Name	Baby AKSHITA BEHERA	**UHID**	VIH-00206193
Father/Guardian	Mr MR. JYOTI RANJAN BEHERA	**Age/Gender**	1 Y 3 M 2 D/Female
Address	FLAT NO-107, CANARA BANK MANAGERS,QUARTERSS, P.G.ROAD,NEAR PARADISE,SECUNDERABAD,HYDERABAD, P G Road, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060710	**Admission Date**	14-07-2026
Ref Doctor		**Discharge Date**	18-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Acute febrile illness

History: Baby AKSHITA BEHERA is a 1 Y 3 M 2 D girl presented with the history of moderate to high grade intermittent fever associated with chills since 3 days, 3-4 episodes of nonbilious nonprojectile vomitings since 2 days, decreased oral intake since 1 day prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 14.07.2026 showed hemoglobin 10.7 gm%, white blood cells count of 22,440 cells/cumm, platelet count of 3.03 lakhs/cumm and C-reactive protein was 113 mg/l. CUE showed 5-6 pus cells, albumin (2+), blood (+).

Examination: She was febrile (103.7^{o}F), maintaining saturations at room air. Her heart rate was 90/min, blood pressure - 90/60 mmHg and respiratory rate - 26/min. Throat was congested. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Name	Baby AKSHITA BEHERA	UHID	VIH-00206193

Weight on admission : 10.1 kgs.
Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids and antipyretics.

Her blood culture was sterile after 48 hours of incubation. Urine culture was sterile. Ultrasound abdomen showed both kidneys are bulky - No focal lesion, mild hepatomegaly - No focal lesion.

Her vitals were regularly monitored. Repeat inflammatory markers showed decreasing trend. Repeat CRP was 31 mg/L. Her fever spikes and other symptoms gradually settled. As hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Amoxicillin + Clavulanic Acid (5ml=400mg) 4ml, 12th hourly (after food) for 5 days (Refrigerate after reconstitution).
3. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Syrup Paracetamol (5ml=240mg), 3ml for fever more than 99.6*F (maximum 4-6 hourly).
Syrup Ibuprofen (5ml=100mg), 5ml for fever more than 101*F (maximum 8 hourly).

Name	Baby AKSHITA BEHERA	UHID	VIH-00206193

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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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

Name : Jyoti Ranjan Behera

Signature :

Relationship with patient : Father

This summary has been explained by:

Summary prepared by: Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

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H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby AKSHITA BEHERA	**Inpatient No.**	: IP-00060710
Age/Gender	: 1 Y 2 M 29 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-07-2026 23:56
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-07-2026 04:38
HEMOGLOBIN (Colorimetry)	**10.3**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.72	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**29.2**	**VOL%**	L	33 - 49
MCV (Calculated)	78.4	fL		70 - 86
MCH (Calculated)	27.6	pg/cells		23 - 31
MCHC (Calculated)	35.3	g/dL		30 - 36
RDW-CV (Calculated)	12.1	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	291	10^9/L		150 - 450
MPV (Calculated)	8.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	16.32	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**56**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**34**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC** **WBC : MORPHOLOGY NORMAL** **PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-07-2026 04:38

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby AKSHITA BEHERA	Inpatient No.	: IP-00060710
Age/Gender	: 1 Y 3 M 0 D/ Female	Admit Date	: 14-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
CRP (Immunoturbidimetry)	64	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-07-2026 06:25
HEMOGLOBIN (Colorimetry)	**10.4**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.77	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**29.2**	**VOL%**	L	33 - 49
MCV (Calculated)	77.4	fL		70 - 86
MCH (Calculated)	27.6	pg/cells		23 - 31
MCHC (Calculated)	35.6	g/dL		30 - 36
RDW-CV (Calculated)	12.1	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	379	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	11.63	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**48**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**42**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	08	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-07-2026 06:25
CRP (Immunoturbidimetry)	**31**	**mg/L**	H	<10

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PatientName	: Baby AKSHITA BEHERA	**Inpatient No.**	: IP-00060710
Age/Gender	: 1 Y 3 M 2 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

Baby AKSHITA BEHERA	9776734490
1 Y 3 M 1 D	VI26023754
Female	15-07-2026 12:07 AM
IP-00060710	15-07-2026 12:36 AM
VIH-00206193	
Dr. SURENDER RAO DUSA	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

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Baby AKSHITA BEHERA	9776734490
1 Y 3 M 0 D	VI26023761
Female	15-07-2026 03:44 AM
IP-00060710	15-07-2026 06:34 AM
VIH-00206193	17-07-2026 09:08 AM
SURENDER RAO DUSA	N 1F-FIRST FLOOR / SR 107

URINE CULTURE AND SENSITIVITY (Specimen :URINE)

RESULT

Gross examination: Pale yellow in colour, turbid.

Gram stained smear: Shows polymorphs with few gram negative bacilli

Culture: No growth after 24 hrs of incubation

Advised: Repeat Urine Culture.

***** End of report *****

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

Dr. VIJENDRA KAWLE
MD DNB
CONSULTANT MICROBIOLOGIST
Reg No :68234

Baby AKSHITA BEHERA	9776734490
1 Y 2 M 29 D	R26-011394
Female	15-07-2026 12:12 PM
IP-00060710	15-07-2026 12:19 PM
VIH-00206193	15-07-2026 12:20 PM
SURENDER RAO DUSA	

ULTRASOUND ABDOMEN

LIVER : Normal in size 10.2cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 6.5cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 70 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 69 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well wall thickness - 0.8mm

No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

Baby AKSHITA BEHERA	9776734490
1 Y 2 M 29 D	R26-011394
Female	15-07-2026 12:12 PM
IP-00060710	15-07-2026 12:19 PM
VIH-00206193	15-07-2026 12:20 PM
SURENDER RAO DUSA	

Impression:

1. **Both kidneys are bulky**
   - **No focal lesion**
   - **suggested follow up imaging**
2. **Mild hepatomegaly**
   - **No focal lesion.**

Rest unremarkable.
Suggested clinical correlation.

Dr. MOHD ABDUL KHALID
MBBS,MD,DNB
Reg No: 82767

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ACTIVITY RECORD FOR BILLI

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Name: ---------- ----------

UHID No : ---------- IP No : ------ ---------- Dept : ICU

Date of Admission : 14/7/25 Time : 11:39pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 107 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	12:40pm	ICU	107	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/07/26	Creatinine,	26023754	
	Blood cls		
	Urine cls	26023761	
	Cross cleared by 15/7/26.		
16/7	CBP. CRP	26023899	
15/7	USG Abd	26-01134	
	Cross cleared by 17/7/26		
18/7	CBP CRP	26024228	
	Cross cleared by 18/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7.	Infusion pump	12.45AM.	16/7/26. 12pm	3101665.	[signature]
	Cross checked	by	[signature]	15/7/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/7/26	IV placement	(1)	3101666	RD
	Cross checked by [illegible] 15/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Vinaseer		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 1 D (F)
Dr. SURENDER RAO DUSA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	04	–	–	
7	Nurses Progress notes	04	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	05	–	–	
26	Intake and Output chart (fluid Chart)	03	–	–	
	Drug Chart (Regular prescription)	03	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Humpty dumpty	03	–	–	
	thrombophlebitis	02	–	–	
	pain assessment	02	–	–	
	Braden Scale	03	–	–	
	DVT	01	–	–	
	Medication reconcilation form	01	–	–	noted by
	other Pages	09			Subham
	Total No. of Pages	52			18/7/25 @ 10.30PM

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060710 **Admit Date** : 14-Jul-2026 **Admit Time** : 11:39 PM **UHID** : VIH-00206193

Patient Details :

Patient Name	: Baby AKSHITA BEHERA	**Age**	: 1 Y 2 M 28 D
Guardian	: Mr MR. JYOTI RANJAN BEHERA	**DOB**	: 16-04-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-107, CANARA BANK MANAGERS, QUARTERSS, P.G.ROAD,NEAR PARADISE, SECUNDERABAD,HYDERABAD P G Road Hyderabad Telangana INDIA 500003	**Phone No**	: 9776734490/ 7377620795
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR. JYOTI RANJAN BEHERA	**Relationship**	: D/O
Contact Address	: FLAT NO-107, CANARA BANK MANAGERS,QUARTERSS, P.G.ROAD,NEAR PARADISE,SECUNDERABAD,HYDERABAD P G Road Hyderabad Telangana INDIA 500003	**Phone No**	: 9776734490

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : RAKSHA HEALTH INSURANCE TPA PVT LTD

Patient Name : Baby. AKSHITA BEHERA UHID : VIH-00206193 IPD : IP-00060710 Gender : Female Age : 1 Y 2 M 28 D

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

wt - 10.1 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Akshita Age : 1y 2m **Gender:** ☐ Male ☐ Female

Date : 14/7/26 Time of Arrival : 11:28 pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 103°F PR: 149bpm BP: 102/82 (90) RR: 24/m SpO2: 99%

Chief Complaints: fever - 3 days, vomiting x 2 days, Loral intake x 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

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

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:31 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 14/7/26 @ 11:31 pm.

Patient Name : Baby. AKSHITA BEHERA UHID : VIH-00206193 IPD : IP-00060710 Gender : Female Age : 1 Y 2 M 28 D

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/4/2025. Time of arrival : 11:34hr.

Chief Complaints: C10. Fever Since 2day, Vomiting Since. 2 days. RBS: —

Height : ..... Weight : 10.10 Kgs BMI : — Head Circumference (<2 years) .....

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

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: — (Date/Time): —

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : @ 11:42pm.

Patient Name : Baby. AKSHITA BEHERA UHID : VIH-00206193 IPD : IP-00060710 Gender : Female Age : 1 Y 2 M 28 D

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

Time	Nursing Notes
@ 11:28 pm	* Patient came to ER
11:33 Am	* vitals checked & Recorded
11:35 Am	* Dr. seen the patient in ER Adviced
11:39 pm	for Admission. Admission done.
12:03 Am	* IV cannulazation done
12:08 pm	* Blood couple send to lab (R) due
12:40 Am	* patient shifted to ward (107)
12:05 Am	* Inj. Piptaz test dose done in ER
pm	* Sponging Bath done in ER.

Samples collected by: Sr. Kiran Time: 12:03 pm

Samples sent by : Time: 12:08 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
15/7/26 12:10 Am	Inj. ondem	IV	2mg	Dr Sameer	
14/7/26 11:40 pm	paracetamol Suppository	P/R	(170 mg) 3/4th		
11:30	Syp. Ibugesic	P/O.	5ml.		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 147b/m BP: Crying CFT: L2sce	Shift - out from ER to: 107
RR: 24b/m SPO_2 : 100%	Time of Shift - out: 15/7/26 @ 12:40 Am
GCS: 15/15 Temperature : 102°F	Handover given to: Sr. priyanka (Nurse's Name)
Pain Score: 0	by Sr. kajal
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulazation done

Name of the Nurse : Sr. Kajal Signature of the Nurse :

Date & Time : 15/7/26 @ 12:40 Am

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 10.55 Am Mode of Arrival: — Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction No Allergy Body Weight: 10.1 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
— Nil	— Nil	— Nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 10.1 kg Length: — Head Circumference (< 2 years): —

Temp.: 98.6 0F HR: 102 b/mt RR: 26 b/mt BP: 101/75 (88)

Pain Score: 0 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain 0 Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☐ Yes ☑ No

Information given to ..... mother .....

Nurse's Name: ..... Date: 15/7/20 Time: 08:24 Am Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206183 IP-00060710 Baby AKSHITA BEHERA 16-04-2025 1 Y 2 M 28 D (F) Dr. SURENDER RAO DUSA	14/7/26 @ 11:39 PM	15/7/26 @ 12:40 AM
	Transfer Ordered by Dr Sameera	Reason for Transfer Admission
From Unit ER	To Unit 107	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.		
2.		
3.		
4.		
5.		

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

Dr. Sameera

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sriram (12)	Dr Sameera

Patient & Clinical Records Received by :

Date & Time of Patient Received : 15/7/26 at 12:55 Am

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA
_____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Baby Akshita Age/Sex 1y2m/F

Information given by: Mother Relationship Father

Chief Presenting Complaints & Duration (Chronologically)

c/o fever : 2 days
vomiting : 2 days
↓ oral intake : 1 day

History of present illness :

Baby Akshita is a 1y2m old female child presented with H/o fever → mod. to high grade
→ a/w chills
→ : 3 days

→ H/o vomitings → 2-4 episodes / day
→ : 2 days.

→ H/o ↓ oral intake : 1 day

no H/o cough, cold, loose stool.

For the above complaint, she was admitted at RGH.

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

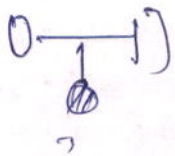
Past History : (Including details of any previous investigation or treatment)

RCH :

Hb - 10.7 (N/L - 64.8/30.3)
WBC - 22,440
Plts - 3.03
CRP - 113
CUE : 5-6 pus cells
protein 2+
blood +

Birth & Neonatal History:

FT / LSCS / B.wt : 3.5 kg / BCIAB / no neonatal issues



Birth & Socio Economic History:

About Father :
About Mother : Class-II
Any additional Information :

Developmental History :

Appr. for age.

Immunization History :

Immunized till date

(P.T.O.)

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__10.1 kg__(Centile _____)

On Examination :

Temperature : 103.7°F Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : 26/min.

Rash

Lymphadenopathy Throat : couldn't examine.

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S, S, (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly.

Ausculation :

Spine : External Genitelia :

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : ++ / ++ ++ / ++

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness D3 of illness.

(P.T.O.)

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To treat the underlying cause

Planned Labs:

→ S.Cr ✓
→ blood c/s ✓
→ urine c/s. ✗ ✓
→ USG abdomen ✗

Planned Management

→ IVF
→ INJ-PIPERACILLIN + TAZOBACTUM
→ VITALS 4th hourly

Noted by
Sr. Kajal
15/7/26 @ 12:30 Am

Signature of the Doctor: Sameera
Name of the Doctor: Dr. Sameera
Date & Time: 14.7.26 12:00am

Signature of the Consultant:
Name of the Consultant:
Date & Time:

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA (F)
16-04-2025 1 Y 2 M 28 D
Dr. SURENDER RAO DUSA

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

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
16/7/25 8AM	AFI - (D4)	
	1 fever spike - 7:30AM 101.5°F	
	1 episode of vomiting - content - good/water NP/NB/non blood stained	
	Urine, stools - (N)	
	O/E	
	Baby alert	
	Warm	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) Inj fluids
		2) Inj pcp+ab
		3) Trace B/C/S, U/C/S
	Dr. Vishwas	4) USG abdomen today
		Add [illegible]

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 29 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/25 16:00	CSB Resident	
	AFI	
	No fresh complaints	
	O/E Conscious	Plan
	Afebrile	→ Trace Blood culture c/s
	CVS / RS / P/A / CNS — NAD	→ CBP, CRP T/M
	CUSG SO Bulky kidney mild Hepatomegaly	(signature)
		NO… Sub… 15/…

VIH-00206193 IP-00060710
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16-04-2025 1 Y 2 M 29 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 16:00	C/S B Resident	
	AFI	
	No fresh complaints	Plan
	O/E Conscious	- Trace Blood culture c/s
	Afebrile	- CBP, CRP T/M
	CVS/ B/ PA/ NAD	
	wt stay	
	USG S/O Bulky kidney mild Hepatomegaly	[signature]
		NO… Sub… 15/…

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16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
16/7/26 8Am		
	AFI - (D4)	
	1 fever spike - 7:30Am 101.5°F	
	1 episode of vomiting - content - food/water	
		NP/NB/ non Blood stained
	Urine, stools - (N)	
	O/E	
	Baby alert	
	Warm.	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) IV fluids
		2) Inj piptaz
Dr. Vishwas		3) Trace B/c/s, U/c/s
		4) USG abdomen today
		- Add Amikacin
		- Repeat CBP CRP 7/h
		- ~~Hold fluid & food~~
		- send urine culture
		Dr. Surender 15/7/26, 12:30PM

[redacted]

VIH-00206193 IP-00060710
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16-04-2025 1 Y 2 M 29 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9 AM	Club Resident AFL (D5) 7 UTI 4 fever spikes in last 24 hours O/E Child active CVS S1S2 (N) RS B/L AE (N) PA Soft No Pallor HB 10.7 → 10.3 TC 22.44 → 16.32 PLT 3.03 → 2.91 CRP 113 → 64	Plan - Trace. Blood culture - D2 IV Piptaz 2.25 Amikacin - Continue IV fluids Dr. Surender Rao 16/7/26 Abhiram 12:10 PM

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA (F)
16-04-2025 1 Y 3 M 0 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 16:45	Obs Resident	
	AF I	
		Plan
	O/E congested	
	Afebrile	Ct same
	CVS / B/MAS / P/A	
	my strain	Dr Shivam
		Noted by Subham 16/7/26 @ 7PM

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 0 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.7.26 9.00AM	S/B Register / Dr. Surender	
	Acute febrile illness	
	no fever last 24 hrs.	
	O/E child stable	
	CRT < 3sec.	
	afebrile	
	H/C - NAD	Plan
	P/A - soft	→ CBP, CRP T/m
		→ Plan D/C T/m on oral.
	Sameera (Dr. Sameera)	→ R/w Monday
	Noted by Manasa 17/7 2PM	Dr. Surender 17/7/26. 9AM

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA (F)
16-04-2025 1 Y 3 M 1 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
17.7.26 5.00 PM.	Acute febrile illness	
	no fever > 24 hrs	
	o/E child awake.	
	CRT < 3sec	
	afebrile	
	CVS-S1S2 (+)	Plan
	RS-BAE (+)	→ CBP, CRP T/m
	clear	→ Discharge T/m
	P/A - soft.	on oral antibio.
	Sameera (Dr. Sampena)	
Noted by Rode C7pm 17/7/26		

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

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16-04-2025 1 Y 3 M 1 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9AM	CS/B Resident	
	Acute febrile illness	
	O/E Conscious	
	Afebrile	Plan
	CVS - S1S2 +	
	RS - B/L AE +	- Discharge today
	PR < 1g/L	- Syp Augmentin Duo
		5ml 12hly x 5 days
	CRP - 64 → 31	- F/up after 3 days
	No fever spikes	
	Dr. KINNANA 18/7/26 9AM	
		Noted by Subham 18/7/26 @ 10:30am

VIH-00206193 IP-00060710
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16-04-2025 1 Y 3 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206193 IP-00060710
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16-04-2025 1 Y 3 M 1 D (F)
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NURSING CARE RECORD

Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM →	Discharge Note		→ Doctor Come for Round and adviced to dischargge			
Afternoon					Noted by Subham 18/7/26 @10:30Am		
Night							

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16-04-2025 1 Y 3 M 1 D (F)
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NURSING CARE RECORD

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 15/7	DATE 15/7	DATE 15/7	DATE 15/7	DATE 16/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	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	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✗	✗
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Kiran	[illegible]	Beroni	Subha	Vaishu
	Signature:		signed	signed	signed	signed	signed
	Date:		15/7	15/7	15/7	15/7	16/7
	Time:		12:30 PM	8AM	2pm	8pm	4AM

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 29 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7/26	DATE 16/7/26	DATE 17/7	DATE 17/7	DATE 12/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair cap		x	x	x	x	x
	Other Intervention(s) Specify		✓	✓	✓	x	✓
	Nurse's Name:		Subham	Subham	Vaish	Manas	Bindu
	Signature:		Subham	Subham	Vaish	Manas	Bindu
	Date:		16/7	16/7	17/7	17/7	12/7
	Time:		10AM	4pm	12AM	12PM	8PM

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 0 D (F)
Dr. SURENDER RAO DUSA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/7	DATE 18/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		11	11			

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

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		✓	✓			
	Other Intervention(s) Specify		✓	✓			
	Nurse's Name:		Vaishu				
	Signature:						
	Date:		18/7	18/7			
	Time:		4AM	10am			

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			15/7 DAY-2			DAY-3 16/7.			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
		Signature of the Nurse				[illegible]	[illegible]	Subh[illegible]	[illegible]	Subham	Subham	[illegible]	

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 : [illegible] Name : [illegible]

Signature of Ward In Charge :

Signature : [illegible] Name : Elizabeth.

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 29 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/7 DAY-1			18/7 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						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–						
		Signature of the Nurse		[illegible]	[illegible]	[illegible]	[illegible]						

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 : Priyanka Name : Priyanka

Signature of Ward In Charge :

Signature : El Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL / 137

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16-04-2025 1 Y 2 M 28 D (F)
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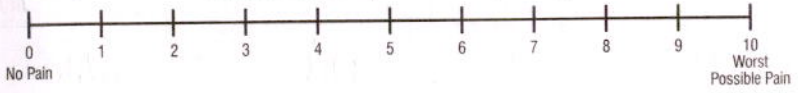
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	12:30pm	0	L22	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/7/26	5 Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bminj
15/7	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subham
16/7	8AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Vaishl
16/7/26	10AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subham
16/7/26	4 PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subham
17/7/26	12AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Vaishl
17/7/26	12 PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manasa
17/7	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sinde

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7	3AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	Vaishnu
18/7	9Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subhan
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

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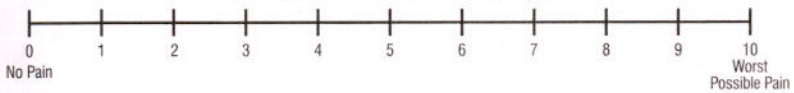

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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
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BRADEN 'Q' SCALE

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					Date : 15/7	15/7	15/7	16/7
					Time : 12:34pm	2pm	6pm	3AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE 27	27	27	27
					Evaluator's Name			

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

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

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

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BRADEN 'Q' SCALE

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					Date :	16/7/26	16/7/26	17/7	17/7
					Time :	10 AM	4 PM	12 AM	6pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	27	23	27
					Evaluator's Name	Subhan	Subhan	[illegible]	[illegible]

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

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

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 1 D (F)
Dr. SURENDER RAO DUSA

BRADEN 'Q' SCALE

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					Date : 18/7	18/7		
					Time : 2AM	10AM		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
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				TOTAL SCORE	27	27		
				Evaluator's Name				

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

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

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VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 15/7/26 Time: 3 AM	Date: 16/7 Time: 3 AM	Date: 17/7 Time: 3 AM	Date: 18/7 Time: 3 AM	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0		
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0		
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0		
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0		
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0		
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0		
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0		
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0		
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0		
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0		
	Total Score		0	0	0	0		
	Signature of the Nurse							

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AKSHITA BEHERA**	**Age :**	**1 Y 2 M 28 D**
IP No:	**IP-00060710**	**Sex:**	**Female**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ırance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill ırance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Jyoti Ranjan Behera
Relationship: Father
Date: 14/7/26 Time: 11:39 pm
Witness Name:
Witness Signature:

Patient Address:

FLAT NO-107, CANARA BANK MANAGERS,QUARTERSS, P.G.ROAD, NEAR PARADISE,SECUNDERABAD, HYDERABAD P G Road Hyderabad Telangana INDIA 500003

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7 Time:	2	4	7.30
Doctor / Nurse / Family Concern?	Am	Am	Am
Temperature (F)	98.6°F	98.2°F	101.5 Sup Diagnostic
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Heart Rate (Number)	112	108	107
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)			
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100	98	100
Conscious Level: Normal / Altered	N	N	N
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	P	P	P

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 29 D (F)
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Doc. No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7/25 Time:	8:30	10	12	2	3:10	4:20	5	8	9	10	11	2	5	7:20
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	pm	pm	pm	pm	am	am	am

Temperature (°F)

Inj. Paracetamol 101.2°F | 98.2°F | 98.5°F | 98.6°F | Inj. Paracetamol 101.6°F | 100.2°F | 99.8°F | 97.6°F | 98.6°F | Inj. Paracetamol 101.4°F | 98.0°F | 98.3°F | 98.6°F | Inj. Paracetamol 100.4°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

108 (65) 51 | 96 (64) 59

Heart Rate (Number)	138	120	118	115	116		120	123	126		125		129
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)	28	30	33	30	29		30	28	30		28		30	29
Resp Distress: Mod/ Severe / None / Mild														
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	97	99	97	98	98	98	99		99		98	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N		N		N	N
GCS *	15	15	15	15	15	15	15	15	15		15		15	15
TOTAL SCORE Number of shaded boxes	1	0	0	0	1	1	1	0	0		0		0	0
Pain Score	0	0	0	0	0	0	0	0	0		0		0	0
Observer's Initials	B	B	B	B	SK	SK	SK	SK	V		V		V	V

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26. Time:	9:45	12	3	5	7	9	12	3	7
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM	PM	AM	AM	AM

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

97.9°F 98.6°F 98.6°F 97.3°F 98.6°F 98.1°C 97.6°F 98.0°F 97.5°C

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

80 (67) 59 — 88 (56) 47

Heart Rate (Number)	122	114	126	108	110	120	109	104	111

Resp. Rate (bpm) per 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	29	30	29	32	28	29	30	32

Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min)									
O_2 Saturations (%)	97	99	100	99	97	97	99	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	SK	SK	V	V	V	V

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 0 D (F)
Dr. SURENDER RAO DUSA

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

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

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/25 Time:	8	9	11	1	3	5	7	9	12	3	7
Doctor / Nurse / Family Concern?	AM	AM	AM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (°F)	98.3°F	98.6°F	98.3°F	98.3°F	98.6°F	98.3°F	97.8°F	98.3°F	97.6°F	98.1°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	110	112	120	115	118	110	109	117	110	104	
Resp. Rate (bpm) (Over 1 Minute) *	24	26	28	27	27	26	27	26	28	27	
Resp Distress: Mod/ Severe / None / Mild	N	N	N				N				
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	99%	98	98	98	97	98	99	99	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	M	M	M	Bindu	Bindu	Bindu	V	V	V	V	

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 3 M 1 D (F)
Dr. SURENDER RAO DUSA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/7 Time:	0
Doctor / Nurse / Family Concern?	Asn
Temperature (°F) (104–94)	98.6 °F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	118 ↑ (100) ↓ 95
Note: BP does not score in early warning scoring	
Heart Rate (Number)	100
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	
Resp Rate (Number)	28
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	4L

Noted by subham 18/7/26 @ 10:50am

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
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VIH-00206193 IP-00060710
Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am			DNS 40ml								
Total Intake :						**Total Output :**						
	02:00 am			40ml						✓		
	03:00 am			40ml								
	04:00 am			40ml								
	05:00 am			40 ml						✓		
	06:00 am			40ml								
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	240ml	Total 24 hrs. Output	Nil

15/4/26 at 7Am

VIH-00206193 IP-00060710
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16-04-2025 1 Y 2 M 29 D (F)
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FLUID CHART

Sheet No. : 2

15/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									✓		
	09:00 am		Idly									
	10:00 am											Benonilla
	11:00 am		DBM								0	15/7/26
	12:00 pm											@2pm
	01:00 pm		DBM							✓		
Total Intake :						Total Output :						
15/7/26	02:00 pm											
	03:00 pm		DBM									
	04:00 pm							✓		✓		Subhan
	05:00 pm		DBM	40ml								15/7/26
	06:00 pm			40ml								@ 8pm
	07:00 pm			40ml						✓		
Total Intake : 120 ml						Total Output :						
15/7	08:00 pm			40ml								
	09:00 pm		DBM									
	10:00 pm											
	11:00 pm									✓	0	Vas[illegible]
	12:00 am		DBM	40ml								16/7/26
	01:00 am			40ml								@2pm
Total Intake : 120 ml						Total Output :						
16/7	02:00 am			40ml								
	03:00 am			40ml								
	04:00 am			40ml								Vaishnavi
	05:00 am			40ml						✓	0	16/7/26
	06:00 am											@8
	07:00 am											
Total Intake : 160 ml						Total Output :						

Total 24 hrs. Intake	400 ml	Total 24 hrs. Output	6+ir

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : (3)

16/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/7												
	08:00 am											
	09:00 am		Idly							✓		
	10:00 am		water									Subhra 16/7 @ 2pm
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :** 2 times						
16/7	02:00 pm											
	03:00 pm		Khichdi									
	04:00 pm		water									Subhra 16/7 @ 8pm
	05:00 pm									✓		
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
16/7	08:00 pm		Khichdi									
	09:00 pm		water									
	10:00 pm			40ml							0	Vaishnavi 17/7/26 @ 2Am
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake : 40 ml						**Total Output :**						
17/7	02:00 am			40ml								
	03:00 am			40ml							0	Vaishnavi 17/7/26 @ 8Am
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake : 80 ml						**Total Output :**						

Total 24 hrs. Intake	120 ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 4

17/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
17/7	08:00 am		Idly + water								0	manasa 17/7/26 @ 2 pm
	09:00 am								✓			
	10:00 am											
	11:00 am											
	12:00 pm								✓			
	01:00 pm											
Total Intake :						**Total Output :** 2 times						
17/7	02:00 pm		Rice + water								0	Indu @ 8pm 17/7/26
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
17/7	08:00 pm		Khichdi + water								0	Vaishnavi 18/7/26 @ 2 am
	09:00 pm											
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
18/7	02:00 am										0	Vaishnavi 18/7/26 @ 8 AM
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am		Dosa									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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16-04-2025 1 Y 3 M 1 D (F)
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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/7	08:00 am		khichdi							✓	0	Subhasm
	09:00 am		+ water								1	
	10:00 am										2	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ICU ..... Shifted to: ..... 107 .....

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		Nil				☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Sameera ..... Dr .....

Date & Time : ..... 14/7/26 @ 12.30 pm .....

Nurse Name & Signature: ..... Sr Leelam ..... RN .....

Date & Time : ..... 14/7/26 @ 14:30 pm .....

VIH-00206193
Baby AKSHITA BEHERA IP-00060710
16-04-2025 1 Y 2 M 28 D
Dr. SURENDER RAO DUSA (F)

VIH-00206193 IP-00060710 Baby AKSHITA BEHERA

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DRUG CHART

Date of Admission: 14/7/26 Drug Allergies: Nil ☑ 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: SYP. PARACETAMOL (5ml - 240mg)				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	6th hrly	14/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: Temp > 100 F, 15 mg/kg/dose				

(Discontinued — Polyalani 14/07/26)

DRUG: SYP. IBUPROFEN (5ml - 100mg)				Date / Time
Dose	Route	Frequency	Start Date	18/7 7:30Am [signature]
5ml	PO	6th hrly	14/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: Temp > 101 F, 10 mg/kg/dose				

(Discontinued — Polyalani 14/7/26)

DRUG: INJ - PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	15/7 8:30am [signature]; 16/7 7:30Am [signature]
150mg	IV	6th hrly	14/7	
Doctor's Signature	Valid Period	Pharm.		8:10pm [signature]
[signature]				10pm [signature]
Additional Instructions: Temp > 100 F, 15 mg/kg/dose				

(15/7/26 9:20am [signature])

Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 10.1 kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14.1.26	11.45 PM	DN 5	IV	40	Sam	Priya			

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

Baby AKSHITA BEHERA
16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

IP-00060710

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14.7.26	11:40 pm	PARACETAMOL SUPPOSITORY	(140 mg) 3/4 th	P/R		Kiran
15/7	12:10 AM	INJ. ONDANSETRON	2mg	IV		Kiran
15/7	11:30pm.	SYP. IBUPROFEN	5ml	PO		Kajal

Dr. Rishika
Clinical Pharmacologist

16-04-2025 1 Y 2 M 28 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 10.1 kg Ward. ....

DRUG : INJ. PIPERACILLIN + TAZOBACTUM

Dose	Route	Frequency	Start Date
1gm	IV	8th hrly	14/7

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera [signature]

Additional Instructions: After Test Dose 100 mg/kg/dose

Date ▸ / Time ▾	15/7	16/7	17/7	18/7
6 Am	[signature] pm	[signature] pm	[signature] pm	Gayathri [initials]
2 pm	Esu	[signature] Eliz	Esu [signature]	
10 pm	[signature] pm	[signature] pm	Gayathri [signature]	

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 14/07/26

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
10 mg	IV	ONCE DAILY	14/7

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera [signature]

Additional Instructions: 1 mg/kg/dose.

Date ▸ / Time ▾	15/7	16/7	17/7	18/7
6 Am	[signature] pm	[signature] pm	[signature] pm	Gayathri [initials]

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 14/07/26

Verified
Dr. Rishika
Clinical Pharmacologist
15/7

DRUG : INJ AMIKACIN

Dose	Route	Frequency	Start Date
75 mg	IV	12 hrly	15/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 7.5 mg/kg/dose

Date ▸ / Time ▾	15/7	16/7	17/7	18/7
6 am	/	[signature] Am	[signature] pm	Gayathri [initials]
6 Pm	Esu Eli	Gayathri [initials]	Esu [signature]	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign