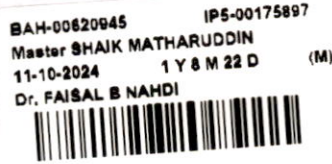


ACTIVITY RECORD FOR BILLING

Name : _____
UHID No. : _____ IP I _____
Date of Admission: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



nt: _____ Dept : _____

Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/07/26	2:40 a	ER -	116	Nursing

Cross Consultation Visit

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

[illegible]

Date _____

Investigations

Order No.

Signature

317

ecg, crp, Electrolytes
urinal, Blood cbs

66382

Profit/Loss

$$3/7^*$$

CVE

317

LFT

3/2

USA Gbd

032968

4

317

CVU: Urine culture

66627

Apr 4

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7	2x placement	1	84977	Rafsan
3/7	NAA	(1)	685856	APPU

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : 4/7/26

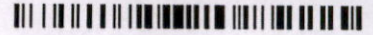
Time : @ 10am

Prepared By : Ankitha

Staff Nurse Ankitha	Shift / Ward C.W - 1	Billing Assistant	Billing Supervisor
------------------------	-------------------------	-------------------	--------------------

**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 : IP5-00175897

Admit Date : 03-Jul-2026

Admit Time : 02:00 AM UHID : BAH-00620945

Patient Details :

Patient Name : Master SHAIK MATHARUDDIN MEHRAN

Age : 1 Y 8 M 22 D

Guardian : Mr SHAIK MAZHARUDDIN

DOB : 11-10-2024 01:00 AM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H.NO-1-1-475 BODHAN Nizamabad
Nizamabad Telangana INDIA 503174

Phone No : 9381113848/ 9346683722

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 116

Ward Name : 1F-GENERAL WARD I

Room No : GW 116

Admission Type : First Visit

Contact Details :

Name : Mr SHAIK MAZHARUDDIN

Relationship : Father

Contact Address : H.NO-1-1-475 BODHAN Nizamabad
Nizamabad Telangana INDIA 503174

Phone No : 9381113848 / 9346683722

Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. UJJWALA DESAI

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Shaik Mazher Uddin

UHID ID:

BAH-00820945 IP5-00175897

Master SHAIK MATHARUDDIN

11-10-2024 1 Y 6 M 22 D (M)

Dr. FAISAL S NAHDI



Department:

Consultant:



Pediatric Multiorgan history & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

40 fever ~ 8 days.
poor oral intake ~ 2d.

History of present illness :

Pre morbidly well child,
developed fever 8 days ago, initially low
grade and subsiding with medication
used paracetamol & cefprozime x 3d.

↓
fever free for 2-3 days.

again developed fever 2 days ago,
high grade, not touching baseline
not subsiding with medication.
no chills / rashes / cough / cold / vomiting / loose
stools.

No H/o travel.

No similar illness in family.

CBP 2/7/26 -

Hb - 10.1

WBC - 19.5k (66/27)

Plt - 31.9-L 4.2Lak

Widal - 'D' 1:320

'H' 1:160

CRP - 9.2



Pediatric Multiorgan History & Physical Examination

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

0

Birth & Neonatal History:

① perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed as per age

Immunization History :

Immunised as per age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.5 kg (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate : 90/min B.P. 89/60 mmHg SPO2 98% RA

Resp. rate and type of breathing : 32*/min

Rash ⊕ hydration - moderate

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAC ⊕

Any addles sounds : ⊕

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ⊕

Any murmur : ⊕

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

Per Abdomen :

Inspection _____

Palpation : Soft NT

Ausculation : ⊕

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: NAD

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Intact

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness - Enteric fever



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis - dehydration

Desired goals of the treatment : hemodynamical stability

Planned Labs:

- CBP
- CRP
- S-Electrolytes
- Widal
- Blood c/s
- + extra plain
- CUE

Planned Management

- IV fluids @ 1/2 maint
- Inj Ceftriaxone
- Inj Azithromycin
- Eomeprazole
- Fever management -
NB ~~monitor~~

Signature of the Doctor: [Signature]

Name of the Doctor: Sahitri

Date & Time: 3/7/26 : 2 PM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Ujjwala

Date & Time: 3/7/26 ✓
[Signature]

DR. UJJWALA DESAI
Registration No: 90550



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/24 4 PM	Seen by Resident Acis Enteric fever	Plan 1. Continue medication as charted
	Child asleep, afebrile hemodynamically stable	2. Trace labs 3. Send Cx & Sahitri
3/7/24 8 PM	Seen by Resident Acis AFI ? Enteric fever child afebrile since admission oral intake less No other issues o/e	Plan 1. Continue CEFTRIAXONE - AZITHROMYCIN IV fluids
	Child asleep, afebrile hemodynamically stable chest clear abdomen soft, non tender. hydration fair	2. Trace CBP, widal, blood c/s; etc. monitor vitals, w/f further fever spikes 3. Send CUE & urine c/s. Sahitri
	Febrile illness biphasic	Send LFT USG abdomen
		DR. UJJWALA DESAI Registration No: 90550



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/3/26 8:10 AM	SIB Resident	Plan
	A: API ? Enteric	① continue ceftriaxone Azee
	no fever	② monitor vitals
	O/S - fair	③ trace widal Blood c/s urine c/s.
	no new issues	
	O/E - Child awake vitals stable	④ Inform soc.
(verbal) Blood c/s so far no growth	M - BICAC (+) Clear	
	Wt / normal PIA	Madhura
	Pr - good	
	Discharge today	Trace widal & blood urine Give Ceftriaxone dose at 12 noon FIB cefixime from tomorrow x 3 days Azee ↓ dose if widal -ve. Later sdg Lanzol 315 Ondom Review after 3 days
		1000 Dryjwal ga.

[illegible]

BAH-00620945 IP5-00175897
Master SHAJK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI



RESULT SHEET

Date	2/7/26				
Time					
Hb	9.3				
PCV	31.5				
RBC	5.24				
WBC	26,390				
N/L	64/32				
Platelets	5.11 lakh				
CRP	7				
ESR					
PCT					
RBS					
Na	137				
K	4.8				
Cl	104				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	124				
SGPT	14				
SGOT	24				
T.Bill/Conj	0.3/0.1				
T.Protein	7				
S.Albumin	4.1				
S.Globulin	2.9				
A/G Ratio	2.9				
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..) :

BAH-00620945 IP5-00175897
Master SHAIK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI



r uddin

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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	<u>Cefpodoxime</u>	<u>5 ml</u>	<u>PO</u>	<u>BID</u>	<u>2/7/26</u> <u>10 pm</u>	☐ 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: Sanjay

Date & Time: 3/7/26 2 pm

Nurse Name & Signature: Muhammad

Date & Time: 3/7/26 2 pm

BAH-00620945 IP5-00175897
Master SHAIK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13.5 kg Ward

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
5ml	PO	TID	3/7	4/8
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

Patient Sticker

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																				



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : Symp PARACETAMOL				Date Time															
Dose	Route	Frequency	Start Date																
4ml	PO	6H	3/7																
Doctor's Signature		Valid Period	Pharm.																
Sahithi																			
Additional Instructions: (5/240)																			
temp > 100																			

DRUG : Symp MEFTA (500)				Date Time															
Dose	Route	Frequency	Start Date																
6 ml	PO	8H	3/7																
Doctor's Signature		Valid Period	Pharm.																
Sahithi																			
Additional Instructions: temp > 102																			

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



REGULAR PRESCRIPTIONS

Weight. 13.5 kg Ward.

DRUG : <u>Syn CEFTRIAXONE</u>				Date Time																
Dose <u>700mg</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>Syn CEFTRIAXONE</u>				Date Time	<u>3/7</u>	<u>4/7</u>														
Dose <u>700mg</u>	Route <u>IV</u>	Frequency <u>12H</u>	Start Date <u>3/7</u>		<u>6AM</u>	<u>2:45 AM</u>														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>Syn AZITHROMYCIN</u>				Date Time	<u>3/7</u>	<u>4/7</u>														
Dose <u>3.5ml</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>3/7</u>		<u>6AM</u>	<u>6PM</u>														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>Syn ESOMEPRAZOLE</u>				Date Time	<u>3/7</u>	<u>4/7</u>														
Dose <u>13mg</u>	Route <u>IV</u>	Frequency <u>OD</u>	Start Date <u>3/7</u>		<u>6AM</u>	<u>6PM</u>														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Additional Instructions:

Date 
Time

Additional Instructions:

[illegible]

I.V. FLUIDS CHART

Weight. 13kg Ward.

[illegible]

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-00620945
Master SHAIK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI

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

PRESCHOOL (1-5 years)

Children's Observation &
Early Warning Scoring Chart

Pratiksha
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11-10-2024 Time: 8 AM		6 AM	10 AM	1 PM	6 PM	10 PM
Doctor / Nurse / Family Concern?						
Temperature (F)	104					
	103					
	102					
	101					
	100					
	99					
	98					
	97					
	96					
	95					
	94					
	190					
Heart Rate (bpm)	180					
	170					
and	160					
	150					
Blood Pressure (mmHg) *	140					
	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
Note: BP does not score in early warning scoring						
Heart Rate (Number)	130b/m	132b/m	124b/m		140b/m	133b/m
Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	70					
Resp Rate (Number)	28b/m	28b/m	25b/m		27b/m	28b/m
Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	99%		100%	100%
Conscious Level	Normal					
	Altered					
GCS *	13/15	14/15	15/15		15/15	15/15
TOTAL SCORE						
Number of shaded boxes	1	1	1		1	1
Pain Score	0	0	0		0	0
Observer's Initials	0	0	0		0	0

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00620945
Master SHAJK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D
Dr. FAISAL B NAHDI (M)



FLUID CHART

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Sheet No. : ①

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

		Intake				Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
	08:00 am	1										
	09:00 am	ONS										
	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	1		22ml							0	
	03:00 am			22ml							0	
	04:00 am	ONS		22ml							0	
	05:00 am			22ml							0	
	06:00 am			22ml							0	
	07:00 am			22ml							0	
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. : 2

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

		Intake				Output					IV Site									
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	Sign. Nurse								
3/7			Mouth	I.V	N.G															
	08:00 am	ONS orange water		22ml	/	/	/	/	/	/	0	S. S. S.								
	09:00 am			22ml																
	10:00 am			-																
	11:00 am			-																
	12:00 pm			22ml																
	01:00 pm			22ml																
Total Intake :						Total Output :														
3/7	02:00 pm			22ml	/	/	forceful food vomited	/	/	/	0	A. P. M.								
	03:00 pm			-																
	04:00 pm	ONS		22ml									NA	/	/	/	/	0	A. P. M.	
	05:00 pm			22ml																
	06:00 pm			-																
	07:00 pm			-																
Total Intake :						Total Output :														
3/7	08:00 pm			22ml	/	/	/	/	/	/	0	S. S. S.								
	09:00 pm			22ml																
	10:00 pm	ONS	milk										-	/	/	/	/	/	0	S. S. S.
	11:00 pm			-																
	12:00 am		mi	-																
	01:00 am			-																
Total Intake :						Total Output :														
4/7	02:00 am			22ml	/	/	/	/	/	/	0	S. S. S.								
	03:00 am			22ml																
	04:00 am	ONS	milk										22ml	/	/	/	/	/	0	S. S. S.
	05:00 am			-																
	06:00 am			-																
	07:00 am			-																
Total Intake :						Total Output :														

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00620945 IP5-00175897
Master SHAJK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7/2026

Assessment: Baby is having temperature

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	⇒ Assess the general condition of the baby	3:10AM	⇒ Assessed the general condition of the baby	The baby condition is Improving slowly
4AM	⇒ monitor vital signs	4:10 AM	⇒ monitored vital signs	
6AM	⇒ provide comfortable bed and position	6:10 AM	⇒ provided comfortable bed and position	
8AM	⇒ Administer medication as per doctor order	8:10 AM	⇒ Administered medication as per doctor order	

Re-Assessment: Baby is feeling uncomfortable

Special Notes:

Nurse Signature: Rama

Nurse Name: Rama

Date & Time: 3/7/2026 8AM

Nurse Signature: OS Nurse Name: Sorajla Date & Time: 3/7/26 @ 9pm

Special Notes:

Re-Assessment:

Time	Plan of Care	Time	Implementation	Evaluation
9am → Assess the baby general condition, monitor the vitals 11am → maintain IV fluids 3pm → Administer medication as per doctor orders			→ Assessed the baby general condition, monitored the vitals 10am → maintained IV fluids 7 Administered medication, as per doctor orders	baby condition is normal

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

Baby having discomfort

Assessment:

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7

NURSING CARE RECORD

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 3/7/26

Assessment: Baby having dull activity.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the baby General condition, monitor vitals & Record	3pm	→ Assessed the Baby General condition, monitored Vitals & Recorded	By All this done PA condition is improved
4pm	→ provide comfortable position	4:30pm	→ provided comfortable position	
5pm	→ plan to send WBC, urine culture	5:30pm	→ WBC, urine culture done	
6pm	→ continue IV fluids	6:30pm	→ continued IV fluids	
7pm	→ administer medication as per doctor order	8pm	→ administered medication as per doctor order	

Re-Assessment:

Special Notes:

Nurse Signature: Rees

Nurse Name: Aparajitha (091266)

Date & Time: 3/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 31/7/26

Assessment: Baby having poor oral Intake

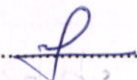
Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the child general condition of	8:10 pm	→ Assessed the child general condition.	By done all the procedure baby condition is improved.
10 pm	→ Monitor the vitals signs	10:15 pm	→ Monitored the vitals signs.	
2	→ provide comfortable position	3pm	→ provided comfortable position.	
4pm	→ Mainfain IV fluid	5pm	→ Maintained IV fluid	
6am	→ Mainfain I/O chart	6:30 am	→ Maintained I/O chart	
7:30 am	→ Administer medication per doctor order	8am	→ Administered medication per doctor order	

Re-Assessment:

Special Notes:

Nurse Signature: 

Nurse Name: Swarna

Date & Time: 31/7/26 @ 8am

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Faisal Department: paed. Date of Admission: 03/07/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
	<u>Fever</u>						
BACKGROUND	Area	Shift Time	ER. 01:40 a	1st floor 8AM 8AM	2nd floor 8AM-2PM	2nd floor 2PM-8PM	3rd floor 8PM-8AM
	Medical Condition (Any special condition to be noted):		<u>NIL</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: <u>99.0°F</u>	<u>99.0°F</u>	<u>98.7°F</u>	<u>97.8°F</u>	<u>96.5°F</u>
	Res:		<u>30b/m</u>	<u>28b/m</u>	<u>25b/m</u>	<u>26b/m</u>	<u>24</u>
	SpO ₂ :		<u>96%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>
	Pulse:		<u>140b/m</u>	<u>136b/m</u>	<u>130b/m</u>	<u>119b/m</u>	<u>110</u>
	BP:		<u>99/62</u>	<u>90/70</u>	<u>99/60</u>	<u>98/60</u>	<u>96/77</u>
	Fall Risk Score:		<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Recommendations	Pain Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>
	Safety Needs:		<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NIL</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		<u>NIL</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NIL</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Mr. Ramad</u>	<u>Rama</u>	<u>Sirisha</u>	<u>Aparna</u>	<u>Swarna</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>03/07/26</u>	<u>3/7/26</u>	<u>3/7</u>	<u>3/7</u>	<u>4/7</u>	
Time:		<u>01:45a</u>	<u>8AM</u>	<u>2PM</u>	<u>08PM</u>	<u>8AM</u>	
Taken Over By Name :		<u>Rama</u>	<u>Sirisha</u>	<u>Aparna</u>	<u>Swarna</u>	<u>Ankith</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/7/26</u>	<u>3/7</u>	<u>3/7</u>	<u>3/7</u>	<u>4/7</u>	
Time:		<u>3AM</u>	<u>8AM</u>	<u>02PM</u>	<u>8PM</u>	<u>8AM</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
BACKGROUND	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:								

Patient Sticker



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1		0			
	History of Falls or Infant - Toddler Placed in Bed	4	4	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			5	5			

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes			
Call device within reach	yes	yes			
Wheels Locked	yes	yes			
Room free of clutter	yes	yes			
Adequate Lighting	yes	yes			
Wheel Chair Support	no	no			
Other Intervention(s) Specify	no	no			
Nurse's Name :	Almaly	Almaly			
Signature :	Almaly	Almaly			
Date :	2/7/20	2/7/20			
Time :	2am	6am			



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
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 : Sourav Name : Sourav

Signature of Ward In Charge :

Signature : Neeraja sis Name : Neeraja sis



BRADEN 'Q' SCALE

					Date :	03/7	4/7		
					Time :	2am	6am		
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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4			
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					Wendy				

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
03/10/24	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	Musaid
03/10/24	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	APPU
3/10/24	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	APPU
4/10	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
				☐ 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:

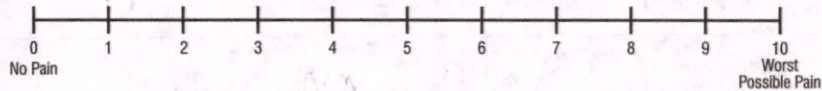
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

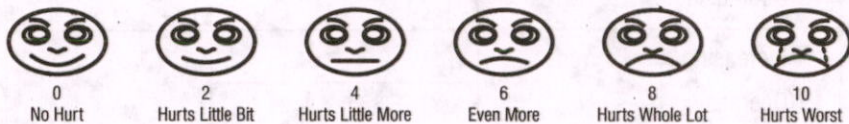
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





EMERGENCY ROOM TRIAGE FORM

Patient's Name: Shaik Matharuddin Mehraan Age: 1 year Gender: ☒ Male ☐ Female
Date: 02/07/26 Time of Arrival: 1:28 pm Triage Completion Time: 1:30 am
Allergies: ☒ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): NM ☐ Not known any drug Allergies
Source of Information: ☒ Parents ☐ Others (Specify) _____
Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

- ☒ Normal
☐ Sick Looking

Circulation / Colour

- ☒ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing

- ☒ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

☐ Unstable:

- ☐ Not - Life - Threatening
☐ Life -Threatening

Initial Vital Signs: Temp: 102.1°F PR: 130 bpm BP: 98/62 RR: 30 bpm SpO₂: 96% Rn

Chief Complaints: 10 Fever x 8 days, Vomitting x today, Runny nose.

Triage Classification

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

CTAS

- ☐ Immediate
☐ < 15 min
☒ 30 min
☐ 60 min
☐ 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

Mehraan
Signature of Parent / Guardian

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse: Mehraan

Signature of Triage Nurse: [Signature]

Date & Time: 02/07/26 @ 1:30 am

BAH-00620945 IP5-00175897
Master SHAUK MATHARUDDIN
11-10-2024 1 Y 8 M 22 D (M)
Dr. FAISAL B NAHDI

Patient

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 02/10/24 Time of arrival : 1132a

Chief Complaints : Fever x 8 days, Runny nose. RBS : —

Height : — Weight : 13.5 kg BMI : — Head Circumference (<2 years) : —

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

If yes, identify —

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

☐ Character: not ☐ Location: not ☐ Frequency: not ☐ Duration: not

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 Family

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

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify — Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 1:34a

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

Time	Nursing Notes
	Dr Sahiti assessed the child
	IV placed on
	Samples Sent
	Swab to ward
2:40 am	

Samples collected by:

Samples sent by :

Time:

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3/7/26 1:59 am	Syp MEFTAL.	PO	6 ml	\$	Shavani

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/min BP: 92/54 CFT: <3cm	Shift - out from ER to: 116
RR: 30b/min SPO ₂ : 97%	Time of Shift - out: 2:40 am
GCS: VLL Temperature: 99.8°F	Handover given to: Rame Devi
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse :

Signature of the Nurse :

Date & Time :

03/07/26 2:20 am

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00620945 IP5-00175897 Master SHAIK MATHARUDDIN 11-10-2024 1 Y 8 M 22 D (M) Dr. FAISAL S NAHDI 		Date & Time of Admission 03/07/26 @ 2:00 pm	Date & Time of Transfer Order 03/07/26 @ 2:35 pm
		Transfer Ordered by Dr. Saliti	Reason for Transfer Admission.
From Unit ER,	To Unit 116.	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Sample	10	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mr. Nusrud.		Name of Person Ordered Transfer Dr. Saliti	
Patient & Clinical Records Received by : Rama			
Date & Time of Patient Received : 3/7/2026 3AM			

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



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
03/7	2am	5	medication.	M	1	0	1	1	see	Musnad
3/7/24	8Am	9	soft diet	M	1	0	1	1	-	Musnad

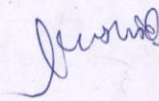
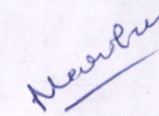
Part - III: CODES

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice					
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)					
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed				
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:	1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review						

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

AFI

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
3/7 2am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Enteric Fever	stabilize	- IV fluids - w medly enteric		☒ Nursing ☐ Others:
03/07/26 2am	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	AFI	stabilize	- w fluids - w meds		☐ Medical ☐ Others:
3/7/26 8am	☐ Medical ☐ Nursing ☒ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI Enteric fever	Salt diet	RDA E: 1200kcal/d P: 20g/d		☐ 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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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 8 AM

Weight: 13.5 kgs Centile: > 75th

Height: 87 cm Centile: > 75th

Inference: overweight child

RDA: — Calories: 1200 kcal/d Protein: 20 g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy, chilled and outside foods

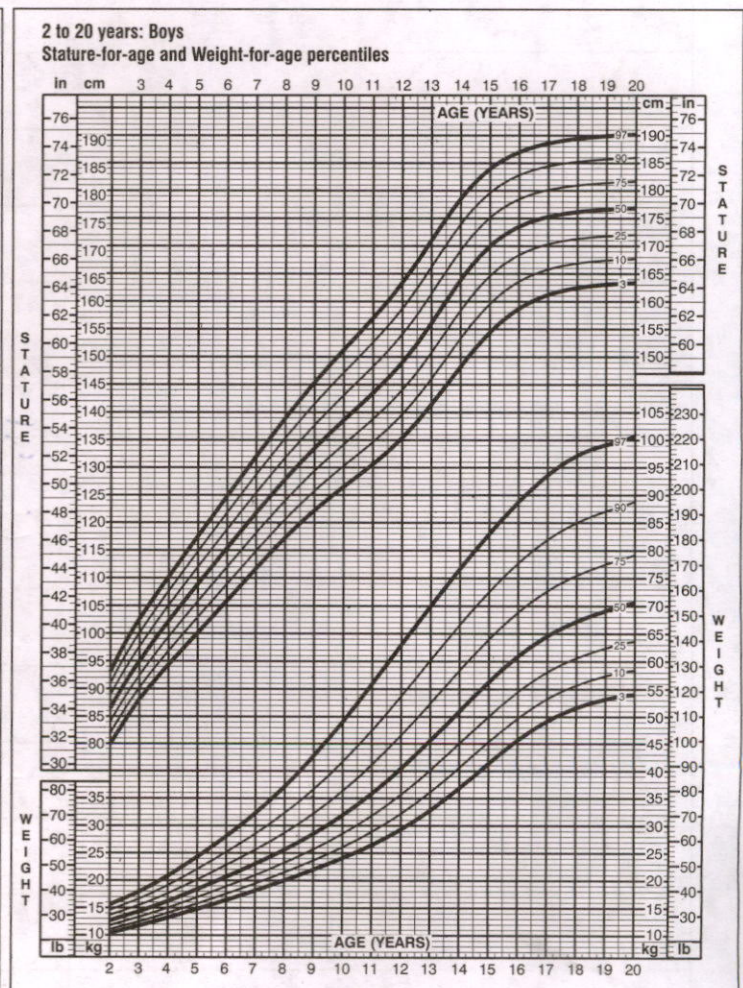
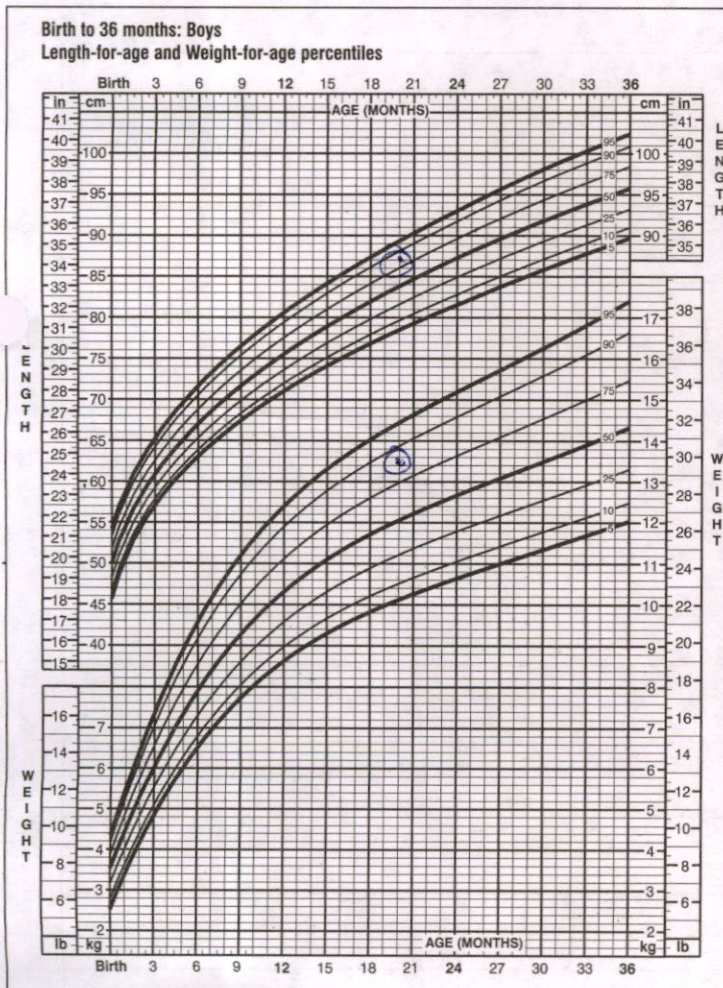
Food Allergies: NA Veg/Non-veg: non-veg

Diagnosis: AFI I. enteric fever

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Mohan

GROWTH CHART (BOYS)



Dietician's Name: Monisha

Dietician's Signature: Monisha

Daily Notes: