Rainbow Children's Hospital
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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Name :_____

UHID No. : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/7	11Am	ER	ICU	Kavita

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	infusion pump	3:20pm	at 6am	9686255	Diya

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7	chemotherapy	(1)	9686256	

ANY OTHER INFORMATION

Don't charge for NHA -mounica

Date : 11/6/26 Time : 6pm Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00175868 **Admit Date** : 02-Jul-2026 **Admit Time** : 10:38 AM **UHID** : BAH-00634850

Patient Details :

Patient Name	: Master NUGURI AKSHAJ	**Age**	: 2 Y 4 M 6 D
Guardian	: MR NUGURI SANTHOSH	**DOB**	: 26-02-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 8-7-148, ALKAPURI , ROAD NO 13 Karimnagar Karimnagar Telangana INDIA 505001	**Phone No**	: 7674888892/ 7993263131
		E-mail	: SANTHOSH4175@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 114 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 114 **Admission Type** : First Visit

Contact Details :

Name : MR NUGURI SANTHOSH **Relationship** : Father

Contact Address : H NO 8-7-148, ALKAPURI , ROAD NO 13 Karimnagar Karimnagar Telangana INDIA 505001 **Phone No** : 7674888892

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Patient Name: _____ _____

UHID ID: _____ _____

Department: _____

Consultant: _____

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

Bladder wall Rhabdomyosarcoma / unfavourable site / stage 2 / post VAC - Day + 22

History of present illness :

admitted with c/s e UTI.
dysuria, fever e
constipation.

27/6/24 - CRP - 151

27/6/24 - 9.2 / 16.02 / 661 / 88/3

30/6/24.
25.2
9.5 / 9.58 / 698 / 73.7/12.2

Urine c/s > 10^5, E-coli.

USG abdomen → B/L HUN.
Bladder wall Rhabdomyosarcoma.

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

① neonatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

normal for age.

Immunization History :

immunized

(P.T.O.)

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__11.86__(Centile _____)

On Examination :

Temperature : 97.8°F Pulse Rate :110/min B.P. 107/78(85) SPO2 97% on RA

Resp.rate and type of breathing : 25/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) B/L ATB

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur :

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : S1S2 ✓

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia :

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

Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

RVS of bladder

(P.T.O.)

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

CBP, FHDLD
CRP
noted by medico

Planned Management

- INJ. COLISTIN
TAB. LANSOPRAZOLE
SYP. SEPTRAN
SYP. ZINCOVIT
noted by medico

Signature of the Doctor: .....
Name of the Doctor: Dr. Nandan
Date & Time: 02/07/2026, 10:30AM

Signature of the Consultant: .....
Dr. SANDHYA VADDADI Reg. No: 71664
Name of the Consultant: Dr. Sandhya
Date & Time: 2/7/26 @ 11am

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/24 11AM	Morning rounds RMS of bladder ō UTI - Ecoli. Now no issues vitals (N) S/E → PPWF, CFT L 3sec CVS RS (N) P/A No c/o dysuria fever	Adv 1) Tab CAP (HOLD) 2) chemo today 3) cont supp. care 4) monitor vitals [signature] [signature] noted @ 11am Dr. SANDHYA VADDADI Reg. No: 71604 noted by medico
2/7/24 5pm	Evening rounds Rhabdomyosarcoma of bladder with E.coli - UTI No fresh issues doing well Vitals (N) S/E → PPWF, CFT L 3sec CVS RS (N). P/A	Dr. SANDHYA VADDADI Reg. No: 71604 Adv 1) cont. chemo as advised 2) cont supp. care. 3) monitor vitals 4) Inform SOS. [signature] noted by story

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Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/24 9AM	Morning rounds	
	Rhabdomyosarcoma of bladder c̄ E-coli UTI.	Adv
		1) colistin
	Afebrile, Alert.	2) cont chemo
	C/O Adequate.	3) cont supp care
	V, Feeds (N).	4) monitor vitals
	S/E→ PWF UFT CS2sec	~~5) Inform SOS.~~
	CVS / RS / P/A (N).	plan D/C TM
	3 ep of vomiting	Sandhya Akanksha
		Dr. SANDHYA VADDADI Reg. No: 71664
		@ 10:30 am
		6) IV [illegible] Ondem / stop
		7) Wire [illegible] c̄ CBP TM.
		8) D/C tm.
		~~for 7/7 c̄ CBP~~
	~~[diagonal cross-out]~~	worked by [illegible]

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

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

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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: ..... Shifted to: .....

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	Inj. COLISTIN.	4lakh	IV	12H.		☐C ☐DC
2	T. Lansoprazole	2mg+5ml DW give 4ml	PO	24H.		☐C ☐DC
3	syp. septran	2.5ml	PO	12H.		☐C ☐DC
4	syp. zincovit	3ml	PO	24H		☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Pratibha. DNB 2

Date & Time : 02/07/26, 11 am.

Nurse Name & Signature: Jyothi Sri

Date & Time : 02/07/26 @ 11am

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26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Dt.
3mg	IV	BD	02/07/24

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	2/7															
Time																
	10 AM															
	12pm															
	10 pm															

STOP

DRUG : DONSTAL SUSPENSION

Dose	Route	Frequency	Start Dt.
3ML	PO	TID	2/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions: 1ml = 1mg.

Daily Doctor's Endorsement by a Sign

Date	2/7	3/7														
Time																
	6AM															
	2PM															
	10PM															

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	TID	3/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	3/7	4/7														
Time																
	6AM															
	10AM															
	2PM															
	10PM															

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date																
Time																

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 ....

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Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

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DRUG CHART

Date of Admission: 02/06/2026 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

REGULAR PRESCRIPTIONS

Weight. 11.86Kg Ward. .....

DRUG : INJ. COLISTIN

Dose	Route	Frequency	Start Date
4 lakhs	IV	BD	30/06

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions: Till 4/7/26

Daily Doctor's Endorsement by a Sign

Date	2/7	3/7	4/7
Time	6 Am, 6 pm	12pm	6 Am

DRUG : TAB-LANSOPRAZOLE

Dose	Route	Frequency	Start Date
	PO	OD	02/07

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions: 1 tablet = 15 mg
Dilute 1 tablet in 5ml & give 4ml

Daily Doctor's Endorsement by a Sign

Date	2/7	3/7
Time	6 pm	

DRUG : Syp. SEPTRAN

Dose	Route	Frequency	Start Date
2.5ml	PO	OD	02/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	2/7	3/7
Time	6 pm	

DRUG : Syp. ZINCOVIT

Dose	Route	Frequency	Start Date
3ml	PO	OD	02/07

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	2/7	3/7
Time	2pm	

Dr. SIRISHA RANI

BAH-006348

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

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.	

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
3/7	11 AM	Inj PANTOPRAZOLE	10mg	IV		Pushi 12pm
3/7	11:30 AM	Inj DEXAMETHASONE	1.1 mg	IV		12:15 PM

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

Dr. SIRISHA RANI (M)

BAH-00634850 IP5-0017468

I.V. FLUIDS CHART

Weight. ..... 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

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

Patient Name: Nuqueri Akshay

CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

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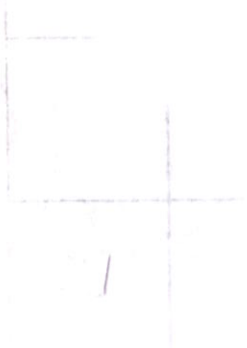
Sheet No. 1	Weight (kg) : 11.8 kg	Body Surface Area: 0.5	Diagnosis: Rt mi of bladder	Protocol:

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
2/7/26	3:50pm	INJ VINCRISTINE with 10 ml NS	0.8 mg	IV	Over 10 min	KS	Mithu / Divya	2/7/26	d	Mithu / Divya
2/7/6	3:55pm	INJ ACTINOMYCIN D with 200 ml NS	250 mcg	IV	@ 50 ml/hr	KS	Mithu / Divya	2/7/6	d	Mithu / Divya
2/7	7.50pm	INJ MESNA with 100 ml NS	100 mg	IV	@ 100 ml/hr	KS	Mithu / Divya	2/7/26	d	Mithu / Divya
2/7	11pm	INJ CYCLOPHOSPHAMIDE with 100 ml NS	500 mg	IV	@ 100 ml/hr	KS	Pallu / Rama	2/7/26	d	Pallu / Rama
2/7	1 AM 3/7	INJ MESNA with 500 ml 1/2 NS	500 mg	IV	@ 60 ml/hr	KS	Pallavi / Rama	3/7/26	d	Pallu / Rama
3/7	12pm	INJ ACTINOMYCIN D with 200 ml NS	300 mcg	iv	@ 50 ml/hr	KS	Akshu / Divya	3/7	d	Divya / Savithri

D1



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Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

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RESULT SHEET

Date	2/7					
Time	OP Basis					
Hb	9.5					
PCV	30.3					
RBC	4.45					
WBC	9.58					
N/L	73/12.2					
Platelets	698					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

3

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 : 9/7 Time: 6am

Doctor / Nurse / Family Concern?

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

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

Note:
BP does not score in early warning scoring

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

110/69 VSI

Heart Rate (Number) 104/m

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

Resp Rate (Number) 26/m

Resp Distress	Mod/ Severe
	None / Mild

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

Conscious Level	Normal
	Altered

GCS * 15

TOTAL SCORE
Number of shaded boxes 0
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:** ! 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)

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

(2)

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/7 Time:	6am	11am	1pm	9pm	7pm	10pm	6pm	
Doctor / Nurse / Family Concern?								
Temperature (F)		97.9F	97.2F	98.6F	98.6F	*98F	*98F	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring		114 (74) 68	100 (78) 62	98 (62) 59	100 (70) 62	87 (70) 66	90 (60) 56	
Heart Rate (Number)		100b/m	112b/m	109b/m	108b/m	119 b/m	108b/m	
Resp. Rate (bpm) (Over 1 Minute) *		-	-	-	o	o	o	
Resp Rate (Number)		28b/m	29b/m	28b/m	26b/m	25 b/m	22b/m	
Resp Distress: Mod/ Severe / None / Mild				-	-	o	o	
Receiving O_2(l/min) O_2Saturations (%)		99%	98%	100%	98%	99%	99%	
Conscious Level: Normal / Altered				C	C	C	C	
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes		1	1	0	0	0	0	
Pain Score		0	0	0	0	0	0	
Observer's Initials								

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	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!
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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)

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ (M)
26-02-2024 2 Y 4 M 6 D
Dr. SIRISHA RANI

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 12.30pm | 6pm | 10pm | 2am

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98°F | 98.2°F | 97.7°F | 98.0°F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 112/m | 118/m | 111b/m | 107b/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 28/m | 28/m | 26b/m | 26b/m

Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O_2(l/min)				
O_2Saturations (%)	100%	99%	100%	99%
Conscious Level	Normal			
	Altered			
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	1	1	1
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
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Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

Patient

BAH-00834850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : (C)

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

Date	Time	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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
2/7	02:00 pm										0	
	03:00 pm										0	Priya
	04:00 pm	Dextro	RL								0	
	05:00 pm										0	
	06:00 pm										0	Priya
	07:00 pm										0	
Total Intake :						**Total Output :**						
3/7	08:00 pm										0	
	09:00 pm										0	
	10:00 pm	Dextro									0	RL
	11:00 pm										0	
	12:00 am										0	RL
	01:00 am										0	
Total Intake :						**Total Output :**						
3/7	02:00 am										0	
	03:00 am										0	RL
	04:00 am	Dextro									0	
	05:00 am										0	
	06:00 am										0	RL
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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26-02-2024 2 Y 4 M 6 D (M)
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FLUID CHART

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Sheet No. : 7

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							
31/7	08:00 am			C							0	
	09:00 am			h						430ml	0	Sul
	10:00 am	NO		g							0	
	11:00 am	WF		no							0	
	12:00 pm			Ohrsgy			✓			330ml	0	Sul
	01:00 pm										0	
Total Intake :						**Total Output :** 760ml						
	02:00 pm			50ml						200ml	0	
	03:00 pm			50ml							0	
	04:00 pm	Rice		50ml							0	
	05:00 pm	H2O	100ml	50ml							0	
	06:00 pm			50ml							0	
	07:00 pm			50ml						200ml	0	
Total Intake :		400ml				**Total Output :** 400ml						
	08:00 pm			50ml								
	09:00 pm			60ml						200ml		
	10:00 pm			60ml								JP
	11:00 pm			60ml.								
	12:00 am			60ml						100ml		
	01:00 am			60ml								
Total Intake :		350 ml				**Total Output :** 300ml						
	02:00 am			60ml								
	03:00 am			60ml						200ml		
	04:00 am			60ml								JP
	05:00 am			60ml								
	06:00 am			60ml						200ml		
	07:00 am			60ml								
Total Intake :		360ml				**Total Output :** 1100ml						

Total 24 hrs. Intake	1110 ÷ 94.06 cc/kg/day.	**Total 24 hrs. Output**	1860 ÷ 6.5 cc/kg/day

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 3/7/26

Assessment: patient is having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is comfortable.
10pm	*Monitor & note vitals	10:30pm	*monitored and noted vitals	
12Am	*Provide comfortable position	12:30Am	*Provided comfortable position	
2Am	*Provide supportive care.	2:30Am	*Provided supportive care.	
4Am	*Ensure safety.	4:30Am	*Ensured safety.	
6Am	*Administer medications.	6:30Am	*Administered medications as per order.	
7Am	*Monitor output.	7:30Am	*MOnitored output by diaper weight.	

Re-Assessment: patient is comfortable

Special Notes:

Nurse Signature: Anm Nurse Name: Anm m Date & Time: 4/7/26 @ 8Am

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26-02-2024 2 Y 4 M 7 D (M)
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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Night

Date: 2/7/26.

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
4p	* Assess the general condition of the patient.	2p	* Assessed the general condition of the patient.	By done all the procedures the patient can be stable.
4p	* maintain personal hygiene.	4p	* maintained personal hygiene.	
6p	* maintain good nutrition	6p	* maintained good nutrition.	
7p	* monitor vitals.	7p	* monitored vitals.	

Re-Assessment: .....

monitor vitals.

.....

Special Notes: .....

.....

Nurse Signature: Ref. Nurse Name: Divya [018165] Date & Time: 2/7/26 @ 8p

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Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 2/7/26

Assessment: Baby having vomiting

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
10pm	→ Assess the baby general condition & monitor the vital sign	11pm	→ Assessed the baby general condition & monitored the vital sign.	Baby condition is improving
12am	→ Maintain the I/o chart	12/3am	→ maintained the I/o chart	
Day	→ provide the comfortable position.	2:30 am	→ provided the comfortable position	
4am	→ Administer the medication as per doctor order	4:12 am	→ Administered the medication as per doctor order	
6am	→ Maintain the personal hygiene	6:30 am	→ Maintained the personal hygiene	

Re-Assessment: Given on doctor's order.

Special Notes: PRN

Nurse Signature: Nurse Name: Date & Time: 7/2/26

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

(2)

NURSING CARE RECORD

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Shift: ✓ ☐ Night

Date: 3/7/26

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
8a	• Assess the baby general condition. monitor vital	8a	• Assessed baby general condition. monitored vital signs.	Baby condition is improving slowly.
10a	• maintain I/O chart	10a	• maintained I/O chart	
12p	• Encourage tube orally well	12p	• Encouraged tube orally well	
1p	• Administer medications as per doctor orders	1p	• administered medications as per doctor orders	
2p	• Ensure safety sidesrails	2p	• Ensure safety sidesrails	

Re-Assessment:

Special Notes: plan D/C tomorrow

Nurse Signature: Nurse Name: Sumalatha (021086) Date & Time: 3/7/26 2p

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

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Shift: ☐ Morn ☒ After ☐ Night

Date: 3/2/26

Assessment: patient Leaving 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
2pm	→ Assess the patient general condition	2:30pm	→ Assessed the patient condition	feel Better
4pm	→ maintain personal hygiene	4:30pm	→ Maintained personal hygiene.	
6pm	→ Maintain fluid Balance.	6:30pm	→ maintained fluid Balance	
7pm	→ Ensure Safety.	7:30pm	→ provided side rails	

Re-Assessment: patient feel Better

Special Notes:

Nurse Signature: Nurse Name: Savitha Date & Time: 3/2/26 9pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Patient Stick

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THE HUMPTY DUMPTY SCALE 2/7 3/7 4/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	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	1		
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1		
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1		
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	TOTAL		12	12	12		

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		✓	X	no		
	Other Intervention(s) Specify		✓	Y	no		
	Nurse's Name :		[illegible]	Prey	Asm		
	Signature :		[illegible]	[illegible]	Asm		
	Date :		2/5	3/6	4/7		
	Time :		11 Am	[illegible]	8 Am		

Docu. No. RCHBH / FRM / CLINICAL / 005

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 6 D (M)
Dr. SIRISHA RANI

Patient Sticker

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. S/R Department: Onkology Date of Admission: 02/07/26

SITUATION

Diagnosis: B-cell-ALL

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

	ER 11Am	4th floor 11am-2pm	4th 2p-8p	1st floor 8pm-8am	1st 8Am-8pm	Onco 8pm-8Am
BACKGROUND Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	N.A
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°F	98°F	98.3°F	98.5°F	98.2°F	98°F
Res:	24b/m	26	28	25b/m	28b/m	24b/m
SpO_2:	100%	100%	99%	100%	99%	100%
Pulse:	125b/m	119	108b	102b/m	110b	110b/m
BP:	90/58	crying	99/60	101/60	92/60	93/68 (70)
Fall Risk Score:	11	11	11	11	11	11
Pain Score:	0/10	0/10	0/10	0/10	0/10	0
Recommendations Safety Needs:	✓	yes	yes	yes	yes	Side rails
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Others Specify:	NA	NA	NA	NA	NA	N.A
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	N.A
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	N.A
Handed Over By Name :	Vani	Merli	Divya	Kavitha	Suneha	Aruna
Signature :	K	M	D	R	SR	Arun
Date:	02/7	2/7	2/7	3/7	3/7/26	4/7
Time:	11Am	@2pm	8pm	@8am	8pm	8Am
Taken Over By Name :	Merlin	Divya	Renuka	Suneha	Aruna	
Signature :	M	D	R	R	A	
Date:	2/7	2/7	2/7	3/7	3/7	
Time:	@11.30A	2pm	[illegible]	8am	8pm	

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

BAH-00634850 IP5-00175868
Master NUGURI AKSHAJ
26-02-2024 2 Y 4 M 7 D (M)
Dr. SIRISHA RANI

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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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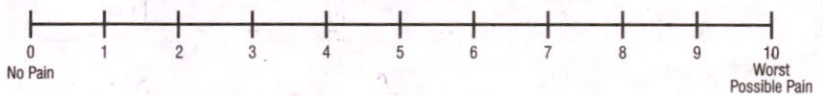
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
02/7	11Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Keerthi
02/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
03/7	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
3/7	9pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Akram
4/7	5Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ 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		

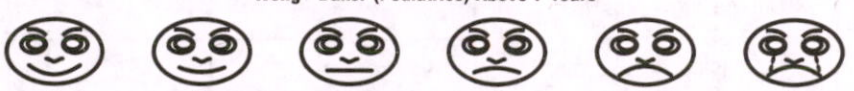
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

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				Date : 02/7 / 0 / 4/7	
				Time : 11am / 4pm / 8Am	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 / 4 / 4	
"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 / 4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 / 4 / 4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4 / 4 / 4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4 / 4 / 4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4 / 4 / 4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4 / 4 / 4	
				TOTAL SCORE	28 / 24 / 28	
				Evaluator's Name	[illegible] / [illegible] / [illegible]	

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

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/2/26 Time: 1PM

Weight: 11.86 kgs Centile: 5th

Height: 89 cms Centile: 50th

Inference: underweight child

RDA: — Calories: 1250 kcal/d Protein: 21 g/d

Diet Recommendations: soft high protein diet

Re-Assesment: Avoid spicy, chilled & outside foods

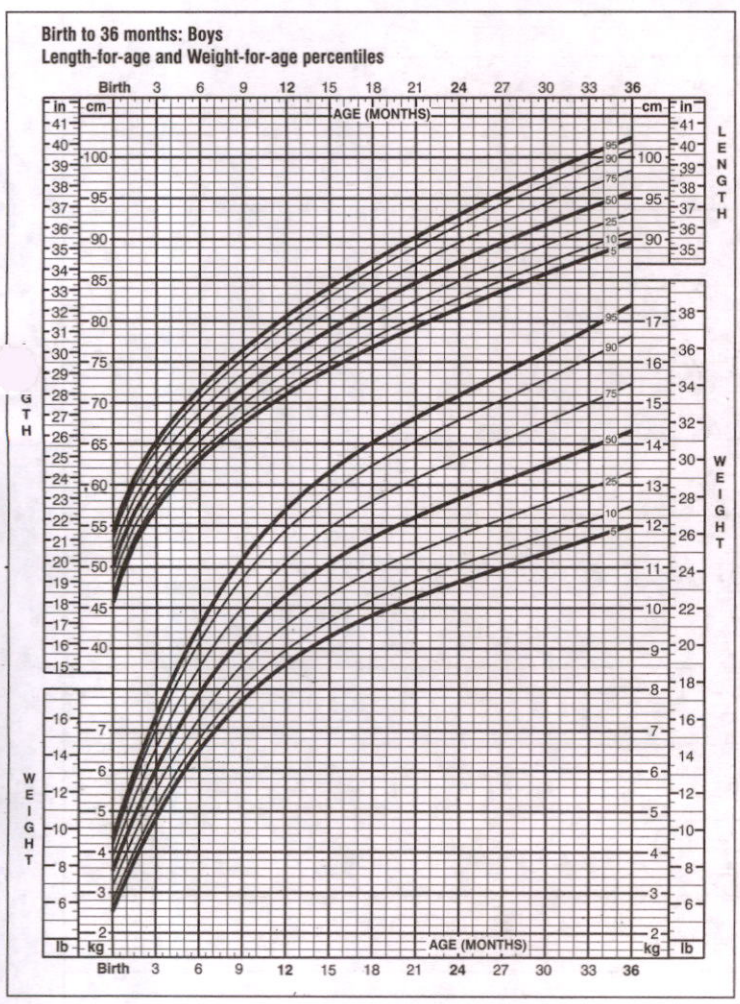
Food Allergies: NO Veg/Non-veg Non-veg

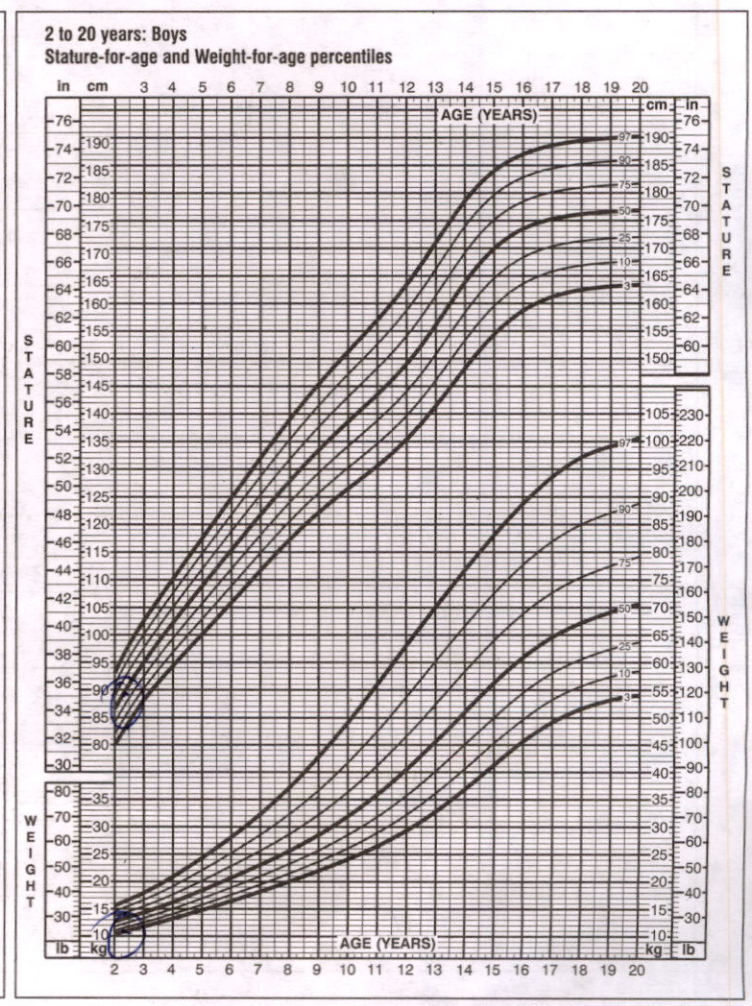
Diagnosis: RMS of bladder

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need dietitian. Don't charge for NHA.

GROWTH CHART (BOYS)





Dietician's Name mounica Dietician's Signature mounica

Daily Notes:

CONSENT FOR CHEMOTHERAPY

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Patient Name : Nuguri Akshaj Age : Gender : Male ☑ Female ☐

UHID No : Department : Oncology / 13th flr Date : 2/7/26

Type of Chemotherapy : Intravenous

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

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

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : N. Pooja

Name : N. Pooja

Relationship with Patient: Asha

Date & Time :

Witness :

Signature : Laxmi Parasa

Name : N. Laxmi Parasa

Date & Time :

Doctor (who is taking the consent):

Signature :

Name : Dr Sandhya V

Date & Time : 2/7/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00634850 IP5-00175868 Master NUGURI AKSHAJ 26-02-2024 2 Y 4 M 6 D (M) Dr. SIRISHA RANI	02/7/26 @ 10:38 Am	2/7/26 @ 11 Am
	Transfer Ordered by Dr. prathibha.	Reason for Transfer Admission
From Unit ER	To Unit 114	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 OP file ~~Yes~~ ☐ No ☐ N. Ranga 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. Kavitha	Dr. Manya

Patient & Clinical Records Received by : Merlin

Date & Time of Patient Received : 2/7/26 @ 11.30 Am

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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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: Walking Mode of Arrival: 2pm Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 11.8 Kg

..... 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	NA

Family History: No significant

.....

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: 11.8kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6 F HR: 112bpm RR: 20bpm BP: 100/62 mmHg

Pain Score: 0 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 21) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ND Frequency ND Duration NA

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

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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 the mother
☐ Walking	☐ Yes	☑ No	
☐ Dressing	☐ Yes	☑ No	
☐ Toileting	☐ Yes	☑ No	

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

Nurse Signature: Neelu
Nurse Name: Neelu
Date and Time: 2/7/26 @ 11-30 Am