vitals stable	
	RS / CVS / P/A - NAD.	
	CRT <3sec	
		✓ To send CBP, CRP thm
		[signature]

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN (M)
14-10-2024 1 Y 8 M 27 D
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/10/24	C/S/B (R) Resident	
8am	D/S: 1st episode simple febrile seizure.	
	1 episode - loose stool.	
	~~No fever~~ last fever - 9:30pm - 100.7°F	Plan
	↓ cough, ~~No~~ 1	- Inj Ceftriaxone (D2)
	Accepting orally well.	- Tab Frisium (D3)
	P/A - soft.	- Trace - CBP, Blood c/s, CRP.
	Vitals - stable.	
	CRT - <2sec.	- monitor vitals
		(signature)
12/10/24	C/S/B Dr. D.K	
9am	-	PLAN:
	- 1 fever spike	- Add Brolagard-T.
		- Switch to Syp. Azithromycin Oral
		- Frisium prophylaxis
		- F/U Tuesday if discharge.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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RESULT SHEET

Date	11/7/26	12/7				
Time						
Hb	9.6	9.8				
PCV	31					
RBC	4.44					
WBC	10.92	10,240				
N/L M-14.4	38/46	25/62				
Platelets	3.61					
CRP	5	25				
ESR						
PCT						
RBS						
Na	137					
K	4.7					
Cl	106					
Ca/Mg	9.8/2.1					
Phosphate						
Urea						
Creatinine	0.3					
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	11/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones						
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE	1-2 F C					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patien

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER ..... Shifted to: Ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya .....

Date & Time : 11/7/26; 3:30pm .....

Nurse Name & Signature: Anneal .....

Date & Time : 11/7/26 4:20pm .....

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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DRUG CHART

Date of Admission: 11/7/24 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syrp MEFTAL P

Dose	Route	Frequency	Start Date
6ml	Po	SOS	11/7

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: If temp ≥101°F

Date ▸	11/7	12/7												
Time ▾	9am [signature]	9:40pm Aruna												

DRUG : Syrp CROCIN DS

Dose	Route	Frequency	Start Date
4ml	Po	SOS	11/7

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: If temp ≥100°F.

Date ▸														
Time ▾														

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date ▸														
Time ▾														

VERIFIED BY : Name .... Signature

REGULAR PRESCRIPTIONS

Weight. 13.5 kg. Ward. ....

D1 D2 D3.

DRUG : Inj CEFTRIAXONE				Date/Time: 11/7, 12/7
Dose	Route	Frequency	Start Date	
675mg	IV	BD	11/7/26	6AM, 6PM
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				STOP Sahithi 12/7/26
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

c 15-Km/d

DRUG : Inj ESOMEPRAZOLE				Date/Time: 11/7, 12/7
Dose	Route	Frequency	Start Date	
14mg	IV	OD	11/7/26	6AM
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

c 1.5-Km/d

DRUG : Tab FRISIUM				Date/Time: 11/7, 12/7
Dose	Route	Frequency	Start Date	
5mg	PO	BD	11/7/26	6AM, 6PM
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Syp. RELENT PLUS				Date/Time: 11/7, 12/7
Dose	Route	Frequency	Start Date	
2.5ml	PO	BD	11/7/26	6AM, 6PM
Name & Signature of the Doctor Starting the Drugs: Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13.5 Ward .....

DRUG : Syp AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
3.5ml	PO	OD	12/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: (5ml/200mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 12/7, 10AM

DRUG : PROCTOGARD.oint

Dose	Route	Frequency	Start Dt.
	LA	TID	12/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: for LA over diaper rash.

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

Patient Sticker

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

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				

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

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

I.V. FLUIDS CHART

Weight. 13.5kg Ward. ....

Date	Time	Composition 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
11/7/26	5:00 Am	~~DNS~~ DNS (2/3rd maint)	IV	33.	[signature]	[signature] [signature]	12/7	[signature]	[signature]

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

BAH-00605031 IP5-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11.7.26 Time:	9:40pm	10:35pm	12/7/26 12AM	3AM	6AM
Doctor / Nurse / Family Concern?					
Temperature (F) (94–104)	100.7°F SVP meftal	97.7°F	96°F	96.1°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)		101/62 (68)		105/65 (90)	
Heart Rate (Number)		108 b/m		110 b/m	
Resp. Rate (bpm) (Over 1 Minute) * (10–70)					
Resp Rate (Number)		26 b/M		27 b/M	
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)		98%		98%	
Conscious Level — Normal					
Conscious Level — Altered					
GCS *		15/15		15/15	
TOTAL SCORE Number of shaded boxes		1		1	
Pain Score		0		0	
Observer's Initials		0		0	

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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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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Dr. DINESH KUMAR CHIRLA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/8/26 Time:

Doctor / Nurse / Family Concern?

Temperature (F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress | Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level | Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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.
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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)

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	1		33ml							0	
	06:00 am	DNS	milk	—			MP				0	
	07:00 am	1		—							0	
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. 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.

		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							
11/7	08:00 am	DNS	milk	33ml			NP			✓		
	09:00 am			33ml							0	Sirisha
	10:00 am			33ml							0	
	11:00 am			33ml						✓	0	
	12:00 pm			–							0	Sirisha
	01:00 pm			–						✓	0	
Total Intake :						Total Output :						
11/7	02:00 pm	DNS	milk	–							0	Priyanka
	03:00 pm			–						✓	0	
	04:00 pm			–							0	
	05:00 pm			–							0	Priyanka
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake :						Total Output :						
11/7	08:00 pm	DNS		33ML		NA	✓		NA		0	Arun
	09:00 pm			33ML			✓			✓	0	
	10:00 pm			3							0	Arun
	11:00 pm			33ML							0	
	12:00 am			–							0	Arun
	01:00 am			–							0	
Total Intake :						Total Output :						
12/7	02:00 am	DNS		–		NA	NA		NA		0	Arun
	03:00 am			33ML								
	04:00 am			33ML						–	0	Arun
	05:00 am			33ML							0	
	06:00 am			–							0	Arun
	07:00 am			–							0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 11/7/26

Assessment: Baby having dull activity

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

Time	Plan of Care	Time	Implementation	Evaluation
4:30Am	* Assess the baby general condition. monitor vital signs	4:30Am	* Assessed the baby general condition. monitored vital signs	Baby condition is improving slowly
5Am	* provide comfortable position	5Am	* provided comfortable position	
6Am	* monitore ~~vital~~ I10 charting	6Am	* monitored I10 charting	
7Am	* Administer medication as per doctor order	7Am	* Administered medication as per doctor order	
8Am	* Ensure safety sidesails	8Am	* Ensured safety sidesails	

Re-Assessment: .....

Special Notes: watch for seizure, fever, vomiting

Nurse Signature: ..... Nurse Name: Swekha (021086) Date & Time: 11/7/26 @ 8Am

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NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 11/7

Assessment: Baby having feves

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
9am 10am 11am 12pm 1pm	-> Assess the baby general Condition -> monitor the vital's -> maintain IV fluid's -> Provide comfortable position -> Administer medication as per doctor orders	9:10am 10:10am 11:10am 12:10pm 4:10pm	-> Assessed the baby general condition -> monitored the vital's -> maintained IV fluid's -> Provided Comfortable position -> Administered medication as per doctor orders	baby Condition is Normal

Re-Assessment: .....

Special Notes: wif fever spikes

Nurse Signature: ..... Nurse Name: Shirish Date & Time: 11/7 2pm

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 11/7/26

Assessment: High Pyrexia

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm →	Assess general condition of the patient.	2:10 pm →	Assessed general condition of the patient.	By done all implementation, as per doctor's order.
3pm →	To give Inj. PCM for fever.	3:55 pm →	Given Inj. PCM & sponging Reduced fever.	
4pm →	Maintain Io chart.	4pm →	Maintained Io chart.	
5pm →	Monitor vital Signs.	6pm →	Monitored vital Signs.	
6pm →	Administer medication as per doctor's order.	6:5 pm →	Administered medication as per doctor's order.	

Re-Assessment: Fever not Reducing

Special Notes: Trac blood culture / uff fever

Nurse Signature: P.B Nurse Name: Priyanka Date & Time: 11/7/26 8pm

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 11/7/26

Assessment: Baby having fever

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the baby	8PM	Assessed the general condition of the baby	by done all these to improve the baby condition
9:00PM	Baby having fever given syp. meftal	9:00PM	Baby having fever given syp meftal	
11PM	monitor vital sings & record.	11PM	monitored vital sings & record	
2AM	Provid comfortable position	2AM	provided comfortable position	
6AM	Administr medication as per doctor order.	6AM	Administred medication as per doctor orders.	

Re-Assessment: To reduced fever

Special Notes: CBP, CRP (+)ve

Nurse Signature: Aruna Nurse Name: Aruna Date & Time: 12/7/26

Patient

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh kur Department: OT Date of Admission: 11/7/20

SITUATION

Diagnosis: Laceration over Hip AFJ

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

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	ER	1st floor 8pm-8am	1st floor Room 2	1st floor 2pm-8pm	1st floor 8-2pm	
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	
	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
ASSESSMENT	Vital Signs: Temp:	99°F	98.5°F	98.3°F	98.4°F	98°F	
	Res:	24b/m	18b/m	22b/m	26b/m	26b/m	
	SpO_2:	100·1·	100%	99·1·	100%	98%	
	Pulse:	120b/m	120b/m	108b/m	103b/m	101	
	BP:	101/80	95/55	103/63	99/67	101/60	
	Fall Risk Score:	11	11	11	11	11	
	Pain Score:	0/10	0/10	0/10	0/10	0/10	
Recommendations	Safety Needs:	✓	yes	yes	side rails, yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Geetha	Sweksha	Sirisha	Priyanka	Aruna	
Signature :						Aruna	
Date:		11/7	11/7/26	11/7	11/7	12/7	
Time:		4pm	8AM	2Pm	8pm	8AM	
Taken Over By Name :		Sweksha	Sirisha	Priyanka	Aruna	Soumya	
Signature :					Aruna		
Date:		11/7/26	11/7	11/7	11/7	12/7	
Time:		8:20Am	8am	2pm	8pm	8A	

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

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 : Krishnendu Name : Krishnendu

Signature of Ward In Charge :

Signature : Neeraj Name : Neeraj

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

Patient Sticker:

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 11/7/26	DATE 12/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
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		11	11			

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

Bed in low position		✓	yes			
Call device within reach		✓	yes			
Wheels Locked		✓	yes			
Room free of clutter		✓	yes			
Adequate Lighting		✓	yes			
Wheel Chair Support		✓	NO			
Other Intervention(s) Specify		✓	NO			
Nurse's Name :		Keerti	Anurag			
Signature :		Kp	Anurag			
Date :		11/7	12/7			
Time :		2Am	6Am			

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PAIN ASSESSMENT FORM

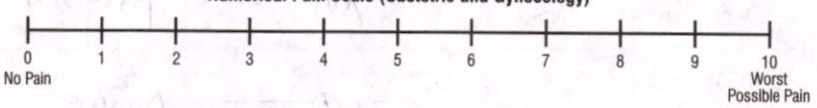
Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	2Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Keerthi
11/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Swarna
11/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	priyanka
11/7/26	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aruna
11/7/26	6AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	Nil	Aruna
				☐ 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:

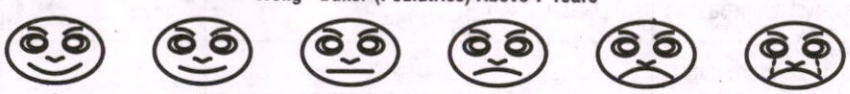
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

Patient ID

BRADEN 'Q' SCALE

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					Date :	11/7	12/7	
					Time :	2 AM	6 AM	
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	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	
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	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	
					TOTAL SCORE	20	24	
					Evaluator's Name			

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• 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

BAH-00605031 IPS-00176242
Master SYED ALI SULEMAN
14-10-2024 1 Y 8 M 27 D (M)
Dr. DINESH KUMAR CHIRLA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: English 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: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
11/A	4:20 Am	10	Fall Risk Education	mother	1	oral	1	1	NO	[signature]
11/10/24	9am	9	soft diet	M	1	O	1	1	—	written

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

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
11/9/26	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI C Simple Febrile Seizure	Hemodynamic Stability	IV medication		☐ Nursing ☐ Others:
11/9/26	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI	A-Steele	IVF		☐ Medical ☐ Others:
11/9/26 9am	☐ Medical ☐ Nursing ☑ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI	Soft diet	RDA E - 1200 kcal/d P - 20 g/d	Nutritionist	☐ 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:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00605031 IP5-00176242 Master SYED ALI SULEMAN 14-10-2024 1 Y 8 M 27 D (M) Dr. DINESH KUMAR CHIRLA	11/7/26 at 4:00 AM	11/7/26 @ 4:20 Ams
	Transfer Ordered by Dr. Ramya	Reason for Transfer Admission
From Unit ER	To Unit 106	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ Opfile If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nr- Keerthi	Dr. Ramya

Patient & Clinical Records Received by :
Sureka

Date & Time of Patient Received : 11/7/26 @ 4:20 Ams

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

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

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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: As per doctor order

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

			Remarks
☐ Medication	☑ Yes	☐ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	Explain to family
☐ Walking	☐ Yes	☑ No	
☐ Dressing	☑ Yes	☐ No	
☐ Toileting	☐ Yes	☑ No	

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: Pessonal hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Surekha

Date and Time: .....

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/7/26 Time: 9 am

Weight: 13.5 kgs Centile: >75th

Height: 87 cms Centile: >75th

Inference: Overweight Child

RDA: - Calories: 1200 Kcal/d Protein: 20 g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, Chilled, outside foods

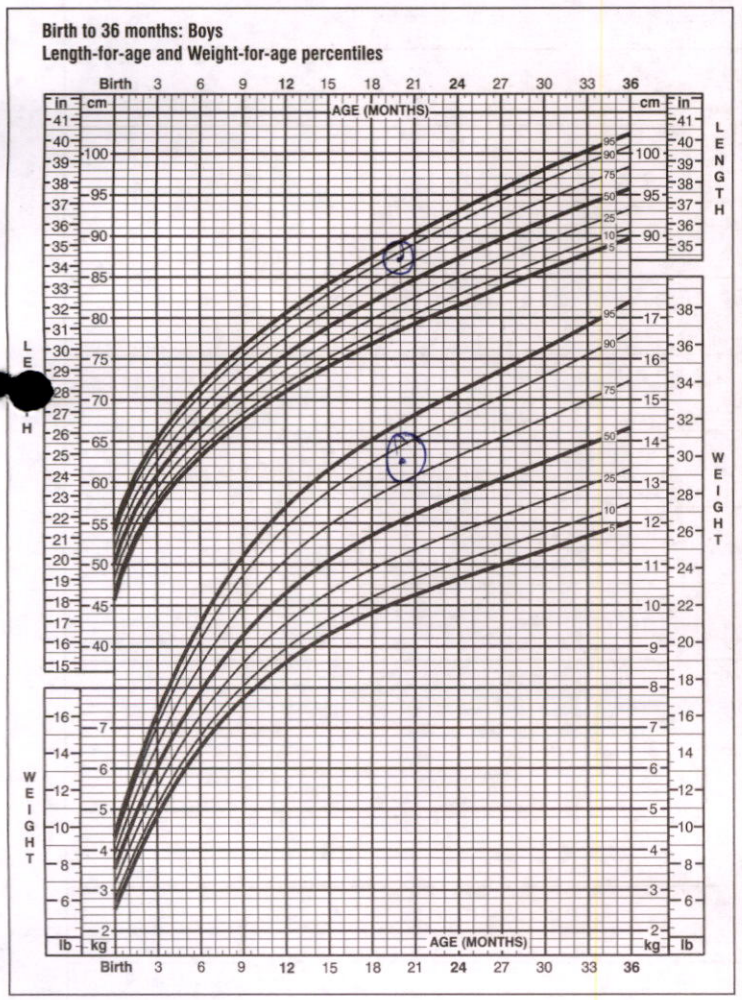
Food Allergies: No Veg/Non-veg Non-veg

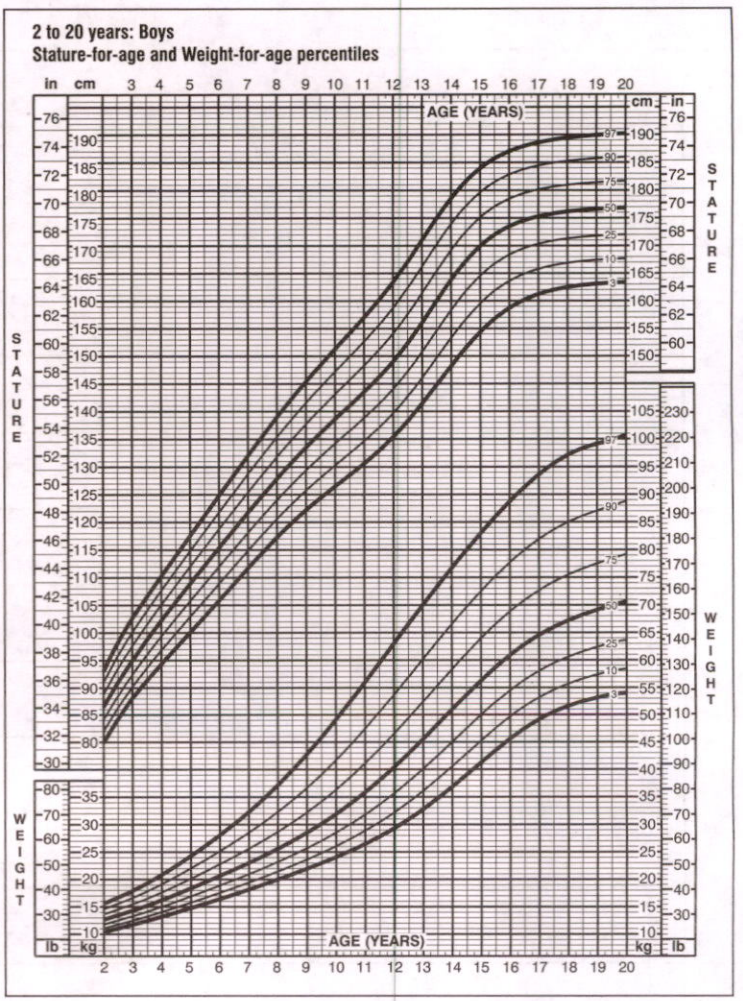
Diagnosis: AFI c simple febrile seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: