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HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

ACTIVITY IG

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	2 AM	ER	ward	

Cross Consultation Visit

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

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INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	CBP, CBR	1042	
	Respiratory panel	1042	
	Blood C/S		
	CUE		
6/7/26	U/C.	1106	
	X-ray chest PA view	8070	
	X ray nasopharyx	8073	
	USG Abdomen		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusion pump	2.30am		11053	[illegible]

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	11048	
6/7/26	NHA	1	11117	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

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Pediatric Multiorgan History & Physical Examination

Name : Ravi Mounasri Age/Sex 16yr/F

Informant mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Fever x 2days
Throat pain x 2days
Poor oral intake x1 day

History of present illness : 2 episodes of loose stools

A 16yrs old girl c
Fever x 2days
high grade, chills,
no rash
antd c Throat pain x 2days
and
poor oral intake x1 day.

2 episodes of altered stools since morning

treated on OPD basis.
in view of persistent symptoms,
admitted for further
management

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

-

Birth & Neonatal History :

no neonatal complications

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information : -

Developmental History :

as per age.

Immunization History :

as per schedule

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Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 71 kgs (Centile _____)

On Examination :

Temperature : 99° F Pulse Rate: 135/min Description _____

B.P. 123/84 mHg (96) SPO2 99% at RA

Resp. rate and type of breathing : 29/min

Dull looking.
Throat congested
dry mucosa
dry & sunken eyes

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : NVBS (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (N)

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine: (N) External Genitelia : _____

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

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Central Nervous System :

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

Cranial Nerves :

(W)

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

(W)

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI @ dehydration

? Partially treated Enteric Fever.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent complications

Desired goals of the treatment :

Hemodynamic Stability

Planned Labs :

CBP, CRP,
Blood cls (2 samples)
Resp. panel (5-nens)
1. extra plan
CVE

Planned Management :

1. IV Fluids
2. Inj Ceftriaxone
3. Fever management
4. Monitor vitals 4th

Please fill up the following details

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

Doctor's Signature Name _____ Date 8/7/20 Time 6/7/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 7:20 AM.	c/s/by Dr Anusha	
	AFI c dehydration ? Acute pharyngitis ? UTI.	
		throat congest (+)
	pain abd (+)] intermittent burning micturition] in history	
		Plan
	S/E RS B/L AE (+) NVRA (+)	✓ (T) Pup panel CRP - (16). ✓ c/t IV fluids. ✓ c/t Inj CEFTRIAXONE Monitor vitals. ✓ U/c/s - ~~to decide~~ send Roonda Now ✓ USG Abdomen.
	Af	NB Sunanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Sindhura	
6/7/26	Afl c dehydration. ? UTI	
	Euthermic Pain per abdomen (suprapubic region) + (S) Snoring (+) o/e vitally stable s/e RS - AEBE, B/L conducting sounds +	Advice X ray chest - PA view (now) X ray nasopharynx • Neb c levolin Q6 hourly (0.63 mg) • (S) USG abdomen • Ct IVF @ ½ mls. • Ct rest same NB - Moofushi @ 11AM.
6/7/26 2pm	s/b Dr. Archana Afl c dehydration. ? UTI.	
	X ray NP s/o Adenoid hypertrophy. pain abdomen (+). sore throat (+) o/e vitally stable s/e wnl	Advice • Ct Nebs • Ct IVF @ ½ mls. • Ct rest same

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/1/26 4pm	S/B Dr. Sindhura	
	Fever spikes (+) poor oral acceptance	Adv - • Peds Sx (Dr. Swapna) opinion
	o/e Rt iliac region tenderness (+) vitally stable	• Ct rest same • Add mycoplasma IgM • (T) Adenovirus urine C&S
	s/e wnl	[signature]

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: NPH ☐ 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.

cot-7 kgs

SOS / PRN (As Required Medication)

DRUG : TAB PARACETMOL				Date / Time
Dose: 650mg	Route: PO	Frequency: SOS.	Start Date: 6/7/26	
Doctor's Signature: AP	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

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REGULAR PRESCRIPTIONS Weight. 71kgs Ward. ....

DRUG : I/i CEFTRIAXONE				Date / Time: 6/7
Dose	Route	Frequency	Start Date	3am
2g	iv	BD	6/7/26	6am
Name & Signature of the Doctor Starting the Drugs: Af.				
Additional Instructions: 2g in 500ml NS over 1 hour.				6pm
Daily Doctor's Endorsement by a Sign				

DRUG : BETADINE				Date / Time: 6/7
Dose	Route	Frequency	Start Date	4am
10ml Gargling		BD	6/7/26	6am
Name & Signature of the Doctor Starting the Drugs: Af.				
Additional Instructions: 15ml + 10ml water				6pm
Daily Doctor's Endorsement by a Sign				

DRUG : Syp. RELWAS JR				Date / Time
Dose	Route	Frequency	Start Date	4am
5ml	oral	QBH	6/7	6am
Name & Signature of the Doctor Starting the Drugs:				2pm
Additional Instructions:				10pm
Daily Doctor's Endorsement by a Sign				

DRUG : Neb c LEVOLIN				Date / Time
Dose	Route	Frequency	Start Date	
1 respule	Neb	6th hourly	6/7/26	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions: (0.63 mg)				
Daily Doctor's Endorsement by a Sign				

See the chart

Verified by Dr. Dhakshayani

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Weight. 7kg Ward. ....

Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.

DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.

DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

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I.V. FLUIDS CHART

Weight. 11kg. Ward. .....

Date	Time	on of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26.	1: AM.	IV fluids DNS (1/2).	IV	50ml/h	AF.	✓ ✓			

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ER ..... Shifted to: ..... ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Anusha .....

Date & Time : ..... 6/7/26 @ 1:30 am .....

Nurse Name & Signature: ..... B.h. argani .....

Date & Time : ..... 6/7/26 @ 1:35 am .....

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

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PATIENT TRANSFER FORM

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Date & Time of Admission	Date & Time of Transfer Order
6/7/26 @ 1:9Am	6/7/26 @ 2 Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Anusha	Admission

From Unit	To Unit	Information to Attendant
ER	ward	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
2		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
Bhargavi	Dr. Anusha.

Patient & Clinical Records Received by : Sunanda @ 2am

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

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wt- 71kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : G. Rimonasri Age : 16 yr **Gender:** ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 12:11 Am

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: 99°F PR: 135 b/m BP: 123/84/96mmHg RR: ..... SpO_2: 99%

Chief Complaints: c/o. fever, since 3 days, throat pain

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 6/7/26 @ 12:13 Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 12:15Am

Chief Complaints: c/o. fever since 3days

Height : ..... Weight : 71kg Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years ☐ 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: ..... (Date/Time): .....

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : .....

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

Time	Nursing Notes
12:16 Am	- Assess the pt condition
	- monitore the vitals
	- IV Placemnt Done
	- Smple colleted

Samples collected by: Jyn Time:

Samples sent by : Jyn Time: 1:50 Am

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 105 bpm BP: 123/80 CFT:	Shift - out from ER to: 2nd floor
RR: 20 bpm SPO2 at FiO2: 100-1	Time of Shift - out: 2 AM
GCS: 15/15 Temperature : 98.2 F	Handover given to: Sm
Pain Score: -	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placemnt Done

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 6/7/26 @ 12:18 Am

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

217

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/26 Time: 10:30Am

Weight: 71 kg Centile: 90th

Height: — Centile: —

Inference: overweight child

RDA: — Calories: 1800 kcal/d Protein: 32 gms/d

Diet Recommendations: Normal Diet & more liquids

Re-Assesment: Avoid spicy, Chilled & outside foods

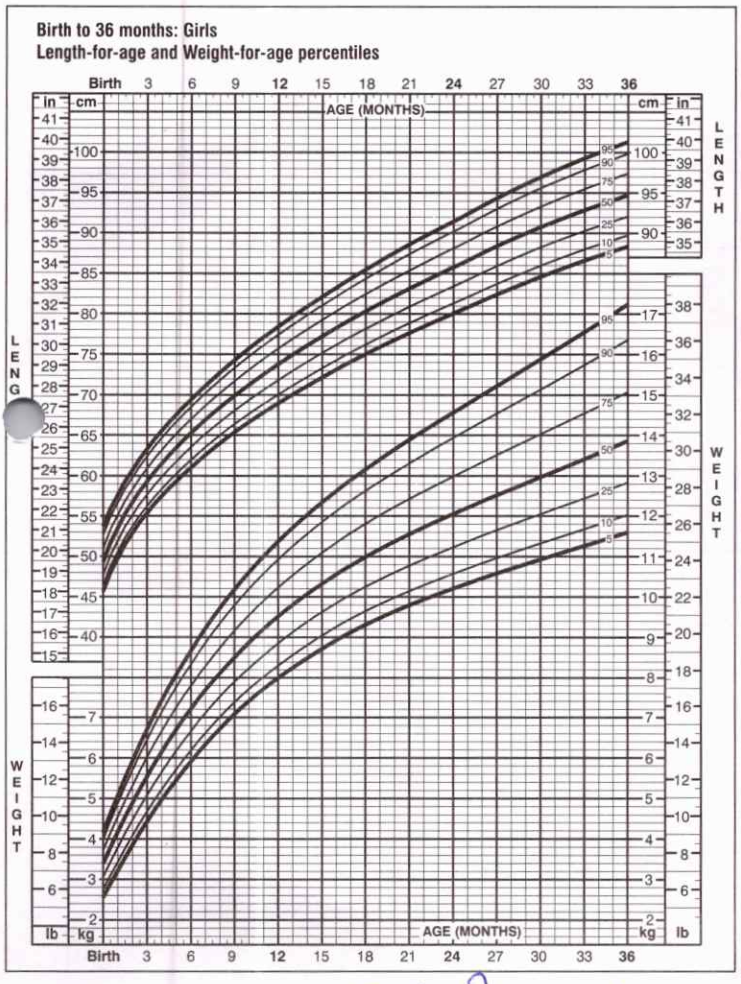
Food Allergies: Cabbage Veg/Non-veg NON-VEG

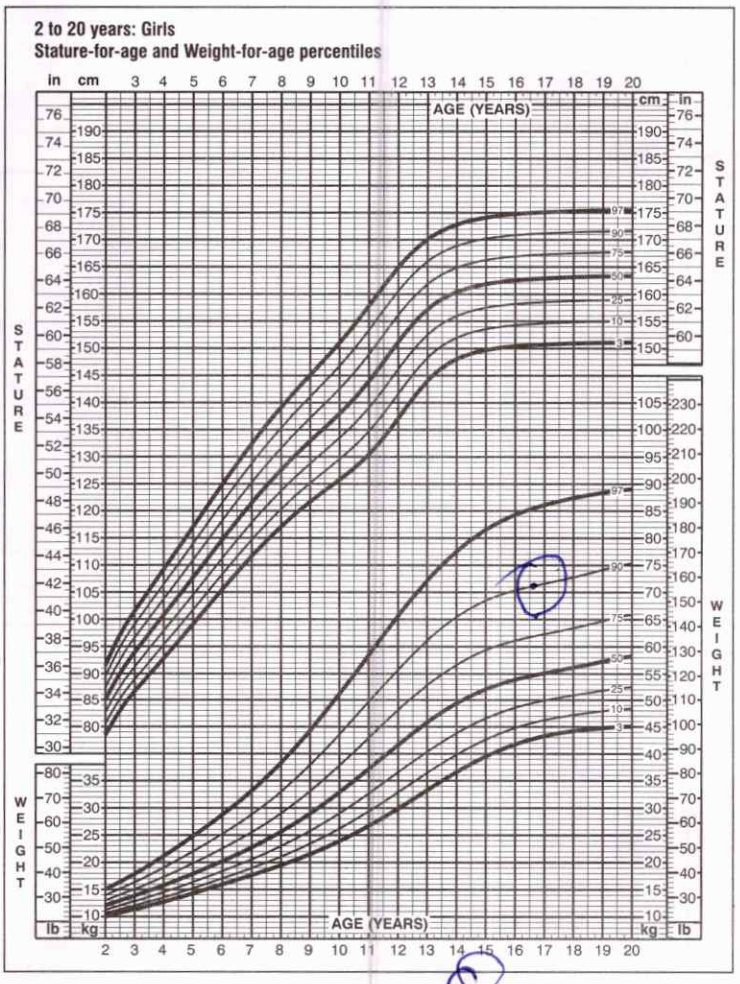
Diagnosis: AFI & dehydration

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika. G Dietician's Signature

Daily Notes:

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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RESULT SHEET

Date	6/7/26					
Time						
Hb	12.4					
PCV	4.35					
RBC	35.6					
WBC	14.40					
N/L	69.7/21.6					
Platelets	289					
CRP	16					
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	6/7/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	8-10					
CUE - RBC Cells	NIL					
CUE - Epithelial	25-30					
Nitrite	Ove					
Leukocytes	(+)(+)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A	—					
B						
RSV	—					
SARV	—					

Culture and Sensitivities : Blood c/s :—

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

F / HW/ EWS / 04

.....

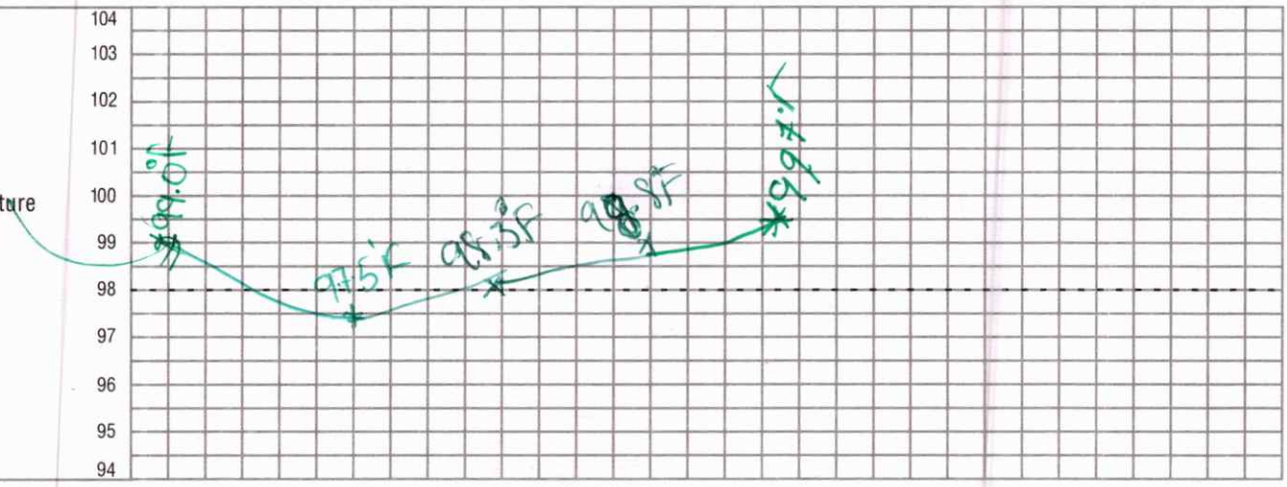
O. : .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26 Time: 12 Am | 3 am | 10 Am | 2pm | 4pm

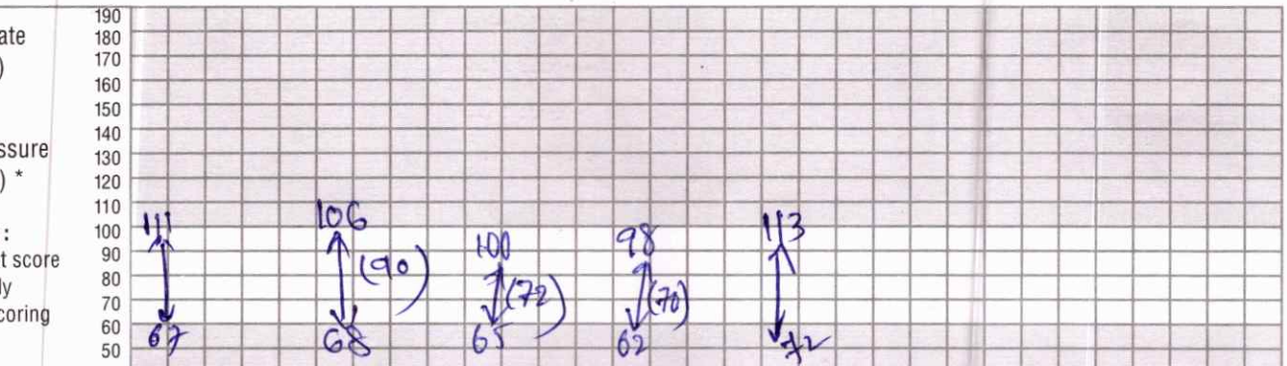
Doctor / Nurse / Family Concern?

Temperature (°F)



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

NOTE : BP does not score in early warning scoring



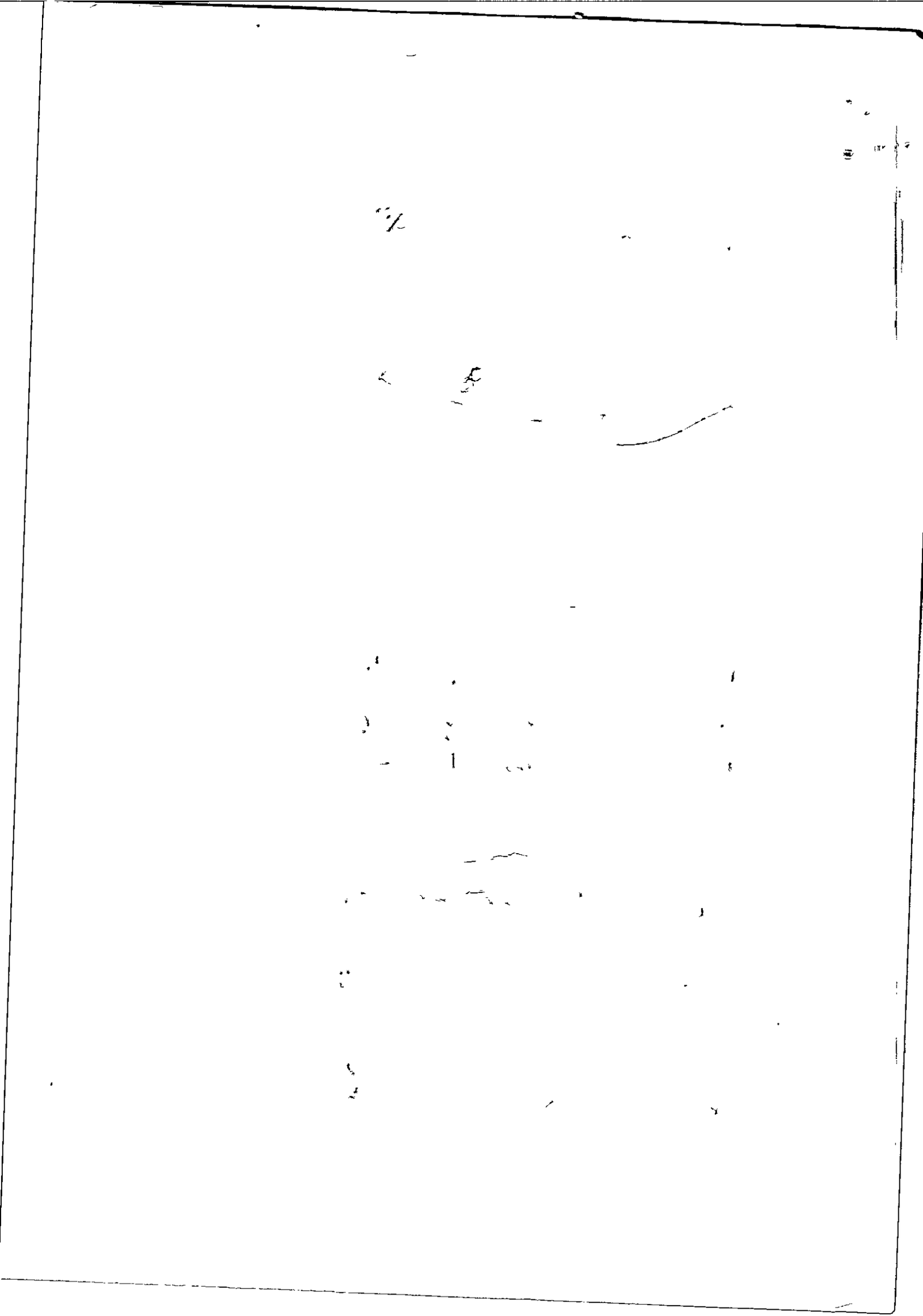
Heart Rate (number)	92b/m	100b/m	112b/m	99b/m	100b/m

Resp Rate (bpm) (over 1 minute)

Resp Rate (number)	22b/m	24b/m	23b/m	25b/m	25b/m
Resp. Mod/Severe Distress None/Mild					
Receiving O2 (L/min) O2 saturations (%)	100%	99%	100%	99%	99%
Conscious Normal Level Decreased					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Observer's initials					

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

* 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.



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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 6 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

: / HW/ EWS / 04

....

). : ....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:		
Doctor / Nurse / Family Concern?		
Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) * NOTE : BP does not score in early warning scoring	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (number)		
Resp Rate (bpm) (over 1 minute)	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (number)		
Resp. Mod/Severe		
Distress None/Mild		
Receiving O2 (L/min)		
O2 saturations (%)		
Conscious Normal		
Level Decreased		
GCS *		
TOTAL SCORE Number of shaded boxes		
Observer's initials		

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

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

Ref. No. : F / HW/ EWS / 04

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

Patient Name : ....

Date of Birth : .... I.P. No. : ....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:
Doctor / Nurse / Family Concern?	
Temperature (°F)	104
	103
	102
	101
	100
	99
	98
	97
	96
	95
	94
Heart Rate (bpm) and Blood Pressure (mmHg) * NOTE : BP does not score in early warning scoring	190
	180
	170
	160
	150
	140
	130
	120
	110
	100
	90
	80
	70
	60
	50
Heart Rate (number)	
Resp Rate (bpm) (over 1 minute)	70
	60
	50
	40
	30
	20
	10
Resp Rate (number)	
Resp. Mod/Severe	
Distress None/Mild	
Receiving O2 (L/min)	
O2 saturations (%)	
Conscious Normal	
Level Decreased	
GCS *	
TOTAL SCORE Number of shaded boxes	
Observer's initials	

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

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

CIN : U85110TG1998 PTC029914

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
6/7/24	02:00 am											
	03:00 am											
	04:00 am	I	Upmol	50ml			✓			✓		
	05:00 am	DNS		50ml		NP		NP				
	06:00 am	↓		50ml								
	07:00 am			50ml								
Total Intake :						**Total Output :** U						

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00016382 IP26-00006754
baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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		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							
6/7/26	08:00 am			50ml								
	09:00 am			50 ml								
	10:00 am	DNS	Ibf	50 ml								
	11:00 am			50 ml								
	12:00 pm			50 ml								
	01:00 pm			50 ml								
Total Intake : Taken						Total Output : U-2 M-1						
	02:00 pm			50 ml								
	03:00 pm			50 ml								
	04:00 pm			50 ml								
	05:00 pm	DNS		50 ml								
	06:00 pm			50 ml								
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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FLUID CHART

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			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

INH-00016362 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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: .....

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	2 Am | 8 Am	- Assess the patient Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2am to 8am	- Assess the pt Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- How baby is stable	- Rechecked the v/s	

Patient Sticke

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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: 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	8AM to 2PM	→ Assess pt condition → monitor the vitals → maintain I/o chart → Administer medication as per drug chart → ct. Nebulization	8AM to 2PM	→ Assessed pt condition → monitored vitals → maintained I/o chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	AP
Afternoon	2pm 8pm	Assess the baby Monitor the VS administer medicine Maintain I/o Chart	2pm 8pm	Assessed the baby Monitored the VS administered Medicine Maintain I/o Chart	Administered Medicine	Reassessed the baby	Abi
Night							

Patient Sticker

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: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

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: .....

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							

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 5/7			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					
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	0					
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0					
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	0					
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	0					
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	0					
		Signature of the Nurse				SN	NA						

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 : .....

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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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										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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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										
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										
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		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 : .....

UHID-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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PAIN ASSESSMENT FORM

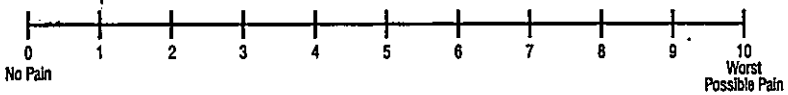
Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
6/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
6/7	8pm	0	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		
				☐ 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

Patient Sticker

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ 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		
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				☐ 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		

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   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

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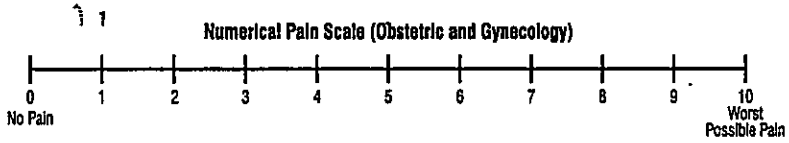

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MNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Patient Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	5/7 M1	6/7 M6	6/7 8PM			
	Medical Condition (Any special condition to be noted):	—	—	—			
	Diet:	—	—	—			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.3°F	98.0°F			
	Res:	22b/m	23b/m	22b/m			
	SpO_2:	99%	100%	99%			
	Pulse:	99b/m	98b/m	7			
	BP:	102/67	100/62	109/62			
	LOC:	—	—	—			
	Fall Risk Score:	NO	—	—			
	Pain Score:	NO	—	—			
	Skin Integrity	Good	—	—			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—			
	Critical Lab Test / Values:	—	—	—			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—			
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Sunanda	Anusha				
Signature / ID :							
Date:		6/7/26	6/7/26	6/7			
Time:		6am	2PM	8pm			
Taken Over By Name :		Anusha					
Signature / ID :							
Date:		6/7/26	6/7				
Time:		8AM	2pm				

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 Name	Baby GANDHAM RAVI MOUNASRI	Patient Ph. No	6300622529
Age	16 Y 8 M 22 D	Requisition No	R2626-008073
Gender	Female	Collected on	06-07-2026 11:52 AM
IP / Bill No.	IP26-00006754	Received on	06-07-2026 02:09 PM
UHID No.	HNH-00016382	Reported on	06-07-2026 02:09 PM
Ref. Doctor	SINDHURA MUNUKUNTLA	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Normal in size (13.9 cm) and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size (9.2 cm) and echotexture.

PANCREAS : Normal in size and echotexture in head and proximal body. Rest obscured due to bowel gas.

KIDNEYS : Right kidney : 10.0 x 3.6 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi. Cortical cyst measuring 1.9 x 1.9 cm noted.
Left kidney : 10.7 x 5.0 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites.
Mild tenderness noted in the right lower quadrant. Appendix could not be visualised due to bowel gas / thick abdominal wall. However no secondary signs of inflammation (like increased mesenteric echogenicity / collection) in the right lower quadrant at present.

Uterus is anteverted and appears normal in size (6.3 x 3.5 x 3.8 cm) and echotexture.
No focal lesion. Endoechocomplex appears normal and measures 5 mm.

Right ovary : Not visualised due to bowel gas shadow.
Left ovary measures : 2.7 x 1.5 cm. Normal in size and echotexture. No focal lesion.

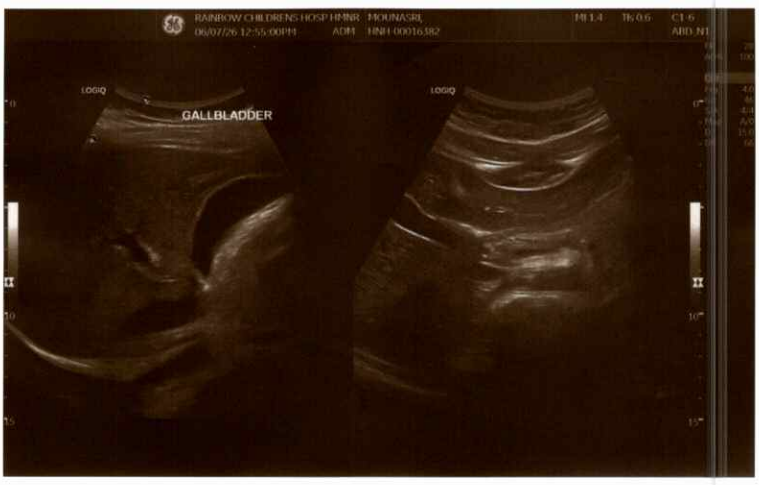
Note: Clinically Correlate, Kindly discuss if necessary.

Scan QR Code

BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516
HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300
SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200
NANAKRAMGUDA Emergency 040-69313233
KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100
KONDAPUR Emergency 040 - 4246 2400
L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333
HIMAYATHNAGAR Emergency 040 - 48873000

1800 2122 www.rainbowhospitals.in
CIN: L85110TG1998PLC029914 info@rainbowhospitals.in

Emergency 040 - 4246 2100 Emergency 040 - 4246 2400 Emergency 040 - 7111 1333 Emergency 040 - 48873000
1800 2122 www.rainbowhospitals.in
CIN: L85110TG1998PLC029914 info@rainbowhospitals.in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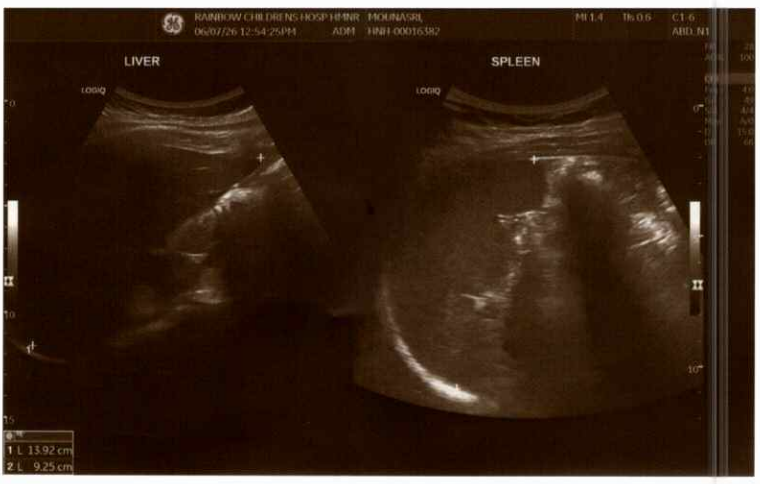
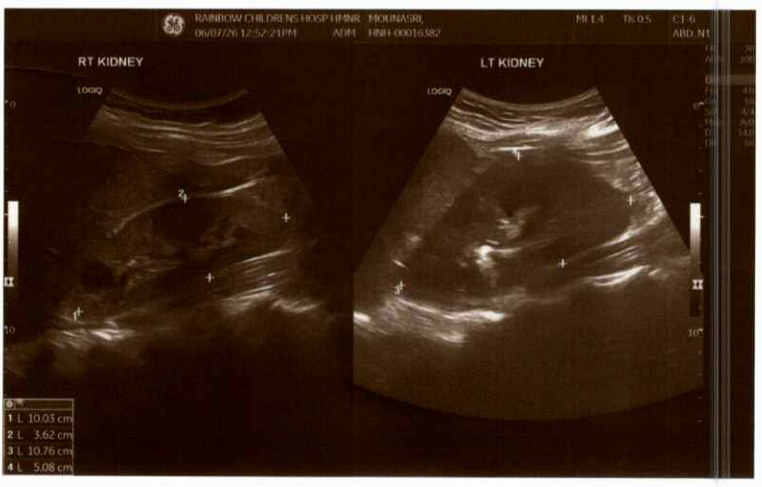
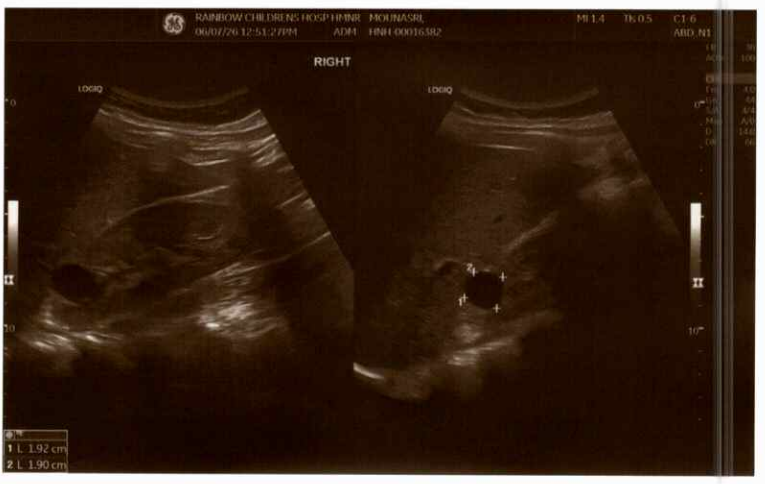
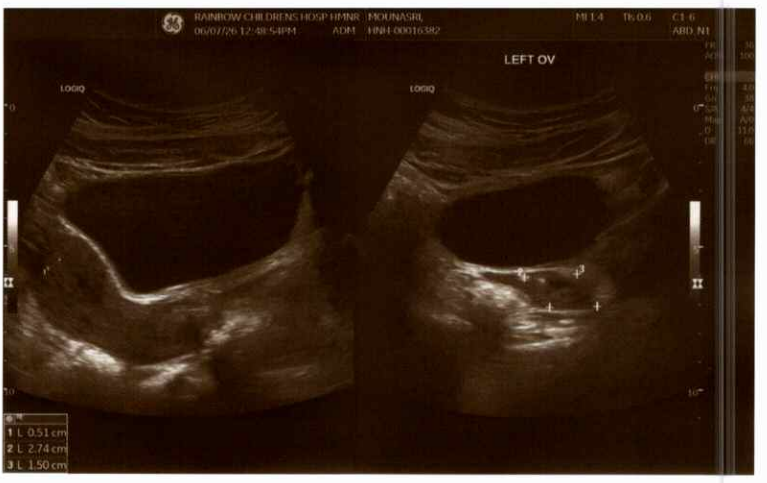
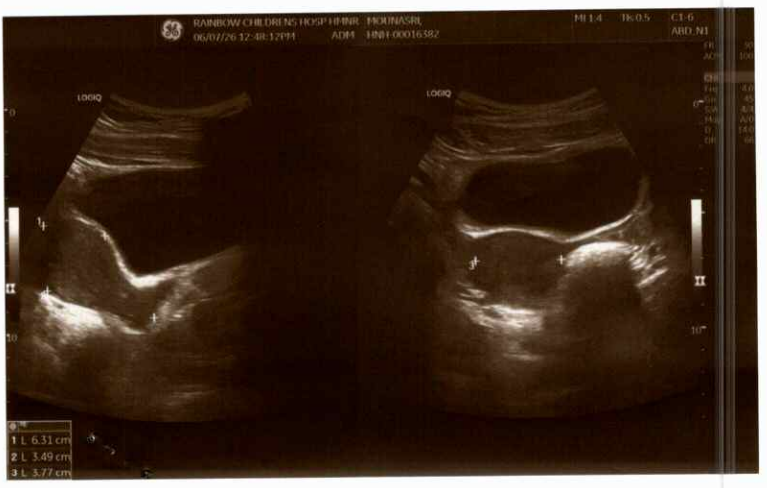
06/07/26 12:55:00PM ADM HNH-00016382
MI 1.4 TIs 0.6 C1-6
ABD N1
LOGIQ
GALLBLADDER
LOGIQ

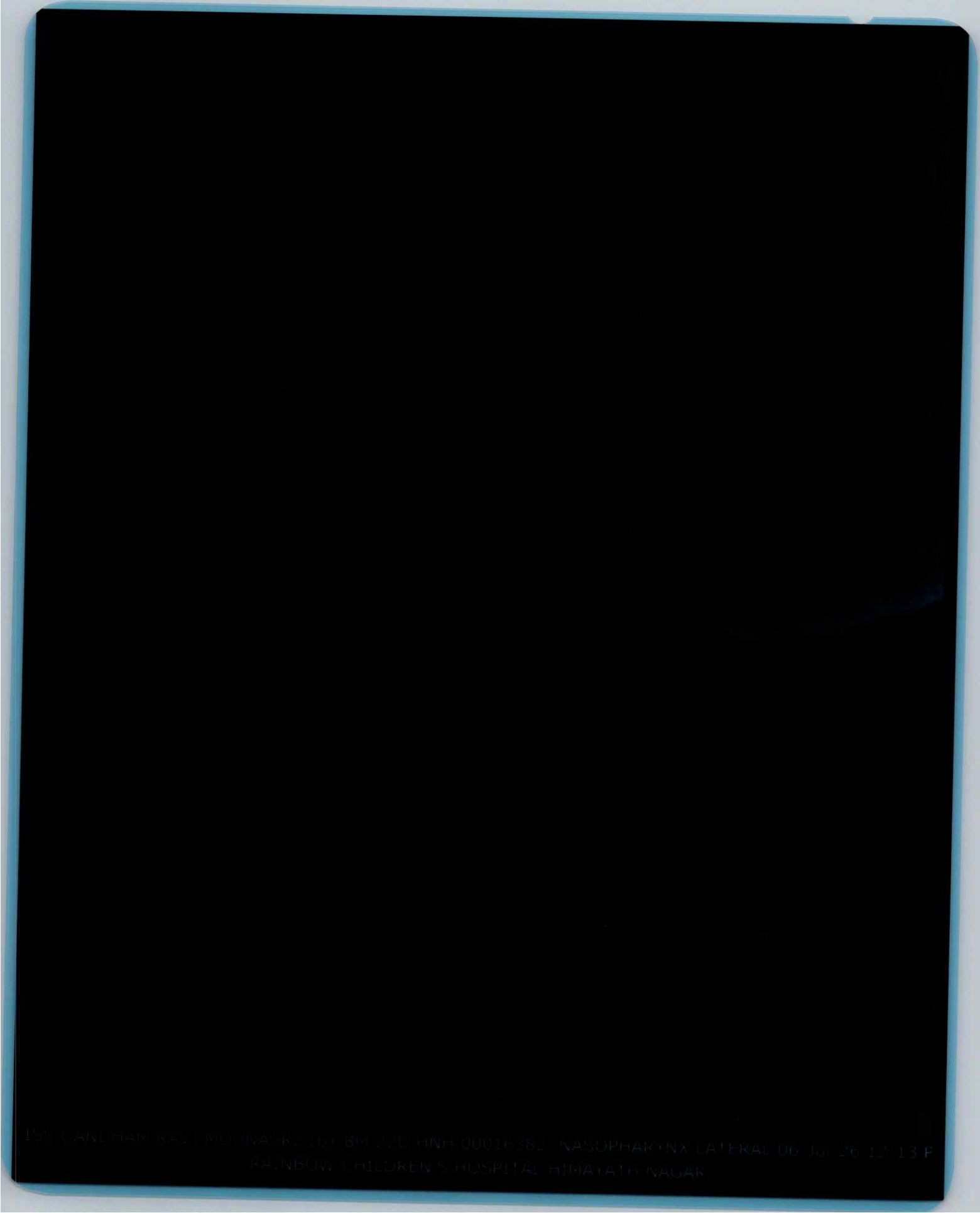

RAINBOW CHILDRENS HOSP HMNR MOUNASRL
06/07/26 12:54:25PM ADM HNH-00016382
MI 1.4 TIs 0.6 C1-6
ABD N1
LOGIQ
LIVER
LOGIQ
SPLEEN
1 L 13.92 cm
2 L 9.25 cm

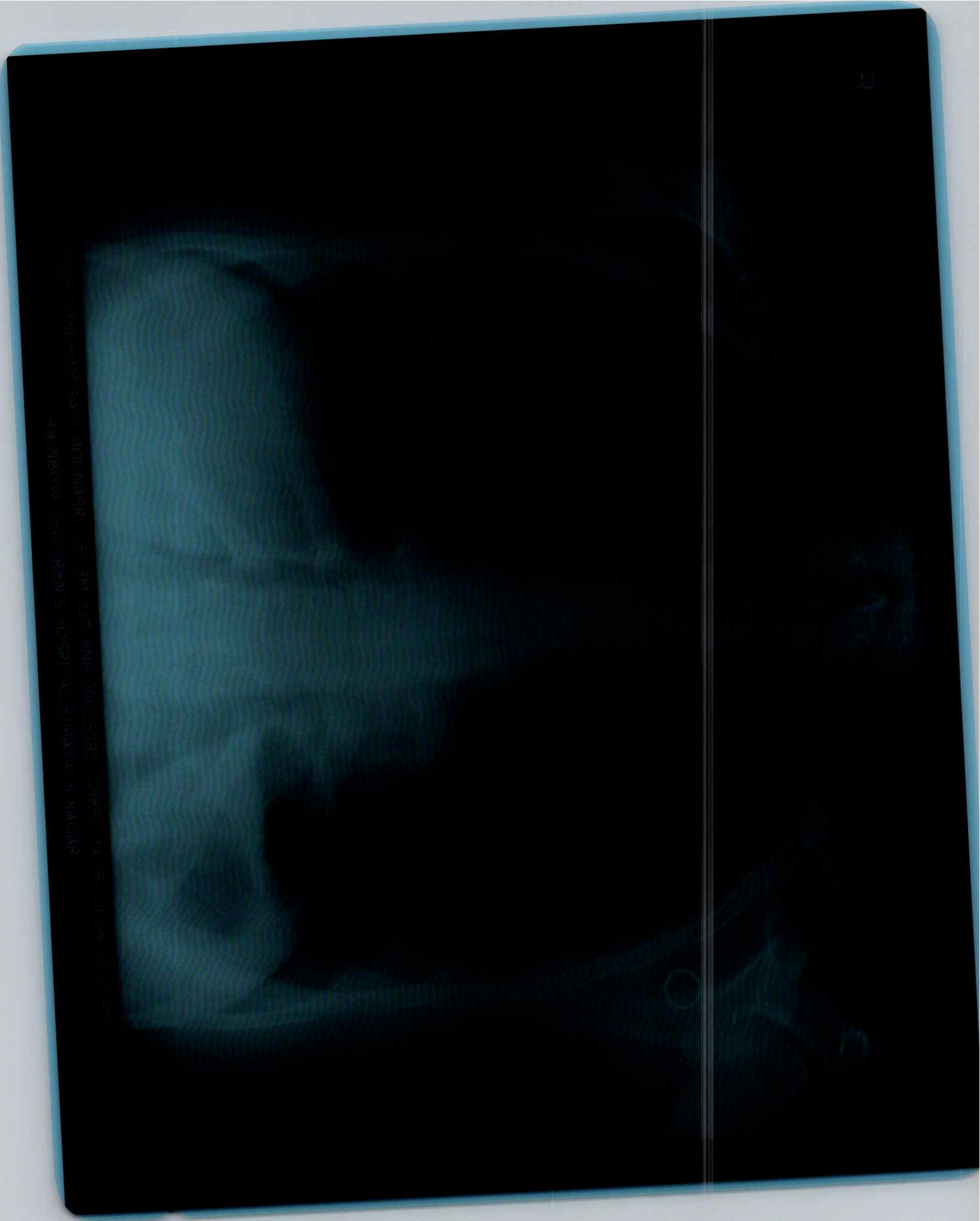

RAINBOW CHILDRENS HOSP HMNR MOUNASRL
06/07/26 12:52:21PM ADM HNH-00016382
MI 1.4 TIs 0.5 C1-6
ABD N1
LOGIQ
RT KIDNEY
LOGIQ
LT KIDNEY
1 L 10.03 cm
2 L 3.62 cm
3 L 10.76 cm
4 L 5.08 cm


RAINBOW CHILDRENS HOSP HMNR MOUNASRL
06/07/26 12:51:27PM ADM HNH-00016382
MI 1.4 TIs 0.5 C1-6
ABD N1
RIGHT
LOGIQ
LOGIQ
1 L 1.92 cm
2 L 1.90 cm


RAINBOW CHILDRENS HOSP HMNR MOUNASRL
06/07/26 12:48:54PM ADM HNH-00016382
MI 1.4 TIs 0.6 C1-6
ABD N1
LEFT OV
LOGIQ
LOGIQ
1 L 0.51 cm
2 L 2.74 cm
3 L 1.50 cm


RAINBOW CHILDRENS HOSP HMNR MOUNASRL
06/07/26 12:48:17PM ADM HNH-00016382
MI 1.4 TIs 0.5 C1-6
ABD N1
LOGIQ
LOGIQ
1 L 6.31 cm
2 L 3.49 cm
3 L 3.77 cm




R
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR