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 : IP26-00006627 **Admit Date** : 22-Jun-2026 **Admit Time** : 09:26 PM **UHID** : HNH-00016122

Patient Details :

Patient Name : Baby BADDURI KATYAYANI
Age : 5 Y 8 M 13 D
Guardian : Mr B BALA SANTOSH
DOB : 09-10-2020
Gender : Female
Religion :
Occupation :
Martial Status :
Address (H) : 5-1-161 Jambagh Hyderabad Telangana INDIA 500095
Phone No : 9347201784/ 9347573832
E-mail : no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY
Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr B BALA SANTOSH
Relationship : Father
Contact Address : 5-1-161 Jambagh Hyderabad Telangana INDIA 500095
Phone No : 9347201784

Signature

Doctor Details :

Doctor Name : Dr. MANJIT KUMAR
Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr Manjit Kumar
Phone No : 9866105609
Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Deposit Amount : 10000.00
Payment Mode : DC/CC Card
Payor Name : HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

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ACTIVITY RECORD FOR BILLING

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

Name: --

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	10:20 pm	ER	ward	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
22/6/26	CBP CRP, Blood c/S Dengue NS1 & IGM,	0172	[signature]
22/6/26	VBG	0173	[signature]
	Cross	Checked	done by Sneh
22/6/26	CUE	10174	[signature]
23/6/26	Respiratory panel (5 virus)	0176	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Infusion pump	10:30 Pm		7850	[illegible]

Cross checked done by [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/6/26	IV placement	1	207851	[signature]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

Patient ID# : HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : ______________________________ Age/Sex ________

Informant ______________________________ Reliability ________

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever on & off × 4 days
c/o Pain abdomen × 4 days
c/o Vomitings × 2 days
c/o decreased oral intake.

History of present illness:

c/o Fever on & off since 4 days Sudden Onset, Non progressive a/w chills, Continuous in nature, Not relieved on medication

c/o Pain abdomen since 4 days, Diffuse a/w Nocturnal awakening.

c/o Vomitings since 2 days. Watery after having food 3-4 episodes/day. Non Projectile

c/o ↓ appetite × 2 days

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History :

—

H/o
A/o similar
c/o in sister.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Up to date.

Immunization History :

Up to date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 19.9 kg (Centile ____________)

On Examination :

Temperature : 101.1° F Pulse Rate: 105/mi Description ____________

B.P. ____________ SPO2 98-/. at RA

Resp. rate and type of breathing : Dull look

↓ Oral intake

Rash ____________ Delayed skin turgor

Lymphadenopathy ____________ ↓ Urine output

} signs of dehydration

Oedema : ____________

Coated tongue (+)

Respiratory system : BAE +

Inspection (any s/o distress) : ____________

Air entry & breath sounds : ____________

Any addes sounds : ____________

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

Cardiovasclular System : S1 S2 +

Inspection of procordium : ____________

Heart Sounds : ____________

Any murmur : ____________

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

Per Abdomen : Soft, Tender.

Inspection ____________

Palpation : ____________

Ausculation : ____________

Spine: ____________ External Genitelia : ____________

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials :

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFID$_4$ $\bar{c}$ Dehydration

? Enteric fever.

Preventive aspects of the treatment :

Prevent Complication of enteric

Desired goals of the treatment :

Tx Underlying infection.

Planned Labs :

VBG
CBP
CRP.
Dengue NS1 & IgM.
CUE (DUE)
Blood c/s.

Noted By Prabin

Planned Management :

IVF 2/3 Maintainance
Inj Ceftriaxone
Inj ondem
Inj Esmoprazole.
BP Q4H Monitoring

Noted By Prabin

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 ______ on whose name the patient is being referred

Doctor's Signature Name ______ Date ______ Time ______

HNH-00016122 IP26-00006627
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09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/26 7:15 AM	s/B Dr Prabhath / Dr Varun	
	Δ AFI D4 c̄ Dehydration ? Enteric fever.	
Dengue IgM NS-1 ⊖	fever spikes - overnight + 101.5°F. 2AM. Oral intake - poor Vomitings - None.	Adv
	O/E Hydration - fair Vitals - stable	✓ CT. IVF 2/3 Maintenance
	PA - soft.	✓ CT. Inj Ceftriaxone
		✓ CT. Inj ondem
	[signature]	✓ CT. inj Esomeprazole -
		✓ I/O charting.
		✓ BP Q4H.
		✓ Trace CUE, Dengue NS-1 + IgM
		NB Sunanda @ 8.00am

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/26 9 AM	S/B Dr Pritesh	
	⊲ AFI D5 c̄ Dehydration	
	fever spikes + overnight 101.°F 2am.	
	Sick looking	Adv
	No vomitings	Send
		→ Resp. Panel (5 Viruses)
	O/E vitals Stable	
		→ CT. Ceftriaxone.
	Rs BAE +	
	PA soft.	→ Encourage orally
		→ CT. rest.
		→ IVF 30ml/hr.

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP CROCIN - DS				Date ▸ / Time ▾	23/6
Dose	Route	Frequency	Start Date		
6ML	PO	SOS T>100°F	22/06/26	1:30 AM	[signature]
Doctor's Signature	Valid Period	Pharm.			
[signature]					
Additional Instructions: (240mg/5ml).					

DRUG: SYP IBULGESIC				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
5ml	PO	SOS T>102°F	22/06/26	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

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

VERIFIED BY : Name Signature

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

REGULAR PRESCRIPTIONS

Weight. 19.9 kg Ward. ....

DRUG: INJ CEFTRIAXONE				Date/Time	22/6	23/6
Dose	Route	Frequency	Start Date			
1g	IV	BD	22/6/26	10AM	X	[initials]
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath. [signature]						
Additional Instructions: In 50mL NS over 1 hr				10PM	11PM [initials]	
Daily Doctor's Endorsement by a Sign						

DRUG: INJ ESMOPRAZOLE				Date/Time	22/6	23/6
Dose	Route	Frequency	Start Date			
20mg	IV	OD	22/06/26			
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath [signature]				6AM	11PM [initials]	[initials]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: INJ ONDANSETRON				Date/Time	22/6	23/6
Dose	Route	Frequency	Start Date	6AM	X	[initials]
3 mg	IV	TID	22/06/26			
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath [signature]				2PM	X	
Additional Instructions:				10PM	11PM [initials]	
Daily Doctor's Endorsement by a Sign						

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

Patient Sticker

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

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

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.	

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

HNH-00018122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

I.V. FLUIDS CHART

Weight. 19.9 kg 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
22/06/26	10pm	IVF PLASMALYTE (2/3 M)	IV	40 ml/hr.	[signature]	[signature] [signature]			

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

wt - 19.9 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Katyayani Age : 5 year Gender: ☐ Male ☑ Female

Date : 22/6/26 Time of Arrival : 8:50 P.M.

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.9°F PR: 108b/m BP: .... RR: .... SpO_2: 100%

Chief Complaints: c/o Fever since five days

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 : 8:52 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 : Prabin

Signature of Triage Nurse : [signature]

Date & Time : 22/6/26 @ 8:52 P.M.

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

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : 8:50 pm

Chief Complaints: C/o Fever since 5 days

Height : .... Weight : .... 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 — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

	Yes	No
If patient is < 6 years	☑ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 8:52 pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ medicine given to the pt

Samples collected by: / Time: /

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6.38pm	P-250	PO	6 ml (given by mother)		[signature]
9pm	Ibugesic	PO	(5 ml)		[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 90 b/m BP: .... CFT: 2 sec	Shift - out from ER to: ward
RR: .... SPO2 at FiO2: 100%	Time of Shift - out: 10 PM
GCS: 15/15 Temperature : 101°F	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): ....

Name of the Nurse : Brabin

Signature of the Nurse : [signature]

Date & Time : 22/6/26 @ 8:52 PM

PATIENT TRANSFER FORM

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016122 IP26-00006627 Baby BADDURI KATYAYANI 09-10-2020 5 Y 8 M 13 D (F) Dr. MANJIT KUMAR	22/6/26 ⓒ 9:25 pm	22/6/26 ⓒ
	Transfer Ordered by Dr. varun	Reason for Transfer Admission
From Unit FR	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabiv	Dr. Varun

Patient & Clinical Records Received by :

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

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER .... Shifted to: Ward ....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Varun

Date & Time : 22/6/26 @ 10 PM

Nurse Name & Signature: Bechin

Date & Time : 22/6/26 @ 10 PM

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

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

(218)

RESULT SHEET

Date	22/6					
Time						
Hb	11.2					
PCV	31·8					
RBC	4·18					
WBC	2·97					
N/L	74·4/19·9					
Platelets	229					
CRP	8					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	23/6/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	present ++					
CUE - PUS Cells	4-6					
CUE - RBC Cells	NIL					
CUE - Epithelial	3-5					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1						
Dengue IgM						

Culture and Sensitivities : 22/6/26 Blood C/S →

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

Patient Sticker

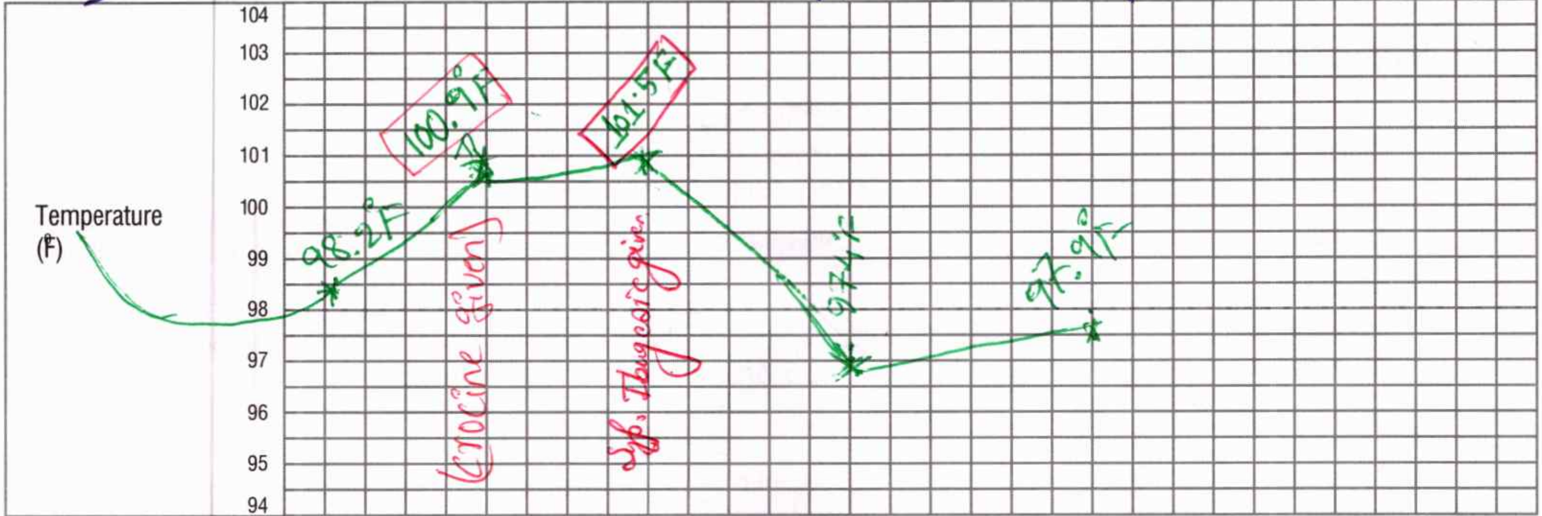
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/26 Time: 10:30 PM | 11:30 AM | 2:45 AM | 3:30 AM | 6 AM

Doctor / Nurse / Family Concern?



	10:30 PM	11:30 AM	2:45 AM	3:30 AM	6 AM
Blood Pressure (mmHg) *	96/71 (79)	100/68 (72)	98/63		92/63 (73)
Heart Rate (Number)	109b/m	110b/m	106b/m		98b/m
Resp Rate (Number)	23b/m	25b/m	28b/m		28b/m
O_2 Saturations (%)	98%	98%	99%		100%
TOTAL SCORE Number of shaded boxes	0	0	0		0
Pain Score	0	0	0		0
Observer's Initials	A	A	A		A

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

Note: BP does not score in early warning scoring

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

Resp Distress: Mod/ Severe; None / Mild

Receiving O_2(l/min)

Conscious Level: Normal; Altered

GCS *

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Sticker

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

CHOOL AGE (5-12 years)

hildren's Observation &
ırly Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/6/26 Time:	10AM
Doctor / Nurse / Family Concern?	
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50)	97/73 (81)
Note: BP does not score in early warning scoring	
Heart Rate (Number)	110b/m.
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	28b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2(l/min)	
O_2Saturations (%)	100%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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Patient Sticker

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:

Doctor / Nurse / Family Concern?

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress: Mod/ Severe; None / Mild

Receiving O_2(l/min)

O_2Saturations (%)

Conscious Level: Normal; Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

HNH-00016122 IP26-00006627
Patient Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

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.

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
22/6/26	08:00 pm	plasmalyte		–							0	
	09:00 pm			–								
	10:00 pm			–								
	11:00 pm			40ml		NA						
	12:00 am		Idly	40ml				NA				
	01:00 am		H2O	40ml						✓		
Total Intake :						**Total Output :** U-					M –	
23/6/26	02:00 am	plasmalyte		20ml							0	
	03:00 am			40ml								
	04:00 am			40ml				NA				
	05:00 am		H2O	40ml		NA						
	06:00 am			40ml								
	07:00 am			40ml								
Total Intake :						**Total Output :** U-					M –	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
22/1/26	08:30 am	plasmalyte	Idly, khichdi	40ml		NA	NA	NA	NA	100ml	0	[illegible]
	09:00 am			40ml								
	10:00 am			40ml								
	11:00 am			40ml								
	12:00 pm			40ml								
	01:00 pm			40ml								
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

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							
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	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
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	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

FLUID CHART

Sheet No. : ....

1. All measurements in ml.
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Intake						Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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Total Intake :						**Total Output :**						
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	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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

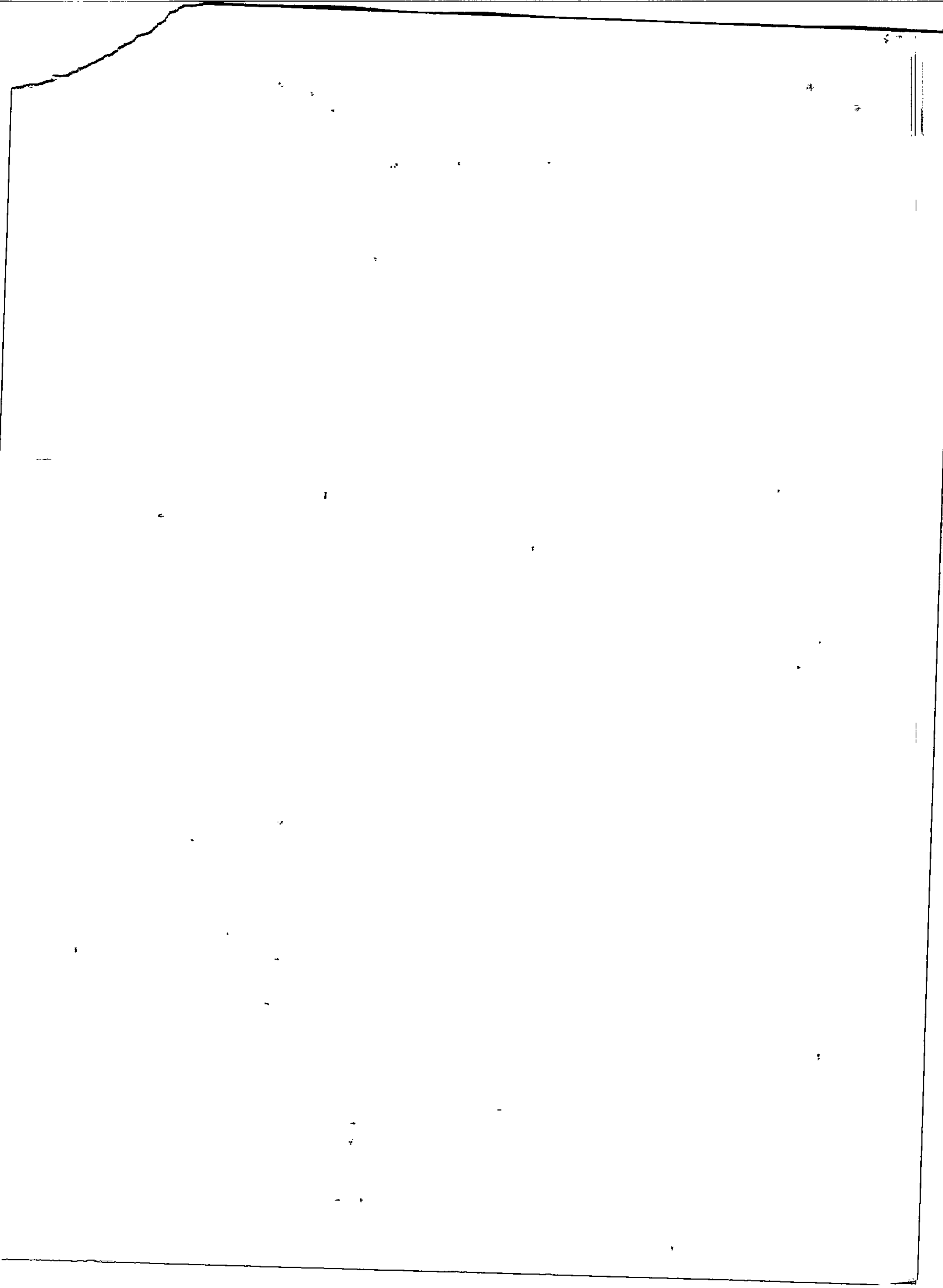
HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

JMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 23/6/26	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
	Total		10				

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, 10 High Risk Humpty Dumpty Score = 12 or above

Intervention						
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:	Mahi					
Signature:	[signature]					
Date:	23/6/26					
Time:	10AM.					



HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

NURSING CARE RECORD

Date: 22/6/26

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							
Afternoon							
Night	8PM / 8AM	→ Assess the general condition of pt → Monitor vitals → Maintain I/O chart → Administer medication	8PM / 8AM	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/O chart. → Administered medication.	Pt is stable.	Re-assess vitals	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Pat

NURSING CARE RECORD

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

Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→ Assess the pt condition. → plan to continue IV fluids. → plan to continue antibiotic → plan to trace CUE, Dengue. NS-1 & Igm.	8Am 2pm	→ Assessed to the pt condition. → planned to continue IV fluids. → planned to continue antibiotic → planned to trace CUE, Dengue & NS-1 & Igm.	→ pt is stable now.	→ Reassessed the vitals	[signature]
Afternoon							
Night							

Patient Sticker

NURSING-CARE-RECORD

Date: ....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

Date: ....

Goals

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

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

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Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			23/c DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	-	-	0	0						
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	-	-	0	0						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	0	0						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	0	0						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	0	0						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	0	0						
		Signature of the Nurse				[illegible]	[illegible]						

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

HNH-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

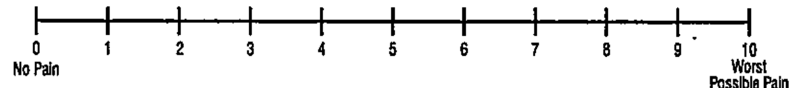
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
22/6/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
23/6/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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-00016122 IP26-00006627
Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	22/6/26 N,	23/6/26 N)				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	—	—				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F	98.1°F				
	Res:	30b/m	30b/m				
	SpO2:	100%	100%				
	Pulse:	78b/m	78b/m				
	BP:	99/61	99/60				
	LOC:	—	—				
	Fall Risk Score:	'0'	'0'				
	Pain Score:	'0'	'0'				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—				
	Critical Lab Test / Values:		—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—					
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Moatwal	Sunandha				
Signature / ID :		[signature]	[signature]				
Date:		22/6/26	23/6/26				
Time:		8AM	8pm				
Taken Over By Name :		Sunandha					
Signature / ID :		[signature]					
Date:		23/6/26					
Time:		8Am					

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

Patient Sticker

NURSING SHIFT HAND OVER FORM

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