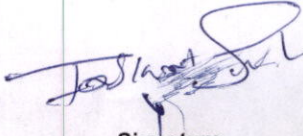


		Rainbow Children's Hospital - Banjara Hills 8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034. TEL NO :+91-40-4466 5555 WEB : https://rainbowhospitals.in																								
ADMISSION SHEET																										
 Registration Details : Admission No : IP5-00176237 Admit Date : 10-Jul-2026 Admit Time : 08:59 PM UHID : BAH-00563681																										
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		Payor Name	: SELFPAY																							

B4

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission : _____ Time : _____

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

Intant : _____ Dept : _____

of Discharge : _____ Time : _____

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/20	9.24	FR	PICU	Anus

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Satya prasad	11/07/20	9692836	Dr. Satya
2				
3				
4				
5				
6				
7				
8				
9				
10				

4

[illegible]

[illegible]

[illegible]



ADMISSION CRITERIA – PICU

Admission / Transfer from:

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

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

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

Signature of the Doctor: Name of the Doctor: *Dr. Sandeep Reddy* Date & Time: *10/7/26*

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE CRITERIA – PICU

Discharge to:

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

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

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

Signature of the Doctor:

Name of the Doctor :

Date & Time:



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 10/7/2024 Day of Admission : ② Today's Date & Time : 11/8/2024 0800am

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Buty Rebirth illness / Butyopenia / Non-obstructive AR</u>	Current Issues <u>① Butyopenia</u> <u>② Non-obstructive AR</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAFO. No added sounds</u>	
	CXR : SPO ₂ : <u>100% + RA</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : Nitric Oxide : ☒ Yes ☐ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : <u>pH 7.32 / HCO₃ - 16.9</u> EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : <u>N/A</u> Suctioning Needs : Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR - 94/min</u>	
	Quality of Pulses : <u>Good</u> Cap refill Time : <u>< 3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>100/60</u> IBP : <u>u</u> CVP : Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings : <u>Good function / IVC collapsed</u> Size of the heart and lung fields in latest CXR : Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : <u>Alert / Active</u> <u>HR - 15/15</u>	
	Pupils : <u>2+ 2+</u> Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☒ Yes ☐ No	
	Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

Allowed only

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : Feed Schedule :	
INFECTION	IV Fluids - Type of IVF : <u>ONLY</u> @ <u>30</u> ml / hr (..... times maintenance)	
	TPN : ☐ Yes ☐ No - If yes, details :	
	 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	 Cal/kg/d Nitrogen Trace elements & MVI	
NEPHROLOGY ISSUES	Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT :	
	Abd Exam :	
	Any organomegaly ? ☐ Yes ☐ No - If yes, describe :	
HEMATOLOGY	Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? ☐ Yes ☐ No - If yes, details :	
	Describe c/s Reports :	
CARE PROTOCOLS	Other Labs (Latex, Serology, etc) :	
	Ongoing Antibiotics : <u>ceftazidime</u> <u>doxycycline</u>	
	Sr. Creat : <u>2.7</u> Bld. Urea : <u>56</u> Other Relevant Labs :	
	P.D. ☒ Yes ☐ No - If yes, details :	
FINAL COMMENTS	Diuretics : ☒ Yes ☐ No - If yes, details :	
	Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter :	
	Relevant Radiology (USC, MCUG radioisotope scan etc) :	
	Plan of Care :	
CARE PROTOCOLS	Relevant Labs (CBP etc) : <u>8.0/2090/1.14 lach</u>	
	Any Coagulopathy :	
	Relevant Transfusion History :	
	Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA	
	CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA	
	CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA	
	Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA	
FINAL COMMENTS	If yes, then details :	
	Pending Lab Results : ☐ Yes ☐ No	
	If yes, then details : <u>COE/unnecessary</u>	
	Pending Consultations : ☐ Yes ☐ No	
FINAL COMMENTS	If yes, then details :	
	<u>Peripheric Breach</u>	
		
		

Doctor's Name (Handover given) : Dr. K

Signature : [Signature]

Date & Time : 11/7/2026 @ 8:00 AM

Doctor's Name (Handover taken) : Dr. K

Signature : [Signature]

Date & Time : 11/7/2026 @ 8:00 AM

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 10/7/26 Time: 10:10pm

Patient Assessment Form:

Informant: ☐ Father ☒ Mother ☐ Other

Presenting Complaints / Chief Complaints :

Fever since 6-7 days 4/7/26.

High grade 101° F

took OPD treatment.

last fever spike 2 days back.

History of cough 4 days.

poor oral intake for 3 to 4 days.

History of decreased urine output 1 day.

Admitted at Ankor max hospital 9/7/26 to 10/7/26. Referred to Rainbow hospital 9/10/26 thrombocytopenia and high creatinine.

Past History (Including previous treatment and investigations) :

History of seizures at 3 yrs of age.

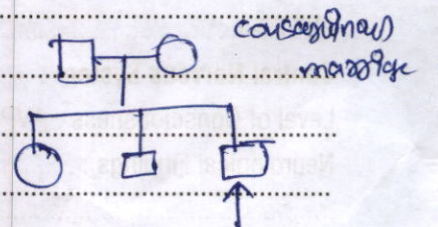
H/O Right upper limb weakness at 1 yr age.

MRI brain s/o left fronto-parietal lobe pathology.

History of ? seizures at 3 yrs of age on AED.

Birth and Developmental History :

Term | NVD | Birth wt 4 kg | No NICU admission.



Immunization History : Vaccinated - 19u age.

H / O Allergy :

Family History :

Global developmental delay

INITIAL ASSESSMENT

RBS : Temperature : Weight (kg) : 20 kg .

Respiratory System Findings:

Air Way: ☒ Open ☒ Maintainable ☐ Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate :

SPO₂ : 98% O by NC / FM / NRB mask / Oxyhood, at Room Air L / min

Ventilatory Support : Yes ☒ No - Day # of Vent : Respiratory Efforts : +

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : pH - 7.3 pO₂ - 32 pO₂ - 29 EtCO₂ - 0.8 P/F ratio - 16.9 O.I. :

Any Nebs : ICD? Yes ☐ No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 90 Cardiac Rhytho : sinus

(Heart sounds, murmur etc.):

Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : 104/57 (86) mm Hg IBP : CVP :

Infusion of any Inotropes? : Yes ☒ No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes ☐ No ☒ Place of art, line & its condition :

Central line in Situ : Yes ☐ No ☒ Place of central line & its condition :

Infection and Antibiotics :

Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes ☐ No ☒ - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics : Aug piperacillin-tazobactam

Abdominal Exam : soft

tab Brevibacterium 50 mg po / Bp

syp valproate 5ml po / Bp

ENT Exam :

Central Nervous System :

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

Neurological Findings : power 3/5 left 5/5

pupils 2mm 2mm reactive to light

Relevant data from outside (Neuro imaging any ongoing medications etc) :

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | | | |
|--|--|---|---|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☐ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Non-compliance to offered treatment Over weight ☐ Suspected Drug Abuse
- ☐ Emotional / Behavioural Problem (Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Patient cannot position himself in bed ☐ Change in Muscle Power
- ☐ Restricted ROM ☐ Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☐ Negative
- ☐ Living alone ☐ Suspected abuse or neglect
- ☐ Cultural or religious background that would need to know for the plan of care ☐ Unable to assess due to lack of family

e. Need for Interpretar Screening is ☐ Yes ☐ No If Yes then plan

6. Patient needs additional specialized assessments: ☐ Yes ☒ No

If yes, Please fill Individualized Initial Assessments Form for Special Populations

Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"

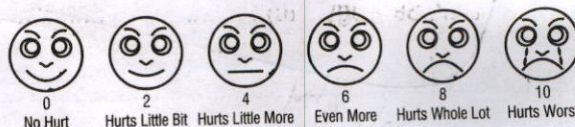
Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: ☐ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred ☒ vague ☐ burning / soreness

Frequency: ☐ constant ☒ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No



Nutritional Evaluation:

well nourished

Current Medications:

Provisional Diagnosis : Acute febrile illness with thrombocytopenia
ACT.

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

☐ Referred Patient - ☐ Self Referral - ☐ Rainbow Patient ..

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

Referring Consultant :

Admitting Consultant : As per Rota.

Indication for PICU referral : ACT. Thrombocytopenia.

PLAN OF CARE

Preventive aspects of the treatment : Renal failure.

Desired goals of the treatment : Hemodynamic stability.

PLANNED INVESTIGATIONS

Rp1, CRP
PT/APTT/INR

Keep sample for seque.

Blood culture.

Noted by
Sandeep

10/7/26
@ 10:20pm

PLANNED MANAGEMENT

IVF DNS 25ml/hr

100mg ceftriaxone

100mg doxycycline

100mg esomeprazole

500mg Brevetasolam.

Noted by

Atulam

10/7/26

@ 10:15pm

Final Diagnosis: Acute febrile illness with thrombocytopenia with ACT.

Doctor's Signature : My

Name : Dr. Nandeen

Date : 10/7/26

Time : 10/7/26 @ 10:30pm

Consultant's Signature :

Name : Dr. Karri Venkata Sandeep Reddy

Reg. No: TSMC/FMR/15713

Date : Dr. Sandeep Reddy

Time : 11/7/2026 @ 11pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026 10:30pm	C/S/B Pw Team	
	Plan	
	→ H/o fever x 7-8 days. Initially 101-102°F, 2-3 episodes per day Last fever spike 2 days back	RP PT/aPTT/INR CRP Blood c/s VBG.
	* H/o cough x 4 days. - H/o poor oral intake for 3-4 days. - H/o decreased urine output for 1 day.	Keep extra sample for Dengue NS, Igm.
	Admitted in Anterior max hospital on 9/7/2026 and 10/7/2026.	② - Pij. Ceftriaxone - Pij. Doxycycline - Pij. Esomeprazole Continue Brextoferon. Based on platelets Lacosamide vs Valproate
	Referred to RCH Bangalore p/w thrombocytopenia and High creatinine	③ Pocus to do
	O/E child is Alert/Active HR - 96/min SpO ₂ - 99% Room air RR - 22/min BP - 104/77 mmHg Chest - Bilateral clear	④ Counsel parents ⑤ Allow oral WF DLS ⑥ 20ml/h
	No added sounds	⑦ Start plowmontary

PROGRESS NOTES AND DOCTOR'S ORDER

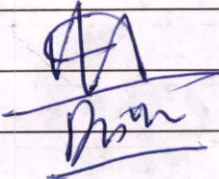
Date & Time	Progress Notes	Doctor's Order
	P/A - soft. No organomegaly CLS - SIS, @ m^o CLS: GCS - 15/15. Pup ls. B/L 2mm & equal Reacts to loud Right sided Hemiparesis. (R) Sided ponce 3/5 (+) unilateral contracture (-) <u>Past History:</u> 1/clo Right focal motor seizures & Secondary Generalisation / Left costal dysplasia. on Brexatecan & Valproate. EGTR-19.2	Dr. Vikas

BAH-00563681 IP5-00176237
 Master FATEH SINGH SANDHU
 17-10-2018 7 Y 8 M 24 D (M)
 Dr. SANDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2018 11:00pm	clinical details and labs discussed	Dr. Sandeep Plan 1) Send COE/urine/cb 2) Repeat CBP tomorrow morning 3) Catheterize the child 4) Strict I/O monitoring. 5) Watch for Dengue testing 6) change Calproton to Lacosamide 7) USG Abdomen T/M Dr. [Signature] Noted by Ains 11:15pm

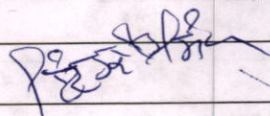
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order															
11/7/2026	<u>BP centile</u> <table border="1"> <thead> <tr> <th></th> <th>SBP</th> <th>DBP</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>96</td> <td>57</td> </tr> <tr> <td>90</td> <td>108</td> <td>70</td> </tr> <tr> <td>95</td> <td>112</td> <td>73</td> </tr> <tr> <td>99</td> <td>124</td> <td>85</td> </tr> </tbody> </table>		SBP	DBP	50	96	57	90	108	70	95	112	73	99	124	85	
	SBP	DBP															
50	96	57															
90	108	70															
95	112	73															
99	124	85															
																	
11/2/20	<u>Peripheral smear</u> mild shift to left occasional megaplatelets no schistocytes, no toxic granules.																

Dr Vikas.

Faktor 1328

[illegible]

Date & Time	Progress Notes	Doctor's Order
11/6/16 11:00am	counselly 100mno32	Dr Satya Prasad
	— Problem of Kidneys child is having is likely Genetic & congenital. They usually pass more urine due to that ^(protein) urine & creatine increased. They gradually increase with age chances that gradually child needs transplant In future the only treatment options are dialysis & Renal transplant. The already damaged kidney cannot be repaired. we may use medicine to prevent fall in Hb, Calcium that prevent rapid damage to kidneys. we need to send Genetic testing for confirmation. still child needs routine abd follow ups every 3 monthly. Keep child to drink more water to compensate tubular losses of water. USG showed small kidneys.	
	Gift taken by	Father's Sign:
	Dr. VANSHI	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 12:40pm	ck/b Dr. Sandeep	
	Δ Bicryptopenia - Evaluation ? Acute or Chronic AKI Issues: 1) AKI 3) polyuria 2) Bicryptopenia, B	Plan: 1) Continue IV antibiotics 2) Shift out 3) send PTH, Vitamin D₃ 4) CBP T/m
	O/E On room at Hemodynamically stable Ocs - 15/15. on going: 1) Inj. cefmaxone 2) Inj. Doxy	
	Vital PR - 104 bpm RR - 20 bpm SpO₂ - 95% on R/A	N.B Anal: 11/7/26 @ 12:40 pm.
	Shifting Notes	
11/07/26 1pm	- Bicryptopenia (? Infective etiology) - with unduly tubular CKD	Plan: 1) Shifts to ward 2) Inform ↑ Hypertension ↑ New onset fecal soles ↑ Altered sensorium ↑ Seizures 3) Continue Inj. cefmaxone Emj. Doxy 4) Trace PTH, Vitamin D₃

Bed 2

Date & Time	Progress Notes	Doctor's Order
11/7/26	<u>Counselling Notes</u>	Dr. Sandeep
	→ Child has 2 Issues :- Leucopenia, Thrombocytopenia compared to outside lab - mild Improvement ⊕ → Usually due to - Infections (90%), will repeat Blood tests again tomorrow → If further drop - further investigation to rule out infection will be done. → Kidney tests - urea, Creatinine were very high, USG was done - that showing structural abnormalities & cysts are present, that could be chronic. → child had polyuria, Polydipsia. - Tubulopathy was explained causing these symptoms. → Nephrology opinion was taken regarding this → Today will shift to ward by today, medications were started & will continue. → If platelets were Improving then child will be discharged	
		 (Father)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/26 5:30pm	S/B Resident	
	Δ: Bicupenia ↓ evaluation CKD ? nephropathy	Plan 1) On IVF - 30ml/hr - stop. 2) On Ceftriaxone IV (D ₁)
	no fever spikes child on room air Hemodynamically stable	Doxycycline (D ₁) 3) Inj Lacornamide 4) w/ft Hypertension Fever spikes, altered consciousness
	Resp - BAE ⊕ PIA - robt CNS - S/S head. Vital - stable	5) CBP - T/m 6am 6) Trace Vit D ₃ PTH 7) Inform SOS
		Dr. Jayash
		<i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/20 8:30 AM	C/S/B Resident Δ:- Bicytopenia - & evaluation (? d/t AFJ) CKD - ? nephronophticis no fever spikes. child on Room air. Oral Intake - Good. Resp } PIA } (D) CVS } U/O - good. Vitals - stable	Plan 1) On IV ceftriaxone (D2) IV Doxycycline (D2) 2) Trace Vit D3 Palathalmone 3) On Tab Briv, Inj Lacosamide 4) Monitor Vitals Inform SOS. Dr. Jayash
12/7/26 12:30 PM	Seen By Dr. Sandeep AFF ? VIT D3 Δ:- Bicytopenia CKD : nephronophticis child on Room air Oral Intake - good no fever spikes <u>TWBC</u>	Plan 1) H con request. 2) CBP after 1 week. RFI F/u c Dr. Rajesh. (Oral Lacosamide) Oral cefixime oral doxycycline. Jagad





CROSS CONSULTATION FORM

Doctor Name: Dr. Satya Prasad Date: 11/07/26 Time: 11 AM

Diagnosis:

Hospital: Ren, Barua Hills Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

For Acute Kidney Injury

K. B. Munech
Signature:

Findings and Recommendations :

AKI - CKD.

- Normal kidney size

- For CKD.

- Blatant cyto

3 Nephronophthisis

? PKD.

Adv

① PTH, Vitamin D3.

② Start Calcein - plus
5ml Bp

③ Based on PTH, start
Rocaltrol

④ Dr. Erythropoietin / Darpoetin
2000 units 20mcg

⑤ send for WBS / Nephrology
PKD

Consultant :

Name: Dr. Satya Prasad Signature: [Signature] Date & Time: 11/7/26

11 AM

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY



Bcd(4)

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Children's
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RESULT SHEET

Date	10/7/26	11/7/26	12/7/26			
Time	10:30pm	6Am	6Am			
Hb	8.5	8.0	9.0 ↑			
PCV	25.1	24.0	26.9			
RBC	3.20	3.02	3.38			
WBC	2570	2090 ↓	2620 ↑			
N/L	34/57	38/52	24.8/67.2			
Platelets	103000	114000 ↑	153000 ↑			
CRP	5					
ESR						
PCT						
RBS						
Na	138	142				
K	3.1	3.9				
Cl	109	114				
Ca/Mg	8.3 /	1				
Phosphate	4.3					
Urea	56					
Creatinine	2.7					
ALP	331					
SGPT	48					
SGOT	86					
T.Bill/Conj	0.3/0.2					
T.Protein	6.8					
S.Albumin	4.1					
S.Globulin	2.7					
A/G Ratio	2.7					
Uric Acid	5.2					
S.Amylase	148					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	127					
PT/INR	14/1.0					
APTT	36					
CSF Protein / Sugar						
Cells						
N/L						

Date	11/07
Time	1 AM
CUE - Alb	1 +
CUE - Sugar	Nil
CUE - Ketones	Nil
CUE - PUS Cells	2-3
CUE - RBC Cells	3-4
CUE Blood - Hemolyzed ⊕ Casts, Crystals ⊖	
Stool Pus Cell	
OVA / Cyst	
Occult Blood	

Culture and Sensitivities :

Radiology : USG :

X-Ray :

ECHO :

CT:

MRI

Others (ECG, Contrast Studies etc.) :

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 17-10-2018 7 Y 8 M 23 D
 Dr. SANDEEP REDDY

Outside

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RESULT SHEET

Date	9/7/26	9/7/26			
Time					
Hb	7.4	9.0			
PCV	23	26.1			
RBC		3.51			
WBC	2800	2700			
N/L	52/46	76/17			
Platelets	99,000	109000			
CRP					
ESR					
PCT					
RBS					
Na		135			
K		2.7			
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine		2.38			
ALP		342			
SGPT	30	42			
SGOT		101			
T.Bill/Conj		0.84/0.2			
T.Protein		6.08			
S.Albumin		4.2			
S.Globulin		1.86			
A/G Ratio		2.27			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY

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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: EL

Shifted to: ICU

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: Santini

Date & Time: 10/7/20 9:55 pm

Nurse Name & Signature: Annus

Date & Time: 10/7/20 9:50 pm



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: PICU

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	INJ. CEFTRIAZONE	1gm	IV	BD		☒ C ☐ DC
2	INJ. DOXYCYCLINE	40mg	IV	BD		☒ C ☐ DC
3	INJ. ESOMEPRAZOLE	20mg	IV	OD		☒ C ☐ DC
4	TAB. BRIVARACETAM	50mg	PO	BD		☒ C ☐ DC
5	INJ. LACOSAMIDE	40mg	IV	BD		☒ C ☐ DC
6	Syp. CALCIMAX PLUS	5ml	PO	BD		☒ 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. Karthee Anubala

Date & Time: 11/07/2026 12:45 pm

Nurse Name & Signature: Anjali

11/7/26 @ 2:45 pm



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Ward

Patient Sticker

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																				

VERIFIED BY : Name Signature

IP5-00176237
 Master FATEH SINGH SANDHU
 17-10-2018 7 Y 8 M 23 D
 Dr. SANDEEP REDDY (M)



DRUG CHART

Date of Admission: 10/7/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line **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 :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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

VERIFIED BY : Name

Weight. 20kg, Ward. pub

Page: 2/4

Weight. 20kg Ward. p u o

Dr. SANDEEP REDDY		Date Time		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose	
		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.		

[illegible]

VERIFIED BY: [Signature]

1.30f

Weight. 20kg Ward. puo

[illegible]

Signature _____

VERIFIED BY : Name

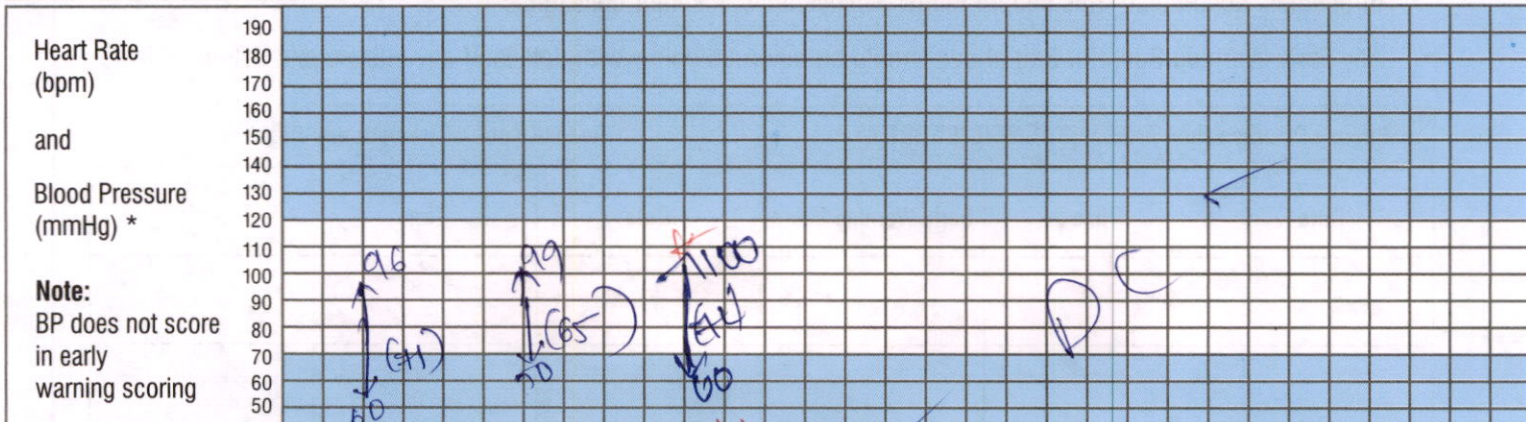
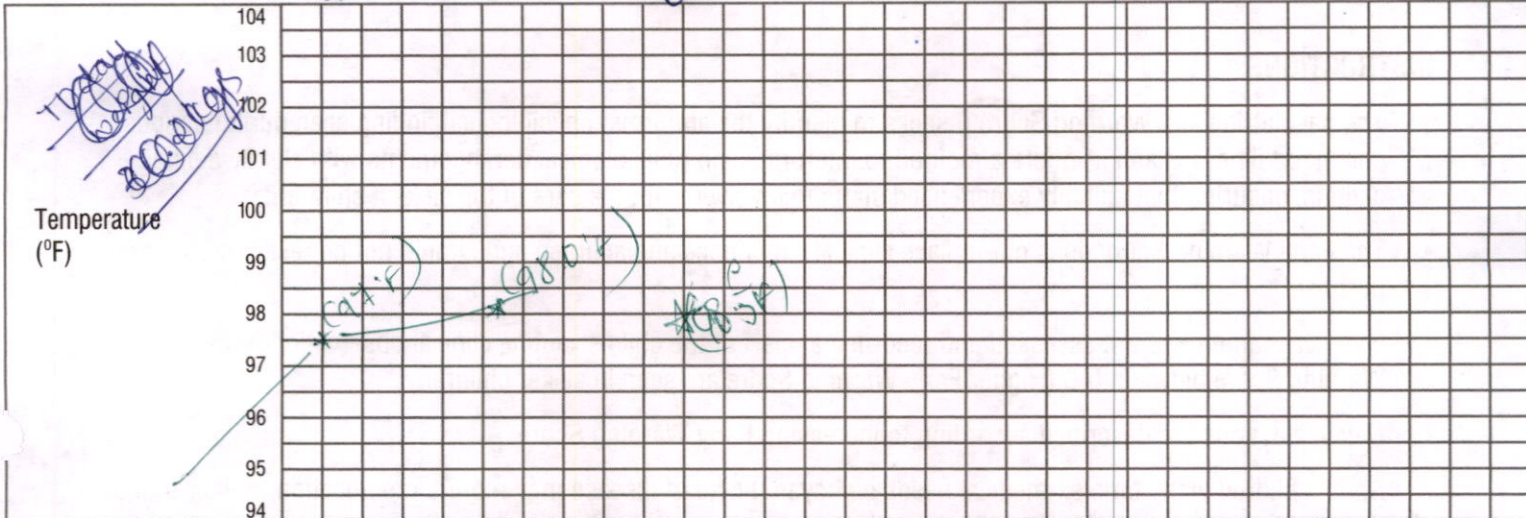


SCHOOL AGE (5-12 years)

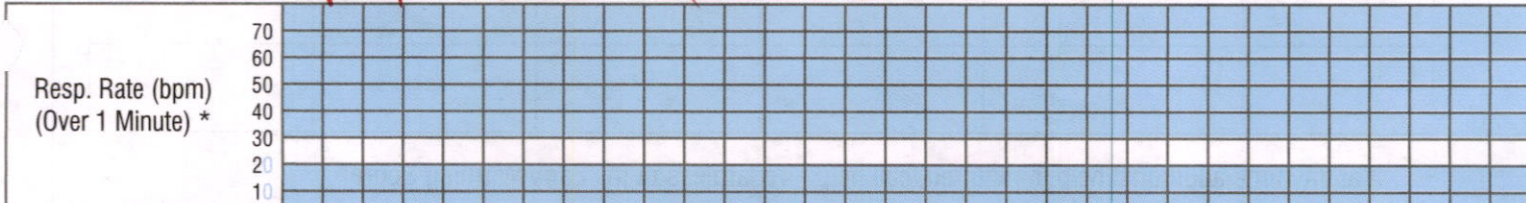
Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/10/2018 Time: 2:00 am 6:00 am 10:00 am
Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE
Number of shaded boxes
Pain Score
Observer's Initials

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

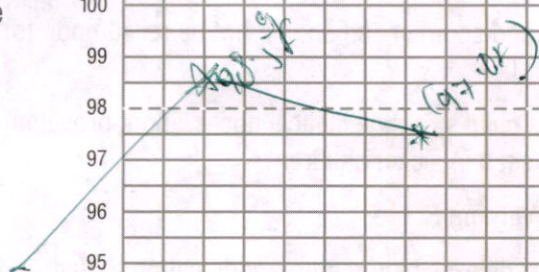
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/10/18 Time: 4 PM

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



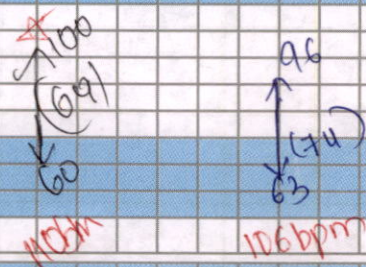
Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



Heart Rate (Number)

Resp. Rate (bpm)
(over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

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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)



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						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 :							
11/10/18	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
12/10	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
12/10	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							



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	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
12/07/16	08:00 am										0	PL
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
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												

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/12/20

Assessment: Dull Activity

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
10pm	→ To Assess the Baby condition	10pm	→ Assessed Baby condition	All plans are implemented
11pm	→ To monitor vitals of baby	11pm	→ Monitored vitals	
12Am	→ Plan to send Rpi and Blood cultures	12Am	→ Sented Rpi and blood cultures	
4Am	→ plan to send CRP	5Am	→ Sented CRP	
6Am	→ Administer medicine as per plan	7Am	→ Administered medicine as per plan	

Re-Assessment: Re-Assessment Done

Special Notes:

Nurse Signature: Anu

Nurse Name: Anu C. Aby

Date & Time: 10/12/20 8A

BAH-00563681
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 24 D (M)
Dr. SANDEEP REDDY

NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 11/7/26

Assessment:

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

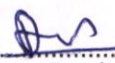
Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the baby condition	8:10 AM	Assessed the baby condition.	All plans are implemented.
10 AM	monitor vital signs	10:10 AM	monitored vital signs	
11 AM	maintain I/O chart	11 AM	maintained I/O chart	
12 PM	Plan to send lab	12:10 PM	lab sendd.	
2 PM	Administer medication as per drug chart	2:10 PM	Administer medication as per drug chart	

Re-Assessment:

Re-assessment done

Special Notes:

NA.

Nurse Signature: 

Nurse Name: Anjali

Date & Time: 11/7/26 @ 2:30 PM



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/07/16

Assessment: pt having some activity

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
3pm	*Assess The pt General condition	3:30 pm	*Assessed The pt General condition	pt is stable
4pm	*check the pt all vitals	4:30 pm	*checked the pt all vitals	
5pm	*maintain I/O chart	5:30 pm	*maintained I/O chart	
6pm	*provide comfortable position	6:30 pm	*provided comfortable position	
7pm	*administer all medication given by per doctor order	8pm	*administered all medication given by per doctor order	

Re-Assessment:

Special Notes: tomorrow CBP

Nurse Signature: +

Nurse Name: shanthi

Date & Time: 11/07/16 8pm

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Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 24 D (M)
Dr. SANDEEP REDDY



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/12/20

Assessment: Baby having pain & discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the baby general condition	8pm	Assessed the baby general condition	By doing the all procedure's the baby condition is improved slowly
10pm	provide comfort position	10pm	provided comfort position	
12am	monitor the vitals & Recorded it	12am	monitored the vitals & Recorded it	
2am	administer the all drugs as per doctor order's	2am	administered the all drugs as per doctor order's	
4am	Ensure the safety	4am	Ensured the safety side rails	
6am		6am		
8am		8am		

Re-Assessment:

Done by doing & giving sedatives medications

Special Notes:

C.B.p T/m 6am

Nurse Signature:

[Signature]

Nurse Name:

Shailaja (60567)

Date & Time:

12/12/20 8am

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 24 D (M)
Dr. SANDEEP REDDY



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 12/07/16

Assessment: pt having some activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the pt General condition	8:30 am	* Assessed The pt General condition	pt is well
9am	* check the pt all vitals	9:30 am	* checked the pt all vitals	
10am	* maintain I/O chart	10:30 am	* maintained I/O chart	
11am	* provide comfortable position	12pm	* provided comfortable position	
1pm	* administer all medication given as per doctor order	2pm	* administered all medication given as per doctor order	

Re-Assessment:

Special Notes:

Nurse Signature: _____

Nurse Name: Shanthi

Date & Time: 12/07/16 02pm

Patient Sticker

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

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:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sandeep Reddy Department: PCU Date of Admission: 10/11/16

SITUATION		Diagnosis: <u>hypernatremia</u>				Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: _____		
BACKGROUND	Area	TR 9:00	1st floor 20m to 8pm	1st floor 8 to 8 pm	1st floor 8am to 2pm			
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>no</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.4</u>	<u>98.2</u>	<u>98.0</u>	<u>98.2</u>		
		Res:	<u>24</u>	<u>28</u>	<u>26</u>	<u>28</u>		
		SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>		
		Pulse:	<u>98</u>	<u>110</u>	<u>110</u>	<u>110</u>		
		BP:	<u>101/50</u>	<u>100/60</u>	<u>109/70</u>	<u>100/60</u>		
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>			
	Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>			
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>no</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Annu</u>	<u>Shanthi</u>	<u>Shailaja</u>	<u>Shanthi</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>10/11/16</u>	<u>10/11/16</u>	<u>10/11/16</u>	<u>10/11/16</u>			
Time:		<u>9:08</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>			
Taken Over By Name :		<u>Annu</u>	<u>Shailaja</u>	<u>Shanthi</u>	<u>Shanthi</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>10/11/16</u>	<u>11/2</u>	<u>10/11/16</u>	<u>10/11/16</u>			
Time:		<u>10:10pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>			

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:						
	Temp:						
	Res:						
	SpO ₂ :						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature :						
	Date:						
	Time:						

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17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY



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THE HUMPTY DUMPTY SCALE

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

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

Bed in low position	yes	✓	yes		
Call device within reach	yes	✓	yes		
Wheels Locked	yes	✓	yes		
Room free of clutter	yes	✓	yes		
Adequate Lighting	yes	✓	yes		
Wheel Chair Support	no	no	no		
Other Intervention(s) Specify	no	no	no		
Nurse's Name :	Aul	Aiven	Shary		
Signature :	[Signature]	[Signature]	[Signature]		
Date :	10/11/17	12/11			
Time :	9:12 AM	6 AM			



BRADEN 'Q' SCALE

					Date :	10/11	11/11	12/12	
					Time :	9:45	6:45	6:45	
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 e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	3	3		
"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.	2	2	2		
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.	3	3	3		
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		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	3		
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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.	4	4	4		
TOTAL SCORE					21	22	22		
Evaluator's Name					ay	Amer	Blaf		

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Hiven
11/7/26	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Hiven
11/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Anjali P
11/7/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	sh
11/07	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shahid
12/07	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shahid
12/07	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	sh
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

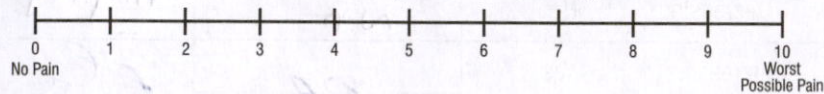
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

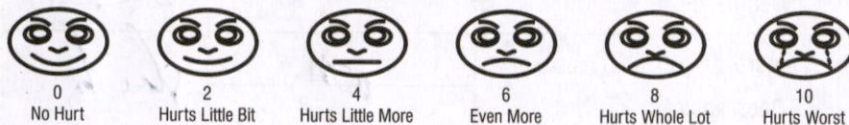
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 11/7/20			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	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	1	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-			
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						Aiven	Anja	Sleep					

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

Signature of Shift In Charge :

Signature : [Signature] Name : [Signature]

Signature of Ward In Charge :

Signature : Neeerata Name : Neeerata

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17-10-2018 7 Y 8 M 24 D (M)
Dr. SANDEEP REDDY

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: as per doctor order

2. Destination Post Discharge: ☒ Home
Family Members Notified (Person Contacted)

☐ Transfer
Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

} Explain to mother

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: hand hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: charith

Nurse Name: charith

Date and Time: 11/10/2018 4:30pm



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 11/11/26

Date of Removal:

Parameters	Date	Shift Time	10/11/26 Night	11/11/26 Day					
Need for the Catheter	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Aivan	anjali							
Signature of the Nurse									



INTL. DISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part -

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/10	9:10 AM	10	Free Risk Education	moth	1	One	1	1	no	Amud
11/10/20	3pm	9	Normal diet = low salt	M	1	0	1	1		Arkhita

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:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	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 Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
12/2/20	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Feunt 1 day Careg. Due Surgery	A - Steerle	IVF Antibiotic	Auff	☐ Medical ☒ Others:
11/2/20 3pm	☐ Medical ☐ Nursing ☒ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Polycythemia & evaluation	Normal diet ~ low salt	RDA E - 1500 kcal/d P - 26g/d	Willa	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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DED SIDE CHECK LIST FOR NURSES

Date:	11/7/26								
Doctor's Orders	Followed								
Carried out or not	Carried								
Bed Side									
Structured Handover done	Done								
IV Site	Yes								
Central Lines	No								
Arterial Lines	No								
Feeding Catheter	No								
Urinary Catheter	No								
Skin Care	Yes								
Eye Care	Yes								
Mouth Care	Yes								
Sterillum Bottle, Stethoscope	Yes								
Suction Bottle (Should be clean & empty)	Empty								
Intubation Tray	Ready								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded								
Ventilator Tubing, (Any Water, Blood)	No								
Humidification	No								
Check all Infusion (Labelling, Correct Preparation)	Yes								
Chest Physio & Neb	No								
Handed Over By Name :	Aman								

Checked & Handover given by

Name of the Nurse : Aman C. Abj

Signature : Aman

Date & Time : 11/7/26 8:00 am

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : Anjali

Signature : Anjali

Date & Time : 11/7/26 @ 8:00 am



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Aspee Patel is PEW - Date : 10/1/20

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

Start Time of Assessment: 8:35 PM Weight: 4.6 kg

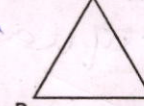
Allergic History: _____

Chief Complaints: _____

Biphasic fever x 4 days.
- Penicillin
penicillin
- w/o seizure
disorder
local epilepsy.

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

- Life Threatening ☐
Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Significant Past History: - w/o focal epilepsy - seizure onset

Medication History: 1.5 years of age

Relevant Investigations: Tlc → 2400 SpO2 → 98%
At → 1,09,000 Q-creat → 2.38
Q-Feetm → 454

Primary Assessment

Airway



- ☒ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Breathing



Rate: 12/min SpO₂ on FiO₂ 98%

Rhythm: NO

- Retractions: ☐ Suprasternal ☐ ICR ☐ SCR
☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: Equal & Active

Palpation Findings (if necessary) _____

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Circulation  HR: 92 bpm CFT ☐ Central ☒ Peripheral 138

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: 124/40 mmHg

Pulse Volume: ☐ Central ☒ Peripheral 50

Murmurs: ☐ Yes ☒ No

Liver Span:

ECG:

If in Shock: ☐ Compensated ☐ Hypotensive

Any Signs of Heart Failure: ☐ Yes ☒ No

Muffled Heart Sound: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☒ No

Disability  GCS: 15/15 AVPU:

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Pupils: ☐ Responsive ☒ Non-Responsive

Size: ☐ Right ☒ Left Equal

Active Seizures: ☐ Yes ☒ No Sugars:

Signs of Neurological compromise: none

Exposure  Temp.: 37.5

Any Rash: ☐ Yes ☒ No

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

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: (R) Hemiparesis

Labs Planned:

- BP
- CP
- electrolytes
- lactate
- Dengue profile
- Bloods

Treatment Planned:

- oxygen
- IV fluids

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

Final Diagnosis with possible Differential Diagnosis (If necessary):

Assessment done by

Name of the Doctor:

Signature:

Date & Time: 10/7/26

High Flow ☐ PPV ☐

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:

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ROOM TRIAGE FORM

Patient's Name : Fateh Singh Age : 7yr Gender : ☒ Male ☐ Female
Date : 8:30pm 10/7/26 Time of Arrival : 48:28pm Triage Completion Time : 8:30pm
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		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	☒ Stable	
☒ Normal	☒ Normal	☐ Unstable :	
☐ Sick Looking	☐ Increased	☐ Not - Life - Threatening	
Circulation / Colour	☐ Decreased	☐ Life -Threatening	
☒ Normal	☐ Gasping / Apnea		
☐ Abnormal			
☐ Bleeding			

Initial Vital Signs: Temp: 97.5° PR: 103bpm BP: 103/70 RR: 24bpm SpO₂: 100% PA
Chief Complaints: fever + 7 days, ↓ poor oral intake, ↓ activity

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

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 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 : Annex

Signature of Triage Nurse : (Signature)

Date & Time : 10/7/26 8:30pm

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

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

Time	Nursing Notes
9 ^{am}	→ Dr. Seen and assist → vitals are recorded. → IV placement done. → Sample collected. → Shifted to PICU

Samples collected by: Nr Annus

Time: 9^{am}

Samples sent by: Nr

Time: Nr

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 104 BP: 101/56 CFT: 2u
RR: 22b SPO₂: 98%
GCS: 15/15 Temperature: 98.1
Pain Score: 0/10
Repeat RBS (if applicable): AK

Details of Shift - out

Shift - out from ER to: PICU
Time of Shift - out:
Handover given to:
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV placement

Name of the Nurse: Annus

Signature of the Nurse: [Signature]

Date & Time: 10/2/2020 9:50am



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/7/26 Time: 8pm

Weight: 20.6kg Centile: 25th

Height: 117cm Centile: 25th

Inference: underweight child

RDA: - Calories: 1500 kcal/d Protein: 26g/d

Diet Recommendations: Normal diet & low salt

Re-Assessment: Avoid spicy, chilled, outside foods

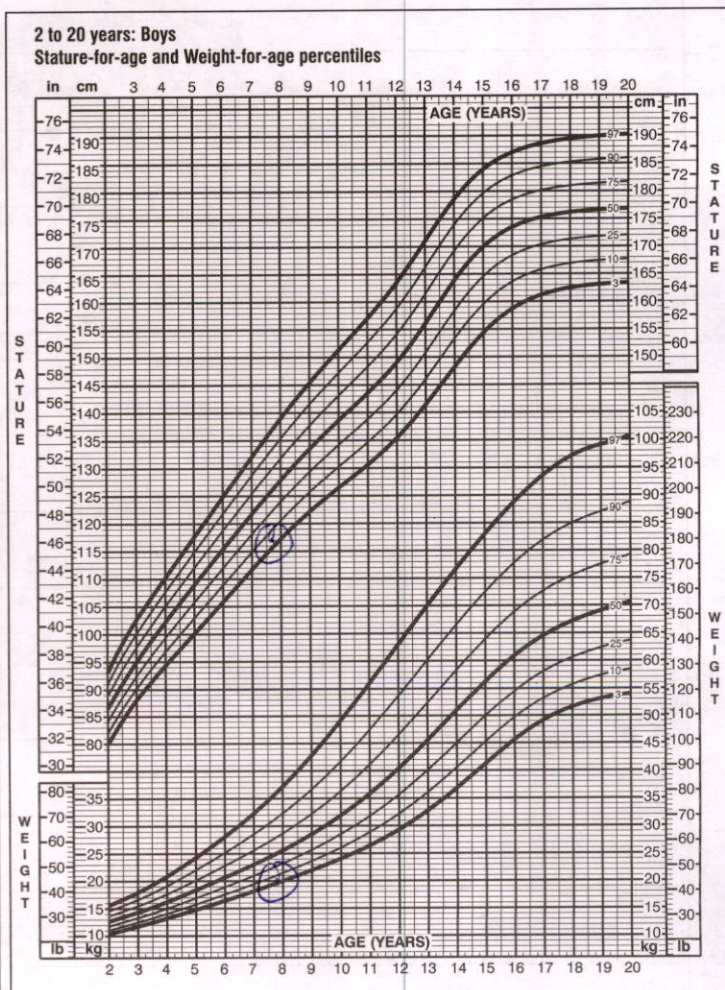
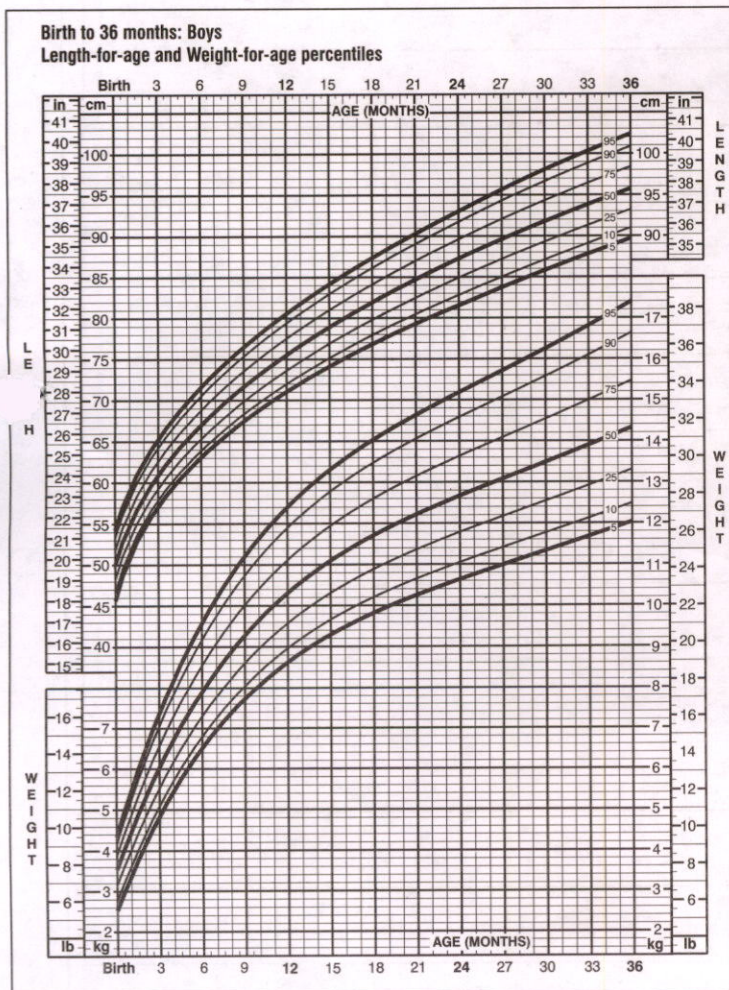
Food Allergies: No Veg/Non-veg: Veg

Diagnosis: B12 deficiency & evaluation, Acute on chronic AKI

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

Daily Notes:

12/19/26
10 AM

Child is stable Oral Intake is Good

Continue to Normal low Salt diet.

- AKH

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UN

BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY

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Name: FATEH SINGH SANDHU Age: 7y/m Gender: Male ☒ Female ☐

UHID.No: SG3681 Date: 10/12/18

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Acute febrile illness with thrombocytopenia
A/C

The doctors have clearly explained to me that my patient Master / Baby during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Fatch Singh
Sandhu in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Dalsit Kaur

Name: Dalsit Kaur

Relationship with Patient: Mother

Date & Time: 10/12/18 10:10pm

Witness :

Signature: Aiven

Name: Aiven

Date & Time: 10/12/18 10:10pm

Doctor (who is taking the consent) :

Signature: Dr. Mathew

Name: Dr. Mathew

Date & Time: 10/12/18 10:10pm

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

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

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

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పా.బి.డి
నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క బికిత్త మేరకు రెయిన్ఫోర్స్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటర్నీవ్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

.....
.....
.....

రెయిన్ బో బిల్డిన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నీవ్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటర్నీవ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు నీర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫెక్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు అల్ట్రా లైన్ ఫీస్ మెంట్స్, చాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్షన్ మొదలైనవి.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

DOCU.No.: RCHBH/FRM/CLINICAL/013

సాక్షి
సంతకము
పేరు
తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES



BAH-00563681 IP5-00176237
Master FATEH SINGH SANDHU
17-10-2018 7 Y 8 M 23 D (M)
Dr. SANDEEP REDDY



Patient Name : Gender: ☒ Male ☐ Female

UHID No : Date : 11/7/2018

I S/D/W/O

Here by give consent for procedure of : Foley's catheterization

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

infection, urethral trauma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Hakim

Patient Attendant :
Signature :

Name : Disha Kaur

Relationship with Patient: Mother

Date & Time : 11/7/2018 12:00AM

Witness :

Signature : Aiven

Name : Aiven

Date & Time : 11/7/2018 12:00AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Notheen

Date & Time : 11/7/2018 12:20AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 10/11/20 @ 10:10pm
Source of Admission: ☐ OPD ☐ Ward ☒ Other: ER
Reason for Admission: Fever since 6-7 days.
Admission Diagnosis: Acute Febrile illness
Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name: _____
Primary Language: ☐ Telugu ☒ English ☒ Hindi ☐ Other Specify _____
Do you require an interpreter? ☐ Yes ☒ No
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____
If yes, identify _____

Source of Information: ☒ Family ☐ Patient ☐ Others, Specify _____			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	History of seizures and upper Limb weakness	no past Surgical History.	Ankur Max Hospital 9/11/20
	Family History: _____		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list, _____ Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: _____ Are the child's immunization up to date? ☒ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 21kg Length: _____ Head Circumference (< 2 years): _____ Temp.: 98.6F HR: 90 RR: 20 BP: 103/76 Pain Score: 01 Specify Site: Right Arm (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☒ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

Siblings in household ☒ Yes ☐ No (if yes How Many?) 2

Orientation has been given regarding the following aspects:

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

Orientation given to: ☐ Family ☐ Others specify

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: Avin. C. Aky

Nurse Signature: Avin

Date & Time: 10/11/26
2:20 pm

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

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

Discharge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis: Acute Febrile illness

Nurse Name: Avin

Nurse Signature: Avin

Date & Time: 10/11/26
2:25 pm

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 10/11/26		Diagnosis : AFI		Surgery / Procedures :	
	Allergies :				Post OP Day :	
	Date :	10/11/26	11/7/26			
	Area	PICU	PICU			
	Shift Time	NIGHT	DAY			
	Diet :	Orally	ORALLY			
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)		RA	RA		
	1.	cannula	CANNULA			
	2.	①	①			
	3.					
	4.					
ASSESSMENT	Infusions / Transfusions		DNS	DNS		
	PU Prophylaxis		NA	NA		
	DVT Prophylaxis		NA	NA		
	Vitals	BP	103/76	124/62		
		PR	89	87		
		RR	20	15		
		SpO ₂	100%	100%		
		Temp	98.7F	98.3°C		
	Pain Score		01	01		
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact		
	Restraints If any	Physical	NA	NA		
		Chemical	NA	NA		
	Fall Risk (Vulnerable (Y/N) if yes score)		Yes	Yes		
	(Ambulation, walking, moving with assistance, bed ridden)		Moving	Moving		
ADL (Dependent / Non-Dependent)		Depends	Depends			
Critical Lab Test / Values (if any)		NA	NA			

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	10/11/26	11/7/26				
		Area	PICU	PICU				
		Shift Time	NIGHT	DAY				
		Ordered / Planned	Start	STRICT				
			Input &	1/0				
			Output	monitoring				
			Monitoring					
		Due	CUE					
			Urine	NO				
			CLS	PUE				
		Reports Pending	Blood					
			CLS	NO				
				Report				
				pending				
Referrals (If any)	NO	NO						
	Referrals	Referrals						
Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO Remarks	NO Remarks						
Handed Over By Name :	Aiven	Anjali						
Signature :	Aiven	Anjali						
Date :	11/7/26	11/7/26						
Time :	8AM	2:30pm						
Taken Over By Name :	Anjali							
Signature :	Anjali							
Date :	11/7/26							
Time :	8AM							

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00563681 IP5-00176237 Master FATEH SINGH SANDHU 17-10-2018 7 Y 8 M 23 D (M) Dr. SANDEEP REDDY 		Date & Time of Admission 10/11/2018 @ 8:59 pm	Date & Time of Transfer Order 10/11/2018 @ 9:58 pm
		Transfer Ordered by Dr. Vikash	Reason for Transfer Admissile
From Unit ER	To Unit P2 CCU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	outside op file	3	
2.	Rainbow op file	1	
3.	Blood culture + EPR + CRP	2 + 2 + 1	
4.	DRS + Intracat	1 + 1	
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Anurag		Name of Person Ordered Transfer Dr. Vikash	
Patient & Clinical Records Received by : Anurag 10:10 pm			
Date & Time of Patient Received : 10/11/2018			

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

PATIENT TRANSFER FORM

BAH-00563681 IP5-00176237 Master FATEH SINGH SANDHU (M) 17-10-2018 7 Y 8 M 24 D Dr. SANDEEP REDDY 		Date & Time of Admission 10/7/26 @ 8:59pm	Date & Time of Transfer Order 11/7/26 @ 2:45pm
DR. KABIL		Transfer Ordered by DR. MONESH	Reason for Transfer STABLE
From Unit PICU	To Unit ICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 26	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films USG-1 USG-1			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	USG Pending Anjali		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Anjali		Name of Person Ordered Transfer DR. MONESH	
Patient & Clinical Records Received by : Shanthi			
Date & Time of Patient Received : 11/07/26 2:45pm			

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