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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master KANDEPI SIVAAN	**UHID**	HNH-00016465
Father/Guardian	Mr AJAY KUMAR	**Age/Gender**	1 Y 8 M 7 D/ Male
Address	1-9-290/2,RAM NAGAR,HYDERABAD, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006799	**Admission Date**	10-07-2026
Ref Doctor	DR. HARNATH		
Discharge Date	11.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS WITH DEHYDRATION	
LOWER RESPIRATORY TRACT INFECTION	

History: Master KANDEPI SIVAAN, 1 Y 8 M 7 D , old boy presented with .0history of fever, cough and cold since 3 days, decreased oral intake, dull activity, dull look, decreased urine output since 2 days prior to adm0ission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Name	Master KANDEPI SIVAAN	UHID	HNH-00016465
IP No	IP26-00006799	Admission Date	10-07-2026

Examination: He was febrile(103*F). His heart rate was 140/min and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, sunken eyes, dull looking were present. On auscultation, air entry was bilaterally equal with conducted sounds were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 10 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was

SARS-CoV-2	NEGATIVE
Influenza A	**POSITIVE**
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

VBG showed pH of 7.33, pCO2 of 30.2 mmHg, pO2 of 48 mmHg, HCO3 of 16.9 mmol/L and BE of -9.6 mmol/L.

Initial hemogram showed Hemoglobin of 10.6 gm%, White Blood Cell count of 4710 cells/cumm, platelet count of 2.19 lakhs/cumm and C-Reactive Protein of 20 mg/l. Serum electrolytes showed sodium of 125 mmol/L, potassium of 4.8 mmol/L & Chloride of 100 mmol/L. Adenovirus PCR was not detected.

Name	Master KANDEPI SIVAAN	**UHID**	HNH-00016465
IP No	IP26-00006799	**Admission Date**	10-07-2026

Repeat Serum electrolytes showed sodium of 134 mmol/L, potassium of 4.6 mmol/L & Chloride of 106 mmol/L. Complete urine examination shows 6-8 pus cells, 3-5 epithelial cells.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child had worms in stool and hence one dose of oral albendazole was given f/b repeat dose to be given after 14 days.Family was also advised to take albendazole and clean linen and clothing at home.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Amoxyclav
Nasoclear nasal drops
Syrup. Xyzal
Syrup. Fluvir
Mucolite drops
Nebulisation 3 % NS
Pro-GG drops

Name	Master KANDEPI SIVAAN	**UHID**	HNH-00016465
IP No	IP26-00006799	**Admission Date**	10-07-2026

Z & D suspension

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	2.5 ml	8am-8pm (after food)	For 5 days
2	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	2.5 ml	9am-9pm (after food)	For 4 days.
3	MUCOLITE drops	1 ml	6am-2pm-10pm (1 hour before food)	For 3 days.
4	Pro-GG drops	15 drops	9am-9pm (after food)	For 3 days
5	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 13 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Master KANDEPI SIVAAN	**UHID**	HNH-00016465
IP No	IP26-00006799	**Admission Date**	10-07-2026

Plan: To give repeat dose of Syp. Albendazole(5ml/200mg) 5ml on 24.07.26.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. HARNATH on Sunday(12.07.26) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Regular followup with DR. HARNATH, Primary Pediatrician.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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

Parent/ Attender

Name	Master KANDEPI SIVAAN	**UHID**	HNH-00016465
IP No	IP26-00006799	**Admission Date**	10-07-2026

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006799 **Admit Date** : 10-Jul-2026 **Admit Time** : 12:41 AM **UHID** : HNH-00016465

Patient Details :

Patient Name	: Master KANDEPI SIVAAN	**Age**	: 1 Y 8 M 7 D
Guardian	: Mr AJAY KUMAR	**DOB**	: 03-11-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-9-290/2,RAM NAGAR,HYDERABAD Ram Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 8125575759/ 7386169747
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr AJAY KUMAR **Relationship** : Father

Contact Address : 1-9-290/2,RAM NAGAR,HYDERABAD Ram Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 8125575759

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

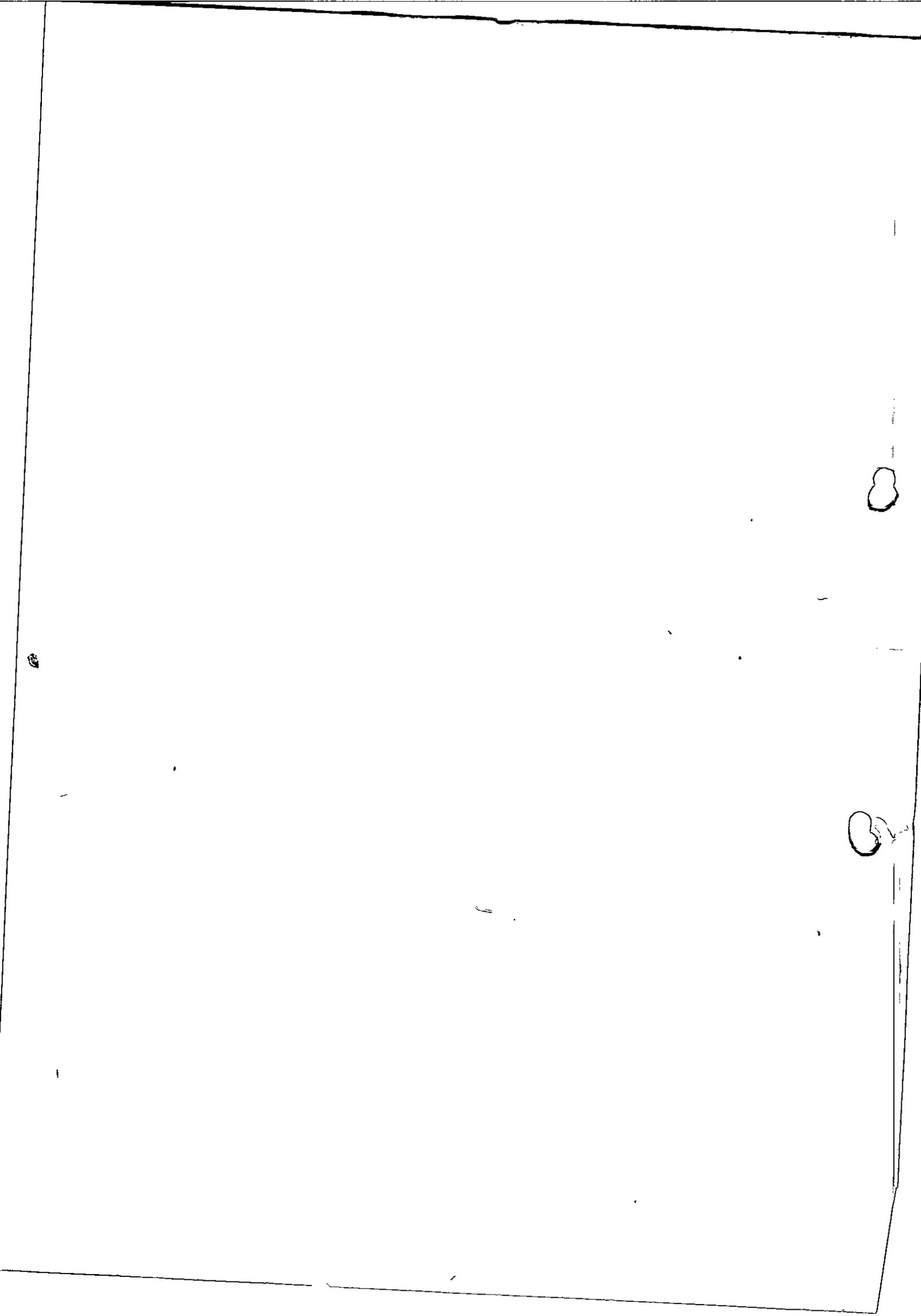
Referral Doctor : DR. HARNATH **Phone No** : 9391013987

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.



HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
11/7/26	00.00	3% NS + O2 (1)	Sm	
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	3% NS + O2 (2) + T (2) 12649	Sm	
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

T (6) Cross checked done by Sindhu

HNH-00016465 IP26-00006799
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
10/7	12.00	3% NS (-12446.		Krishnaveni
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	3% NS		Krishnaveni
	19.00		2540	
	20.00			
	21.00			
	22.00			
	23.00			

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ACTIVITY RECORD FOR BILLING

HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

Name ----------

UHID ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	12:46	GR	ward	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/7/26	CBP CRP Res. Panel	1375	
10/7/26	VB Cr	1376	
	~~X-Ray Chest / LFT~~	~~8258~~	
10/7/26	Electrolyte	11379	
10/7/26	CUE	11381	
10/7/26	X-ray chest PA	8260	
10/7/26	Blood cfs	11393	
10/7/26	Serum electrolytes	11397	
	Cross checked done by Sneha		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7	Infusion pump	2am	10/7 10pm	12301	

Cross checked done by Sneha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/7/26	IV Placement	1	2288	
10/7/26	NHA	1	12384	

Cross Checked done by Sneha

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : SHIVAN / 2 months / Male

Patient ID# : HNH-00016465 IP26-00006799

Master KANDEPI SIVAAN

03-11-2024 1 Y 8 M 7 D (M)

Consultant : Dr. SINDHURA MUNUKUNTLA

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o 1/ Fever since 3 days
2/ Cough, cold since 3 days
3/ Decreased oral intake & dull look : 2 days
4/ Decreased urine output : yesterday

History of present illness :

Child was apparently asymptomatic 3 days back after which he had fever which was high grade intermittent responding to oral paracetamol.

Cough started 3 days back which was productive associated with running nose.

Child has decreased oral intake & dull look since 2 days

Child has decreased urine output since yesterday

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term/SCy/2.8kg/C/IAB

NICU-stay for RDS

5 days

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal.

Immunization History :

DTAP - Schedule - Up-to-date

Pneumococcal - pending (this year)

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10 kg (Centile _____)

On Examination :

Temperature : 103°F Pulse Rate: _____ Description _____

B.P. _____ SPO2 96% at RA.

Resp. rate and type of breathing : _____

dry lips (+)

Rash dry oral mucosa (+)

Lymphadenopathy ↓ axillary lymph

Oedema : sunken eyes (+)

dull look (+)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L- NAD (+)

Any addes sounds : B/L- conducted sounds (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 (+)

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : P/A soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 13/15

Cranial Nerves :

Motor System :

Nutrition : Normal

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Δ AF I ? dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment : IV Fluids

HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

Desired goals of the treatment : Fever subsidence

Planned Labs :

CBP
CRP
CXR-AP
CUE (DUE)
Blood C/S - collect
Extra plex - 1
Resp. panel (5 viruses)
Dengue NS 1 - (collect)
VBG

Noted By Brabin

Planned Management :

- IV DNS @ *
- Syp. CROCIN - DJ (5ml/40kg) 2.5ml SOS/6th hrly
- Syp. 3BUCEFIC (5ml/10kg) 2.5ml SOS/8th hrly
- NASOCLEAR drop 2* QID.

Noted By Brabin

Please fill up the following details

1. Name of the Referring Doctor : Dr. Ramnath
2. Name of the Referring Hospital : (Including the name of City)
3. Contact number of the Referring Doctor : (Preferring Mobile #)
4. Name of the doctor in Rainbow Team Dr Sindhura M on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 65970 Date 10/11/24 Time 9am

HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 3 AM	Case d/w Dr. Sindhura S/B Dr. Sneha	
	VBG	Plan
	pH - 7.33	
	pCO_2 - 35	- Send Serum Electrolytes & previous sample
	HCO_3 - 16.9	
	Base - 10.1	- Send CVP
	K^+ - 7.8	- Chest X-ray - new
	Na^+ - 130	
		- Trace reports
	CVS - S1 S2 (+)	
	pulse volume (N)	- cf IV Fluids @ 4 ml/hr
	M-BU-ACF (+)	
	passed urine 120 ml	K 7.8 ✓
	Tolerating feeds	
10/7/26 4:10 AM	S/B Sneha	Plan
	Informed Dr. Sindhura	
		- Repeat Serum electrolytes @ 10 AM
	S. Na^+ 125	
	S. K^+ 4.8	
	S. Cl^- 100	- cf IV Fluids DNS @ 4 ml/hr

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	MB Dr. Dhanvi	
	AFI c̄ dehydration (Influenza A positive)	
	- no fever spikes ∵ admission	
	- cough (+)	
	- Passing urine -	Plan
	- oral intake :	1) trace WE Resp panel
	O/E	2) send S. electrolytes at 10am today
	vitals : stable	3) Rest Rt. as per Rx chart
	S/E - (N)	4) monitor vitals.
	P/A - soft	
	RS : BAE (+) clear	
	Dhanvi	Start AMOXYCLAV, send Blood C/S
		NB Sunanda @ 7am
CUE	sediment & ketone bodies (+)	
	uric acid crystals (+)	
	pus cells : 6-8	

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03-11-2024 1 Y 8 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes S/B Dr. Sindhura	Doctor's Order
10/2/26 11 AM	Influenza A illness c dehydration	
	No fever spikes since admission cough (+) oral acceptance - fair.	Advice • Start oral fluids • Ct Amoxyclav • Nasivion-P drops } start • mucohit drops • 3% NS Nebulisations QID
	O/E vitally stable. S/E P/A - soft, non tender.	
10/2/26 3 pm	S/B Dr. Archana. Influenza A illness c dehydration.	
	fever spikes - 101.1°F (12:30 pm) oral acceptance - fair Cough (+)	Advice. • Ct fluids & Inj Amoxyclav • Ct rest same. • TPR 1 hr c
	O/E vitally stable. S/E wnl.	N/B Paracetamol

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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Master KANDEPI SIVAAN
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8 AM	c/s/by. Ds Aniketa	
	Influm A illness.	
	fever spike (+)	
	2 loose stool (+)	Plan.
	vital stable	
	S/E NAD	— Albend 30/c syp. 5ml PO (400mg/10ml) (Start) H/S
	rasmu in the stools (+)	
		— I/O
		— ct oth Mx
		— prolyte ORS
		— sgt diet
		— E

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 7.30 AM.	c/s/by Dr Anush / Dr Vasu Inflow A illm.	
	No fever Activity } good. hydrati }	
	Plan in stools (+). loose stools (+) (cycle - 2 Epis) No loose stools @ night	Plan. Enhance orally ct oth Mx florin
	S/E (P/A) soft No distension. plan.	[2nd dose of Albend after 2wk] ct prob6 ORS 24D Monitor vitals
	Af.	NB Sm C Lib Bld

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 10:15 AM	S/B Dr. Sindhura	
	Δ Influenza A Illness (LRI)	
	C/o passing worms in stool.	Plan
	CVS - S1S2 (+) RS - B/L - AE (+)	- Cap ZLUVIR x5 days today
		- Repeat dose of Albendazole 5ml after 14 days
	Plan for DC	
		- Discharge N/A 1 day
		- F/up c Dr. Hamsak
	NIB	[signature]
		[signature] SUNITHAM

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

HNH-00016465 IP26-00006799
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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN-DJ

Dose	Route	Frequency	Start Date
3 ml	oral	SOS/6H	10/7

Doctor's Signature	Valid Period	Pharm.

Additional Instructions: Paracetamol (Sw/240mg)

Date / Time

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
2.5 ml	oral	SOS/8H	10/7

Doctor's Signature	Valid Period	Pharm.

Additional Instructions: IBUPROFEN (Sw/100mg)

Date / Time

DRUG : ORS Prolyte

Dose	Route	Frequency	Start Date
		ad lib	10/7

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

Verified by Dr. Dhakshayani Verified by Dr. Dhakshayani

VERIFIED BY : Name Signature

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Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. .....

DRUG : Nasoclear nasal drop

Dose	Route	Frequency	Start Date
1°	nasal	QID	10/7

Name & Signature of the Doctor Starting the Drugs: B.Singh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 9/7 10/7; 2am 12am 6am 12pm 6pm

Verified by Dr. Dhakshayani

DRUG : Syp. XYZAL

Dose	Route	Frequency	Start Date
2.5ml	oral	bedtime	10/7

Name & Signature of the Doctor Starting the Drugs: B.Singh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 9/7 10/7; 10pm

Verified by Dr. Dhakshayani

DRUG : Inj. AMOXYCLAV

Dose	Route	Frequency	Start Date
300mg	IV	TID	10/7

Name & Signature of the Doctor Starting the Drugs: B.Singh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7; 8am 2pm 10pm

Verified by Dr. Dhakshayani

DRUG : Syp. FLUVIR

Dose	Route	Frequency	Start Date
2.5ml	oral	BD	10/7

Name & Signature of the Doctor Starting the Drugs: B.Singh

Additional Instructions: OSELTAMIVIR (5ml/60mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7; 10am 10pm

Verified by Dr. Dhakshayani

Patient Stic

HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.0 kg Ward .....

DRUG : MUCOLITE drops

Dose	Route	Frequency	Start Dt.
2ml	PO	TDS	10/7

Name & Signature of the Doctor Starting the Drugs: Ist

Additional Instructions: (7.5mg/ml)

Daily Doctor's Endorsement by a Sign

Date/Time		
10/7	11/7	
6am	X	6pm
2pm	10pm	
10pm		

DRUG : Nebulization c 3% NS

Dose	Route	Frequency	Start Dt.
2ml	Neb	QID	10/7

Name & Signature of the Doctor Starting the Drugs: Ist

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	
	See the chart.

DRUG : PROG G drops

Dose	Route	Frequency	Start Dt.
15 dy	PO	BD	10/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time		
10/7	11/7	
9Am	X	9Pm
9Pm	9Am	

DRUG : Zn D Suspension

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	10/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: (20mg/1ml)

Daily Doctor's Endorsement by a Sign

Date/Time		
10/7		
8Pm	9Am	9Pm

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY : Name .....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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

DRUG : MUC	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
10/7	9pm	Syp ALBENDAZOLE (200mg/10ml)	5ml	PO #1/1	AJ	Sm Sy

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

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I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/7	1:20 AM	DNS	IV	40 ml					
10/7.	3pm.	"		20 cc/hr					

Signature .....

VERIFIED BY : Name .....

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RESULT SHEET

Date	10/7/26					
Time	4pm					
Hb	10.6					
PCV	30.2					
RBC	4.33					
WBC	4.71					
N/L	45.9/44.2					
Platelets	219					
CRP	20					
ESR						
PCT						
RBS						
Na	125					
K	4.8					
Cl	100					
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	10/7/26					
Time	4.13					
CUE - Alb	NIL					
CUE - Sugar	~~present~~ + NIL					
CUE - Ketones	present					
CUE - PUS Cells	6-8					
CUE - RBC Cells	NIL					
CUE - Epithelial	3-5					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A — Positive						
B —						
RSV —						
SARS - V —						
Adeno —						

Culture and Sensitivities : Blood c/s

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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IM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/7/26 Time: 2 am 6 am

Doctor / Nurse / Family Concern?

Temperature (F): 98.5°F → 98.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 99 (63) 52 → 80 (65) 55

Note: BP does not score in early warning scoring

Heart Rate (Number): 112b/m → 118b/m

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

Resp Rate (Number): 23b/m → 24b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 99% → 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	SK	SK

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/7 Time: 10AM 12:30pm 3pm 6pm 10 pm 3 am 6 am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F 101.1°F 98.1°F 98.5°F 98.5°F 98.9°F 98.2°F

Crocin 3rd Circle

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

110/60 112/70 110/63 96/58 99/58

Heart Rate (Number) 112bpm 118bpm 113bpm 112bpm 110bpm 111bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 26bpm 23bpm 28bpm 28bpm 28bpm 28bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) RA 99% 99% 98% 98% 98%

Conscious Level: Normal | Altered

GCS * 14/15 14/15 14/15

TOTAL SCORE
Number of shaded boxes 0 0 0 0 0 0

Pain Score 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
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
10 MAR 26	02:00 am	DNS		40ml								
	03:00 am			40ml								
	04:00 am			40ml		/			/	120ml		
	05:00 am			40ml	NA							
	06:00 am			40ml	/			NA				
	07:00 am			40ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
10/7	08:00 am			40ml								
	09:00 am			40ml								
	10:00 am	DNS	Milk	40ml								
	11:00 am			40ml								
	12:00 pm			40ml								
	01:00 pm			40ml								
Total Intake :						**Total Output :**						
	02:00 pm			—								
	03:00 pm		Milo	20ml								
	04:00 pm	DNS		20ml								
	05:00 pm			20ml								
	06:00 pm			20ml								
	07:00 pm			20ml								
Total Intake :						**Total Output :**						
10/7	08:00 pm			20ml								
	09:00 pm		Rice	20ml								
	10:00 pm	DNS		20ml								
	11:00 pm			—								
	12:00 am		Milo	—								
	01:00 am			—								
Total Intake :						**Total Output :**						
11/7	02:00 am											
	03:00 am											
	04:00 am		Rice									
	05:00 am											
	06:00 am		Milo									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2am to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2pm to 8pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now pt is stable	- Rechecked the v/s	

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 10/7

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	Re-Assessment	Nurse Name & Signature
Morning	8pm to 2pm	⇒ Assess the pt condition ⇒ Monitor vital & record ⇒ Maintain I/o chart ⇒ Administer medication as per drug chart	8pm to 2pm	⇒ Assessed the pt condition ⇒ Monitored vital & recorded ⇒ Maintained I/o chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Recheck Vitals	
Afternoon	2pm 8pm	Assess the baby Vitals Monitor the vitals Maintain I/o chart	2pm 8pm	Assess the baby Monitored the vitals Maintain I/o chart	Administer Med	Learn the CP	
Night	8pm 8Am	Assess the Pt condition monitor vitals. Maintain I/o chart. Provide the comfortable Position Medication given as per doctor order	8pm 8Am	Assessed the Pt condition monitored vitals. Maintained I/o chart. Provided the comfortable Position Medication given as per doctor.	⇒ Pt is stable. ⇒ Vitals normal	⇒ Monitor vitals. ⇒ Maintain I/o chart	

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI ⊂ dehydration				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	9/7 N1	10/7	10/7 8pm	10/7 N1		
	Medical Condition (Any special condition to be noted):	—	—	—	—		
	Diet:	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.5°F	98.6°F	98.2°F		
	Res:	24b/m	28b/m	26b/m	24b/m		
	SpO_2:	99%	99%	100%	99%		
	Pulse:	123b/m	124b/m	112b/m	124b/m		
	BP:	—	—	—	—		
	LOC:	—	—	—	—		
	Fall Risk Score:	40	0	—	—		
	Pain Score:	40	0	—	—		
	Skin Integrity	Good	Good	—	—		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Sugandha Swetha	Swetha	Shiva	Sugandha		
Signature / ID :							
Date:		10/7	10/7	10/7	10/7		
Time:		2pm	8pm	8pm	8pm		
Taken Over By Name :		Swetha	Swetha	Sugandha			
Signature / ID :							
Date:		10/7	10/7	10/7			
Time:		8pm	2pm	8pm			

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016465 IP26-00006799
Master KANDEPI SIVAAN
03-11-2024 1 Y 8 M 7 D (M)
Dr. SINDHURA MUNUKUNTLA

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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				
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			NA	NA	0	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0	NA				
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			NA	NA	0	NA				
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			NA	NA	0	NA				
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			NA	NA	0	NA				
		Signature of the Nurse				SN							

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 : Sunanda Name : SN

Signature of Ward In Charge :

Signature : Balasani Name : Balasani

Patient Sticker

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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										
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										

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 : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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PAIN ASSESSMENT FORM

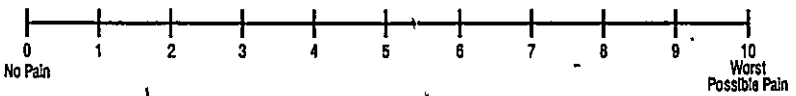
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
10/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
10/7	12pm	0/0	NR	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No		
10/7	6pm	0	nr	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
10/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ 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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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

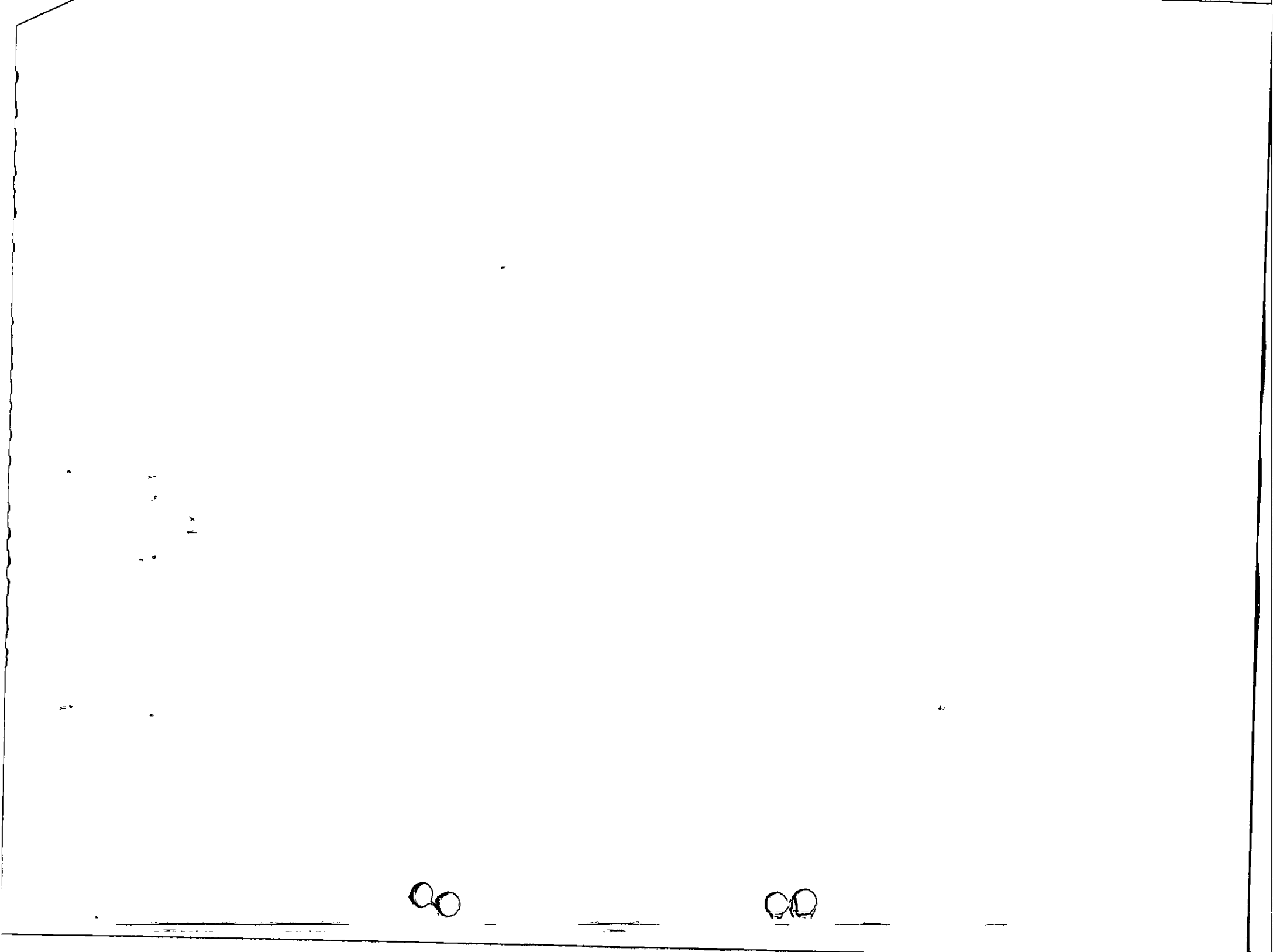
Doctor Name & Signature : Dr. Sateesh

Date & Time : 10/7/26 @ 12:40 Am

Nurse Name & Signature: Prabhu

Date & Time : 10/7/26 @ 12:40 Am

Docu. No. : RCH / FRM / GENERAL / 090



PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	10/7/26 @ 12:41 PM	10/7/26 @ 12:41 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Sreeghan	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	Ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		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	Name of Person Ordered Transfer
Razabi	Dr. Sreeghan

Patient & Clinical Records Received by : Sananda @ 2pm

Date & Time of Patient Received : 10/7/26 @ 2pm

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

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

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Shivaam Age : 1Y, 8 months **Gender:** ☑ Male ☐ Female

Date : 10/7/26 Time of Arrival : 12:10Am

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.8F PR: 140 BP: ..... RR: 30 SpO_2: 98%

Chief Complaints: c/o fever, cold & cough since 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Apurba

Signature of Triage Nurse : .....

Date & Time : 10/7/26 @ 12:10Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 12:10 PM

Chief Complaints: c/o cold, cough, Fever since 2 days RBS: .....

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

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 12:12 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ Medication given to the Pt
	→ IV Placement done

Samples collected by: / Time:

Samples sent by : / Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:20 pm	Ibugesic	oo	2.5 ml		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 113 b/m BP: ..... CFT: 2sec	Shift - out from ER to: ward
RR: ..... SPO_2 : 98%	Time of Shift - out: 1:30 pm
GCS: 15/15 Temperature : 101°F	Handover given to: Sunanda
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Babi Signature of the Nurse : .....

Date & Time : 20/7/26 @ 12:12 pm

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/7/26 Time: 9:30 am

Weight: 10 Kg Centile: 5th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1200 KCal/day Protein: 20 gms/day

Diet Recommendations: DBF + Complementary food Soft and bland diet

Re-Assesment: No Junk, Only spicy food

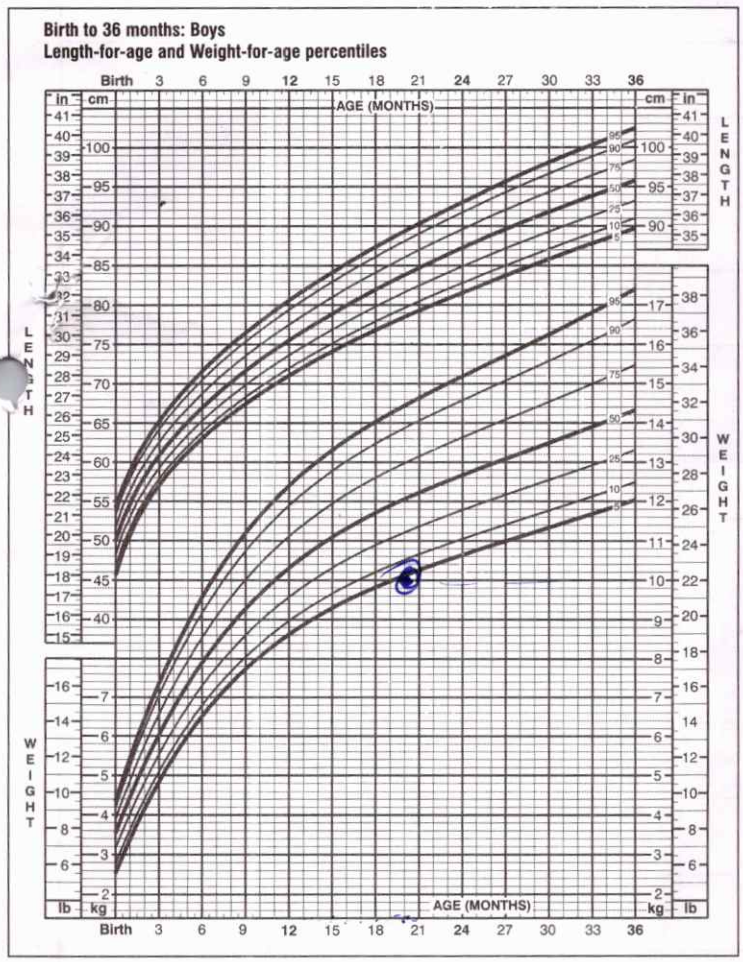
Food Allergies: No ~~Veg~~/Non-veg Non veg

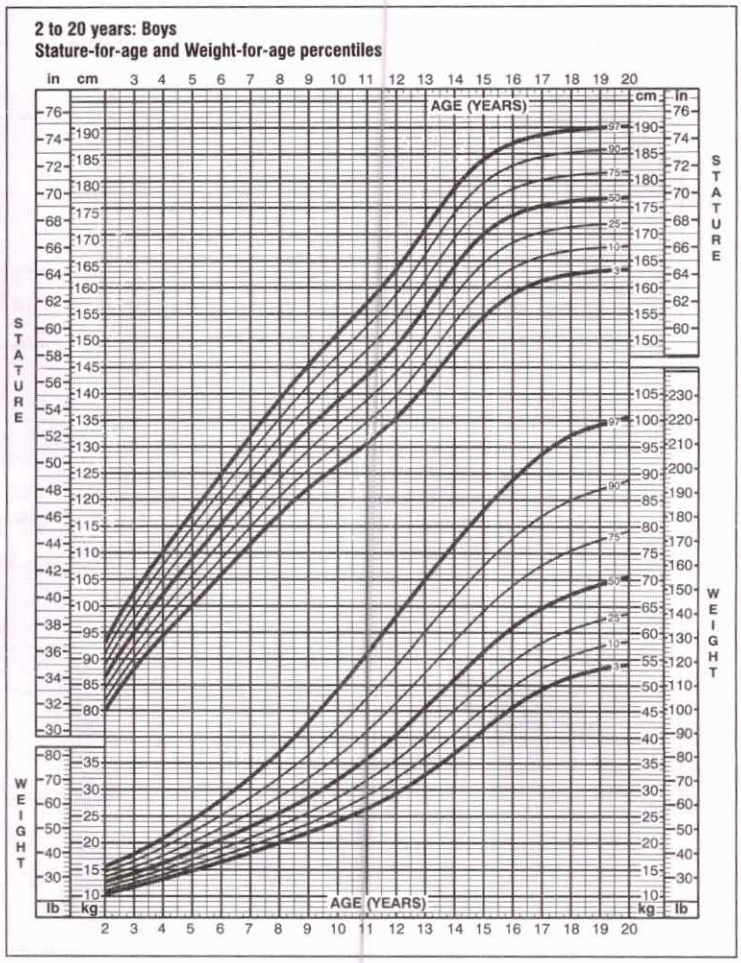
Diagnosis: Acute dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: