Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176140 **Admit Date** : 09-Jul-2026 **Admit Time** : 11:29 AM **UHID** : BAH-00661073

Patient Details :

Patient Name	: Baby KHANDARE DIVYA	**Age**	: 12 Y 3 M 1 D
Guardian	: Mr KHANDARE NAGNATH	**DOB**	: 08-04-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO 3-51, DHODAPUR, NIRMAL, BIDRALLI, Basar Adilabad Telangana INDIA 504101	**Phone No**	: 7702336987/ 7729080179
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 121 B **Ward Name** : 1F-GENERAL WARD I

Room No : GW 121 B **Admission Type** : First Visit

Contact Details :

Name : Mr KHANDARE NAGNATH **Relationship** : Father

Contact Address : H.NO 3-51, DHODAPUR, NIRMAL, BIDRALLI, Basar Adilabad Telangana INDIA 504101 **Phone No** : 7702336987 / 7729080179

Signature

Doctor Details :

Doctor Name : Dr. Leena Priyambada **Specialisation** : PEDIATRIC ENDOCRINOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00661073 IPS-00176140
Baby KHANDARE DIVYA
08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

UHID No. : _____ IP No : __ _____ Dept : _____

Date of Admission: _____ Tim ge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	12:50pm	ER	121 B	B

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	L Vidhyadhari	9/7/26	2608356	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
09/7/PM	RBS POCT 280 mg/dl		Rathod
9/7	7pm Urine Ketone (80 large)		Nikita

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
09/7	IV placement	(1)	94497	
9/7	IV H A	1	969502	

ANY OTHER INFORMATION

NIL

Date : 10/07/26 Time : 10:00am Prepared By : Shanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shanthi	GW I		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: K. Divya.

UHID ID: _____

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Baby KHANDARE DIVYA
08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

Department: _____

Consultant: _____

BAH-00661073 IP5-00176140
Baby KHANDARE DIVYA
08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o ~~polyu~~ increased hunger, increased thirst & ↑ frequency of micturition ∴ 2-3m.

History of present illness :

Premorbidly well child
complain of increased thirst & hunger & ↑ frequency of micturition since 2-3m.
not loss of 2-3kg.
Outside ~~Hb~~ Ix - ~~Hb~~-A1C - 14.9, FBS - 251, PP - 501.
Vit B12 - 246. ~~T~~FT - 2.9, T - 27. Vit D - 6.6

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Dr. Leena Priyambada

Pediatric Multiorgan History & Physical Examination

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

0

Birth & Neonatal History:

N perinatal transitia.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History : Developed as per age.

Immunization History : Immunised as per age.

(P.T.O.)

stem : Intact.

: Regular.

Superficials:

& Diagnostic:

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08-04-2014 12 Y 3 M 1 D (F)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))~~22-23 kg~~ 26.6 kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 98/min B.P. 121/70 (83) mm Hg SPO2 100% on RA

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy ⊖

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE⊕.

Any addes sounds : ⊖

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

Cardiovascular S

Insp

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Baby KHANDARE DIVYA
08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Rehydration

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

1 plain
1 EDTA.

NB Start 4/12/26

Planned Management

* Insulin as charted in the progress notes
* Regular RBS monitor pre meals & post meals

DR. LEENA PRIYAMBADA
Registration No: 14423

Signature of the Doctor: .....

Signature of the Consultant: .....

Name of the Consultant: Dr. Leena

Date & Time: 4/12/26 - 11:00 pm

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08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 12.15 pm	Shift to ward.	
	Tecos Lantus - 6U	
	NR - 3U given.	
	→ BG monitoring - . pre meals BF/L/D	
	. post meals - 2hours aft Gs BF/L/D	
	. 2hrs.	
	→ Libre 2 sensor in Diabetes Clinic.	
	→ Repeat urine ketones 7pm.	
	→ Diabetes Diet plan - Dr. Brundavani.	
	→ Diabetes Education - . Hypoglycemia plan. . Sick day.	Ms. Vidya.
	→ Buy a glucometer - memory.	
Leave.		
	Inform BG @ 2pm.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	NUTRITION REVIEW.	
	PBW: 26.6 kg (F)	
	IBW: 40 kg	
	EAN: 53 kcal/kg/d IBW	
	RDA: 2100 kcal/d	
	40% CHO = 210 g/day	
	20% GRAINS = 105 g/d	
	20% BEANS = 105 g/day	
		Kcals CHO
	7am CMD METANUTRITION - 2 scoop	90 0
	WITH WATER	
	8am SMALL BREAKFAST	150 30
	EGG-1	60 0
	10am BEANS-CUP	70 10
	PANIR - 50g	50 0
	1pm SMALL MEAL	250 30
	BEAN-CUP, EGG-1	100 10
	4pm CMD METANUTR - 2 scoop	90 0
	7pm SMALL MEAL	250 30
	PANIR - 50g	50 2
		1160 112
		BROWN 9/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/20 3.45pm	Seen by Resident.	
	Adis - Type I DM.	
		Plan
	Post lunch GRBS - 379mg/dl. child alert, afebrile at room air hemodynamically stable. NO vomitings, loose stools. Oral intake fair.	1. give 3U NOVORAPID now. 2. monitor vitals 3. Continue pre & post meal GRBS monitoring
		Kallutla
5pm	Sneds - 2U NR now.	
	→ NOVORAPID:	10 min before meals.
	<100 - 3U.	
	101 - 200 - 4U	
	201 - 300 - 5U.	
	>300 - 6U.	
	Informs tomorrow morning. pre-BF.	2 hours post meals - >300 - 10. NR. >400 - 20
		Plan Discharge tomorrow F/v on Thursday
	Leena PRIYAMBADA DR. LEENA PRIYAMBADA Registration No: 14422	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7:30AM	D/w Dr Leena informed Sugars	plan. 1) to give Lantus now
		madhura
10/7/26 8AM	SIB Resident	
	A: type 1 DM	plan. 1) Cont. same
	no issues	2) plan discharge after rounds
	O/E: child alert vitals stable RS CVS P/A / Normal	3) Insulin and GRBS as per sliding scale 4) Inform SOS
10 AM		
	· Discharge	madhura
	· R/v Wednesday - morning	
	· BG monitoring - before all meals	
	- 2 hours after meals	
	· 2 AM	
	· Lantus 7U 7 AM	
	Novorapid as per plan	
	correction dose	>300 - 5U
		>400 - 2U
	DR. LEENA PRIYAMBADA REGISTRATION NO: 14422	
	Leena	

GRBS 2am

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
9/7/26	3:30 pm	379 mg/dl.	3 unit NOVO.	Nilesh
9/7/26	8:30 pm	221 mg/dl	5 unit NovoRapid	Suvekha
9/7/26	11:10 PM	300 mg/dl	1 unit novorapid	Suvekha
10/7/26	2:00 Am	231 mg/dl	—	Suvekha
10/7/26	7:25 Am	286 mg/dl	5 unit Novo Rapid	suvekha
10/07/26.	10:10am.	469 mg/dl	2 unit Nova Rapid	SK

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CROSS CONSULTATION FORM

Doctor Name : L. Vidhyadhari. Date : 9/7/26 Time : 1:30pm

Diagnosis : Denovo type - I

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:

Denovo type - I
Reff by Leena priyambada for
Diabetic Education

Signature:

Findings and Recommendations :

Wt - 26.1kg

70 - 180mg/dl → B.
80 - 140mg/dl - Af. food

1) Glucose meter set → ①.
2) ~~Blood~~ ~~ke~~ urine ketones is there

Explanation
Sick day → 4 - 24hr - c - 400mg/dl ↑. 20mg/dl?
↓ fever
→ urine ketones
Oral intake

Insulin c̄ non stop.

Low sugar 70mg/dl to 60 - 50 - 40
Irritability
Sweating
Hungry

2-3hr? Sugar check

Sugar check Bf - Break, Lunch, Dinner - 2Am
After " " - 2hrs

Consultant :

Name : .... Signature : .... Date & Time : ....

Sugars

Before → Breakfast Lunch Dinner 2Am

2hrs After → Breakfast Lunch Dinner.

Auordis Scale → Novorapid

1omg/dL → 5gms - teaspoon → 4 spoons

15gms - table spoon → 2

(1) Gulcond - powder
↓
(2) Sugar powder
↓
(3) plain juice → Apple + Sugar drink / neo carbonate
↓
10mins → Recheck
↓ 100mg/dL
↓
food - Idly / Dosa / Chapathi 2Am

11 → 12
↓
correction → Lunch

Snangu. ✗

follow up. Vidhyadhari next week
Diabetic clinic 4th thursday @ in Banjara
↓
Secundrabad wed / friday → 12pm - 3pm

Vidhyadhari
8/7/26 4pm.

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 9/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... nature .....

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08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

REGULAR PRESCRIPTIONS

Weight. 26.6kg Ward. ....

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Baby KHANDARE DIVYA
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Weight. 26.6 kg Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
9/7/26	11.40 am	Inj LANTUS	6U	SC		Kavita Sutrave
9/7/26	11.50 am	NOVORAPID	3U	SC		Anuj Bhavsi
9/7/26	3:45 PM	NOVORAPID	3U	SC		Mitit Priyanka

VERIFIED BY : name ..... Signature .....

Baby KHANDARE DIVYA
08-04-2014 12 Y 3 M 1 D (F)
Dr. Leena Priyambada

I.V. FLUIDS CHART

Weight. 26.6kg 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

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: 9/7/26 ER Shifted to: ccard.

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 : Salutri

Date & Time : 9/7/26 12:30PM.

Nurse Name & Signature: Bhavani B

Date & Time : 9/7/26 12:30PM

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08-04-2014 12 Y 3 M 2 D (F)
Dr. Leena Priyambada

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10.11.26.. Time: 2PM 6PM

Doctor / Nurse / Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 97 int °F * 97.9 °F *

Heart Rate (bpm) and Blood Pressure (mmHg) * — **Note:** BP does not score in early warning scoring: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 100 (79) 68 ; 109 (81) 70

Heart Rate (Number): 98 b/m 100 b/m

Resp. Rate (bpm) (Over 1 Minute): 70 60 50 40 30 20 10

Resp Rate (Number): 28 b/m 29 b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min) O_2 Saturations (%): 100 % 99 %

Conscious Level: Normal | Altered

GCS *: 15/15 15/15

TOTAL SCORE Number of shaded boxes	1	1
Pain Score	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.

* 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:

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

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

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

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

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

BAH-00661073
Baby KHANDARE DIVYA
08-04-2014
Dr. Leena Priyambada
12 Y 3 M 1 D
(F)
IP5-00176140

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7/26 Time:		9 pm	10 pm
Doctor / Nurse / Family Concern?	1:30 pm		

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

- 1:30 pm: 97.2 F
- 9 pm: 98.2 F
- 10 pm: 98.9 F

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

- 1:30 pm: 103 / (88) / 73
- 9 pm: 92 / 75 / 64
- 10 pm: 101 / (80) / 69

Heart Rate (Number)	117 b/m	101 b/m	110 b/m

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

Resp Rate (Number)	26 b/m	22 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	97%	98%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	D	J	D

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:

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

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

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

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

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

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FLUID CHART

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							
9/7	08:00 am											
	09:00 am											
	10:00 am			EP								
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
9/7	02:00 pm										0	Nikki
	03:00 pm	↑									0	
	04:00 pm	DNO									0	
	05:00 pm	IVF					NP				0	Nikita
	06:00 pm	↓									0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
9/8	08:00 pm										0	Sneha
	09:00 pm										0	
	10:00 pm	NO IVF	Rice water								0	Sneha
	11:00 pm						NP				0	
	12:00 am										0	Sneha
	01:00 am										0	
Total Intake :						**Total Output :**						
10/7/26	02:00 am										0	Sneha
	03:00 am										0	
	04:00 am	NO IVF					NP				0	Sneha
	05:00 am										0	
	06:00 am		water								0	Sneha
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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Sheet No. : .....

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

		Intake				Output						
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											
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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NURSING CARE RECORD

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☐ Afternoon ☐ Night

Date: 9/7/26

Assessment: Baby having hypoglycemia.

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
2pm	→ Assess the general condition of the child	2:15 pm	→ Assessed the general condition of the child.	By done all the procedure Baby condition is Improved
3pm	→ provide comfortable position	4pm	→ provided comfortable position.	
5pm	→ To give BF, BL, BD @	5:30 pm	→ Novorapid to give	
6pm	→ Monitor the vitals sign	6:30 pm	→ Monitored the vitals sig	
7:30 pm	→ Administer medication as per doctor order	8pm	→ Administered medication as per doctor order	

Re-Assessment:

Special Notes: GRBS Check BF, BL, BD & 2am.

Nurse Signature: Nurse Name: Nikitha Date & Time: 9/7/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 9/7/26

Assessment: Baby having hyperglycemia

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
8pm	* Assess the baby general condition monitor vital signs.	8pm	* Assessed the baby general condition monitored vital signs	Baby condition is improving slowly
10pm	* provide comfortable position	10pm	* provided comfortable position	
12AM	* maintain urine output chearly	12Am	* maintained urine output chearly	
2Am	* To check GIRBS BBF, B.L, BS, and BD	2Am	* Checked GIRBS BBF, BL, BS, and BD	
6Am	* To give Novorapid before and after checking GIRBS	6Am	* given novorapid before and after checking GIRBS	
8Am	* Ensure safety side rails	8Am	* Ensure safety side rails.	

Re-Assessment: .....

Special Notes: GIRBS Checking Before and after Breakfast, Lunch, Snacks, and dinner.

Nurse Signature: ..... Nurse Name: Sneha (021056) Date & Time: 10/7/26 @ 8Am

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: OR Department: ER Date of Admission: 9/7/26

SITUATION

Diagnosis: Type I DM.

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

BACKGROUND

Area / Shift Time	ER	1st 2pm 8p	1st 8pm 8a			
Medical Condition (Any special condition to be noted):	NA	NIL	NA			

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	96.3°F	97.9°F			
Res:	24 b/m	26	28			
SpO_2:	100%	100%	100%			
Pulse:	134 b/m	125	116 b/m			
BP:	105/71	110/54	100/68			
Fall Risk Score:	9	9	9			
Pain Score:	0/10	0/10	0/10			

Recommendations

Safety Needs:	Yes	Yes	Yes			
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	Yes	Yes	Yes			
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA			
Post Operative Procedure Special Orders:	NA	NA	NA			
Handed Over By Name :	Bhavani	Nikitha	Sweta			
Signature :						
Date:	9/7	9/7	10/7/26			
Time:	@1pm	8pm	8am			
Taken Over By Name :	Ravina	Sweta	Shanthi			
Signature :						
Date:	9/7/26	9/7/26	10/07/26			
Time:	@1pm	8pm	8am			

DC

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ *Not Known* If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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THE HUMPTY DUMPTY SCALE 9/7 1017

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	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		9	9			

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

Bed in low position		—	Yes			
Call device within reach		—	Yes			
Wheels Locked		—	Yes			
Room free of clutter		—	Yes			
Adequate Lighting		—	Yes			
Wheel Chair Support		No	No			
Other Intervention(s) Specify		No	No			
Nurse's Name :		Shruti	Sruti			
Signature :						
Date :		9/7	10/7			
Time :		12:50 PM	Sruti			

Docu. No. RCHBH / FRM / CLINICAL / 005

BAH-00661073 IP5-00176140
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08-04-2014 12 Y 3 M 1 D (F)
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BRADEN 'Q' SCALE

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					Date : 9/7	10/7/2		
					Time : 12:50 pm	6 am		
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		
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		
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.	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		
				TOTAL SCORE	28	28		
				Evaluator's Name	Bhavana	Sneha		

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

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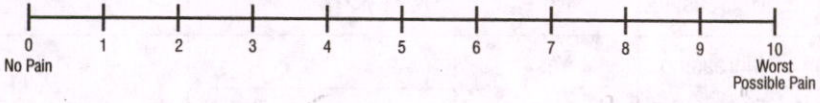
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	12:30pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Bhavani
9/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Suresh
10/7/26	4Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Suresh
				☐ 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.
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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CHECKLIST FOR THROMBOPHLEBITIS

9/7 10/07

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						
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	—	—	—	—			0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—	—	—	—						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—	—	—	—						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—	—	—	—						
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : Krishnendy Name : Krishnendy

Signature of Ward In Charge :

Signature : Neeraja Name : Neeraja

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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per doctor order

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

			Remarks
☐ Medication	☑ Yes	☐ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	
☐ Walking	☐ Yes	☑ No	Explain the mother
☐ Dressing	☐ Yes	☑ No	
☐ Toileting	☐ Yes	☑ No	

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 hygine
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others:

Nurse Signature: V. Ravina
Nurse Name: V. Ra...
Date and Time: 9/7/26 @ 1pm

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
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		
9/7/26	12pm	7	Infection control measure	M	1	O	1	1	—	Bhavani
9/7/26	3pm	9	Diabetic diet	M	1	O	1	1	—	[illegible]

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/7/26 9pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	weight loss 2-4 kgs	stability	Dr advice	Rahul	☐ Nursing ☐ Others:
9/7/26 12pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	weight loss -2-4 kgs	stability	Dr advice	Bhavai	☐ Medical ☐ Others:
9/7/26 3pm	☐ Medical ☐ Nursing ☐ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Newly diagnosed T1DM	Diabetic diet	RDA E - 1750 Kcal/d P - 31g/d	Nibedita	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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12 I B

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/7/26 Time: 3pm

Weight: 26.6 kgs Centile: < 5th

Height: 137 cms Centile: < 5th

Inference: Underweight Child

RDA: – Calories: 1250 kcal/d Protein: 31g/d

Diet Recommendations: Diabetic diet

Re-Assesment: Avoid spicy, chilled, outside foods

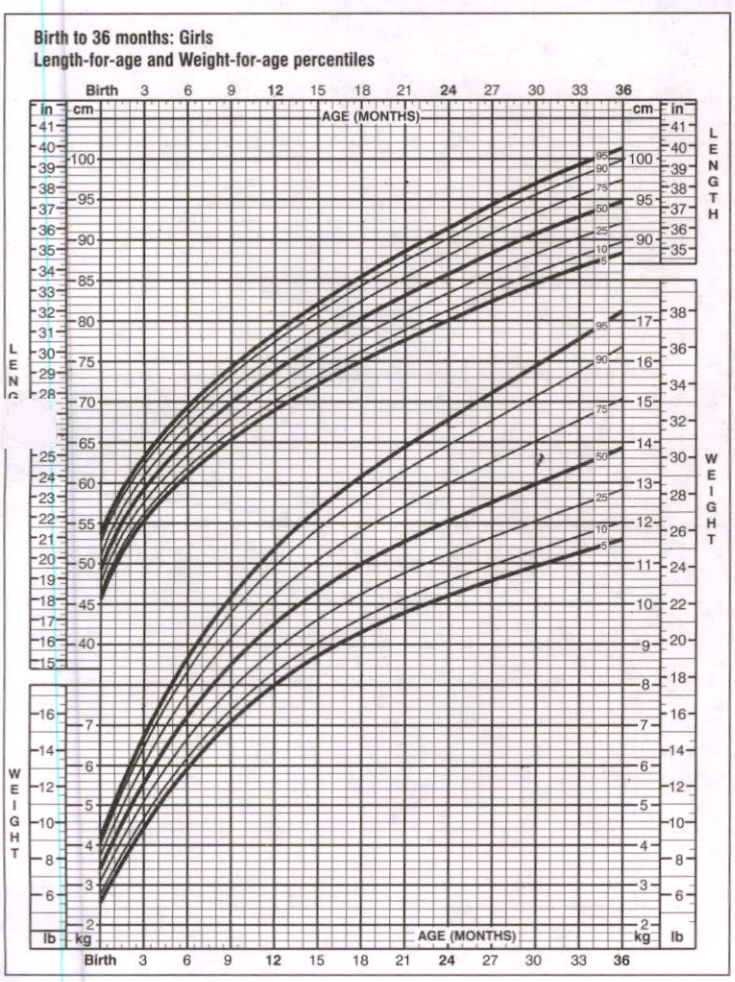
Food Allergies: NO Veg/Non-veg Veg

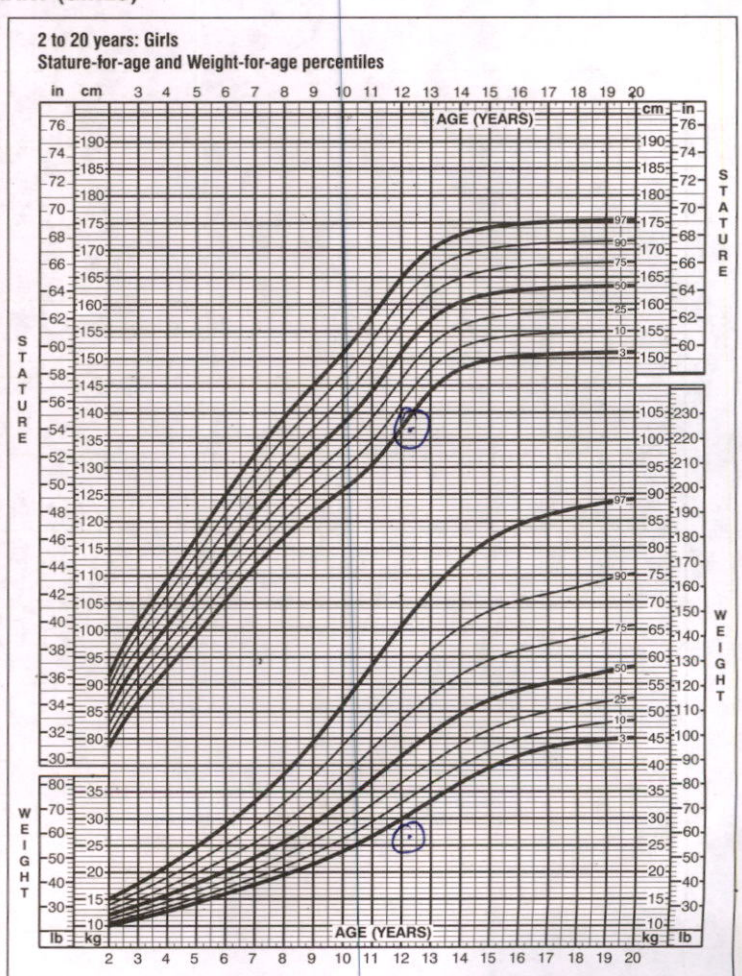
Diagnosis: Newly diagnosed T1 DM

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Niketha Dietician's Signature Niketha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

10/7/26
8:30AM

Child is stable Oral Intake is Better
Continue I Diabetic diet. — Nagendra