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 : IP5-00176030 **Admit Date** : 06-Jul-2026 **Admit Time** : 12:53 PM **UHID** : MAH-00334741

Patient Details :

Patient Name	: Master ADUSUMILLI TEEJAS CHOWDARY	**Age**	: 16 Y 1 M 6 D
Guardian	: Mr PRASANNA KUMAR ADUSUMILLI	**DOB**	: 30-05-2010
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VILLA NO 22 , EDEN GARDENS Kokapet Hyderabad Telangana INDIA 500075	**Phone No**	: 9492304567/ 9491304567
		E-mail	: PRASSI@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 107 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 107 **Admission Type** : First Visit

Contact Details :

Name : Mr PRASANNA KUMAR ADUSUMILLI **Relationship** : Father

Contact Address : VILLA NO 22 , EDEN GARDENS Kokapet Hyderabad Telangana INDIA 500075 **Phone No** : 9492304567

Signature

Doctor Details :

Doctor Name : Dr. Leena Priyambada **Specialisation** : PEDIATRIC ENDOCRINOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
06/07/26	4:30pm	ER	107	B
8/7/26	9PM	1st floor	234	D

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR, BOUNDAVANI	7/7/26.	9691656	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
06/07	HBA1C, T1 Diabetic profile-I	67597	Impl
6/7	C peptide / Insulin	67597	Kolla
7/7	GRBS (3)	26067851	Dipa

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/07	iv placement	1	90149	Ismail
6/7	NHA	1	90329	Marks

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 15 Y 1 M 6 D (M)
Dr. Leena Priyambada

Patient Name: TEEJAS ADUSUMALLI.

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Apparently normal child
unidentified ~~diagnosed~~ ? detection of High RBS
HBA1c

History of present illness :

suspecting Type 1 Diabetes mellitus

~~No H/O~~ 24/7/26 — FBS-265, PP-370
HbA1c — 11.9.

26/7/26 — RBS-283
Urine Ketone - 1+ trace.

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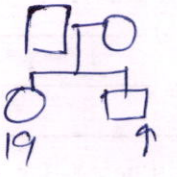
Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Neonatal seizures



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age

Immunization History :

Immunized

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__76__(Centile _____)

On Examination :

Temperature : 98.1°F Pulse Rate :88/min B.P. 113/56 (71) SPO2 98% c RA

Resp.rate and type of breathing : 18/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 AAE ⊕

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur :

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

S1 S2 ⊕

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia :

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

soft

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Alert

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

? Type 1 diabetes

_____

_____

_____

_____

(P.T.O.)

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Pa

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ______ [illegible] ______

Desired goals of the treatment : ______ Resolution of symptoms ______

Planned Labs:

- HbA1c
- Type 1 Diabetes Antibody profile
- Postprandial GRBS 2 hours (Post breakfast)

N/B
I [illegible]

Planned Management

Consultation.

N/B
[illegible]
6/7/26

Signature of the Doctor: N. [illegible]

Name of the Doctor: N. [illegible]

Date & Time: 6/7/26 12:30pm

Signature of the Consultant: [illegible]

DR. LEENA PRIYAMBADA
Registration No: 14422

Name of the Consultant:

Date & Time:

...SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	6/12/26 30 1P · BG monitoring - pre-meal BF/L/D - 2 hours post meals · BF/L/D. - 2 AM. · Urine Ketones - now	
	· Inj. NOVORAPID. · Inj. TRESIBA.	to decide.
	3P 30 U. Ket moderate → Inj. NOVORAPID - 6 Units stat.	
	- Urine ketones - TID.	
	- Insulin, C-peptide,	
	- Free Freestyle Libre - 2 sensor	

DR. LEENA PRIYAMBADA
Registration No: 14422

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Registration No: 14422

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 4:15pm	C/S/B Resident	
	post lunch sugar 21/4.	Adv:
		- hypoglycemia education given
	O/E: no acidosis	- Sugar monitoring at following times:
		pre BF 2h post BF pre lunch 2h post lunch 4pm. pre dinner 2h post dinner 2 AM.
		- Urine ketone monitoring 8 hrly. - to inform Dr Leena if > moderate
		→ To inform all sugars to Dr. Leena for insulin plan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ ~~To give 6 units~~ to send - C peptide / - insulin
		→ To give Novorapid 6 units S/C only after collecting sample for C-peptide / insulin
		→ Dietician opinion by Dr. Brundavani
		→ W/f sweating / tremors / dull activity
		→ parents / child / to learn how to use insulin
6/1/26 9.00 pm	GB Resident	d/w Dr. Leena mam.
	GRBS - 161	Plan - GRBS @ 2 a.m
	U. ketones - 15 mg/dl.	- Hypoglycemia to watch out - Inform Sugars - given Inj Novorapid 2U + Sol.
		Tresiba 3U @ 8.45 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4/26 8:00am	S/B Resident	
		Plan d/w Dr. Leena mam
	GRBS 6am – 277 mg/dl	
	Ketones – 15 mg/dl	① Inj Tresiba 5U before food.
		② Inj Novorapid 3U after breakfast
		③ GRBS 2hrs after food.
		④ Plan d/c @ 1pm.
		⑤ dietician Review
		Soluble
2/4/26	C/o ②	
10am	Type I DM	Plan
		- Inj Tresiba 5U before food
		- Continue Inj novorapid 3U after breakfast.
		- GRBS 2hrs after food.
		- plan d/c @ 1pm
		- monitor vitals
		Video consultation now

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30-05-2010 16 Y 1 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order	
7/7/26 9am	NUTRITION REVIEW		
	PBW: 76 kg.		
	IBW: 60.2 kg		
	RDA: 2970 kcal/d.		
	30% CHO = 222 g/dy		
	~30g CARBS - GRAIN/3 unit/dy		
	~30g CARBS - BEAN/3 unit/dy		
		CALORIES	CARBS
	7am CHO METABOLISM - 2 scoop	90	-
	8am SMALL BREAKFAST = DAL	200	30
	BEANS	60	30
	EGG WHITES - 2	60	-
	10am COKE - 120 ml	90	2
	PANIR - 50g	75	2
	VEG - 1 serv.	30	2
	1pm SMALL MEAL = DAL. (1:2:2)	250	30
	BEANS - KUR	60	30
	EGG-1	60	-
	4pm CHO METABOLISM - 2 scoop	90	-
	7pm SAME AS LUNCH	250	30
	CHICK - 100g	150	-
		1465	156
	PON WEIGHT LOSS GOAL		
	~1500 kcal/dy		
	~40% CARBS (20% GRAIN)		
	(20% BEAN CARB)		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CLEAR	
	D/C	

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

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RESULT SHEET

Date	9/7					
Time						
Hb	14.5					
PCV						
RBC						
WBC	6500					
N/L	47/47					
Platelets	2.55L					
CRP						
ESR	14					
PCT						
RBS						
Na	138					
K	4.4					
Cl	100					
Ca/Mg	9.5					
Phosphate						
Urea	20					
Creatinine	0.8					
ALP	301					
SGPT	19					
SGOT	29					
T.Bill/Conj	→ 1.7/0.4					
T.Protein	7.1					
S.Albumin	4.6					
S.Globulin	2.5					
A/G Ratio	1.8					
Uric Acid	4.5-9					
S.Amylase						
Sr.Lipase	lipid profile					
Blood Lactate						
S.Cholesterol	→ 207					
PT/INR	HDL-35					
APTT	LDL-126					
CSF Protein / Sugar	VLDL-111					
Cells	TG-555					
N/L						

GGT 25
HbA1C - 11.9

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 : Tot T_3 - 131

FT_3 - 2.77

FT4 - 0.86

TT4 - 8.99

TSH - 1.07

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient

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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 : N. Pavithra, N. Roy

Date & Time : 6/7/26, 12:40 pm.

Nurse Name & Signature: Renuka

Date & Time : 6/7/26 & 12:50 p.m

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: .... ☐ ~~Not known any Drug Allergies~~

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

30-05-2010
Dr. Leena Priyambada

REGULAR PRESCRIPTIONS

Weight. 70kg. Ward. ....

DRUG : Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dr. Leena Priyambada

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

Signature .....

VERIFIED BY : R

Dr. Leena Priyambada (M)

IPS-00176030 MAH-00334741

I.V. FLUIDS CHART

Weight. 76 kg 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 Sticker

INTERDISCIPLINARY PATIENT ... CATION RECORD

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Part - I.

Patient's / Learner Language: ..... Telugu ..... Patie... 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
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
06/06/26	1:30pm	7	Infection control measures	M	4	O	1	1	—	Renuka
6/6/26	2pm	9	Diabetic diet	M	1	O	1	1	—	Monica

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

Patient Sticker

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
06/07/26 4:20pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Type 1 diabetes	H-Stability	High sugar levels	famye	☑ Nursing ☐ Others:
06/07/26 1:30pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Type 1 Diaseter	H-stability	High sugar levels	Remya	☑ Medical ☐ Others:
6/7/26 2pm	☐ Medical ☐ Nursing ☑ Others: dietitian	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Type 1 Diabetes	Diabetic diet	RDA:- E:- 1950 kcal/d P:- 35 g/d	mounica	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 4.30 pm Mode of Arrival: with parent Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NIA

Body Weight: 7.6 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIA	NIA	NIA

Family History: No significant of Family history

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

If yes please list, ...

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

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

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

Observations: Weight: 7.6 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 96.8°F HR: ..... RR: 20 BP: 101/64

Pain Score: 0/10 Specify Site: NIA (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain – Location – Frequency – Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... Suvarna ..... Date: 5/7/20 ..... Time: 8pm ..... Signature

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

#7426

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10am
Doctor / Nurse / Family Concern?	

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

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)	124/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_2 Saturations (%)	100's
Conscious Level: Normal / Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
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.

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

6/7/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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

Date : 6/7 Time:	5PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?				
Temperature (°F) (scale 104–94)	98°F	98.2°F	98.4°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)	120/79 (91)	102/62 (77)	110/72 (80)	119/80 (88)
Heart Rate (Number)	74b/m	74b/m	92b	109b
Resp. Rate (bpm) (Over 1 Minute) (scale 70–10)				
Resp Rate (Number)	20b/m	20b/m	20b	23b
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	100%	99%	99%
Conscious Level: Normal				
Conscious Level: Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

Handwritten vertically across chart (red): 1st 400 (with arrows)

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 Stic

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
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FLUID CHART

Sheet No. : 6/7/26

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
			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 :**						
6/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	NO	Rice				NP			✓	0	
	05:00 pm	IVF									0	Mesha
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
6/7	08:00 pm	↑		—							0	Dipa
	09:00 pm			-							0	Dipa
	10:00 pm	NO		—						✓	0	Dipa
	11:00 pm	IVF		—			NP				0	Dipa
	12:00 am	↓		—							0	Dipa
	01:00 am	↓		—						✓	0	Dipa
Total Intake :						**Total Output :** M-0 U-2						
7/7	02:00 am			—							0	Dipa
	03:00 am	↑		—							0	Dipa
	04:00 am	NO		—			Pp				0	Dipa
	05:00 am	IVF		—							0	Dipa
	06:00 am	↓		—						✓	0	Dipa
	07:00 am	↓		—							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-0 U-5

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

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

FLUID CHART

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

Sheet No. : ..... #7126

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient S

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 15 Y 1 M 6 D (M)
Dr. Leena Priyambada

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Leena Priyambada Department: — Date of Admission: 06/07/26

SITUATION

Diagnosis: Type 1 diabetes

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

	Area / Shift Time	ER 1:26pm	LA floor 2pm - 8pm	SJ floor 8pm-9pm		HD unit 9pm-8Am	
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA		NA	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	97.8°F		98°F	
	Res:	18 b/m	20 b/m	26		26 b/m	
	SpO_2:	99%	99%	100%		100%	
	Pulse:	88 b/m	88 b/m	98		87 b/m	
	BP:	116/92 (85)	120/80	111/67		118/78	
	Fall Risk Score:	09	9	11		11	
	Pain Score:	0/10	0/10	0/10		0/10	
Recommendations	Safety Needs:	side rails	yes	yes		Yes	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	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	
Post Operative Procedure Special Orders:		NA	NA	NA		NA	
Handed Over By Name :		Renuka	Merlin	Swarna		Dipanwita	
Signature :						Dipw	
Date:		06/07/26	6/7	6/7		7/7/26	
Time:		1:30pm	@8pm	8pm		@8Am	
Taken Over By Name :		Merlin	Swarna	Dipanwita		Chowmika	
Signature :				Dipw			
Date:		6/7	6/7	6/7/26		7/7/26	
Time:		@2pm	8pm	@8pm		@8Am	

MAH-00334741 IP5-00176030
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30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

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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:							

NURSING CARE RECORD

Rainbow® Children's Hospital
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Shi ☐ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: Pt having low 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
2PM	→ Assess the Pt General condition	2PM	→ Assessed Pt General condition.	Pt condition is normal.
4PM	→ monitor vital signs	4PM	→ monitored vital signs	
6PM	→ maintain I/O Chart	6PM	→ maintained I/O chart	
8PM	→ Provide comfortable Pt	8PM	→ Provided comfotable Pt	
8:30PM	→ Administer the medications as per doctors order.	8:30PM	→ Administered the medications as per doctors order.	

Re-Assessment: N.A.

Special Notes:

Nurse Signature: Sri Nurse Name: sravanthi Date & Time: 6/7/26 8PM

MAH-00334741 IP5-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

NURSING CARE RECORD

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

Date: 6/7/26

Assessment: Baby having hyperglycemia

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
9pm→	Assess the baby condition.	10pm→	Assessed the baby condition.	→ Baby vital stable.
11pm→	Monitor vital sigus.	12Am→	Monitored vital sigus.	
1Am→	Maintain I\O chart.	2Am→	Maintained I\O chart.	
3Am→	Administer Insuline as per doctor advice.	4Am→	Administered Insuline as per doctor advice.	
5Am→	Provide comfortable position.	6Am→	Provided comfortable Position.	
8Am→	Maintain personal Hygiene.	9Am→	Maintained personal Hygiene.	

Re-Assessment: was done.

Special Notes: Check GRBS as per doctor advice.

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

Patient Sticker

MAH-00334741 IP5-00176030
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0-05-2010 15 Y 1 M 6 D (M)
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PAIN ASSESSMENT FORM

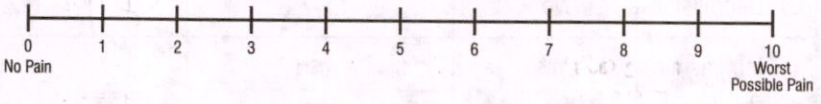
		Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
06/07/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Renuka
6/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Dipa
7/7/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Dipa
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BRADEN 'Q' SCALE

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

				Date : 8/7/26	7/7/26		
				Time : 1:20P	6AM		
Mobility	**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	28	28		
				Evaluator's Name	Renuka	Dipu		

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

MAH-00334741 IPS-00176030
Master ADUSUMILLI TEEJAS
30-05-2010 16 Y 1 M 6 D (M)
Dr. Leena Priyambada

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (6/7)			DAY-2 (7/7)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0							
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			Madhu Sree								

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 : Pulakesh Name : Pulakesh

Signature of Ward In Charge :

Signature : Neeraja Name : Neeraja

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

Patient S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 6/7	DATE 7/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	~~1~~	1	1			
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		9	9			

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

	Bed in low position		Yes	Yes			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		Yes	Yes			
	Other Intervention(s) Specify		Yes	Yes			
	Nurse's Name :		Renuka	Dipu			
	Signature :						
	Date :		06/07/12	7/7/12			
	Time :		1:20pm	@6am			

Docu. No. RCHBH / FRM / CLINICAL / 005

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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's 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	Explain to the parents
☐ Eating	☐ Yes	☑ No	
☐ 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: personal hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others:

Nurse Signature: Merlin

Nurse Name: Merlin

Date and Time: 6/7/26 @ 2pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00334741 IP5-00176030 Master ADUSUMILLI TEEJAS 30-05-2010 16 Y 1 M 6 D (M) Dr. Leena Priyambada	6/7/21 @ 12:53PM	6/7/26 @ 9pm
	Transfer Ordered by Dr. Leena Priyambada	Reason for Transfer ~~Admission~~. Shifting
From Unit 107	To Unit 234	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swarna	Dr. Leena Priyambada

Patient & Clinical Records Received by : Dipanwita 6/7/26 @9:10pm

Date & Time of Patient Received :

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

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 6/7/26 Time: 2PM

Weight: 76 kgs Centile: >75th

Height: 182 cms Centile: >75th

Inference: overweight

RDA: - Calories: 1950 kcal/d Protein: 35 g/d

Diet Recommendations: Diabetic diet

Re-Assesment: Avoid spicy, chilled & outside foods

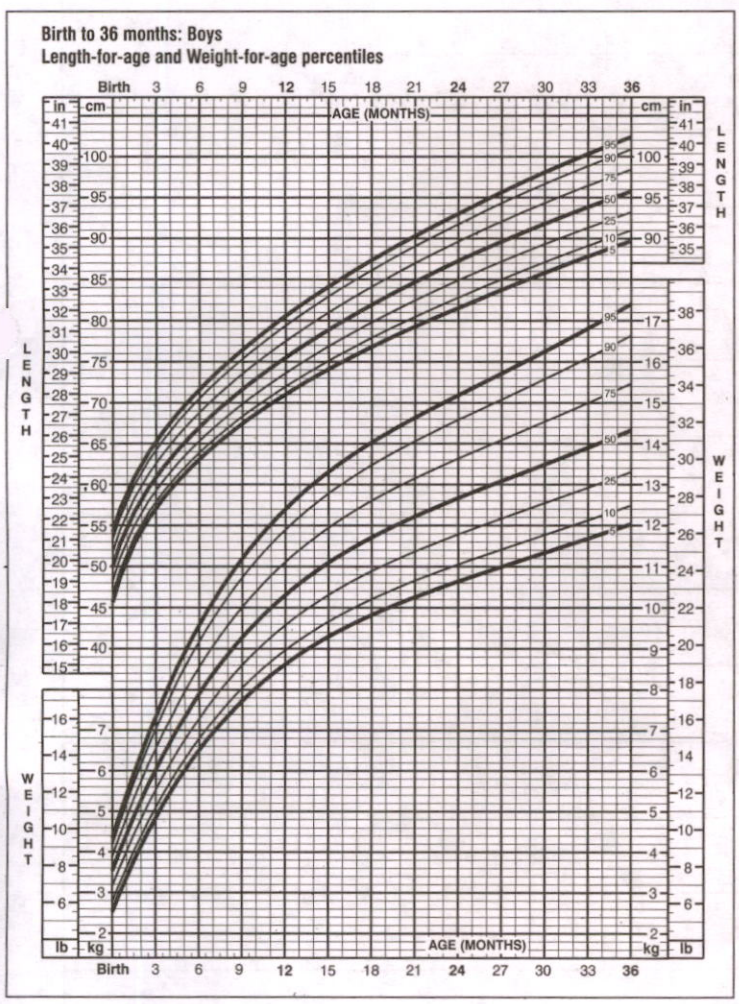
Food Allergies: NO Veg/Non-veg Non-veg

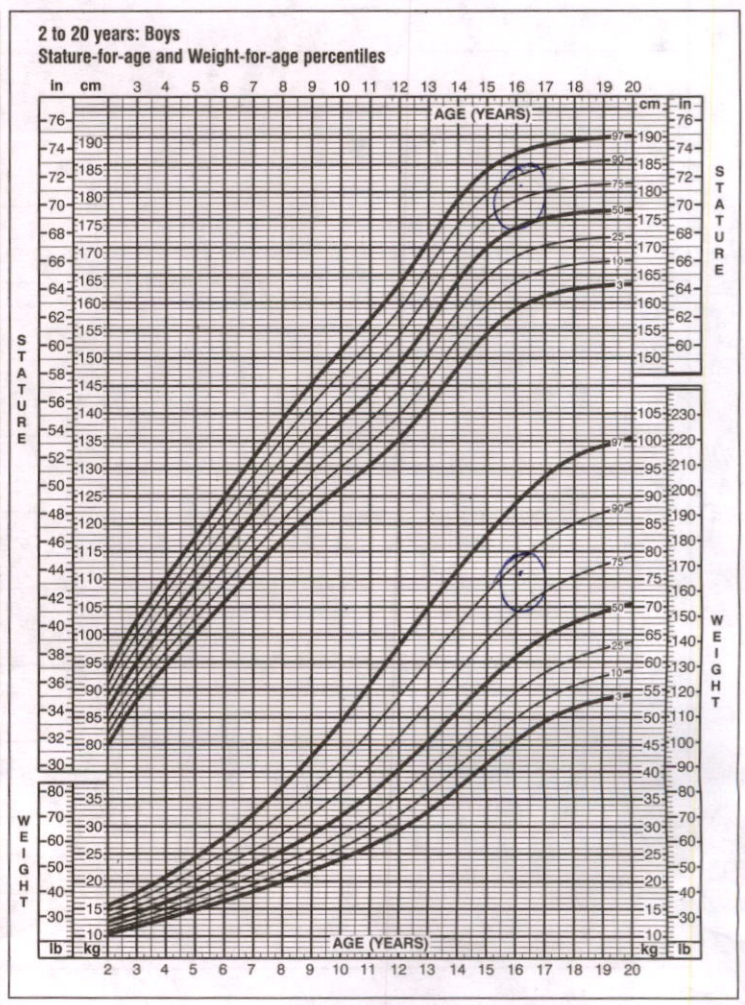
Diagnosis: ? Type 1 Diabetes

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Lavanya

GROWTH CHART (BOYS)





Dietician's Name mounica Dietician's Signature mounica

Daily Notes:

7/7/26 9am	Child is stable. Intake is fair Continue c̄ Diabetic diet Nibetha

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
6/7/26	2pm	214 mg/dl	—	Meelin.
6/7/26.	5.15pm	246 mg/dl	Inj. Novorapid 6 unit	Meelin
6/7/26	7.45pm	161 mg/dl	novarapid 2unit	Meelin
			Tressiba 3 unit	Swarna
6/7/26	11pm	271 mg/dl	(AD) Novorapid 2unit	Dipanwita
7/7/26	3AM	269 mg/dl	—	Dipu
7/7/26	7AM	277 mg/dl	5unit	Dipanwita
			Tressiba 5unit	

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature