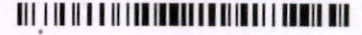


ADMISSION SHEET

Registration Details :



Admission No : IP5-00173738 **Admit Date** : 12-May-2026 **Admit Time** : 05:51 PM **UHID** : BAH-00281535

Patient Details :

Patient Name : Master MANAN DUBEY	Age : 11 Y 0 M 10 D
Guardian : Dr. AMIT SWAROOP DUBEY	DOB : 02-05-2015
Gender : Male	Religion :
Occupation :	Martial Status : Single
Address (H) : HNO 7-1-25/C/1/B,, DUBEY NIVAS , BALKAMPET,, Old Begumpet Hyderabad Telangana INDIA 500016	Phone No : 9985031111 / 9885088783
	E-mail : DRRENUSHUKLA@HOTMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 330 **Ward Name** : 3F-ZONE C
Room No : DLX 330 **Admission Type** : First Visit

Contact Details :

Name : Dr. AMIT SWAROOP DUBEY	Relationship : Father
Contact Address : HNO 7-1-25/C/1/B,, DUBEY NIVAS , BALKAMPET,, Old Begumpet Hyderabad Telangana INDIA 500016	Phone No : 9985031111 / 9885088783

[Handwritten Signature]
Signature

Doctor Details :

Doctor Name : Dr. ABHISHEK RAVINDRA JAIN	Specialisation : PEDIATRIC NEUROLOGY
Referral Doctor : SELF	Phone No :
Co-Consultant :	

Payment Details :

Payment Mode : Cash	Deposit Amount : 0.00
	Payor Name : CARE HEALTH INSURANCE LIMITED

ACTIVITY RECORD FOR BILLING


Name : _____

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

Date of Admission: _____ Ti _____ arge : _____ Time: _____

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

BAH-00281535
Master MANAN DUBEY IPS-00173738
02-05-2016 11 Y 0 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN




WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/18	6:45m	ER	330	Arneub

Cross Consultation Visit

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

BAH-00281535
 Master MANAN DUBEY IP5-00173738
 02-06-2016 11 Y 0 M 10 D (M)
 Dr. ABHISHEK RAVINDRA JAIN


DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Abhishek Date : 12/05/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

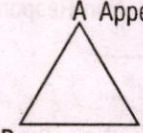
Start Time of Assessment: Weight: 29 kg

Allergic History:

Chief Complaints:
c/o alleged history of accidental
hit by cricket ball on 11/5/26
at around 10:30 AM
flb twitching over angle
of mouth for about 1-2 min
no LOC/Vomiting/ENT bleed

Pediatric Assessment Triangle

A Appearance - TICLS



B Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

C Circulation

Normal
 Abnormal

- Pallor
- Cyanosis
- Mottling
- Bleeding

Initial Physiological Status: Stable Unstable
 Any urgent interventions needed: Yes No
 If Yes

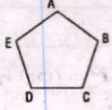
Life Threatening
 Non Life Threatening

Significant Past History:

Medication History:

Relevant Investigations: CT: s/o (K) Temporal Bone
mildly depressed fracture
with underlying thin FPH

Primary Assessment



Airway

Open
 Maintainable
 Not Maintainable

Breathing

Rate: 22/min SpO₂ on FiO₂ 98% @ RA
 Rhythm: regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAE (+)
 Palpation Findings (if necessary)

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 82/min

CFT Central < 3 sec
 Peripheral

Any urgent interventions needed: Yes No

If Yes

BP: 103/63 mmHg

Pulse Volume: Central < 2 sec
 Peripheral

Murmurs: Yes No

Liver Span:

If in Shock: Compensated
 Hypotensive

ECG:

Any Signs of Heart Failure: Yes No

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: AVPU: Hest

Any urgent interventions needed: Yes No

If Yes

Pupils: Responsive Non-Responsive
Size Right
 Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 98.10 F

Any urgent interventions needed: Yes No

If Yes

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- Final Physiological Status:**
- Respiratory Distress
 - Respiratory Failure
 - Respiratory Arrest
 - Shock - Compensated Hypotensive
 - Cardiopulmonary Arrest
 - Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

IV cannula

Treatment Planned:

- 1) Tab LACOTAB 100mg
1/2 - 1
- 2) MIPACIP Nasal spray (1-25mg)
501
- 3) sleep EEG 7/1m
- 4) NPO from 7/1m - 6am

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

Final Diagnosis with possible Differential Diagnosis (if necessary): Ⓡ Temporal Bone - mildly depressed fracture

with underlying thin EDH

Assessment done by
Name of the Doctor: Sayabhi

Sr. Doctor on Duty (if necessary)
Name of the Sr. Doctor:

Signature: SH

Signature:

Date & Time: 12/05/26


Date & Time:



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00281535 IP5-00173738
Master MANAN DUBEY
02-06-2016 11 Y 0 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Master Manan Age/Sex _____

Information given by: Father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Alleged history of Ball hit on (R) side
of head today at around
10:30 AM

History of present illness :

As per informant, child apparently well
then had - w/o accidental hit by cricket ball
on 11/5/26 at around 10am

H/o twitching over the left angle of
mouth for about 1-2 min with
preserved consciousness

no H/o loss of consciousness

no H/o Vomiting

no H/o EWJ bleed

CT Brain:- w/o (R) Temporal Bone
mildly depressed fracture
with underlying thin EDH

BAH-00281535 IP5-00173738

Master MANAN DUBEY

02-05-2015 11 Y 0 M 10 D (M)

Dr. ABHISHEK RAVINDRA JAIN



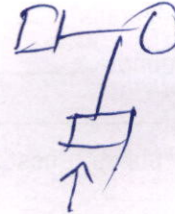
Pediatric

Physical Examination

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

Birth & Neonatal History:

② perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____ middle

Any additional Information : _____

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs) 29.2 kg (Centile _____)

On Examination :

Temperature : 98.1° F Pulse Rate : 82/min B.P. 103/63 SPO2 98.1 @ RA

Resp. rate and type of breathing : 22/min
regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BAE (+), clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1S2 heard

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : soft, non-tender

Auscultation : BSA

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alex/Active

Cranial Nerves : Intact
Mild R deviations of mouth

Motor System:

Nutriton : Good

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR (N) Superficials:
Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

(R) Temporal Bone - mildly depressed fracture
with underlying thin EDH



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

IV cannula

Planned Management

- 1) Tab LACOTAB 100mg
($\frac{1}{2}$ — 1)
(SO S 1 — 1)
- 2) MIDACIP Nasal spray
(1.25 ml)
2 puff in each nostril/eye
- 3) Sleep EEG - 1/m.
- 4) NPO - From 1/m '6 am'

Signature of the Doctor: JN

Name of the Doctor: Jayashri

Date & Time: 12/5/20 @ 5:30 PM

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

DR. ABHISHEK RAVINDRA JAIN
Registration No: 2751

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00281535 IP5-00173738
Master MANAN DUBEY
02-05-2016 11 Y 0 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN



RESULT SHEET

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

BAH-00281535
Master MANAN DUBEY IP5-00173738
02-05-2015 11 Y 0 M 10 D
Dr. ABHISHEK RAVINDRA JAIN (M)

ION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: ER Shifted to: ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayasri (J)

Date & Time: 12/5/26 @ 5:40 PM

Nurse Name & Signature: Annul

Date & Time: 12/5/26 @ 6:20 PM

BAH-00281535 IP5-00173738
 Master MANAN DUBEY
 02-05-2015 11 Y 0 M 10 D (M)
 Dr. ABHISHEK RAVINDRA JAIN



DRUG CHART

Date of Admission: 12/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : MIDACAP Nasal spray				Date Time																
Dose	Route	Frequency	Start Date																	
2puffs	Nasal	BD	12/5																	
Doctor's Signature		Valid Period	Pharm.																	
Jayanti		2day																		
Additional Instructions:																				
(1.25mg) sos for seizure activity																				

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

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 29.2 kg Ward.

DRUG : Tab LACOTAB 100ms				Date Time
Dose	Route	Frequency	Start Date	
	PO	BD	12/5	10 AM
Name & Signature of the Doctor Starting the Drugs: Sajani				
Additional Instructions: 1/2 tab - morning 1 tab - evening				
Daily Doctor's Endorsement by a Sign				

DRUG : Symp NEURIMON				Date Time
Dose	Route	Frequency	Start Date	
5ml	PO	BD	12/5	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

BAH-00281535
 Master MANAN DUBEY
 02-05-2015 11 Y 0 M 10 D (M)
 Dr. ABHISHEK RAVINDRA JAIN

PATIENT / FAMILY EDUCATION RECORD



Patient / Learner Literacy : Read Write Speak Willingness to Learn : Yes No Healthcare Literacy : Yes No

Identified Education Needs :

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
12/5	6:30 pm	10	Low Risk Education	mother	1	Oral	1	1	no	AD
13/5/26	9am	9	NORMAL bict	w/f	1	0	1	1	-	Saino

Part - III : CODES

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

BAH-00281535
 Master MANAN DUBEY IP5-00173738
 02-05-2015 11 Y 0 M 10 D (M)
 Dr. ABHISHEK RAVINDRA JAIN

MULTI-DISCIPLINARY PLAN OF CARE FORM



Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
12/5/26	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Born in 2 tumor	W- stable	IVF medicine	[Signature]	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
12/5/26	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Born in 2 injury	W- stable	IVF	[Signature]	<input type="checkbox"/> Medical <input type="checkbox"/> Others:
13/5/26 9 AM	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: bichitra	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Traumatic Brain injury	Normal bict	RPA E- 1700cc/d P- 29g/d	[Signature]	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Manan Age : 11y Gender: Male Female
 Date : 12/5/20 Time of Arrival : 5:20pm Triage Completion Time : 5:22pm
 Allergies: No Yes Food Medications Other (Specify): _____ Not known any drug Allergies
 Source of Information : Parents Others (Specify) _____
 Mode of Arrival : Ambulatory Wheelchair Stretcher Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
---	--	---

Initial Vital Signs: Temp: 98.1 PR: 82bpm BP: 103/63 RR: 22bpm SpO₂: 98%
 Chief Complaints: Ch. Accidentally hit by cricket ball 10:30 Am. Now admit for observation

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 _____

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks 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 B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- 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: _____
- Are your parents / close contacts at home 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 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 : Anub
 Date & Time : 12/5/20 5:22pm
 Docu. No. : RCHBH / FRM / CLINICAL / 085

Signature of Triage Nurse : [Signature]

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00281535 IP5-00173738
 Master MANAN DUBEY
 02-05-2015 11 Y 0 M 10 D (M)
 Dr. ABHISHEK RAVINDRA JAIN



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/5/26 Time of arrival : 5:22 pm

Chief Complaints : Accidentally hit by cricket ball 10:30 am News RBS : no
Admit Future

Height : no Weight : 29.25 kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other: no

If yes, identify no

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

Character no Location no Frequency no Duration no

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: no (Date/Time): no

Social History: Lives With Family

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

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

Time of Initial assessment completed by ER Nurse : 5:25 pm

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

Time	Nursing Notes
6pm	→ Dr. Sen tee pt and assist
	→ vitals are recorded.
	→ iv placement done
	→ sample
	→ swiffed to wound
	* morning inj Lacosomid loading dose given in ER.

Samples collected by: *AK Pray*
 Samples sent by: *AK*

Time: *5:19pm*
 Time: *NA*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>121/5</i> BP: <i>100/63</i> CFT: <i>22</i>	Shift - out from ER to: <i>330</i>
RR: <i>24/5</i> SPO ₂ : <i>98%</i>	Time of Shift - out: <i>6:40pm</i>
GCS: <i>15/15</i> Temperature: <i>98.1F</i>	Handover given to:
Pain Score: <i>0/0</i>	(Nurse's Name)
Repeat RBS (if applicable): <i>no</i>	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: *Anub* Signature of the Nurse: *[Signature]*

Date & Time: *12/5/20*

Patient Sticker

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Master MANAN DUBEY
02-05-2016 11 Y 0 M 10 D (M)
Dr. ABHISHEK RAVINDRA JAIN



Trising General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 6:40pm Mode of Arrival: wheelchair Admitting From: ER OPD Direct

Allergy / Adverse Reaction: NKA Body Weight: — Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NA</u>	<u>NA</u>	<u>NA</u>

Family History: NA

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

If Yes, please list: —

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

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

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

Observations: Weight: — Length: — Head Circumference (< 2 years): —

Temp.: 98.1°F HR: 68 RR: 22/min BP: 110/60

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

Fall Risk Assessment: Yes No Score: 18 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: Yes No If Yes, Pain Score: — Pain Tool Used: N Pass FLACC Wong Baker

Character of Pain: — Location: — Frequency: — Duration: —

FUNCTIONAL SCREENING:

No Abnormalities Detected

Mobility Problem

Walking Problem

Developmental Delay

Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

No Abnormalities Detected

Underweight

Overweight

Special Feeding Method

Feeding Problem

Special diet

No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:

No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

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

Social History: Lives With Family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No

Waste Disposal Explained: Yes No

Infusion Pump : Yes No

Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No

Information given to mother

Nurse Signature: Sud

Nurse Name: Susharditi

Date: 12/5/26

Time: @ 7pm

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 02-06-2016
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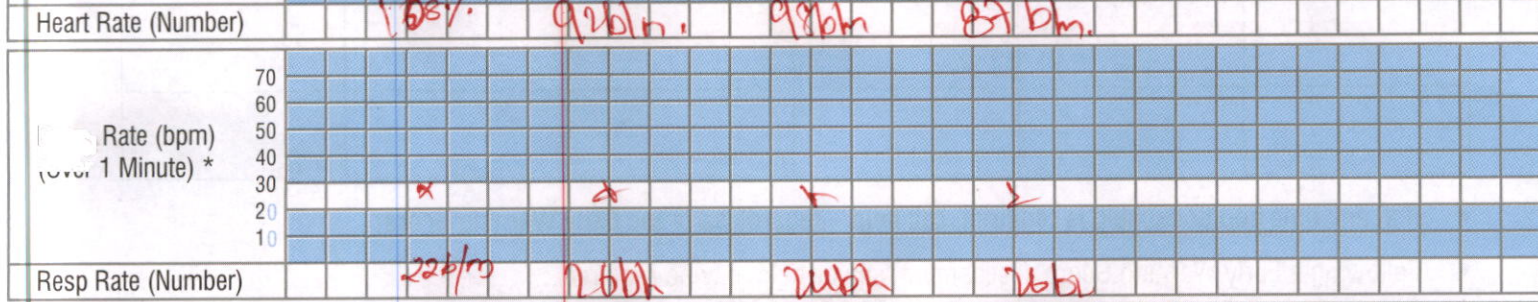
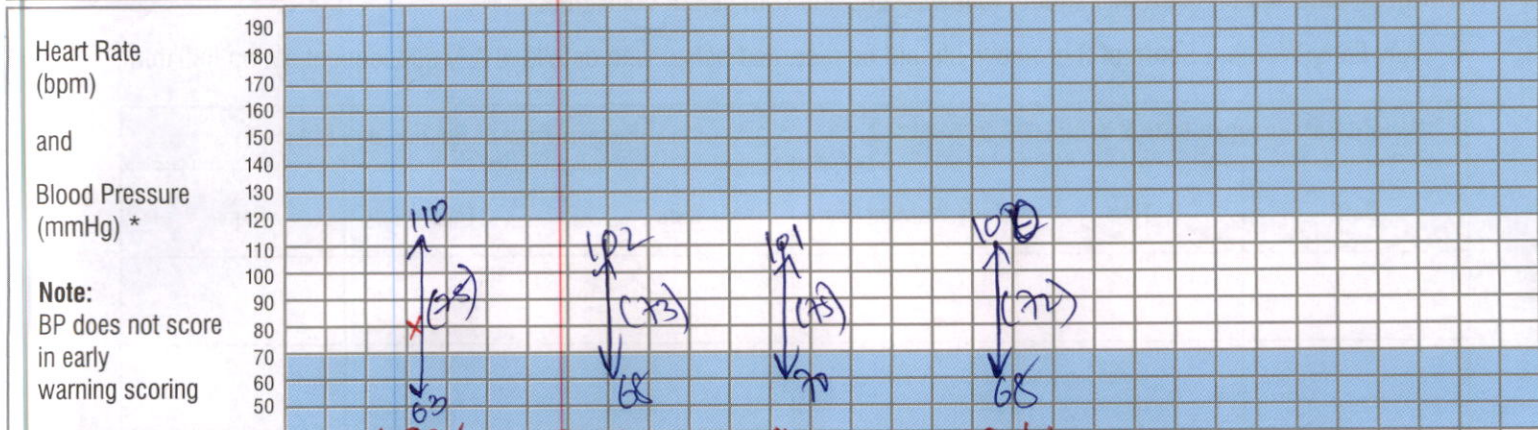
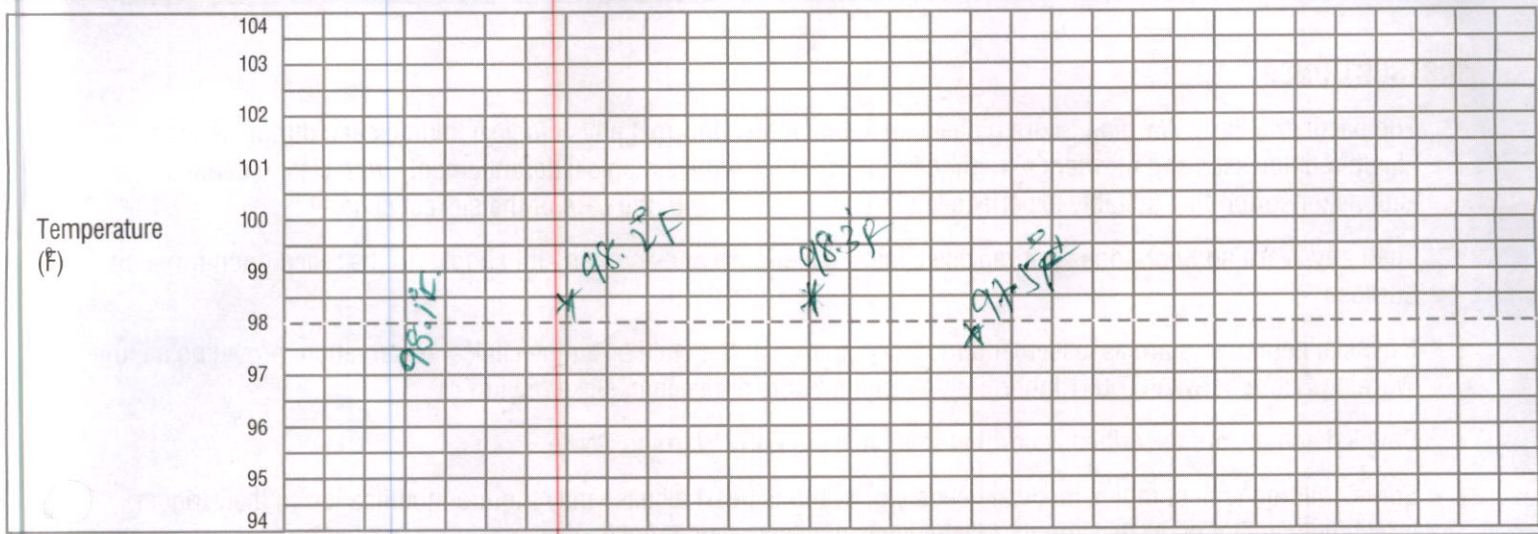
12/5/25
 RCHBH/FRM/CLINICAL/126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 7pm 10pm 2Am 6Am
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild
 Receiving O₂(l/min) O₂Saturations (%)
 Conscious Level Normal / Altered
 GCS *

Parameter	7pm	10pm	2Am	6Am
TOTAL SCORE				
Number of shaded boxes	0	1	1	1
Pain Score	0	1	1	1
Observer's Initials	A	S	Z	Z

ACTIONS
 NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

12/5/26

Sheet No. :


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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	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	water					NP			✓	0	0	
Total Intake :						Total Output :						0-1	m-0
	08:00 pm												
	09:00 pm	water								✓	0	0	
	10:00 pm										0	0	
	11:00 pm	water					NP				0	0	
	12:00 am										0	0	
	01:00 am										0	0	
Total Intake :						Total Output :						0-1	m-0
	02:00 am	water									0	0	
	03:00 am										0	0	
	04:00 am	water									0	0	
	05:00 am										0	0	
	06:00 am										0	0	
	07:00 am	bed								✓	0	0	
Total Intake :						Total Output :						0-1	m-0

Total 24 hrs. Intake *Take*

Total 24 hrs. Output *0-3 m-0*

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

332

manan 11y

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/5/26 Time: 9:30

Weight: 29.2kg Centile: 710th

Height: 95cm Centile: 710th

Inference: underweight child

RDA: — Calories: 1700kcal/d Protein: 29gm/d

Diet Recommendations: normal diet

Re-Assessment: Avoid Spicy, chilled & outside foods

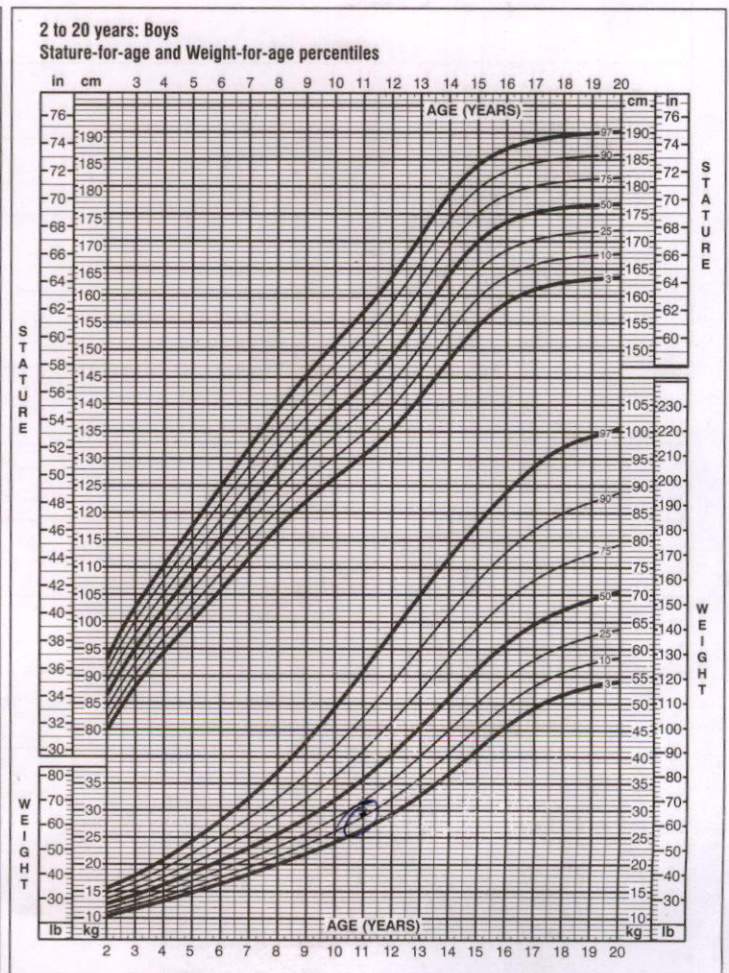
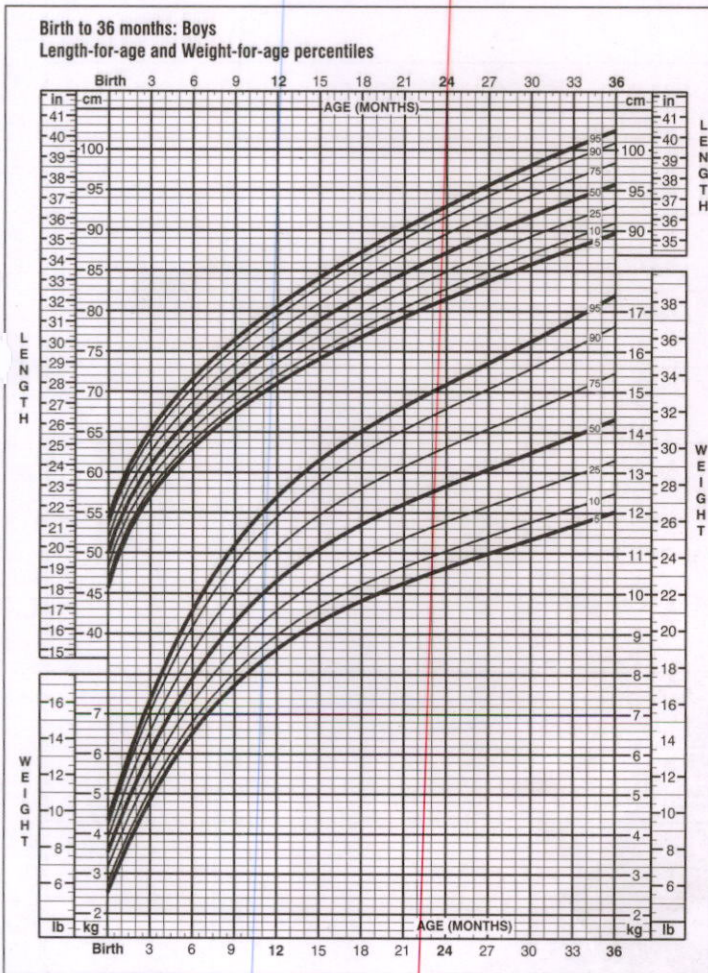
Food Allergies: NO Veg/Non-veg: NON-veg

Diagnosis: Traumatic Brain Injury with acute symptomatic

Nutritional Intervention: Oral Enteral Parenteral seizures with @ unfeeling belly

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

