

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00175703 Admit Date : 28-Jun-2026 Admit Time : 04:10 PM UHID : BAH-00660127

**Patient Details :**

Patient Name : Master MOHAMMED YOUNUS Age : 12 Y 0 M 3 D  
Guardian : Mr MOHAMMED ABU BAKER DOB : 25-06-2014  
Gender : Male Religion :  
Occupation : Martial Status : Single  
Address (H) : H NO 17-2-894/C3, REIN BAZAR, CHARMINAR, Yakutpura Hyderabad Telangana INDIA 500023  
Phone No : 9381220746 / 8978618851  
E-mail : NO@GMAIL.COM

**Admission Details :**

Bed Type : PICU Bed No : PICU 212 Ward Name : 2F-PICU I  
Room No : PICU 212 Admission Type : First Visit

**Contact Details :**

Name : Mr MOHAMMED ABU BAKER Relationship : Father  
Contact Address : H NO 17-2-894/C3, REIN BAZAR, CHARMINAR, Yakutpura Hyderabad Telangana INDIA 500023  
Phone No : 9381220746 / 8978618851

*[Signature]*  
Signature

**Doctor Details :**

Doctor Name : Dr. ANUPAMA Y Specialisation : PEDIATRIC INTENSIVE CARE  
Referral Doctor : SELF Phone No :  
Co-Consultant : Dr. DINESH KUMAR CHIRLA

**Payment Details :**

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : SELF PAY

*Self Indent*



B6

## ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ T \_\_\_\_\_ Charge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00660127 IP5-00175703  
Master MOHAMMED YOUNUS  
25-06-2014 12 Y 0 M 9 D (M)  
Dr. ANUPAMA Y  


## WARD TRANSFERS

| Date   | Time | From | To  | Signature of Nurse |
|--------|------|------|-----|--------------------|
| 7/7/26 | 3 pm | PICU | 201 | Bu                 |
|        |      |      |     |                    |
|        |      |      |     |                    |
|        |      |      |     |                    |
|        |      |      |     |                    |

## Cross Consultation Visit

|    | Doctors Name     | Date     | Order No. | Signature |
|----|------------------|----------|-----------|-----------|
| 1  | DR. ABHISHEK     | 5/7/26   | 9688926   | Sun       |
| 2  | DR. Akhila       | 6/7/26   | 9690425   | ↓         |
| 3  | DR. Sushma Reddy | 6/7/26   | 9690425   | ↓         |
| 4  | DR. Brundhara    | 07/07/26 | 9691660   | ↓         |
| 5  | DR. Satish Reddy | 8/7/24   | 9695921   | Bu        |
| 6  |                  |          |           |           |
| 7  |                  |          |           |           |
| 8  |                  |          |           |           |
| 9  |                  |          |           |           |
| 10 |                  |          |           |           |



[illegible]

05107

CBP RP2

26067195

parash

QBS

260 6 7201

$$\frac{5}{7}$$

CXR.

33387

Subhadra

06/07

RBS

260 673 28

Palash

07/07

RBS

26067782

Palash

77

CBP, LFT, RP,

26068079

Abil

817

S/E

26068172

Dipa

817.

Amylase

26088173

Bull

2/2/2

CVB

- 26068428

9/2/26

cosine els

26068633

7

$$10 \frac{1}{2}$$

CBL RP2 Cal - Phos

26068852

9



# MEDICAL EQUIPMENT (WARD & ICU)

| Date  | Name of Equipment    | Connecting Time | Disconnecting Time | Order No. | Signature |
|-------|----------------------|-----------------|--------------------|-----------|-----------|
| 05/07 | TMR monitor          |                 |                    | 9678952   |           |
|       | <del>HFNC</del> CPAP |                 |                    | 9686487   |           |
|       | Oxygen               |                 |                    |           |           |
|       | Alpha Bed            |                 |                    | 9683140   | palash    |
|       | S. pump              |                 |                    |           |           |
|       | S. pump              |                 |                    | 9678952   |           |
|       | S. pump              |                 |                    | 9679299   |           |
|       | S. pump              |                 |                    | 9686487   |           |
| 5/7   | HFNC                 | 11 AM           |                    | 9688916   | Su        |
| 06/07 | TMR monitor          |                 |                    | 9678952   |           |
|       | TMR pump             |                 |                    | 9689515   | palash    |
|       | Alpha Bed            |                 |                    | 9683140   |           |
|       | HFNC                 |                 | 10am               | 9688915   |           |
|       | Oxygen               |                 |                    | 9686487   |           |
| 07/07 | TMR monitor          |                 |                    | 9678952   |           |
|       | TMR pump             |                 |                    | 9689514   |           |
|       | Alpha Bed            |                 |                    | 9683180   | palash    |
|       | Oxygen               |                 |                    | 9686487   |           |



[illegible]

**ANY OTHER INFORMATION**

DW

Date : 10/2/20 Time : 08:00 Prepared By : [Signature]

10/2/20

08/02/20

*[Signature]*

Staff Nurse

Shift / Ward

**Billing Assistant**

# Billing Supervisor





## ADMISSION CRITERIA – PICU

### Admission / Transfer from:

☒ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

### Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
  - ☐ Patients with impending respiratory failure;
    - ☐ Upper airway obstruction;
    - ☐ Lower airway obstruction;
    - ☐ Alveolar disease; and
    - ☐ Unstable airway;
  - ☐ All Paediatric patients after successful resuscitation;
  - ☐ **Comatose Patients;**
    - ☒ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
    - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
  - ☐ **All types of shock/hemodynamic instability:**
    - ☐ Septic shock;
    - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
  - ☐ Cardiac arrhythmias after consulting with the treating consultant
  - ☐ Hypertensive Emergencies;
  - ☐ Severe acid base disorders;
  - ☐ Severe electrolyte abnormalities;
  - ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
  - ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
  - ☐ **Post-Operative Patients;**
    - ☐ Requiring ventilation;
    - ☐ Unstable patients; and
    - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
  - ☐ Patients requiring nitric oxide therapy;
  - ☐ Malignant hyperpyrexia;
  - ☐ Acute hepatic failure
  - ☐ Severe dehydration with mental status change;
  - ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- "UNSTABLE" PATIENT IS DEFINED AS**
- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
  - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
  - ☐ Capillary refill time > 4 seconds.
  - ☐ Children Blood pressure (Syst.) < [70 + (2 × age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
  - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
  - ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
  - ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: Tyoti Name of the Doctor: Dr Tyoti Date & Time: 28/6/26



## DISCHARGE CRITERIA – PICU

**Discharge to:**

- ☐ HDU / Step down ICU      ☐ Ward      ☐ Outside Facility      ☐ Others: .....

**Tick (✓) any of the following criteria requiring discharge / transfer from PICU**

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

**DR. ANUPAMA Y**  
**Registration No: 50853**

Signature of the Doctor: .....

Name of the Doctor : Dr. Anupama Y

Date & Time: 28/6/2026





## PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 28/06/26 Time: 4:30pm

### Patient Assessment Form:

Informant: ☒ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints: Fever on & off: 1 month  
 Joint pain (wrist knee): 1 month (on & off)  
 - Rashes (Generalized Erythematous): 1 month (on & off)  
 Severe enough to cause disability & led to Adm.

Timeline:  
 May 26th: fever (+)  
 June 8th: Admitted  
 June 19th: discharged  
 June 25th: readmitted  
 Referred to Rainbow  
 Joint pain (+)  
 Rash (+)  
 Managed as ARF & discharged on H/Os  
 Admitted on Adm.  
 Similar complaint

### Past History (Including previous treatment and investigations):

→ No H/O hospital admission: birth  
 → 3 hospital admission: last 1 month.

### Birth and Developmental History:

FT / AG / NVD / C / AB / No NICU admission.

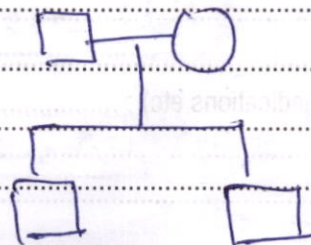
### Immunization History:

→ Immunized as per Age (NIS).

### H / O Allergy:



### Family History:



No H/O chronic illness / chronic medication use in family.



Provisional Diagnosis : Δ° ? ARF 2? RENE E

Prism III score at 24 hrs of admission : ..... Worse SOFA Score : 11

☐ Referred Patient - ☒ Self Referral - ☐ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : .....

Indication for PICU referral : Hemodynamic & Respiratory issues

### PLAN OF CARE

Preventive aspects of the treatment : > to prevent Pulmonary deterioration

Desired goals of the treatment : > TO stabilize hemodynamic & Neurological

### PLANNED INVESTIGATIONS

1) RR, PT/INR/APTT, Blood CS,  
PCT, ~~AFP~~, CrP

### PLANNED MANAGEMENT

① Antibiotics  
② Mechanical Ventilation  
③ To decide on  
pep and CRRT

Final Diagnosis: .....

Doctor's Signature : [Signature]

Name : .....

Date : .....

Time : .....

Consultant's Signature : [Signature]

Name : .....

Date : .....

Time : .....

DR. ANUPAMA Y  
Registration No: 50852





### PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Anupama

6/7/26  
10 AM

| Date & Time | Progress Notes                                                                                                                                                                                                                                                                                                                                                                             | Counselling Notes | Doctor's Order        |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
|             | <p>Today T/FNC is stopped &amp; face mask is started. Child having weakness. oral care will be given. Soft diet is allowed. Blood culture showing gram negative growth antibiotics will be adjusted. One episode of vomiting occurred. Urea &amp; kidney function is altered. Vomiting will be seen. Patient is receiving antihypertensives.</p> <p><u>Labaker</u><br/><u>L. Ratha</u></p> |                   | <p>M<br/>no notes</p> |



06-2014  
r. ANUPAMA Y

IP5-00175703

BAH-00660127

BAH-00660127  
Master MOHAMMED YOUNUS  
12 Y 0 M 10

25-06-2014

25-06-2014  
Dr. ANUPAMA Y

12 Y 0 M 10 D

(M)

Birt

**BY RAIL**  
Your First

### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]







BAH-00660127 IP5-00175703  
Master MOHAMMED YOUNUS (M)  
25-06-2014 12 Y 0 M 10 D  
Dr. ANUPAMA Y

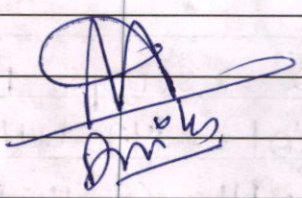
Rainbow Children's Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                                                                                             | Doctor's Order                                                                  |
|--------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 6/7/2026<br>2:30pm | CS/B Dr Anupama<br>Plan<br>child on full marko <sub>2</sub><br>Hemodynamic stable<br>No beauty feeds well. | ① Change to low flow<br>② stop polymyxin-B<br>③ Plan to stop Mergonem tomorrow. |
|                    | HR - 105/min<br>SpO <sub>2</sub> - 100%<br>RR - 16/min<br>BP - 12.0/80 mmHg                                | ④ Encourage orally.<br>⑤ CBP, Rf <sub>2</sub><br>⑥ 400pm.                       |
|                    |                                                                                                            | M.B. Hans                                                                       |
|                    |                                                                                                            | DR. ANUPAMA Y<br>Registration No. 50853                                         |
|                    |                                                                                                            | DR. ANUPAMA Y<br>Registration No. 50853                                         |



| Date & Time        | Progress Notes                                                 | Doctor's Order                                                                           |
|--------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 6/7/2020<br>6:00pm | C/S/B Dr Anupamg                                               |                                                                                          |
|                    | No fresh complaints<br>platelets - ↑ ting trend<br>wors by day | Plan<br>① DMC ② 2md/hour<br>③ If any fever spikes<br>to inform<br><br>N.B.<br>Hem<br>8/1 |
|                    |                                                                |     |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                    | Doctor's Order               |
|-------------|-----------------------------------|------------------------------|
| 7/7/26      | <u>NUTRITION REVIEW</u>           |                              |
| 8am         |                                   | STOOL PASSED = 5 / Bristol-5 |
|             | PBW: 50kg (50th Centile)          |                              |
|             | REE: 1528 Kcal/d                  | Hb: 9.1 WBC: 1.0680          |
|             | RDA: 2250 Kcal/d ✓                | Plt: 1.98 U: 106 C: 3.2      |
|             |                                   | Alb: 3 ✓                     |
|             | NG Feeds Cyclical                 |                              |
|             | Peptamen junior                   |                              |
|             | C1: 35 ml dilution                |                              |
|             | 60 ml/hr (3hr on 1hr off)         | Recall vol = 1175 ml/d       |
|             | 42 scoops for REE                 | 33 scoops for Recall         |
|             | Vol = 1470 ml/d for REE           |                              |
|             | 81 ml/hr (cyclical) for REE ✓     |                              |
|             | <u>MACROS (REE)</u>               | <u>MACROS (RECALL)</u>       |
|             | Cal: 1533 ; 30.6 Kcal/kg/d        | Cal: 1204.5 ; 24 Kcal/kg/d   |
|             | Prot: 42 ; 0.84 g/kg/d            | Prot: 33 ; 0.66 g/kg/d       |
|             | Carbs: 214.2 ; 4.2 g/kg/d         | Carbs: 168.3 ; 3.3 g/kg/d    |
|             | Fat: 54.6 ; 1 g/kg/d              | Fat: 42.9 ; 0.85 g/kg/d ✓    |
|             |                                   | Present Feed: 60 ml/hr       |
|             | <del>81 ml/hr</del><br>81 ml/hr ✓ | Encourage orally             |
|             |                                   | Dietsion<br>Maurice          |
|             |                                   |                              |
|             |                                   |                              |
|             |                                   |                              |
|             |                                   |                              |
|             |                                   |                              |





## DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/26 Day of Admission : 10 Today's Date & Time : 7/7/26 8 AM  
PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : 2

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| OVERVIEW           | Diagnosis : <u>Sepsis / MODS / TAMOF</u><br><u>Non oliguric AKI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current Issues <u>⊕ Hypertension - On oral antihypertensives</u><br><u>⊕ On low flow 2 lit/min</u> |
|                    | <b>VITAL SIGNS</b> Today's Wt. (kg) : <u>50 kg</u> Temp.: <u>99.5°F</u> Blood sugar issues : <u>112 mg/dl</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |
| RESPIRATORY SYSTEM | <b>Respiratory System Findings</b> : (Air entry, breath sounds, s/o distress etc.) :<br><u>BAE ⊕, equal, RR: 22/min</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
|                    | CXR : <u>⊕</u><br>SPO <sub>2</sub> : <u>99% on 2 lit/min</u> <u>O<sub>2</sub> by NC</u> / FM / NRB mask / Oxyhood, at <u>2 lit/min</u> L / min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |
|                    | <b>Ventilatory Support</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : ..... <b>Nitric Oxide</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |
|                    | <b>Ventilatory Settings</b> : Leak around ETT : ..... Delivered Vt : .....<br>ABG : ..... EtCO <sub>2</sub> : ..... P/F ratio : ..... O.I. : .....<br>Chest Physiotherapy Plan : ..... Suctioning Needs : .....<br><b>Any Nebs</b> : ..... <b>ICD ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : .....<br>Plan of care : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |
|                    | <b>Cardio Vascular System Clinical Exam.</b> (Heart sounds, murmur etc.) : <u>HR:</u><br>Quality of Pulses : <u>good</u> cap refill Time : <u>&lt; 3 sec</u> Liver Edge : ..... cm below Rt costal margin<br><b>Blood Pressures</b> : NIBP : <u>130/87 mmHg</u> IBP : ..... CVP : .....<br><b>Infusion of</b> : <input type="checkbox"/> Dopamine ..... mcg / kg / min - <input type="checkbox"/> Dobutamine ..... mcg / kg / min<br><input type="checkbox"/> Epinephrine ..... mcg / kg / min - <input type="checkbox"/> Nor Epinephrine ..... mcg / kg / min<br><input type="checkbox"/> Milrinone ..... mcg / kg / min<br>Any Other Infusions : .....<br>Last 2D Echo Findings : .....<br>Size of the heart and lung fields in latest CXR : .....<br><b>Arterial line in situ</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : .....<br><b>Central line in situ</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : .....<br><b>Day of arterial line</b> : ..... <b>Day of Central line</b> : .....<br>Plan of Care : ..... <u>Cannula - ⊕ Hand</u> |                                                                                                    |
| CNS                | <b>Neuro Exam</b> : <u>E4 VS M6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
|                    | Pupils : <u>2mm B/L reactive</u> <b>Sedation Used ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Any paralysis ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Types of Sedation : ..... Types of Paralysis : .....<br>Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....<br>Plan of Care : .....<br>Ramsay Sedation Score : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |



|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>FLUIDS STATUS NUTRITION AND G.I</b> | <input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds<br>I / O / Balance : <u>1385</u> / (+/-) ..... Input : ..... ml/k/d UO : <u>2.2cc/kg/hr</u> ..... Stools : <u>passed 4 times</u><br>NG output : ..... PO intake : .....<br>Feed Formula : <u>60ml - 3hr on, 1hr off</u> Feed Schedule : .....<br>IV Fluids - Type of IVF : <u>D.N.S</u> @ <u>20</u> ml / hr ( ..... times maintenance)<br>TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : .....<br>..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day) .....<br>..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI .....<br>Labs : Na <u>132</u> K <u>4.7</u> Cl <u>88</u> : Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....<br>Latest LFT : .....<br>Abd Exam : <u>Soft</u><br>Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : .....<br>Plan (G.I. & Liver) : <u>Plan to decrease NG feeding allow orally.</u> |  |
|                                        | <input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile    Current Antibiotics Details (antibiotic name and day #) : .....<br>Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>low grade fever spike 99.5°F</u><br>Describe c/s Reports : <u>Kalutapicketh</u><br>Other Labs (Latex, Serology, etc) : <u>on Inj. Meropenem (D10)</u><br>Ongoing Antibiotics : <u>Tab Fluconazole (D2)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                        | Sr. Creat : <u>3.2 ↑</u> Bld. Urea : <u>10.6 ↑</u> Other Relevant Labs : .....<br>P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : .....<br>Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : .....<br>Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : .....<br>Relevant Radiology (USC, MCUG radioisotope scan etc) : .....<br>Plan of Care : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                        | Relevant Labs ( CBP etc ) : <u>CBP :- 9.1 / 10.680 / 48.5 / 11.6 / 12.98</u><br>Any Coagulopathy : .....<br>Relevant Transfusion History : .....<br>Plan of Care : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                        | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA<br/> CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA<br/> CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA<br/> Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br/> If yes, then details : ..... </div> <div style="width: 45%;"> Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> If yes, then details : .....<br/> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> If yes, then details : ..... </div> </div>                                                                                                                                                                                                                                           |  |
| <b>FINAL COMMENTS</b>                  | <u>→ Plan to stop meropenem.</u><br><u>→ Plan to shift to ward.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

Doctor's Name (Handover given) : Jayash  
Signature : [Signature]  
Date & Time : 7/7/26 @ 8AM

Doctor's Name (Handover taken) : Anupradya  
Signature : [Signature]  
Date & Time : 7/7/26 @ 8AM





## PROGRESS NOTES AND DOCTOR'S ORDER

↓ Dr. Anupama

| Date & Time            | Progress Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Doctor's Order                                |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 05/07/2026<br>11:00 AM | <p><u>Counselling Notes</u></p> <p>Parents counselled regarding the clinical condition:</p> <ol style="list-style-type: none"> <li>1) will shift him to ward today</li> <li>2) got 2 spec of fever yesterday</li> <li>3) Urea and Creatinine is on higher side, but that is expected because of renal issues</li> <li>4) for pain abdomen, we can do USG abdomen, X-ray abdomen</li> <li>5) we are shifting to second floor room</li> <li>6) we will repeat bloods tomorrow &amp; discharge with up penicillin</li> </ol> | <p>Room no 2</p>                              |
|                        | <p><i>[Signature]</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><u>Adv</u></p> <p>1) USG whole abdomen</p> |



[illegible]





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time         | Progress Notes                                                                                                              | Doctor's Order                                                                                                                                  |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 07/07/14<br>10:30am | S/R Dr Anupame:<br>D: Sepsis & Septal Shunt<br>MONIC ARDETAMOF DIC                                                          | PCAN                                                                                                                                            |
|                     | 1) On low flow O <sub>2</sub><br>& Hypertension.<br>(Controlled & Antihypertensive)<br>U/O: 2.2ml/141u                      | 1) Bristol stool chart<br>2) TAB PARACETAMOL<br>for if fever<br>3) Chest Xray<br>+ Abdomen Erect                                                |
|                     | 1) Fever (+): Thrombophlebitis<br>? UTI<br>? Sepsis,<br>u) Stools (+) Semi solid<br>4 times a day<br>(Type 6 Bristol chart) | 4) Shift Antibiotic to<br>Piptaz ↓ renal doses.<br>5) Shift to bolus feed<br>today & continuing<br>background fluid. Dns 200ml/hr               |
|                     | eGFR = 20                                                                                                                   | 6) 13ml/3 hourly bolus<br>RT feeds to start<br>7) Plan penicillin injection<br>in wards.<br>8) Stop Hydralazine<br>today,<br>9) Shift to zone-B |

DR ANUPAMA Y  
Registration No: 50853

ms  
Roh  
John  
21/07/14





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time   | Progress Notes                            | Doctor's Order                                     |
|---------------|-------------------------------------------|----------------------------------------------------|
| 7/7/26<br>6pm | 40/B PICU resident                        | Plan                                               |
|               | Sev sepsis (moderate to severe)<br>AKI    | 1) Off O <sub>2</sub> trial tomorrow morning       |
|               | on O <sub>2</sub> = NP @ 1 L/min          | 2) Give antihypertensives only if BP > 130/80 mmHg |
|               | No respiratory distress                   | 3) Encourage orally                                |
|               | Hemodynamically stable                    | 4) 135 ml / Q3H NG feeds                           |
|               | P/A - soft.                               | 5) Inform in PICU if further vomiting              |
|               | 1 ep vomiting                             | + pain abdomen                                     |
|               | pain abdomen                              | + fever spikes                                     |
|               | on palpation, abdomen is soft, non-tender | 6) monitor urine output by diaper weight.          |
|               |                                           | 7) send CBL, LFT, RP-2                             |
|               |                                           | 8) add smooth, mu-out,                             |
|               |                                           | 9) dulcolax suppository/stat                       |
|               |                                           | <i>Noted by Nita or Prabhu</i>                     |
|               |                                           | - send S. electrolytes from bar                    |



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## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes                                                                       | Doctor's Order |
|-------------------|--------------------------------------------------------------------------------------|----------------|
| 08/07/16<br>8:00a | C/S/B 11W follow                                                                     |                |
|                   | Temp (F) @ 10:00pm (100°F)<br>Stools passed yesterday<br>overnight (solid-ferrous) → | PLAN           |
|                   | — On $\text{O}_2$ via NPE 2 L/min.<br>No RD.                                         |                |
|                   | — 1 ep vomit (F)<br>Pain e Epigastri reg (F).                                        |                |
|                   | Clonidine & Amla not<br>given Yesterday<br>∴ RP C 100/60 mmHg                        |                |
|                   | W.D.<br>Divan<br>08/07/16<br>8:00a                                                   |                |





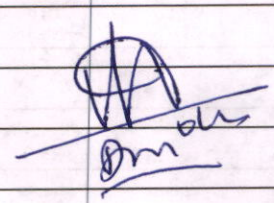
## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes               | Doctor's Order         |
|--------------------|------------------------------|------------------------|
| 21/6/14<br>7:55 AM | SIB Dr. Anupama              |                        |
|                    | Tamof. mode.                 |                        |
|                    | Background of Acute          |                        |
|                    | Rheumatic fever.             | <u>Plan</u>            |
|                    | AKI - AKD.                   |                        |
|                    | Dic E Hepatitis → Resolving. | 1) Remove Nw tube.     |
|                    | e/o Epigastric Pain          | 2) continue w/f @      |
|                    | Oral acceptance not          | 30 ml/hr DMS           |
|                    | best                         |                        |
|                    | Cxat ↔ 3:1                   | 3) Dr. Satya Prasad to |
|                    | Urea 110                     | su.                    |
|                    | Low grade fever.             | 4) Encourage oral      |
|                    |                              | intake.                |
|                    |                              | 5) acid oral           |
|                    |                              | Levofloxacin           |
|                    |                              | 6) Give anti HPE       |
|                    |                              | (Amlozapine) 10 mg     |
|                    |                              | ≥ 120/76               |
|                    |                              | 7) Chest physio.       |
|                    | 8) Send UET                  |                        |
|                    | Sample                       |                        |

DR. ANUPAMA Y  
 Registration No: 50853



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes         | Doctor's Order                                                                        |
|--------------------|------------------------|---------------------------------------------------------------------------------------|
| 8/6/2026<br>5:00pm | C/S/B Plw fellow       |                                                                                       |
|                    | D:- Sepsis / MODS      | Plan                                                                                  |
|                    | TAMOF                  |                                                                                       |
|                    | AKF - AKD              | ① Encourage orally                                                                    |
|                    | DIC ± Hepatitis        | ② W/F - DNS ③ 30ml/hour                                                               |
|                    | Eprgastic Pan-Beltr    | ④ Cpre-Auli-HITN                                                                      |
|                    | No fever spikes        | medication only :y                                                                    |
|                    | on low flow oxygen     | BP > 20/80                                                                            |
|                    | Hemodynamically stable | ⑤ W/r fever spikes                                                                    |
|                    | Picky orally.          |                                                                                       |
|                    |                        |  |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                                | Progress Notes                                         | Doctor's Order                                                                                                      |
|--------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 10/21/16<br>8:00a                          | S/B PIW fellow<br>sepsis MODIC TAMDA<br>C non olig AKI | PLAN                                                                                                                |
| - one feed @ 10:00pm.<br>(100' u'm)        | - No loose stools                                      | 1) <del>feed. Ca<sup>++</sup>, P<sub>4</sub>, Mg<sup>++</sup></del><br><del>Rb<sub>2</sub>, UCC after rounds.</del> |
| - oral intake improved                     | - Amlogin & clonidine<br>give one<br>don               | 2) ct IV fluid.                                                                                                     |
| - Hemodynamically stable<br>off oxycodone. | - oral intake food                                     | 3) change cannula                                                                                                   |
|                                            |                                                        | 4) Cont antibiotics                                                                                                 |
|                                            |                                                        | 5) Encourage oral intake.                                                                                           |
|                                            |                                                        | 6) Monitor SpO <sub>2</sub> in<br>room circ every 4h.<br>start low flow SOS.                                        |
|                                            |                                                        | Lucy                                                                                                                |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes                                                                                                                                                                              | Doctor's Order                                                                                                                                                                                                            |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/7<br>10:20am | GB Dr. Anupama                                                                                                                                                                              |                                                                                                                                                                                                                           |
|                | MODS - TAMOF.<br>AKI - AKD.                                                                                                                                                                 | Plan                                                                                                                                                                                                                      |
|                | Fever spike (4).<br>Oral intake needs<br>to get better.                                                                                                                                     | 1) Continue in Piperacillin<br>tazobactam +<br>Amphotericin                                                                                                                                                               |
|                | Anti-fungal + Ab-use.<br>Adrenal 2 level<br>25%.                                                                                                                                            | 2) Encourage oral intake.<br>3) Keep Dilaudid Symax<br>ready.                                                                                                                                                             |
|                |                                                                                                                                                                                             | DR. ANUPAMA Y<br>Registration No: 50853<br>9/7<br>10:00am                                                                                                                                                                 |
| 9/7<br>5pm     | 1/B Resident<br>1 - MODS - TAMOF<br>AKI - AKD.<br>No further fever spikes.<br>Child alert/active.<br>Resp - SAE@<br>PIA - soft<br>CVS - 1st heard<br>Vitals - stable<br>BP maintaining. (P) | 9) CBP<br>PR2<br>Calcium<br>Phosphate<br>Lactate<br>Inneculture<br>Plan<br>1) Send CBP,<br>RP2<br>Sr. Ca <sup>2+</sup><br>Sr. PO <sub>4</sub> <sup>-3</sup> } 7pm<br>2) Continue Antibiotic<br>3) Plan discharge tomorrow |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time           | Progress Notes                                                                                                                                         | Doctor's Order                                                                                                                                                                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/07/2020<br>8:00a   | S/R 91W follow<br>fever & mod to severe                                                                                                                |                                                                                                                                                                                                                                                     |
|                       | 1) No fever: 10h now                                                                                                                                   | <u>PLAN</u>                                                                                                                                                                                                                                         |
|                       | 2) One spike @ 10:00pm                                                                                                                                 | 1) To add R fresh Kase after round                                                                                                                                                                                                                  |
|                       | 3) Stools pass & good                                                                                                                                  | 2) Plan (b) today                                                                                                                                                                                                                                   |
|                       | 4) U/O Adequate                                                                                                                                        | 3) Amib + Clondine                                                                                                                                                                                                                                  |
|                       | Urine ↓                                                                                                                                                |                                                                                                                                                                                                                                                     |
|                       | Crat ↓                                                                                                                                                 |                                                                                                                                                                                                                                                     |
|                       | Plt ↑                                                                                                                                                  |                                                                                                                                                                                                                                                     |
|                       | 1) Eye bulgy (+)                                                                                                                                       |                                                                                                                                                                                                                                                     |
|                       | 2) Throat bulgy/Plan (+)                                                                                                                               |                                                                                                                                                                                                                                                     |
|                       | 3) Oral intake food.                                                                                                                                   |                                                                                                                                                                                                                                                     |
|                       | also for Anupama                                                                                                                                       |                                                                                                                                                                                                                                                     |
| 10/07/2020<br>11:00am | Aseps & mod to severe<br>one fever spike @ 10pm<br>child on Room air<br>Hemodynamically stable<br>Resp - BAE (+)<br>PIA - 80 ft<br>CVS - S1, S2 heard. | <u>Plan:</u><br>1) Stop IV fluids<br>2) Trace urine cultures<br>3) Discharge today<br>4) Review on Monday<br>CBC, RP2, LFT on Followup<br>5) Plan to give Percutaneous on flu<br>6) Levoflox x 1 week<br>Temp x<br>Clondine BD x 40 → OD x 40 → (X) |





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## PROGRESS NOTES AND DOCTOR'S ORDER

- 7) Other medicines as per medicine chart
- 8) ~~GRAVISCOR~~ typ instead of Bichalate on Duclase
- 9) Add PAN-D
- 10) (+) Refarm Teare Drops





### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



## CROSS CONSULTATION FORM

Doctor Name : Abhili Venkatesh Date : 08-07-26 Time : 12:50 pm

Diagnosis : sepsis; multi organ dysfunction syndrome

Hospital : Reli - Bangalore hills

**Type of Referral :**

- ☐ Emergency  
☐ Urgent  
☐ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Physiotherapy

Signature:

**Findings and Recommendations :**

s/b physiotherapy

AOL:

child is  
feeling @

needing &  
support

Sepsis / MODS.  
child is alert; full conscious

→ Laccalnic Epnometic

→ Brachioholding ex's

→ Chest expansion ex's

→ ROM ex's → U in sitting

**Consultant :**

Name : Abhili Venkatesh Signature : Abhili Date & Time : 08-07-26 12:50 pm



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## CROSS CONSULTATION FORM

Doctor Name :

Dr. Satya Prasad

Date :

8/7/2026

Time :

8.11 am

Diagnosis :

TAMOF

Hospital :

Type of Referral :

- ☐ Emergency  
☐ Urgent  
☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

High Urea / Creatinine  
Non-obstructive AKI

Signature:

Findings and Recommendations :

TAMOF / AKI  
High Urea / Creatinine  
non-obstructive AKI

Plan

- ① Send CUE
- ② Continue Same Treatment
- ③ Repeat RP<sub>2</sub> after 2 days.
- ④ Continue IV fluids
- ⑤ Start S/O churning
- ⑥ If urea rises more than 14 hydrate
- ⑦ So send Calcium / Phosphate

Consultant :

Name :

Dr. Satya Prasad

Signature :

DR. V V R SATYA PRASAD  
Registration No. 43599

Date & Time :

8/7/26

Ua



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## RESULT SHEET

|                             |          |        |           |  |  |
|-----------------------------|----------|--------|-----------|--|--|
| Date                        | 7/7/26   | 8/7/26 | 10/7/26   |  |  |
| Time                        | 6pm      | 6Am    | 6am       |  |  |
| Hb                          | 9.9      |        | 9.5       |  |  |
| PCV                         | 29.3     |        | 29.0      |  |  |
| RBC                         | 3.64     |        | 3.58      |  |  |
| WBC                         | 8390     |        | 8.73      |  |  |
| N/L                         | 79/11    |        | 54.4/30.2 |  |  |
| Platelets                   | 2.95 lak |        | 550       |  |  |
| CRP                         |          |        |           |  |  |
| ESR                         |          |        |           |  |  |
| PCT                         |          |        |           |  |  |
| RBS                         |          |        |           |  |  |
| Na                          | 130      | 130    | 133       |  |  |
| K                           | 4.9      | 4.3    | 4.0       |  |  |
| Cl                          | 89       | 91     | 94        |  |  |
| Ca/Mg                       |          |        | 9.5       |  |  |
| Phosphate <i>Phosphorus</i> |          |        | 4.0       |  |  |
| Urea                        | 116      |        | 65        |  |  |
| Creatinine                  | 3.1 ↓    |        | 2.5       |  |  |
| ALP                         | 199      |        |           |  |  |
| SGPT                        | 41       |        |           |  |  |
| SGOT                        | 32       |        |           |  |  |
| T.Bill/Conj                 | 1.5/0.8  |        |           |  |  |
| T.Protein                   | 6.8      |        |           |  |  |
| S.Albumin                   | 3.4      |        |           |  |  |
| S.Globulin                  | 3.4      |        |           |  |  |
| A/G Ratio                   | 1        |        |           |  |  |
| Uric Acid                   |          |        |           |  |  |
| S.Amylase                   |          | 131 ↑  |           |  |  |
| Sr.Lipase                   |          |        |           |  |  |
| Blood Lactate               |          |        |           |  |  |
| S.Cholesterol               |          |        |           |  |  |
| PT/INR                      |          |        |           |  |  |
| APTT                        |          |        |           |  |  |
| CSF Protein / Sugar         |          |        |           |  |  |
| Cells                       |          |        | WBC       |  |  |
| N/L                         | WBC      | 32.    | 27        |  |  |







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25-06-2014 12 Y 0 M 7 D  
Dr. ANUPAMA Y



## RESULT SHEET

|                        |        |         |         |         |            |            |
|------------------------|--------|---------|---------|---------|------------|------------|
| Date                   | 2/7/26 | 3/7/26  | 04/07   | 04/07   | 05/07      | 06/07      |
| Time                   | 10 PM  | 6 AM    | 3:30 AM | 6:00 PM | 6:00 AM    | 3 PM       |
| Hb                     |        | 7.0     | 7.8 ↑   |         | 7.8        | 9.1 ↑      |
| PCV                    |        | 21.4    | 23.4    |         | 23.5       | 27.8       |
| RBC                    |        | 2.78    | 2.86    |         | 2.89       | 3.32       |
| WBC                    |        | 9960 ↑  | 10,480  |         | 11460      | 10,680 ↓   |
| N/L                    |        | 53/29   | 63/24   |         | 83/11      | 78.5/11.6  |
| Platelets              |        | 69000 ↑ | 87000 ↑ |         | 1,28,000 ↑ | 1,98,000 ↑ |
| CRP                    |        |         |         |         |            |            |
| ESR                    |        |         |         |         |            |            |
| PCT                    |        |         |         |         |            |            |
| RBS                    |        |         |         |         |            |            |
| Na                     | 142    |         | 137     | 138     | 137        | 132 ↓      |
| K                      | 3.9    |         | 4.4     | 4.2     | 4.6        | 4.7        |
| Cl                     | 108    |         | 103     | 101     | 97         | 88         |
| Ca/Mg                  |        | (1.3)   |         |         |            |            |
| Phosphate              |        | (2.0)   |         |         |            |            |
| Urea                   |        |         | 51      |         | 80 ↑       | 106 ↑      |
| Creatinine             |        |         | 1.9     |         | 2.8 ↑      | 3.2 ↑      |
| ALP                    |        |         |         |         |            |            |
| SGPT                   |        |         |         |         |            |            |
| SGOT                   |        |         |         |         |            |            |
| T.Bill/Conj            |        |         |         |         |            |            |
| T.Protein              |        |         |         |         |            |            |
| S.Albumin              | 3.0    |         |         |         |            |            |
| S.Globulin             |        |         |         |         |            |            |
| A/G Ratio              |        |         |         |         |            |            |
| Uric Acid              |        |         |         |         |            |            |
| S.Amylase              |        |         |         |         |            |            |
| Sr.Lipase              |        |         |         |         |            |            |
| Blood Lactate          |        |         |         |         |            |            |
| S.Cholesterol          |        |         |         |         |            |            |
| PT/INR                 |        |         |         |         |            |            |
| APTT                   |        |         |         |         |            |            |
| CSF Protein / Sugar    |        |         |         |         |            |            |
| Cells                  |        |         |         |         |            |            |
| N/L ✓ HCO <sub>3</sub> |        |         | 24      |         | 28         | 32 ↑       |







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## RESULT SHEET

|                     |          |           |           |           |           |         |
|---------------------|----------|-----------|-----------|-----------|-----------|---------|
| Date                | 30/6/26  | 1/7/26    | 1/7/26    | 2/7/26    | 02/07/26  | 2/7/26  |
| Time                | 10:30 PM | 3 AM      | 8 PM      | 6 AM      | 2 PM      | 6 PM    |
| Hb                  |          | 7.9 ↓     | 8.4 ↑     | 8.1 ↓     |           | 7.0 ↓   |
| PCV                 |          | 23.6      | 25.4      | 24.1      |           | 21.3    |
| RBC                 |          | 3.1       | 3.33      | 3.17      |           | 2.77    |
| WBC                 |          | 7280 ↓    | 5,740 ↓   | 7,270 ↑   |           | 7150    |
| N/L                 |          | 48/35     | 53.3/31.7 | 51.8/29.6 |           | 54/27   |
| Platelets           |          | 51000 ~   | 48,000    | 47,000 ↓  |           | 53000 ↑ |
| CRP                 |          | (51,000). |           |           |           |         |
| ESR                 |          |           |           |           |           |         |
| PGI                 |          | 1.0       |           |           |           |         |
| RBS                 |          |           |           |           |           |         |
| Na                  |          |           | 141       | 141       | 144       |         |
| K                   | 3.6      |           | 3.0 ↓     | 3.2       | 3.8       |         |
| Cl                  |          |           | 110.      | 109       | 112       |         |
| Ca/Mg               |          |           |           |           |           |         |
| Phosphate           |          |           | 2.1 ↓     |           |           |         |
| Urea                | 83       |           |           |           | 15 ↓      |         |
| Creatinine          | 4.3      |           |           |           | 0.8 ↓     |         |
| ALP                 |          |           |           |           |           |         |
| SGPT                |          |           |           |           |           |         |
| SGOT                |          |           |           |           |           |         |
| U/Conj              | 4.1/3.2  |           |           |           | 1.6/1.0 ↓ |         |
| T.Protein           |          |           |           |           |           |         |
| S.Albumin           |          |           |           |           |           |         |
| S.Globulin          |          |           |           |           |           |         |
| A/G Ratio           |          |           |           |           |           |         |
| Uric Acid           |          |           |           |           |           |         |
| S.Amylase           |          |           |           |           |           |         |
| Sr.Lipase           |          |           |           |           |           |         |
| Blood Lactate       |          |           |           |           |           |         |
| S.Cholesterol       |          |           |           |           |           |         |
| PT/INR              |          |           |           |           |           |         |
| APTT                |          |           |           |           |           |         |
| CSF Protein / Sugar |          |           |           |           |           |         |
| Cells               |          |           |           |           |           |         |
| N/L                 | 4/20     |           |           |           | 27.       |         |







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IP5-00175703

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## RESULT SHEET

| Date                | 28/06/26  | 29/6/26     | 29/6/26   | 29/06/26 | 30/06/26         | 30/06/26 |
|---------------------|-----------|-------------|-----------|----------|------------------|----------|
| Time                | 5:40PM    | 5AM         | 2PM       | 10pm     | 4:30 AM          | 5PM      |
| Hb                  | 8.7       | 6.4 ↓       | 6.4       | 7.3      | 7.3              | 8.6      |
| PCV                 | 26.2      | 20.4        | 19.3      | 21.6     | 22.6             | 25.9     |
| RBC                 | 3.62      | 2.70        | 2.65      | 2.94     | 3.0              | 3.39     |
| WBC                 | 9,100     | 5120        | 6370      | 8130     | 8,100            | 10130    |
| N/L                 | 77.7/16.2 | 77/17       | 62.2/31.6 | 56/31    | 56/36            | 44/37    |
| Platelets           | 27,000 ↓  | 21,000 ↓    | 50,000    | 52,000   | 46,000           | 50000    |
| CRP                 | SDP       | (36000) SDP |           |          | (46,000) manual, |          |
| ESR                 |           |             |           |          |                  |          |
| PCT                 | 6.75      |             |           |          |                  |          |
| RBS                 |           |             |           |          |                  |          |
| Na                  | 127       | 143         |           | 141      |                  |          |
| K                   | 4.7       | 4.0         |           | 2.9      |                  |          |
| Cl                  | 101       | 112         |           | 109      |                  |          |
| Ca/Mg               | 8.0       |             |           |          |                  |          |
| Phosphate           | 4.2       |             |           | 2.0      |                  |          |
| Urea                | 83 ↑      |             |           |          |                  |          |
| Creatinine          | 4.3 ↑     |             |           |          |                  |          |
| ALP                 | 224       |             |           |          |                  | 73       |
| SGPT                | 362       |             |           |          |                  | 59       |
| SGOT                | 632       |             |           |          |                  | 55       |
| Al/Conj             | 5.3/4.6   |             |           |          |                  | 4.1/3.2  |
| T.Protein           | 5.0       |             |           |          |                  | 5.1      |
| S.Albumin           | 2.3       |             |           |          |                  | 2.8      |
| S.Globulin          | 2.7       |             |           |          |                  | 2.3      |
| A/G Ratio           | 0.8       |             |           |          |                  |          |
| Uric Acid           |           |             |           |          |                  |          |
| S.Amylase           | 85        |             |           |          |                  |          |
| Sr.Lipase           |           |             |           |          |                  |          |
| Blood Lactate       |           |             |           |          |                  |          |
| S.Cholesterol       | 58        |             |           |          |                  |          |
| PT/INR              | 20/1.5    |             | 16/1.2    | 17/1.3   | 17/1.3           |          |
| APTT                | 82        |             | 58        | 46       | 46               |          |
| CSF Protein / Sugar |           |             |           |          |                  |          |
| Cells               | 5600      | 5600        |           |          |                  |          |
| LDH                 | 2601      |             |           |          |                  |          |







BAH-00660127 IP5-00175703  
 Master MOHAMMED YOUNUS  
 25-06-2014 12 Y 0 M 3 D (M)  
 Dr. ANUPAMA Y



Outside

A+ve

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

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 Your Right to a Safe Delivery

## RESULT SHEET

| Date                | 03/06/26 | 09/06/26 | 16/06/26 | 23/06/26 | 25/06/26 | 27/06/26  |
|---------------------|----------|----------|----------|----------|----------|-----------|
| Time                |          |          |          |          |          |           |
| Hb                  | 12.4     |          |          | 10.5     | 9.0      |           |
| PCV                 |          |          |          |          | 27.6     |           |
| RBC                 | 3.04     |          |          | 4.3      |          |           |
| WBC                 | 12,910   |          |          | 7000     | 6950     |           |
| N/L                 | 64/28    |          |          | 88/10    | 90/6.2   |           |
| Platelets           | 506 K    |          |          | 310K     | 160K     |           |
| CRP                 | 130      |          |          | 12       | 73.8     |           |
| ESR                 |          | 130      |          |          |          |           |
| PCT                 |          |          |          |          |          |           |
| RBS                 |          |          |          |          |          |           |
| Na                  |          |          |          |          |          | 117       |
| K                   |          |          |          |          |          | 4.1       |
| Cl                  |          |          |          |          |          | 99        |
| Ca/Mg               |          |          |          |          |          |           |
| Phosphate           |          |          |          |          |          |           |
| Urea                |          |          |          |          |          |           |
| Creatinine          |          |          |          |          |          |           |
| ALP                 |          |          | 169      |          | 155      | 254       |
| SGPT                |          |          | 26       |          | 78       | 474       |
| SGOT                |          |          | 21       |          | 90       | 1048      |
| T.Bill/Conj         |          |          | 0.4/0.3  |          | 1.2/0.4  | 3.06/0.38 |
| T.Protein           |          |          | 7.9      |          | 6.7      | 4.8       |
| S.Albumin           |          |          | 3.6      |          | 3.1      | 2.6       |
| S.Globulin          |          |          | 4.3      |          | 1.2      | 2.2       |
| A/G Ratio           |          |          | 0.83     |          |          |           |
| Uric Acid           |          |          |          |          |          |           |
| S.Amylase           |          |          |          |          |          |           |
| Sr.Lipase           |          |          |          |          |          |           |
| Blood Lactate       |          |          |          |          |          |           |
| S.Cholesterol       |          |          |          |          |          |           |
| PT/INR              |          |          |          |          |          |           |
| APTT                |          |          |          |          |          |           |
| CSF Protein / Sugar |          |          |          |          |          |           |
| Cells               |          |          |          |          |          |           |
| N/L                 |          |          |          |          |          |           |



obstetric

|                 |     |  |  |  |  |
|-----------------|-----|--|--|--|--|
| Date            |     |  |  |  |  |
| Time            |     |  |  |  |  |
| CUE - Alb       |     |  |  |  |  |
| CUE - Sugar     |     |  |  |  |  |
| CUE - Ketones   | -   |  |  |  |  |
| CUE - PUS Cells | 2-3 |  |  |  |  |
| CUE - RBC Cells | 3-4 |  |  |  |  |
| CUE             | -   |  |  |  |  |
|                 |     |  |  |  |  |
|                 |     |  |  |  |  |
|                 |     |  |  |  |  |
|                 |     |  |  |  |  |
| Stool Pus Cell  |     |  |  |  |  |
| OVA / Cyst      |     |  |  |  |  |
| Occult Blood    |     |  |  |  |  |
|                 |     |  |  |  |  |
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Culture and Sensitivities : .....

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Radiology :      USG : .....

                         X-Ray : .....

                         ECHO : .....

                         CT : .....

                         MRI : .....

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



BAH-00660127 IP5-00175703  
Waster MOHAMMED YOUNUS  
25-06-2014 12 Y 0 M 3 D (M)  
Dr. ANUPAMA Y



Outside

A+ve

  
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## RESULT SHEET

|                     |          |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|
| Date                | 28/06/20 |  |  |  |  |  |
| Time                |          |  |  |  |  |  |
| Hb                  |          |  |  |  |  |  |
| PCV                 |          |  |  |  |  |  |
| RBC                 |          |  |  |  |  |  |
| WBC                 |          |  |  |  |  |  |
| N/L                 |          |  |  |  |  |  |
| Platelets           |          |  |  |  |  |  |
| CRP                 | 68.1     |  |  |  |  |  |
| ESR                 |          |  |  |  |  |  |
| PCT                 |          |  |  |  |  |  |
| RBS                 |          |  |  |  |  |  |
| Na                  | 131      |  |  |  |  |  |
| K                   | 3.8      |  |  |  |  |  |
| Cl                  | 100      |  |  |  |  |  |
| Ca/Mg               |          |  |  |  |  |  |
| Phosphate           |          |  |  |  |  |  |
| Urea                |          |  |  |  |  |  |
| Creatinine          |          |  |  |  |  |  |
| ALP                 |          |  |  |  |  |  |
| SGPT                |          |  |  |  |  |  |
| SGOT                |          |  |  |  |  |  |
| T.Bill/Conj         |          |  |  |  |  |  |
| T.Protein           |          |  |  |  |  |  |
| S.Albumin           |          |  |  |  |  |  |
| S.Globulin          |          |  |  |  |  |  |
| A/G Ratio           |          |  |  |  |  |  |
| Uric Acid           |          |  |  |  |  |  |
| S.Amylase           |          |  |  |  |  |  |
| Sr.Lipase           |          |  |  |  |  |  |
| Blood Lactate       |          |  |  |  |  |  |
| S.Cholesterol       |          |  |  |  |  |  |
| PT/INR              | 32/2.59  |  |  |  |  |  |
| APTT                | 82.3     |  |  |  |  |  |
| 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    |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
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Culture and Sensitivities : .....

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.....

Radiology :    USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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





## 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: ..... ICU ..... Shifted to: ..... ward-2MB .....

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                                     |
|------|---------------------------------------------------|-------------------|---------------------------|-----------|--------------------------|-------------------------------------------------------------------|
| 1    | TAB LEVIMIL                                       | 500mg             | PO                        | BD        | 07/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2    | ECONORM SACHET                                    | 1 SACHET          | PO                        | BD        | 07/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3    | T. ZINC                                           | 1 tab             | PO                        | OD        | 06/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4    | INT ZOPER                                         | 5mg               | IV                        | TID       | 07/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5    | INT LASIX                                         | 40mg              | IV                        | BD        | 07/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 6    | T. FLUCONAZOLE                                    | 400mg             | PO                        | OD        | 08/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 7    | SYP SUCRALFATE                                    | 10ml              | PO                        | BD        | 07/7/26                  | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 8    | INT PIPERACILLIN +<br>TAZOBACTAM                  | 3.75gm            | IV                        | TID       | started<br>on 07/7/26    | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 9    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 10   |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: ..... Jyoti (DR JYOTI) .....

Date & Time: ..... 07/7/26 12:40pm .....

Nurse Name & Signature: ..... Bushra .....

Date & Time: ..... 7/7/26 01:15pm .....





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50kg

Ward puw

|                                                    |       |           |           |                                                |         |     |     |     |     |     |     |     |     |     |      |
|----------------------------------------------------|-------|-----------|-----------|------------------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| DRUG: <del>METHYLPREDNISOLONE</del>                |       |           |           | Date/Time                                      | 30/6/14 | 1/7 | 2/7 | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 | 8/7 | 9/7 | 10/7 |
| Dose                                               | Route | Frequency | Start Dt. |                                                |         |     |     |     |     |     |     |     |     |     |      |
| 50mg                                               | iv    | BD        | 30/6/14   |                                                |         |     |     |     |     |     |     |     |     |     |      |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | <p>Am X Palash Palash A.W. changed to oral</p> |         |     |     |     |     |     |     |     |     |     |      |
| Additional Instructions:                           |       |           |           | <p>8 pm X Palash Palash BD</p>                 |         |     |     |     |     |     |     |     |     |     |      |
| Daily Doctor's Endorsement by a Sign               |       |           |           | <p>T T T T T T T T T T</p>                     |         |     |     |     |     |     |     |     |     |     |      |

|                                                    |       |           |           |                                                |         |     |     |     |     |     |     |     |     |     |      |
|----------------------------------------------------|-------|-----------|-----------|------------------------------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| DRUG: Tab. UDILIV                                  |       |           |           | Date/Time                                      | 30/6/14 | 1/7 | 2/7 | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 | 8/7 | 9/7 | 10/7 |
| Dose                                               | Route | Frequency | Start Dt. |                                                |         |     |     |     |     |     |     |     |     |     |      |
| 1 tab                                              | PO    | BD        | 30/6/14   |                                                |         |     |     |     |     |     |     |     |     |     |      |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | <p>Am X Palash Palash A.W. changed to oral</p> |         |     |     |     |     |     |     |     |     |     |      |
| Additional Instructions:                           |       |           |           | <p>10 pm X Palash Palash BD</p>                |         |     |     |     |     |     |     |     |     |     |      |
| Daily Doctor's Endorsement by a Sign               |       |           |           | <p>T T T T T T T T T T</p>                     |         |     |     |     |     |     |     |     |     |     |      |

|                                                    |       |           |           |                                                            |     |     |     |     |
|----------------------------------------------------|-------|-----------|-----------|------------------------------------------------------------|-----|-----|-----|-----|
| DRUG: <del>TAB. PARACETAMOL</del>                  |       |           |           | Date/Time                                                  | 1/7 | 2/7 | 3/7 | 4/7 |
| Dose                                               | Route | Frequency | Start Dt. |                                                            |     |     |     |     |
| 5mg                                                | Ny    | BD        | 1/7       |                                                            |     |     |     |     |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | <p>Am X Palash Palash A.W. Rented from 09/07/14 9:00pm</p> |     |     |     |     |
| Additional Instructions:                           |       |           |           | <p>11am X Palash Palash</p>                                |     |     |     |     |
| Daily Doctor's Endorsement by a Sign               |       |           |           | <p>T T</p>                                                 |     |     |     |     |

|                                                    |       |           |           |                                                      |     |     |     |     |     |     |     |
|----------------------------------------------------|-------|-----------|-----------|------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|
| DRUG: Tab. HYDRAZINE                               |       |           |           | Date/Time                                            | 1/7 | 2/7 | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 |
| Dose                                               | Route | Frequency | Start Dt. |                                                      |     |     |     |     |     |     |     |
| 25mg                                               | PO    | BD        | 1/7/14    |                                                      |     |     |     |     |     |     |     |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | <p>Am X Palash Palash A.W. Stop 11/07/14 09:00pm</p> |     |     |     |     |     |     |     |
| Additional Instructions:                           |       |           |           | <p>2pm X Palash Palash</p>                           |     |     |     |     |     |     |     |
| Daily Doctor's Endorsement by a Sign               |       |           |           | <p>T T T T T T T T T T</p>                           |     |     |     |     |     |     |     |





Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 50kg Ward pu

|                                                    |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-----------|------------|-----------------|------------------------------------------------------------------------------------------|-------------|-------------|------------|-------------|------------|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG:</b> <u>SYP POTCHLOR</u>                   |           |            |                 | Date                                                                                     | <u>29/6</u> | <u>30/6</u> |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.       | Time                                                                                     |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <u>15ml</u>                                        | <u>NG</u> | <u>TID</u> | <u>29/06</u>    | <u>6am</u>                                                                               | <u>X</u>    | <u>2pm</u>  | <u>X</u>   | <u>6pm</u>  | <u>X</u>   |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |                 | <u>Dr. Kethu</u><br><u>25/6/15</u><br><u>Send to Q17</u>                                 |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG:</b> <u>T AMLODIPINE</u>                   |           |            |                 | Date                                                                                     | <u>30/6</u> | <u>1/7</u>  | <u>2/7</u> | <u>3/7</u>  |            |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.       | Time                                                                                     |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <u>5mg</u>                                         | <u>PO</u> | <u>BD</u>  | <u>30/6</u>     | <u>8am</u>                                                                               | <u>X</u>    | <u>2pm</u>  | <u>X</u>   | <u>6pm</u>  | <u>X</u>   |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |                 | <u>Dr. Kethu</u><br><u>25/6/15</u><br><u>change dose</u><br><u>stop</u><br><u>3/7/15</u> |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG:</b> <u>INT MAGNESIUM</u>                  |           |            |                 | Date                                                                                     | <u>30/6</u> | <u>1/7</u>  | <u>2/7</u> | <u>3/7</u>  | <u>4/7</u> |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.       | Time                                                                                     |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <u>2ml</u>                                         | <u>IV</u> | <u>OD</u>  | <u>30/06/15</u> | <u>2pm</u>                                                                               | <u>X</u>    | <u>6pm</u>  | <u>X</u>   | <u>12pm</u> | <u>X</u>   |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |                 | <u>Dr. VAMBITH</u><br><u>25/6/15</u><br><u>stop</u><br><u>3/7/15</u>                     |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |                 | <u>2fram.</u>                                                                            |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG:</b> <u>SYP POTCHLOR</u>                   |           |            |                 | Date                                                                                     | <u>30/6</u> | <u>01/7</u> |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.       | Time                                                                                     |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| <u>15ml</u>                                        | <u>NG</u> | <u>QID</u> | <u>30/06/15</u> | <u>6am</u>                                                                               | <u>X</u>    | <u>12pm</u> | <u>X</u>   | <u>6pm</u>  | <u>X</u>   |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |                 | <u>Dr. VAMBITH</u><br><u>25/6/15</u><br><u>stop</u><br><u>1/7/15</u><br><u>12:30pm</u>   |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |                 |                                                                                          |             |             |            |             |            |  |  |  |  |  |  |  |  |  |  |  |





Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 50kg Ward puw

| DRUG : INT MICAFUNGI                               |       |           |           | Date | Time |
|----------------------------------------------------|-------|-----------|-----------|------|------|
| Dose                                               | Route | Frequency | Start Dt. | 29/6 | 30/6 |
| 100mg                                              | IV    | OD        | 29/6      | 1/7  | 2/7  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 29/6 | 30/6 |
| Additional Instructions:                           |       |           |           | 1/7  | 2/7  |
| Daily Doctor's Endorsement by a Sign               |       |           |           | 2/7  | 3/7  |
| DRUG : INT AZITHROMYCIN                            |       |           |           | 29/6 | 30/6 |
| Dose                                               | Route | Frequency | Start Dt. | 29/6 | 30/6 |
| 500mg                                              | IV    | OD        | 29/6      | 1/7  | 2/7  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 29/6 | 30/6 |
| Additional Instructions:                           |       |           |           | 1/7  | 2/7  |
| Daily Doctor's Endorsement by a Sign               |       |           |           | 2/7  | 3/7  |
| DRUG : INT OPTINEURON                              |       |           |           | 29/6 | 30/6 |
| Dose                                               | Route | Frequency | Start Dt. | 29/6 | 30/6 |
| 3ml                                                | IV    | OD        | 29/6      | 1/7  | 2/7  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 29/6 | 30/6 |
| Additional Instructions:                           |       |           |           | 1/7  | 2/7  |
| Daily Doctor's Endorsement by a Sign               |       |           |           | 2/7  | 3/7  |
| DRUG : ADDPHOS SACHET                              |       |           |           | 29/6 | 30/6 |
| Dose                                               | Route | Frequency | Start Dt. | 29/6 | 30/6 |
| 1 sachet                                           | POG   | BD        | 29/6      | 1/7  | 2/7  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 29/6 | 30/6 |
| Additional Instructions:                           |       |           |           | 1/7  | 2/7  |
| Daily Doctor's Endorsement by a Sign               |       |           |           | 2/7  | 3/7  |

20  
 10  
 VERIFIED BY : None





Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 50kg Ward puw

| DRUG : <u>INTJ CARNITINE</u>                       |           |            |             | Date                                                                                                                                                                                                                                                                                                                                           | Time        |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-----------|------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|------------|------------|------------|------------|------------|--|--|--|--|--|--|--|--|
| Dose                                               | Route     | Frequency  | Start Dt.   |                                                                                                                                                                                                                                                                                                                                                |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| <u>750mg</u>                                       | <u>IV</u> | <u>TID</u> | <u>28/6</u> | <u>6AM</u>                                                                                                                                                                                                                                                                                                                                     | <u>28/6</u> | <u>29/6</u> | <u>30/6</u> |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |             | <div> <div>30</div> <div>Dr. Motwani</div> </div>                                                                                                                                                                                                                                                                                              |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |             | <div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> </div> |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |             | <div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> </div>                                                               |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| DRUG : <u>Lip DOXYCYCLINE</u>                      |           |            |             | Date                                                                                                                                                                                                                                                                                                                                           | Time        |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.   |                                                                                                                                                                                                                                                                                                                                                |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| <u>100mg</u>                                       | <u>IV</u> | <u>BD</u>  | <u>28/6</u> | <u>10AM</u>                                                                                                                                                                                                                                                                                                                                    | <u>28/6</u> | <u>29/6</u> | <u>30/6</u> | <u>1/7</u> | <u>2/7</u> | <u>3/7</u> | <u>4/7</u> |            |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |             | <div> <div>20</div> <div>Dr. Motwani</div> </div>                                                                                                                                                                                                                                                                                              |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |             | <div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> </div> |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |             | <div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> </div>                                                               |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| DRUG : <u>Lip LEVETIRACETAM</u>                    |           |            |             | Date                                                                                                                                                                                                                                                                                                                                           | Time        |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.   |                                                                                                                                                                                                                                                                                                                                                |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| <u>500mg</u>                                       | <u>IV</u> | <u>BD</u>  | <u>28/6</u> | <u>10AM</u>                                                                                                                                                                                                                                                                                                                                    | <u>28/6</u> | <u>29/6</u> | <u>30/6</u> | <u>1/7</u> | <u>2/7</u> | <u>3/7</u> | <u>4/7</u> | <u>5/7</u> |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |             | <div> <div>20</div> <div>Dr. Motwani</div> </div>                                                                                                                                                                                                                                                                                              |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |             | <div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> </div> |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |             | <div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> </div>                                                               |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| DRUG : <u>Syr. SUCRALFATE</u>                      |           |            |             | Date                                                                                                                                                                                                                                                                                                                                           | Time        |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency  | Start Dt.   |                                                                                                                                                                                                                                                                                                                                                |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| <u>15ml</u>                                        | <u>PO</u> | <u>TID</u> | <u>29/6</u> | <u>6AM</u>                                                                                                                                                                                                                                                                                                                                     | <u>29/6</u> | <u>30/6</u> | <u>1/7</u>  | <u>2/7</u> | <u>3/7</u> | <u>4/7</u> |            |            |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |            |             | <div> <div>20</div> <div>Dr. Motwani</div> </div>                                                                                                                                                                                                                                                                                              |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |            |             | <div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> <div>10PM</div> <div>9PM</div> <div>5PM</div> </div> |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |            |             | <div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> <div>u</div> </div>                                                               |             |             |             |            |            |            |            |            |  |  |  |  |  |  |  |  |





Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 50kg Ward puw

| DRUG: <u>Syrup POTKUR</u>                          |       |           |           | Date | Time |     |     |   |   |
|----------------------------------------------------|-------|-----------|-----------|------|------|-----|-----|---|---|
| Dose                                               | Route | Frequency | Start Dt. | 1/7  | 2/7  | 3/7 | 4/7 |   |   |
| 20ml                                               | PO    | QID       | 01/07     | 12AM | ✓    | ✓   | ✓   | ✓ | ✓ |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 6AM  | ✓    | ✓   | ✓   | ✓ | ✓ |
| Additional Instructions:                           |       |           |           | 12pm | ✓    | ✓   | ✓   | ✓ | ✓ |
|                                                    |       |           |           | 6pm  | ✓    | ✓   | ✓   | ✓ | ✓ |
|                                                    |       |           |           |      |      |     |     |   |   |
| Daily Doctor's Endorsement by a Sign               |       |           |           | u    |      |     |     |   |   |

| DRUG: <u>Tab. NODOSIS</u>                          |       |           |           | Date | Time |     |     |   |   |
|----------------------------------------------------|-------|-----------|-----------|------|------|-----|-----|---|---|
| Dose                                               | Route | Frequency | Start Dt. | 2/7  | 3/7  | 4/7 | 5/7 |   |   |
| 1 tab                                              | PO    | TID       | 2/7/26    | 6AM  | X    | ✓   | ✓   | ✓ | ✓ |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 2pm  | ✓    | ✓   | ✓   | ✓ | ✓ |
| Additional Instructions:                           |       |           |           | 10pm | ✓    | ✓   | ✓   | ✓ | ✓ |
|                                                    |       |           |           |      |      |     |     |   |   |
|                                                    |       |           |           |      |      |     |     |   |   |
| Daily Doctor's Endorsement by a Sign               |       |           |           | u    |      |     |     |   |   |

| DRUG: <u>ADDPHOS SACHET</u>                        |       |           |           | Date | Time |     |     |   |   |
|----------------------------------------------------|-------|-----------|-----------|------|------|-----|-----|---|---|
| Dose                                               | Route | Frequency | Start Dt. | 2/7  | 3/7  | 4/7 | 5/7 |   |   |
| 1 sachet                                           | NG    | TID       | 2/7/26    | 6AM  | ✓    | ✓   | ✓   | ✓ | ✓ |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 2pm  | ✓    | ✓   | ✓   | ✓ | ✓ |
| Additional Instructions:                           |       |           |           | 10pm | ✓    | ✓   | ✓   | ✓ | ✓ |
|                                                    |       |           |           |      |      |     |     |   |   |
|                                                    |       |           |           |      |      |     |     |   |   |
| Daily Doctor's Endorsement by a Sign               |       |           |           | u    |      |     |     |   |   |

| DRUG: <u>INJ POLYMYXIN B</u>                       |       |           |           | Date | Time |     |     |     |   |
|----------------------------------------------------|-------|-----------|-----------|------|------|-----|-----|-----|---|
| Dose                                               | Route | Frequency | Start Dt. | 2/7  | 3/7  | 4/7 | 5/7 | 6/7 |   |
| 5ml                                                | IV    | BD        | 2/7       | 10AM | X    | ✓   | ✓   | ✓   | ✓ |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 2pm  | ✓    | ✓   | ✓   | ✓   | ✓ |
| Additional Instructions:                           |       |           |           | 10pm | ✓    | ✓   | ✓   | ✓   | ✓ |
|                                                    |       |           |           |      |      |     |     |     |   |
|                                                    |       |           |           |      |      |     |     |     |   |
| Daily Doctor's Endorsement by a Sign               |       |           |           | u    |      |     |     |     |   |

change to BD.  
 Dr. Pruthi  
 5/7/26

stop  
 5/7/26  
 Dr. Pruthi



Sheet No: .....

## REGULAR PRESCRIPTIONS

Weight 50kg Ward PCC

|                                                                           |       |           |           |                                           |        |
|---------------------------------------------------------------------------|-------|-----------|-----------|-------------------------------------------|--------|
| <b>DRUG :</b> Tab. CLONIDINE                                              |       |           |           | Date:                                     | 3/7/16 |
| Dose                                                                      | Route | Frequency | Start Dt. | Time                                      |        |
| 150 mg                                                                    | PO    | TID       | 3/7/16    | 8am                                       | X      |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr. Parag</i> |       |           |           | 2pm                                       | X      |
|                                                                           |       |           |           | 10pm                                      | X      |
| Additional Instructions:                                                  |       |           |           | 10:20 a<br>out of the<br>Divan<br>10:20 a |        |
| Daily Doctor's Endorsement by a Sign                                      |       |           |           |                                           |        |

|                                                                         |       |           |           |                                        |
|-------------------------------------------------------------------------|-------|-----------|-----------|----------------------------------------|
| <b>DRUG :</b> Tab. AMLODIPINE                                           |       |           |           | Date/Time                              |
| Dose                                                                    | Route | Frequency | Start Dt. | 3/7 4/7                                |
| 10mg                                                                    | POq   | BD        | 3/7/26    | 10am 11/15                             |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><br>Dr. prabhu |       |           |           | Revised<br>time<br>11/15<br>10am       |
|                                                                         |       |           |           | 10pm 8/15<br>Drug                      |
| Additional Instructions:                                                |       |           |           | 10am 11/15<br>10am 11/15<br>10am 11/15 |
| Daily Doctor's Endorsement by a Sign                                    |       |           |           |                                        |

| DRUG :                                                                       |       |           |           | Date: 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7                                                                                                                                                                                                                                          |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |
|------------------------------------------------------------------------------|-------|-----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|-------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Dose                                                                         | Route | Frequency | Start Dt. | Time                                                                                                                                                                                                                                                                            |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |
| 5ml                                                                          | PO    | BD        | 3/7       | 10 AM                                                                                                                                                                                                                                                                           | X | 11 AM | 12 PM | 1 PM | 2 PM | 3 PM | 4 PM | 5 PM | 6 PM | 7 PM | 8 PM | 9 PM | 10 PM | 11 PM | 12 AM |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr. Pradyumn</i> |       |           |           | <div> <div>10 AM</div> <div>X</div> <div>11 AM</div> <div>12 PM</div> <div>1 PM</div> <div>2 PM</div> <div>3 PM</div> <div>4 PM</div> <div>5 PM</div> <div>6 PM</div> <div>7 PM</div> <div>8 PM</div> <div>9 PM</div> <div>10 PM</div> <div>11 PM</div> <div>12 AM</div> </div> |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |
|                                                                              |       |           |           | <div> <div>10 PM</div> <div>11 PM</div> <div>12 AM</div> </div>                                                                                                                                                                                                                 |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |
| Additional Instructions:                                                     |       |           |           | <div> <div>10 PM</div> <div>11 PM</div> <div>12 AM</div> </div>                                                                                                                                                                                                                 |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |
| Daily Doctor's Endorsement by a Sign                                         |       |           |           | <div> <div>10 PM</div> <div>11 PM</div> <div>12 AM</div> </div>                                                                                                                                                                                                                 |   |       |       |      |      |      |      |      |      |      |      |      |       |       |       |

| DRUG : <u>tab. MITO-Q7</u>                                                |           |           |               | Date         | Time       |
|---------------------------------------------------------------------------|-----------|-----------|---------------|--------------|------------|
| Dose                                                                      | Route     | Frequency | Start Dt.     |              |            |
| <u>1 tab</u>                                                              | <u>PO</u> | <u>BD</u> | <u>3/2/20</u> | <u>10 AM</u> | <u>X</u>   |
| Name & Signature of the Doctor Starting the Drugs:<br><u>Dr. Praduman</u> |           |           |               |              | <u>4/7</u> |
|                                                                           |           |           |               |              | <u>5/7</u> |
| Additional Instructions:                                                  |           |           |               |              | <u>6/7</u> |
|                                                                           |           |           |               |              | <u>7/7</u> |
| Daily Doctor's Endorsement by a Sign                                      |           |           |               |              | <u>8/7</u> |
|                                                                           |           |           |               |              |            |





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50 kg Ward PIU

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|                                                                           |           |           |               |                                                                                                                                                                 |            |            |            |            |            |            |            |
|---------------------------------------------------------------------------|-----------|-----------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|------------|
| DRUG: <u>Tab. FOLIC ACID</u>                                              |           |           |               | Date/Time                                                                                                                                                       | <u>3/7</u> | <u>4/7</u> | <u>5/7</u> | <u>6/7</u> | <u>7/7</u> | <u>8/7</u> | <u>9/7</u> |
| Dose                                                                      | Route     | Frequency | Start Dt.     |                                                                                                                                                                 |            |            |            |            |            |            |            |
| <u>5mg</u>                                                                | <u>PO</u> | <u>OD</u> | <u>3/7/14</u> |                                                                                                                                                                 |            |            |            |            |            |            |            |
| Name & Signature of the Doctor Starting the Drugs:<br><u>Dr. Pradyumn</u> |           |           |               | <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> |            |            |            |            |            |            |            |
| Additional Instructions:                                                  |           |           |               |                                                                                                                                                                 |            |            |            |            |            |            |            |
| Daily Doctor's Endorsement by a Sign                                      |           |           |               | <u>Dr. Pradyumn</u>                                                                                                                                             |            |            |            |            |            |            |            |

|                                                                           |           |            |               |                                                                                                                                                                 |            |            |            |            |            |            |            |
|---------------------------------------------------------------------------|-----------|------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|------------|
| DRUG: <u>Syr. CARNISURE</u>                                               |           |            |               | Date/Time                                                                                                                                                       | <u>3/7</u> | <u>4/7</u> | <u>5/7</u> | <u>6/7</u> | <u>7/7</u> | <u>8/7</u> | <u>9/7</u> |
| Dose                                                                      | Route     | Frequency  | Start Dt.     |                                                                                                                                                                 |            |            |            |            |            |            |            |
| <u>5ml</u>                                                                | <u>PO</u> | <u>TID</u> | <u>3/7/14</u> |                                                                                                                                                                 |            |            |            |            |            |            |            |
| Name & Signature of the Doctor Starting the Drugs:<br><u>Dr. Pradyumn</u> |           |            |               | <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> |            |            |            |            |            |            |            |
| Additional Instructions:                                                  |           |            |               |                                                                                                                                                                 |            |            |            |            |            |            |            |
| Daily Doctor's Endorsement by a Sign                                      |           |            |               | <u>Dr. Pradyumn</u>                                                                                                                                             |            |            |            |            |            |            |            |

|                                                                           |           |                    |               |                                                                                                                                                                 |            |  |  |  |  |             |
|---------------------------------------------------------------------------|-----------|--------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|--|-------------|
| DRUG: <u>VITAMIN-D3 SACHETS</u>                                           |           |                    |               | Date/Time                                                                                                                                                       | <u>3/7</u> |  |  |  |  | <u>10/7</u> |
| Dose                                                                      | Route     | Frequency          | Start Dt.     |                                                                                                                                                                 |            |  |  |  |  |             |
| <u>60000 IU</u>                                                           | <u>PO</u> | <u>once a WEEK</u> | <u>3/7/14</u> |                                                                                                                                                                 |            |  |  |  |  |             |
| Name & Signature of the Doctor Starting the Drugs:<br><u>Dr. Pradyumn</u> |           |                    |               | <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> |            |  |  |  |  |             |
| Additional Instructions:<br><u>ONCE A WEEK</u>                            |           |                    |               |                                                                                                                                                                 |            |  |  |  |  |             |
| Daily Doctor's Endorsement by a Sign                                      |           |                    |               | <u>Dr. Pradyumn</u>                                                                                                                                             |            |  |  |  |  |             |

|                                                                           |           |            |               |                                                                                                                                                                 |            |            |            |            |            |
|---------------------------------------------------------------------------|-----------|------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|
| DRUG: <u>TAB CLONIDINE</u>                                                |           |            |               | Date/Time                                                                                                                                                       | <u>4/7</u> | <u>5/7</u> | <u>6/7</u> | <u>7/7</u> | <u>8/7</u> |
| Dose                                                                      | Route     | Frequency  | Start Dt.     |                                                                                                                                                                 |            |            |            |            |            |
| <u>100mg</u>                                                              | <u>PO</u> | <u>TID</u> | <u>4/7/14</u> |                                                                                                                                                                 |            |            |            |            |            |
| Name & Signature of the Doctor Starting the Drugs:<br><u>Dr. Pradyumn</u> |           |            |               | <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> <u>10pm</u> <u>Dr. Pradyumn</u> |            |            |            |            |            |
| Additional Instructions:                                                  |           |            |               |                                                                                                                                                                 |            |            |            |            |            |
| Daily Doctor's Endorsement by a Sign                                      |           |            |               | <u>Dr. Pradyumn</u>                                                                                                                                             |            |            |            |            |            |





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50 kg Ward puw

|                                                                            |                    |                         |                           |              |             |            |               |            |            |
|----------------------------------------------------------------------------|--------------------|-------------------------|---------------------------|--------------|-------------|------------|---------------|------------|------------|
| DRUG: <u>TAB AMLODIPINE</u>                                                |                    |                         |                           | Date<br>Time | <u>4/7</u>  | <u>5/7</u> | <u>6/7</u>    | <u>7/7</u> | <u>8/7</u> |
| Dose<br><u>10mg</u>                                                        | Route<br><u>PO</u> | Frequency<br><u>BD</u>  | Start Dt.<br><u>04/07</u> |              | <u>7am</u>  | <u>Has</u> | <u>Palash</u> | <u>X</u>   | <u>X</u>   |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. VAMSHI</u> |                    |                         |                           |              |             |            |               |            |            |
| Additional Instructions:<br><u>If BP &gt; 130/80 mmHg</u>                  |                    |                         |                           |              | <u>7pm</u>  | <u>Has</u> | <u>Palash</u> | <u>X</u>   | <u>X</u>   |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                           |              |             |            |               |            |            |
| DRUG: <u>SUP. Pot klor</u>                                                 |                    |                         |                           | Date<br>Time | <u>4/7</u>  |            |               |            |            |
| Dose<br><u>15ml</u>                                                        | Route<br><u>Nq</u> | Frequency<br><u>TID</u> | Start Dt.<br><u>4/7</u>   |              | <u>6am</u>  | <u>X</u>   |               |            |            |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. VAMSHI</u> |                    |                         |                           |              | <u>2pm</u>  | <u>X</u>   |               |            |            |
| Additional Instructions:                                                   |                    |                         |                           |              | <u>10pm</u> |            |               |            |            |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                           |              |             |            |               |            |            |
| DRUG: <u>TAB PREDNISOLONE</u>                                              |                    |                         |                           | Date<br>Time | <u>4/7</u>  | <u>5/7</u> |               |            |            |
| Dose<br><u>30mg</u>                                                        | Route<br><u>PO</u> | Frequency<br><u>BD</u>  | Start Dt.<br><u>04/07</u> |              | <u>8am</u>  | <u>Has</u> | <u>Palash</u> |            |            |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. VAMSHI</u> |                    |                         |                           |              |             |            |               |            |            |
| Additional Instructions:<br><u>After feed,</u>                             |                    |                         |                           |              | <u>8pm</u>  | <u>Has</u> | <u>Palash</u> |            |            |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                           |              |             |            |               |            |            |
| DRUG: <u>TAB PRAZOSIN</u>                                                  |                    |                         |                           | Date<br>Time | <u>4/7</u>  | <u>5/7</u> | <u>6/7</u>    | <u>7/7</u> |            |
| Dose<br><u>5mg</u>                                                         | Route<br><u>Nq</u> | Frequency<br><u>TID</u> | Start Dt.<br><u>04/07</u> |              | <u>9am</u>  | <u>Has</u> | <u>Palash</u> | <u>X</u>   |            |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. VAMSHI</u> |                    |                         |                           |              | <u>5pm</u>  | <u>Has</u> | <u>Palash</u> | <u>X</u>   |            |
| Additional Instructions:<br><u>If BP &gt; 130/80 mmHg</u>                  |                    |                         |                           |              | <u>9am</u>  | <u>Has</u> | <u>Palash</u> | <u>X</u>   |            |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                           |              |             |            |               |            |            |





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50kg Ward puw

|                                                    |           |            |              |                                                                                 |                                 |
|----------------------------------------------------|-----------|------------|--------------|---------------------------------------------------------------------------------|---------------------------------|
| <b>DRUG:</b> <u>Syp. Pofclor</u>                   |           |            |              | Date<br>Time                                                                    | <u>4/7 5/7</u>                  |
| Dose                                               | Route     | Frequency  | Start Dt.    |                                                                                 |                                 |
| <u>10ml</u>                                        | <u>PO</u> | <u>TID</u> | <u>9/7</u>   | <u>6AM</u>                                                                      | <u>Has Palak</u>                |
| Name & Signature of the Doctor Starting the Drugs: |           |            |              | <u>[Signature]</u>                                                              |                                 |
| Additional Instructions:                           |           |            |              | <u>2pm</u><br><u>10pm</u> <u>Has Palak</u>                                      |                                 |
| Daily Doctor's Endorsement by a Sign               |           |            |              |                                                                                 |                                 |
| <b>DRUG:</b> <u>TAB NODOSIS</u>                    |           |            |              | Date<br>Time                                                                    | <u>5/7 6/7</u>                  |
| Dose                                               | Route     | Frequency  | Start Dt.    |                                                                                 |                                 |
| <u>1TAB</u>                                        | <u>PO</u> | <u>BD</u>  | <u>5/7</u>   | <u>6AM</u>                                                                      | <u>Has Palak</u>                |
| Name & Signature of the Doctor Starting the Drugs: |           |            |              | <u>[Signature]</u>                                                              |                                 |
| Additional Instructions:                           |           |            |              | <u>6pm</u> <u>Has Palak</u>                                                     |                                 |
| Daily Doctor's Endorsement by a Sign               |           |            |              |                                                                                 |                                 |
| <b>DRUG:</b> <u>TAB PANTOPROZOLE</u>               |           |            |              | Date<br>Time                                                                    | <u>5/7 6/7 7/7 8/7 9/7 10/7</u> |
| Dose                                               | Route     | Frequency  | Start Dt.    |                                                                                 |                                 |
| <u>40mg</u>                                        | <u>PO</u> | <u>OD</u>  | <u>5/7</u>   |                                                                                 |                                 |
| Name & Signature of the Doctor Starting the Drugs: |           |            |              | <u>[Signature]</u>                                                              |                                 |
| Additional Instructions:                           |           |            |              | <u>10AM</u> <u>Has Palak</u> <u>Has Palak</u> <u>Has Palak</u> <u>Has Palak</u> |                                 |
| Daily Doctor's Endorsement by a Sign               |           |            |              |                                                                                 |                                 |
| <b>DRUG:</b> <u>T. LASIX</u>                       |           |            |              | Date<br>Time                                                                    | <u>5/7</u>                      |
| Dose                                               | Route     | Frequency  | Start Dt.    |                                                                                 |                                 |
| <u>1tab</u>                                        | <u>PO</u> | <u>TID</u> | <u>05/07</u> | <u>6AM</u>                                                                      | <u>Has Palak</u>                |
| Name & Signature of the Doctor Starting the Drugs: |           |            |              | <u>[Signature]</u>                                                              |                                 |
| Additional Instructions:                           |           |            |              | <u>2pm</u><br><u>10PM</u>                                                       |                                 |
| Daily Doctor's Endorsement by a Sign               |           |            |              |                                                                                 |                                 |





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50kg

Ward paw

| DRUG: <u>TAB LEVITIL</u>                                                   |                    |                         |                          | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------|--------------------|-------------------------|--------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Dose<br><u>500mg</u>                                                       | Route<br><u>PO</u> | Frequency<br><u>BD</u>  | Start Dt.<br><u>5/7</u>  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuthan</u> |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                                                   |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG: <u>INJ LASIX</u>                                                     |                    |                         |                          | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><u>4mg</u>                                                         | Route<br><u>IV</u> | Frequency<br><u>TID</u> | Start Dt.<br><u>5/7</u>  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuthan</u> |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                                                   |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG: <u>SECONORM</u>                                                      |                    |                         |                          | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><u>1gm</u>                                                         | Route<br><u>PO</u> | Frequency<br><u>BD</u>  | Start Dt.<br><u>5/7</u>  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuthan</u> |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                                                   |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG: <u>T ZINC</u>                                                        |                    |                         |                          | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><u>1TAB</u>                                                        | Route<br><u>PO</u> | Frequency<br><u>OD</u>  | Start Dt.<br><u>05/7</u> |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuthan</u> |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                                                   |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                       |                    |                         |                          |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 50kg Ward PW

3-30 ✓

**DRUG : INT ZOFER**

Date/Time: 6/7 7/7 8/7 9/7 10/7

Dose: 8mg Route: IV Frequency: TID Start Dt: 06/07

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

Additional Instructions: 8mg

Daily Doctor's Endorsement by a Sign

**DRUG : TAB FLUCONAZOLE**

Date/Time: 6/7

Dose: 400mg Route: PO Frequency: OD Start Dt: 06/07

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

Additional Instructions: 400mg

Daily Doctor's Endorsement by a Sign

**DRUG : INT LABIX**

Date/Time: 6/7 7/7 8/7

Dose: 4mg Route: IV Frequency: BD Start Dt: 06/07

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

Additional Instructions: 2 Amido B

Daily Doctor's Endorsement by a Sign

**DRUG : TAB FLUCONAZOLE**

Date/Time: 6/7 8/7 9/7

Dose: 400mg Route: PO Frequency: OD Start Dt: 6/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign



Weight 50 kg Ward .....

|                                                                               |             |                  |                    |                                                                                                    |
|-------------------------------------------------------------------------------|-------------|------------------|--------------------|----------------------------------------------------------------------------------------------------|
| DRUG : SYP SUCRALFATE                                                         |             |                  |                    | Date<br>Time                                                                                       |
| Dose<br>10ml                                                                  | Route<br>PO | Frequency<br>BID | Start Dt.<br>07/07 | 1st Dose<br>Subsequent                                                                             |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr Varnell</i>    |             |                  |                    |                                                                                                    |
| Additional Instructions:<br><i>affects energy.</i>                            |             |                  |                    | <i>9pm</i>                                                                                         |
| Daily Doctor's Endorsement by a Sign                                          |             |                  |                    |                                                                                                    |
| DRUG : INJ PIPERACILLIN + TAZOBACTAM                                          |             |                  |                    | Date<br>Time                                                                                       |
| Dose<br>2.5gm                                                                 | Route<br>IV | Frequency<br>QID | Start Dt.<br>07/07 |                                                                                                    |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr Varnell</i>    |             |                  |                    |                                                                                                    |
| Additional Instructions:<br><i>Prenal Adjusted<br/>dose C ceph 20.</i>        |             |                  |                    |                                                                                                    |
| Daily Doctor's Endorsement by a Sign                                          |             |                  |                    |                                                                                                    |
| DRUG : INJ PIPERACILLIN + TAZOBACTAM                                          |             |                  |                    | Date<br>Time                                                                                       |
| Dose<br>3.75gm                                                                | Route<br>IV | Frequency<br>TID | Start Dt.<br>7/7   | <i>D1 D2 D3 D4 D5</i>                                                                              |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr Mathew</i>     |             |                  |                    | <i>8am Dipn Kaly Kaly Kaly</i><br><i>2pm Dipn Kaly Kaly Kaly</i><br><i>6pm Dipn Kaly Kaly Kaly</i> |
| Additional Instructions:<br><i>75mg/kg/dose</i>                               |             |                  |                    | <i>2pm Dipn Kaly Kaly Kaly</i><br><i>6pm Dipn Kaly Kaly Kaly</i>                                   |
| Daily Doctor's Endorsement by a Sign                                          |             |                  |                    |                                                                                                    |
| DRUG : SYP SUCRALFATE                                                         |             |                  |                    | Date<br>Time                                                                                       |
| Dose<br>10ml                                                                  | Route<br>PO | Frequency<br>TID | Start Dt.<br>07/07 | <i>7/7 8/7 9/7 10/7</i>                                                                            |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><i>Dr Tyto</i>       |             |                  |                    | <i>2pm 5pm 8pm 10pm</i><br><i>10am 12pm 2pm 4pm</i>                                                |
| Additional Instructions:<br><i>2 hrs before meal or<br/>2 hrs after meals</i> |             |                  |                    | <i>2pm 5pm 8pm 10pm</i><br><i>10am 12pm 2pm 4pm</i>                                                |
| Daily Doctor's Endorsement by a Sign                                          |             |                  |                    |                                                                                                    |





Sheet No: .....

**REGULAR PRESCRIPTIONS**

Dept. .... Ward. ....

|                                                                           |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------|------------|------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b> <i>Syp. smUTH</i>                                           |            |            |               | Date<br>Time                                                                                                                                                                                                                                                                                                                                       | <i>7/7</i> |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                                                      | Route      | Frequency  | Start Dt.     |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>10ml</i>                                                               | <i>POG</i> | <i>OD</i>  | <i>7/7/26</i> |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs:<br><i>Dr. pradyumn</i> |            |            |               | <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">W/H</div> </div> |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:<br><i>at night</i>                               |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                      |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b> <i>MU-OUT POWDER</i>                                        |            |            |               | Date<br>Time                                                                                                                                                                                                                                                                                                                                       | <i>7/7</i> |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                                                      | Route      | Frequency  | Start Dt.     |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                           | <i>POG</i> | <i>OD</i>  | <i>7/7/26</i> |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs:<br><i>Dr. pradyumn</i> |            |            |               | <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">W/H</div> </div> |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:<br><i>→ 3 scoops in 200 ml water</i>             |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                      |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b> <i>NEB LEVOLIN</i>                                          |            |            |               | Date<br>Time                                                                                                                                                                                                                                                                                                                                       | <i>7/7</i> | <i>8/7</i> | <i>7/7</i> | <i>10/7</i> |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                                                      | Route      | Frequency  | Start Dt.     |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>1.2mg</i>                                                              | <i>Nas</i> | <i>Q6H</i> | <i>7/7</i>    |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs:<br><i>Subh</i>         |            |            |               | <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">W/H</div> </div> |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                                                  |            |            |               | <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">W/H</div> </div> |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                      |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b> <i>TAB LASIX</i>                                            |            |            |               | Date<br>Time                                                                                                                                                                                                                                                                                                                                       | <i>8/7</i> | <i>9/7</i> |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                                                      | Route      | Frequency  | Start Dt.     |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>40mg</i>                                                               | <i>PO</i>  | <i>OD</i>  | <i>08/07</i>  |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs:<br><i>Dr. VAMU</i>     |            |            |               | <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">W/H</div> </div> |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:<br><i>e 1ml/kg</i>                               |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign                                      |            |            |               |                                                                                                                                                                                                                                                                                                                                                    |            |            |            |             |  |  |  |  |  |  |  |  |  |  |  |  |

VERIFIED BY : Name

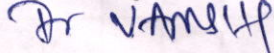
*Till review*



Dept. .... Ward. ....

[illegible][illegible]

| DRUG : TAR LEVODOPHACIN              |       |           |            | Date   |
|--------------------------------------|-------|-----------|------------|--------|
| Dose                                 | Route | Frequency | Start Dt.  | Time   |
| 500mg                                | PO    | BD        | 08/07/2017 | 8/7/17 |
| Name & Signature of the Doctor       |       |           |            |        |
| Starting the Drugs:                  |       |           |            |        |
| Dr. Varneth                          |       |           |            |        |
| Additional Instructions:             |       |           |            |        |
| 10mg                                 |       |           |            |        |
| Daily                                |       |           |            |        |
| Daily Doctor's Endorsement by a Sign |       |           |            |        |

|                                                                                                                                              |             |                 |                    |              |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|--------------------|--------------|
| DRUG : SUP SMUTH                                                                                                                             |             |                 |                    | Date<br>Time |
| Dose<br>10ml                                                                                                                                 | Route<br>PO | Frequency<br>OD | Start Dt.<br>02/02 |              |
| Name & Signature of the Doctor<br>Starting the Drugs:<br> |             |                 |                    |              |
| Additional Instructions:                                                                                                                     |             |                 |                    |              |
| Daily Doctor's Endorsement by a Sign                                                                                                         |             |                 |                    |              |



3AH-00660127 IP5-00175703  
 Master MOHAMMED YOUNUS  
 36-06-2014 12 Y 0 M 14 D (M)  
 Dr. ANUPAMA Y

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 Your Right to a Safe Delivery

Sheet NO: .....

## REGULAR PRESCRIPTIONS

Weight 50kg Ward .....

| DRUG : <u>MU-OUT powder</u>                        |           |           |              | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-----------|-----------|--------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Dose                                               | Route     | Frequency | Start Dt.    |              |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>PO</u>                                          | <u>PO</u> | <u>DD</u> | <u>08/07</u> |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3 scoops in 200ml water</u>                     |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG :                                             |           |           |              | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency | Start Dt.    |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG :                                             |           |           |              | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency | Start Dt.    |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG :                                             |           |           |              | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency | Start Dt.    |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| DRUG :                                             |           |           |              | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route     | Frequency | Start Dt.    |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |           |           |              |              |  |  |  |  |  |  |  |  |  |  |  |  |



3AH-00660127 IP5-00175703  
 Master MOHAMMED YOUNUS  
 15-06-2014 12 Y 0 M 14 D (M)  
 Dr. ANUPAMA Y

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Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

| DRUG :                                             |       |           |           | Date<br>Time |
|----------------------------------------------------|-------|-----------|-----------|--------------|
| Dose                                               | Route | Frequency | Start Dt. |              |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |
| Additional Instructions:                           |       |           |           |              |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |
| DRUG :                                             |       |           |           | Date<br>Time |
| Dose                                               | Route | Frequency | Start Dt. |              |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |
| Additional Instructions:                           |       |           |           |              |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |
| DRUG :                                             |       |           |           | Date<br>Time |
| Dose                                               | Route | Frequency | Start Dt. |              |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |
| Additional Instructions:                           |       |           |           |              |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |
| DRUG :                                             |       |           |           | Date<br>Time |
| Dose                                               | Route | Frequency | Start Dt. |              |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |
| Additional Instructions:                           |       |           |           |              |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |
| DRUG :                                             |       |           |           | Date<br>Time |
| Dose                                               | Route | Frequency | Start Dt. |              |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |
| Additional Instructions:                           |       |           |           |              |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |

Signature

VERIFIED BY : Name





## DRUG CHART

Date of Admission: 20/6/26 Drug Allergies: ☒ Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
  - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
  - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
  - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
  - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

|                               |                    |                         |                            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|--------------------|-------------------------|----------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG : TAB PARACETAMOL</b> |                    |                         |                            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><u>500mg</u>          | Route<br><u>PO</u> | Frequency<br><u>40s</u> | Start Date<br><u>07/07</u> |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature            |                    | Valid Period            | Pharm.                     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:      |                    |                         |                            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |





REGULAR PRESCRIPTIONS

Weight. 50kg Ward. puw

|                                                                            |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
|----------------------------------------------------------------------------|-------|-----------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|-----|------|-----|-----|------|-----|-----|
| DRUG: <u>INT HEADOPENAM</u>                                                |       |           |            | Date                                                                                                                                                                                                                                   | 28/6 | 29/6 | 30/6 | 1/7 | 2/7  | 3/7 | 4/7 | 5/7  | 6/7 | 7/7 |
| Dose                                                                       | Route | Frequency | Start Date | Time                                                                                                                                                                                                                                   | 8am  | 12pm | 4pm  | 8pm | 12am | 4am | 8am | 12pm | 4pm | 8pm |
| 2gm                                                                        | IV    | TID       | 28/6       |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuteen</u> |       |           |            | <div style="display: flex; justify-content: space-between;"> <div> <p>2pm</p> <p>4pm</p> <p>6pm</p> </div> <div> <p>8am</p> <p>12pm</p> <p>4pm</p> <p>8pm</p> </div> <div> <p>12am</p> <p>2am</p> <p>4am</p> <p>6am</p> </div> </div>  |      |      |      |     |      |     |     |      |     |     |
| Additional Instructions:                                                   |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| Daily Doctor's Endorsement by a Sign                                       |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| DRUG: <u>INT ESUOPROZOLE</u>                                               |       |           |            | Date                                                                                                                                                                                                                                   | 28/6 | 29/6 | 30/6 | 1/7 | 2/7  | 3/7 | 4/7 | 5/7  | 6/7 | 7/7 |
| Dose                                                                       | Route | Frequency | Start Date | Time                                                                                                                                                                                                                                   | 6am  | 12pm | 4pm  | 8pm | 12am | 4am | 8am | 12pm | 4pm | 8pm |
| 50mg                                                                       | IV    | OD        | 28/6       |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuteen</u> |       |           |            | <div style="display: flex; justify-content: space-between;"> <div> <p>6am</p> <p>12pm</p> <p>4pm</p> </div> <div> <p>8am</p> <p>12pm</p> <p>4pm</p> <p>8pm</p> </div> <div> <p>12am</p> <p>2am</p> <p>4am</p> <p>6am</p> </div> </div> |      |      |      |     |      |     |     |      |     |     |
| Additional Instructions:                                                   |       |           |            | close to end 5/7/28 Dr. Nuteen                                                                                                                                                                                                         |      |      |      |     |      |     |     |      |     |     |
| Daily Doctor's Endorsement by a Sign                                       |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| DRUG: <u>INT VITAMIN K</u>                                                 |       |           |            | Date                                                                                                                                                                                                                                   | 28/6 | 29/6 | 30/6 | 1/7 | 2/7  | 3/7 | 4/7 | 5/7  | 6/7 | 7/7 |
| Dose                                                                       | Route | Frequency | Start Date | Time                                                                                                                                                                                                                                   | 6pm  | 12pm | 4pm  | 8pm | 12am | 4am | 8am | 12pm | 4pm | 8pm |
| 10mg                                                                       | IV    | OD        | 28/6       |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuteen</u> |       |           |            | <div style="display: flex; justify-content: space-between;"> <div> <p>6pm</p> <p>12pm</p> <p>4pm</p> </div> <div> <p>8pm</p> <p>12am</p> <p>4am</p> <p>6am</p> </div> <div> <p>8am</p> <p>12pm</p> <p>4pm</p> <p>8pm</p> </div> </div> |      |      |      |     |      |     |     |      |     |     |
| Additional Instructions:                                                   |       |           |            | Stop 01/07/26 12:00pm                                                                                                                                                                                                                  |      |      |      |     |      |     |     |      |     |     |
| Daily Doctor's Endorsement by a Sign                                       |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| DRUG: <u>INT THIAMINE</u>                                                  |       |           |            | Date                                                                                                                                                                                                                                   | 28/6 | 29/6 | 30/6 | 1/7 | 2/7  | 3/7 | 4/7 | 5/7  | 6/7 | 7/7 |
| Dose                                                                       | Route | Frequency | Start Date | Time                                                                                                                                                                                                                                   | 6pm  | 12pm | 4pm  | 8pm | 12am | 4am | 8am | 12pm | 4pm | 8pm |
| 100mg                                                                      | IV    | OD        | 28/6       |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |
| Name & Signature of the Doctor<br>Starting the Drugs:<br><u>Dr. Nuteen</u> |       |           |            | <div style="display: flex; justify-content: space-between;"> <div> <p>6pm</p> <p>12pm</p> <p>4pm</p> </div> <div> <p>8pm</p> <p>12am</p> <p>4am</p> <p>6am</p> </div> <div> <p>8am</p> <p>12pm</p> <p>4pm</p> <p>8pm</p> </div> </div> |      |      |      |     |      |     |     |      |     |     |
| Additional Instructions:                                                   |       |           |            | Stop 29/6/26                                                                                                                                                                                                                           |      |      |      |     |      |     |     |      |     |     |
| Daily Doctor's Endorsement by a Sign                                       |       |           |            |                                                                                                                                                                                                                                        |      |      |      |     |      |     |     |      |     |     |





| Date<br>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<br>Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|--------------------------------|------------|--------------|------------|------------|------------|------------|
| DRUG :                         |            | Dose         | Dose       | Dose       | Dose       |            |
|                                |            | Dr. Sign.    | Dr. Sign.  | Dr. Sign.  | Dr. Sign.  |            |
| Route                          | Start Date | Dose         | Dose       | Dose       | Dose       |            |
|                                |            | Dr. Sign.    | Dr. Sign.  | Dr. Sign.  | Dr. Sign.  |            |
| Name & Signature of the Doctor |            | Dose         | Dose       | Dose       | Dose       |            |
|                                |            | Dr. Sign.    | Dr. Sign.  | Dr. Sign.  | Dr. Sign.  |            |
| Additional Instructions:       |            | Dose         | Dose       | Dose       | Dose       |            |
|                                |            | Dr. Sign.    | Dr. Sign.  | Dr. Sign.  | Dr. Sign.  |            |

STAT / ONCE ONLY DRUGS

| Date  | Time   | Medication               | Dosage & Other Instructions | Route       | Signature   | Nurses      |
|-------|--------|--------------------------|-----------------------------|-------------|-------------|-------------|
| 28/06 | 6pm    | Di TRAMOLIP<br>AID       | 500mg                       | IV          | [Signature] | [Signature] |
| 28/6  | 8:40pm | Inj. methyl prednisolone | 250mg<br>(5mg/kg)           | IV          | KSPK        | [Signature] |
| 28/6  | 7am    | SDP                      | 50ml                        | IV          | KSPK        | [Signature] |
| 28/6  | 7am    | FFP                      | 1 unit                      | IV          | KSPK        | [Signature] |
| 28/6  | 7pm    | Cryoprecipitate          | 4 units                     | IV          | KSPK        | [Signature] |
| 28/6  | 7pm    | Inj. CALCIUM GLUCONATE   | 25ml + 25ml 5% D            | IV over 1hr | KSPK        | [Signature] |
| 28/6  | 8pm    | Inj. AVIL                | 45mg                        | IV          | KSPK        | [Signature] |
| 28/6  | 5pm    | Inj. HYDROCORT           | 100mg                       | IV          | KSPK        | [Signature] |



I.V. FLUIDS CHART

Weight. 50kg Ward. PW



| Date        | Time   | Composition of I.V. Fluid<br>(If infusion, mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate<br>ml/hr | Doctor<br>Sign | Nurse<br>Sign   | Date of<br>Stopping | Doctor<br>Sign | Nurse<br>Sign   |
|-------------|--------|-----------------------------------------------------------------------------|-------|--------------------|----------------|-----------------|---------------------|----------------|-----------------|
| 28/6/26     | 4:30pm | IVF 10% DNS                                                                 | IV    | 50ml/hr            | Y              | Subash<br>Nishu | 28/6                | Jay            | Subash<br>Nishu |
| 28/6/26     | 4:30pm | 3% NS                                                                       | IV    | 50ml/hr            | Y              | Subash<br>Nishu | 29/6/26             | Jay            | Subash<br>Nishu |
| 28/6        | 8pm    | Inj. LASIX 36ml +<br>12ml NS<br>(2ml/hr = 0.3mg/kg/hr)                      | IV    | 2                  | KSPK           | Subash<br>Nishu | 29/6                | Jay            | Subash<br>Nishu |
| 28/6        | 8:40pm | Inj. N-acetyl<br>cysteine<br>(undiluted)                                    | IV    | 1                  | KSPK           | Subash<br>Nishu | 30/6/26<br>2:10pm   | WJ             | Subash<br>Nishu |
| 28/6        | 88PM   | 20% DNS                                                                     | IV    | 50                 | KSPK           | Subash<br>Nishu | 29/6                | Jay            | Subash<br>Nishu |
| 29/6        | 12pm   | 20% DNS                                                                     | IV    | 35<br>ml/hr        | praty          | Subash<br>Nishu | 29/6                | Jay            | Subash<br>Nishu |
| 29/6        | 7pm    | 20% DNS + 10ml KCl                                                          | IV    | 35<br>ml/hr        | Ab             | Subash<br>Nishu | 30/6/26             | Jay            | Subash<br>Nishu |
| 29/6        | 3pm    | 3% NaCl                                                                     | IV    | 15<br>ml/hr        | Ab             | Subash<br>Nishu | 1/7                 | Jay            | Subash<br>Nishu |
| 29/6<br>1/7 | 8am    | 20% DNS<br>+ 10 ml KCl                                                      | IV    | 30<br>ml/hr        | praty          | Subash<br>Nishu | 2/7                 | Jay            | Subash<br>Nishu |
| 1/7         | 8am    | 3% NS                                                                       | IV    | 20<br>ml/hr        | praty          | Subash<br>Nishu | 1/7/26              | Jay            | Subash<br>Nishu |





## I.V. FLUID CHART

| DATE  | TIME        | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.) | ROUTE | Flow Rate<br>(ml/hr) | Doctor<br>Sign. | Nurse<br>Sign. | Date of<br>Stopping | Doctor<br>Sign. | Nurse<br>Sign. |
|-------|-------------|------------------------------------------------------------------------------------|-------|----------------------|-----------------|----------------|---------------------|-----------------|----------------|
| 01/07 | 10AM        | Inj LASIX<br>36ml + 12ml NS<br>(2ml/hr = 0.3mg/kg/hr)                              | IV    | 2                    | Jayash          | Mans<br>Palash | 02/7                | Jayash          | Mans<br>Palash |
| 01/07 | 5PM         | 3-1. NS                                                                            | IV    | 20<br>ml/hr          | Jayash          | Mans<br>Palash | 02/7                | Jayash          | Mans<br>Seshu  |
| 02/07 | 6am         | 20-1- DNS<br>+ 40ml KCl                                                            | IV    | 20                   | Jayash          | Mans<br>Seshu  | 3/7/26              | J               | Mans<br>Palash |
| 02/07 | 6am         | Inj LASIX<br>36ml + 12ml NS<br>(2ml/hr = 0.3mg/kg/hr)                              | IV    | 2                    | Jayash          | Mans<br>Seshu  | 5/7/26              |                 | Mans<br>Palash |
| 02/07 | 6am         | 3-1 NS                                                                             | IV    | 20                   | Jayash          | Mans<br>Seshu  | 3/7/26              | J               | Mans<br>Palash |
| 05/07 | 7:00<br>am  | INT LASIX<br>36ml + 12ml NS<br>(2ml/hr = 0.3mg/kg/hr)                              | IV    | 2ml/hr               | Wast            | Mans<br>Seshu  | 5/7/26              |                 | Seshu<br>Khan  |
| 6/7   | 8:00<br>pm  | DNS                                                                                | IV    | 20                   | Wast            | Mans<br>Palash | 8/7                 | J               | Bans<br>Roshan |
| 08/07 | 10:00<br>am | DNS                                                                                | IV    | 30                   | Wast            | Bans<br>Roshan | 9/7                 | 2               | 2<br>K         |
|       |             |                                                                                    |       |                      |                 |                |                     |                 |                |
|       |             |                                                                                    |       |                      |                 |                |                     |                 |                |









## STAT / ONCE ONLY DRUGS

Name: .....

Weight: 50 kgs

Sheet No: .....

| DATE    | TIME     | MEDICATION                 | DOSAGE & OTHER INSTRUCTIONS | ROUTE          | SIGNATURE |          |                   |
|---------|----------|----------------------------|-----------------------------|----------------|-----------|----------|-------------------|
|         |          |                            |                             |                | Doctor    | Nurse-1  | Nurse-2           |
| 2/7/26  | 3pm      | 24. KETAMINE               | 20mg                        | IV             | praty     | glau     | Palash @ 3:00 pm  |
| 2/7/26  | 3:30 pm  | Tab. METOLAZONE            | 10 mg                       | POG            | praty     | Man      | Palash @ 4:00 pm  |
| 2/7/26  | 11 pm    | IV Ig                      | 10g                         | iv             | Dr        | Subrata  | 11 pm             |
| 03/7/26 | 12:30 pm | INJ. MAGNESIUM SULPHATE    | 4ml + 40ml NS               | IV over 4 hour | Dr        | Dr       | Dr 12:35 pm       |
| 03/7/26 | 12:30 pm | INJ. PHOSPHORUS            | 5ml + 50ml NS               | IV over 8 hour | Dr        | Dr       | Dr 1:30 pm        |
| 03/7/26 | 12:30 pm | 24. NALOXONE               | 400mg                       | IV STAT        | Dr        | Dr       | Dr 12:40 pm       |
| 03/7/26 | 2:15 pm  | DULCOLAX adult suppository | 1 capsule                   | PR stat        | Man       | Dr       | Dr 5:30 pm        |
| 3/7/26  | 3 pm     | Dr. FUROSEMIDE             | 40g                         | IV             | Dr        | Dr       | Dr 3:05 pm        |
| 03/7/26 | 6:30 pm  | PRBC 1 UNIT                | over 4 hour                 | IV             | Dr        | Dr       | Dr 6:31 pm        |
| 03/7/26 | 10:30 pm | Dr. ENDONISORAN            | 4mg                         | IV             | Dr        | Man      | Palash @ 10:30 pm |
| 04/7/26 | 7 AM     | SUP. SUCRALFATE            | 10ml                        | PNG            | Dr        | Man      | Palash @ 7 am     |
| 7/7/26  | 6:30 pm  | DULCOLAX SUPPOSITORY       | 1                           | PR             | praty     | Nishi    | monika 7 pm       |
| 7/7/26  | 8:30 pm  | NEB LEVOLIN                | 1.2mg                       | NS x 3 time    | Dr        | Dipankar | Siddhi 8:35 pm    |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |
|         |          |                            |                             |                |           |          |                   |



# MULTI-DISCIPLINARY PLAN OF CARE FORM

Diag.

| Date Time | Discipline                                                                                                                    | Type                                                                                                                                                    | Patient Needs / Problem List   | Goal                     | Plan / Intervention        | Signature | Team Verification                                                                                                   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|----------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| 26/06/14  | <input checked="" type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:           | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            | ? Acute liver failure.         | H: Stability             | w/ fluid                   |           | <input checked="" type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                                     |
| 28/06/14  | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                      | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | Acute liver failure<br>? liver | H - Stability            | Monitor<br>w/ fluid        |           | <input type="checkbox"/> Medical<br><input checked="" type="checkbox"/> Others:                                     |
| 27/6/26   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input checked="" type="checkbox"/> Others: Dietician | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | Sepsis,<br>? MODS              | Child is on NPO          | NPO + IV<br>Further advise | Hassina   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input checked="" type="checkbox"/> Others: |
| 08/07/14  | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: Physiotherapy        | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            | Improve airway expansion       | improve airway expansion | Breathing ex's             | Dalvi     | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |
|           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                      | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                                |                          |                            |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |



AH-00660127

IP5-00175703

Waster MOHAMMED YOUNUS

25-06-2014

12 Y 0 M 3 D

(M)

Dr. ANUPAMA Y



# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## Part - I.

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

## Identified Education Needs:

- |                            |                                                                      |                                                                |                                                             |
|----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet                                            | 13. Risk / Safety                                           |
| 2. Treatment and Care Plan | 6. Discharge Medication                                              | 10. Fall Risk Education                                        | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                        | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs                           |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  | 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 |          |                         |
| 28/06/26 | 4pm      | 2               | Treatment and care plan | M/G                                 | 1                 | OK             | 1                                 | 1             | M        | S                       |
| 27/06/26 | 2am      | 9               | Child is on NPO         | M                                   | 1                 | 0              | 1                                 | 1             | —        | Hounice                 |
| 08/07/26 | 12:50 pm | 5               | Breathing ex's          | M                                   | 1                 | 0              | 1                                 | 1             | —        | Hounice                 |
|          |          |                 |                         |                                     |                   |                |                                   |               |          |                         |

## Part - III: CODES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Who was taught: PT: Patient <input checked="" type="checkbox"/> F: Father <input checked="" type="checkbox"/> M: Mother <input checked="" type="checkbox"/> S: Spouse <input type="checkbox"/> Sn: Son <input type="checkbox"/> D: Daughter <input type="checkbox"/> C: Caregiver <input type="checkbox"/> O: Other (Specify) .....                                                                                                                               |  |  |  |  |  |  |  |  |  |
| <b>Learning Barriers:</b><br>1. No Learning Barriers<br>2. Physical Impairment<br>3. Emotional Barriers<br>4. Language Barrier<br>5. Educational Level<br>6. Desire / Motivate to Learn<br>7. Impaired Thought Process/Cognitive limitations<br>8. Responsibilities at Home<br>9. Cultural Differences<br>10. Financial Difficulties<br>11. Beliefs and Values<br>12. Impaired Vision/ or Hearing<br>13. Cultural/Religion Practice<br>14. Others (Specify) ..... |  |  |  |  |  |  |  |  |  |
| Teaching Tools Used: A: Audio <input type="checkbox"/> D: Demonstration <input type="checkbox"/> V: Video <input type="checkbox"/> O: Oral <input type="checkbox"/> P: Printed <input type="checkbox"/>                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
| <b>Mechanism/s to overcome barrier/s:</b><br>1. None<br>2. Obtain translator<br>3. Reassurance & Support<br>4. Teach Family / Others<br>5. Respect values & beliefs<br>6. Respect Cultural / Religion Preference<br>7. Other, Specify .....                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
| <b>Understanding:</b><br>1. Verbalizes Understanding <input type="checkbox"/> 2. Demonstrates Understanding <input type="checkbox"/> 3. Needs Review <input type="checkbox"/>                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |





## PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : As per Role Date : 28/6/21

Type of Admission: ☐ OPD ☒ ER ☐ Referral (if referral, Doctor's Name: \_\_\_\_\_)

Start Time of Assessment: 3:30pm Weight: 5.0 kg

Allergic History: \_\_\_\_\_

Chief Complaints: \_\_\_\_\_

Pneumonia x 15 days  
Let me know  
Breathing difficulty  
Altered sensorium  
Vomiting x 5 days  
Threats to life x 5 days

Pediatric Assessment Triangle

A Appearance - TICLS \_\_\_\_\_

B \_\_\_\_\_ C Circulation ☒ Normal ☐ Abnormal

Breathing ☒ ↑ WOB ☐ ↓ WOB ☐ Normal ☐ Gasping / Apnea

☐ Pallor ☐ Cyanosis ☐ Mottling ☐ Bleeding

Initial Physiological Status: ☐ Stable ☒ Unstable  
☐ Life Threatening ☒ Non Life Threatening

Any urgent interventions needed: ☒ Yes ☐ No  
 If Yes \_\_\_\_\_

Significant Past History: Admitted previously at Sunrise Children's hospital & Pinner and Shohar hospital for Acute renal failure

Medication History: \_\_\_\_\_

Relevant Investigations: Na<sup>+</sup> - 131, K - 3.8, U<sup>+</sup> - 100, AP77 - 82.3, P1 - 32.1  
CRP - 68, SGOT - 1048, SGPT - 474, Albumin - 2.6, Tot bilirubin - 3.06  
CK - 254

Primary Assessment

Airway ☒ Open ☐ Maintainable ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No  
 If Yes \_\_\_\_\_

Breathing ☒ Rate: 56/min SpO<sub>2</sub> on FiO<sub>2</sub> 98%  
 Rhythm: Irregular  
 Retractions: ☐ Suprasternal ☐ ICR ☐ SCR  
☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring  
 Respiratory Noises: ☐ Stridor ☐ Wheezing ☒ Grunting  
 Air Entry: BA A2 (+)  
 Palpation Findings (If necessary) \_\_\_\_\_

Any urgent interventions needed: ☒ Yes ☐ No  
 If Yes → NRB





### Circulation

HR: 122/min

CFT ☐ Central .....  
☐ Peripheral .....

Any urgent interventions needed: ☐ Yes ☒ No

BP: 122/98 mmHg

Pulse Volume: ☐ Central .....  
☒ Peripheral ..... (N)

Murmurs: ☐ Yes ☒ No

Liver Span: .....

If in Shock: ☐ Compensated .....  
☐ Hypotensive .....

ECG: .....

Muffled Heart Sound: ☐ Yes ☒ No

Any Signs of Heart Failure: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☒ No



### Disability

GCS: 11/15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☒ No

Pupils: ☐ Responsive ☒ Non-Responsive ☐

If Yes .....

Size ☐ Right .....  
☒ Left Equal

Active Seizures: ☐ Yes ☒ No Sugars: 57

Signs of Neurological compromise .....

100% Glucose given  
@ 500mg  
2g/ml given

### Exposure



Temp.: 98.2°F

Any urgent interventions needed: ☐ Yes ☒ No

Any Rash: ☐ Yes ☒ No

If Yes .....

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

### Final Physiological Status:

☒ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest  
☐ Shock - Compensated ☐ Hypotensive ☐  
☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

GRBS → 51

### Secondary Assessment:

Head to toe examination with positive findings: .....

### Labs Planned:

### Treatment Planned:

Need for Oxygen: ☒ Yes ☐ No if yes Low Flow ☐ High Flow ☒ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ? Acute liver failure, Reye's syndrome

Assessment done by

Name of the Doctor: Dr. Anushman

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: [Signature]

Signature: .....

Date & Time: 28/6/26, 3.30pm

Date & Time: .....



Date & Time: ..... 28/6/2020 7:50 PM



**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో  
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.ఐ.డి .....  
నేను ..... s/o. d/o. w/o . ....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్స్ పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్  
తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి ..... పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్జన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్ట్ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్జన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



BAH-00660127

IP5-00175703

Master MOHAMMED YOUNUS

25-06-2014

12 Y 0 M 3 D

(M)

Dr. ANUPAMA Y



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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 28/6/26 @ 4:20pm

Source of Admission: ☐ OPD ☐ Ward ☒ Other: ER

Reason for Admission: Hypoxia

Admission Diagnosis: MODS

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:Primary Language: ☒ Telugu ☐ English ☒ Hindi ☐ Other SpecifyDo you require an interpreter? ☐ Yes ☒ NoAllergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------|
| Source of Information: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Patient <input type="checkbox"/> Others, Specify                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |
| SIGNIFICANT HISTORY                                                                                                                                                                                                                                                                                                                                                                                                         | Past Medical History                                                                                                                                                                                                                                                                                                                                                                                                                              | Past Surgical History    | Last Hospital Admission                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                             | viral Hepatitis with 1 episode of seizure                                                                                                                                                                                                                                                                                                                                                                                                         | NO past surgical history | 28-06-26 Princess Surpu Shekhera children's hospital |
|                                                                                                                                                                                                                                                                                                                                                                                                                             | Family History:                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                             | Has the child or close family member had recent contact with a communicable disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes please list, _____<br>Was the child's birth normal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe problems: _____<br>Are the child's immunization up to date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |                                                      |
| CURRENT MEDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                         | Taking Medications? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, Fill the reconciliation form<br>Medicine brought to the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                               |                          |                                                      |
| Observations: Weight: 50kg Length: Head Circumference (< 2 years):<br>Temp.: 99.2°F HR: 112 RR: 20 BP: 131/60<br>Pain Score: 0 Specify Site: (Follow Pain Assessment Sheet & Document)<br>Fall Risk Assessment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Score: 8 (Document in the Humpty Dumpty Sheet)<br>Risk of Pressure Sore (Braden Q Score 12) (Document in the Braden Q Assessment Sheet) |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |



BAH-00660127 IP5-00175703  
Master MOHAMMED YOUNUS  
25-06-2014 12 Y 0 M 3 D (M)  
Dr. ANUPAMA Y



Behavioural Status on Admission:

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Console ☒ Drowsy

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected  
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**

☐ 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 Family

Siblings in household ☒ Yes ☐ No (if yes How Many?) 1 Broken

Orientation has been given regarding the following aspects:

☒ ID Band in situ  
☒ Bedside safety explained  
☐ PICU Routine: Doctor's rounds/Medication time  
☒ Visiting policy explained

Orientation given to: ☒ Family ☐ Others specify .....

Name of Person Orientation was given to: Father

Orientation not given Reason: .....

Nurse Name: hah

Nurse Signature: hah

Date & Time: 28/6/26 4:30pm

**DISCHARGE PLAN**

Source of Information: ☒ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☒ No

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

Any other needs anticipated: ☐ Yes ☒ No If Yes Specify .....

Discharge Medications: ☐ Yes ☒ No

Details: HYPOXIA

Final Diagnosis: MODS

Nurse Name: hah

Nurse Signature: hah

Date & Time: 28-06-26 @ 5pm



## EARLY WARNING SCORE: CHILDREN'S UNIT

Temperature (°F)

94 95 96 97 98 99 100 101 102 103 104

Time

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

98°F

|                                     |         |
|-------------------------------------|---------|
| Heart Rate (Number)                 | 123 B/m |
| Resp. Rate (bpm)<br>(over 1 Minute) | 26 B/m  |

[illegible][illegible]

|                                                                |             |                                                                                                           |
|----------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------|
| <b>ACTIONS</b><br><br>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.



## 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |





9/7/26

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

## EARLY WARNING SCORE: CHILDREN'S UNIT

|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|--------------------------------------------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|-----|--|
| Date : .....                                                       | Time:                               | 6am    | 10AM   | 2pm    | 6pm    | 10pm   | 12AM   | 2am    | 6am |  |
| Doctor / Nurse / Family Concern?                                   |                                     |        |        |        |        |        |        |        |     |  |
| Temperature<br>(°F)                                                | 104                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 103                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 102                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 101                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 100                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 99                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 98                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 97                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 96                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 95                                  |        |        |        |        |        |        |        |     |  |
| 94                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| Heart Rate<br>(bpm)<br>and<br>Blood Pressure<br>(mmHg) *           | 190                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 180                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 170                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 160                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 150                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 140                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 130                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 120                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 110                                 |        |        |        |        |        |        |        |     |  |
|                                                                    | 100                                 |        |        |        |        |        |        |        |     |  |
| Note:<br>BP does not score<br>in early<br>warning scoring          | 90                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 80                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 70                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 60                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 50                                  |        |        |        |        |        |        |        |     |  |
|                                                                    | 118                                 | 106/80 | 107/83 | 115/86 | 116/88 | 124/99 | 106/65 | 107/66 |     |  |
|                                                                    | 74                                  | 76     | 76     | 80     | 81     | 110    | 65     |        |     |  |
|                                                                    | Heart Rate (Number)                 | 106B/m | 108B/m | 112B/m | 113B/m | 108B/m | 92B/m  | 108B/m |     |  |
|                                                                    | Resp. Rate (bpm)<br>(Over 1 Minute) | 70     |        |        |        |        |        |        |     |  |
|                                                                    |                                     | 60     |        |        |        |        |        |        |     |  |
| 50                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| 40                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| 30                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| 20                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| 10                                                                 |                                     |        |        |        |        |        |        |        |     |  |
| Resp Rate (Number)                                                 |                                     | 24B/m  | 26B/m  | 24B/m  | 26B/m  | 24B/m  | 22B/m  | 24B/m  |     |  |
| Resp Mod/ Severe<br>Distress None / Mild                           |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
| Receiving O <sub>2</sub> (l/min)<br>O <sub>2</sub> Saturations (%) |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
| Conscious<br>Level                                                 |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
| GCS *                                                              |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
| TOTAL SCORE                                                        |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
|                                                                    |                                     |        |        |        |        |        |        |        |     |  |
| 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.



# 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



ST. ANUPAMA Y



### Children's Observation & Early Warning Scoring Chart



**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the kids.



**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

|                                  |            |      |         |      |      |       |       |      |
|----------------------------------|------------|------|---------|------|------|-------|-------|------|
| Date : .....                     | Time: 8 AM | 9 AM | 12 Noon | 2 PM | 6 PM | 10 PM | 11 PM | 2 AM |
| Doctor / Nurse / Family Concern? |            |      |         |      |      |       |       |      |

Handwritten notes on graph paper (y-axis 94-104):

- 99:  $g_2^2 f$  \*
- 100:  $g_2^2 f$  \*
- 101:  $g_2^2 f$  \*
- 102:  $g_2^2 f$  \*
- 103:  $g_2^2 f$  \*
- 104:  $g_2^2 f$  \*

Handwritten notes on graph paper (y-axis 94-104):

- 99:  $g_2^2 f$  \*
- 100:  $g_2^2 f$  \*
- 101:  $g_2^2 f$  \*
- 102:  $g_2^2 f$  \*
- 103:  $g_2^2 f$  \*
- 104:  $g_2^2 f$  \*

[illegible][illegible]

\* 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.



3AH-00660127 IP5-00175703  
 Visitor MOHAMMED YOUNUS  
 25-06-2014 12 Y 0 M 12 D (M)  
 Dr. ANUPAMA Y



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

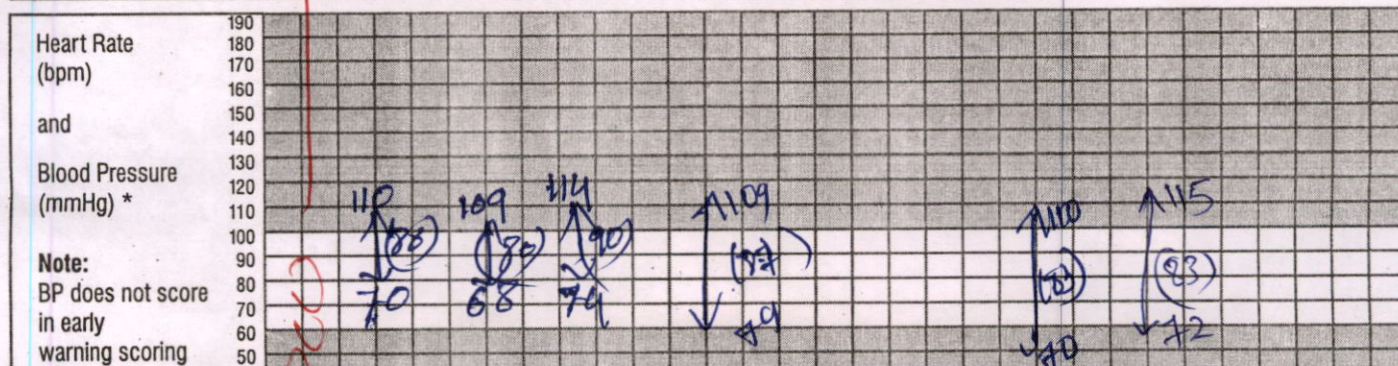
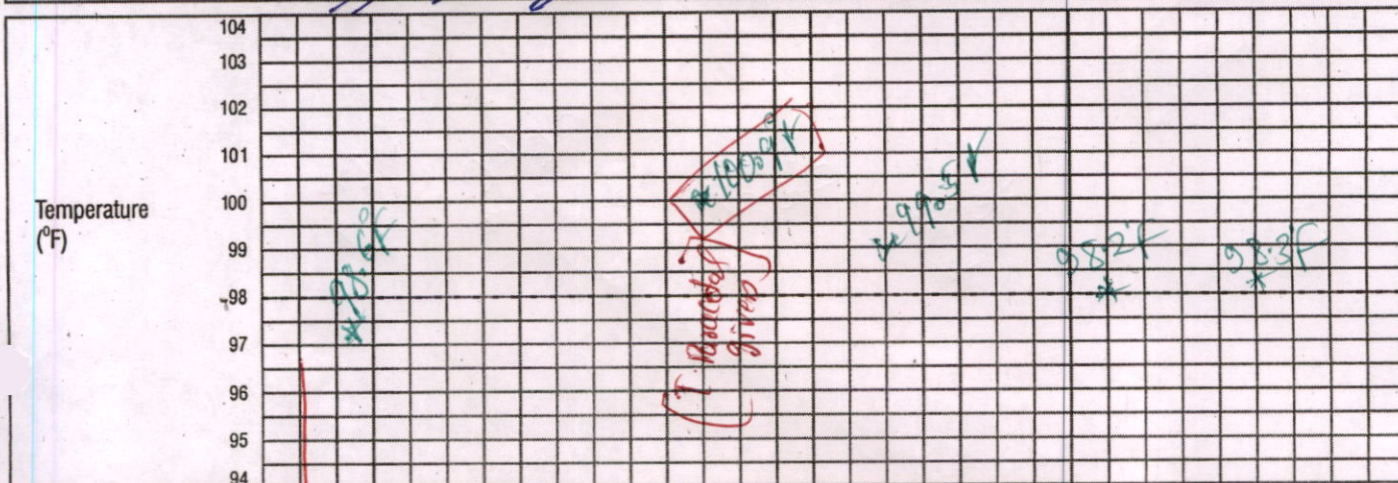
# TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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 It takes a lot to treat the kids.

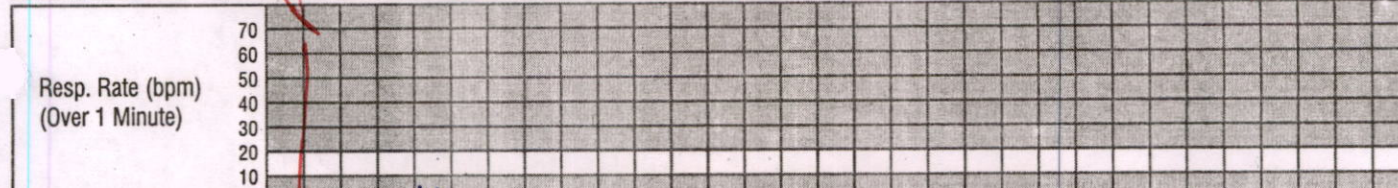
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## EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 4 PM 5 PM 7 PM 8 PM 11 PM 12 AM 7 AM  
 Doctor / Nurse / Family Concern? .....



Heart Rate (Number) 102 bpm 120 106 bpm 108 bpm



Resp Rate (Number) 24 bpm 24 24 bpm 26 bpm

Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub> (l/min) (12L) 12L (12L) (12L)  
 O<sub>2</sub> Saturations (%) 100% 99% 99% 100%

Conscious Level Normal / 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 NY 8 8 g

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.









# FLUID CHART

Sheet No. : .....

7/4/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

|                             |          | Intake          |       |      |       | Output                                |           |                             |          |       | IV Site                 | Sign. Nurse |
|-----------------------------|----------|-----------------|-------|------|-------|---------------------------------------|-----------|-----------------------------|----------|-------|-------------------------|-------------|
| Date                        | Time     | Nature of Fluid | Route |      |       | NG                                    | Diarrhoea | Vomit                       | Drainage | Urine | Thrombo-phlebitis Score |             |
|                             |          |                 | Mouth | I.V  | N.G   |                                       |           |                             |          |       |                         |             |
|                             | 08:00 am |                 |       |      |       |                                       |           |                             |          |       |                         |             |
|                             | 09:00 am |                 |       |      |       |                                       |           |                             |          |       |                         |             |
|                             | 10:00 am |                 |       |      |       |                                       |           |                             |          |       |                         |             |
|                             | 11:00 am |                 |       |      |       |                                       |           |                             |          |       |                         |             |
|                             | 12:00 pm |                 |       |      |       |                                       |           |                             |          |       |                         |             |
|                             | 01:00 pm |                 |       |      |       |                                       |           |                             |          |       |                         |             |
| <b>Total Intake :</b>       |          |                 |       |      |       | <b>Total Output :</b>                 |           |                             |          |       |                         |             |
|                             | 02:00 pm | ↑               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Niku        |
|                             | 03:00 pm |                 |       | 20ml |       |                                       |           |                             |          |       | 0                       | Niku        |
|                             | 04:00 pm |                 |       | 20ml |       |                                       |           |                             |          |       | 0                       | Niku        |
|                             | 05:00 pm | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Niku        |
|                             | 06:00 pm |                 |       | 20ml |       |                                       |           |                             |          |       | 0                       | Niku        |
|                             | 07:00 pm | ↓               |       | 20ml |       |                                       |           |                             |          | 280ml | 0                       | Niku        |
| <b>Total Intake :</b> 100ml |          |                 |       |      |       | <b>Total Output :</b> U - 280ml m - 2 |           |                             |          |       |                         |             |
|                             | 08:00 pm | ↓               |       | 20ml | 100ml |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 09:00 pm |                 |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 10:00 pm | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 11:00 pm |                 |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 12:00 am | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 01:00 am | ↓               |       | 20ml | 100ml |                                       |           |                             |          | 494   | 0                       | Swath       |
| <b>Total Intake :</b> 120ml |          |                 |       |      |       | <b>Total Output :</b> M - 1 U - 494   |           |                             |          |       |                         |             |
|                             | 02:00 am | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 03:00 am | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 04:00 am | ↓               |       | 20ml | 100ml |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 05:00 am | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 06:00 am | ↓               |       | 20ml |       |                                       |           |                             |          |       | 0                       | Swath       |
|                             | 07:00 am | ↓               |       | 20ml | 135ml |                                       |           |                             |          |       | 0                       | Swath       |
| <b>Total Intake :</b> 20ml  |          |                 |       |      |       | <b>Total Output :</b> M - 1 U - 1     |           |                             |          |       |                         |             |
| <b>Total 24 hrs. Intake</b> |          | 340ml           |       |      |       | 435ml<br>feed                         |           | <b>Total 24 hrs. Output</b> |          | 774ml |                         |             |



# FLUID CHART

Sheet No. : .....

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

| Date                 | Time     | Nature of Fluid | Intake |      |     | Output                       |           |       |               |             | IV Site Thrombophlebitis Score | Sign. Nurse |  |
|----------------------|----------|-----------------|--------|------|-----|------------------------------|-----------|-------|---------------|-------------|--------------------------------|-------------|--|
|                      |          |                 | Mouth  | I.V  | N.G | NG                           | Diarrhoea | Vomit | Drainage      | Urine       |                                |             |  |
|                      | 08:00 am |                 |        | 20ml |     |                              |           |       |               | with motion | 0                              | Bani        |  |
|                      | 09:00 am | ↑               | ml     | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 10:00 am | ↓               | soul   | -    |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 11:00 am | DNS             |        | 20ml |     |                              |           |       |               | with motion | 0                              | Bani        |  |
|                      | 12:00 pm | ↓               |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 01:00 pm |                 |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
| Total Intake :       |          |                 | 100ml  |      |     | Total Output : M - 2 U - 2   |           |       |               |             |                                |             |  |
|                      | 02:00 pm |                 |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 03:00 pm | ↑               |        | 20ml |     |                              |           |       |               | 296ml       | 0                              | Bani        |  |
|                      | 04:00 pm |                 |        | ml   |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 05:00 pm | DNS             |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 06:00 pm | ↓               |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
|                      | 07:00 pm |                 |        | 20ml |     |                              |           |       |               |             | 0                              | Bani        |  |
| Total Intake :       |          |                 | 100ml  |      |     | Total Output : M - 0 U - 296 |           |       |               |             |                                |             |  |
|                      | 08:00 pm | ↓               | for    | -    |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 09:00 pm | ↓               |        | -    |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 10:00 pm | DNS             | ml     | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 11:00 pm | ↑               |        | 20ml |     |                              |           |       |               | 100ml       | 0                              | Kaly        |  |
|                      | 12:00 am | ↑               |        | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 01:00 am |                 |        | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
| Total Intake :       |          |                 | 80ml   |      |     | Total Output : M - 1 U - 367 |           |       |               |             |                                |             |  |
|                      | 02:00 am | ↓               |        | 20ml |     |                              |           |       |               | with motion | 0                              | Kaly        |  |
|                      | 03:00 am | ↓               |        | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 04:00 am | DNS             |        | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 05:00 am |                 |        | 20ml |     |                              |           |       |               |             | 0                              | Kaly        |  |
|                      | 06:00 am | ↑               |        | -    |     |                              |           |       |               | with motion | 0                              | Kaly        |  |
|                      | 07:00 am |                 |        | -    |     |                              |           |       |               |             | 0                              | Kaly        |  |
| Total Intake :       |          |                 | 80ml   |      |     | Total Output : M - 1 U - 367 |           |       |               |             |                                |             |  |
| Total 24 hrs. Intake |          |                 | 260ml  |      |     | Total 24 hrs. Output         |           |       | M - 4 U - 763 |             |                                |             |  |





# FLUID CHART

Sheet No. : .....

9/7/16

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

| Date                 | Time     | Nature of Fluid | Intake      |      |     | Output                   |           |       |           |         | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|----------------------|----------|-----------------|-------------|------|-----|--------------------------|-----------|-------|-----------|---------|---------------------------------|-------------|--|
|                      |          |                 | Mouth       | I.V  | N.G | NG                       | Diarrhoea | Vomit | Drainage  | Urine   |                                 |             |  |
| 9/7/16               | 08:00 am | ↓<br>ONS        |             | 30ml |     |                          |           |       |           |         | 0                               | Mounikg     |  |
|                      | 09:00 am |                 | 445t<br>420 | 30ml |     |                          | ✓         |       |           | 0       | Mounikg                         |             |  |
|                      | 10:00 am |                 |             | —    |     |                          |           |       | 0         | Mounikg |                                 |             |  |
|                      | 11:00 am |                 |             | —    |     |                          |           |       | 0         | Mounikg |                                 |             |  |
|                      | 12:00 pm |                 |             | 30ml |     |                          | ✓         |       | 0         | Mounikg |                                 |             |  |
|                      | 01:00 pm |                 |             | 30ml |     |                          |           |       | 0         | Mounikg |                                 |             |  |
| Total Intake :       |          |                 | 120ml       |      |     | Total Output : U-2 U-2   |           |       |           |         |                                 |             |  |
| 9/7                  | 02:00 pm | ↓<br>ONS        | Piet<br>420 | 30ml |     |                          |           |       |           | 0       | Mounikg                         |             |  |
|                      | 03:00 pm |                 |             | 30ml |     |                          | ✓         |       | 0         | Mounikg |                                 |             |  |
|                      | 04:00 pm |                 |             | 30ml |     |                          |           | 0     | Mounikg   |         |                                 |             |  |
|                      | 05:00 pm |                 |             | 30ml |     |                          |           | 250ml | 0         | Mounikg |                                 |             |  |
|                      | 06:00 pm |                 |             | 30ml |     |                          |           | 0     | Mounikg   |         |                                 |             |  |
|                      | 07:00 pm |                 |             | —    |     |                          |           | 0     | Mounikg   |         |                                 |             |  |
| Total Intake :       |          |                 | 120ml       |      |     | Total Output : U-250ml-1 |           |       |           |         |                                 |             |  |
| 9/7/16               | 08:00 pm | ↓<br>ONS        | Piet<br>420 | —    |     |                          |           |       |           | 0       | Kaly                            |             |  |
|                      | 09:00 pm |                 |             | —    |     |                          |           | 0     | Kaly      |         |                                 |             |  |
|                      | 10:00 pm |                 |             | 30ml |     |                          |           | 0     | Kaly      |         |                                 |             |  |
|                      | 11:00 pm |                 |             | 30ml |     |                          | 286       | 0     | Kaly      |         |                                 |             |  |
|                      | 12:00 am |                 |             | 30ml |     |                          | 0         | Kaly  |           |         |                                 |             |  |
|                      | 01:00 am |                 |             | 30ml |     |                          | 0         | Kaly  |           |         |                                 |             |  |
| Total Intake :       |          |                 | 120ml       |      |     | Total Output : M-0 U-    |           |       |           |         |                                 |             |  |
| 10/7/16              | 02:00 am | ↓<br>ONS        |             | —    |     |                          |           |       |           | 0       | Kaly                            |             |  |
|                      | 03:00 am |                 |             | —    |     |                          |           | 0     | Kaly      |         |                                 |             |  |
|                      | 04:00 am |                 |             | —    |     |                          |           | 0     | Kaly      |         |                                 |             |  |
|                      | 05:00 am |                 |             | —    |     |                          | 387       | 0     | Kaly      |         |                                 |             |  |
|                      | 06:00 am |                 |             | —    |     |                          | 0         | Kaly  |           |         |                                 |             |  |
|                      | 07:00 am |                 |             | —    |     |                          | 0         | Kaly  |           |         |                                 |             |  |
| Total Intake :       |          |                 |             |      |     | Total Output : M-0 U-387 |           |       |           |         |                                 |             |  |
| Total 24 hrs. Intake |          |                 | 360ml       |      |     | Total 24 hrs. Output     |           |       | M-0 U-929 |         |                                 |             |  |



3AH-00660127  
Master MOHAMMED YOUNUS  
15-08-2014 12 Y 0 M 14 D (M)  
Dr. ANUPAMA Y

# FLUID CHART

Sheet No. : .....

10/2/26

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.

|                             |          | Intake             |        |      |     | Output                      |           |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |      |
|-----------------------------|----------|--------------------|--------|------|-----|-----------------------------|-----------|-------|----------|-------|-------------------------------------------|----------------|------|
| Date                        | Time     | Nature<br>of Fluid | Route  |      |     | NG                          | Diarrhoea | Vomit | Drainage | Urine |                                           |                |      |
|                             |          |                    | Mouth  | I.V  | N.G |                             |           |       |          |       |                                           |                |      |
| 10/7                        | 08:00 am | ↓                  | Orally | 30ml |     |                             |           |       |          |       |                                           | ✓              | Shah |
|                             | 09:00 am | ↓                  | Orally | 30ml |     |                             |           |       |          |       |                                           | 0              | Shah |
|                             | 10:00 am | ↓                  | Orally | 30ml |     |                             |           |       |          | 230ml | 0                                         | Shah           |      |
|                             | 11:00 am | ↓                  |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 12:00 pm | ↓                  |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 01:00 pm | ↓                  |        |      |     |                             |           |       |          |       |                                           |                |      |
| <b>Total Intake :</b>       |          |                    |        |      |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |      |
|                             | 02:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 03:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 04:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 05:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 06:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 07:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
| <b>Total Intake :</b>       |          |                    |        |      |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |      |
|                             | 08:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 09:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 10:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 11:00 pm |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 12:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 01:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
| <b>Total Intake :</b>       |          |                    |        |      |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |      |
|                             | 02:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 03:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 04:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 05:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 06:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
|                             | 07:00 am |                    |        |      |     |                             |           |       |          |       |                                           |                |      |
| <b>Total Intake :</b>       |          |                    |        |      |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |      |
| <b>Total 24 hrs. Intake</b> |          |                    |        |      |     | <b>Total 24 hrs. Output</b> |           |       |          |       |                                           |                |      |



3AH-00660127 IP5-00175703  
 Master MOHAMMED YOUNUS  
 15-05-2014 12 Y 0 M 12 D (M)  
 Dr. ANUPAMA Y



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## NOTING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. ANUPAMA Y Department: HDU Date of Admission: 28/6/26

| SITUATION                                |                                                        | Diagnosis: <u>A sepsis MODS</u>                                     |                                                                     | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known |                                                                     | If Yes Specify: <u>28</u>                                           |                                                                     |
|------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| BACKGROUND                               | Area                                                   | Shift Time                                                          |                                                                     |                                                                                                                       |                                                                     |                                                                     |                                                                     |
|                                          | Medical Condition (Any special condition to be noted): | <u>HDU</u>                                                          | <u>HDU</u><br>3pm-8pm                                               | <u>HDU</u><br>8pm-2am                                                                                                 | <u>HDU</u><br>2am-8am                                               | <u>HDU</u><br>8am-2pm                                               | <u>HDU</u><br>2pm-8pm                                               |
| ASSESSMENT                               | Allergy:                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Tubes/Drains/Catheter:                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Vital Signs:                                           | Temp:                                                               | <u>98.6°F</u>                                                       | <u>98.5°F</u>                                                                                                         | <u>98.5°F</u>                                                       | <u>98.6</u>                                                         | <u>98.3°F</u>                                                       |
|                                          | Res:                                                   | <u>26b/m</u>                                                        | <u>25b/m</u>                                                        | <u>24b/m</u>                                                                                                          | <u>24b/m</u>                                                        | <u>24b/m</u>                                                        |                                                                     |
|                                          | SpO <sub>2</sub> :                                     | <u>100%</u>                                                         | <u>99%</u>                                                          | <u>98%</u>                                                                                                            | <u>100%</u>                                                         | <u>99%</u>                                                          |                                                                     |
|                                          | Pulse:                                                 | <u>126b/m</u>                                                       | <u>126b/m</u>                                                       | <u>110b/m</u>                                                                                                         | <u>126b/m</u>                                                       | <u>121b/m</u>                                                       |                                                                     |
|                                          | BP:                                                    | <u>102/60</u>                                                       | <u>101/56</u>                                                       | <u>100/60</u>                                                                                                         | <u>100/60</u>                                                       | <u>106/70</u>                                                       |                                                                     |
|                                          | Fall Risk Score:                                       | <u>11</u>                                                           | <u>4</u>                                                            | <u>4</u>                                                                                                              | <u>4</u>                                                            | <u>11</u>                                                           |                                                                     |
| Recommendations                          | Pain Score:                                            | <u>0/10</u>                                                         | <u>0/10</u>                                                         | <u>0/10</u>                                                                                                           | <u>0/10</u>                                                         | <u>0/10</u>                                                         |                                                                     |
|                                          | Safety Needs:                                          | <u>yes</u>                                                          | <u>yes</u>                                                          | <u>yes</u>                                                                                                            | <u>yes</u>                                                          | <u>yes</u>                                                          |                                                                     |
|                                          | Physiotherapy                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |
|                                          | Others Specify:                                        | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                             | <u>NA</u>                                                           | <u>NA</u>                                                           |                                                                     |
|                                          | Special Diet:                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |
| Other Special Orders / Medications:      |                                                        | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                             | <u>NA</u>                                                           | <u>NA</u>                                                           |                                                                     |
| Post Operative Procedure Special Orders: |                                                        | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                             | <u>NA</u>                                                           | <u>NA</u>                                                           |                                                                     |
| Handed Over By Name :                    |                                                        | <u>Nitai</u>                                                        | <u>Swati</u>                                                        | <u>Barney</u>                                                                                                         | <u>Kalika</u>                                                       | <u>Mounika</u>                                                      |                                                                     |
| Signature :                              |                                                        | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                    | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |                                                                     |
| Date:                                    |                                                        | <u>7/7/26</u>                                                       | <u>8/7/26</u>                                                       | <u>8/7/26</u>                                                                                                         | <u>9/7/26</u>                                                       | <u>9/7/26</u>                                                       |                                                                     |
| Time:                                    |                                                        | <u>8pm</u>                                                          | <u>8am</u>                                                          | <u>8pm</u>                                                                                                            | <u>8am</u>                                                          | <u>8pm</u>                                                          |                                                                     |
| Taken Over By Name :                     |                                                        | <u>Dipanshi</u>                                                     | <u>Barney</u>                                                       | <u>Kalika</u>                                                                                                         | <u>Mounika</u>                                                      | <u>Mounika</u>                                                      |                                                                     |
| Signature :                              |                                                        | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                    | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |                                                                     |
| Date:                                    |                                                        | <u>7/7/26</u>                                                       | <u>8/7/26</u>                                                       | <u>8/7/26</u>                                                                                                         | <u>9/7/26</u>                                                       | <u>9/7/26</u>                                                       |                                                                     |
| Time:                                    |                                                        | <u>8pm</u>                                                          | <u>8am</u>                                                          | <u>8am</u>                                                                                                            | <u>8am</u>                                                          | <u>8pm</u>                                                          |                                                                     |



## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anupama Y Department: ADU Date of Admission: 28/6/26

|                                          |                                                           |                                                                     |                                                                                                                                                    |                                                                     |
|------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SITUATION</b>                         | Diagnosis: <u>Δ sepsis mops</u>                           |                                                                     | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known<br>If Yes Specify: <u>28</u> |                                                                     |
|                                          |                                                           |                                                                     |                                                                                                                                                    |                                                                     |
| <b>BACKGROUND</b>                        | Area                                                      | <u>ADU</u>                                                          | <u>ADU</u>                                                                                                                                         |                                                                     |
|                                          | Shift Time                                                | <u>8am-8pm</u>                                                      | <u>8pm-8am</u>                                                                                                                                     |                                                                     |
| <b>ASSESSMENT</b>                        | Medical Condition<br>(Any special condition to be noted): | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                          |                                                                     |
|                                          |                                                           |                                                                     |                                                                                                                                                    |                                                                     |
| <b>ASSESSMENT</b>                        | Allergy:                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Vital Signs:                                              | Temp: <u>98.6°F</u>                                                 | Temp: <u>98.6</u>                                                                                                                                  |                                                                     |
|                                          | Res:                                                      | <u>26b/m</u>                                                        | <u>22b/m</u>                                                                                                                                       |                                                                     |
|                                          | SpO <sub>2</sub> :                                        | <u>100%</u>                                                         | <u>100%</u>                                                                                                                                        |                                                                     |
|                                          | Pulse:                                                    | <u>123b/m</u>                                                       | <u>118b/m</u>                                                                                                                                      |                                                                     |
|                                          | BP:                                                       | <u>96/60</u>                                                        | <u>106/42</u>                                                                                                                                      |                                                                     |
|                                          | Fall Risk Score:                                          | <u>0/10</u>                                                         | <u>0/10</u>                                                                                                                                        |                                                                     |
|                                          | Pain Score:                                               | <u>1/1</u>                                                          | <u>1/1</u>                                                                                                                                         |                                                                     |
|                                          | <b>Recommendations</b>                                    | Safety Needs:                                                       | <u>Yes</u>                                                                                                                                         | <u>Yes</u>                                                          |
| Physiotherapy                            |                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Others Specify:                          |                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                          |                                                                     |
| Special Diet:                            |                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Other Special Orders / Medications:      |                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                          |                                                                     |
| Post Operative Procedure Special Orders: |                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                          |                                                                     |
| Handed Over By Name :                    |                                                           | <u>Mounib</u>                                                       | <u>Kahar</u>                                                                                                                                       |                                                                     |
| Signature :                              |                                                           | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                                                 |                                                                     |
| Date:                                    |                                                           | <u>9/7/26</u>                                                       | <u>9/7/26</u>                                                                                                                                      |                                                                     |
| Time:                                    |                                                           | <u>8pm</u>                                                          | <u>8am</u>                                                                                                                                         |                                                                     |
| Taken Over By Name :                     |                                                           | <u>Kabir</u>                                                        | <u>Swathi</u>                                                                                                                                      |                                                                     |
| Signature :                              |                                                           | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                                                 |                                                                     |
| Date:                                    |                                                           | <u>9/7/26</u>                                                       | <u>10/7/26</u>                                                                                                                                     |                                                                     |
| Time:                                    |                                                           | <u>8am</u>                                                          | <u>8am</u>                                                                                                                                         |                                                                     |





## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/24

Assessment: SEPSIS / MODS

**Goals**

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

| Time | Plan of Care                                   | Time    | Implementation                                   | Evaluation                                    |
|------|------------------------------------------------|---------|--------------------------------------------------|-----------------------------------------------|
| 8pm  | * Assess the general conditions of the child   | 8:30pm  | * Assessed the general condition of the child    | * All the plans are implemented successfully. |
| 9pm  | * Maintains intake and output chart.           | 9:30pm  | * Maintained intake and output chart.            |                                               |
| 10pm | * All cyclical feeds to continue               | 10:30pm | * All cyclical feeds 60 ml / hour                |                                               |
| 4AM  | * Position change 4 <sup>th</sup> hourly.      | 5AM     | * Position changed 4 <sup>th</sup> hourly.       |                                               |
| 6AM  | * Administer medication as per the drug chart. | 7AM     | * Administered medication as per the drug chart. |                                               |

Re-Assessment: DONE

Special Notes: watch for loose stools and hyperthermia

Nurse Signature: Mans

Nurse Name: MASES

Date & Time: 7/6/26 @ 8AM





# NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 7/7/14

Assessment: hypertension

Goals

- |                                                                     |                                                       |                                                 |                                                                |                                                           |                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Maintain Airway and Oxygenation | <input type="checkbox"/> Relieve Pain & Discomfort    | <input type="checkbox"/> Maintain Fluid Balance | <input checked="" type="checkbox"/> Improve Activity Tolerance | <input type="checkbox"/> Maintain Good Nutritional Status | <input type="checkbox"/> Maintain Skin Integrity    |
| <input type="checkbox"/> Maintain Personal Hygiene                  | <input checked="" type="checkbox"/> Prevent Infection | <input type="checkbox"/> Meet Elimination Needs | <input checked="" type="checkbox"/> Ensure Safety              | <input type="checkbox"/> Early Ambulation Reduce Anxiety  | <input type="checkbox"/> Patient & Family Education |
| <input type="checkbox"/> Identify Potential Complications           | <input type="checkbox"/> Any Others. Specify.....     |                                                 |                                                                |                                                           |                                                     |

| Time  | Plan of Care                                  | Time  | Implementation                                    | Evaluation                     |
|-------|-----------------------------------------------|-------|---------------------------------------------------|--------------------------------|
| 9 AM  | Assess the patient general condition          | 9 AM  | Assessed the patient general condition.           | By done all                    |
| 11 AM | monitor the vital signs maintain N.O clashing | 11 AM | monitored the vital signs maintained N.O clashing | proceed                        |
| 1 PM  | Administered medication as per dr order       | 1 PM  | Administered medication as per dr order           | patient condition is improving |
| 2 PM  | Ensure safety                                 | 2 PM  | provided side rails                               |                                |

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature: [Signature]

Nurse Name: B. Shinde

Date & Time: 08/07/14 CRP





## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/6/26

Assessment: Patient having weakness

Goals

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

| Time | Plan of Care                                | Time    | Implementation                                 | Evaluation                             |
|------|---------------------------------------------|---------|------------------------------------------------|----------------------------------------|
| 8pm  | * Assess The pt General condition           | 8:10pm  | * assessed The pt General condition            | all plans are implemented pt is stable |
| 12AM | * Monitor vital signs                       | 12:10AM | * Monitoring vital signs                       |                                        |
| 2AM  | * Ensure safety                             | 2:10AM  | * provided side rails                          |                                        |
| 6AM  | * Maintain fluid balance                    | 6:10AM  | * Maintained fluid balance                     |                                        |
| 8AM  | * Administer medication as per doctor order | 8:10AM  | * Administered medication as per doctor order. |                                        |

Re-Assessment: Re assessment was done

Special Notes: Monitor the BP, W/P fever spikes

Nurse Signature: [Signature]

Nurse Name: Anupama

Date & Time: 7/6/26 @ 8AM



## NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 08/7/26

Assessment: Baby having no support.

Goals

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

| Time | Plan of Care                                      | Time   | Implementation                                     | Evaluation                     |
|------|---------------------------------------------------|--------|----------------------------------------------------|--------------------------------|
| 8am  | → Assess the Baby general condition.              | 8:30am | → Assessed the Baby general condition.             | → provide comfortable position |
| 12pm | → Maintain I/O ure.                               | 1pm    | → Maintained I/O ure.                              |                                |
| 2pm  | → given medication as per Doctor order            | 6pm    | → given medication as per Doctor order             |                                |
| 8pm  | → Provide Proper nutrition as per Dietitian order | 8pm    | → provided Proper nutrition as per Dietitian order |                                |

Re-Assessment:

Special Notes: from D/C f/m

Nurse Signature: [Signature]

Nurse Name: Barai

Date & Time: 08/7/26 at 8pm



3AH-00660127  
 Master MOHAMMED YUNUS  
 15-05-2014 12 Y 0 M 14 D (M)  
 Dr. ANUPAMA Y

## NURSING CARE RECORD

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment: Baby having 02 suppur.

### Goals

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

| Time | Plan of Care                              | Time | Implementation                              | Evaluation        |
|------|-------------------------------------------|------|---------------------------------------------|-------------------|
| 8pm  | Assess the baby General condition         | 8pm  | Assessed the baby General condition         | Baby vital stable |
| 10pm | Monitor vital & Sign                      | 10pm | Monitored vital & signs                     |                   |
| 11pm | Encourage orally                          | 11pm | Encouraging orally                          |                   |
| 12am | Monitor vitals                            | 12am | Monitored vitals                            |                   |
| 2am  | Ensure safety                             | 2am  | Provided side rails                         |                   |
| 4am  | Provide comfortable position              | 4am  | Provided comfortable position               |                   |
| 8am  | Administer medication as per doctor order | 8am  | Administered medication as per doctor order |                   |

Re-Assessment:

Special Notes: w/f fever spike

Nurse Signature: [Signature]

Nurse Name: Kalarthy

Date & Time: 9/7/26



BAH-00660127  
Master MOHAMMED YOUNUS  
25-06-2014 12 Y 0 M 13 D (M)  
Dr. ANUPAMA Y

## NURSING CARE RECORD

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Shift: ☐ Morning ☒ Afternoon ☒ Night

Date: 9/7/20

Assessment: Baby having is pain

Goals

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

| Time | Plan of Care                                    | Time | Implementation                                  | Evaluation        |
|------|-------------------------------------------------|------|-------------------------------------------------|-------------------|
| 8AM  | Assess the Baby General Condition               | 8AM  | Assessed the Baby General Condition.            | Baby vital stable |
| 10AM | Monitor the Baby vital                          | 10AM | Monitor the Baby vital                          |                   |
| 12PM | Maintain D/o chest                              | 12PM | Maintain D/o chest                              |                   |
| 4PM  | Administer the medication given by Doctor order | 4PM  | Administer the medication given by Doctor order |                   |
| 8PM  | Provide comfortable position.                   | 8PM  | Provide comfortable position.                   |                   |

Re-Assessment: Reduce the pain

Special Notes: At same medication given by Doctor

PM, CBR, PR, calcium, mg Phosphorus

Nurse Signature: [Signature]

Nurse Name: Mounika

Date & Time: 9/7/20 8PM



3AH-00660127  
Master MOHAMMED YOUNUS  
15-06-2014  
Jr. ANUPAMA Y 12 Y 0 M 14 D (M)

## NURSING CARE RECORD

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: Baby having Great Activity

Goals

- |                                                           |                                                       |                                                            |                                                     |                                                           |                                                                |
|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Maintain Airway and Oxygenation  | <input type="checkbox"/> Relieve Pain & Discomfort    | <input checked="" type="checkbox"/> Maintain Fluid Balance | <input type="checkbox"/> Improve Activity Tolerance | <input type="checkbox"/> Maintain Good Nutritional Status | <input type="checkbox"/> Maintain Skin Integrity               |
| <input type="checkbox"/> Maintain Personal Hygiene        | <input checked="" type="checkbox"/> Prevent Infection | <input type="checkbox"/> Meet Elimination Needs            | <input checked="" type="checkbox"/> Ensure Safety   | <input type="checkbox"/> Early Ambulation Reduce Anxiety  | <input checked="" type="checkbox"/> Patient & Family Education |
| <input type="checkbox"/> Identify Potential Complications | <input type="checkbox"/> Any Others. Specify.....     |                                                            |                                                     |                                                           |                                                                |

| Time | Plan of Care                              | Time | Implementation                              | Evaluation        |
|------|-------------------------------------------|------|---------------------------------------------|-------------------|
| 8pm  | Assess the baby General condition         | 8pm  | Assessed the baby General condition         | Baby vital stable |
| 10pm | Monitor vital signs                       | 10pm | Monitored vital & record                    |                   |
| 12am | Encourage orally                          | 12am | Encouraging orally                          |                   |
| 2am  | Monitor & lo chart                        | 2am  | monitored & lo chart                        |                   |
| 5am  | Ensure safety                             | 2am  | provided side rails                         |                   |
| 4am  | Provide comfortable position              | 4am  | provided comfortable position               |                   |
| 8am  | Administer medication as per doctor order | 8am  | Administered medication as per doctor order |                   |

Re-Assessment:

Special Notes:

w/f Fever

Nurse Signature: Kalavathi

Nurse Name: Kalavathi

Date & Time: 10/7/26





## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

**Goals**

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

| Time | Plan of Care | Time | Implementation | Evaluation |
|------|--------------|------|----------------|------------|
|      |              |      |                |            |

Re-Assessment: .....

Special Notes: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....





## PAIN ASSESSMENT FORM

| Date   | Time  | Pain Score (0/10) | Location | Duration                                                                     | Acuity                                                             | Character                                                                                                                        | Modifying Factors                                                          | Patient / Family Educated                                              | Intervention | Sign |
|--------|-------|-------------------|----------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|------|
| 6/7/26 | 12 AM | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Heav |
| 6/7/26 | 6 AM  | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Mau  |
| 8/7    | 2 pm  | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | IS   |
| 6/7    | 6 pm  | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | IS   |
| 7/7/26 | 12 AM | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Mau  |
| 7/7/26 | 6 AM  | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Mau  |
| 7/8/26 | 2 PM  | 0                 | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | IS   |
| 7/8/26 | 10 PM | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Swat |
| 8/7    | 6 AM  | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA           | Swat |
| 8/2    | 2 PM  | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | Bau  |

### Re-assessment Frequency:

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

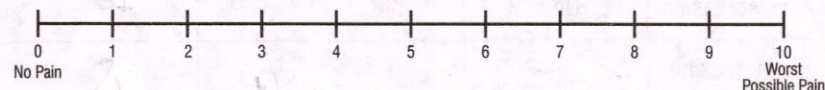


# PAIN ASSESSMENT TOOLS

## 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 drawn up                                |
| Activity      | Laying quietly normal position, moves easily | Squirming shifting back and forth, tense                                    | Arched, rigid, 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                          |

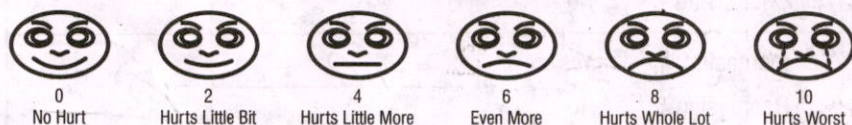
## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years





3AH-00660127 IP5-00175703  
 /aster MOHAMMED YOUNUS  
 15-06-2014 12 Y 0 M 13 D (M)  
 Dr. ANUPAMA Y

## PAIN ASSESSMENT FORM

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

| Date    | Time | Pain Score (0/10) | Location | Duration                                                                     | Acuity                                                             | Character                                                                                                                        | Modifying Factors                                                          | Patient / Family Educated                                              | Intervention | Sign    |
|---------|------|-------------------|----------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|---------|
| 8/7/26  | 10pm | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA<br>NA     | Kelly   |
| 9/7/26  | 6am  | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA<br>NA     | Kelly   |
| 9/7     | 2pm  | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA<br>NA     | Wend    |
| 9/7/26  | 10pm | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA<br>NA     | Shamika |
| 10/7/26 | 6am  | 0/10              | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | NA<br>NA     | Shamika |
|         |      |                   |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |              |         |
|         |      |                   |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |              |         |
|         |      |                   |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |              |         |
|         |      |                   |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |              |         |
|         |      |                   |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |              |         |

### Re-assessment Frequency:

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

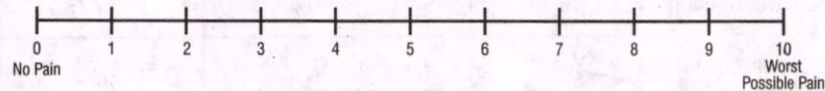


# PAIN ASSESSMENT TOOLS

## 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 drawn up                                |
| Activity      | Laying quietly normal position, moves easily | Squirming shifting back and forth, tense                                    | Arched, rigid, 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                          |

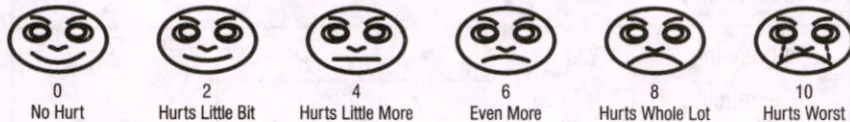
## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years





3AH-00660127 IP5-00175703  
 Master MOHAMMED YOUNUS  
 15-06-2014 12 Y 0 M 13 D (M)  
 Dr. ANUPAMA Y



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## .... HUMPTY DUMPTY SCALE

| PARAMETER                                 | CRITERIA                                                                                                  | SCORE | DATE | DATE | DATE | DATE | DATE |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------|------|------|------|------|------|
| Age                                       | Less than 3 years old                                                                                     | 4     | 8/7  | 9/7  | 10/7 |      |      |
|                                           | 3 to less than 7 years old                                                                                | 3     |      |      |      |      |      |
|                                           | 7 to less than 13 years old                                                                               | 2     | 2    | 2    | 2    |      |      |
|                                           | 13 years old and above                                                                                    | 1     |      |      |      |      |      |
| Gender                                    | Male                                                                                                      | 2     | 2    | 2    | 2    |      |      |
|                                           | Female                                                                                                    | 1     |      |      |      |      |      |
| Diagnosis                                 | Neurological Diagnosis                                                                                    | 4     |      |      |      |      |      |
|                                           | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc. | 3     |      |      |      |      |      |
|                                           | Psych/ Behavioral Disorders                                                                               | 2     |      |      |      |      |      |
|                                           | Other Diagnosis                                                                                           | 1     | 1    | 1    | 1    |      |      |
| Cognitive Impairments                     | Not aware of Limitations                                                                                  | 3     |      |      |      |      |      |
|                                           | Forget Limitations                                                                                        | 2     | 2    | 2    | 2    |      |      |
|                                           | Oriented to own ability                                                                                   | 1     |      |      |      |      |      |
|                                           | History of Falls or Infant-Toddler Placed in Bed                                                          | 4     |      |      |      |      |      |
| Environmental Factors                     | Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)           | 3     |      |      |      |      |      |
|                                           | Patient Placed in Bed                                                                                     | 2     | 2    | 2    | 2    |      |      |
|                                           | Outpatient Area                                                                                           | 1     |      |      |      |      |      |
| Response to Surgery / Sedation Anesthesia | Within 24 hours                                                                                           | 3     |      |      |      |      |      |
|                                           | Within 48 hours                                                                                           | 2     |      |      |      |      |      |
|                                           | More than 48 hours/ None                                                                                  | 1     | 1    | 1    | 1    |      |      |
| Medication Usage                          | Sedatives (Excluding ICU patients sedated and paralyzed)                                                  | 3     |      |      |      |      |      |
|                                           | Hypnotics                                                                                                 | 3     |      |      |      |      |      |
|                                           | Barbiturates                                                                                              | 3     |      |      |      |      |      |
|                                           | Phenothiazines                                                                                            | 3     |      |      |      |      |      |
|                                           | Antidepressants                                                                                           | 3     |      |      |      |      |      |
|                                           | Laxatives / Diuretics                                                                                     | 3     |      |      |      |      |      |
|                                           | Narcotics                                                                                                 | 3     |      |      |      |      |      |
|                                           | One of the Meds listed above                                                                              | 2     |      |      |      |      |      |
|                                           | Other Medications / None                                                                                  | 1     | 1    | 1    | 1    |      |      |
| Total                                     |                                                                                                           |       | 6    | 11   | 11   |      |      |

### Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

|                               |   |             |             |             |  |  |
|-------------------------------|---|-------------|-------------|-------------|--|--|
| Bed in low position           | ✓ | ✓           | ✓           | ✓           |  |  |
| Call device within reach      |   | X           | X           | X           |  |  |
| Wheels Locked                 |   | ✓           | ✓           | ✓           |  |  |
| Room free of clutter          |   | ✓           | ✓           | ✓           |  |  |
| Adequate lighting             |   | ✓           | ✓           | ✓           |  |  |
| Wheel chair support           |   | X           | X           | X           |  |  |
| Other Intervention(s) Specify |   | X           | X           | X           |  |  |
| Nurse's Name:                 |   | Low         | reli        | reli        |  |  |
| Signature:                    |   | [Signature] | [Signature] | [Signature] |  |  |
| Date:                         |   | 8/7/14      | 9/7/14      | 10/7/14     |  |  |
| Time:                         |   | 8AM         | 8AM         | 6AM         |  |  |





## THE HUMPTY DUMPTY SCALE

| PARAMETER                                 | CRITERIA                                                                                                  | SCORE | DATE | DATE | DATE | DATE | DATE |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------|------|------|------|------|------|
|                                           |                                                                                                           |       | 3/7  | 4/7  | 5/7  | 6/7  | 7/7  |
| Age                                       | Less than 3 years old                                                                                     | 4     |      |      |      |      |      |
|                                           | 3 to less than 7 years old                                                                                | 3     |      |      |      |      |      |
|                                           | 7 to less than 13 years old                                                                               | 2     | 2    | 2    | 2    | 2    | 2    |
|                                           | 13 years old and above                                                                                    | 1     |      |      |      |      |      |
| Gender                                    | Male                                                                                                      | 2     | 2    | 2    | 2    | 2    | 2    |
|                                           | Female                                                                                                    | 1     |      |      |      |      |      |
| Diagnosis                                 | Neurological Diagnosis                                                                                    | 4     |      |      |      |      |      |
|                                           | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc. | 3     |      |      |      |      |      |
|                                           | Psych/ Behavioral Disorders                                                                               | 2     |      |      |      |      |      |
|                                           | Other Diagnosis                                                                                           | 1     | 1    | 1    | 1    | 1    | 1    |
| Cognitive Impairments                     | Not aware of Limitations                                                                                  | 3     |      |      |      |      |      |
|                                           | Forget Limitations                                                                                        | 2     | 2    | 2    | 2    | 2    | 2    |
|                                           | Oriented to own ability                                                                                   | 1     |      |      |      |      |      |
|                                           | History of Falls or Infant-Toddler Placed in Bed                                                          | 4     |      |      |      |      |      |
| Environmental Factors                     | Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)            | 3     |      |      |      |      |      |
|                                           | Patient Placed in Bed                                                                                     | 2     | 2    | 2    | 2    | 2    | 2    |
|                                           | Outpatient Area                                                                                           | 1     |      |      |      |      |      |
| Response to Surgery / Sedation Anesthesia | Within 24 hours                                                                                           | 3     | 3    | 3    | 3    |      |      |
|                                           | Within 48 hours                                                                                           | 2     |      |      |      |      |      |
|                                           | More than 48 hours/ None                                                                                  | 1     |      |      | 1    | 1    | 1    |
| Medication Usage                          | Sedatives (Excluding ICU patients sedated and paralyzed)                                                  | 3     | 3    | 3    |      |      |      |
|                                           | Hypnotics                                                                                                 | 3     |      |      |      |      |      |
|                                           | Barbiturates                                                                                              | 3     |      |      |      |      |      |
|                                           | Phenothiazines                                                                                            | 3     |      |      |      |      |      |
|                                           | Antidepressants                                                                                           | 3     |      |      |      |      |      |
|                                           | Laxatives/ Diuretics                                                                                      | 3     |      |      |      |      |      |
|                                           | Narcotics                                                                                                 | 3     |      |      |      |      |      |
|                                           | One of the Meds listed above                                                                              | 2     |      |      |      |      |      |
|                                           | Other Medications/ None                                                                                   | 1     | 1    | 1    | 1    | 1    | 1    |
| Total                                     |                                                                                                           |       | 16   | 16   | 11   | 11   | 11   |

### Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

|                               |  |      |      |       |       |       |
|-------------------------------|--|------|------|-------|-------|-------|
| Bed in low position           |  | ✓    | ✓    | ✓     | ✓     | ✓     |
| Call device within reach      |  | X    | X    | X     | X     | X     |
| Wheels Locked                 |  | ✓    | ✓    | ✓     | ✓     | ✓     |
| Room free of clutter          |  | ✓    | ✓    | ✓     | ✓     | ✓     |
| Adequate lighting             |  | ✓    | ✓    | ✓     | ✓     | ✓     |
| Wheel chair support           |  | X    | X    | X     | X     | X     |
| Other Intervention(s) Specify |  | X    | X    | X     | X     | X     |
| Nurse's Name:                 |  | Aul  | Shah | MOSES | MOSES | MOSES |
| Signature:                    |  | A    | S    | MOSES | MOSES | MOSES |
| Date:                         |  | 3/7  | 4/7  | 5/7   | 6/7   | 7/7   |
| Time:                         |  | 6 AM | 6 AM | 6 AM  | 6 AM  | 6 AM  |



# BRADEN 'Q' SCALE

|                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Date : |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|
|                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Time : |  |  |  |  |
| Mobility                                                                                                                                                                    | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                    | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          |        |  |  |  |  |
| "Activity The degree of physical activity"                                                                                                                                  | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    |        |  |  |  |  |
| Sensory Perception                                                                                                                                                          | <b>1. Completely limited:</b><br>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.                                                                                                                  | <b>2. Very limited:</b><br>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.                                                                                                                               | <b>3. Slightly limited:</b><br>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.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    |        |  |  |  |  |
| Moisture Degree to which skin is exposed to moisture                                                                                                                        | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   |        |  |  |  |  |
| <b>FRICION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>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.                                                                                                                    | <b>3. Potential problem:</b><br>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.            | <b>4. No apparent problem:</b><br>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."                         |        |  |  |  |  |
| Nutritional Usual food intake pattern                                                                                                                                       | <b>1. Very Poor:</b><br>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. | <b>2. Inadequate:</b><br>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. | <b>3. Adequate:</b><br>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. | <b>4. Excellent:</b><br>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. |        |  |  |  |  |
| Tissue Perfusion & Oxygenation                                                                                                                                              | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               |        |  |  |  |  |
| <b>TOTAL SCORE</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |        |  |  |  |  |
| <b>Evaluator's Name</b>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |        |  |  |  |  |

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                                                                                                                                                                                                                                                                                                                                       | <b>Support Surfaces</b><br>(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       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>                                                                                                                                                        | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>                                                                                                             | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>                                                                                                                     | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |





## BRADEN 'Q' SCALE

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Date :                  | 6/7/20 | 7/7/20 | 8/7/20 | 9/7/20 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|--------|--------|--------|
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Time :                  | 6 AM   | 6 AM   | 6 AM   | 8 AM   |
| Mobility                                                                                                                                                                     | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                    | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          |                         | 3      | 3      | 3      | 3      |
| "Activity The degree of physical activity"                                                                                                                                   | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    |                         | 1      | 1      | 1      | 1      |
| Sensory Perception                                                                                                                                                           | <b>1. Completely limited:</b><br>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.                                                                                                                  | <b>2. Very limited:</b><br>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.                                                                                                                               | <b>3. Slightly limited:</b><br>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.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    |                         | 4      | 4      | 4      | 4      |
| Moisture Degree to which skin is exposed to moisture                                                                                                                         | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   |                         | 3      | 3      | 3      | 3      |
| <b>FRICTION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>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.                                                                                                                    | <b>3. Potential problem:</b><br>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.            | <b>4. No apparent problem:</b><br>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."                         |                         | 3      | 3      | 3      | 3      |
| Nutritional Usual food intake pattern                                                                                                                                        | <b>1. Very Poor:</b><br>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. | <b>2. Inadequate:</b><br>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. | <b>3. Adequate:</b><br>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. | <b>4. Excellent:</b><br>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 meat and dairy products. Occasionally eats between meals. Does not require supplementation. |                         | 3      | 3      | 3      | 3      |
| Tissue Perfusion & Oxygenation                                                                                                                                               | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               |                         | 4      | 4      | 4      | 4      |
| <b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>TOTAL SCORE</b>      | 21     | 21     | 21     | 21     |
| Docu. No. : RCHBH /FRM / CLINICAL / 119                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>Evaluator's Name</b> | MOSES  | MOSES  | MOSES  | MOSES  |



| Risk Score  | Category      | Action                                                                                                                                                                                                                                                                                                                                       | <b>Support Surfaces</b><br><b>(Please Note:</b> Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice |
|-------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15-18       | At Risk       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>                                                                                                                                                        | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>                                                                                                             | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>                                                                                                                     | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |





## CHECKLIST FOR THROMBOPHLEBITIS

| S. No.                 | SITE OBSERVATION                                                                                                                                     | STAGE / ACTION                                                                                             | SCORE | DAY-1 |   |   | 8/7 DAY-2 |   |   | 9/7 DAY-3 |   |   | Remarks |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------|-------|---|---|-----------|---|---|-----------|---|---|---------|
|                        |                                                                                                                                                      |                                                                                                            |       | M     | E | N | M         | E | N | M         | E | N |         |
| 1                      | IV site appears healthy                                                                                                                              | No signs of phlebitis /<br>Observe cannula                                                                 | 0     | 0     | 0 | 0 | 0         | 0 | 0 | 0         | 0 |   |         |
| 2                      | One of the following signs is evident:<br>* Slight pain near the IV Site /<br>* Slight redness near IV Site                                          | Possibly first signs of phlebitis /<br>Observe cannula                                                     | 1     | -     | - | - | -         | - | - | -         | - |   |         |
| 3                      | Two of the following Signs are evident:<br>Pain at IV site Redness                                                                                   | Early stage of phlebitis /<br>Resite Cannula                                                               | 2     | -     | - | - | -         | - | - | -         | - |   |         |
| 4                      | All of the following Signs are evident :<br>Pain along Path of cannula<br>Redness around Site Swelling                                               | Medium stage of phlebitis /<br>Resite Cannula Consider<br>Treatment                                        | 3     | -     | - | - | -         | - | - | -         | - |   |         |
| 5                      | All of the following Signs are evident and Extensive :<br>Pain along Path of cannula<br>Redness around Site<br>Swelling palpable Venous cord         | Advanced stage of phlebitis or<br>the start of thrombophlebitis /<br>Re site Cannula Consider<br>Treatment | 4     | -     | - | - | -         | - | - | -         | - |   |         |
| 6                      | All of the following Signs are evident and Extensive : Pain<br>along Path of cannula Redness<br>around Site Swelling palpable<br>Venous cord pyrexia | Advanced stage of<br>thrombophlebitis /<br>Initiate treatment Re site<br>Cannula                           | 5     | -     | - | - | -         | - | - | -         | - |   |         |
| Signature of the Nurse |                                                                                                                                                      |                                                                                                            |       |       |   |   |           |   |   |           |   |   |         |

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

Signature of Shift In Charge :

Signature : Name : Bipanjaya

Signature of Ward In Charge :

Signature : Name : Ano Tar





## CHECKLIST FOR THROMBOPHLEBITIS

| S. No.                 | SITE OBSERVATION                                                                                                                                     | STAGE / ACTION                                                                                          | SCORE | DAY-1 |   |   | DAY-2 |   |   | DAY-3 |   |   | Remarks |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|-------|---|---|-------|---|---|-------|---|---|---------|
|                        |                                                                                                                                                      |                                                                                                         |       | M     | E | N | M     | E | N | M     | E | N |         |
| 1                      | IV site appears healthy                                                                                                                              | No signs of phlebitis /<br>Observe cannula                                                              | 0     | 0     |   |   |       |   |   |       |   |   |         |
| 2                      | One of the following signs is evident :<br>* Slight pain near the IV Site /<br>* Slight redness near IV Site                                         | Possibly first signs of phlebitis /<br>Observe cannula                                                  | 1     | 0     |   |   |       |   |   |       |   |   |         |
| 3                      | Two of the following Signs are evident:<br>Pain at IV site Redness                                                                                   | Early stage of phlebitis /<br>Resite Cannula                                                            | 2     | 0     |   |   |       |   |   |       |   |   |         |
| 4                      | All of the following Signs are evident :<br>Pain along Path of cannula<br>Redness around Site Swelling                                               | Medium stage of phlebitis /<br>Resite Cannula Consider Treatment                                        | 3     | 0     |   |   |       |   |   |       |   |   |         |
| 5                      | All of the following Signs are evident and Extensive :<br>Pain along Path of cannula<br>Redness around Site<br>Swelling palpable Venous cord         | Advanced stage of phlebitis or<br>the start of thrombophlebitis /<br>Re site Cannula Consider Treatment | 4     | 0     |   |   |       |   |   |       |   |   |         |
| 6                      | All of the following Signs are evident and Extensive : Pain<br>along Path of cannula Redness<br>around Site Swelling palpable<br>Venous cord pyrexia | Advanced stage of<br>thrombophlebitis /<br>Initiate treatment Re site<br>Cannula                        | 5     | 0     |   |   |       |   |   |       |   |   |         |
| Signature of the Nurse |                                                                                                                                                      |                                                                                                         |       |       |   |   |       |   |   |       |   |   |         |

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

Signature of Shift In Charge :

Signature : [Signature] Name : [Name]

Signature of Ward In Charge :

Signature : [Signature] Name : [Name]





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## NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 01/12/16 Time: 3:20 PM

Weight: 50 kgs Centile: 75<sup>th</sup>

Height: 152 cms Centile: 75<sup>th</sup>

Inference: well child

RDA: — Calories: 1750 kcal/d Protein: 31 g/d

Diet Recommendations: Child is on NG cyclical feeds peptamen jr

Re-Assessment: (1:35ml) dilution 60ml/hr (2hr on 1hr off)

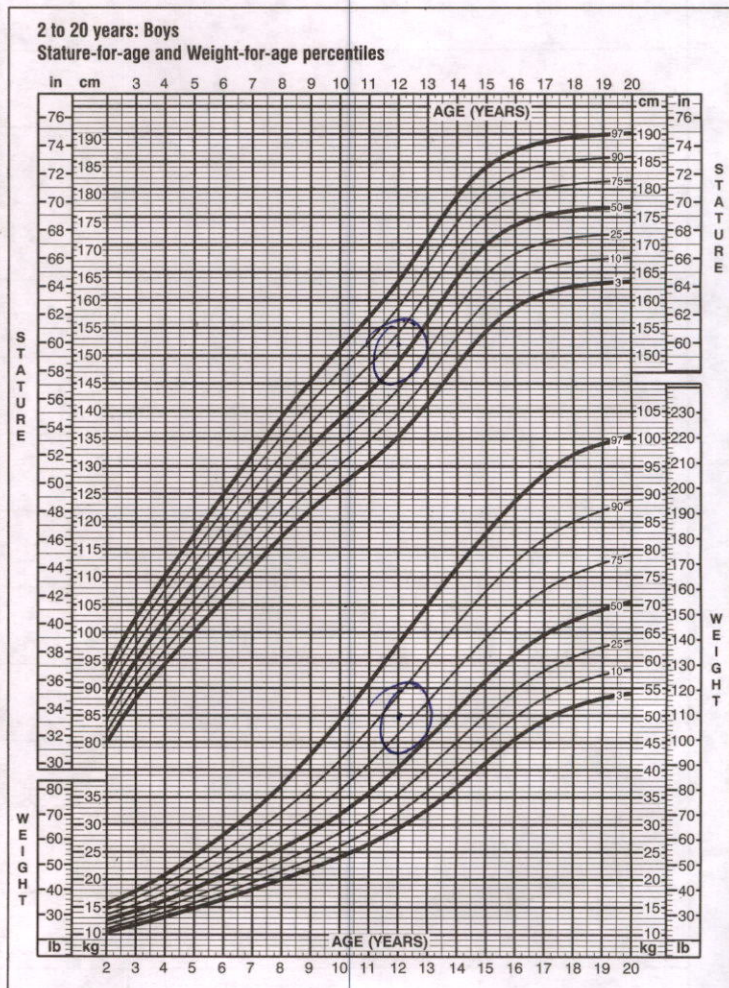
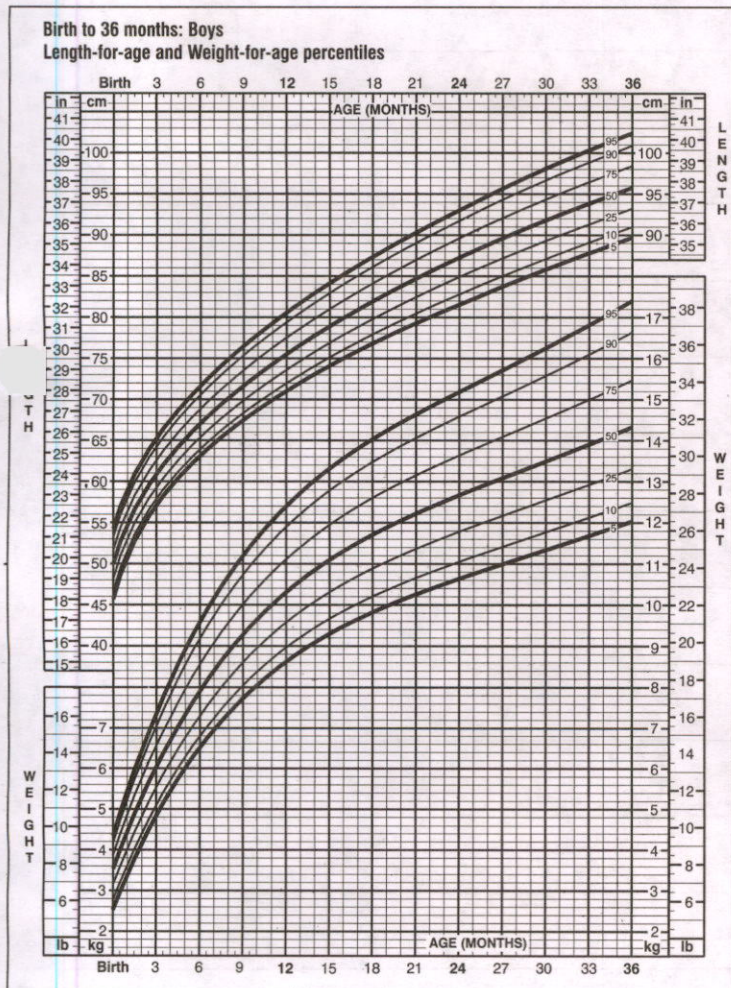
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: Sepsis / MODS / TAMOF Non-oliguric AKI

Nutritional Intervention - ☐ Oral ☒ Enteral ☐ Parenteral

Patient's Signature: Buby

### GROWTH CHART (BOYS)



Dietician's Name Nitha

Dietician's Signature Nitha



Daily Notes:

8/1/26 Child is stable. Continue NG Feeds  
9am Peptamen junior (1:35 ml) dilution,  
135 ml 3rd haly. Encourage orally ~~Maurica~~

9/7/26 Child is stable. Continue NG Feeds  
9am 135 ml 3rd haly. Oral Intake improved.  
Continue semi solid diet ~~Maurica~~

~~10/7/26~~ Child is stable. Intake is good  
~~8am~~ Continue c soft diet ~~Maurica~~