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 : IP26-00006638 **Admit Date** : 24-Jun-2026 **Admit Time** : 11:19 PM **UHID** : HNH-00016155

Patient Details :

Patient Name	: Master VALLURI NAGA YASHWIN	**Age**	: 0 Y 4 M 13 D
Guardian	: Mr HARISH VALLURI	**DOB**	: 11-02-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-1-336/98 ST NO : 8 VIVELK NAGAR Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 7032856308/ 9010532147
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name	: Mr HARISH VALLURI	**Relationship**	: Father
Contact Address	: 1-1-336/98 ST NO : 8 VIVELK NAGAR Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 7032856308

V.Harish

Signature

Doctor Details :

Doctor Name	: Dr. ABHISHEK RAVINDRA JAIN	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY PROGRESS G

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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

UHID No : ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : 26/4/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/4/26	11:20pm	ER	PICU	[illegible]
25/6/26	6 pm	PICU	ward	Sunam
25/6/26	6:15pm			

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. chandana	8331	26/4/26	Bala
2.	Dr. Sneha Reddy.	8462	26/6/26	[illegible]
3.	Crove checked by Sujatha on 27/6/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	CBP	10307	
	CRP		
	Creatinine		
	LFT		
	calcium, magnesium		
	NBC	10306	Kavitha
	Blood clg (T)	10308	
25/6/26	MRI Brain with contrast	7538	
25/6/26	GRBS (84mg/dl)	0322	
	CSF B/C/S.	0329	
	CSF Analysis	0329	
	Course checked by sr Shinhal		
26/6	other culture and sensitivity (Rt ear + Lt ear) swab	10371	Bala
26/6	66th	7615	
	Course checked by Smitha on 27/6/26 at 11am		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/6/26	Invasive monitoring	25/6/26 @12am	25/6/26 @ 5:50pm	8049	[illegible]
	infusion pump	25/6/26 12am	26/6/26 [illegible]		
25/6/26	oxygen	11:30Am	25/6/26 2pm	8183	Sanam
	cross checked by Sujatha on 25/6/26 at 1[illegible]				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	u placement	1	8024	[illegible]
25/6/26	Lumber puncture	1	8180	[illegible]
25/6/26	PAC	1	8190	[illegible]
	cross checked by	Sr	Shalee	on 27/6/26
				[illegible]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o ear pain, ear discharge (lt) ear X 2 days
C/o upward gaze, uprolling of eyes X overnight.

History of present illness :

Pt was apparently alright 2 days before. Then mother noticed excessive cry, ear discharge from left ear since 2 days.

C/o upward gaze, uprolling of eyes 3-4 episodes at residence each lasted for 30 sec - 1 minute

1 episode noticed at ER, aborted with Midazolam (1 puff) nasal spray

No H/o fever / cold / coughs etc

H/o 2 episodes of vomiting in ER

Pediatric Multiorgan History & Physical Examination

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

Nothing significant.

Birth & Neonatal History :

T (38wks) | 3.24kg | CIAB | EL. LSCS.

Birth & Socio Economic History :

About Father :

About Mother : —

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Vaccinated till 14 weeks. according to NIS.

Pediatric Multiorgan History & Physical Examination

Anthropometry mean-to+2 SD

Head Circum (cms) 42.8 (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 5.8 kg (Centile _____)

On Examination :

Temperature : 98.8°F Pulse Rate: 142. Description _____

B.P. _____ SPO2 98% at RA

Resp. rate and type of breathing : 28 cpm

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : B/L NVBS

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 heard.

Any murmur : No murmur

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

Per Abdomen :

Inspection _____

Palpation : Soft, NT

Ausculation : No organomegaly

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System : excessive cry (+) irritable.

Level of Consciousness : AVPU/GCS Score : Normal.

Cranial Nerves : (N).

Motor System :

Nutrition : Normal

Tone : Normal. Power Normal.

Co-ordinator : +

Posture :

Involuntary Movements : Absent.

Reflexes : (N)

DTR **Superficials :**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic :

Seizure under evaluation

? lt ear ASOM ? Meningitis.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG
Blood C/S
Sr. Calcium
Magnesium
Sr. Creatinine
LFT

NB Ampun

Planned Management :

- Inj. leviteracetam (40mg/kg) stat
- Inj. leviteracetam BD (20mg/kg/dose)
- Inj. ceftriaxone OD
- MRI Brain c̄ Contrast
- Inj. lacosamide 5mg/kg (further consults)
- PAC

NB Ampun

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 : (Preferring Mobile #)
4. Name of the doctor in Rainbow Team whose name the patient is being referred on

DR. ABHISHEK RAVINDRA JAIN
Reg. No. 02757

Doctor's Signature Name 25/6/26 Dr. Abhishek Date 25/6/26 Time 9am

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 11pm	c/s/by. Dr. Pritch	
	Unproved Seizure.	c/d/w - Dr Abhishek.
	? ASOM ? meningitis.	
		Ear discharge (+)
	Vital	Multiple Episode of Paroxysmal activity (+)
	stable.	
	HR = 149/min	— 2 Episode of vomiting
	Tcy Afebrile	
	RR - 40/min	
	SpO2 - 98% RA.	
	GRBS - 128 mg/dl	Plan
		— IV fluids.
	S/E	— Inj CEFTRIAXONE.
	Tone (n)	— Inj LEVITERATAM.
	CNS irritable (+).	LD → MD.
		— Check Head Circumference.
		— further consulting
		Inj LACOSAMID.
		Inj PHENO
		— MRI Brain Econtrast
		— PAC.
		— (T) samples.
		— w/f further seizure activity.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 1 30 AM	c/s/by Ds Anuche.	
	Seizure under Evaluation	
	? DSOM.	
		Plan
	Baby comfortable.	- ct IV fluids.
	Vital :-	- ~~Send~~ Blds - (T) :
	HR = 154/min.	
	SpO2 = 98%.	- Inj CEFTRIAXONE
	Afebrile.	LEVIPIL.
		- N/f futh seizu episodes.
	No futh seizure after admission.	- MRI Brain c Contrast
	No fever.	- PAC
		- (T) remaining sample
		- Monitor vitals.
	Af.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/L3 Dr. Naipunya / Dr. Anushee.	
25/6 7:00AM	Seizure ↓ evaluation ? ASOM ? Meningitis	
	No fever.	Plan
	Vitals - HR = 142bpm RR = 28cm SpO2 - 98%	- Trace. B/cls Pus C/S (outside)
		- Cont Inj cefotaxime Inj levipil.
	R/S - B/L AE (+).	
	P/A - soft, NT	
	PAC Done	- MRI brain. E Contrast at 10:30AM.
	U/O/P - 2.5ml/kg/hr.	- Monitor vitals. - Cont IVF.

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
25/6/26 9 AM	C/B Dr Abhishek	
	△ seizure ↓ evaluation	
	? Asom ? Mengitis	
	No fever	
	child stable	
		Adv
	O/E HR 172/min	
	RR 34/min	— Trace B/c/s
	SpO2 100%	pus c/s outside
	Pt BAE+	
		— MRI Brain ⊂ Contrast (Cons Nihal) Report.
		— MRI Requisition form.
	Dr. ABHISHEK RAVINDRA JAIN Reg. No: 02757	
		Abhishek

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	Counselling	
O/w		
	Chewing Movements,	Staring Movts, ~~a~~ fits
	Due to Brain condition	- Genetic
		- Infection (Meningitis)
		- Brain structural defect.
	TLC 17K	
	started on Ceftriaxone	
	Culture sent - Report	awaited
	To decide about CSF →	To check infection +/-
	✓ MRI brain C Contrast to be	done today
	✓ CSF to be done after MRI	
	~~If Pab~~ If infection (+) in CSF	2 wk - 4 wk. Antibiotic
	EEG should be done	T/m.
Inj	Levipil being continued	if no fits
		↓
		Convert to Oral
	Headache, photophobia,	Irritability } only in
		o blue clubbing
	< 6 months →	asymptomatic,
	If ~~MRI~~ Baby stable	subtle symptoms +
		plan to shift to ward.

Dr. ABHISHEK RAVINDRA JAIN
Reg. No: 02757

Priya

HNH-00016155 IP26-00006638
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 2pm	S/B Dr. Anibet / Dr. Archana	
	case of unprovoked seizures c̄ ASOM ? meningitis	
	No fever spikes No further episodes of ? seizure after admission	Adv · Lumbar puncture performed · (T) MRI Brain reports · Blood c&S CSF analysis, CSF c&S
	O/E HR - 172 bpm RR - 28/min PP - wf SpO_2 - 100% @ RA	· Ct Ceftriaxone · Start Tobacin ear drops · Ct levetiracetam · TPR/IOC · monitor vitals, NBM for 2 hours, post lumbar puncture procedure
	S/E CNS - active	
		Dr. Archana 25/6/26

HNH-00016155 IP26-00006638
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 2pm	LUMBAR PUNCTURE PROCEDURE NOTES	
	INDICATION - Unprovoked seizures noted in 4m old MCH.	
	ATTENDING PHYSICIAN - DR. ANIKET	
	CONSENT was obtained before starting the procedure from the attendents after explaining a, Nature of procedure & who will perform the procedure. b, Necessity for procedure & the possible benefits c, Risks & complications d, Likelihood of the patient achieving his/her goals without this procedure.	
	SUMMARY: Handwash was done immediately prior to the procedure. Surgical cap, mask with protective eyewear, sterile gown & sterile gloves were donned throughout the procedure. The patient was placed in lateral decubitus position with the help from the nursing staff. Area was cleaned & draped & asepsis. Anaesthesia was achieved. 22 guage 3.5 inch spinal needle was placed in (L_3-L_4) lumbar interspace. CSF obtained. CSF was collected into 4 tubes. Samples sent for analysis, culture & sensitivity. A sterile bandag was applied at puncture site. Patient had no immediate complications & tolerated the procedure well.	

Dr. Archana

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	C/S/B - Dr. Aniket	
5pm	Δ - Unprovoked Seizure /	ASOM / meningitis
	No further seizure, fever spikes	Plan
		- continue IV fluids (2 B maintn)
		- Before nappy cream L/A TID
	Sedation weaned	
		- shift to ward.
	took 10 ml feed	
		- continue Antibiotics, Anticepileptics
	O/E	
	HR - 178/min RR - 32/min	- Antiseizure measures
	BP - 90/50 mmHg SpO2 - 98% on RA	
		- monitor vitals (BP/SpO2/HR/RR) Q8h urine output.
	CE	
	CNS - alert, irritable GCS 15/15	- Trace CSF Analysis & MRI report
		- Taper IVF Gradually

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 05:15 pm	Counselling note.	
	AGOT1 with suspected Meningitis with seizures.	
	No fever.	
	No further seizures	
	vital parameters stable.	
	CSF analysis & MRI report awaited.	
	Plan to shift to ward.	
	Plan to continue IV antibiotics, anti-seizure medications.	
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	
	for D. Aniket	
	Harsh	
		Counter checked by. SV Sonam.

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

(P.T.O)

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 14 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	Case d/w Dr. Abhishek	
7 PM	No further seizure	- Plan
	Baby stable	
		- convert to oral levipil.
		- Trace MRI Brain Report & CSF Analysis
		- ENT surgeon consultation tommorrow
		NB Sweetha

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11-02-2026 0 Y 4 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4/16. U. Patch	
25/06/26 8:30PM	D:- ASOM c̄ Suspected Mouny idis c̄ Seizures	
	No fresh seizure	
	No fresh vomiting	
	Oral acceptance - good	
	O/E: GC - fair	
	Alert & active	
	Hydration - good	
	S/E: NAD	
		Adv
		- Oral Levepil / IV flaxedil (1/2 m)
		- If accepting feeds + Stop IV fluids
		- Trans MRI Brain CSF Analysis
		- Monitor vitals and Iffing SOP
		- w/f any fresh seizures
		NB

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 14 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	S/B Dr. Sreejithan	
7AM	Δ ASOM ε Seizures	Plan
	? Meningitis	
		– Trace CSF repeat
	CFo Motel block	
		– ICP LEVETIRACETAM
	CVS – S1S2 ⊕	
	R/S – Bl – AEB ⊕	– w/b Seizure
	PLATOON	– Stop IV fluids
	Cautious	
		– Meropenem 'Wed' therapy
		2g QID.
		– Trace forward
		CS report

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/02/26 9 AM	C/S/S - Dr. Abhishek	
	A:- Afebrile with seizures	
	No focal seizure	
	O/E:-	
	Conscious, Active, playful.	
	CVS - S1 S2 (+)	Adv
	RS - BL - AE (+)	- GGA today
	Clear	- IV Antibiotics
		- Manachen solution drops
	P/A - Soft	
		- Trace Gen swab C/S
		- Trace CSF Analysis report
		- Dermatologist consultation
		- Plan to send CSF - PCR if Analysis shows lymphocytes
	Add oral Levofloxacin	
	Continue IV Ceftriaxone	
	Kill cultures	

Dr. ABHISHEK RAVINDRA JAIN
Reg. No: 02757

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 15 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Pritesh	
26/6/26 9:15 Am	D ASOM	
	No further seizures	Plan
		Send for swab C/S - repeat NOD
	Pseudomonas ↓ outside for swab culture sensitivity	EEG today
		Add oral Levofloxacin
	CNS - S.S.B	stop ceftriaxone
	R/L B/L ACG	
		Dermatology consultation
	Consultant Intensivist Dr. Pritesh Nayak Consultant Pediatrician & Intensivist Reg. No: 47184	Noted by Amrutha 26/6/26
	S/B Dr. Archana	
26/6/26 2pm	Dis + B/L ASOM c̄ unprovoked seizures c̄ ? meningitis	
	Oral acceptance good	
	No fever spikes	Adv
	No fresh complaints	(1) cultures for Ear swabs CSF C+S, blood c&s
	Ok vitally stable	Dermatology consult today
	SE CNS - active	EEG today
		CT chest same
		Dr. Archana

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 5pm	C/S/B- Dr. Pritesh	
	A- B/L Asom c̄ Unprovoked seizure	
	Oral acceptance } Good.	MRI- Brain Swelling d/t fits
	& No further seizure	
		Plan
	O/E	- EEG Pending
		- Trace Ear Swab c/s
	Vitals stable	- Dermat- consult
		- Ct rest same
		- Trace Blood c/s CSF c/s
	S/E	
	Cry, tone, Activity Good.	
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 16 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8AM	C/S/O Dr. Pranav / Dr. Varun	
	Δ – B/L ASOM c ? seizure.	
	– No fresh complaints.	
	– O/E – vitals stable.	Plan
	O/E – WNL.	– Ct. oral Levipil / Levofloxacin / Tobracin / Candid ear drops.
		– CHXSF Ear swab / Blood c/s / CSF c/s.
		Dr. Pranav

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Abhishek	
27/6/26		
9 Am	S^cis + B/L ASOM c̄ unprovoked seizure	(likely Infantile onset Epilepsy)
	on Room Air	Adv -
	No fresh complaints	- Ct symptomatic
		- Ct Syp. ciprofloxacin
	ok vitally stable	Ct levetiracetam
		- Discharge
	SE CNS - active	(1) Ear swab C&S, CSF C&S, Blood C&S final report
		Dr. ABHISHEK RAVINDRA JAIN Reg. No: 02757
		Abhishek

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN (M)
11-02-2026 0 Y 4 M 16 D
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

LUCID
MEDICAL DIAGNOSTICS

Patient Name	: **Baby Boy . VALLURI NAGA YASHWIN**	Reg No	: **HMN062601900**
Age/Gender	: **4 M,14 D(s) / Male**	Reg Date	: 25-Jun-2026 12:20
Ref.Dr	: Dr Abhishek Ravindra Jain	Reported Date	: 26-Jun-2026 11:15
Reference	: Self		

MRI BRAIN PLAIN AND CONTRAST STUDY

PROTOCOL:

DWI, 3D T1, T2,FLAIR,GRE/SWI sequences
Coronal T2 and Sagittal T2 Wt sequences
Contrast sequences

FINDINGS:

Focal cytotoxic edematous changes demonstrated in the anterior and posterior segments of the corpus callosum. Mild asymmetrical widening of the subarachnoid space along the frontal and temporal convexities (left more than right), no abnormal extra-axial collections.

Myelination is normal for age.

Normal cortical development.

Basal ganglia and thalami are normal.

Midline structures are normally formed.

Sella, pituitary and parasellar regions are normal.

No acute hemorrhage.

No mass effect or herniation.

Ventricles / Extra-axial spaces: Normal.

Brainstem is normal.Cerebellum is normal.

Cranio-vertebral and cervico-medullary junctions are normal.

Flow voids: Intact.

Dr.Sunitha Lingareddy Consultant Radiologist	**Dr.Praveen Jagarlamudi** Consultant Radiologist	**Dr.Vikas Reddy P** Consultant Radiologist
		Nihaal Reddy
Dr.Rajya Lakshmi.D Consultant Radiologist	**Dr.Seshasai Vijaykumar M** Consultant Radiologist	**Dr.Nihaal Reddy K** Consultant Radiologist

Regd. Office:
Plot # 18, Rao & Raju Colony, Road No.2, Banjara Hills, Hyderabad-500 034.
Ph: +91 40 4419 4444, Toll Free No. : 1800 123 4577
www.luciddiagnostics.com

Patient Name	: **Baby Boy . VALLURI NAGA YASHWIN**	Reg No	: **HMN062601900**
Age/Gender	: **4 M,14 D(s) / Male**	Reg Date	: 25-Jun-2026 12:20
Ref.Dr	: Dr Abhishek Ravindra Jain	Reported Date	: 26-Jun-2026 11:15
Reference	: Self		

Mild FLAIR hyperintensity of the cortical bridging veins in the frontal convexities without associated abnormal leptomeningeal or vascular enhancement, likely reflecting slow-flow/flow-related phenomenon.

No abnormal intracranial enhancement.

IMPRESSION:

*** Focal cytotoxic edema involving the anterior and posterior corpus callosum (CLOCC pattern). Findings are nonspecific and may be seen in the setting of seizures, infection/inflammation or metabolic disturbances. No convincing evidence of meningitis, ventriculitis or cerebritis.**

Dr.Sunitha Lingareddy
Consultant Radiologist

Dr.Praveen Jagarlamudi
Consultant Radiologist

Dr.Vikas Reddy P
Consultant Radiologist

Nihaal Reddy

Dr.Rajya Lakshmi.D
Consultant Radiologist

Dr.Seshasai Vijaykumar M
Consultant Radiologist

Dr.Nihaal Reddy K
Consultant Radiologist

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CROSS CONSULTATION FORM

Doctor Name : Dr. Sneha Reddy Date : ..... Time : 5:45 pm.

Diagnosis : Atopic Dermatitis.

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

AD.

℞

(1) Desowen lotion
M ——— N
prot.
x 3 days.

(2) Aveeno Baby lotion
M ——— N

PA
5 days

(3) Aveeno Baby wash & shampoo.

Consultant :

Name : Dr. Sneha Reddy Signature : ..... Date & Time : 5:45 pm

Doc. No. : RCH / FRM / CLINICAL / 049

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 15 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek Date : 26/6/26 Time : 10Am

Diagnosis :

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

~~Dx~~ ? B/L ASOM c̄ seizure
? Meningitis.

O/E
active
B/L EAC - discharge (+)
no tragal tenderness.

Plan

- Add - CANDID E/D x Both ears
  2° — 2°
- r/v c̄ c/s and MRI Brain reports
- Start Syp. LEVOFLOX.

Consultant :

Name : Dr. Chandana Signature : Date & Time : 26/6/26

Doc. No. : RCH / FRM / CLINICAL / 049

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
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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: ....PICU....

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. Maigury....

Date & Time : ....28/6/26 @ 11:10 AM....

Nurse Name & Signature: ....[illegible]....

Date & Time : ....

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

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DRUG CHART

Date of Admission: 24/6/26 Drug Allergies: N/A. ☐ 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: CROSIN DROPS.				Date/Time
Dose	Route	Frequency	Start Date	
0.8ml	PO.	SOS	24/6.	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (100mg/1ml)				

DRUG: MIDAZOLAM SPY.				Date/Time
Dose	Route	Frequency	Start Date	
1puff	Naal.	SOS	24/6	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (1.25mg/1puff)				

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

Verified by Dr. Dhakshayani Dr. Dhakshayani

Verified by

VERIFIED BY Name Sign

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. 5.8Kg. Ward. .....

DRUG : Inj CEFTRIAXONE.

Dose	Route	Frequency	Start Date
200mg	iv	BD	24/6/26.

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: (100mg/kg/day).

Daily Doctor's Endorsement by a Sign

Date/Time: chc.

DRUG : Inj LEVITERACTAM.

Dose	Route	Frequency	Start Date
120mg	iv	BD.	24/6/26

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions: maintain dose (20mg/kg/dose)

Daily Doctor's Endorsement by a Sign

Date/Time	25/6
10AM	
10PM	

CHANGED

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	iv	OD	24/6

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/6
10PM		
12AM		

STOP

DRUG : TOBACIN EAR DROPS

Dose	Route	Frequency	Start Date
2°	Ear	QGH	24/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/5	27/6
12AM	X		
6AM	X		
12PM	X		
6pm	Sonu		

Verified by Dr. Dhakshayani

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Master VALLURI NAGA YASHWIN
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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 6.8 kg Ward .....

DRUG : Syp. LEVIPIL

Dose	Route	Frequency	Start Dt.
1ml	oral	BD	25/6

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

Additional Instructions: LEVITIRACETAM (1ml/100mg)

Daily Doctor's Endorsement by a Sign

Date/Time	26/6	26/6	27/6
10AM	X		
10PM			

DRUG : NASOCLEAR nasal drops

Dose	Route	Frequency	Start Dt.
2°	nasal	QID	26/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/6	27/6
12PM		
6AM		
10PM		

DRUG : Syp. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.
1.5ml	PO	BD	26/6

Name & Signature of the Doctor Starting the Drugs: Al

Additional Instructions: Syp (125mg/5ml)

Daily Doctor's Endorsement by a Sign

Date/Time	26/6
9AM 10PM	
9PM	

Change 2ml

DRUG : CANDID EAR DROPS

Dose	Route	Frequency	Start Dt.
2°/2°	Ear.	BD	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/6	27/6
10PM	X	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00016155 IP26-00006638
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11-02-2026 0 Y 4 M 15 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Syp. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.
2ml	PO	BD	26/6

Date/Time: 26/6 27/6

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

Additional Instructions: Levofloxacin (125/5ml) mg

Daily Doctor's Endorsement by a Sign

DRUG : DESOWEN LOTION

Dose	Route	Frequency	Start Dt.
–	Local	BD	26/6

Date/Time: 26/6 27/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: Over Abdominal Spot/lesion

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

Weight. 58kg 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
24/6/26	11:05 pm	Inj LEVITERACTAM (40mg/kg)(LD)	240mg iv over 20min	iv.	Af	AF
24/6/26	11:30pm	Inj ONDAN.	1.2mg stat	iv	Af	AF
24/6/26	11:30pm	Inj ESMOPRAZOLE	6mg stat	iv	Af	AF
24/6/26	11:15pm	NEOMAL suppositry	80mg.	PR	Af	AF
26/6/26	6:40pm	PEDICLORYL (TRICHLOPAN) (500mg/5ml)	3ml oral stat.	oral.	Af	[illegible]

Verified by Dr. Dhakshayani

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6/26.	11:15 pm	. IV fluids DNS. (2/3 M)	iv	18 ml/h	Af.	[illegible] [illegible]	24/6	Af.	[illegible] [illegible]
		(1/2 M).		12 ml/h	Af	[illegible] [illegible]	25/6	Af.	[illegible] [illegible]
25/6/26	8 AM.	IV fluid (2/3) M.		18 ml/h	Af	[illegible] [illegible]	26/6	A	[illegible] [illegible]
25/06/26	7:30 pm	(1/2 m) →		12 ml/h	Sanj	[illegible] [illegible]	26/6	M	[illegible] [illegible]

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Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
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RESULT SHEET

Date	24/6/26					
Time	11:27pm					
Hb	11.3					
PCV	31.6					
RBC	4.0					
WBC	17.03					
N/L	29.3/58.1					
Platelets	477					
CRP	15.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	11.6/2.0					
Phosphate						
Urea						
Creatinine	0.3					
ALP	234					
SGPT	22					
SGOT	31					
T.Bill/Conj	0.2/0.1					
T.Protein	7.1					
S.Albumin	4.7					
S.Globulin	2.4					
A/G Ratio	1.9					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar	50/56					
Cells	3					
N/L						

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

Appearnce – Clear.

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

Culture and Sensitivities : .....

Blood culture: 24 hours no growth

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 14 D (M)
Dr. ABHISHEK RAVINDRA JAIN

Patient Stic

CAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6 Time:	6pm	10pm	2pm	6Am	10pm	2Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.4°F	98.8°F	98.7°F	98.6°F	98.4	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	* 88/bm; 93 (52)	68 (91) 55	90 71	103 (64) 51	95 (55) 45	90 65
Heart Rate (Number)	138b/m	140b/m	135b/m	132b/m	132b/m	145b/m.
Resp. Rate (bpm) (Over 1 Minute) *	*	*	*	*		
Resp Rate (Number)	34b/m	35b/m	34b/m	39b/m	30b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	98%	99%	100%	100%
Conscious Level: Normal / Altered						
GCS *	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	[illegible]	[illegible]	[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)

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 15 D (M)
Dr. ABHISHEK RAVINDRA JAIN

/ CLINICAL / 124

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

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WARNING SCORE: CHILDREN'S UNIT

Date: 28/6/26 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.2°F	97.6°F	97.8°F	98.4°F	97.9°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	130b/m	132b/m	118b/m	113	145b/m	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	30b/m	30b/m	30b/m	30b/m		
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	98%	100%	99%	100%	99%	
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

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

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

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

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)

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Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 14 D (M)
Patient Dr. ABHISHEK RAVINDRA JAIN

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
25/6	06:00 pm	DNS	Milk	12ml								
	07:00 pm	DNS		12ml								
Total Intake :						**Total Output :**						
	08:00 pm	DNS		12ml								
	09:00 pm	DNS		12ml								
	10:00 pm	DNS	milk	12ml								
	11:00 pm	DNS		12ml								
25/6	12:00 am	DNS		12ml								
	01:00 am	DNS	milk	12ml								
Total Intake :						**Total Output :**						
	02:00 am	DNS		12ml								
	03:00 am	DNS	milk	12ml								
	04:00 am	DNS		12ml								
	05:00 am	DNS	milk	12ml								
26/6	06:00 am	DNS		12ml								
	07:00 am	DNS	milk	12ml								
Total Intake :						**Total Output :**						

NA

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6	08:00 am										0	
	09:00 am										0	
	10:00 am	0	H_2O								0	
	11:00 am				NA			NA			0	
	12:00 pm		milk								0	
	01:00 pm										0	
Total Intake : Taken						Total Output : m –					U –	
26/6	02:00 pm											
	03:00 pm		milk									
	04:00 pm	0									0	
	05:00 pm		milk		NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
26/6	08:00 pm											
	09:00 pm		milk									
	10:00 pm										0	
	11:00 pm				NA			NA				
	12:00 am		milk									
	01:00 am											
Total Intake :						Total Output :						
27/6	02:00 am											
	03:00 am		milk									
	04:00 am											
	05:00 am		milk		NA			NA				
	06:00 am											
	07:00 am		milk									
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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NURSING CARE RECORD

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				NA			
Afternoon	8pm 10-1pm 5pm	→ Assess the baby condition → Monitor vitals & record → maintain I/O chart → Administer medication on as per drug chart	2pm 10 8pm	→ Assessed the baby condition → monitored vitals & recorded → maintained I/O chart → Administered medication on as per drug	→ Pt is stable	→ Rechecked vitals	
Night		Assess the Baby condition → Monitor vital & record → maintain I/O chart → Administer medication as per doctor advice	8pm 8pm	Assessed the baby condition → monitored vital & recorded → maintained I/O chart → Administered medication as per doctor advice.	pt is stable	→ rechecked vital	

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Patient

NURSING CARE RECORD

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Date: 26/6/26

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 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O. chart maintain	8Am 2pm	→ Assessed the pt condition → Administration & medication given as per doctor's orders	→ pt is stable	→ Re-Assessed the vitals	A
Afternoon	2pm 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor.	2pm 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o. chart. - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	[illegible]
Night	8pm 8Am	→ Assess the pt condition. → monitor the vitals → maintain I/o chart. → drugs give as per drug chart.	8pm 8Am.	→ Assessed the pt condition. → monitored the vitals. → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable. Now.	→ Reassessed the vitals	[illegible]

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/6			DAY-2 25/6			DAY-3 26/6			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	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	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	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	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	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	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 : Sarbee

Signature of Ward In Charge :

Signature : ..... Name : Sujatha

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

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Master VALLURI NAGA YASHWIN
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BRADEN 'Q' SCALE

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				Date : 24/6	25/6/26	25/6	26/6
				Time : Ale	M5	Ale	MG
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 15 D (M)
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BRADEN 'Q' SCALE

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				Date :	26/6			
				Time :	E2	Nde		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
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FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	27	28		
				Evaluator's Name	[illegible]			

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

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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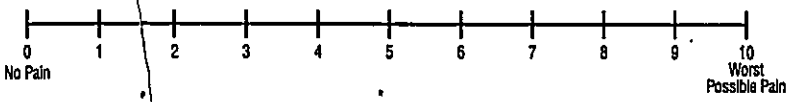
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6/26	12Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	8Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6/26	8Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6	10Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
26/6	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
26/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/6/26	DATE 25/6/26	DATE 26/6	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2		
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		13	13	13		

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

	Bed in low position		✓	✓	✓	
	Call device within reach		✓	✓	✓	
	Wheels Locked		✓	✓	✓	
	Room free of clutter		✓	✓	✓	
	Adequate lighting		—	—	—	
	Wheel chair support		—	—	—	
	Other Intervention(s) Specify		—	—	—	
	Nurse's Name:		Sisree	[illegible]	Priyanka	
	Signature:		[illegible]	[illegible]	[illegible]	
	Date:		25/6	25/6	26/6	
	Time:		8AM	10AM	3pm	

Docu. No. : RCH /FRM / CLINICAL / 005

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: Seizure				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	24/6/26 N	25/6/26 M	25/6/26 N	26/6/26 M	26/6/26 E	26/6/26 N
	Medical Condition (Any special condition to be noted):	Seizures	Seizure	Seizure	Seizure's	Seizure	Seizure
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.1°F	98.6°F	98°F	98.3°F	97.8°F	98.2°F
	Res:	24 b/m	28 b/m	30 b/m	28 b/m	30 b/m	30 b/m
	SpO_2:	100%	98%		98%	99%	100%
	Pulse:	158 b/m	149 b/m		141 b/m	140 b/m	113 b/m
	BP:	–	–		–	–	–
	Fall Risk Score:	–	–		–	–	–
	Pain Score:	–	–		–	–	–
Recommendations	Safety Needs:	–	yes		yes	yes	yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	–	–		–	–	–
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA		–	–	–
Post Operative Procedure Special Orders:		NA	NA		~~NA~~	–	–
Handed Over By Name :		Seizure	Seizure		~~Seizure~~ Amruth	Priyanka	Mounika
Signature :							
Date:		25/6/26	25/6/26		26/6	26/6/26	26/6/26
Time:		8pm	8pm		2pm	8pm.	8pm
Taken Over By Name :		Sravan	Jyotishmi	Amruth	Priyanka	Mounika	
Signature :							
Date:		25/6/26	25/6/26	26/6/26	26/6/26	26/6/26	
Time:		8Am	8pm	8Am	2pm	8pm	

Docu. No. : RCH/FRM / CLINICAL / 097

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
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NURSING SHIFT HAND OVER FORM - WARD

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

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

Docu. No. : RCH /FRM / CLINICAL / 097

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: HNH-00016155 IP26-00006638 Master VALLURI NAGA YASHWIN 11-02-2026 0 Y 4 M 13 D (M) Dr. ABHISHEK RAVINDRA JAIN ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : .... Date: 24/6/26.

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

Seizures (recurrent Episodes)

Loose stoolage.

The doctors have clearly explained to me that my patient Master / Baby ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Naga yashwin, ... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Vitha

Name: Harish

Relationship with Patient: Father

Date & Time: 25/6/26 @ 1 Pm

Witness :

Signature: [illegible]

Name: Saisri

Date & Time: 25/6/26 @ 1 Pm

Doctor (who is taking the consent) :

Signature: [illegible]

Name: Anuche.

Date & Time: 25/6 [illegible]

Docu. No. : RCH /FRM / CLINICAL / 013

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

wt - 5.8 kg
GRBS 128 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Naga Yashwin Age : 4m **Gender:** ☑ Male ☐ Female

Date : 24/6/26 Time of Arrival : 10:5 Pm

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: 98.8 PR: 149 BP: ..... RR: 48 SpO_2: 98%

Chief Complaints: c/o cough pain ~~Rashes~~

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance ☑ Normal ☐ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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 : 10:7 Pm

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 : Anupama

Signature of Triage Nurse : AP

Date & Time : 24/6/26 @ 10:10 Pm

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Sticker

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/14 Time of arrival : 10.50 pm

Chief Complaints: c/O ear Pain since 2-3 days

Height : ..... Weight : 5.8Kg 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?) .....

Time of Initial assessment completed by ER Nurse [signature] @ 11.20 pm

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

Time	Nursing Notes
11pm	→ Assessed the general condition
	→ vitals checked and recorded
	→ IV Care
	→ Sample collected

Samples collected by: [illegible] Time: [illegible]

Samples sent by : [illegible] Time: [illegible]

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
24/6/26	Inmol Supp	Rectal	80mg	[illegible]	[illegible]
24/6/26	Inj Levipil	IV	250mg	[illegible]	[illegible]
	Midazolam	IM	[illegible]	[illegible]	[illegible]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 126/b BP: ..... CFT: <2sec	Shift - out from ER to: PW
RR: 28 SPO2 at FiO2: 99%	Time of Shift - out: .....
GCS: 15 Temperature : 98.4	Handover given to: ..... (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse: [illegible] Signature of the Nurse : [illegible]

Date & Time : 24/6/26 @ 11:20pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016155 IP26-00006638 Master VALLURI NAGA YASHWIN 11-02-2026 0 Y 4 M 13 D (M) Dr. ABHISHEK RAVINDRA JAIN	24/6/26 @	24/6/26
	Transfer Ordered by Dr. Naipur	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 10	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
T. [illegible]	Dr. Naipur

Patient & Clinical Records Received by :
Saisri 25/6/26 @12AM

Date & Time of Patient Received :

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

Docu. No. : RCH /FRM / CLINICAL / 102

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Valleri Naga Yashwa Age: 4 month Sex: Male UHID.No : HNH 00016156

Date: 25/6/2026 Time: 6:18 a.m Proposed Operation: MRI Brain c contrast

Diagnosis: Seizure for evaluation ? meningitis

B.P: 87/46 H.R: 144 Weight: 5.8kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

24/6/26

Hgb: 11.3	Glucose:	Protein:	HIV:	X-Ray:
PCV: 31.6	Urea:	Alb:	HBS Ag:	ECG:
WBC: 17.03	Creat: 0.3	Total Bill:	HCV:	2D Echo:
Plate: 477	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++: 12	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT: 31/22		

Allergies:

Medical History: CVS : (-) LSCS | Term | 3.4kg | CIAB | No NICU admission

RESP (-) Diabetes :

CNS : h/o seizure since yesterday → eye rolling

Renal : (-)

Hepatic / GE : (-) Physical Activity: active, feeding well

Others : (-)

Past Anaesthetic History: (-)

Physical Exam: No fever, urine output ↓.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : RR - 28/min

Heart: S1 S2 ↓

CNS: GCS full

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : 22G. (L) hand Spine Exam for regional : not done.

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis : Formula milk given at 5am
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr Shalini.

Docu. No. : RCH /FRM / CLINICAL / 044

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: adequat

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 160 | B.P: < 3 sec | SpO_2: 100 | R.R: 31 | Last Feed:

Pre-OP Diagnosis: / Operation: MRI c contrast Date: 25/6/26

Surgeon: / Anaesthesiologist: Dr shabnu Technician:

TIME	11:30	x	12:30
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj. MIDAZ 0.2 mg			
PROPOFOL 20 mg + 5 + 5			
GLYCOPYROLATE 60 mcg			
FIO_2 / SaO_2	100	100	100	100	16
$ETCO_2$			
ECG			
Temperature			
Urine Output			
Fluids / Blood			

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

TV
PIP
PEEP

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine

☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:30 am
OP Start: /
OP End: /
Leave OR: 12:30 pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: (L) 24G
☐ IV: .....
☐ IV: .....

Induction O_2 via mask
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr shabnu
Signature of the Doctor: .....

Patient Sticker

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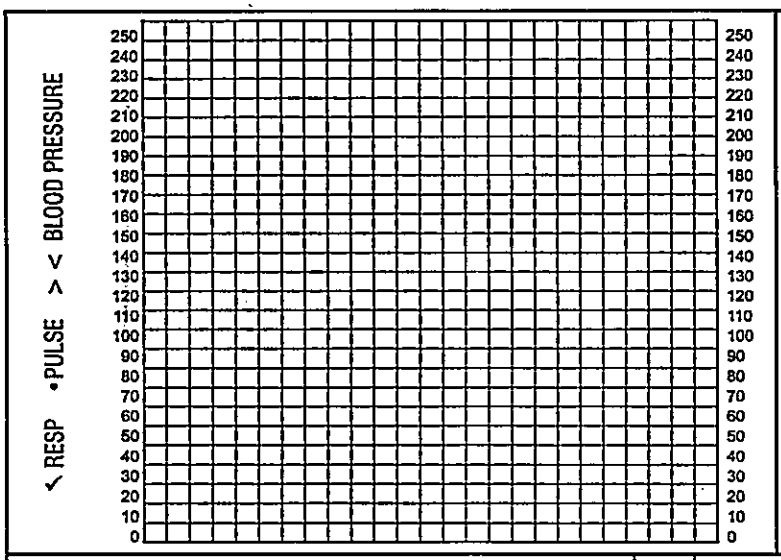
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 2	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain relieving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

HNH-00016155 IP26-00006638
Master VALLURI NAGA YASHWIN
11-02-2026 0 Y 4 M 13 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP and Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR SPECIAL SEDATION

Patient Name: Vallera Naga Yashu ..... Gender: ☑ Male ☐ Female

UHID No: HN4 0001 6156 ..... Department: PICU ..... Date: .....

I ..... S/D/W/O .....

Here by give consent for procedure for my patient : Vallera Naga Yashwin .....

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : .....
- Possible complications from the procedure of sedation:

  Desaturation, Bronchospasm, Laryngospasm .....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : .....

Name : V. Ramya.

Relationship with Patient: mother.

Date & Time : 25/6/2026 6.25am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shalini

Date & Time : 25/6/2026 6.25am

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DISCHARGE SUMMARY

Name	Master VALLURI NAGA YASHWIN	**UHID**	HNH-00016155
Father/Guardian	Mr HARISH VALLURI	**Age/Gender**	0 Y 4 M 14 D/ Male
Address	1-1-336/98 ST NO : 8 VIVELK NAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006638	**Admission Date**	24-06-2026
Ref Doctor	Self.		
Discharge Date	27.06.2026		

Consultant:
Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

Co Consultant:
Dr. PRITESH NAGAR
MBBS, MD
CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST
Reg No. 47184

Name	Master VALLURI NAGA YASHWIN	UHID	HNH-00016155
IP No	IP26-00006638	Admission Date	24-06-2026

DIAGNOSIS	ICD CODE
B/L ASOM WITH UNPROVOKED SEIZURES (LIKELY INFANTILE ONSET EPILEPSY)	

History: Master VALLURI NAGA YASHWIN, 0 Y 4 M 14 D old boy presented with history of left ear discharge and ear pain(pulling of ear)since 2 days and c/o 3-4 episodes of upward gaze, uprolling of eyes and lip smacking at residence each lasted for 30 seconds for 1 minute, 1 episode noticed at ER aborted with midazolam (1 puff) nasal spray prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations / SpO2 of 98% at room air. Heart rate was 142/min and Respiratory Rate - 28/min. Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and signs of raised intracranial pressure.
Tone , power and reflexes were normal .

Weight on admission: 5.8 kgs.

Investigations: Enclosed reports.

CSF Analysis

Name	Master VALLURI NAGA YASHWIN	**UHID**	HNH-00016155
IP No	IP26-00006638	**Admission Date**	24-06-2026

COLOUR	COLOURLESS			
APPEARANCE	CLEAR			
PH	8.0	7.35 - 7.45	unit	H
CLOT FORMATION	NO CLOT	-		-
CSF PROTEIN	50	15 - 45	mg/dl	H
CSF GLUCOSE	56	60 - 90	mg/dl	L
CELL COUNT	OCCASIONAL RBC SEEN WBC - 3 Cells/mm^3			

Blood culture and sensitivity shows: No growth after 48 hrs of incubation

Date	**On 24.06.2026**
TEST	**Result**
CBP: Hemoglobin	11.3 g/dl
While blood cell	17030cell/cmm
Platelets	4.77lakh/cmm

Name	Master VALLURI NAGA YASHWIN	UHID	HNH-00016155
IP No	IP26-00006638	Admission Date	24-06-2026

CRP	15.0 mg/L
Serum. CREATINE	0.3mg/dl
Calcium	11.6 mg/dl
Magnesium	2.0 mg/dl
LFT: SBR	0.2 mg/dl
DIRECT FRACTION	0.1 mg/dl
SGOT	31 U/L
SGPT	22 U/L
ALP	234 U/L
PROTEIN	7.1g/dl
ALBUMIN	4.7 g/dl
GLOBULIN	2.4 g/dl
AG raio	1.9 g/dl

Name	Master VALLURI NAGA YASHWIN	UHID	HNH-00016155
IP No	IP26-00006638	Admission Date	24-06-2026

EEG : Normal sleep EEG record.

MRI : Focal cytotoxic edema involving the anterior and posterior corpus callosum (CLOCC pattern). Findings are nonspecific and may be seen in the setting of seizures, infection / inflammation or metabolic disturbances. Non convincing evidence of meningitis, ventriculitis or cerebritis.

Management: He was admitted in the PICU and started on Intra Venous fluids .
In view ear discharge and seizure episodes suspecting meningitis started on iv antibiotics and anti epileptics and planned MRI brain and EEG
MRI brain suggestive of focal cytotoxic edema (anterior and posterior segments of corpus collosum) and EEG showed normal report .
Lumbar puncture done and CSF analysis sent reports suggestive of normal , CSF culture report awaited .
ENT consultation was taken in view of ear discharge antibiotic and antifungal ear drops were added , ear swab culture which was sent outside showed pseudomonas aeruginosa hence added oral levofloxacin (susceptible antibiotic) and adviced to repeat ear swab culture sent here , report awaited .

He was regularly monitored for his hemodynamic status , further seizure episodes and vital parameters. As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status , further seizure activity and vital parameter. As he remained hemodynamically

Name	Master VALLURI NAGA YASHWIN	UHID	HNH-00016155
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stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:
Injection. Ceftriaxone
Syp. Levipil
Syp. Levofloxacin
Candid ear drops
Tobacin ear drops
Nasoclear nasal drops

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

Advice:
* Diet as advised.

Name	Master VALLURI NAGA YASHWIN	**UHID**	HNH-00016155
IP No	IP26-00006638	**Admission Date**	24-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. LEVOFLOXACIN (125MG/5ML)	2 ml	8am - 8pm (after food)	TILL FURTHER ADVICE (F/U)
2	Syrup. LEVIPIL (100MG/1ML)	1 ml	8am - 8pm (after food)	TILL FURTHER ADVICE (F/U)
3	TOBRAMYCIN EAR DROPS	2 DROPS EACH EAR	6th HOURLY	FOR 3 DAYS
4	CANDID Ear drops	2 DROPS EACH EAR	8am-8pm (after food)	For 3 days
5	DESOWEN LOTION	Local application	Twice daily	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan:
To collect ear swab culture and CSF culture , Final blood culture on followup
Do not stop medication with out medical advice
ANTIBIOTIC duration to plan on followup according to culture reports.

Fever Management

Name	Master VALLURI NAGA YASHWIN	UHID	HNH-00016155
IP No	IP26-00006638	Admission Date	24-06-2026

* Drops. Crocin (Paracetamol - 1ml/100mg) 0.8 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

ON FURTHER SEIZURE -PLACE THE CHILD IN FLAT SURFACE , ON TO THE SIDE (RECOVERY POSTITION) , DONOT PUT ANYTHING IN THE CHILD MOUTH , DO NOT RESTRAIN THE CHILD. USE MIDAZOLAM NASAL SPRAY (1.25MG/1 PUFF) 1 PUFF INTRANASAL IF SEIZURE LASTS MORE THAN 2 MIN AND REVIEW TO NEAR BY PEDIATRIC HOSPITAL IF SEIZURE CONTINUES .

Review consultation with Dr. ABHISHEK RAVINDRA JAIN **on (29.06.2026) Monday** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

REVIEW WITH ENT CONSULTANT- DR CHANDANA WITH EAR SWAB CULTIURE REPORT ON FOLLOWUP IN HER OPD

Food instructions while taking medications:
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of

Name	Master VALLURI NAGA YASHWIN	**UHID**	HNH-00016155
IP No	IP26-00006638	**Admission Date**	24-06-2026

antibiotics from probiotics by at least two hours.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded diet to be followed.

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed occurs or any abnormal movements.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Dr. Anusha
Registrar/Resident/C.M.O

Dr. ABHISHEK RAVINDRA JAIN

Name	Master VALLURI NAGA YASHWIN	**UHID**	HNH-00016155
IP No	IP26-00006638	**Admission Date**	24-06-2026

MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

RAINBOW HOSPITALS
Himayathnagar, Hyderabad

EEG Report

Patient Information

Generated :

ID	30-2026 HNH--0001615	In Out	
Name	Master VALLURI NAGA	Doctor	Abhishek Ravindra Jain
Sex	Male	Examiner	Sagar Sukapatla
Age	1	Referring Department	
Reporting Physician		Examination Date	06/26/2026

Remarks

Technical aspect :

The scalp EEG record was done by 10-20 international scalp electrode placement with minimal technical requirments .

SUMMARY:

Background activity : The sleep EEG record showing 3-3.5Hz activity on posterior leads , amplitude of up to 60-80 uV which is bilaterally symmetrical and synchronous , with antero-posterior gradient .

Sleep markers : The record showing bilaterally symmetrical and asyn [illegible]ous sleep spindles,vertex waves and K-complexes s/o stage 2 NREM sleep .

Epileptiform abnormalities : No Epileptiform abnormalities.

Electrographic and clinical events : No electrographic and clinical events were captured .

Activation procedures : Not used .

Artifacts : The reocrd showing intermittent eletcrical and movement,EMG artifacts .

IMPRESSION: Normal Sleep EEG record (to correlate clinically)

Dr Abhishek Ravindra Jain
Consultant Ped Neurologist

Signature: Mr Sagra Sukapatla/Incharge Neurotec

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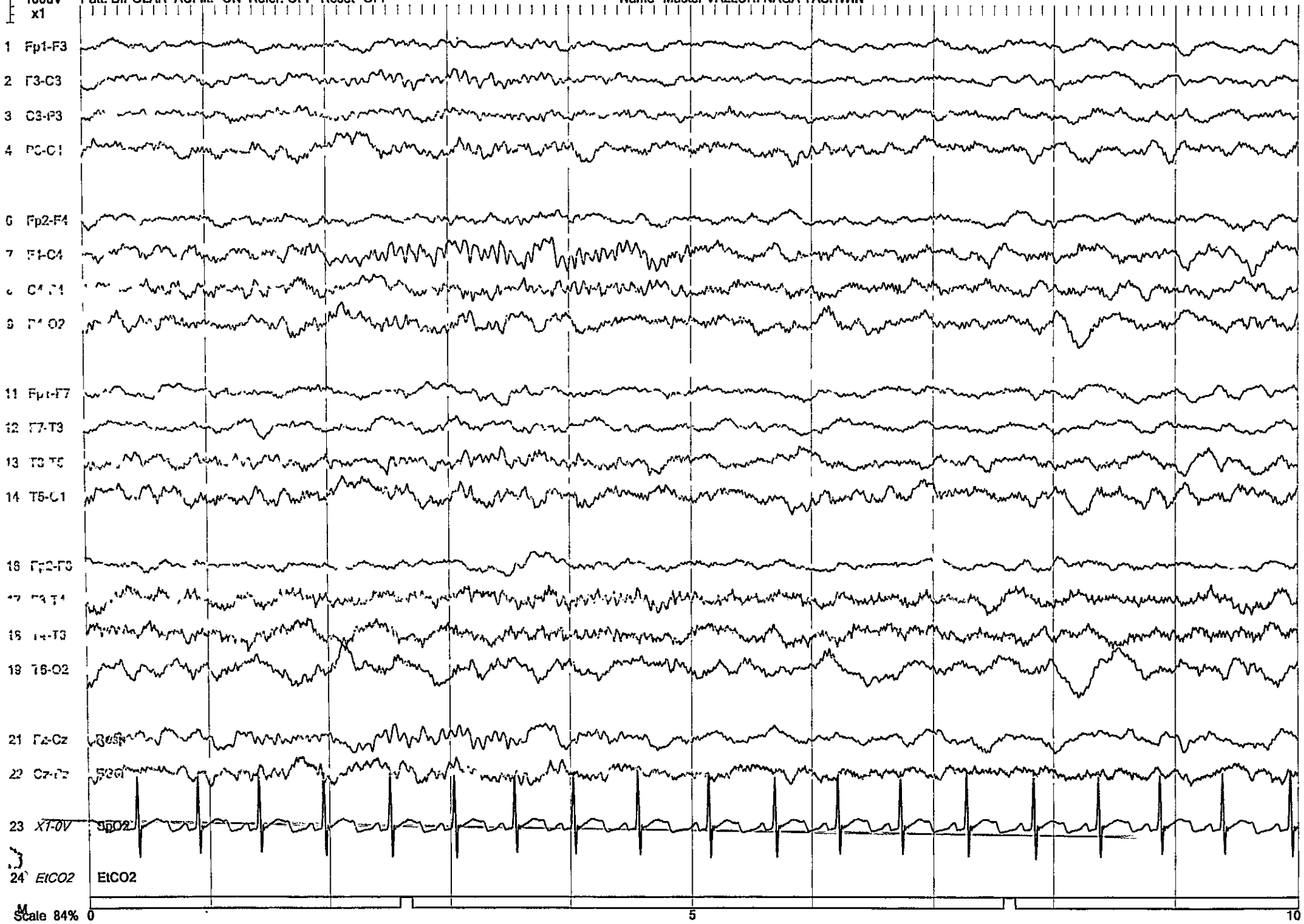
Page 1

SENS 100uV x1 | 20:25:59[0000:01:36] | [SENS *10 HF *70 LF *1.6 CAL *50] | Date: 06/26/2026 | ID: 30-2026 HNH-00016155

Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF | Name Master VALLURI NAGA YASHWIN



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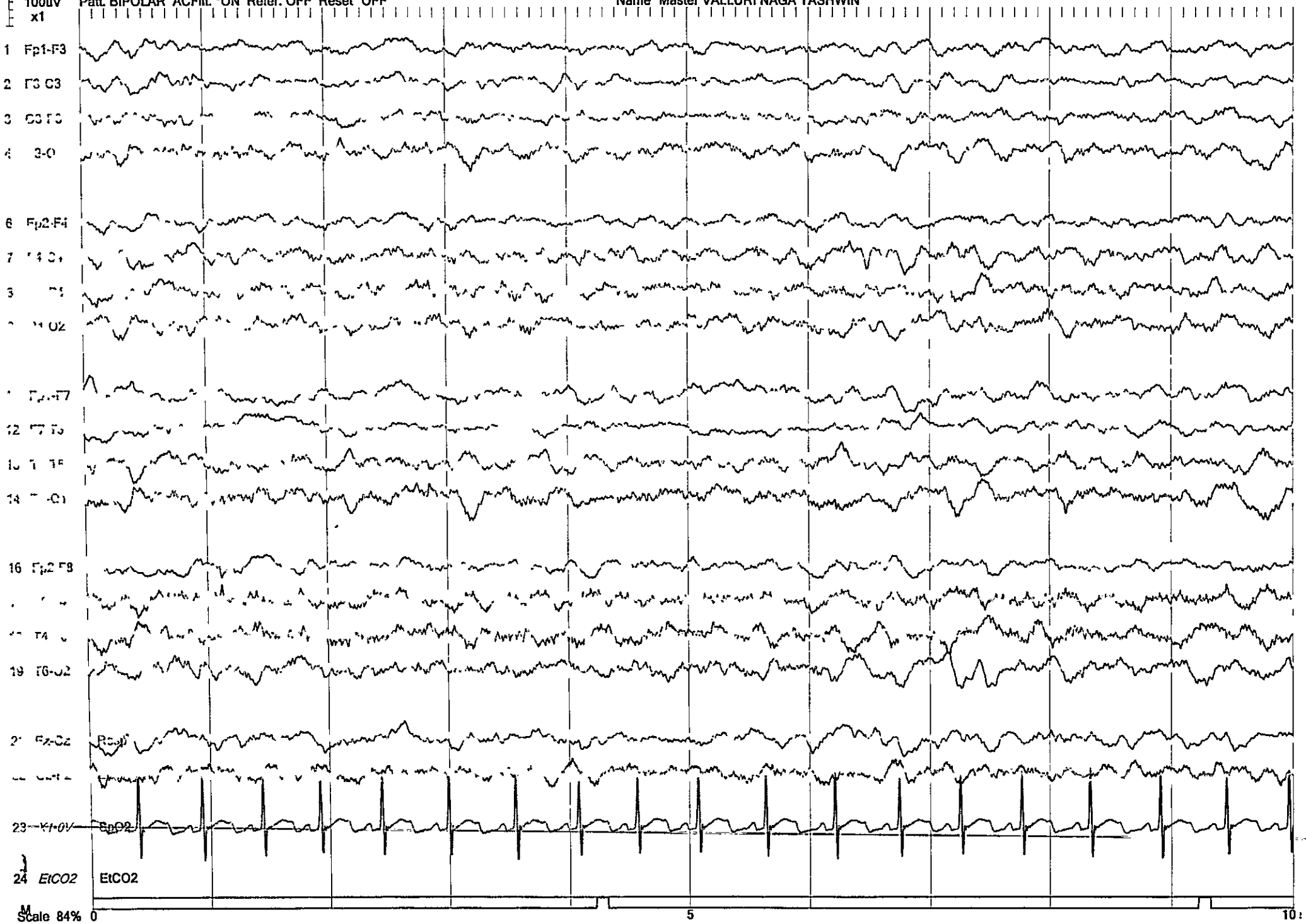
Page 1

SENS 20:28:22[0000:03:59] [SENS *10 HF *70 LF *1.6 CAL *50]
100uV Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF
x1

Date: 06/26/2026 ID: 30-2026 HNH-00016155
Name Master VALLURI NAGA YASHWIN



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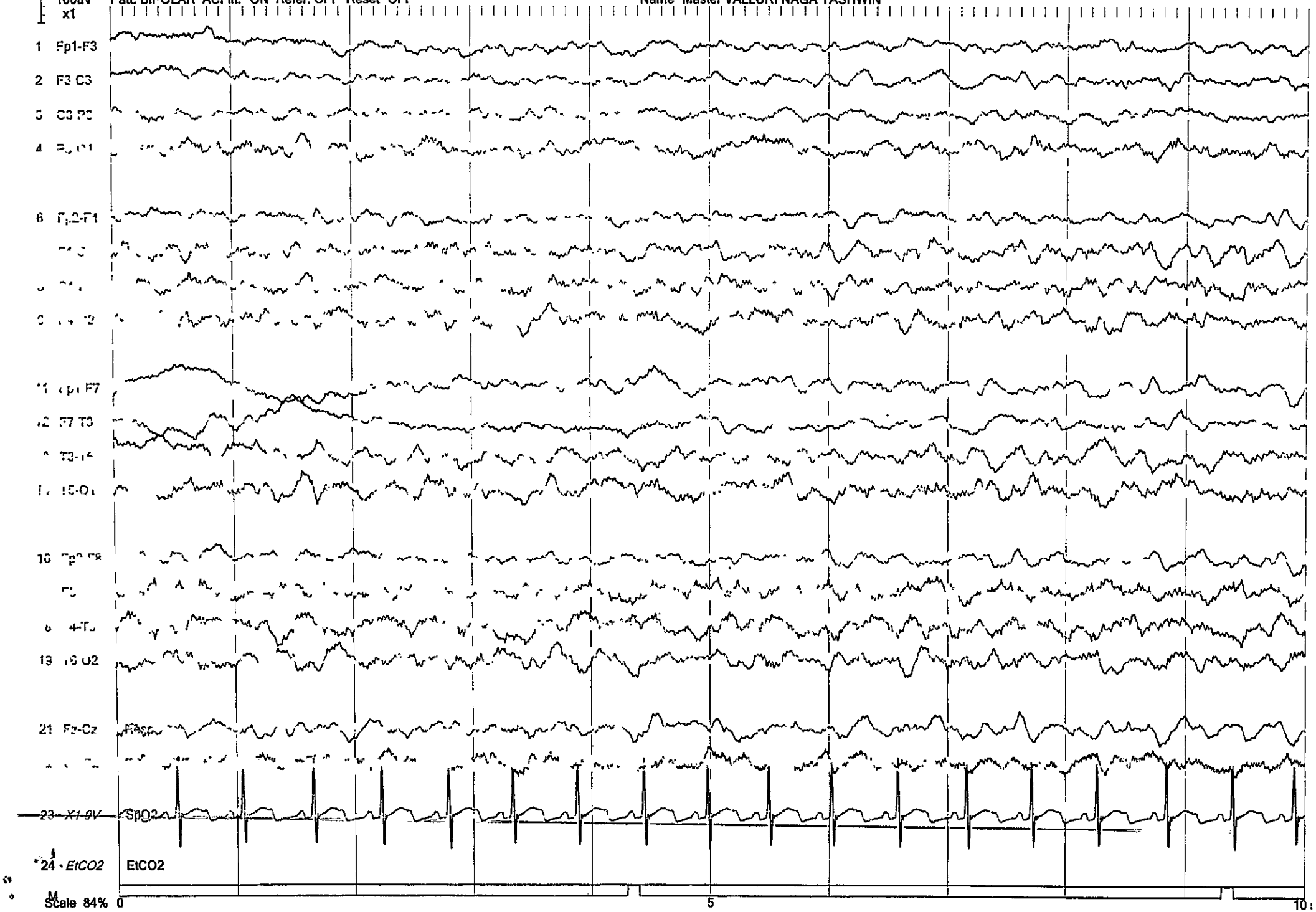
Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF

Date: 06/26/2026 ID: 30-2026 HNH-00016155

Name Master VALLURI NAGA YASHWIN



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SENS 20:39:02[0000:14:39] [SENS *10 HF *70 LF *1.6 CAL *50] Date: 06/26/2026 ID: 30-2026 HNH-00016155

100uV Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF Name Master VALLURI NAGA YASHWIN

x1