209

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby BANGI SATYA ANIKA	**UHID**	BAH-00578679
Father/Guardian	Mr B CHANDRA SEKHAR	**Age/Gender**	2 Y 7 M 0 D/ Female
Address	2-2-1130/8/A/10,2ND FLOOR,SHIVAM ROAD, New Nallakunta X Road, Hyderabad, Telangana, INDIA, 400055		
IP No	IP26-00006860	**Admission Date**	16-07-2026
Ref Doctor	Self.		
Discharge Date	20.07.2026		

Consultant:
Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

Co Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
HYPOGLYCEMIC SEIZURES	
URINARY TRACT INFECTION	

History: Baby BANGI SATYA ANIKA, 2 Y 7 M 0 D , old girl presented with the history of vomitings prior day, later developed 2 episodes of seizure

Name	Baby BANGI SATYA ANIKA	UHID	BAH-00578679
IP No	IP26-00006860	Admission Date	16-07-2026

activity(GTCS type) in the form of uprolling of eyeballs & generalised tonic clonic movements of bilateral upper and lower limb lasting for 7-8 minutes, second episode was similar lasted for 1 minute, aborted on its own no history of frothing of saliva or passage of urine /stool followed by post ictal drowsiness on the day of admission. For the above complaints, she was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: She was afebrile. Her heart rate was 130/min, Blood pressure - 88/64 mmHg and Respiratory Rate - 26/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.
On neurological examination, she was dull and drowsy. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 10 kilograms.

Investigations: Enclosed reports.
GRBS- 38 mg/dl
GRBS- 47 mg/dl
Initial VBG showed pH of 7.32, pCO2 of 18.5 mmHg, pO2 of 85 mmHg, HCO3 of 12.1 mmol/L and BE of -15.5 mmol/L.
MRI BRAIN and SPECTROSCOPY : No acute abnormalities or lateralizing features.
EEG: Normal sleep EEG record (to correlate clinically)

Initial hemogram showed Hemoglobin of 12.6 gm%, White Blood Cell count of 9160 cells/cumm, platelet count of 2,54lakhs/cumm.
Liver function test showed total SBR of 1.3 mg/dl with indirect fraction of 1.0

Name	Baby BANGI SATYA ANIKA	UHID	BAH-00578679
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mg/dl, SGOT - 48 U/L, SGPT - 19 U/L, ALP - 130 U/L, protein - 6.7 gm/dl, albumin - 4.4 gm/dl, globulin - 2.29gm/dl, A/G ratio of 1.9.
Serum Creatinine was 0.3 mg/dl. Blood Urea was 32
Serum Ammonia - 35 µmol/L, Vitamin B12 601.8 pg/ml.
Complete urine examination shows: Pus cells - 18-20, epithelial cells - 8-10, crystals - 14-16. Blood culture shows : No growth after 24 hrs of incubation, Urine culture: No growth after 24 hrs of incubation.

Repeat hemogram showed Hemoglobin of 10.5 gm%, White Blood Cell count of 6470 cells/cumm, platelet count of 1.81 lakhs/cumm.
C-Reactive Protein of 140 mg/l.

Management: In view of hypoglycemic seizures, she was given dextrose bolus and Inj. Levetiracetam loading dose and later shifted to PICU for further management.

In PICU child was started on Intra Venous fluids and regular blood sugar levels were monitored regularly in view of hypoglycemia. As child had borderline blood sugar levels with poor oral intake, concentration of dextrose was increased.

MRI brain and EEG was done, which was normal.

In view of hypoglycemia, further evaluation was done with serum TMS, serum ketones, serum homocysteine level, serum B12 levels and serum ammonia levels were sent, which showed elevated ketone levels and rest were normal.

Later during hospital stay, child had high grade fever, which on evaluation was suggestive of urinary tract infection. CRP-140mg/dl and ultrasound abdomen

Name	Baby BANGI SATYA ANIKA	**UHID**	BAH-00578679
IP No	IP26-00006860	**Admission Date**	16-07-2026

was done suggestive of cystitis for which antibiotics(ceftriaxone) were started.

She was regularly monitored for fever spikes, hemodynamic & neurological status. Her fever spikes gradually settled and she had no further seizure episodes during hospital stay.

She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Parents were counselled regarding the need for whole exome sequencing and sanger sequencing, the nature of seizures and the risk of recurrence. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

At the time of discharge: She is active, afebrile and hemodynamically stable.

Medication during hospital stay:
IV fluids DNS
Injection. Levertiracetam
injection.hydroxycobalamine
Injection. Pan
Injection. Ceftriaxone
Syp. Carnisure

Advice:
* Diet as advised.

Name	Baby BANGI SATYA ANIKA	UHID	BAH-00578679
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg) [8mg/kg/day]	2 ml	8am - 8pm (after food)	For 7 days.
2	Syrup. Levetiracetam (100mg/1ml)	1 ml	twice daily (8am-8pm)	To continue till further advice.
3	Syrup. Carnisure (100mg/5ml)	5 ml	twice daily (8am-8pm)	To continue till further advice.
4	INJ.HYDROXYCOBALAMIBNE	1000mcg=1 ml Intramuscuar	Monday and Thursday	To continue till further advice.

Seizure Prophylaxis:
* Medistat / Insed / Midacip - nasal spray (Midazolam = 0.5mg/puff), 2 puff intranasal (into each nostril, total 4 puffs=2mg) for future seizures.

Review consultation with Dr. ABHISHEK RAVINDRA JAIN on 23/7/2026 (Thursday) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Name	Baby BANGI SATYA ANIKA	UHID	BAH-00578679
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* **Anticonvulsants** along with food decreases absorption of nutrient vitamin D, K B6, B12, folate, calcium stores. Anticonvulsants can be taken at least one hour before food & recommended diet to be followed.

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

RAINBOW HOSPITALS
Himayathnagar, Hyderabad

EEG Report

Patient Information

Generated :

ID	41-2026 BAH-00578679	In Out	
Name	BANGI SATYA ANIKA	Doctor	Abhishek Ravindra Jain
Sex	Female	Examiner	Sagar Sukapatla
Age	2	Referring Department	Ped Neurology
Reporting Physician	HYPOCALCIMIC SEIZURES	Examination Date	07/16/2026

Remarks

Technical aspect :

The scalp EEG record was done by 10-20 international scalp electrode placement with minimal technical requirments .

SUMMARY:

Background activity : The sleep EEG record showing 4-4.5Hz activity on posterior leads , amplitude of up to 100-120 uV which is bilaterally symmetrical and synchronous , with antero-posterior gradient .

Sleep markers : The record showing bilaterally symmetrical and synchronous sleep spindles and some asynchronous spindles also present with vertex waves and K-complexes s/o stage 2 NREM sleep .

Epileptiform abnormalities : No Epileptiform abnormalities.

Electrographic and clinical events : No electrographic and clinical events were captured .

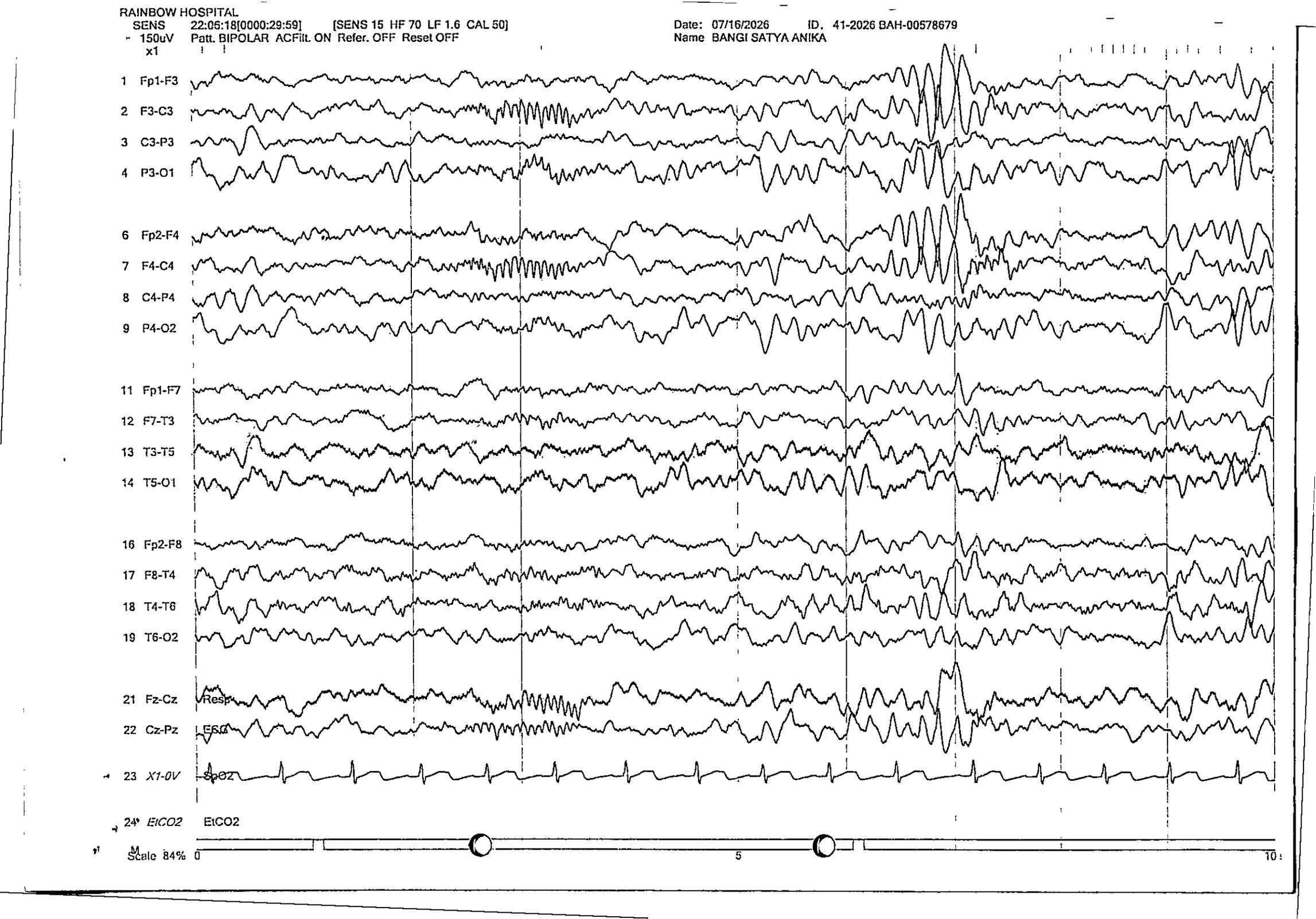
Activation procedures : Not used .

Artifacts : The reocrd showing intermittent eletcrical and movement,EMG artifacts .

IMPRESSION: Normal sleep EEG record (to correlate clinically)

Dr Abhishek Ravindra Jain
Consultant Ped Neurologist

Signature: Mr Sagar Sukapatla/Incharge Neurotec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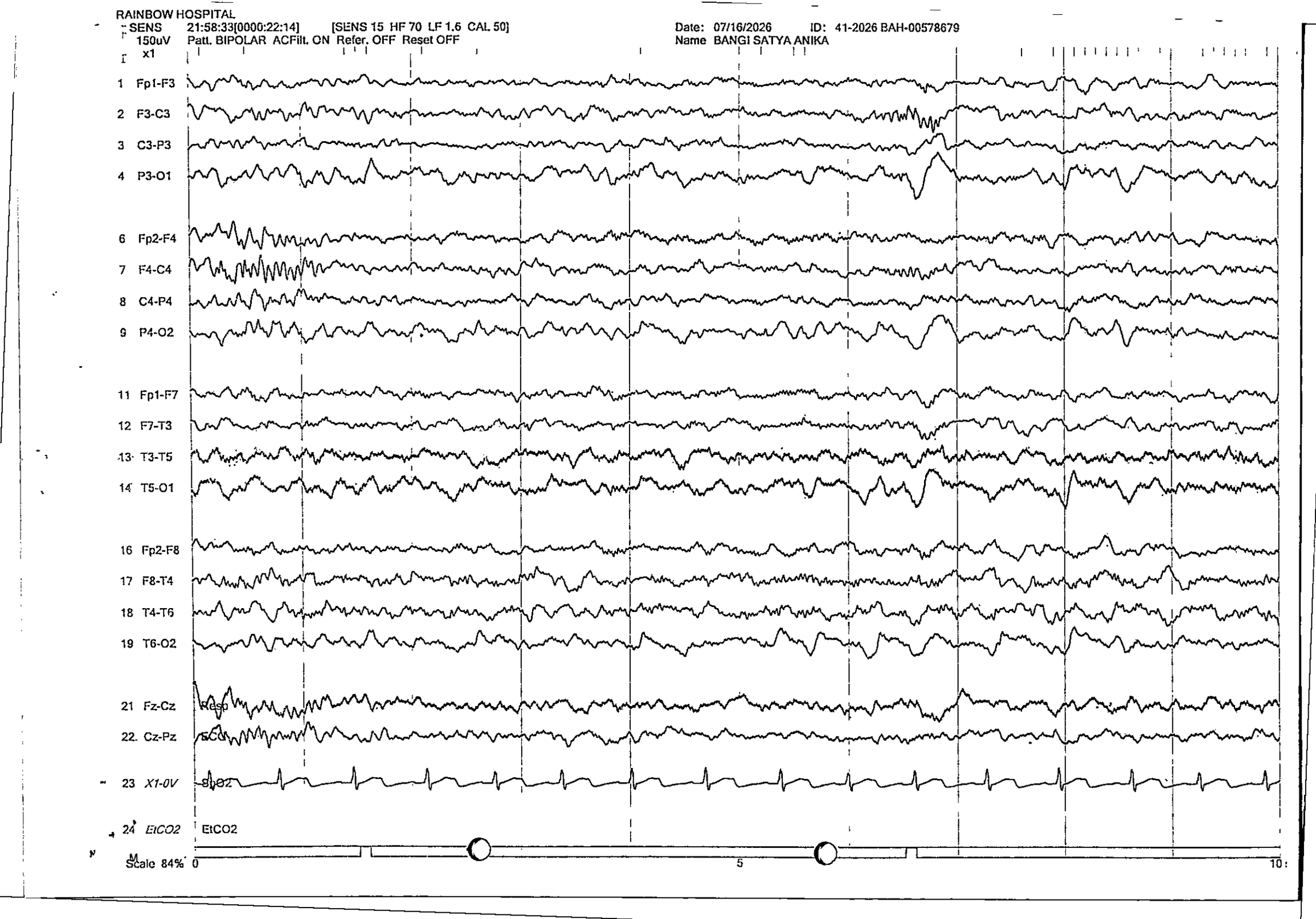
2 F3-C3
3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz
Resp
22 Cz-Pz
ECG
23 X1-0V
SpO2
24 EtCO2
EtCO2
Scale 84%
0
5
10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3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz
Resp
22 Cz-Pz
ECG
23 X1-0V
SpO2
24 EtCO2
EtCO2
Scale 84%
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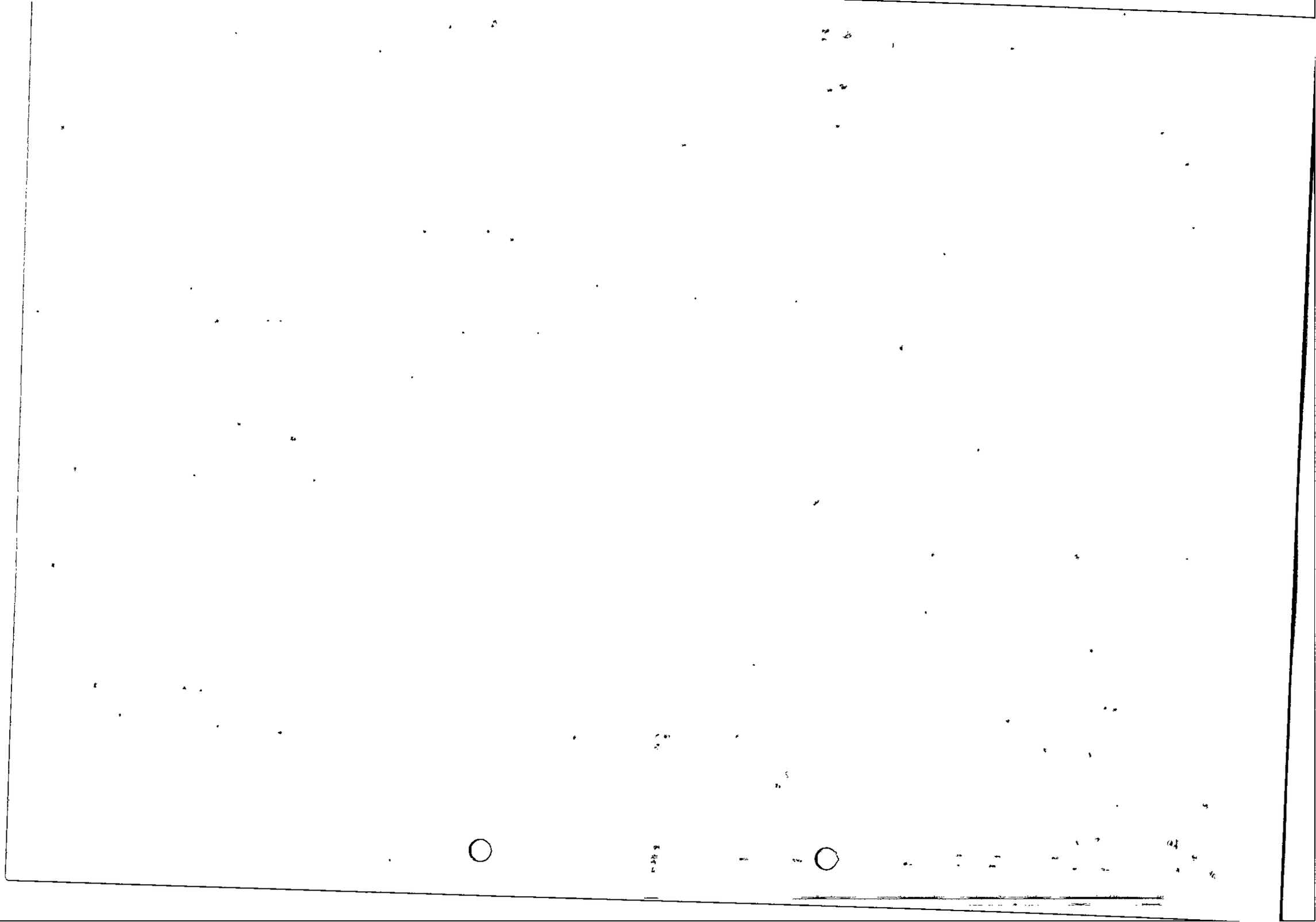

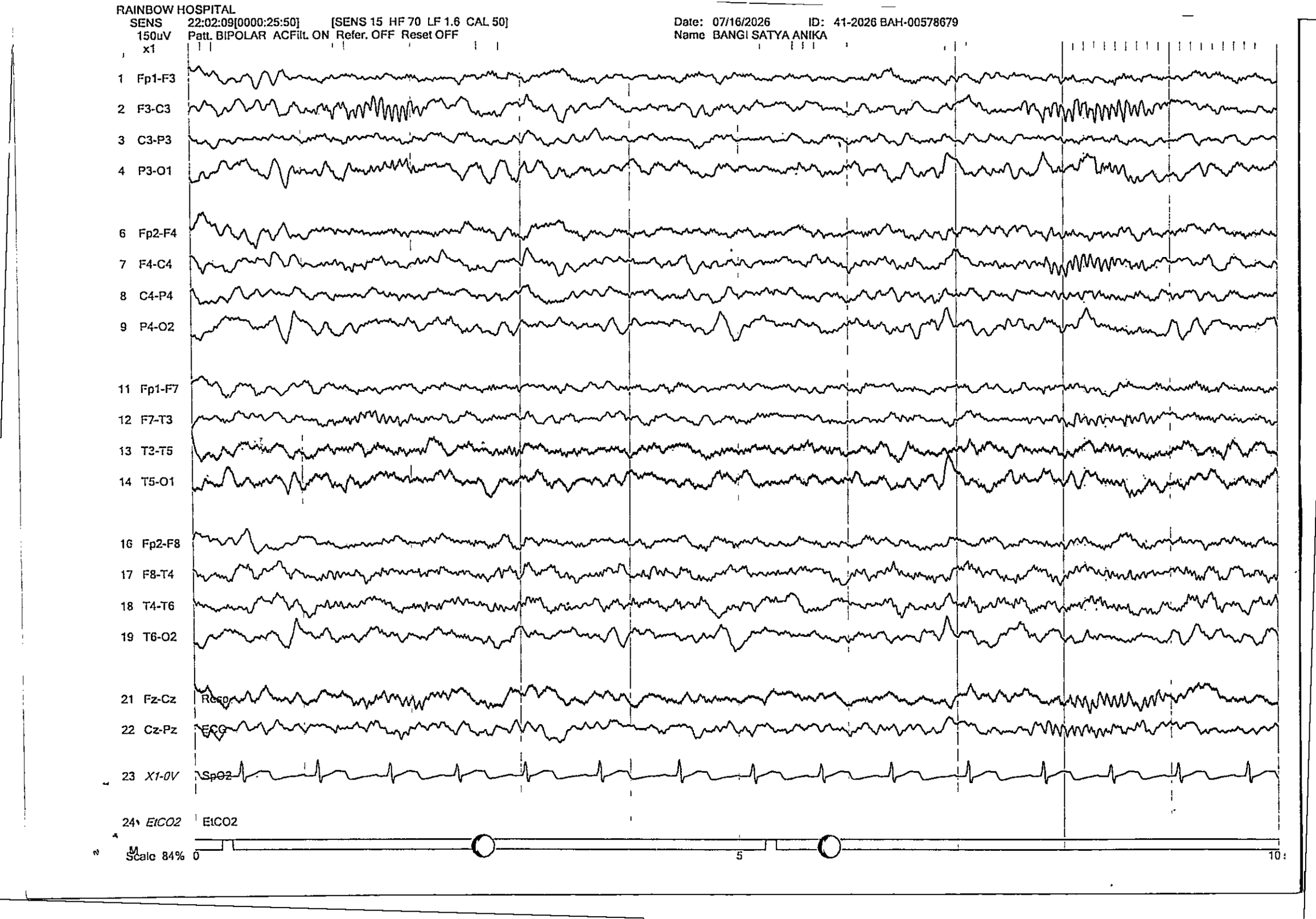
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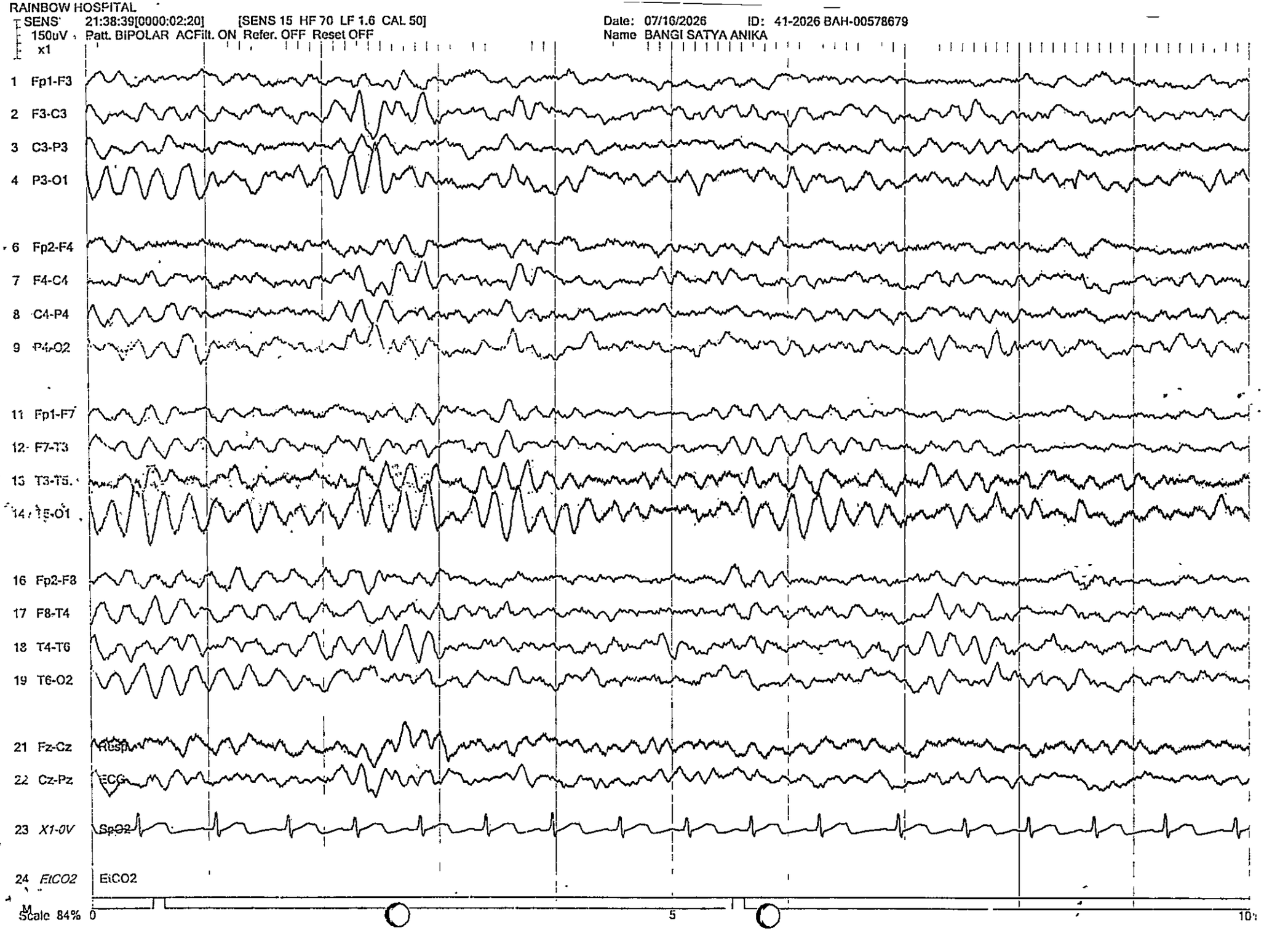
2 F3-C3
3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz Resp
22 Cz-Pz ECG
23 X1-0V SpO2
24 EtCO2 EtCO2
Scale 84%
0
5
10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Date: 07/16/2026 ID: 41-2026 BAH-00578679
Name BANGI SATYA ANIKA
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2 F3-C3
3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz
22 Cz-Pz
23 X1-0V
24 EtCO2
Resp
ECG
SpO2
EtCO2
Scale 84%
0
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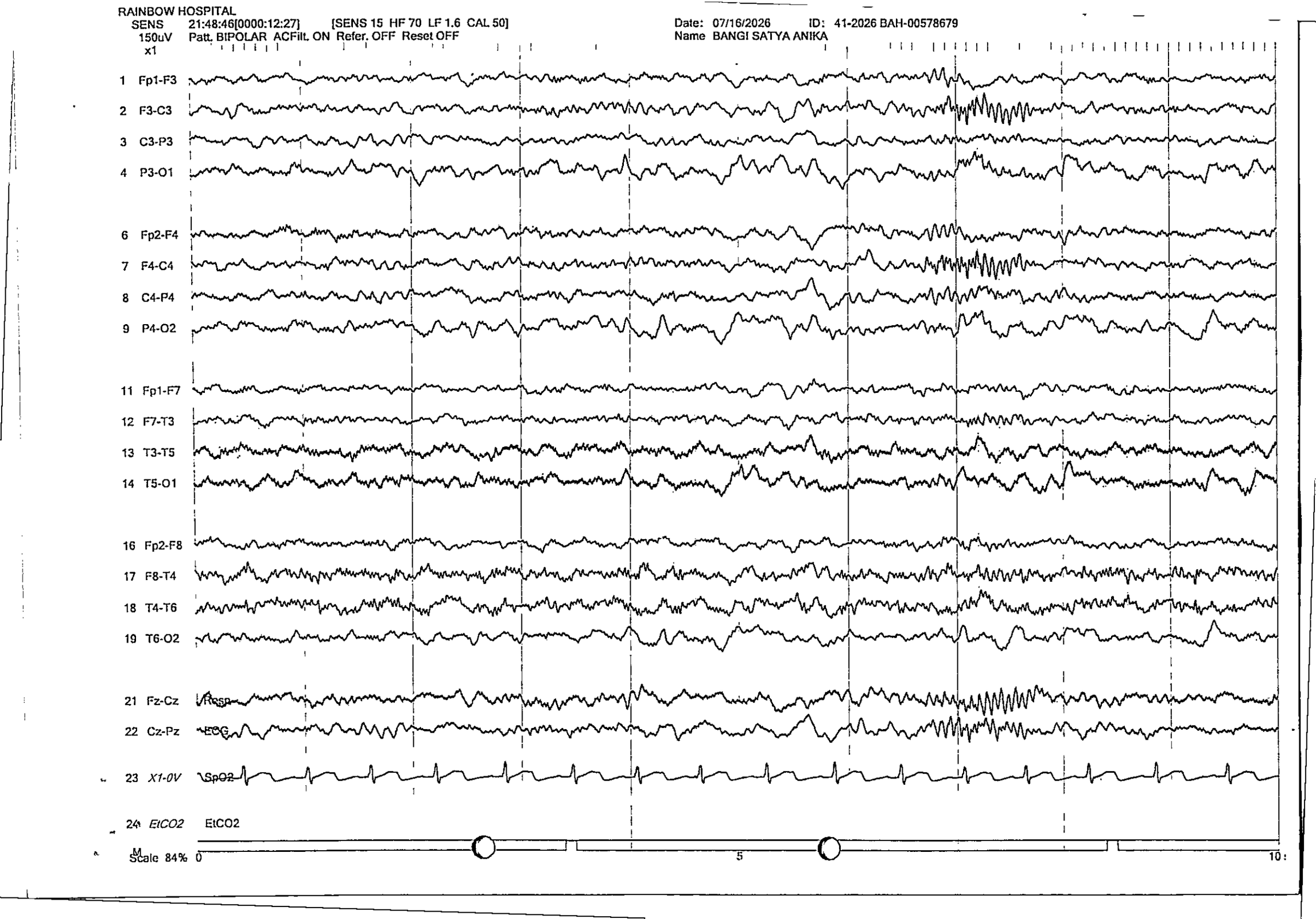
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2 F3-C3
3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz
22 Cz-Pz
23 X1-0V
24 EtCO2
EtCO2
Scale 84%
0
5
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Date: 07/16/2026 ID: 41-2026 BAH-00578679

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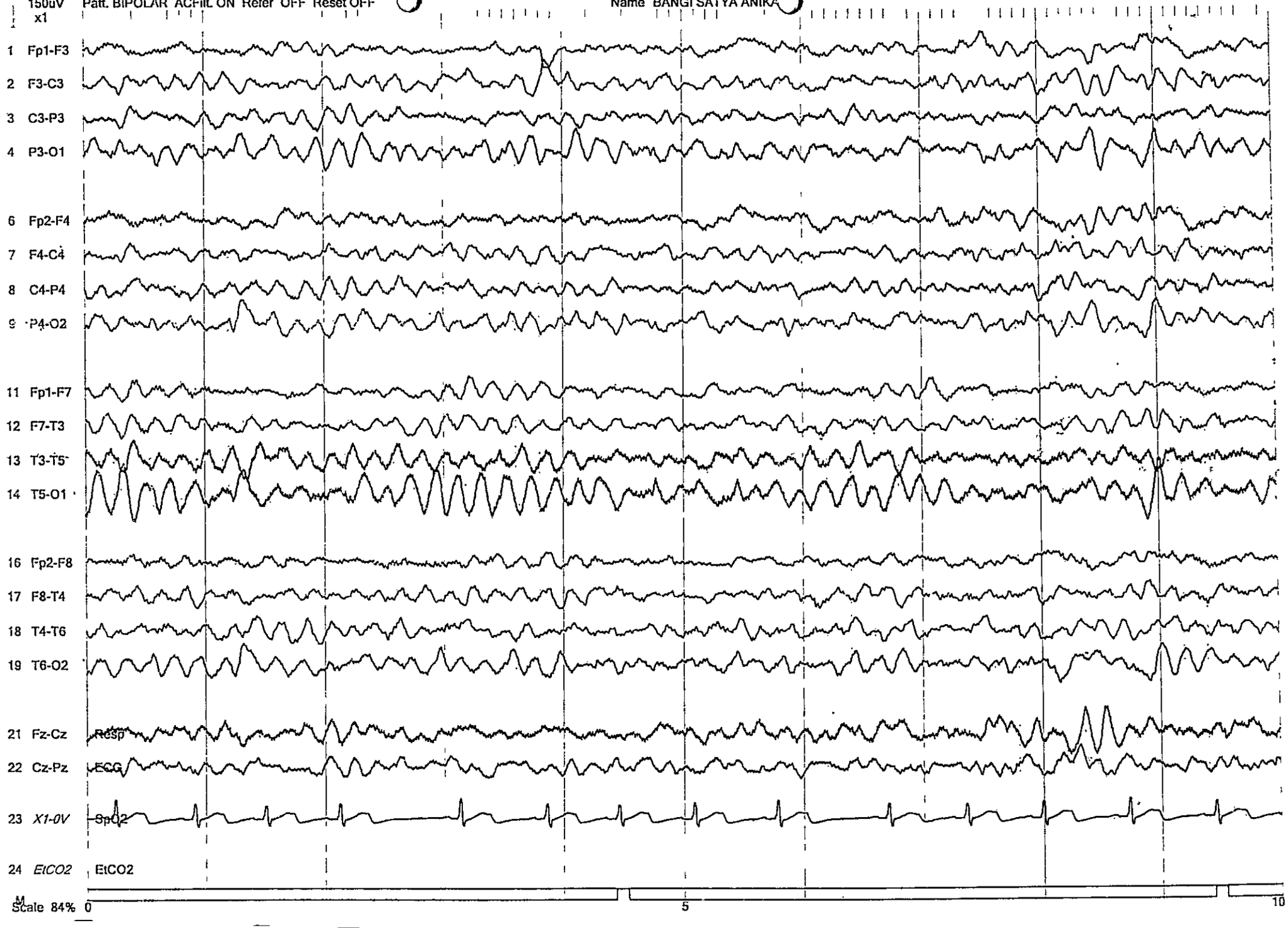

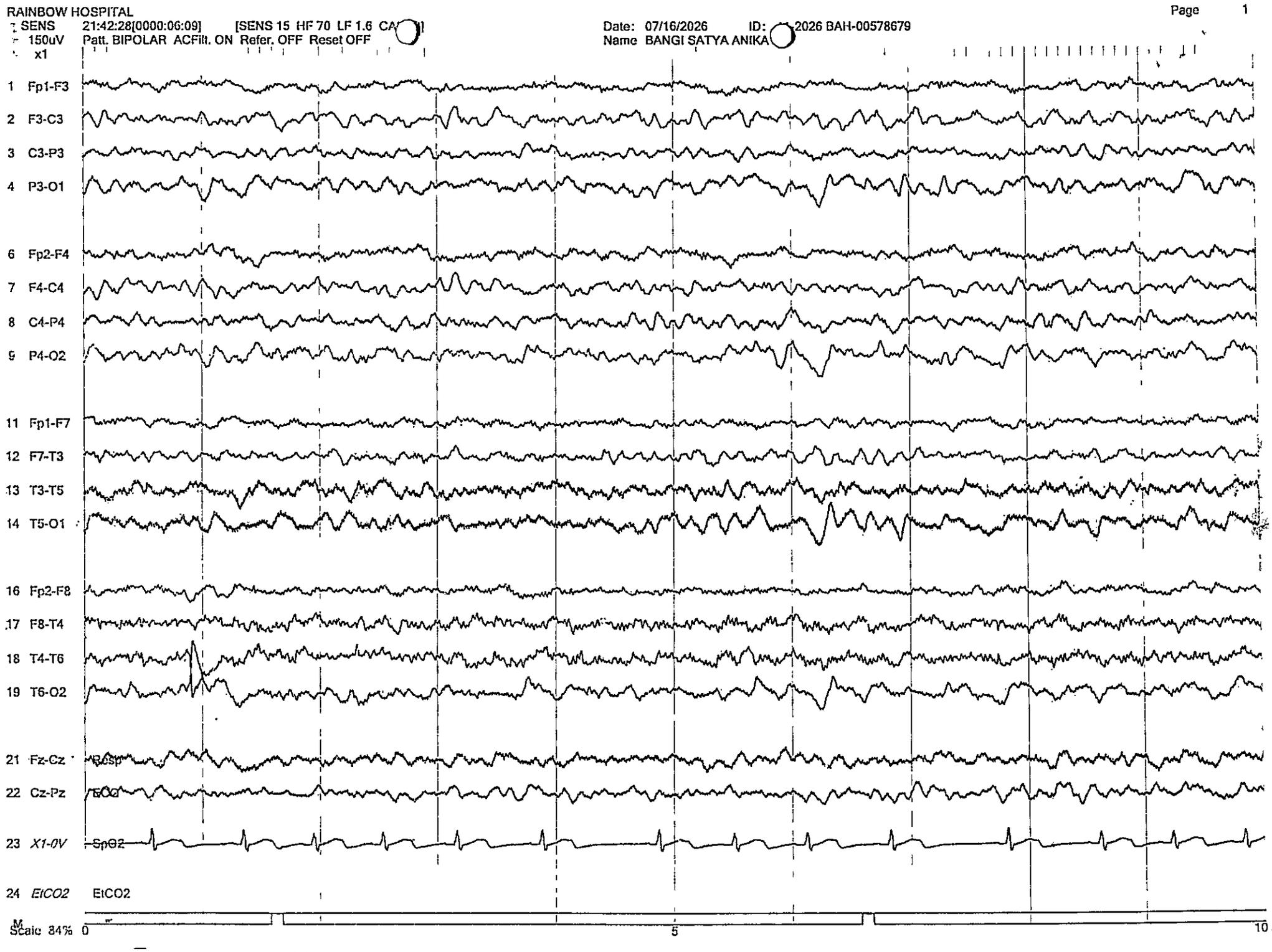
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Date: 07/16/2026 ID: 2026 BAH-00578679
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9 P4-O2
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13 T3-T5
14 T5-O1
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18 T4-T6
19 T6-O2
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EtCO2
Scale 84%
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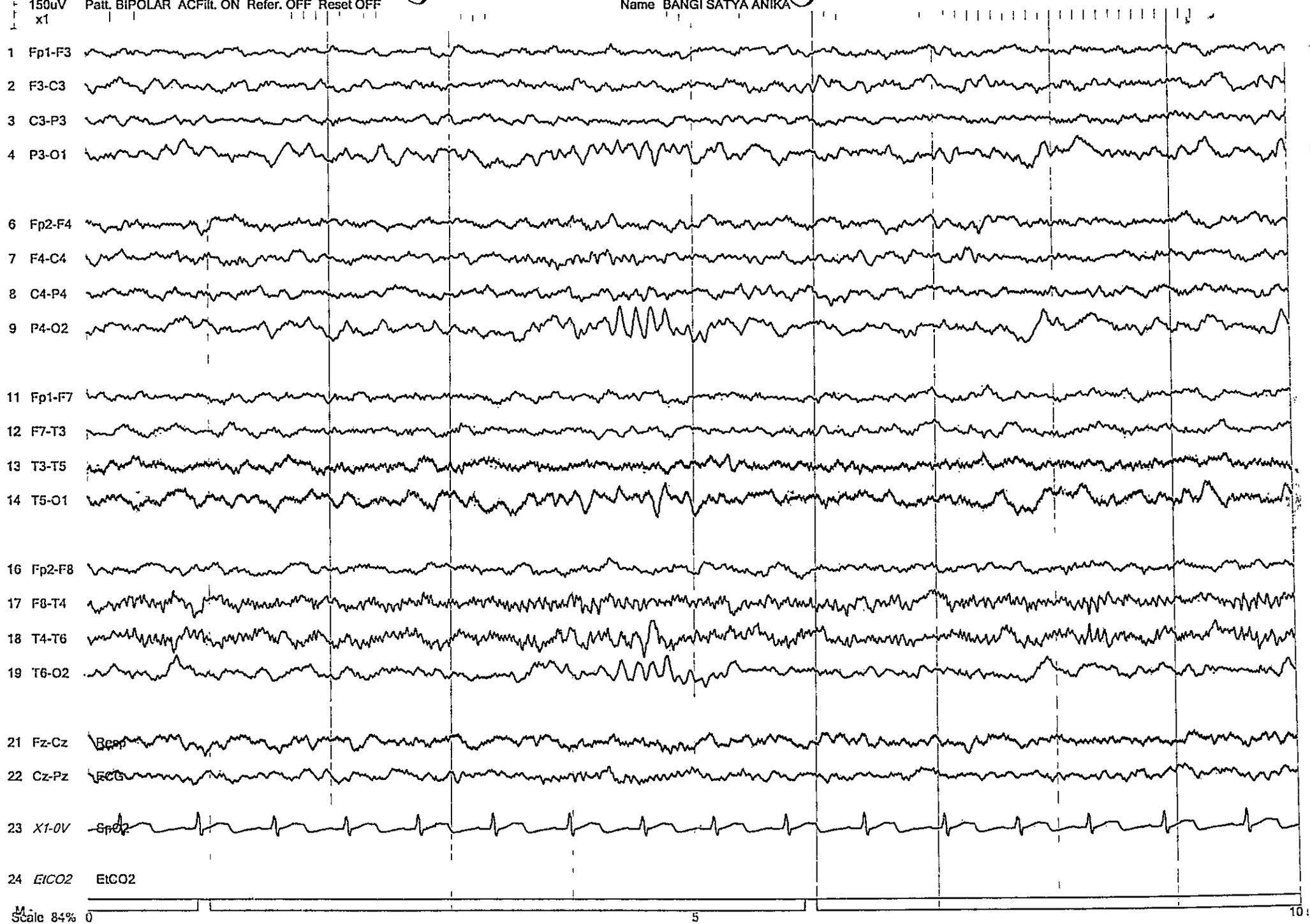
Date: 07/16/2026 ID: 2026 BAH-00578679
Name BANGI SATYA ANIKA



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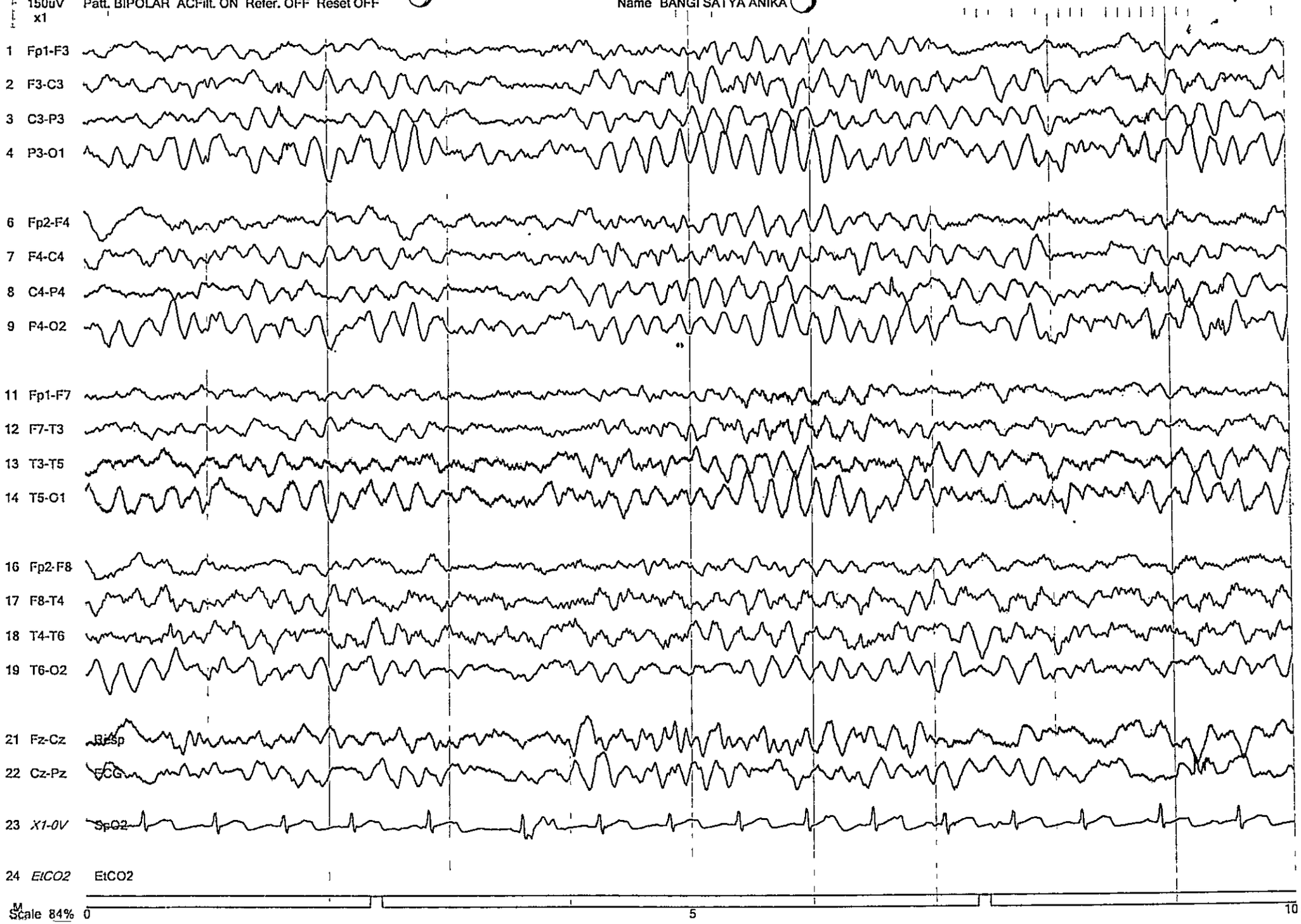
Date: 07/16/2026 ID: /16/2026 BAH-00578679

Name BANGI SATYA ANIKA



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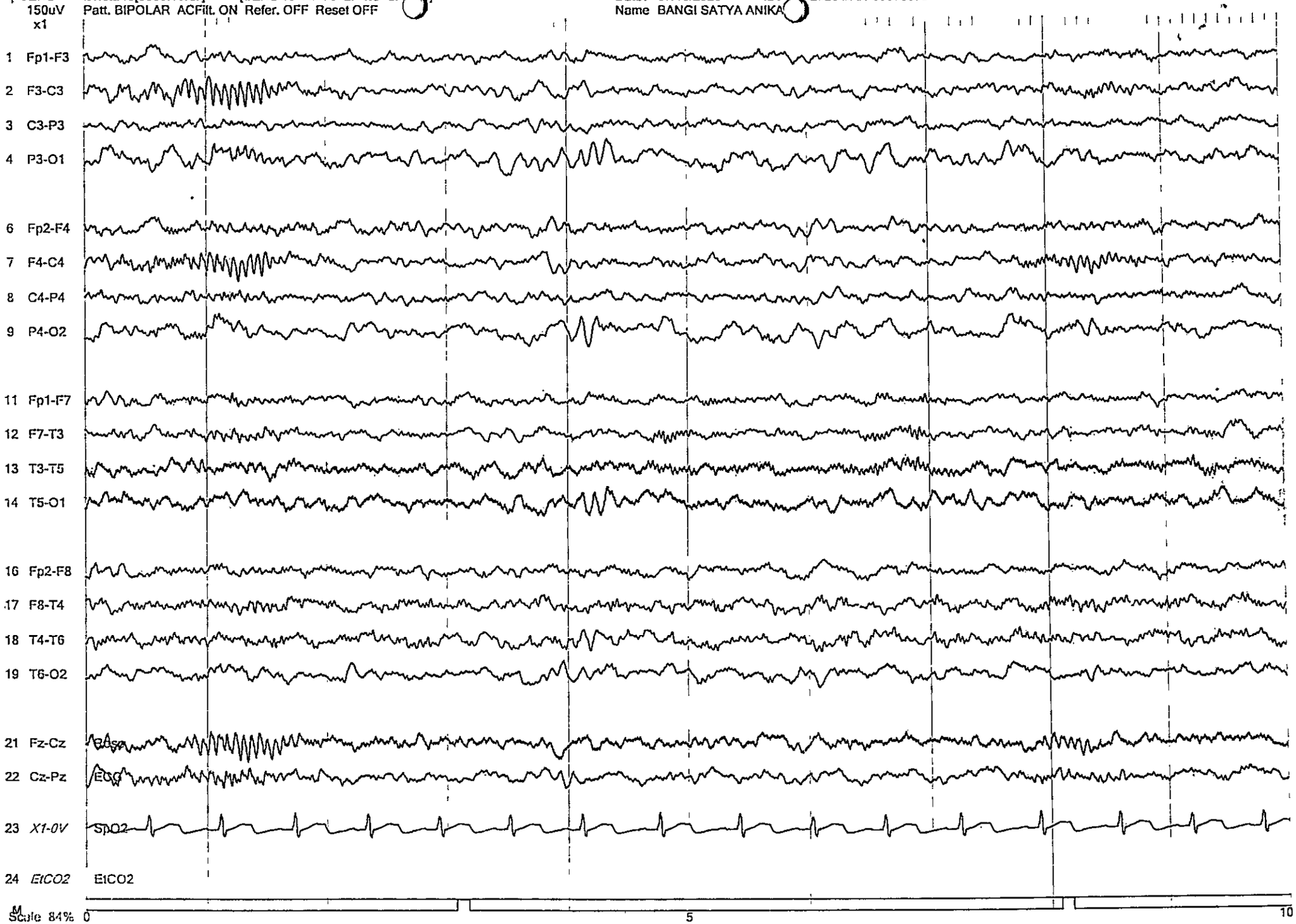
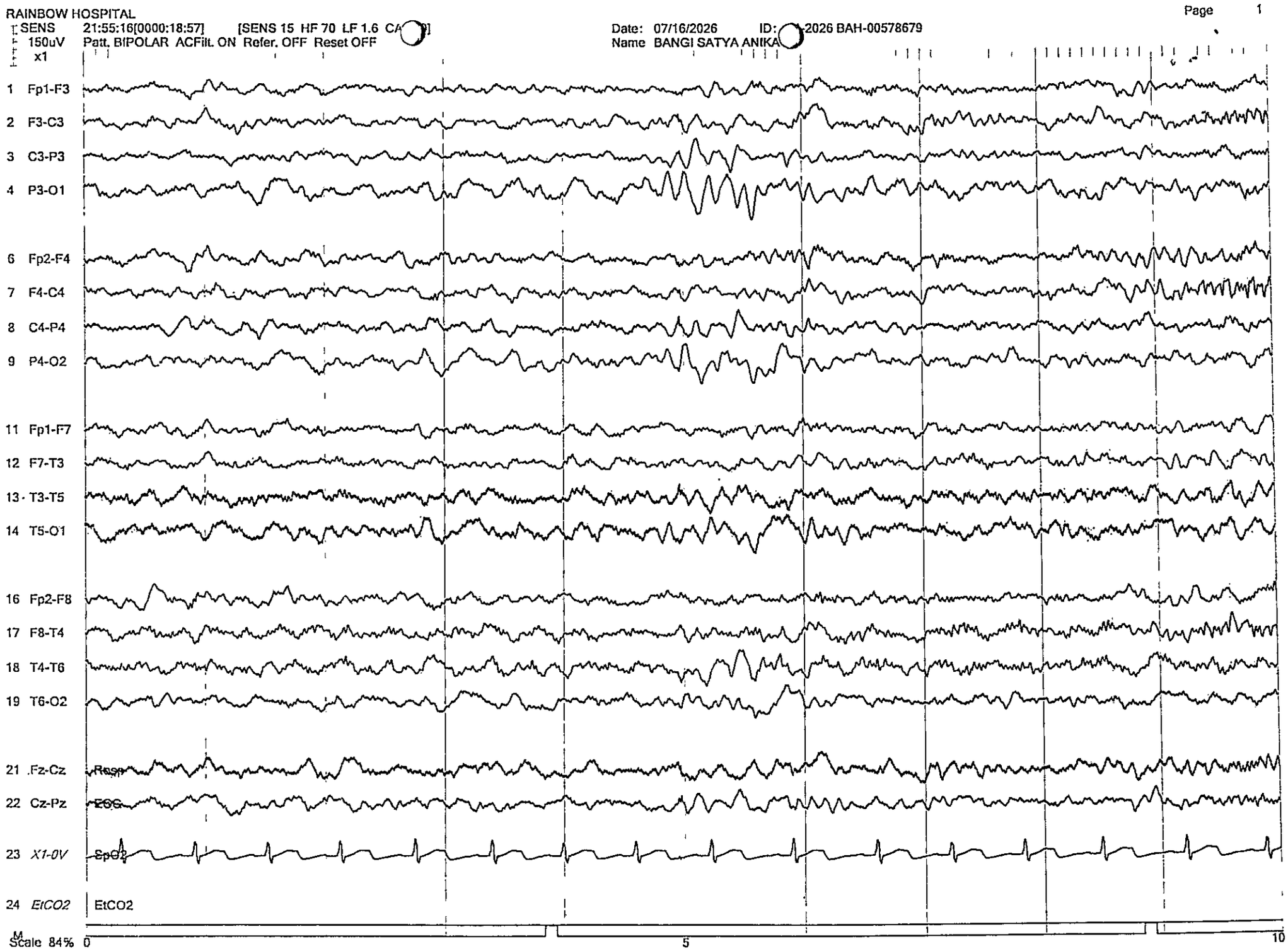
Date: 07/16/2026 ID: 41-2026 BAH-00578679

Name BANGI SATYA ANIKA

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9 P4-O2
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12 F7-T3
13 T3-T5
14 T5-O1
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19 T6-O2
21 Fz-Cz
22 Cz-Pz
23 X1-0V
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EtCO2
Scale 84%
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RAINBOW HOSPITAL

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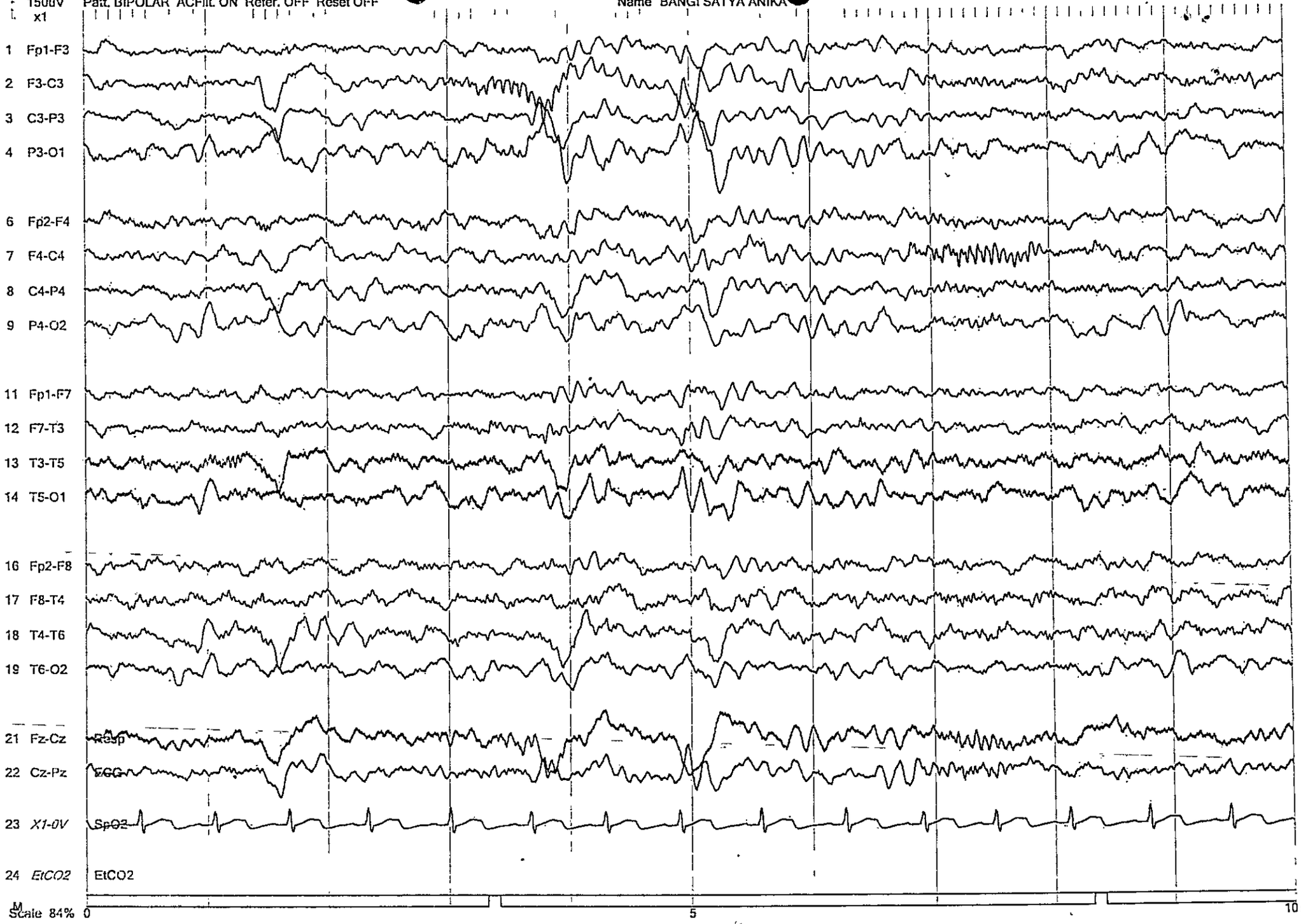

RAINBOW HOSPITAL

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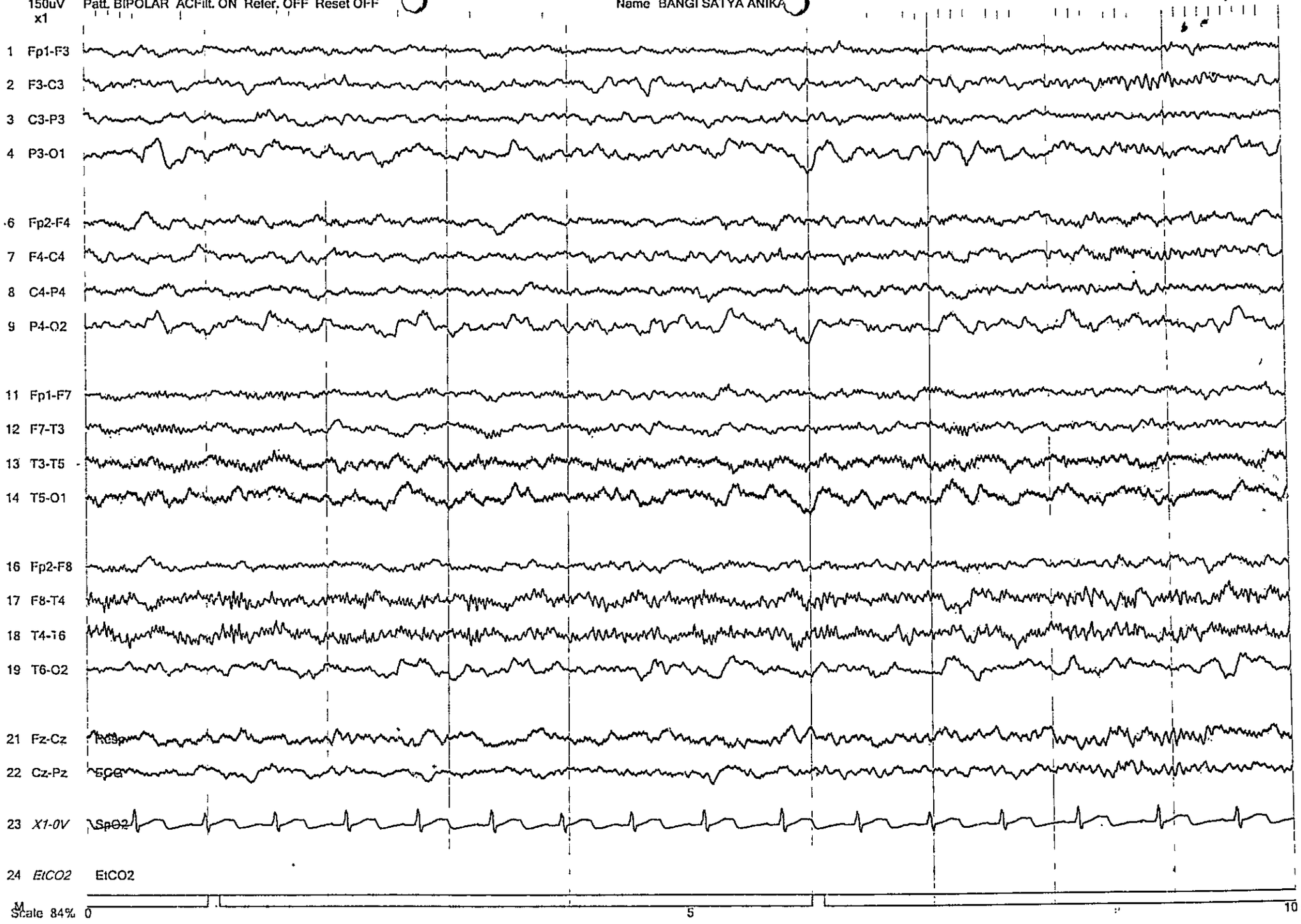
Date: 07/16/2026 ID: 41-2026 BAH-00578679

Name BANGI SATYA ANIKA



BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

8th Baby.

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
16/7/26		33mg/dl	10%. 20ml given	
"		322mg/dl		
"	12:10pm	47mg/dl	Bolus 10%. 20ml given	Vanitha
"	1pm	271mg/dl		
"	6pm	63mg/dl		
"	8pm.	(91mg/dl)	DNS + 25%. D	Renuja
17/7	2AM	94mg/dl	DNS + 25%. D	Smitha
.	5AM	157 mg/dl	DNS + 25%. D	Smitha
"	12:30PM	69mg/dl	DNS	Saisri
"	4:30pm	75 mg/dl	DNS + 25%. D	Renuja
"		Cross Checked by Renuja 17/7/26 at 7pm		
"	8:30pm	79mg/dl	"	
18/7/26	12AM	120mg/dl	1988	
"	4AM	160mg/dl	1996	
"	8AM	129mg/dl	2003	
18/7/26	12pm	78mg/dl.	DNS + 25%. D	
18/7/26	4PM	116mg/dl	DNS + 25%. D	
18/7/26	8PM	99mg/dl	DNS + 25%. D	
19/7/26	12AM	140mg/dl	DNS + 25%. D	
19/7/26	4AM	88mg/dl	DNS + 25%. D	
19/7/26	8AM	251mg/dl	DNS + 25%. D	
19/7	12PM	85mg/dl	—	
19/7	4PM	106mg/dl	—	
19/7	8pm	88mg/dl	—	
20/7/26	12am	82mg/dl	—	
20/7/26	4am	82mg/dl	—	
	8am	73mg/dl	—	

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

BAH-00578679 IP26-00006860
Name: ---- Baby BANGI SATYA ANIKA ----------
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN
UHID No : -

--------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	10 PM	ER	~~ward~~ PICU	
17/7/26	9:30pm	PICU	209	Ramya RN

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Rahul Sadanand	17/7/26	214671	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/7/26	~~[illegible]~~, Blood ketone — cancelled		
	LFT, creatinin, urea	1838	[signature]
	CBP		
	Blood ketones Bedside	11873	[signature]
16/7/26	VBG, RBS (1) (322 mg/dl)	1839	[signature]
16/7/26	RBS – 33 mg/dl (2)	11865	
	RBS – 47 mg/dl (3)	11866	[signature]
	RBS 271 mg/dl (4)	11865	
16/7/26	VBG	11870	[signature]
" 8pm	RBS – 63 mg/dl (5)	~~[illegible]~~ 11976.	[signature]
16/7	EEG.	8640	[signature]
17/7	GRBS (6) (64 mg/dl)	11901	[signature]
17/7 7am	GRBS (7) (157 mg/dl)		[signature]
17/7	MRI Brain c̄ Spectroscopy	8642	[signature]
17/7	Vitamin B12	11904	[signature]
	Homocysteine		
17/7/26	TMS	11971	Ramya
"	Ammonia	11972	
17/7/26	GRBS (8) (69 mg/dl)	11977	Ramya
"	GRBS (9) (75 mg/dl)		
	Cross checked by Ramya 17/7/26 at 7pm		
17/7/26	GRBS (79 mg/dl)	11985	Ramya
	Blood ketone (Bedside)	11986	Ramya
~~18/7~~	~~GRBS, Blood ketone 3.3~~	~~12170~~	[signature]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/7/26	CBP, CRP	12017	&
	Urine c/s		
18/7/26	CUE	12025	&
18/7/26	RBS (75 mg/dl)	12026	&
18/7	USG Abd	8748	
		Cross checked done by Sr	
18/7	GRBS 4PM (114 mg/dl)	2064	
18/7	GRBS 8PM (99 mg/dl)	2065	
19/7/26	GRBS 12AM 140 mg/dl	2069	
19/7/26	GRBS 4AM 88 mg/dl	2073	
19/7/26	GRBS 8AM 251 mg/dl	2074	
19/7	GRBS 12PM 85 mg/dl	2086	
19/7	GRBS 4PM 106 mg/dl	12087	
19/7	GRBS 8PM 88 mg/dl	12090	
20/7/26	GRBS 12:am 82 mg/dl	12100	
20/7/26	GRBS 4:am 82 mg/dl	12101	
20/7/26	GRBS 8:am 73 mg/dl	12102	
	Cross checked 20/7/26 @ 9:30am		

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ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
			17/7/26 at 7pm		
16/7/26	Invasive Monitar				
	Infusion pump	10am	19/7/26 @10am	214295	
	Cross Checked by Ramya			17/7/26 at 7pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	IV Placement ✓	1	4272	
	IV Placement ✓	1	4282	
16/7/26.	PAC	1	214471	Ramya
16/7/26	NTA ✓	(1)	214728	
17/7/26	IV placement ✓	(1)	14796	Ramya.
	Cross Clerked by Ramya 17/7/26 at 7pm.			
18/7/26	~~IV Placement~~ ✓	(1)		

ANY OTHER INFORMATION

16/7/26 Allow Home food

Sathwika. G
Dietitian & Lactation

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Sathya.

Patient ID# : BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)

Consultant : Dr. ABHISHEK RAVINDRA JAIN

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Sathya Age/Sex 2y 7m-

Informant mother Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o - Abnormal movements x 2 episodes - at 8 AM

History of present illness :

A 2y old female presented with Abnormal movements - 2episodes - Seizure (GTCS type) a/w stiffening of b/l upper & lower limb. no h/o frothing / no h/o passage of urine/stools. lasted for 7-8 minutes subsided on its own, second episode - 30sec - 1 minute aborted on its own.

Pediatric Multiorgan History & Physical Examination

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

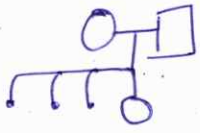
→ 13y of marriage Abd

Birth & Neonatal History : FTLSCS (Precious Preg, Cirdage mat age - 36 years at conception)

Hfs NICU admission - 10 days' Bwt 2750 for hypoglycemia

NNJ on 4th-5th day

PTx - 3 day → NNJ not sub



3 Abortions

miscarriage late Abd Cirdage missed abortion x heart beat at 6w

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate, no delay

Immunization History :

uptodate

fluvaccine+

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10 kg (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate: 130/min Description _____

B.P. 88/64 mmHg SPO2 98% at RA

Resp. rate and type of breathing : 26/min

Rash _____

Lymphadenopathy _____ } no

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : (N) shape

Air entry & breath sounds : NVBS+

Any addes sounds : B/L AE+

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

Cardiovasclular System :

Inspection of procordium : (N) shape

Heart Sounds : $S_1 S_2$ +

Any murmur : no murmur

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) } WNL

Per Abdomen :

Inspection Soft (N) shape, Scar + (R) ~~Epigastric~~ hypochondrium

Palpation : Soft, no organomegaly.

Ausculation : BS+

Spine: (N) External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL.

Bladder / Bowel : GRBS - 38 mg/dl

Clinical Summary & Diagnostic :

Hypoglycemic Seizures.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Blood
VBG, CBP, ketones (TMS) with
(Sr. Alanine) with VBG, Creatinine,
Urea, LFT, GRBS
MRI + MRS - appointment
today afternoon @ Dr. NIHAL (Today)
EEG,
CUE (urine organic acids with)

Noted By Prabhu

Planned Management :

- Inj. LEVERA
- IVF

Noted By Prabhu

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team Abhishek on
   whose name the patient is being referred

Dr. ABHISHEK INDRA JAIN
Reg. No. 52757

Doctor's Signature Name _____ Date _____ Time _____

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/24 8 AM	c/s/b Dr. Pritesh / Dr. Prashanth	
	Δ- Hypoglycemic seizures.	
	seizures aborted.	
	? metabolic.	
	O/E	Pkw
	HR - 120/min.	Send CBP GRBS
	RR - 22/min.	VBG Blood
	SpO2 - 98%.	LFT Ketone
	BP - 88/64 mmHg.	Creat
		Urea
	S/E - P/A - Soft, NO organomegaly.	TMS
		Alanine
		- MRI + MRS Opp. E Dr. Nikhil.
		- REG
	Blood Ketone <0.1 - 8 mmol/L.	
	GRBS 33 → 320	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 2:30PM	C/S/B Dr. Varun / Dr. Archana	
	Δ - Hypoglycemic seizures	
	- Child is active, playful.	
	- Taking feeds well.	
	- No further e/o seizures.	
	O/E - HR - 116/min. RR - 30/min. SpO_2 - 100% @ RA.	Plan
	S/E - WNL.	- Tsca inv.
		- PAC today.
		- Cr. Devipil maint.
		- GRBS Q 6H.
		- [illegible]

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

BAH-00578679 IP26-00006860
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/12/23 5.30PM	c/s/o Dr. Aniket	
	Δ- Hypoglycemic seizures	
	-No further e/o seizures.	
	- Afebrile.	
	- SpE- HR- 100/min RR- 22/min. SpO2- 94% @RA.	Plan GM3J Q6H
	SpE- WNL-	↓ if (N) → make IVF 2/3rd.
		- HIDI tomorrow.
		- PAC today.
		- Fly today evening.

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 05:30 pm	Counselling note Hypoglycemic seizures. Corrected with Inj: Dextrose & anti-epileptics No further seizures since admission Sensorium & vital parameters normal. Plan to do BERA & MRI brain Plan to continue monitoring in PICU. plan D. Aniket	(Jathin)

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

BAH-00578679 IP26-00006860
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/26 1:30 PM	C/1/B - Dr. Abhishek	
	Ds: Hypoglycemic Seizure	
	No fresh seizure episode after admission	
	Issues: Hypoglycaemia episode (+)	
	O/E: Alert	
	Vitals stable	
	S/E: CNS: power (Rt) 4/5 (Lt) 4/5	
	Tone (N) (N)	
	DTR +2 +2	
	Sensorium - good	
		Adv
		- MRI + MRS
		- Cont Levetiracetam
		- EEG today
		- Dr. Rohit Sadanand Referral
		- If further seizure ↳ Lacosamide
		- Monitor for fresh seizure episode
	- Vit B12 & Homocysteine levels ↳ ~~[illegible]~~ (previous sample)	
	Dr. ABHISHEK RAVINDRA JAIN Reg. No. 02757	Abhishek

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9PM	S/B Dr. Sindhura	
	Δ Hypoglycemic seizure	
		PG
	No further seizure	
		- c/f LEVETIRACETAM
	CVS - S1S2 ⊕	
	RS - BLL - AE ⊕	- EEG now
	8pm - GRBS 91mg/dl	
		[signature] Dr. Sindhura Munukuntla Consultant Paediatrician Reg. No: [illegible]
	C/S/B Dr. Suhasthi / Dr. Thomas	
17/07/26 12AM	Δ: Hypoglycemic seizure	
	No fresh seizure episode	
	O/E: GC fair	
	Hemodynamically stable	
	Hydration good	
	S/E: NAD	Adv-
		- Cont Levetiracetam
		- Monitor vitals and Inform SOP
		[signature]
		Noted by Smita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/B/ C- Dr Sushanth / Dr Thomas	
12/07/26 7AM	D/ Hypoglycemic seizure	
	No fresh seizure episode	
	O/E: Sleeping comfortably HR: 105/min RR: 26/min SpO2 98% @ RA	
		Adv - MRI Brain + MRS - Cont. Levetiracetam - c/f fresh seizure episode - Monitor vitals and Inform SOS
		[signature]
		Noted by Surith

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7 10:15Am	CK/B Dr. Pritesh Sir	
	D - Hypoglycemic Seizure	
	- No further seizure - Oral intake - Poor	Rx 1) Track MRI brain report
		2) IVF - DNS - 2/3rd (M)
	O/E child asleep	3) Inj Lorazepam → Oral 4) Inj B12 - Today
	Vitals HR - 113/min SpO2 - 97% RR - 22/min	5) Oral Neopara (SOS) 6) Monitor Vitals
	RS - B/L AE ⊕ P/A - Soft	
		Dr. PRITESH NAGAR Reg. No: 47131

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:30am 17/07/26	Counselled	
	Stable / 24hr old	
	NO FASTING / IVF Rx → Dextrose ↓↓	
	Home Sugar ↓ Oral intake important.	
	↓ (IEM) ↓ →	RBS ↓↓ Fits Hepatitis GCMS - Abnormal Genetic Abnormal
	→ Genetic test in parents ↓ [Not fitting]	
	→ Critical Sample →	At time Sugar Low TMS GCMS

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 3pm	c/s/b - Dr. Prashanti, Dr. Varun.	
	Δ - Hypoglycemic Seizures	
-	oral intake ↓ - not taking at all	Plan:
-	Stool p	- TRACE MRI Brain report
-	Urine - not measured.	- Ct Oral lmura
	O/E	- Oral Nexpro SOS
		- Video Genetic Counselling ✓
	Temp - 101.4F	- To send critical sample → TMS, GCMS if Sugar (GRBS) low
	HR - 135/min	
	RR - 33/min	
	SpO2 - 100% on RA.	
	S/E	
	CNS - GCS: 15/15, cry, Tone, Power - N, DTR - KJ: 2+, Plantar flexor	- To monitor/measure vitals - urine output
	other S/E - WNL	Noted by Vaishnavi
	Inj. B12 IM given ✓	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/12	c/s/o Dr. Pritesh Sir	
4:45pm	Hypoglycemic Seizure	
	To R/o Metabolic cause.	Plan 1) Place 2nd IV line
	Oral intake poor Fever – 101° F	2) Send Urine GCMS
		3) IVF – 10% – DNS @ 30 ml/h } if Hypoglycemia (For Now – Ct. DNS @ 30 ml/h) Change
	Child asleep Vitals stable P.V → Good R.S – B/L AE ⊕ P/A – Soft.	4) GRBS – 4th hrly 5) Send Ammonia levels Ketone levels 6) If yesterday sample ⊕ ↓ TMS in blood sample.
	GRBS → 75 mg/dl	7) Monitor Vitals.
	Blood Ketone – ⊕ 3·3	8) Trace { MRI brain report. Homocystein
		9) Add Levocarnitine
		10) Cont. Vit B_{12} – 1M daily.
	Dr. PRITESH NAGAR Reg. No.	11) Send CUE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 4:45pm	Counselled.	
	[No medicines to make any child eat Hunger ✗	
	Fever ±] → 24-48hrs → Investigation for fever] ✓	
	Fluids Contd] ✓	
	B_{12} Contd ✓	Sanger Sequencing Parental Testing
	Sick → Disease Sickle] ✓	
	✓ Avoid Fasting] ✓ ✓ B_{12} Inj ✓ ✗ Lifelong ✓ Sick – Early Rx	IEM/ No Fever Controlled

Dr. PRITESH NAGAR
Reg. No: 47184

BAH-00578679 IP26-00006860
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18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 6.30pm	S/B Dr Abhishek	Adv
	No further efo seizures	- GRBS monitoring Q4 hrly
	GRBS : 75 mg/dl.	- Bolus INJ (prefilled) bedside.
	oral acceptance - poor.	
?	Hyperintensities noted in occipital region - on MRI Brain.	- Shift to ward.
		- Ct rest same as per Rx chart.
		- Ct IVF -
	o/E vitally stable.	T labs :

Dr. ABHISHEK RAVINDRA JAIN
Reg. No: 02757

Abhishek

BAH-00578679 IP26-00006860
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18-12-2023 2 Y 6 M 29 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CWB Dr. Naipuya | Dr. Archana.	
18/7 7:00 AM.	Hypoglycemic seizures	
		Plan
	~~[illegible]~~ fever (+)	IVF 10% DNS to Continue.
	Vitals - stable.	GRBS 4th hourly,
	R/S - B/L AE (+)	Send CUC.
	P/A - soft NT	Trace TMS MRI Brain report
	~~[illegible]~~ oral intake - fair.	Monitor vitals
		Inform SOS.
		Cont Syp. levetiracetam Syp. Carnisure
		[signature]
		NB> Supriya 7:28 AM @ 18/7/26

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

BAH-00578679 IP26-00006860
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26. 9 20 AM	c/f/by Dr pritish Hypoglycemic seizure	
	fever spike (+)	– Catheter → CUE, c/s send
	poor Intake.	
	vital – stable w/H till Enquiry	NG tube ⇒ Tube feeding ↳ SIBE 10
	S/E :- B/L AE (+) NVBS	→ (T) TMS MRI Brain. → ct Levipil. Carnisure.
	throat:- No congestion	→ ct I/v fluids.
		– 1/4 Tube feeding – Second IV line → send CBP, CRP [B/c] collect & keep – w/f Intake Enhance orally. – By 12pm if Not taking orally ⇒ 50% tube 50% IV fluids. – Check throat – Dolcolan Suppository 25mg

Dr. PRITESH ... R...

Dr B Vaarunike

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 2pm	C/S/B Dr. Pranav Hypoglycemic Seizure	
	Fever - ↓ Oral intake - improving	Plan 1) Trace CRP, CUE Urine c/s
	Activity - better	TMS 2) Cont - Levipil Calcium
	Vitals Stable Afebrile R-S - B/L AE ⊕ P/A - Soft	3) Encourage orally 4) IVF - ↓ to 20 ml/h 5) Monitor Vitals
	Passed Stool after Suppository	NB Snehita @ 2pm
		Pranav
3 pm	CRP - 140 CUE ↓ 18 - 20 pus cells Leucocyte & Bacteria ⊝	- Start Ceftriaxone - USG Abdomen - Normal.
		[illegible]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 5pm	c/s/b Dr. Pritesh Sir	
	Hypoglycemic Seizures VTI	Plan
	- Fever - last @ 6:30 Am	1) Trace blood c/s Urine c/s
	- No further Seizures	
	- oral intake - improving	2) Ct. Inj Ceftriaxone
		3) Syp Levipil
	child alert	4) Syp Carnisure
	Vitals stable	5) Trace IMS
	R-S - B/L AE ⊕	6) IVF @ 2 ml/h
	P/A - Soft	Taper IVF - if intake better
	Last GRBS - 116 mg/dl	7) Monitor Vitals
		8) Cont. Vit B12 Injection
		9) Next IV Fluid bottle ↓ DNS
		NB Sneha CST
	Dr. PRITESH NAGAR Reg. No: 47184	

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 7:20 AM	S/B Dr. Sreeylen	
	D Hypoglycemic seizures P/o c̄ UTI	
		✓ c/f CEFTRIAXONE
	CVS – S1S2 ⊕	✓ Trace Urine C/S
	RS – BIL – AEF ⊕	Blood C/S
	P/A soft	✓ c/f LEVETIRACETAM
	~~for~~	✓ c/f LEVOCARNITINE
	No further seizures	✓ Trace TMS
		✓ c/f IVF @ 20 ml/h 10% DNS
		c̄ c/f IV Hydroxycobalamin
		c̄ GRBS monitoring 4th h
		c̄ Next change of IV fluid – 5% DNS
		NB – Supriya 8AM @ 19/7/26
	✓ 13 ✓	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9:45 AM	C/S/O Dr. Pritesh Hypoglycemic episodes - No fever. UTI - Oral intake - improved. - No further episodes. Plan O/E - vitals stable. S/E - WNL.	- Inj. Ceftriaxone ↓ Give today's dose now. - Monitor GRBS 6th hrly. - Post breakfast, stop IVF. - Encourage orally. RB Sneha @ 9:45 AM

Dr. PRITESH NAGAR
Reg. No: 47184

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	c/s/b Dr. Abhishek Jain	
12PM	D - Hypoglycemic seizures.	
	UTI	
	- No fever.	
	- Oral intake improved.	
	- No further e/o seizures.	
	S/E - vitals stable.	
		Plan
	S/E - WNL.	- ? Make oral Antibiotic
		- Monitor GRBS Q4H.
		- Encourage orally.
	- Make PAN oral.	
	- Add oral ONDEM.	- Watch for fever spikes.
		- Add citralka syrup.
	Dr. AB... ...DRA JAIN Reg. No. ..2757	- Thrombophobe oint L/A
	Abhishek (signature)	- MgSO4 dressing.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Varun	
19/7/26 6PM	Δ- Hypoglycemic seizures. UTI	
	- No fever	
	- No further seizures.	
	- O/E - vitals stable.	
	- S/E - WNL.	
		Plan
		- ct. GRBS @ 4H.
		- ct. oral Levera/ Cefixime / IV ceftriaxone.
		- Encourage orally.
		- Watch for fever spikes.
		[signatures]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 8AM.	C/s/b Dr. Varun / Dr. Siddharth	
	Δ - Hypoglycemic seizures / UTI	
	- No fever; last @ 6:30pm on 18/7/26.	
	- No further seizures.	
	- O/E - vitals stable.	
		Plan
	S/E - DNL.	1) Ct. Oral levera / Conisure / IV Ceftriaxone.
		2) Encourage orally
		3) Ct. GRBS @ 4H.
		noted by Sr. Sandhya 20/7/26 8:am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	C/o Dr. Pritesh	
	D- Hypoglycemic seizures	
	- Afebrile.	
	- NO further c/o seizures.	
	- GRBS - (N).	
	O/E- vitals stable.	
		Plan
	O/E - WNL.	- Prepare IV ceftriaxone by 11am today. (total 10 days) → oral cefixime 7 days
		- trace urine c/s report.
		- Hydroxocobalamin twice weekly ↓ Monday & Thursday.
		- Plan D/c today.

Dr. PRITESH NAGAR
Reg. No: 47184

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG : Inj. ONDEM

Dose	Route	Frequency	Start Date
2mg	IV	SOS	16/7

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

Additional Instructions:

Date ▸ Time	17/7													
	1PM													

DRUG : Syp. CROCIN-DJ

Dose	Route	Frequency	Start Date
3ml	oral	10/6 hrly	17/7

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

Additional Instructions: Paracetamol (5ml/20kg)

Date ▸ Time	17/7	18/7												
	8pm	7:12 am												
	8pm	6:57 pm												

DRUG : SYP. ONDEM

Dose	Route	Frequency	Start Date
5ml	PO	SOS	19/7

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

Additional Instructions: (2mg/5ml)

Date ▸ Time														

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

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Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. 10 Kg Ward. ....

DRUG : Inj. LEVETERACETAM				Date/Time	16/7	17/7
Dose	Route	Frequency	Start Date			
100mg	IV	Q12h	16/7	8am		
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti						
Additional Instructions:				8PM		
Daily Doctor's Endorsement by a Sign						

change to oral 17/7

DRUG : Inj. PAN				Date/Time	16/7	17/7
Dose	Route	Frequency	Start Date			
10mg	IV	Q24h	16/7	6am	10:45am	
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

stop 17/7

DRUG : Syp LEVETIRACETAM				Date/Time	17/7	18/7	19/7	20/7
Dose	Route	Frequency	Start Date					
1ml	PO	BD	17/7	8AM				
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions: 1ml = 100mg				8pm				
Daily Doctor's Endorsement by a Sign								

DRUG : Syp CARNISURE				Date/Time	18/7	19/7	20/7
Dose	Route	Frequency	Start Date				
5ml	PO	BD	17/7	6AM			
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: LEVOCARNITINE 5ml = 100mg				6pm			
Daily Doctor's Endorsement by a Sign							

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1gm	IV	once Daily	18/7

Date/Time: 18/7, 19/7 — 4pm, 1:24 pm

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: IV over 2 hours.

W/H 19/7/26 @ 1PM

Daily Doctor's Endorsement by a Sign

DRUG : SYP. ZIPRAX

Dose	Route	Frequency	Start Dt.
	PO	Q12H	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (100mg/5ml)

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1gm	IV	OD	19/07

Date/Time: 19/7, 20/7 — 2pm ✓

Name & Signature of the Doctor Starting the Drugs: Sumbul

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date ➤ / Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ➤ / Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ➤ / Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ➤ / Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

Baby BANGI SATYA ANIRA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Weight. 10 Kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7/26	8:55AM	Inj. LEVERA	200 mg	IV		
16/7/26	1PM.	Inj. HYDROXOCOBALAMIN	1ml	IM		
17/7	2AM	Inj HYDROXYCOBALAMIN	1ml	IM		
17/7	5pm	Inj LEVO CARNITINE	1g	IV		
18/7	9:30AM	DOLOLAX SUPPOSITORY	5mg	P/R		
18/07	2PM	INJ. HYDROXYCOBALAMIN	1ml	IM		
19/7	12:30PM	Inj. HYDROXOCOBALAMIN	1ml	IM		

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IP26-00006860 BAH-00578679

I.V. FLUIDS CHART

Weight. 10kg. Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/7/26	~~10~~ 9:00 Am	IVF DNS (2/3rd maint). + ~~10ml~~ KCl.	IV	30 ml/hr	[signature]	[signature] [signature]	17/7		[signature] [signature]
16/07	6:30 pm	IVF - DNS (~~400ml~~ 375ml)	IV	30ml/h	[signature]	[signature] [signature]	16/7	[signature]	[signature] [signature]
"	"	+ 25% Dextrose (125ml) + 10ml KCl				[signature] [signature]	17/7	[signature]	[signature] [signature]
17/7	10:30 pm	DNS	IV	30 ml/h	[signature]	[signature] Saisri	17/7	[signature]	[signature] [signature]
17/7	5:30 PM	IVF - DNS (375ml) + 25% DEXTROSE (125ml)	IV	30	[signature]	[signature] [signature]	18/7	[signature]	[signature] [signature]
18/7	2pm	IVF - DNS (375 ml) + 25% D (125ml)	IV	20	[signature]	[signature] [signature]	19/07	[signature]	[signature] [signature]
~~18/7~~ 19/7	8 Am	IVF - DNS	IV	20	[signature]	[signature] [signature]	19/07	[signature]	[signature] [signature]

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

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RESULT SHEET

Date	16/7/26	17/7/26				
Time	9.43 AM					
Hb	12.6	10.5				
PCV	35.1	29.7				
RBC	4.53	3.84				
WBC	9.16	6.47				
N/L	39.0 / 51.7	72.9 / 15.4				
Platelets	254	~~140~~ 181				
CRP		140				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	32					
Creatinine	0.3					
ALP	130					
SGPT	19					
SGOT	48					
T.Bill/Conj	1.3 / 0.3					
T.Protein	6.7					
S.Albumin	4.4					
S.Globulin	2.3					
A/G Ratio	2.3					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells	**					
~~N/L~~ ketone - blood	1.8	3.3				

Date	18/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Trace					
CUE - PUS Cells	18-20					
CUE - RBC Cells	14-16					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
TMS →						
Ammonia →	35					
Homocysteine →	9.35					
Vit. B_{12} →	601.8					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
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FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/26

Time:	11 PM	4 AM	7:10 AM	8:20 AM
Doctor / Nurse / Family Concern?				
Temperature (F) (scale 94–104)	99.1°F	98.3°F		101.9°F / 99.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)				
Heart Rate (Number)	134 b/m	129 b/m	134 b/m	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	30 b/m	30	25	
Resp Distress: Mod/ Severe; None / Mild				
Receiving O_2(l/min)				
O_2Saturations (%)	99%	99%	100%	
Conscious Level: Normal; Altered				
GCS *	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	
Pain Score	0	0		
Observer's Initials	[illegible]	[illegible]	[illegible]	

Crocin syp + sponging given

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FORM / CLINICAL / 125

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

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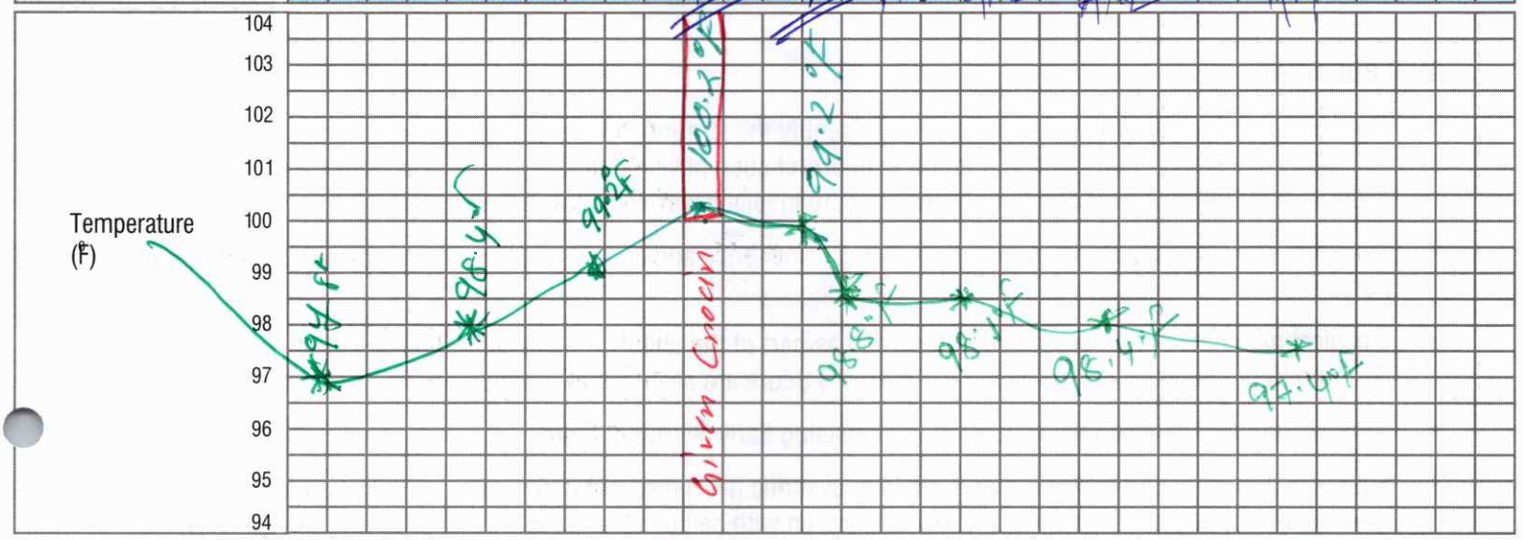
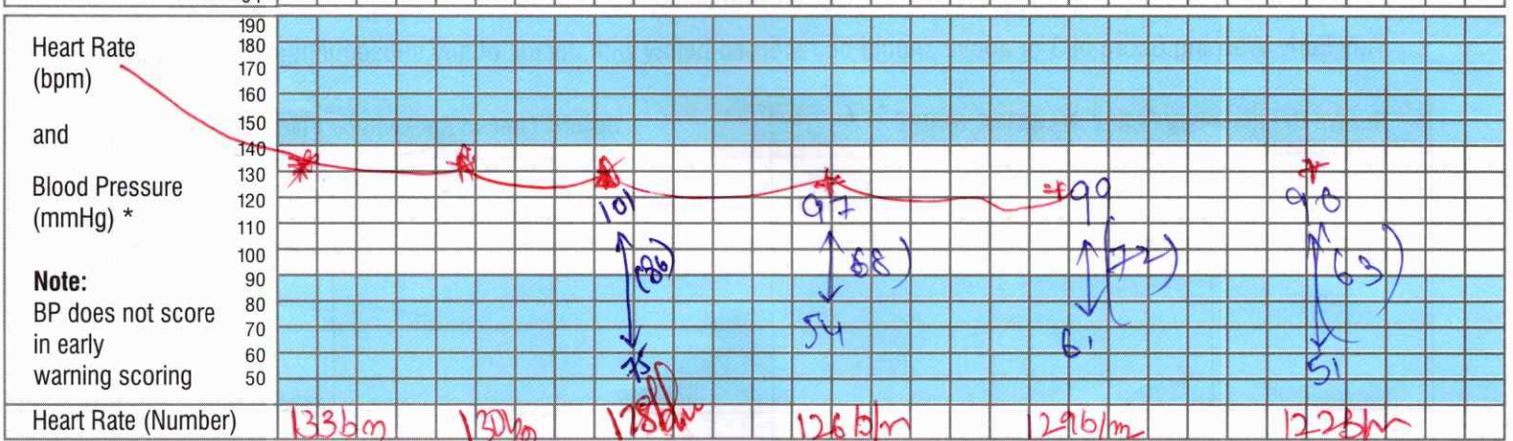
EARLY WARNING SCORE: CHILDREN'S UNIT

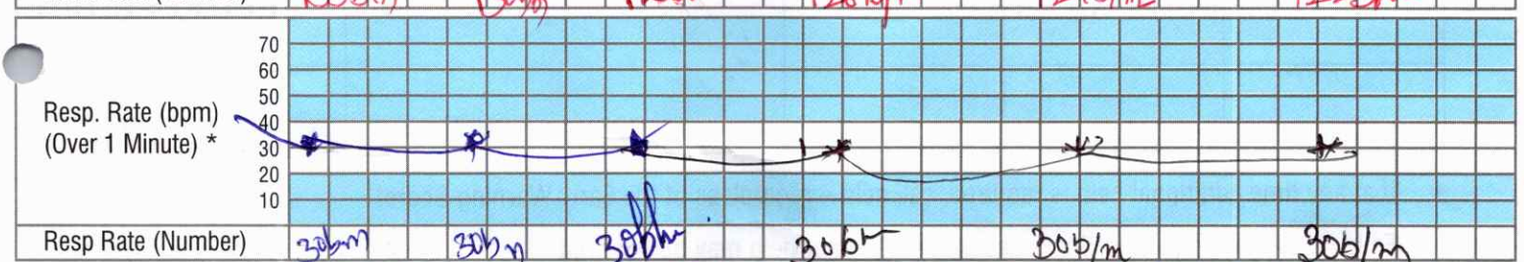
Date : 18/12/23 Time: 10 AM, 2 PM, 5 PM, 6:57 PM, 8 PM, 10 PM, 12 AM, 4 AM, 7 AM

Doctor / Nurse / Family Concern?





Heart Rate (Number)	133bm	130bm	128bm	126b/m	129b/m	122bm



Resp Rate (Number)	30bm	30bm	30bm	30bm	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	97%	97%	98%	97%
Conscious Level: Normal / Altered						
GCS *			–	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 7 M 0 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Patient ... CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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WARNING SCORE: CHILDREN'S UNIT

Date : 19/7

Time:	9:30 Am	2 PM	6pm	10pm	2am	6am
Doctor / ~~Nurse / Family~~ Concern?						
Temperature (°F)	97.8°F	97.3°F	97.2°F	98.3°F	97.5°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 / (69)	100 / (69)	99 / (68) / 72	100 / 60	99 / 60	101 / 70
Heart Rate (Number)	112	117	116b/m	113b/m	110b/m	114b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	30b/m	30b/m	31b/m	29b/m	29b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) / O_2 Saturations (%)	100%	100%	99%	99%	99%	99%
Conscious Level: Normal- / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	[illegible]	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
17/7/26	08:00 pm											
	09:00 pm	DNS +		30ml							0	
	10:00 pm	25%		30ml							0	
	11:00 pm	Dextrose	420	30ml							0	
	12:00 am			30ml			NA				0	
	01:00 am			30ml							0	
Total Intake :						**Total Output :** U-					M-	
18/7/26	02:00 am			30ml							0	
	03:00 am	DNS +		30ml							0	
	04:00 am	25%		30ml			NA				0	
	05:00 am		420	30ml							0	
	06:00 am	Dextrose		30ml							0	
	07:00 am			30ml						150ml	0	
Total Intake :						**Total Output :** U-					M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

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18-12-2023 2 Y 6 M 29 D (F)
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FLUID CHART

Sheet No. : .....

U/O Strict

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/7	08:00 am			20ml								
	09:00 am	DNS		20ml								
	10:00 am	+	Milk 50ml	30ml		NA					0	
	11:00 am	25% D		—			12:42pm	NA		40ml		Saline
	12:00 pm			30ml.								
	01:00 pm			30ml								
Total Intake :						**Total Output :**						
18/7	02:00 pm			20ml							0	
	03:00 pm		Rice	20ml							0	
	04:00 pm	DNS		20ml							0	
	05:00 pm	25%	1/4th	20ml		NA		NA			0	
	06:00 pm	D		20ml							0	
	07:00 pm			20ml							0	
Total Intake :						**Total Output :** U-						
18/7/26	08:00 pm	DNS		20ml							0	
	09:00 pm	+25%	Rice	20ml						80ml	0	
	10:00 pm	Dextrose	+ 1/2	20ml							0	
	11:00 pm			20ml		NA					0	
	12:00 am			20ml						140ml	0	
	01:00 am			20ml							0	
Total Intake :						**Total Output :** U-					M	
19/7/26	02:00 am			20ml							0	
	03:00 am			20ml							0	
	04:00 am	DNS +		20ml							0	
	05:00 am	25% Dex	1/2 D	20ml		NA					0	
	06:00 am			20ml						320ml	0	
	07:00 am			20ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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18-12-2023 2 Y 6 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/7	08:00 am			20ml							0	
	09:00 am		Lemon	20ml							0	
	10:00 am	DRS	Juice	20ml			0			120ml	0	
	11:00 am			—							0	
	12:00 pm			—							0	
	01:00 pm			—							0	
Total Intake :						Total Output : U-						
19/7	02:00 pm											
	03:00 pm		Baby							220ml		
	04:00 pm	0		0							0	
	05:00 pm		Milk.							200ml.		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
29/7/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm	0	+ H_2O	0						100ml	0	
	11:00 pm											
	12:00 am											
	01:00 am									220ml		
Total Intake : Taken.						Total Output : U- M-						
20/7/26	02:00 am											
	03:00 am											
	04:00 am	0		0						160.ml	0	
	05:00 am											
	06:00 am		H_2O.									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA (F)
18-12-2023 2 Y 7 M 1 D
Dr. ABHISHEK RAVINDRA JAIN

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

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

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
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BRADEN 'Q' SCALE

					Date : 16/12/26	17/12		17/12
					Time : MS	8AM	9pm	N.
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	4
					TOTAL SCORE	25	25	25	25
					Evaluator's Name			

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

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

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

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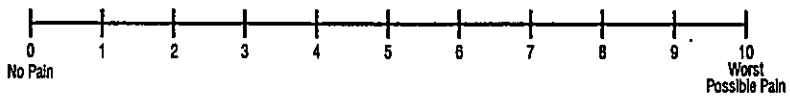
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
16/7	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
16/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	NA	
17/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	~~NA~~	
17/7	1PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
17/7	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
17/7/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7/26	DATE 17/7	DATE 17/7	DATE 18/7	DATE 18/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2	7				
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	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	1	1
	Total		10	10	10	10	10

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		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		—	—	×	×	×
	Wheel chair support		—	—	×	✓	×
	Other Intervention(s) Specify		—	—	×	✓	×
	Nurse's Name:		[illegible]	[illegible]	Supriya	[illegible]	Supriya
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		16/7/26	17/7	18/7	18/7	19/7/26
	Time:		8pm	8pm	8Am	8pm	8Am

Docu. No. : RCH /FRM / CLINICAL / 005

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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MPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/7	DATE 19/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		10	10			

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

	Bed in low position		✓	✓		
	Call device within reach		✓	✓		
	Wheels Locked		✓	✓		
	Room free of clutter		✓	✓		
	Adequate lighting		✓	✓		
	Wheel chair support		X	X		
	Other Intervention(s) Specify		X	X		
	Nurse's Name:					
	Signature:					
	Date:		19/7	19/7		
	Time:		8pm	8pm		

Docu. No. : RCH /FRM / CLINICAL / 005

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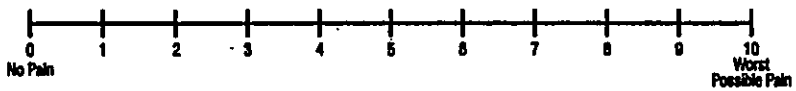
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7	4pm	2/10	Cannula site.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. Brufen orally	
19/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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18-12-2023 2 Y 6 M 28 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

18/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 16/7			DAY-2 17/7			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		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 : Ramya

Signature of Ward In Charge :

Signature : ..... Name : Sujatha

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/7 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	01	NA	NA							*Cannula Removed by 19/7 11:00am
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA							
			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 : Sneha Name : Sneha

Signature of Ward In Charge :
Signature : Balasarai Name : Balasarai

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
Dr. ABHISHEK RAVINDRA JAIN

NURSING CARE RECORD

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Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	10pm to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → CUE pending → Daily 1pm Vit B12 -IM (only)	→ Re-checked the vitals & I/O → GRBS 4th hourly → GCMS after dr. advice	Supriya

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Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 29 D (F)
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Patient

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the Baby condition → Catheter. CUE C/S done. morning 12pm done → CBP. CRP. morning done 12pm → check the vitals	8AM to 2pm	→ Assess the Baby condition → Catheter. - CUE U/C/S done. morning → CBP. CRP, morning 12 pm done. → check the vitals	Baby is a stable.	check the vitals	Madhu
Afternoon	2Pm to 8Pm	Assess the pt condition. monitor vitals signs maintain I/O chart. Provide the comfortable position. medication give as per as doctor order.	2Pm to 8Pm	Assessed the pt condition monitored vitals signs maintained I/O chart. Provided the comfortable position medication given as per as doctor order.	→ Baby is stable. → vitals normal.	→ monitor vitals → maintain I/O chart	Sru Us
Night	8PM to 8AM	→ To assess the pt. condition → To check the vitals & record → To administered the medication as per drug chart → I/O chart maintain	8PM to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Trace blood c/s & Urine c/s	→ Re-checked the vitals I/O → GRBS 4th hourly	Supriya

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NURSING CARE RECORD

Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	Assess the Pt condition, monitor vitals & condition. maintain I/O chart. Provide the Comfortable Position. Medication give as per as doctor	8Am to 2Pm	Assessed the Pt condition. Monitored vitals & needs. maintained I/O chart. Provided the comfortable position. Medication given as per as doctor	→ Pt is stable. → vitals normal.	→ monitor vitals → maintain I/O chart.	[signature]
Afternoon	2pm to 8pm	→ Assess the pt Condition → Monitor vitals & I/O chart → provided the Comfortable position → drug as per chart		→ Assessed the pt Condition → Monitored vitals & I/O chart → provided the Comfortable position → drugs as per chart	→ pt is stable	Rechecked vitals	[signature]
Night	8pm to 8am	→ Assess the patient Condition → monitor vitals → medications as per doctor's orders.	8pm to 8am	→ Assessed the patient Condition → Monitored vitals → maintained I/O	Patient is stable	Rechecked vitals	[signature]

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18-12-2023 2 Y 7 M 1 D (F)
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NURSING CARE RECORD

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Date: .....

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	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Abhishek Department: PICU Date of Admission: 16/7/26

SITUATION

Diagnosis: Hypoglycemia & Seizures

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

BACKGROUND	Area / Shift Time	16/7/26 M5	16/7 N1	17/7 M6	17/7 E2	17/7/26 N1	18/7/26 M6
	Medical Condition (Any special condition to be noted):	-	-	seizures	seizures	Seizures	Medh.
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.7°F	98.9°F	99.1°F	98.1°F	98°
	Res:	30 b/m	32 b/m	24 b/m	30 b/m	30 b/m	30 b/m
	SpO_2:	98 b/m	98 %	97 b/m	100 %	100 %	100 %
	Pulse:	105 b/m	100 b/m	116 b/m	125 b/m	126 b/m	127 b/m
	BP:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-
	Pain Score:	-	-	-	-	"0"	-
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	-
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-	-	-	-	-
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	-	-
Post Operative Procedure Special Orders:		NA	NA	NA	NA	CVL	-
Handed Over By Name :		Ramya	Swathi	Saisri	Ramya	Supriya	Medh.
Signature :							
Date:		16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26
Time:		8pm	8AM	2PM	8PM	8AM	2PM
Taken Over By Name :		Swathi	Saisri	Ramya	Supriya	Medh.	Sneha
Signature :							
Date:		16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26
Time:		8pm	8AM	2pm	9:30pm	8AM	2pm

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: Hypoglycemic seizures

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

BACKGROUND

Area / Shift Time	18/7 E1	18/7/26 N1	19/7 M1	19/7 E2	19/7/26 N2	
Medical Condition (Any special condition to be noted):	Hypoglycemic seizures	Hypoglycemic seizures UTI	Hypoglycemic seizure	Hypoglycemic seizures	Hypoglycemic seizures	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	98.6°F	98.2°F	98.1°F	98.2°F	
Res:	24 b/m	26 b/m	24 b/m	25 b/m	30 b/m	
SpO_2:	99%	99%	98%	99%	99%	
Pulse:	126 b/m	126 b/m	125 b/m	127 b/m	125 b/m	
BP:	99/62	90/62	99/62	98/64	100/70	
Fall Risk Score:	–	–	–	–	–	
Pain Score:	0	0	0	0	0	

Recommendations

Safety Needs:	–	Yes	yes	yes	yes	
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Others Specify:	–	–	–	–	–	
Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	IVT	–	/	–	–	
Post Operative Procedure Special Orders:	–	–	/	–	–	
Handed Over By Name :	Sm	Supriya	Sm	Supriya	Sandhya	
Signature :	Dr. Abhishek Ravindra Jain		Dr. Abhishek Ravindra Jain			
Date:	18/7	19/7/26	19/7	19/7/26	19/7/26	
Time:	8pm	8AM	2pm	8pm	8am	
Taken Over By Name :	Supriya	Sneha	Supriya			
Signature :		Dr. Abhishek Ravindra Jain				
Date:	18/7/26	19/7	19/7/26			
Time:	8pm	8pm	8pm			

AMPATH
Central Reference Laboratory,
Door No. 1-100/1/CCH Nallagandla
Serilingampally
Hyderabad

NAME	: BABY. BANGI SATYA ANIKA 00578679	REFERRED BY	: DR.ABHISHEK RAVINDRA JAIN	VISIT NO	: VAMP26262425
AGE	: 2Y 6M 0D		RAINBOW CHILDRENS MEDICARE LTD HYDERGUDA	COLLECTED ON	: 15-07-2026 00:00
GENDER	: Female			RECEIVED ON	: 16-07-2026 16:43
OP / IP / DG #	:	LAB MR#	: AAMP01574776	APPROVED ON	: 16-07-2026 17:20
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
	BIOCHEMISTRY		
Ketone (Beta Hydroxybutyrate) *(Serum)*			
Ketone Body(Beta Hydroxybutyrate) *matic*	**6.100 H**	0.02-0.27	mmol/L

Kindly Correlate Clinically

Interpretation:

Interpretation-
• Ketone bodies in peripheral blood consisting of acetone (2%), acetoacetate (20 %) and D-3-hydroxybutyrate (78 %). D-3-hydroxybutyrate is the most abundant & stable ketone body and most sensitive marker for ketosis.
• Ketosis can be associated with following conditions – diabetes mellitus, hypoglycemia, dieting, epilepsy, severe illness or injury, sepsis.
• This test can be used for both diagnosis and monitoring of diabetic ketoacidosis. Serum Acetone is no longer recommended and is replaced by D3-Hydroxybutyrate.

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.

Sln No: 21000403

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Central Reference Laboratory,
Door No. 1-100/1/CCH Nallagandla
Serilingampally
Hyderabad

NAME	: BABY. BANGI SATYA ANIKA 00578679	REFERRED BY	. DR.ABHISHEK RAVINDRA JAIN	VISIT NO	: VAMP26262425
AGE	: 2Y 6M 0D		RAINBOW CHILDRENS MEDICARE LTD HYDERGUDA	COLLECTED ON	: 15-07-2026 00:00
GENDER	: Female			RECEIVED ON	: 16-07-2026 16:43
OP / IP / DG #	:	LAB MR#	: AAMP01574776	APPROVED ON	: 16-07-2026 17:20
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit

8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

CONSENT FORM FOR ANAESTHESIA

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Patient Name : MANU SATYA SAIKA ..... Age : 24 ..... Gender : Male ☐ Female ☐

UHID NO: RAH - 578679 ..... Surgeon Name: ..... 1 .....

Anaesthesiologist : Dr M. SUBRAHMANYAM ..... Operative procedure planned : MRI - BRAIN

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : HYPOGLYCEMIA / O2 SUPPLEMENTATION

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : .....

Name : B. chandra Sekhar

Relationship with Patient: father

Date & Time : 16/7 7.30pm

Witness :

Signature : .....

Name : Smitha (Retd)

Date & Time : 16/7/26

Doctor (who is taking the consent) :

Signature : ..... Name : Dr SAMIR MAYADEV Date & Time : 16/7 at 7.30 pm

Docu. No. : RCH / FRM / CLINICAL / 021

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PATIENT TRANSFER FORM

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 @ 8:43AM	17/7/26 @ 7:30pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Abhishek	Dr. Abhishek.	Stable

From Unit	To Unit	Information to Attendant
PICU	2nd Floor · 209	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(50)	MRI Brain films (4)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramya 17/7/26 at 7 pm	Dr. Abhishek

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 9:40pm @ 17/7/26

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

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

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PATIENT TRANSFER FORM

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 @	16/7/26 @ 8pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Prashanth	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabin	Dr. Prashanth

Patient & Clinical Records Received by : Sujatha 16/7/26 at 8pm.

Date & Time of Patient Received :

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

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

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Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

10.6 10kgs
GRBS 33mg/dl.

9:30pm GRBS - 322 mg/dl
Nikan - 108 mg/dl

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EMERGENCY TRIAGE FORM

Patient's Name: Baby Satya Anika. Age : 2 year **Gender:** ☐ Male ☑ Female

Date : 16/7/26 Time of Arrival : 8.50am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☐ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98F PR: 136 BP: ..... RR: 89/64 mmHg SpO_2: 100%. Hypoglycemia

Chief Complaints: c/o Seizer at home 1 hour back, 1 episode

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☑ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:10am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ **Not applicable**

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Geetanjay S

Signature of Triage Nurse : .....

Date & Time : 16/7/26 8:10am

Docu. No. : RCH /FRM / CLINICAL / 085

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 8.50am

Chief Complaints: c/o Seizure at home 1 episode Hypoglycemia RBS: .....

Height : ..... Weight : 10 kgs BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : [signature] @ 8:50am

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
8:50pm	⇒ Assessed the general Condition.
	⇒ vitals checked and recorded.
	⇒ IV [illegible] placed.
	⇒ 10% dex. 60/hr given 200ml
	⇒ GRBS checked.

Samples collected by: [illegible] Time: 8:30pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
16/7/26	10% Dex 200ml	60/hr	given	Dr. [illegible]	[illegible]
	Ondem	IV	2mg		[illegible]
~~[illegible]~~	Pantop.	IV	10mg		[illegible]
10pm	[illegible]	IV	200mg		[illegible]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 136 b/m BP: ...... CFT: 2 sec	Shift - out from ER to: PICU
RR: ...... SPO2 : 100%	Time of Shift - out: 10 PM
GCS: 15/15 Temperature : 98°F	Handover given to: Sujatha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done.

Name of the Nurse : [illegible] Signature of the Nurse : [illegible]

Date & Time : 16/7/26 @ 8:40 PM

BAH-00578679 IP26-00006860
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: PICU

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanthi

Date & Time : 16/7/26 @ 8:30 AM

Nurse Name & Signature: Prathima

Date & Time : 16/7/26 @ 8:30 AM

Docu. No. : RCH / FRM / GENERAL / 090

BAH-00578679 IP26-00006860
Baby BANGI SATYA ANIKA
18-12-2023 2 Y 6 M 28 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16/7/26 Time: 12pm

Weight: 10.7kg Centile: <5th

Height: — Centile: —

Inference: underwaight child

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

Diet Recommendations: Soft calcium rich foods

Re-Assesment: Avoid spicy, chilled & outside foods

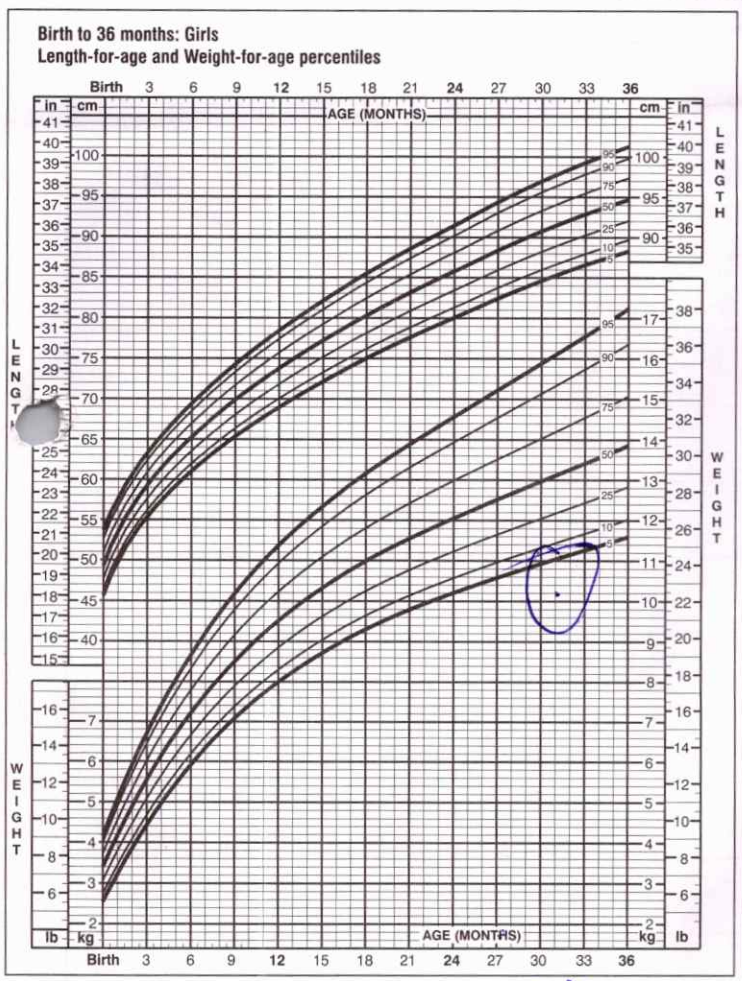
Food Allergies: NO Veg/Non-veg NON-veg.

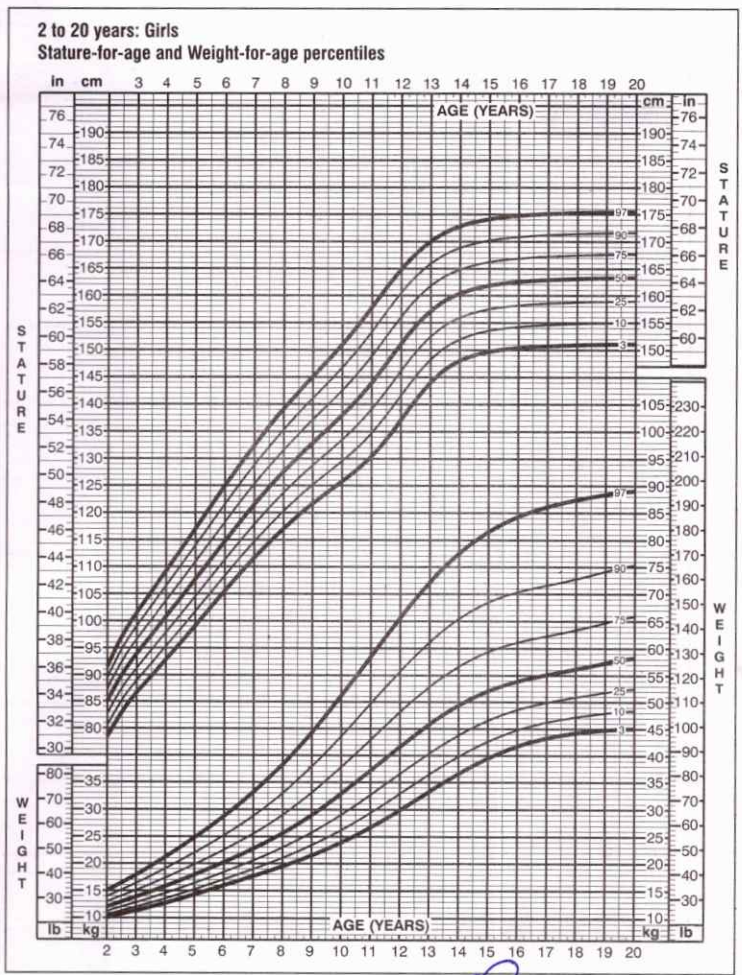
Diagnosis: 2nd Episode seizures & vomitings.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

17/7/26
11:11 AM child is stable, oral intake poor, encourage orally with fruits, plenty of fluids as advised.

Sathvika.G

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: BABY BANGI SATYA ANIKA Age: 2y Sex: FEMALE UHID.No : BAH-578679

Date: 16/7 Time: 730pm Proposed Operation: MRI - BRAIN

Diagnosis: SEIZURES FOR EVAL^

B.P / CRT: 88/64 H.R: .... Weight: 10kg ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : 2 episodes of GTCS ~~yesterday~~ today. Diabetes :

CNS : ? HYPOGLYCEMIC SEIZURES

Renal : No apparent dev. delay. conjugated hyperbilirubinemia evaluated

Hepatic / GE : Birth FT/LSCS/NICU for hypoglycemia/NNJ DOL3 / at 1½ Month → cholangiogram ⇒ (N) study Physical Activity:

Others : vaccinated.

Past Anaesthetic History: cholangiogram + GA (evaluated for biliary atresia).

Physical Exam: alert

Airway: MP 1 (2) 3 4 Mouth Opening: ok. Mentohyoid Distance: Neck: Teeth: (+)

Lungs : BAE (+)

Heart: S1+S2+

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: PERIPHERAL Spine Exam for regional :

Anaesthetic Plan: ☑ **MAC** ☐ **REGIONAL** ☐ **GA-ETT** ☐ **LMA**

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
LEVECETIRAM	100mg BD
PAN	
HYDROXYCOBALAMINE	
DNS / 25 DEX.	

Pre-Operative Instructions: 6 hours for solids/formula

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — start maintenance fluid and continue on transport
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - GRBS BEFORE SHIFT / IVF (SOS)
   - CONTINUE LEVIPIL.

Signature: [signature] Name: Dr SAMIR INAYATH

Docu. No. : RCH / ~~ERM~~ / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: adequal	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 111	B.P / CRT: <3s	SpO_2: 100	R.R: 22	Last Feed:

Pre-OP Diagnosis: seizure for evaluation Operation: MRI Brain Date : 17/7/26

Surgeon: .... Anaesthesiologist: .... Technician: ....

TIME	8.15	X
N_2O /AIR /O_2 LPM		
HALO /ISO /SEVO		
Drugs:		
Inj MIDAZ	0.5	
Inj PROPOFOL	20	+5 +5 +2.5 +2.5
Inj GLYCO	.1mg	
FIO_2 / SaO_2	100	
$ETCO_2$		
ECG		
Temperature		
Urine Output		
Fluids		
Blood		

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values
ABG
GRBS
Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: ....
☐ Art Site: ....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 8.15am
OP Start: |
OP End: |
Leave OR: 8.45am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: (R) hand 22G
☐ IV: ....
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA O_2 via mask / Capnography
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : Dr Sitaram
Signature of the Doctor: [signature]

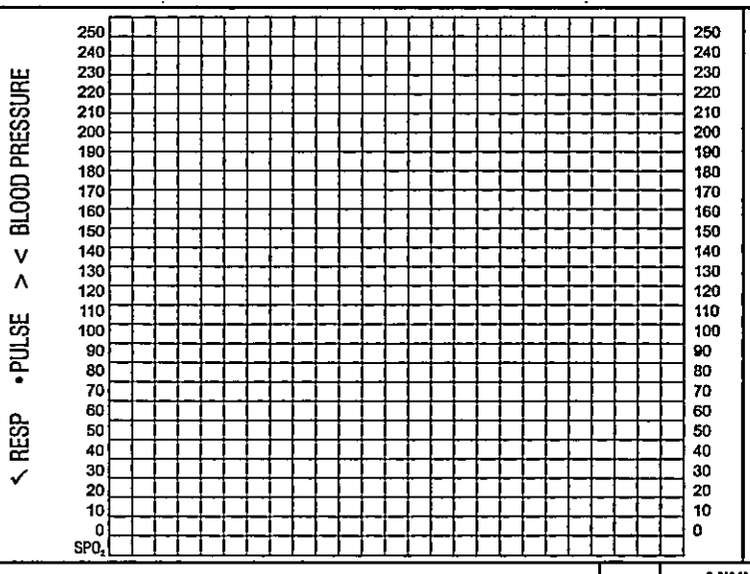
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....