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 : IP26-00006764 **Admit Date** : 06-Jul-2026 **Admit Time** : 06:35 PM **UHID** : HNH-00015440

Patient Details :

Patient Name	: Baby SHRUTHI SRI NALLIBOYANA	**Age**	: 0 Y 3 M 9 D
Guardian	: Mr PRAVEEN KUMAR N	**DOB**	: 27-03-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: kamini residency Gandhinagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9966387888
		E-mail	: npkin2@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr PRAVEEN KUMAR N **Relationship** : Father

Contact Address : kamini residency Gandhinagar Hyderabad Telangana INDIA 500080 **Phone No** : 9966387888 / 7013331943

Signature

Doctor Details :

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

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 5000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

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			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
6/7/26.	23.00	Adrenaline + Levolin.	⊗ (1)	

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
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Adrenaline — 6th hourly.
levolin — 6th hourly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
7/7/26.	05.00	Adrenaline + levolin (2)	SN 11393	
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00	Adrenaline + Levolin. (1)	21456	
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00	Adrenaline + Levolin (1)	1563	
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00	levolin. (1)		

INH-00015440 IP26-00006764
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Levofin 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
8/7/26	02.00			
	03.00			
	04.00			
	05.00	Levofin (2) 11679		
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00	Levofin 11721		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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ACTIVITY

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

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

UHID No : -- -------- Consultant : ---------- Dept : pediatric

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
9/7/26	8:21PM	ER	2nd floor (209)	

Cross Consultation Visit

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	CBP, CRP	11116	
	Respiratory panel	11116	
	chest x-ray	08110	
	VBG	11115	
		Cross checked by Sindhu	

HNH-00015440 IP26-000067
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Oxygen	8pm	6/7/26 10 pm	11362	

Cross checked by Sunanda

HNH-00015440 IP26-00006764
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27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	V12855	
		Cross checked by Sharda		
~~7/7/26~~	~~NIL~~	~~1~~	~~11457~~	~~Sha~~
			Cross checked done by preparer	

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

HNH-00015440 IP26-00006764
SHRUTHI SRI NALLIBOYANA
2026 0 Y 3 M 9 D (F)
IDHURA MUNUKUNTLA

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : LRTI with RD

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Name : Baby of Anusha Age/S

Informant Mother Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

c/o fast breathing x 2 days

History of present illness :

A 3 month old child presented with Complaints of Tachypnea, difficulty Breathing since two days,

Taking formula feeds

passing wine / stool

- no h/o noisy breathing a/w Chest indrawing / nasal flaring

no h/o fever / cold / cough

- H/o small quantity vomiting after every feed aggravates in recumbent position, on Bottle feeds

- H/o irritability +.

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Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D
Dr. SINDHURA MUNUKUNTLA (F)

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

38wtld, NVD, CIAB, admitted in NICU for JAUNDICE, on PT x for 2 days (on Day3), taking PBF

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : uptodate neckholding +
GM/FM hands open, [illegible] mass movement +
LM - cooing SM - Social smile +

Immunization History : Last immunised at 2 1/2 months as per NIS - Private

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 6.3kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 145/min Description regular

B.P. 88/60 SPO2 90-98% at RA

Resp. rate and type of breathing : 60/min, Tachypnea

Rash _____

Lymphadenopathy]no

Oedema :]no

Respiratory system :

Inspection (any s/o distress) : Chest Indrawing + Subcostal Retractions +

Air entry & breath sounds : NVBS+ BLAE,

Any addes sounds : Prolonged Expiration

Relevant data from outside (Chest X-Ray, ABG, etc.,)]no

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1S2+

Any murmur : NO

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

Per Abdomen :

Inspection ~~Soft~~ (N) Shape, no dist

Palpation : Soft, non-tender

Ausculation : BS+

Spine: N External Genitelia : N.

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

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : Coord

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Lower Respiratory Tract Infection (? Pneumonia) Gr Cy
/ Acute Bronchiolitis c RD

Pediatric Multiorgan History & Physical Examination

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

- Avoid Respiratory distress.

Desired goals of the treatment :

- Recovery

Planned Labs :

CBC, CRP, VBG,
Chest XRay
Respiratory panel

NIB shifting

Planned Management :

Nebs
1) diluted Adrenaline + 3ml NS 2ml Q6h.
2) ~~diluted~~ Levolin Q6h.
3) Nasivion
4) Nasoclear
5) Domstal.
6) low flow Nasal canula - O_2 - 1Ld

If CRP - negative - Plan Steroids

Please fill up the following details

1. Name of the Referring Doctor : NIB shifting
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 on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970 Date 6/3/26 Time 7 PM

INH-00015440 IP26-00006764
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17-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 8:30pm	C/S/B Dr. DILNAAZ	
	Acute Bronchiolitis c̄ RD	
	Tachypnea ⊕	Pl
	On Low flow O_2 –	1) C/t - Low flow O_2
	Irritability	
		2) Neb c̄ Adrenaline Q6H / Levolin Q6H] Alternate
	RR – 52/min	
	SpO_2 – 95% on O_2	3) Nasivion - P
	O/E Afebrile	Nasoclear dr
	R.S – B/L AE ⊕	4) Trace lab
	Occ Wheeze ⊕	
	P/A – Soft.	5) If CRP - Neg - Plan Steroid
		6) Monitor SpO_2 vitals
		Dilnaaz
6/7 11:30pm	C/S/B Dr Praveen / Dr Naypany	
	Tachypnea - Better (RR – 42/min	Pl
	SpO_2 – 95%	1) Taper Low flow O_2
		2) C/t - Neb
	R.S – B/L AE ⊕, conducted sounds.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2 7:00 Am.	C/S/B Dr. Pranav / Dr. Naipunya Acute Bronchiolitis c RD	Plan
	Tachypnea – Better. Feeds – No	1) Low flow O2 – Taper & Stop
	Vitals HR – 136/min SpO2 – 97% RR – 38/min	2) Neb c Adrenalin – 0.6 ml Levolin – 0.6 ml
	Baby asleep R.S – B/L AE ↓ Wheeze P/A – Soft.	3) Nasivian Nasoclean 4) Monitor Vitals. MB Sunanda Pranav

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 9:30 Am	c/s/b Dr - Sindhura	
	Acute Bronchiolitis c̄ RD (SARS - COVID)	
	Off O2 Tachypnea - better	Plan 1) Neb c̄ Adrenl - Q4h Levolin - Q6 h
	Vitals stable RR - 34 R:S - B/L AE (+) P/A - Soft	2) Nasivion Nasoclear drops
		3) Monitor Vitals NB - Madhushri @ 10AM.
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 [signature] ANUGONA:N

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

(P.T.O)

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:40 PM	S/B Dr. Snehan	
	Δ Acute Bronchiolitis c̄ RD	
		P/a
	RR-36/min	
		- c/t Neb c̄ Adrenaline 6th hrly
	CVS-S1S2 ⊕	c̄ Levolin 6th hrly
	RS-BLL-AEE ⊕	
	BLL-wheeze +	- c/t NASIVION
		NASOCLEAR
	C TA food	
		- Monitor RR, SpO2
	SpO2-98% on RA	
		- O2 by NP sos
		[signature] 13-57
7/7/26 6:10 pm	S/B Dr. Sindhura	
	Δ Acute Bronchiolitis c̄ RD	
	RR-34/min	P/a
		STOP
		- c/t Neb c̄ Adrenaline 6th hrly c̄ Levolin 6th hrly
	SpO2-100% on RA CVS-S1S2 ⊕	
	RS-BLL-AEE ⊕	
		- Monitor RR, SpO2
	PIA soft	
	Conscious	

Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970

NB: Supriya 6:23pm @ [signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7.30 Am	S/B Dr. Archana/Dr. Nazneen	
	A: Acute Bronchiolitis c Respiratory distress (COVID positive)	
	fever spikes - none : admission - Adm c	1. Ct Neb c levolin 6th hourly 2. Ct symptomatic support watch for distress.
	O/E SPO2 - 99% @ RA Vitally stable	
	O/E CNS - active CVS - S1S2 (+) RS - AEBE, B/L clear P/A - soft, nt.	N/B Priyanka

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	Y/S/B - Dr Sindhura.	
10 Am	Δ - Acute Bronchiolitis ̄c RD (Covid +)	
	Fever Spikes ⊖	Plan
		✓ Neb. Levolin Q 6h
	O/E	Ct Symptomatic supp
	Vitals St	W/F distress
		✓ S/ NS (Hyper neb) Q 6h.
		= NASIVION / Nasoclear.
		R/w Sat
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	[signature]
	NB - Supriya 10:47Am 8/7/26	[signature]

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: Nill ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

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

DRUG : Neb. ADRENALINE ~~diluted~~

Dose	Route	Frequency	Start Date
2ml Adrenaline 3ml NS	Neb	Q6th hourly	6/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions: 2ml + 3ml NS diluted

Daily Doctor's Endorsement by a Sign

Date / Time: See the chart — STOP 7/7

DRUG : Neb · LEVOLIN

Dose	Route	Frequency	Start Date
0.31mg	Neb	Q6h	6/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions: 2.5 ml levolin + 2ml NS (Alternate c̄ Adrenaline)

Daily Doctor's Endorsement by a Sign

Date / Time: See the chart

DRUG : NASIVION Nasal drops

Dose	Route	Frequency	Start Date
1drop	B/L Nostrils	BD	6/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	6/7	7/7	8/7
Time	10am	[illegible]	[illegible]
	10pm	[illegible]	

DRUG : NASOCLEAR Nasal drops

Dose	Route	Frequency	Start Date
1drop	B/L Nostril	BD	6/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions: Before NASIVION

Daily Doctor's Endorsement by a Sign

Date	6/7	7/7	8/7
Time	10am	[illegible]	[illegible]
	10pm	[illegible]	

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Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 6.3kg Ward .....

DRUG : Domstal Suspension

Dose	Route	Frequency	Start Dt.
5mg			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1mg/ml)

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : DOMSTAL Suspension.

Dose	Route	Frequency	Start Dt.
0.5 ml	PO	TID	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1mg/ml).

Daily Doctor's Endorsement by a Sign

Date / Time 6/7 7/7 8/7

6am ✓ ✓ Not Given

2pm ✓

10pm ✓ Not Given

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

(P.T.O.)

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 ....

HNH-00015440 IP26-00006764
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: 2nd floor (209)

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. Prasanthi

Date & Time : 6/07/26 @ 5:45pm

Nurse Name & Signature: Atame / [signature]

Date & Time : 6/7/26 @ 8:21PM

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

wt – 6.39 Kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby SHRUTHI SRIN Age : 3month **Gender:** ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 4:30pm

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: 98.3°F PR: 140bpm BP: ..... RR: 36/m SpO_2: 100%

Chief Complaints: c/o fast breathing × 2days

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 : 4:32pm

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 : Ataur

Signature of Triage Nurse : .....

Date & Time : 6/7/26 @ 4:32pm

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/07/26 Time of arrival : 4:34pm

Chief Complaints: c/o fast breathing since 2days

Height : ..... Weight : 6.30kg Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

If patient is < 6 years	☐ Yes	☑ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** 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: N/A (Date/Time): N/A

Social History: Lives With Family

Siblings in household ☐ Yes ☑ No (if yes How Many?) (1)

Time of Initial assessment completed by ER Nurse : 4:34pm

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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

Time	Nursing Notes
4:30pm	Assessed the patient condition, monitor vitals Done.

Samples collected by: / Time:

Samples sent by : / vijaya Time: / 5:10 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:PM	Levolin	Neb	0.3mg	Dr. Sindhura Ref	
	Levolin	Neb	0.3mg		
	inj Adrenalin	Neb	2.5 + 25 NS		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 145 b/m BP: ..... CFT: N/A	Shift - out from ER to: 2nd floor (Peds)
RR: 60 b/m SPO2 at FiO2: 98 %	Time of Shift - out: 8:21 PM
GCS: 15/ Temperature : 98 F	Handover given to: Sridhuri. (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Atame Signature of the Nurse : .....

Date & Time : 6/07/26 @

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RESULT SHEET

Date	6/7/26					
Time	6:45pm					
Hb	11.2					
PCV	31.5					
RBC	4.07					
WBC	11.01					
N/L	39.0/56.4					
Platelets	575.					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A — Neg						
B — Neg						
SARS - V — positive						
RSV — Neg						
Adeno — Neg						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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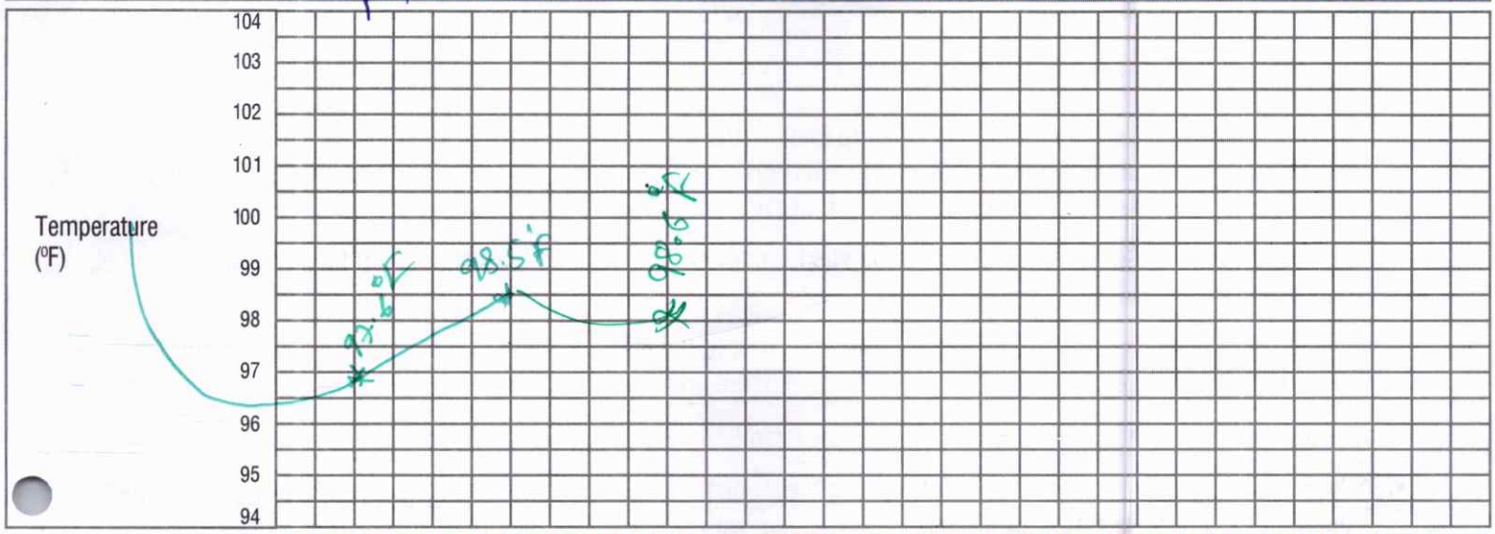
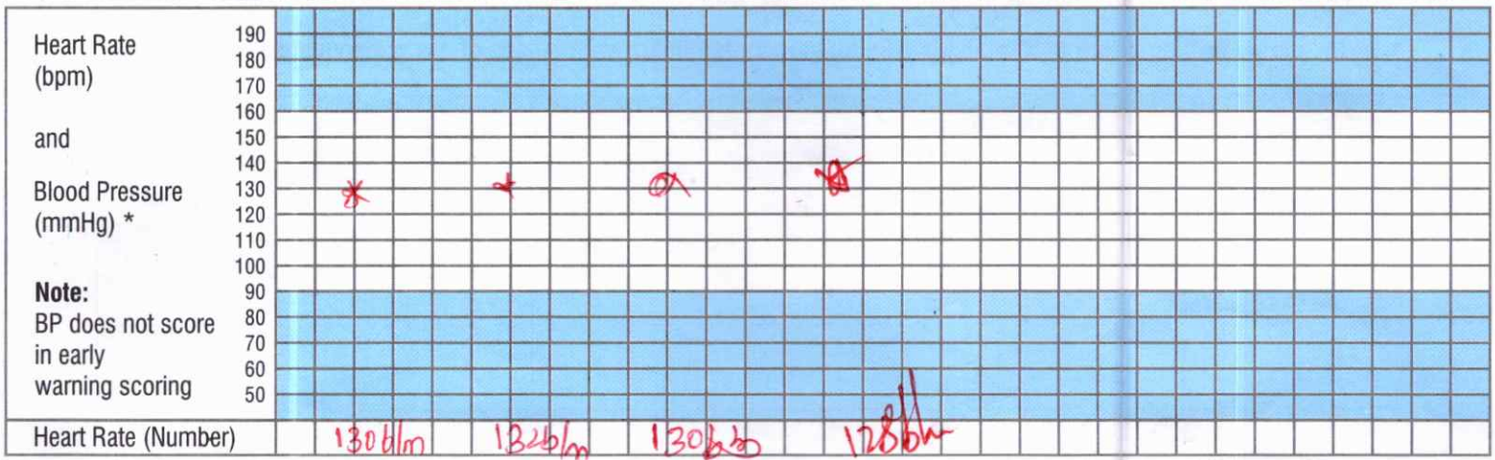
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/2/26 Time: 10 pm | 2 am | 6 am | [illegible]

Doctor/Nurse/Family Concern?





Heart Rate (Number)	130 b/m	132 b/m	130 b/m	128 b/m

Resp Rate (Number)	20 b/m	20 b/m	24 b/m	22 b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	98%	98%	99%	98%
Conscious Level: Normal / Altered	✓			
GCS *	14/4			
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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 incharge and PICU /NICU fellow or PICU/NICU 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)

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/7/26 Time:	10 AM	2 PM	6 PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?						

Temperature (°F): 98.4°F; 97.6°F; 97.1°F; 97.5°F; 98.3°F; 97.9°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	140b/m	138b/m	136b/m	128b/m	130b/m	128b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42b/m	40b/m	42b/m	40b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	97%	100%	99%	100%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	—		
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
Score 3	:	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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

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

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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)

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Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 9 D (F)
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FLUID CHART

Sheet No. : .....

6/7/26.

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	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 :**						
6/7/26	08:00 pm											
	09:00 pm		milk								1	
	10:00 pm						NIL			—	0	
	11:00 pm		milk					NIL			1	
	12:00 am					✓						
	01:00 am											
Total Intake :						**Total Output :** V — 1 NG-1						
7/7/26	02:00 am		milk				1			✓	1	
	03:00 am					NIL						
	04:00 am											
	05:00 am		milk				0				1	
	06:00 am							NIL		—		
	07:00 am						1					
Total Intake :						**Total Output :** V — 2 M — 0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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laby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
Ir. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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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							
7/7/26	08:00 am											
	09:00 am		Milk									
	10:00 am	0			NA				NA		0	
	11:00 am		Milk									
	12:00 pm											
	01:00 pm		Milk									
Total Intake :								**Total Output :**		U –	M –	
7/7/26	02:00 pm										0	
	03:00 pm		Milk								0	
	04:00 pm	0			NA						0	
	05:00 pm		Milk								0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :								**Total Output :**		U – 2	M – 0	
7/7/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm	2			NA				NA		0	
	11:00 pm		Milk									
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
8/7/26	02:00 am											
	03:00 am		Milk									
	04:00 am	0			NA				NA		0	
	05:00 am		Milk									
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 9 D (F)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 6/7/26

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							
Afternoon							
Night	8pm to 8am	→ Assess the baby General Condition → Monitoring vitals Cleaned and Recorded.	8pm to 8am	→ Assess the baby General Condition → provided Comfortable position	→ Normal vitals Cleaned	Cleaned and Recorded	

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

Date: 7/7/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ 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
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the General condition. → Checke the vitals → Maintain I/o chart → Administer medication as per doctor order		→ Assessed the General condition → Checked the vital → Maintain I/o chart → Administer the medication as per doctor orders.	checked the vitals	Pt is stable	Saisri
	2pm						
Afternoon	2PM	+ To assess the pt. condition + To check the vitals & record + To administer the medication as per drug chart + I/o chart maintain	2PM	+ To assessed the pt. condition + To checked the vitals & recorded + To administered the medication as per drug chart + I/o chart maintained	+ Patient is stable + Contd mebs. 6th hourly	+ Patient re-checked the vitals → I/o	Supriya
	to		to				
	8PM		8PM				
Night	8pm	- Assen the pt. condition - Monitor vitals & record - Maintain Ito chart - Give medication as prescribed by doctor	8pm	- Assessed the pt. condition - Monitored vitals & record - Maintained I/o chart - Given medications as prescribed by doctor	patient is Stable now	Re-checked vitals	
	8AM		8AM				

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0Y3M9D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/2			DAY-2 7/2			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	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	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	NA	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	NA	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	NA	NA				
		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 : .....

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

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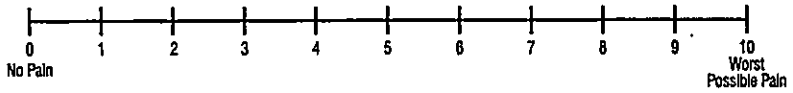
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	9pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7/26	3AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7/26	9AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Bronchiolitis c RD

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	6/7/26 N1	7/7/26 M6	7/7/26 E2	7/7/26 N1		
Medical Condition (Any special condition to be noted):	RD	RD	RD	–		
Diet:	–	–	–	–		
Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	NA	–	–		
Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.5°F	98.1°F	97.8°F		
Res:	20 b/m	20 b/m	30 b/m	20 b/m		
SpO_2:	100 %	100 %	100 %	100 %		
Pulse:	120 b/m	125 b/m	129 b/m	138 b/m		
BP:	–	–	–	–		
LOC:	–	–	–	–		
Fall Risk Score:	–	–	–	–		
Pain Score:	–	–	"0"	–		
Skin Integrity	–	–	Good	–		
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):	Dependent		–	–		
Post Operative Procedure Special Orders:	NA	NA	–	–		
Handed Over By Name :	Sunadha	Soka	Supriya	Priyanka		
Signature / ID :						
Date:	7/7/26	7/7/26	7/7/26	8/7/26		
Time:	8pm	2pm	8pm	8am		
Taken Over By Name :	Soka	Supriya	priyanka			
Signature / ID :						
Date:	7/7/26	7/7/26	7/7/26			
Time:	8AM	2pm	8pm			

Patient Sticker

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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:							

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015440 IP26-00006764 Baby SHRUTHI SRI NALLIBOYANA 27-03-2026 0 Y 3 M 9 D (F) Dr. SINDHURA MUNUKUNTLA	6/7/26 @ 6:35 PM	6/7/26 @ 8:21 PM
	Transfer Ordered by Dr, Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (209)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Atom	Dr, Prasanthi

Patient & Clinical Records Received by : Mounika @ 8.21 pm

Date & Time of Patient Received : 6/7/26

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