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 : IP5-00176274 **Admit Date** : 11-Jul-2026 **Admit Time** : 05:19 PM **UHID** : BAH-00523100

Patient Details :

Patient Name	: Baby Of SHILPA REDDY	**Age**	: 3 Y 9 M 11 D
Guardian	: Mr SRIDHAR VARMA DATLA	**DOB**	: 30-09-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 704, BLOCK A, NIHARIKA INTER LAKE Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9989671456
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SUITE **Bed No** : SUITE 1 (311) **Ward Name** : 3F-ZONE A

Room No : SUITE 1 (311) **Admission Type** : First Visit

Contact Details :

Name : Mr SRIDHAR VARMA DATLA **Relationship** : Father

Contact Address : FLAT NO 704, BLOCK A, NIHARIKA INTER LAKE Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9989671456

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
	CBP, CRP, Procalcitonin,		
11/7/20	LFT, Dengue NS1+IgM,	69550	Dutt
	MP, Blood cs,		
	Respiratory panel (SVIH)		
12/7	CUE	26069600	Rimu

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7/26	Infusion Pump.	7pm		9699005	Alelega.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7/16	IV Placement	1	8258	

ANY OTHER INFORMATION

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.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Name : B/O shilpa Reddy   Age/Sex 3yr 9m / F

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

- Fever x 6 days
- swelling around eyes x 4 days
- Cold x 2 days

History of present illness :

Premorbidally well child.

- Fever x 6 days
- moderate to high grade
- Chills - present
- 2 - 3 spikes / day.
- responding to antipyretics

- Periorbital puffiness x 4 days
  Non progressive.

- Cold x 2 days
  a/w nasal discharge

- H/o Nausea (+)

c/o Decreased U/O, ↓ed oral intake & dull activity x 1 day

- No H/o recent travel.

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

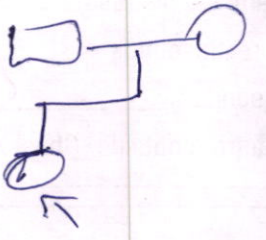
Pediatric Multiorgan History & Physical Examination

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

NO + significant

Birth & Neonatal History:

Term / 38 WKS / E.L.S.C.S / CIAB
B.wt - 3.332 kg
NO H/O NICU admission



Birth & Socio Economic History:

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

Developmental History :

Achieved as per age in all domains

Immunization History :

completely immunized as per IAP schedule

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 27.32kg (Centile _____)

On Examination :

Temperature : 100.3°f Pulse Rate : 104bpm B.P. 104/66 mm Hg SPO2 100.1.

Resp.rate and type of breathing :

Rash

Lymphadenopathy (+)

Oedema : Periorbital puffiness (+)

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE+, clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation : SOFT, Non distended

Spine : External Genitelia :

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

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power 5/5

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes : WNL

DTR **Superficials:**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

A/c Bilateral tonsilitis

(P.T.O.)

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis.
Dehydration.

Desired goals of the treatment :
Hemodynamic stability

Planned Labs:

- CBP ✓
- CRP ✓
- Procalcitonin ✓
- Malaria test ✓
- Dengue 1) NS-1 2) IgM ✓
- Blood c/s ✓
- LFT ✓
- CUE ✓
- 5 viral panel ✓

N/B Sagan 11/7/26 6pm

Planned Management

- IV Fluids
- Inj. Esomeprazole
- Inj. Ondansetron SOS
- Syp. Azithromycin
- Syp. Oseltamivir
- Antipyretics
- Plan to start IV antibiotics after tracing labs

N/B Sagan 11/7/26 6pm

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Nandan
Date & Time: 11/07/2026, 5.30PM

Signature of the Consultant: [signature]
Name of the Consultant: Dinesh Chirla
Date & Time: 11/7/26

DR. DINESH KUMAR CHIRLA
Registration No: 66627

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 7:30pm	C/W Dr. Dinesh	
	AFI (D)	
	? Dengue ? Influenza	Adv
		1) cont same
	Alert, active	2) Lave Calcs
	Vitals (N)	3) Hy Instructions
	S/E → PPWF, CFT < 2sec	4) monitor vitals
	CVS	5) Inform S/S.
	RS / (N).	
	P/A	Dhanalakshmi
		Noted by Alekhya
12/7/26 9:00AM	C/S/b Resident	
	AFI-D6.	PLAN
	↑ periorbital swelling.	
		= IVF - .
	- No fever overnight	- Drugs as per chart
		- Monitor vitals / Inform SOS
	O/E, Active	
	vitals - stable	
	S/E - NAD	Rahul RAHUL.

DR. DINESH KUMAR CHIRLA Registration No: 6622

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

Patient

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RESULT SHEET

B+.

Date	4/7/26.					
Time	5:30 PM.					
Hb	~~H3~~ 11.0.					
PCV	33.4					
RBC	4.49					
WBC	13020.					
N/L / M	19/67/12.					
Platelets	1.81.					
CRP	7.					
ESR						
PCT	0.627					
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	567					
SGPT	195					
SGOT	118					
T.Bill/Conj	0.7/0.5					
T.Protein	6.8					
S.Albumin	3.5					
S.Globulin	3.3					
A/G Ratio	1.					
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 : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

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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	SYP. CROCIN-DS	8 ml	PO	SOS	11/07/26 4AM	☑ C ☐ DC
2	SYP. TAXIM-O (400mg/5ml)	7 ml	PO	BD	10/07/26 9PM	☐ 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 : Nandan, Dr. Nandan

Date & Time : 11/07/2026, 5.40Pm

Nurse Name & Signature: Sagar

Date & Time : 11/7/26 @ 6 pm

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

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DRUG CHART

Date of Admission: 11/07/2026 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 : Syp. CROCIN-DS

Dose	Route	Frequency	Start Date
8ml	PO	SOS	11/07/26

Doctor's Signature: Dr. Nanda | Valid Period: | Pharm.:

Additional Instructions: if temp > 100°F
Minimum 6 hrs gap between 2 doses.

Date / Time:

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	SOS	11/07/26

Doctor's Signature: Dr. Nanda | Valid Period: | Pharm.:

Additional Instructions: if nausea/vomitting ⊕
IV Minimum 8 hrs gap between 2 doses.

Date / Time: 11/7 9:40pm Rima

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date / Time:

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

BAH-00523100
Baby Of SHILPA REDDY (F)
30-09-2022 3 Y 9 M 11 D
Dr. DINESH KUMAR CHIRLA

REGULAR PRESCRIPTIONS

Weight. 27.32Kg Ward. ....

DRUG: SYP. AZITHROMYCIN				Date/Time	11/7	12/7
Dose	Route	Frequency	Start Date			
7ml	PO	OD	11/07/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.				9pm	10pm	
Additional Instructions: 200mg/5ml						
Daily Doctor's Endorsement by a Sign						

DRUG: SYP. OSELTAMIVIR				Date/Time	11/7	12/7
Dose	Route	Frequency	Start Date			
5ml	PO	BD	11/07/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.				10AM	X	
Additional Instructions: 60mg/5ml				10pm	11pm	
Daily Doctor's Endorsement by a Sign						

DRUG: INJ. ESOMEPRAZOLE				Date/Time	12/7
Dose	Route	Frequency	Start Date		
25mg	IV	OD	11/07/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				6Am	9:10 am
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				

Patient Sticker

Weight. 27.32kg 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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

BAH-00523100
Baby Of SHILPA REDDY (F)
30-09-2022 3 Y 9 M 11 D
Dr. DINESH KUMAR CHIRLA

I.V. FLUIDS CHART

Weight. 27.32kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/07/26	5.50 PM	IVF DNS (80% Maintainance)	IV	55 ml/hr	[signature]	Akhila / Akhila	12/7	Rahul	Juni / [signature]
12/7	9:00 Am	DNS	I.V	45	[signature]	Juni / Mounika			

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

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

11/7

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

PRESCHOOL (1-5 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:	8:40 pm	7:30 pm	9:30 pm	2 Am	7 Am
Doctor / Nurse / Family Concern?					
Temperature (ºF) (94–104)	97.9°F	99.2°F	99.2°F	99.1°F	Patient is Refused
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)		104/62 (74)	100/66 (80)	96/64 (70)	
Note: BP does not score in early warning scoring					
Heart Rate (Number)	[illegible] b/m	110 b/m	109 b/m	115 b/m	
Resp. Rate (bpm) (Over 1 Minute) * (10–70)					
Resp Rate (Number)	40 b/m	30 b/m	30 b/m	30 b/m	
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	99%	99%	98%	
Conscious Level — Normal					
Conscious Level — Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	
Pain Score	0	0	0	0	
Observer's Initials	FA	FA	Ro	Rtw	

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 ad half hourly to hourly Observation to continue
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On all night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am 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 e.g. stop the fluid/ repeat observation)

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Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

12/7

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

PRESCHOOL (1-5 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:	9 AM
Doctor / Nurse / Family Concern?	
Temperature (°F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98°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	111 / 68 (78)
Heart Rate (Number)	116/mt
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	26/Mt
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	
Receiving O_2(l/min)	
O_2Saturations (%)	100%.
Conscious Level: Normal	
Conscious Level: Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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.

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

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CHILD BSERVATION and EA ARNING SCORING TOOL

INSTRUC

- The pa rly Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhoo sses 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.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

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FLUID CHART

Sheet No. : (1) 4/7

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.

		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	DNS									0	Alys
	07:00 pm		H2O	55 ml							0	Alys
Total Intake :						**Total Output :** M-0 U-0						
	08:00 pm			55 ml							0	Rin
	09:00 pm		H2O	55 ml							0	Rin
	10:00 pm			55 ml							0	Rin
	11:00 pm	DNS		55 ml		NP					0	Rin
	12:00 am		H2O	55 ml							0	Rin
	01:00 am			55 ml							0	
Total Intake :						**Total Output :** U-1 M-0						
	02:00 am										0	Rin
	03:00 am		H2O	Not connect							0	Rin
	04:00 am										0	Rin
	05:00 am	DNS				NP					0	Rin
	06:00 am		H2O	Not connect							0	Rin
	07:00 am										0	
Total Intake :						**Total Output :** U-1 M-0						

Total 24 hrs. Intake	IV-385	Total 24 hrs. Output	U-2 M-0

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FLUID CHART

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Sheet No. : 2 12/F

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	DNS		55ml							0	
	09:00 am	DNS		45							0	
	10:00 am	DNS		45ml							0	
	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**	

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 11/7/26

Assessment: patient having discomfort

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
6:30 pm	Assess the pt general Condition	7pm	Assessed the pt general Condition	pt is stable now
7:15 pm	Assess the pt vitals	7:30 pm	Assessed the pt vitals	
	Assess the pt in a Comfortable Position		Assessed the pt in a Comfortable position	
7:45 pm	Provide hygine	8pm	Provided hygine	

Re-Assessment: pt is stable now

Special Notes: NA

A

Nurse Name: Alekya @ 606820 Date & Time: 11/7/26 @ 8pm

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 11/7/26

Assessment: Patient is Discomfortable

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

Time	Plan of Care	Time	Implementation	Evaluation
8Pm	Assess the general condition of the patient.	8:30pm	Assessed the general condition of the patient.	Noes if patient is Stable
10pm	Monitor the vital.	10:30pm	vital checked and recorded.	
11pm	Administer the medication as per Drug chart.	11:30pm	Administered the medication as per Drug chart.	
2Am	Maintain the fluids.	2:30Am	Continued the fluids.	
7Am	Ensure the Safety.	7:30Am	Provided the side rails up.	

Re-Assessment: Re-Assessment Done with hrly vitals

Special Notes: NIL

Nurse Signature: Rimo Nurse Name: Rimo Date & Time: 12/7/26 8Am

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh Kumar Department: ER Date of Admission: 11/7/26

SITUATION

Diagnosis: Fever × 5 days
cold × 2 days

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

BACKGROUND	Area / Shift Time	ER 6:10 pm	3rd floor 8pm-8am				
	Medical Condition (Any special condition to be noted):	Nil	Nil				
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:	100°F	99.2°F				
	Res:	24 b/m	24 b/m				
	SpO_2:	100 %	100 %				
	Pulse:	83 b/m	95 b/m				
	BP:	101/45	106/65				
	Fall Risk Score:	10	10				
	Pain Score:	0	0				
Recommendations	Safety Needs:	Yes	Yes				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	Nil	Nil				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	Nil	Nil				
Post Operative Procedure Special Orders:		Nil	Nil				
Handed Over By Name :		Sagar	Rizwan				
Signature :							
Date:		11/7/26	12/7/26				
Time:		6:10 pm	8 Am				
Taken Over By Name :		Alekhya	Juwairiya				
Signature :							
Date:		11/7/26	12/7/26				
Time:		6:30 pm	8 am				

Patient Sticker

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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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BRADEN 'Q' SCALE

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					Date : 11/7	12/7		
					Time : 6pm	8 Am		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name	S	Bio		

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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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 11/7	DATE 12/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		10	10			

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

	Bed in low position		Yes	Yes			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		NO	NO			
	Other Intervention(s) Specify		NO	NO			
	Nurse's Name :		Sagar	Ram			
	Signature :						
	Date :		11/7	12/7			
	Time :		6pm	8AM			

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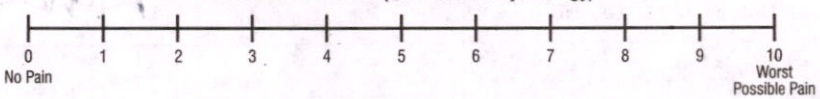
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	6 pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	[signature]
12/7/26	12Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Rim [signature]
12/7/26	6Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Rim [signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

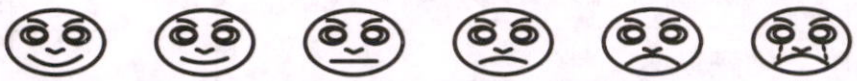
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   - a) At least every 2 hours for the first 24 hours
   - b) Then every 4 hours.
   - c) Prior to pain pain-relieving intervention.
   - d)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

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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CHECKLIST FOR THROMBOPHLEBITIS

17/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	—	—	0							
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	—	—	1							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—	—	1							
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	1	1	1							
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	1	1	1							
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	1	1	1							
		Signature of the Nurse		1	1	R'm							

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

BAH-00523100 IP5-00176274
Baby Of SHILPA REDDY
30-09-2022 3 Y 9 M 11 D (F)
Dr. DINESH KUMAR CHIRLA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow® Children's Hospital
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Part - I.

Patient's / Learner Language: Hindi ..... Patient / Learner Literacy: ☒ Read ☒ Write ☐ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
11/7/26	6pm	7.	Infection control Measures	M	9	O	1	1	–	
12/7/26	9.35am	9	soft Diet	m/f	1	0	1	1	–	

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

Understanding: 1. Verbalizes Understanding 2. Demonstrate erstanding 3. Needs Review

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: AFI

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
11/7/2026 6pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI	H. STABLE	IV fluids	[signature]	☐ Nursing ☐ Others:
11/7/26 6pm	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Fever × 5 day Cold × 2 day	H-stability	vitals monitoring	[signature]	☐ Medical ☐ Others:
12/7/26 9am	☐ Medical ☐ Nursing ☑ Others: Dietitian	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Afi	Soft diet	RDA E – 1300kcal/d P – 22 g/d	Saina	☐ 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: 6:29pm Mode of Arrival: 6:24pm Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: ..... 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: NA

.....

s 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: 27.32kg Length: NA Head Circumference (< 2 years): NA

Temp.: 97.9°F HR: 110b/m RR: 26b/m BP: 102/61 (71)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 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): .....

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

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 ..... father .....

Nurse Signature: .....

Nurse Name: ..... Alekya .....

Date: ..... 11/7/26 .....

Time: ..... 6:24pm .....

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Dr. DINESH KUMAR CHIRLA

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 12/7/26 Time: 9:35 am

Weight: 27.32kg Centile: 79th

Height: 95cm Centile: 79th

Inference: overweight child

RDA: – Calories: 1300 kcal/d Protein: 22gm/d

Diet Recommendations: soft diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

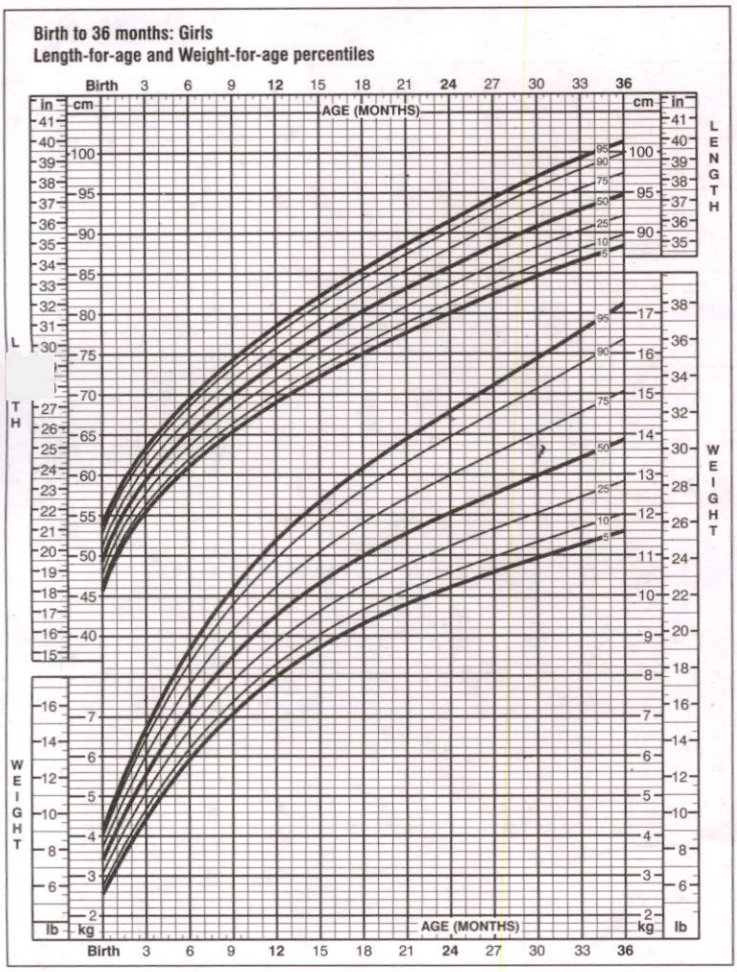
Food Allergies: NO Veg/Non-veg Non-veg

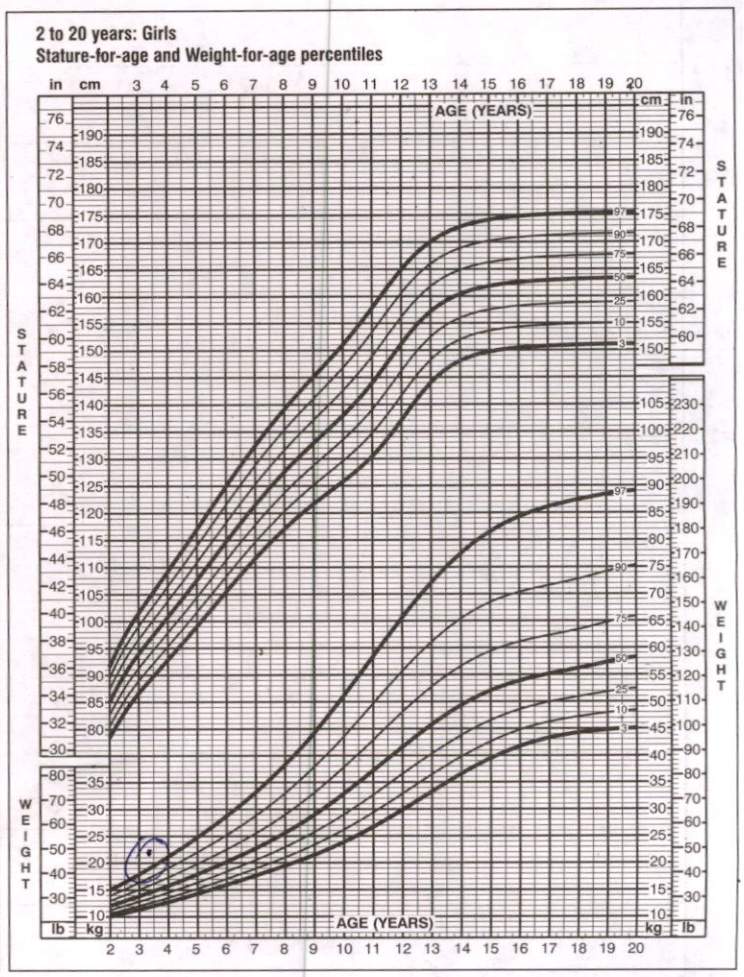
Diagnosis: AFI – b6 & periorbital swelling

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

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 : IP5-00176274 **Admit Date** : 11-Jul-2026 **Admit Time** : 05:19 PM **UHID** : BAH-00523100

Patient Details :

Patient Name	: Baby Of SHILPA REDDY	**Age**	: 3 Y 9 M 11 D
Guardian	: Mr SRIDHAR VARMA DATLA	**DOB**	: 30-09-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 704, BLOCK A, NIHARIKA INTER LAKE Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9989671456
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SUITE **Bed No** : SUITE 1 (311) **Ward Name** : 3F-ZONE A

Room No : SUITE 1 (311) **Admission Type** : First Visit

Contact Details :

Name : Mr SRIDHAR VARMA DATLA **Relationship** : Father

Contact Address : FLAT NO 704, BLOCK A, NIHARIKA INTER LAKE Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9989671456

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP N... nsultant: _____ Dept : _____

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Dr. DINESH KUMAR CHIRLA

Date of Admission: ____ e of Discharge : _____ Time: _____

Room / Bed No : _____ _____ uggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	6pm	ER	~~ICU~~ 311	

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
	CBP, CRP, Procalcitonin,		
11/7/40	LFT, Dengue NS1+IgM,	6955O	Dutt
	MP, Blood cs,		
	Respiratory Panel (Swab		
12/7	CUE	26069600	Rimu