

**DISCHARGE SUMMARY**

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>Father/Guardian</b>	Mr K.KISHORE KUMAR	<b>Age/Gender</b>	2 Y 10 M 8 D/ Female
<b>Address</b>	1-4-27/71/90 RACHA ENCLAVE, PADMASHALINI COLONY, Kavadi Guda, Hyderabad, Telangana, INDIA, 500080		
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	11.06.2026		

**Consultant:**

**Dr. PRITESH NAGAR**

MBBS MD

Medical Registration No. 47184

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ACCIDENTAL INGESTION OF HYDROCARBON(TURPENTINE OIL)	
WITH CHEMICAL PNEUMONITIS	

**History:** Baby KARRE JESHWIKA , 2 Y 10 M 8 D , old girl presented with the complain of accidental ingestion of turpentine oil ~ 10ml on 07.06.2026 at 08:30 pm and one episode of induced vomiting prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026

**Examination:** She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 120/min, Blood pressure - 98/64 mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt . On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 13.1 kilo grams.

**Investigations:** Enclosed reports

VBG showed pH of 7.38, pCO<sub>2</sub> of 43.5 mmHg, pO<sub>2</sub> of 50 mmHg, HCO<sub>3</sub> of 24.4 mmol/L and BE of 0.3 mmol/L.

Initial hemogram showed Hemoglobin of 11 gm%, White Blood Cell count of 7800 cells/cumm, platelet count of 2.43 lakhs/cumm. Complete urine examination was normal.

Repeat hemogram showed Hemoglobin of 11.3 gm%, White Blood Cell count of 14880 cells/cumm, platelet count of 2.61 lakhs/cumm and C-Reactive Protein of 48 mg/l.

Chest X-ray done on 08.06.2026

Mildly increased perihilar and peribronchial marking with retrocardiac atelectatic changes on left.

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026

Repeat chest X ray shows Mildly increased perihilar and peribronchial marking with retrocardiac atelectatic changes on left. Increased density noted adjacent to the left heart border.

### Ultrasound chest shows

Focal areas of consolidation are seen involving the anterior upper and mid zones of right lung with air bronchograms. An area of focal consolidation is noted involving the left mid zone antero laterally. Scattered focal B line are noted in the adjacent lung fields bilaterally.

Additionally small subpleural consolidations are noted in the posterior basal segments of both lower lobes, more prominent on the left side.

- Findings are concerning for aspiration related chemical pneumonitis in the given clinical setting.

Minimal non tappable bilateral pleural effusions are noted, of thickness measuring 3 mm on the right and 2.4 mm on the left posteriorly

Both domes of diaphragm are moving normally with respiration.

No focal lesions.

### Ultrasound abdomen shows

Few non specific lower mesentery nodes.

**Management:** She was admitted in PICU and started on IV fluids . She was treated symptomatically with antacids and antiemetics .

She was regularly monitored for his hemodynamic status. As child developed tachypnea and fever CXR and USG chest was done suggestive of chemical pneumonitis for which IV antibiotics were started . Gradually

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026

tachypnea improved . As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

In view of pain abdomen USG abdomen was done which showed non specific lower mesentery nodes , symptomatic management continued .

During ward stay she was regularly monitored for her hemodynamic status. As she remained hemodynamically stable, maintaining saturations at room air, tolerated ,afebrile and accepting orally well, hence he is being discharged with the following advice.

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

**Medication during hospital stay:**

Injection. Esomprazole  
Injection. Ondansetron  
Injection. Amoxyclav  
Syrup. Augmentin DDs

**Advice:**

\* Diet as advised.

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxicillin 200 + Potassium Clavulanate 28.5 mg/5ml)	8 ml	8am-8pm (after food)	Till 14.06.2026 evening
2	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

### Fever Management

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 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.

Review consultation with Dr. PRITESH NAGAR on Saturday(13.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

### Food instructions while taking medications:

\* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

<b>Name</b>	Baby KARRE JESHWIKA	<b>UHID</b>	HNH-00015858
<b>IP No</b>	IP26-00006532	<b>Admission Date</b>	07-06-2026

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](http://www.rainbowhospitals.in)**



**Registrar/Resident/C.M.O**

**Dr. PRITESH NAGAR**  
**MBBS MD**  
**Medical Registration No. 47184**

**ADMISSION SHEET**

**Registration Details :**



**Admission No :** IP26-00006532      **Admit Date :** 07-Jun-2026      **Admit Time :** 10:20 PM      **UHID :** HNH-00015858

**Patient Details :**

**Patient Name :** Baby KARRE JESHWIKA      **Age :** 2 Y 10 M 6 D  
**Guardian :** Mr K.KISHORE KUMAR      **DOB :** 01-08-2023  
**Gender :** Female      **Religion :**  
**Occupation :**      **Martial Status :**  
**Address (H) :** 1-4-27/71/90 RACHA ENCLAVE,  
PADMASHALINI COLONY Kavadi Guda  
Hyderabad Telangana INDIA 500080      **Phone No :** 9030827891/ 9666474848  
**E-mail :** KARREANITHA2018@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 K.KISHORE KUMAR      **Relationship :** Father  
**Contact Address :** 1-4-27/71/90 RACHA ENCLAVE,  
PADMASHALINI COLONY Kavadi Guda  
Hyderabad Telangana INDIA 500080      **Phone No :** 9030827891

*K. Anitha*  
**Signature**

**Referral Details :**

**Referral Doctor Name :** Dr. PRITESH NAGAR      **Specialisation :** PEDIATRIC INTENSIVE CARE  
**Referral Doctor :** SELF      **Phone No :**  
**Co-Consultant :**

**Payment Details :**

**Payment Mode :** Cash      **Deposit Amount :** 15000.00  
**Payor Name :** BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.

10

COI-

Door No. 3-6-267,  
Himayathnagar,  
Opp: Café Niloufer, Hyderabad,  
Telangana - 500029

# MEDICO LEGAL RECORD

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

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

To \_\_\_\_\_  
The Station House officer,  
P.S. \_\_\_\_\_  
Dist. / City \_\_\_\_\_  
Ref : Our Telephone Intimation Dated \_\_\_\_\_

Date 7/6/26  
Time 10:20 pm.  
M.L.C No. 071  
UHID / I.P. No. \_\_\_\_\_

Received by : \_\_\_\_\_  
Patient Name : K. Jeshuika  
S/o., W/o., D/o. K. Anita  
Age : \_\_\_\_\_ Sex : Male / Female  
Address : Kanadiguda, Padmakalini Colony, Secunderabad;  
Identification Marks 500080.

Accompanied by P.C. / Attendant  
Name : Mr/ Mrs. \_\_\_\_\_  
Relation : \_\_\_\_\_  
Phone No : \_\_\_\_\_  
Signature : \_\_\_\_\_

1) Birth mark on @ arm

2) \_\_\_\_\_  
Signature / LTI of Patient

Brief History of the case as stated by the patient / attendant :

do accidental ingestion of temperature oil at 8:30pm on 7/6/26 at home.

General Examination of the Patient on arrival at Emergency    Conscious    Unconscious    Semi - Conscious    Brought Dead

Pulse : 136b/mt    B.P. : 98/64 /mm Hg    Resp. Rate 28y/mt    Temp : 98.4°F

Heart : 6.5s @    Lungs : Rpt @    Abdomen : soft    Pupils : NS&L

no murmurs

clear

### DESCRIPTION OF INJURIES

S.No.	Description of wounds	Dimensions
	<u>@</u>	

Name & Sign. of Doctor : Dr. Mayur Shrivastava

Dying Declaration Required : Yes / No  
Regn. No. 23816.

MLC Received by :  
Signature :  
Name :  
Designation :

Investigation Advised :  
- CBP  
- VBG  
- chest X Ray after 6h

Treatment given :  
- IVF  
- obse valon  
- inj escorpanole

1. Admitted in \_\_\_\_\_ Ward / ICU  
2. Left Against Medical Advice  
3. Patient condition at the time of transfer \_\_\_\_\_

Name & Sign. of Doctor :

**MLC**

**ACTIVITY**

HNN-00015858 IP26-00006532  
Baby KARRE JESHWIKA  
01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAGAR

IG

Name: -----

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

Date of Admission : *7/6/26* Time : ----- Date of Discharge : ----- Time: -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<i>7/6/26</i>	<i>11pm</i>	<i>ER</i>	<i>PICU</i>	<i>Bhargava</i>

**Cross Consultation Visit**

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







MLC

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6/26	IV canula	1	5095	[Signature]
	MLC charge	(1)	5096	
9/6/26	NHA	(1)	5527	[Signature]
cross checked by Saisli @ 6/26 @ 12PM				
9/6/26	IV placement	(1)	5719	[Signature]
cross checked by Sujata on 11/6/26 at 10am				

ANY OTHER INFORMATION

.....  
.....  
.....  
.....  
.....  
.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

MLC

Ref.No. F/IN/PR/10



**Rainbow<sup>®</sup>  
Children's  
Hospital**

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : HNH-00015858 IP26-00006532  
Baby KARRE JESHWIKA

01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAQAR

Patient ID#



Consultant

Final Diagnosis

Pediatric Multiorgan History & Physical Examination

HNH-00015858 IP26-00006532  
Baby KARRE JESHWIKA  
01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAGAR



Name : \_\_\_\_\_ Age/Se \_\_\_\_\_

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

do accidental ingestion of  
turpentine oil ~ 10 ml  
on 7/6/26 at 8:30 pm

History of present illness :

child accidentally consumed around  
10 ml of turpentine oil at 8:30 pm.  
~ 10 ml Hb

↓  
1 episode of forceful vomiting (+).

- no do RD / cough / fever / no further vomittings -

- do cough ∴ 8 pm today  
↳ turpentine.

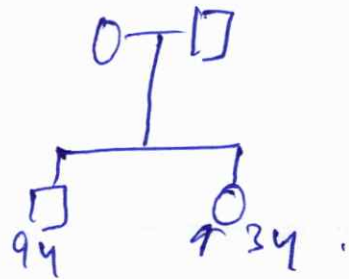


Past History : (Including details of any previous investigation or treatment)

Blank lined area for Past History.

Birth & Neonatal History :

term / C/S / no other admission /  
2.9 kg



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date

Blank lined area for Immunization History.

MLC

Pediatric Multiorgan History & Physical Examination

MNH-00015858 IP26-00006532  
Baby KARRE JESHWIKA  
01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAGAR



Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 13.1 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.4 F Pulse Rate: 120 bpm Description \_\_\_\_\_

B.P. 98/64 SPO2 97% at RA

Resp. rate and type of breathing : 30 bpm

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

**Respiratory system :**

RPE ⊕  
clear

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any added sounds : \_\_\_\_\_

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

**Cardiovascular System :**

S1 S2 ⊕  
no murmur

Inspection of precordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, Etc..) \_\_\_\_\_

**Per Abdomen :**

soft  
no HSM.

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc..) \_\_\_\_\_



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 :

HYDROCARBON poisoning.

MLC

Pediatric Multiorgan History & Physical Examination

MNH-00015858 IP26-00006532  
Baby KARRE JESHWIKA  
01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAGAR



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP  
- VBG

Planned Management :

1) IVF  
2) chest X Ray  
after 6H | sos if  
symptoms (+)  
3) NPO till T/M.

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 \_\_\_\_\_

Dr. Pritesh Nagar  
Chief Pediatrician & Intensivist  
Reg. No. 47184

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 6 D (F)  
 Dr. PRITESH NAGAR



MLC

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/20	USG di. Amiket	
10pm	hydration poisoning	
	- no vomitings	
	- no tachypnea	
	- no weight ⊕.	
	O/E	Plan
	HR: 129 bpm	1) treat CBP
	RR: 28 bpm	2) U- I/F
	SpO2: 95% eRA	3) NPO till further orders
	RS: BAE ⊕	4) monitor vitals
	Uae	5) chest XRay at 6am/
	US: S1 S2 ⊕	has if symptoms ⊕
	no murmurs.	

HNH-00015858 IP26-00006532

Baby KARRE JESHWIKA

01-08-2023 2 Y 10 M 6 D (F)

Dr. PRITESH NAGAR

MLC




### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>8/6/23</del>	S/B Dr. Sreyas	
2 AM	D Hydrocarbon poisoning P/L	
	HR - 140/min	- CF IV fluids
	SpO <sub>2</sub> - 94% - 95%	
	on RA	- CF ESMOPRAZOLE
	CVS - S <sub>1</sub> S <sub>2</sub> ⊕	- Monitor vitals
	R <sub>1</sub> - BCLL ACF ⊕	- Chest X-ray @ 6 AM
	<del>201</del>	
	S/B Dr. Sreyas	
	D Hydrocarbon poisoning P/L	
	HR - 120/min	- CF IV fluids
	SpO <sub>2</sub> - 100%	
	on RA	- CF ESMOPRAZOLE
	CVS - S <sub>1</sub> S <sub>2</sub> ⊕	
	R <sub>1</sub> - BCLL ACF ⊕	- Monitor vitals
	PIA - SOL	
	conscious	



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/23 9 AM	SIB Dr. Pritesh Δ Hydrocarbon poisoning	
	Ht - 146 cm	76
	SpO <sub>2</sub> - 98%	-
	WT - 5.5 kg	- start Amoxicillin
	R - BLE ACEP	- Allow clear liquids
	CANCER	- IF ONDANETRON
	USG Scanning	- USG chest now
	Ⓡ Anterior segment ↳ consolidation	- Monitor RR, SpO <sub>2</sub>
	Posterior LS - consolidation	
		
		Noted by Swite
		<p>Dr. Pritesh Nag Consultant Pediatrician &amp; Internist Reg. No: 47184</p>

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9:30am	Counselled	
8/06/26	Hydrocarbons	Turpentine ingestion
	Vomiting ] → Lungs	Vomiting Induced
	] → Body/Brain	
	> 6-8h later	
	USG B/L lungs Pneumonia (R) → (L)	
	Blood - Fever	48-72h
	Brain X ] ✓	↑↑
		> 7 day Reduce
	<p>Dr. Pritesh Nagar          Consultant Pediatrician          Reg. No: 47194</p>	<p>Chatter</p>



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12:00 pm	Dr. KIRAN (Dietitian)	
8/6/2024	Clear liquid Diet is Recommended.	
	Include more of electrolyte rich fluids should be given.	
	Soft solid Diet is Recommended.	
	↓ Include high protein foods. → (1 Egg per day)	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2:30 pm	<p><u>CS/D D Prasar</u></p> <p><u>Δ - Hydrocarbon ingestion</u>  <u>Turpentine oil</u>  <u>c B/L Pneumonia</u></p>	
	<p>Last Fever - 8 am</p>	<p>Ph</p> <p>1) Allow clear liquid  c soft diet if tolerating</p>
	<p>No Vomiting</p>	
	<p>child alert</p>	<p>2) Dig Amoxicillin  by order  Dig Fesoprazol</p>
	<p>Vital: HR - 130/min  SPO<sub>2</sub> - 97%  RR - 36/min</p>	<p>3) Monitor Vital</p>
	<p>Afebrile</p>	<p>Inj Lasix</p>
	<p>R-S - B/L AB ⊕  fine basal crackles</p>	<p>4) IVF - c 20ml/h</p>
	<p>PA - soft</p>	<p>Prasar</p>
	<p>deceptly orally</p>	
		<p>Noted by Seetha</p>


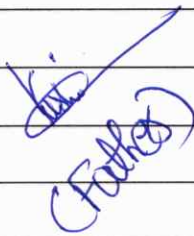
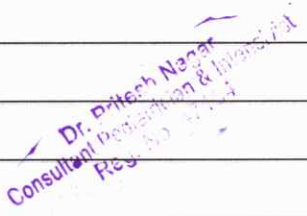


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>8/6/23</del> 5pm	<u>c/s/by Dr Pritesh</u>	
	<u>Δ</u> hydrocortisone ingestion ? B/L Pneumonia.	
<del>Tachycardia @ Rest</del>	<u>Temp = 101.4</u>	<u>Plan</u> - Subana orally. - Stop iv fluids
	Tachycard (+) B/L tachypn (+)	- ct Antibiotics
		- Im mg - CXR <u>GAM</u>
		Noted by <u>Sawde</u>
		Dr. Pritesh Nagari Consultant (Pediatrics) & Neonatologist Reg. No: 47104



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5pm <del>8/06/23</del>	<u>Cancelled</u>	
	Maintain / USG - Pneumonia <u>R &gt; L</u> Fever HR ↑↑ RR Fast	
	$\bar{C}O_2$ / $O_2$ level out / wait & watch <u>Ses <math>O_2</math> / HFNC</u> ✓	
	Repeat CRP ] ✓ T/M	
		
		



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9/9/2026	c/s/B - Dr. Prashanti / Dr. Dilhaaz	
12 AM	A - Hydrocarbon Poisoning	
	Last fever spike @ 5pm	
	Tachycardia @ Rest	Plan
	Orally ✓ urine ✓	Repeat
	O/E	- Chest XRAY t/m @ 6AM
	HR - 128 t, Sp <sub>2</sub> - 95 / on RA RR 30/min. CRT < 3sec. Ppaw felt	- Continue IV Antibiotics - Continue IV Esomeprazole - sos analgesics
	SPE - child examined @ deaths	- sos analgesics
	RS - NUBST, BIAET Ⓛ Basal crepts + → R	Pritesh Dilhaaz
	CVS - Tachycardia t	
	CNS } WAL P/A }	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9/6/26 8 AM	C/S/B - Dr. Rashanti / Dr. Nayanya	
	<del>A - Hydrocarbon Poisoning</del>	CXR - Mild infiltrates
		<del>- Chemical Pneumonitis</del>
	(8/6) Fever spikes $\left\{ \begin{array}{l} 8 AM \\ 5 PM \\ 1 AM \\ 6 AM \end{array} \right.$	PLAN
	V.O Good	- Enhance orally
	Stool - Good	- Cont. IV Abs
	Minimal tachycardia / tachypnea	IV Esomeprazole order
	o/e	Analgesics
	HR - 128/min. RR - 38/min	Prit
	SpO <sub>2</sub> - 95% on RA	
	BP	
	CFT < 3 sec Pl well perf	
	S/E	
	RS - NVBS+	
	RS - B/L creptst (scapular)	
	CVS - Tachycardia +	
	CNS - wnt	
	PIA - Soft	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	c/c B Dr. Pritesh	
9AM	<p>Δ - Hydrocarbon Poisoning</p> <p>Last few spide @ 6AM.</p>	<p>Chemical Pneumonitis</p> <p>CXRAY @ infiltrates +</p> <p>Plan</p>
<p>V.O ✓</p> <p>stool ✓</p>	<p>Resting tachycardia.</p>	<p>- Shift out.</p>
O/E	<p>HR-140/min RR-30/min.</p> <p>Spo<sub>2</sub>- 95% on RA</p> <p>CFT 2.5sec PP well felt.</p>	
S/E	<p>RS-NUBST, B/c crepts +</p> <p>CVS } wnl</p> <p>CNS } wnl</p> <p>PIA }</p>	<p><i>(Signature)</i></p>
	<p>Dr. Pritesh Nagare          Consultant in Paediatrics          Reg No. 17134</p>	<p>Noted by <i>(Signature)</i></p>



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:10am		
9/06/26	<u>Counselled</u>	
	Stable	
	O <sub>2</sub> ok	
	HR	
	RR	
	] same as yesterday ]	
	CXR pneumonia ↑↑	[ TIME ]
	Fever +	> 1-2 weeks
	24 - No major issues	↓
	hr	↳ ward shift
		Monitor
		wait.
	Fever	↓
	RR	g/ No
	ok	Complications
	↓	Monitor
	Only then discharge }	

~~Handwritten signature~~  
Chatterjee



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/23	S/B Dr. Sreeghar	Plg
2:30 PM	Δ Hydrocarbon poisoning	- CE AMOXICILLAV
	CVS - Suddh	
	Rt - BIL - AL (A)	- CE EMOPIRAZOLE
		ONDANETRON
	PIA 70%	- Encourage orally
	conscious	
		M 13:50
9/6/23	S/B Dr. Pritesh	
4:50 PM	Δ Hydrocarbon poisoning	Plg
	CVS - Suddh	
	Rt - BIL - AL (A)	- CE AMOXICILLAV
		Send CUE
	PIA - 50%	
	conscious	- CE EMOPIRAZOLE
		0.
		- USK Abdomen - now
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

HNH-00015658 IP26-00006532  
 Baby KARRE JESHWIKA 2 Y 10 M 6 D (F)  
 01-08-2023  
 Dr. PRITESH NAGAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/23 7:30 AM	e/e Pro Kabhate / Dr. Nareen	
	Δ Hydrocarbon poisoning fever spikes - None tonight	CUE (N)
Last	Oral intake fair	Adv
TLC: 14,880	fecal clo - None	
N/L 59.3/37.8	of vitals stable	① CT. Abdomen
CRP 48	f/c CVS sig + Ck WNL	② <del>CT. Abdomen</del>
	R: BAC +	③ USG abdomen
	PA GA	④ CT. Esomoprazole <del>Amoxicillin</del>
	Pro	
		N.B Amoxicillin e 8 AM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/6/26 8am	s/o Dr Pritesh	
	<p>△ Hydrocarbon poisoning                      Last fever - yesterday afternoon 3pm                      Oral intake - fair                      CRP: 48.                      No fresh c/o.</p>	
	<p>TLC: 14,880.                      N/L 59.3 / 33.8</p>	<p>Abdo</p>
	<p>o/e Vitals stable</p>	<p>① CT Amoxiclav</p>
	<p>R/E CVS S, S+                      CMV WNL                      PU BAE+                      PA S+A</p>	<p>② USG abdomen today</p>
		<p>③ CT. Esmoprazole.</p>
		<p>④ w/f fever spikes.</p>
		<p>NB Smeeta C &amp; An</p>

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/23	ds/ly. ds. ds. ds.	
3:15pm	Hydration Ingestion	Pneumonia
	No fever since mng	
	vital stable	Non specific low
	S/c	Ment y mod
	Rt Bk A+	Plan
	NVR (+)	- ct Antibiotic
	oral Intake - Good.	- ct Rest Mx
	A	Monitor vital
		N/R fluids

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 9 D (F)  
 Dr. PRITESH NAGAR



## ISS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CB/L Dr. Pritesh	
10/6/26		
5PM		
	<p style="border: 1px solid black; padding: 5px;">Asis - Hydrocarbon ingestion &amp; pneumonitis.</p> <p>- No fever.</p>	
	- qf - vitals stable.	
	qf - p/r BAXA.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Plan</div>
	Oral intake good.	- A. Antibiotics
		- Rest Rx as per orders.
		- D/S tomorrow if febrile.
		N/B of med
		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">NW</div>

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

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 7:15 AM	SIB Dr. Sreyhan / Dr. Pransav Δ Hydrocarbon poisoning	Plan
	Afebrile	
	CVS - S <sub>1</sub> , S <sub>2</sub>	<del>ACE AMOXICILLIN</del>
	RF - B/L - ALE ⊕	<del>ACE ERMOPRAXOLE</del>
	T/A SOL	<del>Encourage orally</del>
	GROSS	<del>Moribund M/P/O</del>
		MR 15/11/26
	SIB - Dr. J	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/6/26	S/O Dr. Pritesh	
9:15 AM	Accidental ingestion of hydrocarbon	
	D Hydrocarbon poisoning	
	Alert & interactive	Play
	Vitals stable	
	WS - S <sub>1</sub> , S <sub>2</sub>	Discharge
	R1 - BCL - ALCB	Amoxiclav - 4 days
		Call 14/6/26 - evening
		Keep on Saturday
	<p>Dr. Pritesh Nagar                  Consultant Pediatrician &amp; Intensivist                  Reg. No: 47184</p>	



HNM-00015858 IP26-00006532

Baby KARRE JESHWIKA

01-08-2023 2 Y 10 M 6 D (F)

Dr. PRITESH NAGAR



MLC



### MEDICATION RECONCILIATION FORM

Drug Allergies: NP11  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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

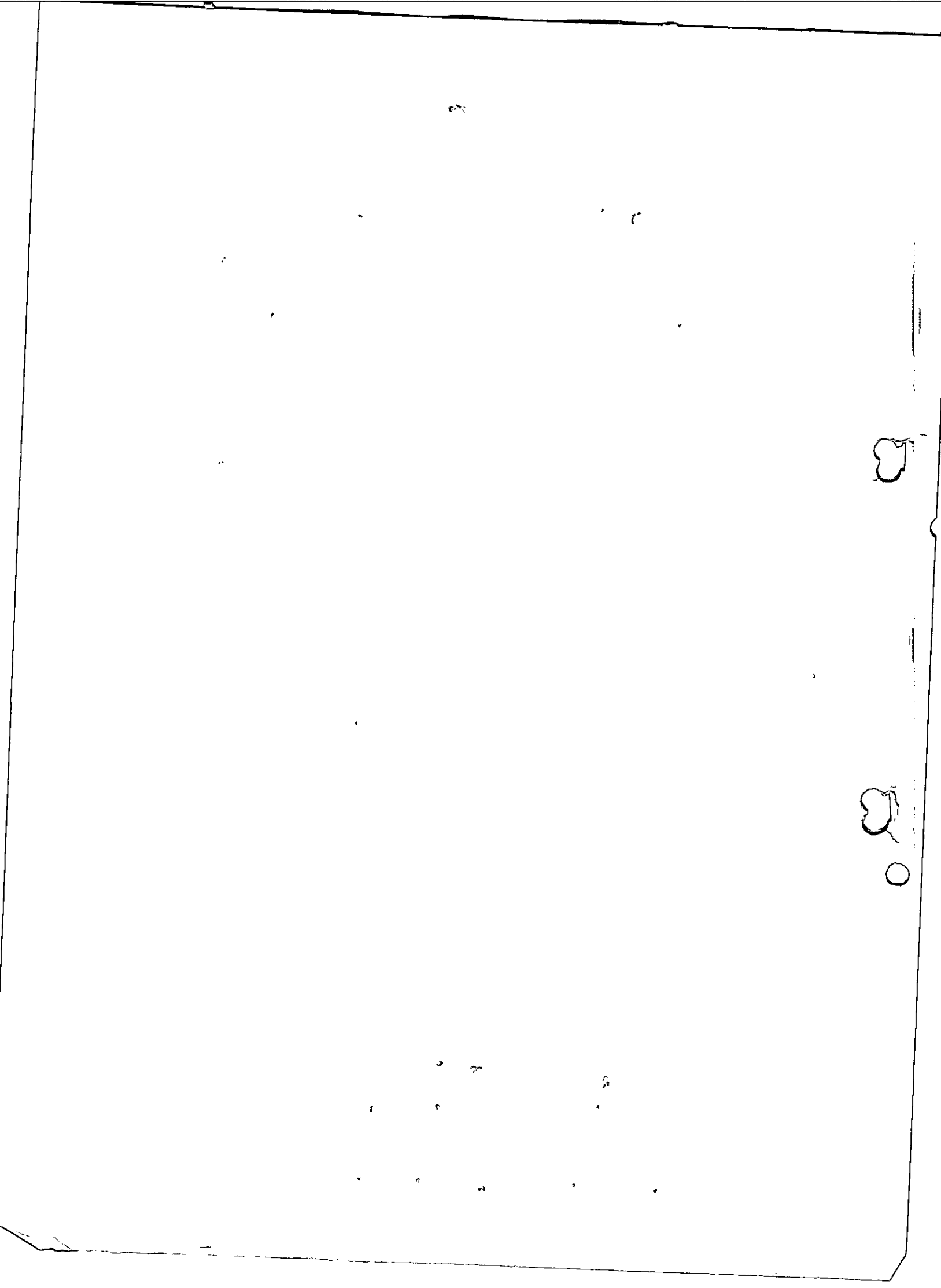
#### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Tanvi

Date & Time : 7/6/26 @ 10:10pm

Nurse Name & Signature: Bhargavi

Date & Time : 7/6/26 @ 10:15pm



HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 6 D (F)  
 Dr. PRITESH NAGAR

MLC



**DRUG CHART**

Date of Admission: 7/6/26 Drug Allergies: NR11  Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

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

**SOS / PRN (As Required Medication)**

DRUG :				Date Time																
<u>Syp. CROCI-N-D</u>				<u>7/6/26</u>	<u>9/6</u>															
Dose	Route	Frequency	Start Date																	
<u>4ml</u>	<u>oral</u>	<u>5ml/6hr</u>	<u>8/6</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				
<u>Paracetamol (5-124g)</u>																				
DRUG : <u>SYP. IBUPROFEN</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>4ml</u>	<u>PO</u>	<u>5ml/6hr</u>	<u>8/6</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				
<u>(100mg/5ml)</u>																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

Verified by  
 Dr. Dhakshayani  
 Verified by  
 Dr. Dhakshayani

VERIFIED BY: Name

MLC

REGULAR PRESCRIPTIONS

Weight 13.1kg Ward .....

Verified by Dr. Dhakshayani

**DRUG:** INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time
10mg	IV	OD	7/6	6 AM 8/6 9/6 10/6 11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Inj. ONDANSETRON

Dose	Route	Frequency	Start Date	Date/Time
2mg	IV	TID	8/6	7 AM 8/6 9/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Inj. AMOXICLAV

Dose	Route	Frequency	Start Date	Date/Time
600mg	IV	BD	8/6	9 AM 8/6 9/6 10/6 11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *Change to oral 11/6*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Syrup AUGMENTIN - DDS

Dose	Route	Frequency	Start Date
3ml	PO	BD	11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: *Sol = 400mg*

Daily Doctor's Endorsement by a Sign: *[Signature]*



MLC

Weight. 13.1kg Ward. ....

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6	3 AM	Inj. PARACETAMOL	130mg	IV	[Signature]	[Signature]
				slow over 30 mins		
8/6	8:30 AM	Inj. PARACETAMOL	130mg	IV	[Signature]	[Signature]
				over 30 mins		

Signature

Dr. Pritesh Nagari

Verified by:

**MLC**

**I.V. FLUIDS CHART**

Weight: 13.1 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
7/6/26	10:10pm	IVF-PLASMAALYTE (2/3) main.	IV	30 ml/hr	h	[Signature]	8/6	[Signature]	[Signature]
8/6	2:30pm	IVF - PLASMAALYTE	IV	20 ml/hr	[Signature]	[Signature]	8/6	[Signature]	[Signature]

Signature  
Verified By Name

INH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 11-08-2023 2 Y 10 M 7 D (F)  
 Dr. PRITESH NAGAR

219



**RESULT SHEET**

Date	07/6/26	9/6/26			
Time	10:36pm				
Hb	11.0	11.3			
PCV	31.3	<del>31.6</del> 31.6			
RBC	4.32	4.32			
WBC	7.80	14.88			
N/L	68/74	59.3/33.8			
Platelets	243	261			
CRP		48.			
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	9/6/26					
Time						
CUE - Alb						
CUE - Sugar	nil					
CUE - Ketones	present+					
CUE - PUS Cells	3-4					
CUE - RBC Cells	3-5					
CUE nitrite	neg					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

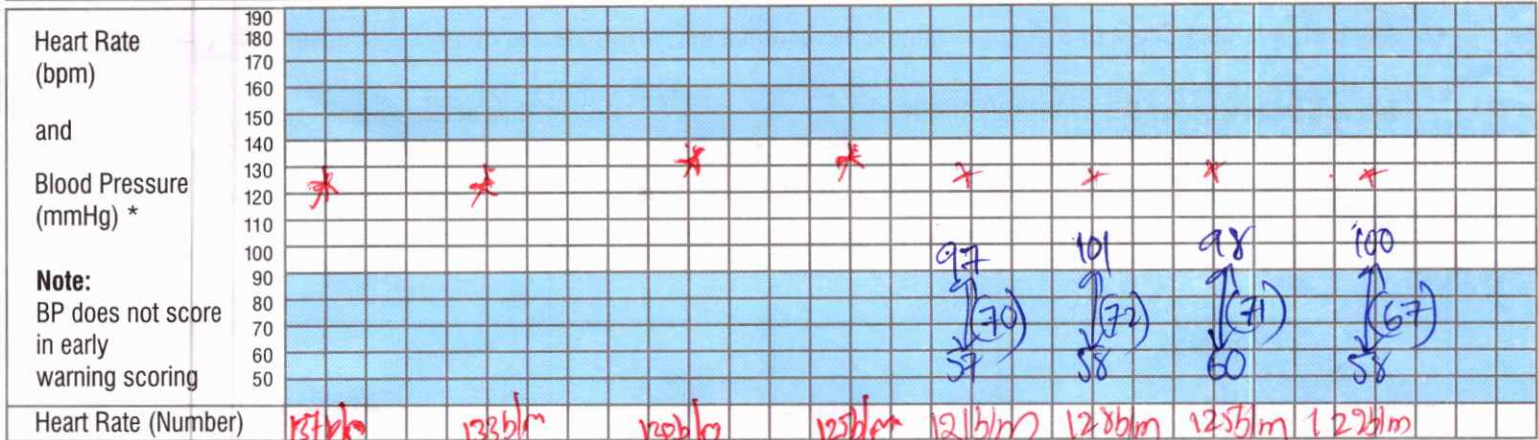
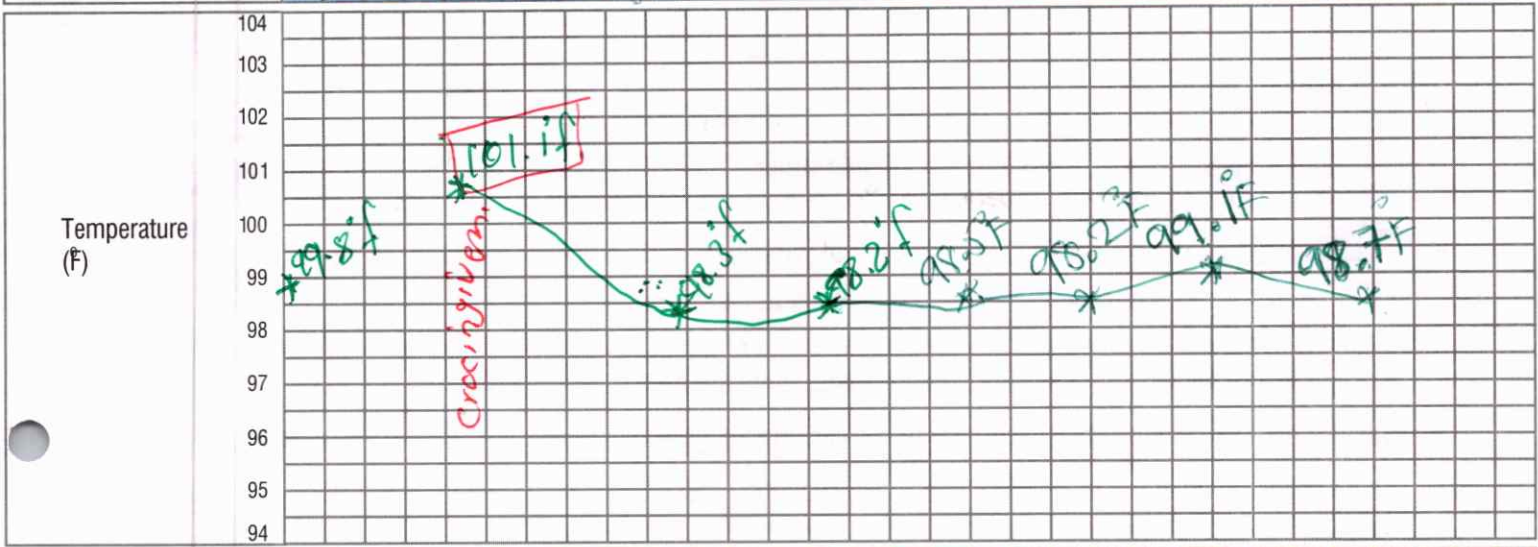
                  CT : .....

                  MRI : .....

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

**WARNING SCORE: CHILDREN'S UNIT**

Date: 9/6/26	Time: 2PM	3:30pm	5pm	6pm	10pm	2AM	5:30 AM	6:40 AM
Doctor / Nurse / Family Concern?								



Resp Distress	Mod/ Severe None / Mild							
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99%	99%	99%	99%	100%	99%	100%
Conscious Level	Normal / Altered							
GCS *								

<b>TOTAL SCORE</b>								
Number of shaded boxes				0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	P	P	P	P	P	P	P	P

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNM-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR

/ CLINICAL / 125

**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**

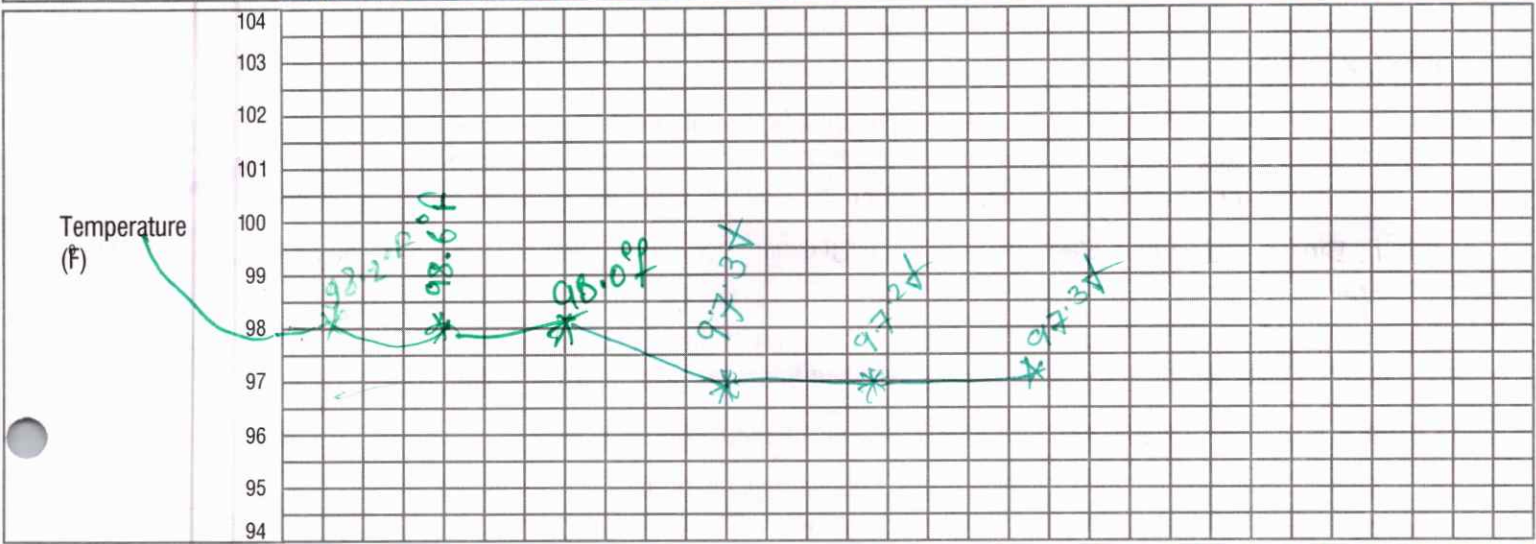
Rainbow®  
 Children's  
 Hospital  
 It takes a lot to treat the little.

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**WARNING SCORE: CHILDREN'S UNIT**

Date: 10/6/20 Time: 10am 2 6pm 10pm 2Am 6Am

Doctor / Nurse / Family Concern? pro



Heart Rate (bpm) and Blood Pressure (mmHg) *	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
<b>Note:</b> BP does not score in early warning scoring	117	88	106	107	106	101	83	77	65	65	61	72	72	72	72

Heart Rate (Number) 136 137b/m 138b/m 131b/m 130b/m 119b/m

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	30b/m	28b/m	28b/m	28b/m	28b/m	29b/m	

Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	100%	100%
Conscious Level	Normal	Altered
GCS *	15/5	

<b>TOTAL SCORE</b>	0	0	1	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	(K)	(B)	(Q)	(P)	(Q)	(P)

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



# 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 <b>EARLY WARNING SCORE &gt; 3</b>			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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

# 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			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
9/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					U-1	m-1
9/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					U-3	m-0
9/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					m-0	U-1
9/6	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					m-0	U-0

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

MNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR



# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- 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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
10/6/26	08:00 am	↑											
	09:00 am	↓											
	10:00 am	○	Whisker	NA									
	11:00 am	↓											
	12:00 pm	↓											
	01:00 pm	↓											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					U-2 m-0		
10/6	02:00 pm	↑											
	03:00 pm	↑	Brew H2O										
	04:00 pm	↑	H2O										
	05:00 pm	↑											
	06:00 pm	↑											
	07:00 pm	↑											
<b>Total Intake :</b>						<b>Total Output :</b>							
10/6	08:00 pm	L											
	09:00 pm	L	Rfc										
	10:00 pm	○	+										
	11:00 pm	J											
	12:00 am	J	H2O										
	01:00 am												
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					m-1 v-1		
10/6	02:00 am	L	H2O										
	03:00 am	L											
	04:00 am	○	+										
	05:00 am												
	06:00 am	J											
	07:00 am	J											
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					m-0 v-2		

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015668  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR



# 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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

# 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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/4/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	<b>Total Intake :</b>						<b>Total Output :</b>						U
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR



# NURSING CARE RECORD



Date: 9/6/23

**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				<u>PICU</u>			
Afternoon	2pm   8pm	Assess the Pt. condition monitor vitals Maintain I/O chart Drug give as per drug chart.	2pm   8pm	Assessed the Pt. condition monitored vitals Maintained I/O chart. Drug given as per drug chart.	Patient is stable now	Re checked vitals	Khushboo (kr)
Night	8pm to 8am	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	8pm to 8am	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	Anushka Arya

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR



# NURSING CARE RECORD



Date: 10/6/26

**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	8 AM	Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per drug chart	8 AM	Assessed the pt condition - monitored vitals - maintain I/O - medication given as per drug chart	pt is stable	Rechecked vitals	
	2 PM		2 PM				
Afternoon	4 PM	Assess the baby Monitor the vitals administer medicine maintain I/O chart	4 PM	Assess the baby Monitor vitals administer medicine maintain I/O chart	administer medicine	Recheck the pt	
	8 PM		8 PM				
Night	8 PM	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8 PM	→ Assessed the pt condition → Administration of medication given as per doctor orders	→ pt is stable	→ re-checked vitals	
	8 AM		8 AM				

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR

# BRADEN 'Q' SCALE



					Date:	9/6/24	9/6/25	10/6/25	10/6/25
					Time:	2:30 PM	11 AM	11 AM	8 AM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	3	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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
<b>TOTAL SCORE</b>						28	28	28	28
<b>Evaluator's Name</b>						B	A	S	W

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

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "<b>At Risk</b>" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "<b>Moderate Risk</b>" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "<b>High Risk</b>" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

# BRADEN 'Q' SCALE

Date : 10/16  
 Time : 12:30pm

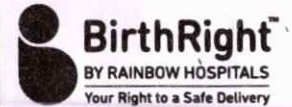
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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			
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			

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

<b>TOTAL SCORE</b>	28			
<b>Evaluator's Name</b>				

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

INH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 7 D (F)  
 Dr. PRITESH NAGAR



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 2/16/23			DAY-2 2/16			DAY-3 2/16			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	2	
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 cord pyrexia	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 : Benny Name : Sunitha

Signature of Ward In Charge :

Signature : Be Name : Sunitha

11  
12  
13  
14



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/6/24 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
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	0	NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	0	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	0	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	0	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	0	NA							
Signature of the Nurse				<i>Sushma</i>									

**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 : *Sushma* Name : *Sushma*

Signature of Ward In Charge :

Signature : *Balanani* Name : *Balanani*



# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/6/26	11pm	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
8/6/26	5AM	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
8/6/26	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
8/6/26	approx	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	
8/6/26	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
9/6/26	2AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
9/6/26	8AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	
9/6/26	2PM	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
9/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6/26	6AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	

**Re-assessment Frequency:**

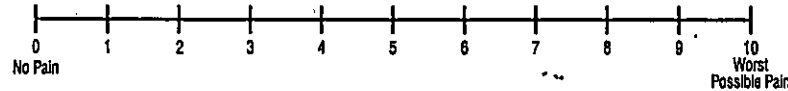
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief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

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

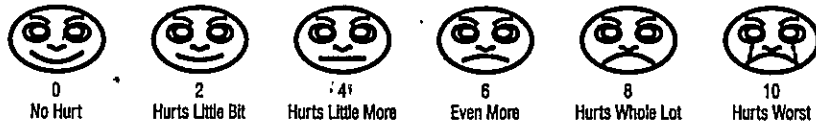
## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years





## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
10/6	2Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
10/6	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
11/6	6Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

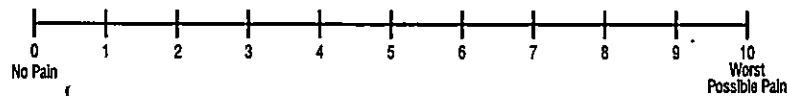
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt      2 Hurts Little Bit      4 Hurts Little More      6 Even More      8 Hurts Whole Lot      10 Hurts Worst



## THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			2/6/26	8/6/26	9/6/26	9/6/26	10/6/26
Age	Less than 3 years old	4	4	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					
	Female	1	1	1	1	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	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	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					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
<b>Total</b>			10	10	10	10	10

**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:		Ranjit Dinkar	Ranjit Dinkar	Ranjit Dinkar	Ranjit Dinkar	Ranjit Dinkar
Signature:		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date:		2/6/26	8/6/26	9/6/26	9/6/26	10/6/26
Time:		8:30 AM	8:30 AM	2 PM	2 PM	9 AM

11  
12  
13

14  
15

16  
17  
18

19  
20



21  
22  
23  
24  
25



## NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: <u>poisoning</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
BACKGROUND	Area	7/6/26 M1	8/6/26 M6	8/6/26 E2	8/6/26 M1	9/6/26 M6	9/6/26 E2	
	Shift Time							
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	99.0°F	98.6°F	98.6°F	98.6°F	98.1°F
		Res:	36 b/m	29 b/m	20 b/m	30 b/m	35 b/m	35 b/m
		SpO <sub>2</sub> :	98%	99%	100%	98%	99%	99%
		Pulse:	134 b/m		141 b/m	140 b/m	122 b/m	130 b/m
		BP:	-	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	Yes	yes	Yes	Yes	Yes	yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	-	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Rang	Smithe	Saisree	Rang	Saisree	Sandhya	
Signature :								
Date:		8/6/26	8/6/26	8/6/26	9/6/26	9/6/26	9/6/26	
Time:		8Am.	2pm	8pm	8Am	2PM	8 PM	
Taken Over By Name :		Smithe	Saisree	Rang	Saisree	Sandhya	Anusha	
Signature :								
Date:		8/6/26	8/6/26	8/6/26	9/6/26	9/6/26	9/6/26	
Time:		8am	8pm	8pm	8Am	2 PM	8pm	



## NURSING SHIFT HAND OVER FORM - WARD

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

<b>SITUATION</b>	Diagnosis: <span style="font-size: 1.2em; color: blue;">poisoning</span>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
<b>BACKGROUND</b>	Area: ..... Shift Time: .....	9/6/26 N <sub>1</sub>	10/6/26 N <sub>6</sub>	10/6/26 N <sub>2</sub>	10/6 N <sub>1</sub>		
<b>ASSESSMENT</b>	Medical Condition (Any special condition to be noted):	-	-	-	-		
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp: 98.5°F	98.2°F	98.3°F	98.3°F		
	Res:	28b/m	28b/m	28b	28b/m		
	SpO <sub>2</sub> :	100%	99%	100%	98%		
	Pulse:	122b/m	126b/m	116b/m	120b/m		
	BP:	96/73	96/62	90/52	96/59		
Fall Risk Score:	-	-	-	-			
Pain Score:	0	0	-	0			
<b>Recommendations</b>	Safety Needs:	yes	yes	-	yes		
	Physiotherapy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:	-	-	-	-		
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Recommendations</b>	Other Special Orders / Medications:	-	-	-	-		
Post Operative Procedure Special Orders:		-	-	-	-		
Handed Over By Name :		Anusha Sarda		Anusha Sarda		Anamuth	
Signature :		[Signature]		[Signature]		[Signature]	
Date:		10/6/26		10/6		11/6	
Time:		8Am		2Pm		8Am	
Taken Over By Name :		Anamuth		Anamuth		Anamuth	
Signature :		[Signature]		[Signature]		[Signature]	
Date:		10/6/26		10/6		10/6	
Time:		8Am		8pm		8pm	

# PATIENT TRANSFER FORM

Patient Name & UHID No. VH-00015858 IP26-00006532 Baby KARRE JESHWIKA -08-2023 2 Y 10 M 7 D (F) PRITESH NAGAR		Date & Time of Admission 7/6/26 @ 10:20pm	Date & Time of Transfer Order 9/6/26 @
Transfer Ordered by Dr. Pritesh		Reason for Transfer stable	
From Unit PICU	To Unit 2 <sup>nd</sup> floor (219)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 33	Number of Imaging Films chest x-ray - ② vBG1 - ①	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring @ 7/5/26 @ 9/6/26 @ 11:30am		Name of Person Ordered Transfer Dr. Pritesh	
Patient & Clinical Records Received by : Manish 9/6/26 12:14pm			
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

to ship with you  $v_{20} =$

of the  $\frac{1}{2} \times 10^3$

13.4

the  $\frac{1}{2} \times 10^3$

13.4

the  $\frac{1}{2} \times 10^3$

0

13.4

0

del. 13.4

the  $\frac{1}{2} \times 10^3$

13.4

DO

HNH-00015858 IP26-00006532  
 Baby KARRE JESHWIKA  
 01-08-2023 2 Y 10 M 8 D (F)  
 Dr. PRITESH NAGAR



# BRADEN 'Q' SCALE



Date : 2/6/26 8/6/26 8/6 8/6/26  
 Time : 11 16 83 11

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
<b>FRICION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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."	3	3	3	3	
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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.	2	2	2	3	
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
<b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>					<b>TOTAL SCORE</b>	25	28	28	26
Docu. No. : RCH /FRM / CLINICAL / 119					<b>Evaluator's Name</b>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

MLC

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# PATIENT TRANSFER FORM

HNH-00015858 IP26-00006532

Baby KARRE JESHWIKA

01-08-2023 2 Y 10 M 6 D (F)

Dr. PRITESH NAGAR



Date & Time of Admission 7/6/26 @ 10:20pm		Date & Time of Transfer Order 7/6/26 @ 11pm
Treating Consultant Name	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of Sheets in Clinical File 251-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring Bhargava		Name of Person Ordered Transfer Dr. Tanvi
Patient & Clinical Records Received by : Nagari 7/6/26 at 11 pm.		
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





wt - 13.12 kg



MLC

# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby K. Jaswika Age : 2y 10m 6d Gender:  Male  Female

Date : 7/6/26 Time of Arrival : 9:30pm

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

Source of Information :  Parents  Others (Specify) \_\_\_\_\_

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 97.8°F PR: 131b/m BP: 98/64 RR: \_\_\_\_\_ SpO<sub>2</sub>: 96%

Chief Complaints: cl. accidental ingestion of turpentine oil 10ml

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening	
---	--	---	--	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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.

Signature of Parent / Guardian \_\_\_\_\_  
 Triage Completion Time : \_\_\_\_\_

\* CTAS - Canadian Triage and Acuity Scale

## Communicable Disease Triage Screening

- PART A. The following questions should be asked to all patients at the initial screening:**
- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
  - Have you had cough or a rash in the past 2 weeks  Yes  No
  - Have you had shortness of breath or difficulty breathing in the past 2 weeks  Yes  No

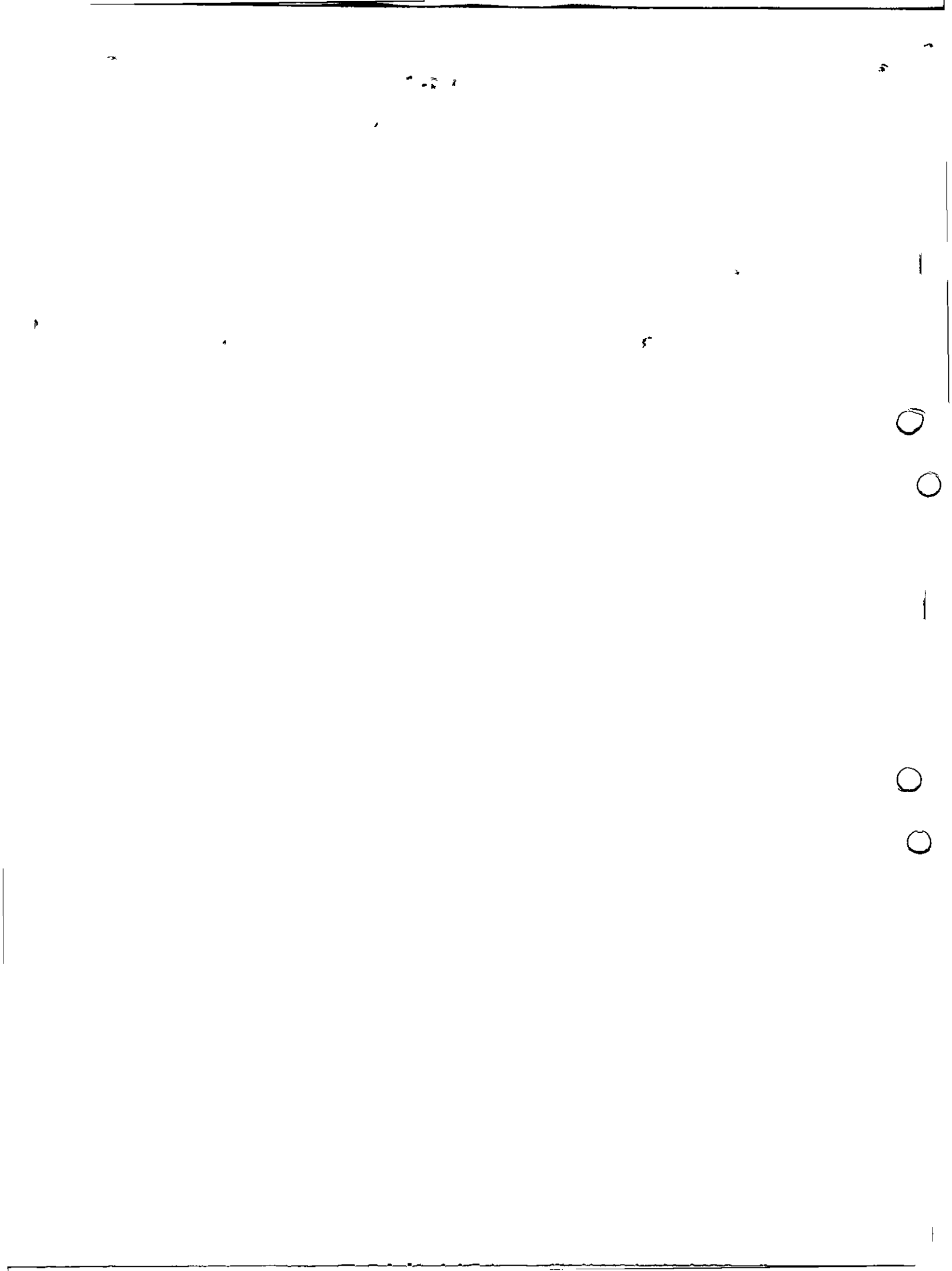
- PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable
- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: \_\_\_\_\_
  - Are your parents / 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 : Jyoti Signature of Triage Nurse : \_\_\_\_\_

Date & Time : 7/6/26 @ 9:32pm





## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/6/26 Time of arrival : 9:34pm

Chief Complaints: C/O accidental ingestion of turpentine oil comb

Height : Weight : 13.1kg 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  Frequency  Duration

### RISK FOR FALL:

If patient is < 6 years  Yes  No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years

If 'Yes' Assess the below parameters

History of Falling: within past 3 months  Yes  No

### Ambulatory Aids:

- Wheelchair  Yes  No
- Uses furniture for support  Yes  No

### Gait/Transferring:

- Bedrest / immobile  Yes  No
- Weak  Yes  No
- Impaired  Yes  No

Mental Status: Forgets limitations  Yes  No

### IF YES FOR ANY CATEGORY = RISK FOR FALLING

#### Fall Risk Intervention:

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

Functional Screening:  No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening:  No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening:  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

Siblings in household  Yes  No (if yes How Many?) N/A

Time of Initial assessment completed by ER Nurse : 9:36pm

MLC

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

Time	Nursing Notes
9:39pm	- Assess the pt condition
	- monitor vitals

Samples collected by:

Samples sent by :

Jyothe


Time: }

Time: }

10pm

Medication given in ER:

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


Condition of patient at time of shift - out :	Details of Shift - out
HR: 131b/m BP: 98/64mmHg CFT: 	Shift - out from ER to: PICU
RR: ..... SPO2 at FiO2: 96%	Time of Shift - out: 11pm
GCS: ..... Temperature: 97.8°F	Handover given to: Kanyan
Pain Score: .....	(Nurse's Name)
Repeat RBS (if applicable): .....	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse : Jyothe

Signature of the Nurse : 

Date & Time : 7/6/26 @ 11:42pm

# CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



HNH-00015858 IP26-00006532

Baby KARRE JESHWIKA  
01-08-2023 2 Y 10 M 6 D (F)  
Dr. PRITESH NAGAR

Name: .....

Age: 2 y 10 m Gender: Male  Female

UHID: 

Date: 7/6/2026

I ..... S/o, D/o, W/o, ..... hereby declare that our patient Master/Baby Karre Jeshwika 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 :

Hydrocarbon ingestion  
? Aspirator Pneumonia / Swallowing issue

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 : ..... 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: K. Anithy

Name: .....

Relationship with Patient: (Mother)

Date & Time: 7/6/26 at 11 pm

**Witness :**

Signature: [Signature]

Name: [Name]

Date & Time: 7/6/26 at 11 pm

**Doctor (who is taking the consent) :**

Signature: [Signature]

Name: P. Prasad

Date & Time: 7/6/26



1

2

3

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100



203

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/6/23 Time: 1.0 am

Weight: 13.1kg Centile: <25<sup>th</sup>

Height: Centile: -

Inference: Underweight child

RDA: - Calories: 1250kcal/day Protein: 21 gms/day

Diet Recommendations: High protein diet with liquids

Re-Assessment: No Junk, Oily, spicy foods

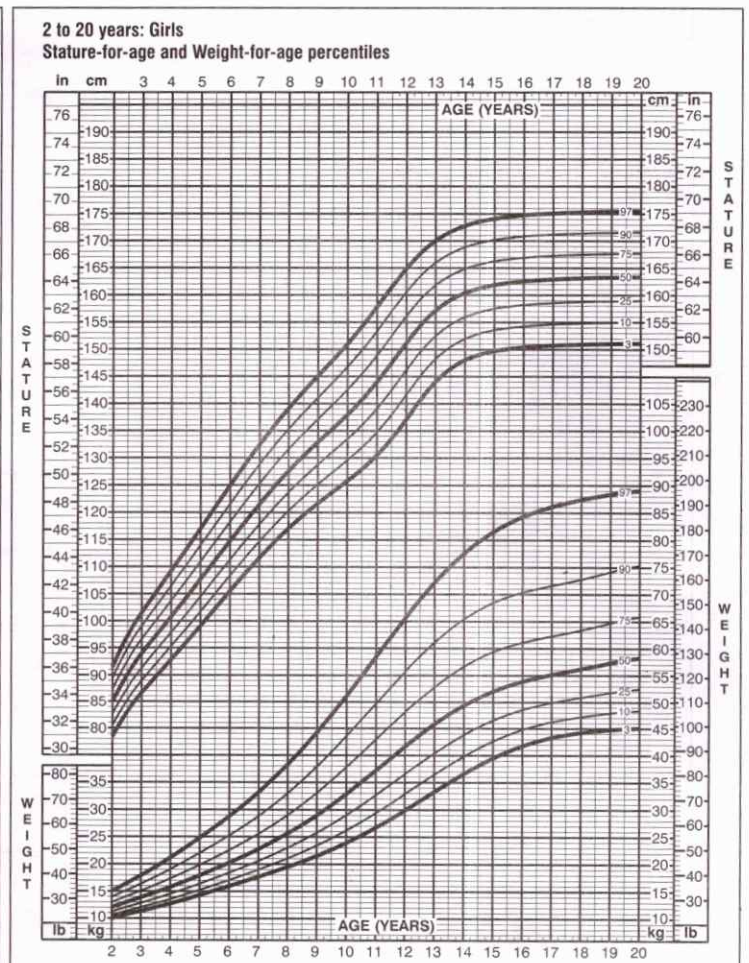
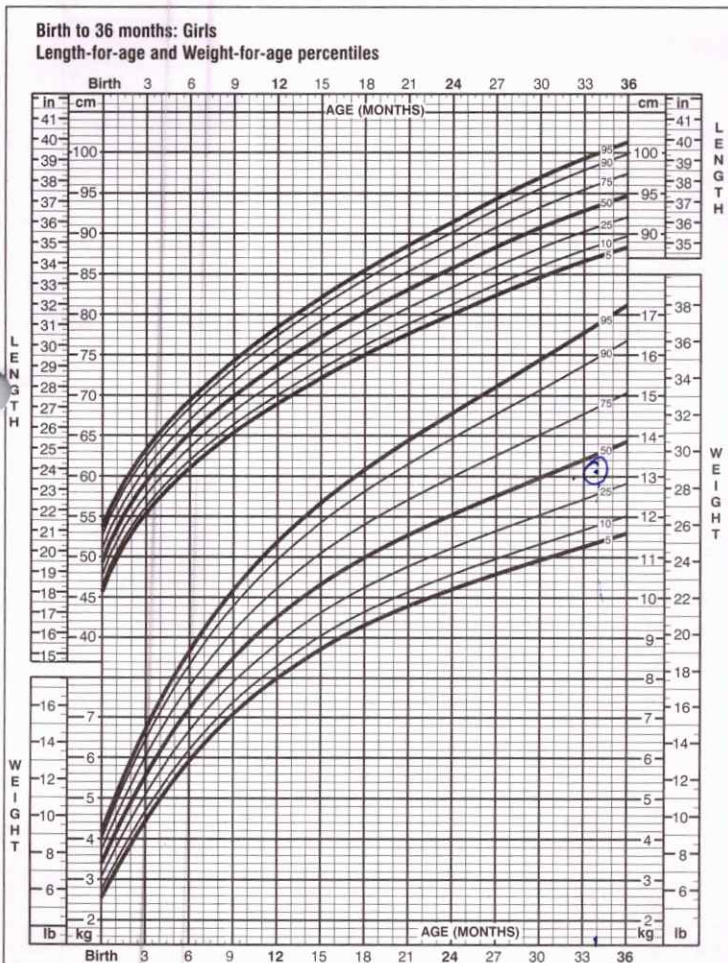
Food Allergies: No Veg/Non-veg Non Veg

Diagnosis: Hydrocarbon poisoning

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: A. Anithy

## GROWTH CHART (GIRLS)



Dietician's Name: Syeda Sabiya Zaher

Dietician's Signature: Sabiya

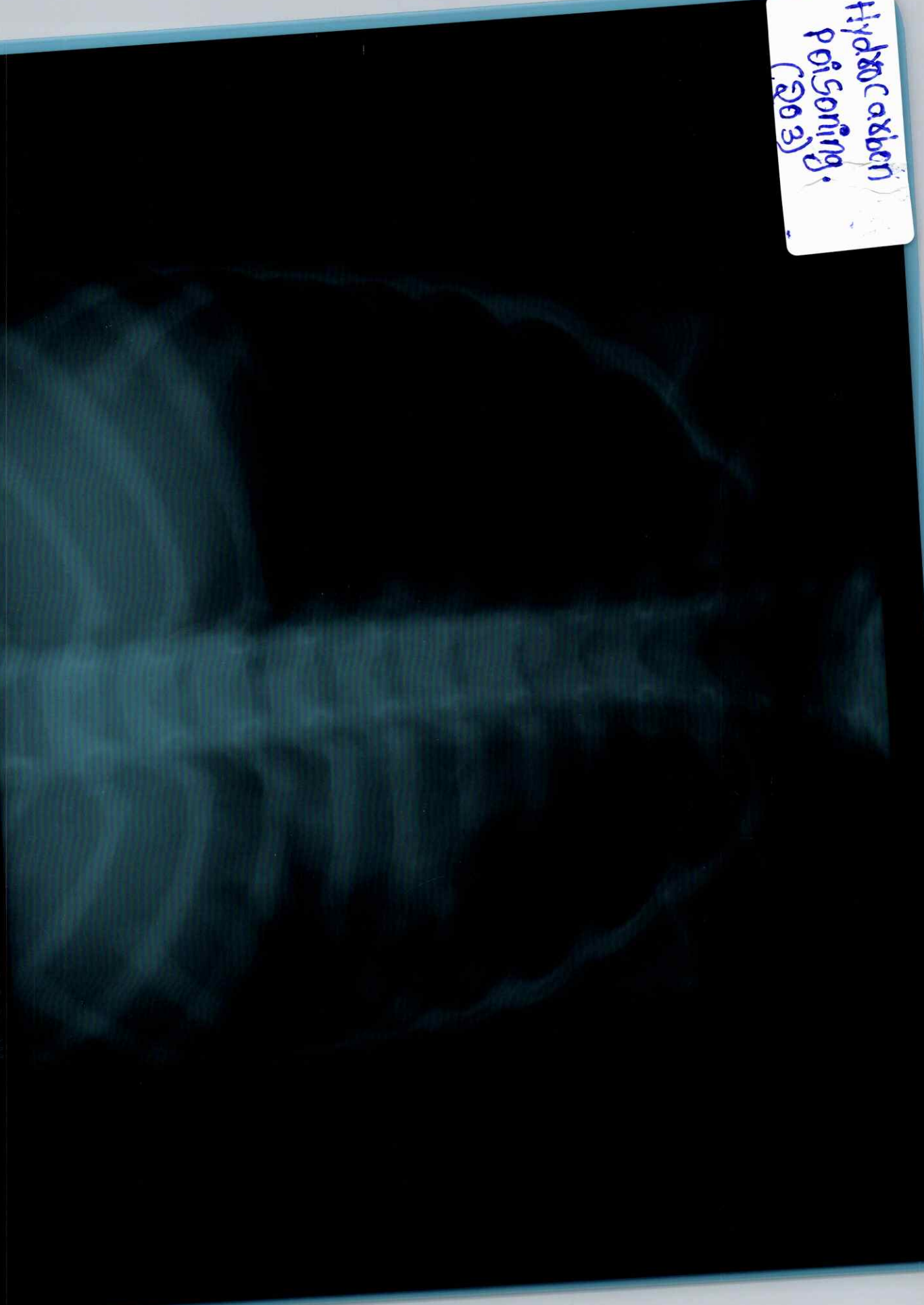


BABY KARRE JESHVIKA 27.06.2018 F.HNH 00015858 CHEST AP 08 JUN 18 10 AM  
RAINBOW CHILDREN'S HOSPITAL HIMAYATHI NAGAR

18

RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR  
PATEL KAPUR JESHWIKA 27/10/2018 10:45 AM  
CHESU 27/08/2018 10:30 AM

Hydrocarbon  
poisoning.  
(2003)



BABY KARAN BESHWATIKA 2Y 10M 7D F -NH 0015858 CHEST AP 09 JUN 05 5 2 AM  
RAINBOW CHILDREN'S HOSPITAL HIMAYATHI NAGAR

