

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175951

Admit Date : 04-Jul-2026

Admit Time : 03:17 AM UHID : KUH-00212912

Patient Details :

Patient Name : Baby Of SHAIK NAZEERUN

Age : 0 Y 0 M 17 D

Guardian : Mr SHAIK JOHN SAIDA

DOB : 17-06-2026 11:40 PM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : D 408, VAZRA PRATIK, Nizampet Hyderabad
Telangana INDIA 500072

Phone No : 9640777483/ 9959177483

E-mail : johnsaida91@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : SW 147

Ward Name : 1F-VIBGYOR

Room No : SW 147

Admission Type : First Visit

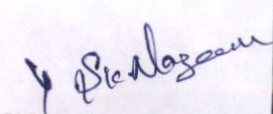
Contact Details :

Name : Mr SHAIK JOHN SAIDA

Relationship : Father

Contact Address : D 408, VAZRA PRATIK, Nizampet Hyderabad
Telangana INDIA 500072

Phone No : 9640777483 / 9640777483


Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



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



Date of Birth	:		New Born Screening	:	
Time of Birth	:		TFT	:	
Mode of Delivery	:		OAE	:	
Birth Weight	:		Mother's Blood Group	:	
Head Circumference	:		Baby's Blood Group	:	
Length	:		Anomaly Scan	:	
Red Reflex	:		Vaccination	:	

[illegible]

[illegible]

ACTIVITY RECORD FOR BILLING

Name : _____ KUH-00212912 IP5-00175951
Baby Of SHAIK NAZEERUN
UHID No. : _____ 17-06-2026 0 Y 0 M 17 D (F)
Dr. KAPIL BHAGWATRAO SACHANE
Date of Admission: _____ Consultant: _____ Dept : _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
04/07/26	3:55 am	E12	147	Murad
4/7/26	11:15 am	147	323	Banum

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Nabeel Sir	4/7/26	687095	Aparajitha
2				
3				
4				
5				
6				
7				
8				
9				
10				

r. KAPIL BHAGWATRAO SARE

[illegible]

PROCEDURE

[illegible]**ANY OTHER INFORMATION**

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

B/o Narmeen

UHID ID:

Department:

Consultant:

KUH-00212912 IP5-00175951
Baby Of SHAIK NAZEERUN
17-06-2026 0 Y 0 M 17 D (F)
Dr. KAPIL BHAGWATRAO SACHANE





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cto redness & swelling of
umbilicus :- 2 days

cto watery discharge from umbilicus.

History of present illness :

cto redness and swelling of umbilicus :- 2 days
progressive, spreading to periumbilical area
cto watery discharge from umbilicus

no cto fever / vomiting

In the last

cto Delirious

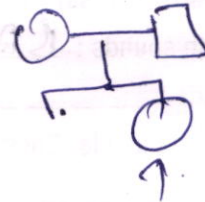


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term (37+) w/h / SGA / ♀ / Tongue tie.



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

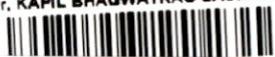
As per age

Immunization History :

BCG, OPV, Hep B given

(P.T.O.)

(P.T.O.)



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Sepsis

Desired goals of the treatment:

Stability

CDW Dr. Vineela

CSB NCU team

Planned Labs:

NP

Shod us

Planned Management

Pipaz

DSM 2nd wky

monitor urine

Trace Labs - Pyrom NUC

NB Russell

Signature of the Doctor:

Ashankha

Name of the Doctor:

Ashankha

Date & Time:

4/7/26

Signature of the Consultant:

Dr. Vineela

Name of the Consultant:

Dr. Vineela

Date & Time:

04/07/26

Dr. Kapil Bhagwat Rao Sachane
Reg. No: TSMC/FMR/19525

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution				
41	Gastro monitoring chart	8			
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart				
Total No. of Pages		33			

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Date & Time	Progress Notes	Doctor's Order
out at 8:00am	C/B Dr Vamsith <u>Δo localized umbilical infection (omphalitis)</u>	
	No fever No ↓ed oral Intake No ↑ed activity	C/O Dr Kapil Sachane Vlo Adequate
	C } PPWF T } food Exts warm A } CRT CTR.	
	Labs: WNL CRP = 5.0	A/D V 1) Ⓢ Blood Cs.
	<u>Wash</u> <u>omum</u>	2) Review with Dr. Nabeel
		3) INT LINE SOLID to add. Noted by Sushanth
		Dr. Kapil Bhagwatrap Sachane Reg. No: TSMC/FMR/19525

Date & Time	Progress Notes	Doctor's Order
4/7 5:00 PM	C/SB RESIDENT.	
	37+1 wks D17 omphalitis - umbilical sepsis -	
	NO Fever.	Plan -
	NO pus discharge.	1. Temp monitoring
	No vomiting	4Hr.
	alert / awake	2. Ct uabx.
	feeding well.	3. If there is
	Passing stools.	discharge then
		send for pus c/s.
		4. vitals monitoring
		noted by
		Dawyer
	P. Smith	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/2/26 8 AM	CLC/B omphalitis.	picw-fellow.
	on room APs	plan.
	hemodynamically stable	1. w/f fever spikes
	no fever spikes.	2. monitor vitals.
	Chest-clear	3. continue IV antibiotics
	on breastfeeding.	4. USA abdomen Dr. Nicker
	Inj piptaz - D2	fm -
	Inj Unesol - D2	E. w/f vomitings and any pus discharge.
5/2 11:00 PM	CLC/B Dr. Kapil G. S. Δ: omphalitis.	fm
	No Fever.	1. Trace Blood cl.
	Hemodynamics are stable	2. USG abdomen + umbilic
	on breast feeding	fm gain
	Small vomit spit out	3. If cannula change then do CSP - dp today or else
		CSP fm gain
		Dr. Kapil Bhagwatrao Sachane Reg. No: TSMC/FMR/19525



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 8:20 AM	C/S/B <u>RESIDENT</u>	
	87+1 wks) omphalitis umbilical sepsis	
	T.Wt: 3.084 (195 grams)	Plan
	No vomiting	1. ct wabs - D2-3
	Perianth pink	2. VSA abdomen + umbilicus
	No further discharge from umbilicus.	- today at 9:00 AM
	No erythema/induration/fever.	3. ct regular feeding
	Cx/Ar good hemodynamics - stable	4. AC on oral linezolid
		1 week
		flu after 3 da
		<i>[Signature]</i>
		Oral linezolid 1000 mg qd
		T Bact study TPT +
		ABX
		VSA - flu oral study
		<i>[Signature]</i>
		<i>[Signature]</i>

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

(P.T.O)



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[illegible]



CROSS CONSULTATION FORM

Doctor Name : Dr. Nabeel Date : Time :

Diagnosis :

Hospital :

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

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature: _____

Findings and Recommendations :

Thanks for the referral

History noted

17D female child c/o swelling
& redness around umbilicus - 2 day.
No H/o fever spikes, abd distension,
feeding intolerance.

O/E - Child active,
Accepting feeds
Cry & tone - (W)
Vitals - stable

P/A - redness (+) around umbilicus
+ mild induration + mild fluctuation
not

Adv

① USG Abd & pelvis today.

↓
Review

Consultant :

Name : Dr. Nabeel

Dr. NABEEL ALAM QADRI
Reg. No: 75241

Signature : _____

Date & Time : 4/7/26
9:30am

KUH-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-08-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE

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RESULT SHEET

Date	enlorthu	5/7/26				
Time						
Hb	15.4	14.6				
PCV	44.6	42.5				
RBC	4.62	4.34				
WBC	13.71	12.75				
N/L	34/108	27.2/52.5				
Platelets	628K	622				
CRP	5.0	5.0				
ESR						
PCT						
RBS						
Na	133					
K	5.2					
Cl	102					
Ca/Mg	11.2/					
Phosphate						
Urea	24					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj	6.0/0.1					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER

Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature]

Date & Time: 17/6/26

Nurse Name & Signature: [Signature]

Date & Time: 17/6/26 at 11:00 AM



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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



REGULAR PRESCRIPTIONS

Weight. 2.9 kg Ward.

DRUG : 1g PIPERACILLIN - TAZOBACTAM				Date Time	4/7 5/7 6/7
Dose 300mg	Route IV	Frequency 8th July	Start Date 4/7	6AM	4:30 AM Naitu 8:00 AM Naitu Anand
Name & Signature of the Doctor Starting the Drugs: <u>Ashankshay</u>				2pm Naitu 10pm Naitu Anand	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign				Jy Jy	
DRUG : VITAMIN D3 DROPS				Date Time	4/7 5/7 6/7
Dose 0.5ml PO	Route PO	Frequency OD	Start Date 4/7		
Name & Signature of the Doctor Starting the Drugs: <u>Ashankshay</u>				6AM Naitu 9AM Naitu Anand	
Additional Instructions: 1ml = 800 IU					
Daily Doctor's Endorsement by a Sign				Jy Jy	
DRUG : INT LINE ZOLID				Date Time	4/7 5/7 6/7
Dose 30mg	Route IV	Frequency TID	Start Date 4/7	6AM	10AM Naitu 10PM Naitu Anand
Name & Signature of the Doctor Starting the Drugs: <u>J. Naitu H</u>				2pm Naitu 3pm Naitu 7pm Naitu 10pm Naitu Anand	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign				Jy Jy	
DRUG : T. BACT. Ciprofloxacin				Date Time	4/7 5/7
Dose 500mg	Route IV	Frequency 12H	Start Date 4/7	10AM	10PM Naitu 10PM Naitu Anand
Name & Signature of the Doctor Starting the Drugs: <u>J. Naitu</u>				10PM Naitu	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign				Jy	

15ml

9 780473 340000

DRUG :

Baby Of SHAIK NAZEERUN 17-06-2026 0 Y 0 M 17 D (F) Dr. KAPIL BHAGWATRAO SACHANE 		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	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.		

[illegible]

VERIFIED BY : Name

KUH-00212912 IP5-00175951
Baby Of SHAIK NAZEERUN
17-06-2026 0 Y 0 M 17 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

I.V. FLUIDS CHART

Weight. Ward.



tion of I.V. Fluid
(ml/hr = Mcg/kg/min. etc)

Route

Flow Rate
ml/hr

Doctor
Sign

Nurse
Sign

Date of
Stopping

Doctor
Sign

Nurse
Sign

Signature

VERIFIED BY : Name

00212912 IP5-00175951
 Of SHAIK NAZEERUN
 2026 0 Y 0 M 17 D (F)
 APIL BHAGWATRAO SACHANE

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED BY: Name Signature

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

Patient Sticker

KUH-00212012 IP5-00175951
Baby Of SHAIK NAZEERUN
17-06-2026 0 Y 0 M 17 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

Sheet No: _____

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign**DRUG :**Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign**DRUG :**Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign**DRUG :**Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature

VERIFIED BY : Name

KUH-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-06-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE

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NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: B/O Shaik Nazeeun Mother's Name: ms. Shaik Nazeeun
 Date of Birth: 20/6/26 Time of Birth: 20/6/26 @ Gender: ☐ Male ☒ Female
 Birth Weight: 2.96 kgs Kgs HC: - cm Length: - cm
 Meconium in Liquor: ☐ Yes ☒ No Cried at Birth: ☒ Yes ☐ No
 Term / Pre-term / Post-term: -
 Resuscitated: ☐ Yes ☒ No Blood Group: Mother: - Baby: -
 Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: -

AFFIX MOTHER'S
 IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: -

Physical Assessment of New Born:

Temp: 97.5°F °C HR: 132 /Min RR: 32 /Min BP: - SpO₂: 100%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No Score: 13 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☐ Crying ☒ Calm ☐ Drowsy

Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

Skin: ☒ Pink ☐ Meconium Stain ☐ Others, Specify: -

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from ☒ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Sushanthi

Signature: Sush

Date & Time: 7/7/26

KUH-00212912
Baby Of SHAIK NAZEERUN
17-08-2026
Dr. KAPIL BHAGWATRAO SACHANE (F)
IPS-00175951
0 Y 0 M 17 D

Doc. No. : 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 : 9/2/26	Time: 4:00 AM	6 AM	10 AM	2 PM	6 PM	10 PM	
Doctor / Nurse / Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.2°f	98.6°f	98.6°f	98.7°f	98.1°f	
	98						
	97						
	96						
	95						
Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
Blood Pressure (mmHg) *	90						
	80						
	70						
	60						
	50						
	40						
	30						
	20						
	10						
	0						
Note: BP does not score in early warning scoring							
Heart Rate (Number)	140b/min	136b/min	140b/min	132b/min	138b/min	150b/min	
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	0						
	Resp Rate (Number)						
	28b/min	30b/min	40b/min	32b/min	34b/min	38b/min	
Resp Distress	Mod/ Severe						
None / Mild							
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	100%	100%	100%	99%	99%	100%	
Conscious Level	Normal						
Altered							
GCS *	15/15	15/15	15/15	15/15	15/15	15/16	
TOTAL SCORE							
Number of shaded boxes	1	1	1	1	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials	0	0	0	0	0	0	

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	2 AM	6 AM	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?									
Temperature (F)	104								
	103								
	102								
	101								
	100								
	99								
	98	97.1 F	97.8 F	98.0 F	98.2 F	97.6 F	98.2 F	98.9 F	98.0 F
	97								
	96								
	95								
	94								
Heart Rate (bpm)	190								
and	180								
Blood Pressure (mmHg) *	170								
	160								
	150								
	140								
	130								
	120								
	110								
	100								
	90								
	80								
	70								
	60								
	50								
Note: BP does not score in early warning scoring									
Heart Rate (Number)		130b/m	140b/m	138b/m	136b/m	139b/m	130b/m	143b/m	135b/m
Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
Resp Rate (Number)		36b/m	38b/m	37b/m	36b/m	37b/m	31b/m	35b/m	30b/m
Resp Mod/ Severe Distress None / Mild		N	N	N	N	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)		99%	100%	100%	99%	99%	98%	99%	100%
Conscious Level Normal Altered		N	N	N	N	N	N	N	N
GCS *		15/15	15/16	15/16	15/16	15/16	15/15	15/15	15/15
TOTAL SCORE									
Number of shaded boxes		0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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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)



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : ①

3/7/26

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am	no 108					✓			✓	0	Rama
	07:00 am	Breast milk									0	
Total Intake :						Total Output : m-1 u-1						
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			m-1 u-1			



FLUID CHART

Sheet No. : ②

4/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/7	08:00 am	Breast milk 10ml									0	fey	
	09:00 am									0			
	10:00 am	NO		N/A		N/A		Np	0				
	11:00 am	IVF							0				
	12:00 pm	DBF.				Bright yellow.			0				
	01:00 pm								0				
Total Intake : Taken.						Total Output : M-1 U-Np							
4/7/26	02:00 pm	DBF								✓	0	fey	
	03:00 pm										0		
	04:00 pm	DBF							✓	0			
	05:00 pm									0			
	06:00 pm	DBF							✓	0			
	07:00 pm									0			
Total Intake : Taken.						Total Output : M-1 U-3							
4/7/26	08:00 pm										0	fey	
	09:00 pm	DBF									0		
	10:00 pm								✓	0			
	11:00 pm	DBF								0			
	12:00 am									0			
	01:00 am									0			
Total Intake : Taken						Total Output : V-1 M-1							
5/7/26	02:00 am	DBF								✓	0	fey	
	03:00 am										0		
	04:00 am	DBF									0		
	05:00 am										0		
	06:00 am	DBF								0			
	07:00 am								✓	0			
Total Intake : Taken						Total Output : V-2 M-1							
Total 24 hrs. Intake						Total 24 hrs. Output			V-6 M-4				



FLUID CHART

Sheet No. : 3

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

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
5/7/26	08:00 am	DBP									0	[Signature]
	09:00 am								✓	0		
	10:00 am	DBP					✓			0		
	11:00 am								✓	0		
	12:00 pm	DBP					✓			0		
	01:00 pm									0		
Total Intake : Taken					Total Output : u-2 m-2							
5/8	02:00 pm									0	[Signature]	
	03:00 pm	DBP					✓		✓	0		
	04:00 pm									0		
	05:00 pm	DBP					✓		✓	0		
	06:00 pm									0		
	07:00 pm	DBP					✓			0		
Total Intake : taken					Total Output : u-2 m-3							
	08:00 pm									0	[Signature]	
	09:00 pm	DBP								0		
	10:00 pm						✓		✓	0		
	11:00 pm	DBP							✓	0		
	12:00 am						✓			0		
	01:00 am	DBP								0		
Total Intake :					Total Output : m-2 u-3							
	02:00 am									0	[Signature]	
	03:00 am	DBP								0		
	04:00 am									0		
	05:00 am	DBP								0		
	06:00 am						✓		✓	0		
	07:00 am	DBP								0		
Total Intake :					Total Output : m-1 u-1							
Total 24 hrs. Intake		taken			Total 24 hrs. Output		m-8 u-7					

FLUID CHART

Sheet No. :

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

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

KUH-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-06-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4.17.2026

Assessment: Baby having dull activity

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☒ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
4am	⇒ Assess the general condition of the baby	4:10am	⇒ Assessed general condition of the baby	The baby condition is Improving slowly
4:30am	⇒ provide comfortable bed and position	4:40am	⇒ provided comfortable bed and position	
5am	⇒ monitor vital signs	5:10am	⇒ monitored vital signs	
6am	⇒ administered medication as per doctor order	6:10 am	⇒ administered medication as per doctor order	

Re-Assessment: Baby is feeling discomfortable

Special Notes:

Nurse Signature: Rama

Nurse Name: Rama

Date & Time: 4.17.2026 8AM

BAH-00660543 IP5-00175899
Master POGULA REDDY BANDHAV
21-04-2022 4 Y 2 M 12 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 4/7/26

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the Baby General Condition. monitor vitals	9am	→ Assessed the Baby General Condition, monitored vitals & recorded	By AN Nishu pt condition is fine
10am	→ plan to do USG Abdomen & pelvis	10am	→ USG Abdomen & pelvic done	
10:30am	→ Administer medication as per doctor order	11am	→ Administered medication as per doctor order	
2PM	→ ensure safety	2PM	→ ensured safety	

Re-Assessment:

USG Abdomen & pelvis done

Special Notes:

Nurse Signature: _____

Nurse Name: Saranya

Date & Time: 4/7/26

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/7/26 11:40 pm

Assessment: Baby is having omphalitis, watch for stool appearance

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
11:40 am	Assess Baby's general condition.	11:50 am	Baby is calm, normal appearance cannula present.	Baby is stable
12 pm	USG done.	12:10 pm	(R) pending - seen by Dr. Kapil/son	
02:10 pm	Watch for stool appearance.	02:10 pm	Appearance to be noted. (Bright yellow stool, monitored vitals. pained)	
4 pm	monitor vitals.	4:10 pm	Provided crib care.	
7 pm	ensure safety.	7:30 pm	DBF. Support.	
	maintain nutrition.		educated patient about hospitalization	
	Patient family education.			

Re-Assessment: —

Special Notes: Watch for stool appearance.

Nurse Signature: Sul

Nurse Name: Subhanti

Date & Time: 4/7/26 @ 8 pm

KUH-00212912
 Baby Of SHAIK NAZEERUN
 17-06-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE

NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 04/07/2026 8pm

Assessment: Cephalic

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the baby and analgesia status.	8:00pm	→ Assessed the general condition of the baby and analgesia status.	Baby is stable
10pm	→ Giving medication as advised.	10:00pm	→ Given medication as advised.	
12 AM	→ Giving feeding and nappy and burping.	12:00AM	→ Given feeding and nappy and burped.	
4 AM	→ Giving warm care.	4:00AM	→ Given warm care.	
6 AM	→ Checking urine output.	6:00AM	→ Checked urine output.	
8 AM	→ Ensure safety.	8:00AM	→ Ensured safety.	

Re-Assessment: Under observation

Special Notes: no if discharge then have to send pus culture

Nurse Signature: Piy

Nurse Name: Piy

Date & Time: 05/07/2026 8 AM

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26 @ 8pm

Assessment: new born baby

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
8 AM	Assess general condition of the baby	8:10 AM	Assessed general condition of the baby	Baby is stable
10 AM	monitor vitals	10:10 AM	monitored vitals.	
12 PM	maintain ilo chart	12:30 PM	maintained ilo chart	
2 PM	Ensure safety	2:15 PM	Ensured safety	
4 PM	To give feed 2nd hourly	4:30 PM	To given feed 2nd hourly	
6 PM	Administer medication as per medication chart	6:30 PM	Administered medication as per chart	
8 PM	maintain skin integrity	8:00 PM	maintained skin integrity	

Re-Assessment: Done

Special Notes: nt

Nurse Signature: hyshmy

Nurse Name: hyshmy

Date & Time: 5/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: Prevent infection

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9PM →	Assess the general condition of baby	9PM →	Assess condition & checked the vitals	iv antibiotics continue
10PM →	WIF vomiting pus discharge	10PM →	the now no pus discharge	
11PM →	WIF done activity	12am →	baby was active	
2am →	Plan for safety	4am →	side rails	
6am →	Administer medication	7am →	Medication given as per order	

Re-Assessment: at same

Special Notes: WIF pus discharge

Nurse Signature: M Nurse Name: Naithe Date & Time: 5/7/26 @ 8am

KUH-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-06-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE

TRANSFERRING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kapil Department: Newborn Date of Admission: 04/07/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>Omphalitis ?</u>							
BACKGROUND	Area	Shift Time	<u>EN</u> <u>3:35</u> <u>AM</u>	<u>1st</u> <u>11:00</u> <u>AM</u>	<u>1st</u> <u>8AM-11AM</u> <u>AM</u>	<u>2nd</u> <u>11AM-2PM</u> <u>AM</u>	<u>2nd</u> <u>2PM-8PM</u> <u>AM</u>	<u>3rd</u> <u>8PM-11PM</u> <u>AM</u>
	Medical Condition (Any special condition to be noted):		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp:	<u>98.0°F</u>	<u>98.0°F</u>	<u>98.0°F</u>	<u>98.1°F</u>	<u>98.0°F</u>
	Res:		<u>35b/m</u>	<u>36b/m</u>	<u>30b/m</u>	<u>32b/m</u>	<u>35b/m</u>	<u>40b/m</u>
	SpO ₂ :		<u>97%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>
	Pulse:		<u>140b/m</u>	<u>140b/m</u>	<u>139b/m</u>	<u>134b/m</u>	<u>134b/m</u>	<u>140b/m</u>
	BP:		<u>74/48</u>	<u>70/50</u>	<u>84/49</u>	<u>92/62</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:		<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>
Recommendations	Safety Needs:		<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Side rails</u>	<u>Side rails</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Rama</u>	<u>Ramadan</u>	<u>Jamun</u>	<u>Sushant</u>	<u>Ramun</u>	<u>Piyu</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>04/07</u>	<u>4/7/26</u>	<u>4/7</u>	<u>4/7/26</u>	<u>4/7</u>	<u>4/7/26</u>	
Time:		<u>AM</u>	<u>8AM</u>	<u>11PM</u>	<u>@ 8PM</u>	<u>@ 8PM</u>	<u>8AM</u>	
Taken Over By Name :		<u>Rama</u>	<u>Aparanik</u>	<u>Sushant</u>	<u>Ramun</u>	<u>Piyu</u>	<u>Syoshi</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>4/7/26</u>	<u>4/7</u>	<u>4/7/26</u>	<u>4/7</u>	<u>4/7/26</u>	<u>5/7/26</u>	
Time:		<u>4AM</u>	<u>8AM</u>	<u>@ 11:00 AM</u>	<u>@ 2PM</u>	<u>8PM</u>	<u>@ 8AM</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kapil Department: 3rd Floor Zone-C Date of Admission: 04/7/26

SITUATION	Diagnosis: <u>otomphalitis</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
	Area	Shift Time	<u>3rd Floor</u> <u>8am-3pm</u>	<u>3rd Floor</u> <u>3pm-8pm</u>		
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>97.9°F</u>		
		Res:	<u>36b/m</u>	<u>31b/m</u>		
		SpO ₂ :	<u>99%</u>	<u>98%</u>		
		Pulse:	<u>138b/m</u>	<u>132b/m</u>		
		BP:	<u>-</u>	<u>-</u>		
		Fall Risk Score:	<u>13</u>	<u>13</u>		
Pain Score:		<u>0</u>	<u>0</u>			
Recommendations	Safety Needs:		<u>yes</u>	<u>yes</u>		
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		<u>NA</u>	<u>NA</u>		
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Sydney</u>	<u>Maithe</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>5/7</u>	<u>6/7/26</u>			
Time:		<u>2:30pm</u>	<u>2:30pm</u>			
Taken Over By Name :		<u>Maithe</u>	<u>Lalita</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>6/7</u>	<u>6/7</u>			
Time:		<u>2:30pm</u>	<u>2:30pm</u>			

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4/7	4/7	4/7	5/7	5/7
	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	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	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			13	13	13	13	13

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	✓	✓
Call device within reach	yes	yes	yes	✓	✓
Wheels Locked	yes	yes	yes	✓	✓
Room free of clutter	yes	yes	yes	✓	✓
Adequate Lighting	yes	yes	yes	✓	✓
Wheel Chair Support	no	no	no	x	x
Other Intervention(s) Specify	no	no	no	x	x
Nurse's Name :		mona	seena	Pige	Indira
Signature :		[Signature]	[Signature]	[Signature]	[Signature]
Date :		07/07	4/7	4/7	5/7
Time :		4pm	8pm	8pm	8pm

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			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						Rama	Apurva	Riya	Syony			manika	

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 : Saurav brother Name : Saurav brother

Signature of Ward In Charge :

Signature : neeraja sis Name : neeraja sis

BRADEN 'Q' SCALE

					Date :	4/7/26	4/2	4/2	5/7/26
					Time :	12	11am	11am	3pm
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.	1	1	2	2	
"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.	1	1	1	1	
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	2	3	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	2	2	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
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	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23									
					TOTAL SCORE	22	22	18	18
					Evaluator's Name	Neel	Shil	Piyu	Mythra

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

KUH-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-08-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE

BRADEN 'Q' SCALE

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

					Date : 5/7			
					Time : 10pm			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2			
"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.	1			
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.	2			
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.	2			
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
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			
					TOTAL SCORE	18		
					Evaluator's Name	maith		

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
04/07/26	4pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	Resonant
4/7/26	12pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	swell
4/7/26	10pm	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	Phys
4/7/26	6am	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	Phys
5/7/26	20Am	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	Phys
5/7/26	12pm	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	Phys
5/7/26	10pm	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	manthi
6/7/26	6am	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	manthi
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

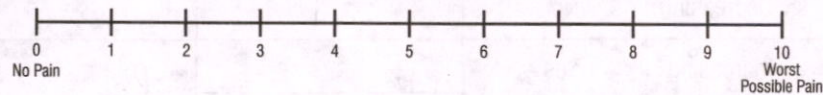
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

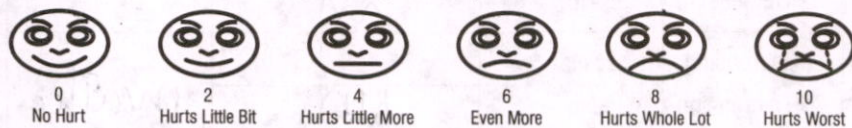
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



KUM-00212912 IP5-00175951
 Baby Of SHAIK NAZEERUN
 17-08-2026 0 Y 0 M 17 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part

Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Hindi

Willingness to Learn: ☒ Yes ☐ No

Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
04/08/26	Am	5	medication	M	1	0	1	1	OK	<i>[Signature]</i>

Part - III: CODES

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

Diagnosis:

2 complications

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
<i>02/07 3am</i>	☒ Medical ☐ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	<i>2 complications</i>	<i>H Stuck</i>	<i>-w med</i>	<i>[Signature]</i>	☐ Nursing ☐ Others:
<i>4:17 4am</i>	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	<i>Bedness over mumbled leg in</i>	<i>H Stuck</i>	<i>-w med</i>	<i>[Signature]</i>	☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

KUH-00212912 IP5-00175951
Baby Of SHAIK NAZEERUN
17-06-2026 0 Y 0 M 17 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: As per doctor order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☐ No
☐ Bathing	☐ Yes	☐ No
☐ Eating	☐ Yes	☐ No
☐ Walking	☐ Yes	☐ No
☐ Dressing	☐ Yes	☒ No
☐ Toileting	☐ Yes	☐ No

Explained family members

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: hand hygiene

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

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: Rama

Nurse Name: Rama

Date and Time: 17/06/2026 4:15 AM

KUJH-00212912
Baby Of SHAIK NAZEERUN (F)
17-08-2026
Dr. KAPIL BHAGWATRAO SACHANE

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Shai NaZeerun Age: 17d
Date: 4/7/26 Time of Arrival: 2:51 AM
Gender: ☐ Male ☒ Female
Triage Completion Time: 2:53 AM
☐ Not known any drug Allergies

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify):
Source of Information: ☐ Parent ☐ Others (Specify):
Mode of Arrival: ☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking
Circulation / Colour: ☐ Normal ☐ Abnormal ☐ Bleeding
Work of Breathing: ☐ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea
Initial Vital Signs: Temp: 98.6 BP: 78/54 RR: 24 SpO₂: 97
Chief Complaints: Redness around umbilical region x yesterday evening

Triage Classification

- ☐ Level 1: Resuscitation
- ☐ Level 2: EMERGENT: Life or limb threatening
- ☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening
- ☐ Level 4: LESS URGENT: Significant illness but not life threatening
- ☐ Level 5: NON - URGENT: May receive care when convenient

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

CTAS
☐ Immediate
☐ < 15 min
☒ 30 min
☐ 60 min
☐ 120 min

Signature of Parent / Guardian
[Signature]

Communicable Disease Triage Screening

PART C. A positive communicable disease triage is considered for any patient who meets on following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Dis and Cough
- ☐ Any patient with fever and respiratory symptoms
- ☐ "YES" to any of the questions on epidemiologic "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a room or a single room (as appropriate)
- ☐ The patient should be given a surgical mask already wearing one.
- ☐ Both patient and triage staff should use PPE (as appropriate)
- ☐ The staff should use PPE (as appropriate)

Signature of Triage Nurse: [Signature]

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

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

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

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

Name of Triage Nurse: Pamadevi
4/7/26 2:53 AM

Date & Time:
Docu. No.: RCHBH / FRM / CLINICAL / 085

Inform consultant for positive criteria.

RISK FOR FALL

- ☒ If patient tick below
- ☐ If Patient Assess the

History of Falling:

Ambulatory Aids:

- ☐ Wheelchair
- ☐ Uses furniture for

Gait/Transferring:

- ☐ Bedrest / immobile
- ☐ Weak
- ☐ Impaired

Mental Status: Forgets lim

IF YES FOR ANY CATEGORY

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☒ Assist Patient
- ☐ Educate patient and family

Psychological Screening: ☒ No S.

Unusual concerns about patient's Psy

If Yes Consultant Notified:

Social History: Lives With

Siblings in household ☒ Yes ☐ No (i

Cultural & Spiritual Needs: ☐ Yes ☒ No i

Time of Initial assessment completed by ER N

Docu. No.: RCHBH / FRM / CLINICAL / 120

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

Time	Nursing Notes
	Dr. Akashan assessed The child
	IV placed done / Dr. prajitha (Nurse) assessed the child
	Samples sent
3:55	shifted to ward.

Samples collected by: / Ratik.

Samples sent by :

Time: / 3:55 a

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 140b/w BP: 79/42 CFT: c3.5e.
 RR: 35b/w SPO₂: 96%
 GCS: 15/15 Temperature: 98.6°F
 Pain Score: 0
 Repeat RBS (if applicable):

Details of Shift - out

Shift - out from ER to: 147
 Time of Shift - out: 3:55 a
 Handover given to: (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placed

Name of the Nurse: Muskan

Date & Time: 24/07/26 @ 3:55 a

Signature of the Nurse: [Signature]

PATIENT TRANSFER FORM

Patient Name & UHID No. KUJH-00212912 IP5-00175951 Baby Of SHAIK NAZEERUN 17-06-2026 0 Y 0 M 17 D (F) Dr. KAPIL BHAGWATRAO SACHANE 		Date & Time of Admission 4/7/26 @ 3:17 AM	Date & Time of Transfer Order 4/7/26 @ 11:00 AM
		Transfer Ordered by Dr. Kapil Sir	Reason for Transfer private
From Unit 147	To Unit 323	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☐ No ☐ If No:	
Number of Imaging Films —			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Jamuna		Name of Person Ordered Transfer Dr. Kapil Sir	
Patient & Clinical Records Received by : Sushantha			
Date & Time of Patient Received : 4/7/26 @ 11:40 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

PATIENT TRANSFER FORM

Patient Name & UHID No. KUH-00212912 IP5-00175951 Baby Of SHAIK NAZEERUN 17-08-2026 0 Y 0 M 17 D (F) Dr. KAPIL BHAGWATRAO SACHANE 		Date & Time of Admission 04/07/26 @ 3:17 am	Date & Time of Transfer Order 04/07/26 @ 3:50 am
		Transfer Ordered by Dr. Akanksha.	Reason for Transfer Admission.
From Unit ER	To Unit 147	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19	Number of Imaging Films nil	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 ☐			
Name & Signature of Person who is Transferring Mr. Musaid.		Name of Person Ordered Transfer Dr Akanksha.	
Patient & Clinical Records Received by : Ramadevi			
Date & Time of Patient Received : 4/7/2026 4:30 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