DISCHARGE SUMMARY

Name	Master ARJUN VED	**UHID**	VIH-00191229
Father/Guardian	Dr. G V MADHU VAMSI	**Age/Gender**	1 Y 2 M 4 D/ Male
Address	hig-II BLOCK 15 F-8 BAGHLINGAMPALLY., Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006618	**Admission Date**	20-06-2026
Ref Doctor	SELF		
Discharge Date	21.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED LOWER RESPIRATORY TRACT INFECTION WITH RESPIRATORY DISTRESS	

History: Master ARJUN VED, 1 Y 2 M 4 D , old boy presented with history of cough and cold since 2 days, fast breathing since 1 day, irritability and dull activity since 1 day associated with poor oral intake prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

OPD basis:

Name	Master ARJUN VED	UHID	VIH-00191229
IP No	IP26-00006618	Admission Date	20-06-2026

Chest X ray: suggestive of bilateral viral infiltrates.

Examination: He was afebrile, maintaining borderline saturations of 93-94% at room air. His heart rate was 132/min and Respiratory Rate - 54/min (Tachypnea). Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions. On examination signs of dehydration were present in form of dry lips, oral mucosa, delayed skin turgor, dull looking, tachycardia. On auscultation, air entry was bilaterally equal with bilateral diffuse wheeze present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and irritrable. 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: 9.4 kilo grams.

Investigations: Enclosed reports.

GeneXpert SARS-CoV-2,FluA+FluB+RSV, Adenovirus PCR were sent, which was negative.

Initial hemogram showed Hemoglobin of 11.7 gm%, White Blood Cell count of 9830 cells/cumm, platelet count of 3.26 lakhs/cumm and C-Reactive Protein of 9.0 mg/l.

Management: He was admitted in the ward in view of respiratory distress.
In view of chest signs, he was frequently nebulised with Levolin and Ipravent.

Name	Master ARJUN VED	UHID	VIH-00191229
IP No	IP26-00006618	Admission Date	20-06-2026

In view of significant wheezing, child was nebulized 2nd hourly (Levolin with Oxygen) and later gradually tapered as distress was improving.

In view of persistent severe wheeze, Inj Methylprednisolone and Magnesium sulphate stat doses were given, post which significant improvement was noted.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. His fever spikes and other symptoms gradually settled.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Nebulisation Levolin
Nebulisation Ipravent
Nasoclear nasal spray
Inj Methylprednisolone
Inj Magnesium sulphate

Advice:
* Diet as advised.

Name	Master ARJUN VED	UHID	VIH-00191229
IP No	IP26-00006618	Admission Date	20-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	NEBULISATION with Levolin (0.31)	1 respule	4th hourly	For 2 days
2	Syrup Omnacortil (1mg/ml)	5ml oral	12th hourly	for 2 days
3	Syrup Crocin drops(100mg/ml)	1.5ml oral	SOS	
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To start preventive bronchodilators on followup.
Adenovirus PCR was sent report to collect on follow up.

Review consultation with Dr. PRITESH NAGAR on (24.06.2026) Wednesday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

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 parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I

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Name	Master ARJUN VED	**UHID**	VIH-00191229
IP No	IP26-00006618	**Admission Date**	20-06-2026

acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **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**

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Levolin - 4H

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
22/6/26	02.00	Levolin (3)	Sneha	
	03.00			
	04.00			
	05.00			
	06.00	Levolin. (9)	Sneha	
	07.00	7725		15
	08.00	Cross checked done by Sneha		
	09.00			
	10.00	levolin ← (1)	A	
	11.00	7773		
	12.00	Total (16)		
22/6/26	13.00	cross checked done by Anamika.		
	14.00	~~Levolin~~		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Levolin - 3H
Iprevend - 6H Stop

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
21/6/26	01.00	Levolin (4)	Sn	K.V. Prathyusha
	02.00	Iprevent (5)	Sn	K.V. Prathyusha
	03.00	Levolin (6)	Sn	K.V. Prathyusha
	04.00			
	05.00	Levolin (7)	Sn	K.V. Prathyusha
	06.00			
	07.00	Levolin (8)	Sn	K.V. Prathyusha
	08.00	Iprevent (9) → (9)	Sn 1659	K.V. Prathyusha
	09.00			
	10.00			
	11.00	levolin (1)	Sandhya	Bindu
	12.00			
	13.00			
	14.00	levolin + Pulmicort (2) 1703	Sandhya	Bindu
	15.00			
	16.00			
	17.00			
21/6/26	18.00	levolin (1)	A	Dr. (1)
	19.00			
	20.00			
	21.00			
	22.00	levolin. (3)	Sn	Dr.
	23.00			

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Levolin 2nd
Ipravent 6th

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
20/6/26	15.00			
	16.00	Levolin	ER	
	17.00			
	~~18.00~~	~~Levolin~~		
	19.00	Levolin + Ipravent (1)	Amrus	Bindu
	20.00			
	21.00	Levolin (2)	Sm	K.V. Prathyusha
	22.00			
	23.00	Levolin (3)	Sm	K.V. Prathyusha

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006618 **Admit Date** : 20-Jun-2026 **Admit Time** : 05:05 PM **UHID** : VIH-00191229

Patient Details :

Patient Name	: Master ARJUN VED	**Age**	: 1 Y 2 M 3 D
Guardian	: Dr. G V MADHU VAMSI	**DOB**	: 17-04-2025 10:37 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: hig-II BLOCK 15 F-8 BAGHLINGAMPALLY. Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9553201920/ 9700168944
		E-mail	: prathyushakompally@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 : Dr. G V MADHU VAMSI **Relationship** : Father

Contact Address : hig-II BLOCK 15 F-8 BAGHLINGAMPALLY. Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 9553201920

K.V.Prathyusha

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR PA[illegible]

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/06/26	6:30pm	ER	2nd Floor (208)	

Cross Consultation Visit

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

INVESTIGATIONS

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Date	Investigations	Order No.	Sign
20/06/26	CBP	10087	
	CRP	10087	
	Respiratory panel (5 virus)	10087	

Cross checked
done by
Sir

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/6/26	IV Placement	1	7609	
21/6/26	Nebulisation c oxygen	9	7659	
21/6/26	NHA	1	7724	
10:30am 21/6	Nebulisation c O2	2	7703	
22/6	Nebulisation c O2	4	7725	

Cross checked done by Sneh

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : VIH-00191229 IP26-00006518
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis :

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Name : Arjun Ved

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o cold & cough :: 2 day
c/o Fast breathing :: 1 day
c/o Irritability & Dull activity } :: 1 day
c/o Poor Oral intake

History of present illness :

1y boy with
c/o cold & cough :: 2 day
Wolsevy cough &
Post tussive Vomiting ①

c/o Fast breathing :: 1 day
c/o Irritability & Dull activity } :: 1 day
c/o Poor oral intake

No c/o fever.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Upto date

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 9.4 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate: 132/m Description _____

B.P. _____ SPO2 92-94% on RA at _____

Resp. rate and type of breathing : 54/m (Tachypn)

Rash _____

Lymphadenopathy _____

Oedema : _____

Sign of Dehydration (+) - Sunken eyes
Dry lips & Mucosa
Delayed Skin turgor

Respiratory system :

Inspection (any s/o distress) : RD (+) - SCR (+), ICR (+) Tachypn

Air entry & breath sounds : B/L Crepts (+), B/L Wheeze

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

→ Wheeze Associated 2RTI C RD

→ Bronchiolitis C RD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

(CXR on OPD basis)
CBP
CRP

5 Virus Panel

Noted by

Planned Management :

SOS - O_2

Neb c Levolin (0.31) - Q2H
c Ipravent - Q6H

Noted by

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

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

Doctor's Signature Name Date 20/6 Time

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2016/26 6:40pm	c/B Dr. Archana	
	1y, 2M old MCH. c	
	wheeze associated LRTI c RD.	
	Tachypnea (+) (RR - 42/min).	Adv.
	c/o cold (+)	- (T) CBP, CRP, Respiratory panel.
	c/o cough (+)	
	O/E	- Ct Neb c levolin 2 hourly
	HR - 118 bpm	- Ct Neb c Ipravent 6 hourly
	RR - 42/min, SCR (+)	- SOS (PCM) if fever spikes (T).
	No nasal flare	- watch for distress
	PP - wf	- Monitor vitals.
	CRT < 2 sec	
	S/E	
	RS - A	
	Dr. Archana 20/6/26 6:45pm	

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 8:16PM	S/B Dr. Pritesh	
		Plan
	Δ WALRI c RD	
		– Trans report
	CNS - S4S2 (+)	
	Rs - B/L - ACE (+)	– ct Neb c Levolin 2nd h
		c Ipravent 6th
	P/A Soft	
	Conscious	– Monitor RR, SpO2
		– NB Snehe @ 8:10 PM
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47104	
20/6/26 11:35pm	c/s/by Dr Anuche	
	Δ: WALRI c RD.	
		Plan
	distress - Improving.	
	RR = 32/min, SpO2 = 97%.	– ct Neb c Levoli
	(R/S)	& Ipravent
	B/L AE (+)	
	NVBS (+).	– Rt ct Mx
	wheeze (↓)	– Monitor RR, SpO2, temp
		NB Snehe @ 11:35 PM

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	S/B Dr. Sneghan	
7:40 AM	DWALRI ERD	Plan
	Afebrile	– Neb c levolin 3rd h
		c Ipravent 6 h
	RR – 32/min	
	M – B/L AE (+)	– Monitor RR, SpO2
	B/L wheeze (+)	
		– Treat, Kepp. pa[illegible]
	Active	
		[signature]
21/6/26 9 30 Am	c/s/ by. Dr pritesh	
	WALRI ERD	flr – Nkg
	distress Improved	– d/s by Cons / Tm mmg
	RR – (N)	– ct NEB
	SpO2 = 98% RA	levolin 8 hly
		Ipravent
	vital stable	
		– stop Ipravent aft 4 doses.
	s/c B/L AE (+)	– (T) Adv Vin. Pravate Therapy.
	wheeze	– plan for Inhaler on f/u
		– Levolin Inhal – [SOS]

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

[signature]

noted by Sr. Sandhya 21/6/26 9 am

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

VIH-00191229 IP26-00006618
Master ARJUN VED (M)
17-04-2025 1 Y 2 M 3 D
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 1:45 pm	C/S/B Dr. Pranav / Dr. Najmeen	
	S'- WALRI c̄ RD	
	RD - Better	Plan
	Spasmodic Cough ⊕	1) Neb c̄ Levolin - Q4H
		Ipravent - to stop after 2pm
	Mild Tachypnea - RR - 36/min	
	SpO2 - 97%	2) Nasoclear drop
	O/E - child alert	
	R-S - B/LAE ⊕	3) Monitor Vitals
	Wheeze ⊕	
	P/A - Soft.	4) Trace Adenovirus.
		Pranav
		noted by sr. sandhya. 21/6/26 2:pm
21/6 6pm	C/S/B Dr. Pranav / Dr. Najmeen	
	WALRI c̄ RD	Plan
	RD - Better	1) Cont. Levolin - Q4H
	Activity Good	Nasoclear
	RR - 32/min SpO2 - 97%	2) Trace Adeno
		3) Monitor Vitals
	R-S - B/LAE ⊕, occ. wheeze ⊕	
	P/A Soft	Pranav

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 7am	S/B Dr. Nameen	Dr. Pravan
	WARI C RD	
	Fever spikes - Nil Cough - occasional RR - 26/m Chest - clear SpO_2 - 98% oral intake - fair.	Plan ① tt levolin Qu H ② tt nasoclean nasal drops ③ Monitor RR, SpO_2. ④ Plan for preventive therapy on D/c ⑤ D/c Today NB Sent c/11
22/06/2025 9am	S/B Dr. Pritesh Nagar	Pram
	WACRI C RD	
	no fever spikes cough - better. SpO_2 98% chest - clear B/L wheeze (+) milk RD Bronchospan Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	Plan ① tt levolin Qu H. ② Plan D/c today after afternoon assessment ③ Plan for preventive therapy on f/u. ④ ~~RV Dua~~. ⑤ Stat Mag sulphate ⑥ Methylprednisolone. P.B Around c/o Am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Dr. Archana .	
12:30pm	c/o WARI c distress	
	No fever spikes No increased work of breathing No fresh complaints .	
	O/E RR - 24/min SpO_2 - 99% @ RA	Plan - dischge today.
	S/E RS - AEBE, B/L clear .	

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nill ..... ☑ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. pranav .....

Date & Time : ..... 20/6/26 @ 5:30 pm .....

Nurse Name & Signature: ..... Bhangaui .....

Date & Time : ..... 20/6/26 @ .....

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: 20/6/26 Drug Allergies: Nil ☑ 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 narnes, 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 : CROCIN DROPS				Date / Time
Dose	Route	Frequency	Start Date	
1-5ml	Po	SOS	20/6	
Doctor's Signature		Valid Period	Pharm.	
Pharma				
Additional Instructions: 1ml = 100mg If T > 100°f				

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

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

VERIFIED BY Name

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 9·4 kg Ward. ....

DRUG : NEB c̄ LEVOLIN

Dose	Route	Frequency	Start Date
0·31mg	NEB	2nd hrly	20/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 0·31mg

Daily Doctor's Endorsement by a Sign

Date / Time: See the chart

DRUG : NEB c̄ IPRAVENT

Dose	Route	Frequency	Start Date
1/2 resp	NEB	6th hrly	20/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: Stop 21/6 See the chart

DRUG : Nasoclear nasal drop

Dose	Route	Frequency	Start Date
2°	B/N	Q4hly	20/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/6	21/6	22/6
6Am	X	✓	✓
10Am	X	✓	✓
2Pm	X	✓	
6Pm	X	✓	
10Pm	X	✓	
2Am	✓ 12AM	~	

DRUG : LEVOLIN NEB

Dose	Route	Frequency	Start Date
0·31mg	NEB	Qhrly	21/6.

Name & Signature of the Doctor Starting the Drugs: Al

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: See the charts

17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/6/24	9 40AM	Inj METHYLPREDNISOLONE	40mg	iv		Sandy Fernandes
22/6/24	10 AM	Inj MAGNESIUM SULPHATE	1ml + 9ml NS	IV over 20 mins		Amrutha Balaram
22/6/24	10 AM	Inj METHYLPREDNISOLONE	20mg	IV		Amrutha Balaram

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

VIH-00191229 IP26-00006618
Master ARJUN VED

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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RESULT SHEET

Date	20/6/26					
Time						
Hb	11.7					
PCV	32.4					
RBC	4.32					
WBC	9.83					
N/L	26.1/62.1					
Platelets	326					
CRP	9					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Hepatomeg- Negative (Ultrasound report)						
Adenovirus - awaited						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

AL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/5 Time:	8pm	10	2:30	6
Doctor / Nurse / Family Concern?		pm	Am	Am

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

97.3 | 98.6 | 98.6 | 98.6

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	128b/m	130bpm	129bpm	128bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	30b/m	32bpm	30bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	99%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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SCORE: CHILDREN'S UNIT

Date : 2/6

Time:	10am	2PM	6pm	10 pm	2 Am	6 Am
Doctor / Nurse / ~~Family~~ Concern?						
Temperature (F) (104–94)	97.3 f	98.3 f	97.3 f	98.2 f	97.9 f	98.1 f
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring						
Heart Rate (Number)	105 b/m	145 b/m	145 b/m	110 b/m	117 b/m	112 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	28 b/m	29 b/m	30 b/m	30 bm	30 bm	27 bm
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	99%	100%	97%	96%	99%
Conscious Level — Normal						
Conscious Level — Altered						
GCS *				14/15	14	
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

No. : RCHBH / FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6 Time: 10Am 1pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98-3t 97 3t

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 129b/m 130b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 24b/m 25b/m

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 98% 100%

Conscious Level: Normal / Altered

GCS *

TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials		

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

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Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

Patient S

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
20/6	08:00 pm	1					1				0	
	09:00 pm		Khichdi Milk							✓	0	
	10:00 pm	NO					0				0	
	11:00 pm	IVF			NA			NA			0	
	12:00 am						1			✓	0	Sr
	01:00 am	1									0	
Total Intake :		Taken				**Total Output :**					U-2 M-0	
21/6	02:00 am	1					1				0	
	03:00 am									—	0	
	04:00 am	NO					0				0	
	05:00 am	IVF			NA			NA			0	
	06:00 am						1			✓	0	
	07:00 am	1									0	Sr
Total Intake :		Taken				**Total Output :**					U-2 M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	U-4 M-0

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

VIH-00191229 IP26-00006618
Master ARJUN VED (M)
17-04-2025 1 Y 2 M 3 D
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6	08:00 am											
	09:00 am		milk									
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U- 2 M-						
21/6	02:00 pm											
	03:00 pm											
	04:00 pm		milk									
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake : Taken						**Total Output :** M- U-						
21/6	08:00 pm											
	09:00 pm		milk									
	10:00 pm											
	11:00 pm		A									
	12:00 am		milk									
	01:00 am											
Total Intake :						**Total Output :** U- M-						
22/6	02:00 am											
	03:00 am											
	04:00 am		milk									
	05:00 am		A milk									
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

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

FLUID CHART

Sheet No. : (3)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/6	08:00 am						✓					
	09:00 am									—		
	10:00 am	0	milk		NA			NA			0	
	11:00 am		1				✓					
	12:00 pm		1-1/2							—		
	01:00 pm											
Total Intake :		Taken				**Total Output :**		M-2			0.2	
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

MH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
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NURSING CARE RECORD

Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				ER			
Afternoon							
Night	8pm ho 8pm	Assess the pt condition monitor vitals sign maintain I/O chart provide the comfortable position medication given per os doctor order	8pm ho 8pm	Assessed the pt condition monitored vitals maintained I/O chart provided the comfortable position medication given as per order	→ pt is stable → vitals normal	→ monitor vitals → maintain I/O chart	[signature]

Patient Sticker

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NURSING CARE RECORD

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Date: 21/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am ↓ 2PM	→ Assess the patient general condition → levolin 3rd daily → Budesonil 6th daily → monitor vitals	8am ↓ 2PM	→ Assessed the patient general condition → monitor vitals → maintained I/o	Patient is stable.	Rechecked vitals	
Afternoon	2pm | 3pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/o chart maintained	2pm | 3pm	→ Assessed the pt condition → Administrations & medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	
Night	8pm to 8Am	Assess the Pt condition monitor vitals maintain I/o chart. Provide the comfortable position. medication give as per as doctor order.	8pm to 8Am	Assessed the Pt condition monitored vitals maintained I/o. Provided the comfortable position medication given as per as doctor order.	→ Pt is stable. → vitals normal	→ monitor vitals → maintain I/O Chart	

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BRADEN 'Q' SCALE

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					Date : 20/6	21/6	22/6	
					Time : N	E	N	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
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	
				TOTAL SCORE	27	27	27	
				Evaluator's Name				

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

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PAIN ASSESSMENT FORM

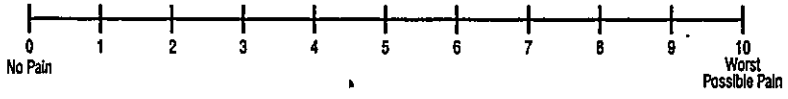
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6/26	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/6 DAY-1			21/6 DAY-2			22/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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T HAND OVER FORM

SITUATION	Diagnosis: LRTI			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	20/6 N1	21/6/26 MNG	21/6 E2	22/6 N1		
	Medical Condition (Any special condition to be noted):	LRTI	LRTI	LRTI	—		
	Diet:	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.3°F	98.2°F	98.2°F		
	Res:	30 b/m	20 b/m	30 b/m	30 b/m		
	SpO_2:	98%	99%	100%	99%		
	Pulse:	130	140 b/m	131 b/m	130 b/m		
	BP:	—	—	—	—		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
	Skin Integrity	—	—	—	—		
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—		—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Sm	Sandhya	Amruth	Sm		
Signature / ID :		[signature] 60/6051	[signature]	[signature]	[signature] 60/6051		
Date:		21/6	21/6/26	21/6	22/6		
Time:		8A	2pm	8pm	8A		
Taken Over By Name :		Sandhya	Amruth	Sm			
Signature / ID :		[signature]	[signature]	[signature] 60/6051			
Date:		21/6/26	21/6	21/6			
Time:		8a	2pm	8P			

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

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NURSING SHIFT HAND OVER FORM

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

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,t- 9.4kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Arjun ved. Age : 1y **Gender:** ☑ Male ☐ Female

Date : 20/6/26 Time of Arrival : 4:30pm

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 132b/m BP: ..... RR: 54b/m SpO_2: 94%.

Chief Complaints: C/O cold and cough since 2days, fast breathing since 1day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 20/6/26 @ 4:32pm

VIH-00191229
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR
IP26-00006618

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/6/26 Time of arrival : 4:34pm

Chief Complaints: c/o. Cold, Cough since 2days. fast breath

Height : ..... Weight : 9.4kg ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☑ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

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

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

Time	Nursing Notes
4:36pm	Assess the pt condition monitore the vitals.

Samples collected by: ~~Pf~~ sugandha

Samples sent by : ~~Pf~~

Time:

Time: 5:30 pm

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: 132 b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: 24 b/m SPO2 at FiO2: 94%	Time of Shift - out: 6:30pm
GCS: ..... Temperature : 98°F	Handover given to: Amrutha
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 : Bhargavi

Signature of the Nurse : B

Date & Time : 2016/26 @ 4:38pm

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PATIENT TRANSFER FORM

VIH-00191229 IP26-00006618
Master ARJUN VED
17-04-2025 1 Y 2 M 3 D (M)
Dr. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	20/6/26 @5:5pm	20/6/26 @ 6:30pm
Treating Consultant Name	Transfer Ordered by: Dr. pranav	Reason for Transfer: Admission
From Unit: ER	To Unit: ward	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 25/-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. pranav.

Patient & Clinical Records Received by : Amrutha @ 6.30 pm

Date & Time of Patient Received : 20/6/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00191229 IP26-00006618
Master ARJUN VED 1 Y 2 M 3 D (M)
17-04-2025
Dr. PRITESH NAGAR

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/4/26 Time: 10:30 am

Weight: 9.4 kg Centile: 5th

Height: ..... Centile: —

Inference: Underweight child

RDA: ..... Calories: 1200 kcal/day Protein: 20 gms/day.

Diet Recommendations: Soft high protein diet with dal liquids

Re-Assesment: No Junk, Oily, spicy food.

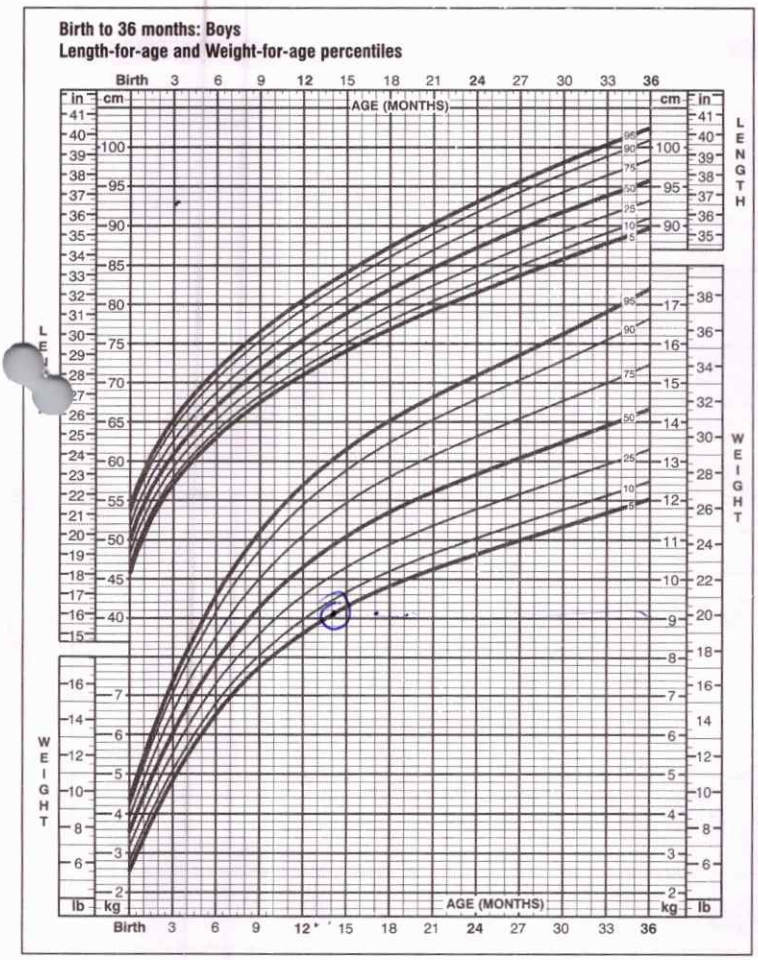
Food Allergies: Nil Veg/Non-veg Non Veg

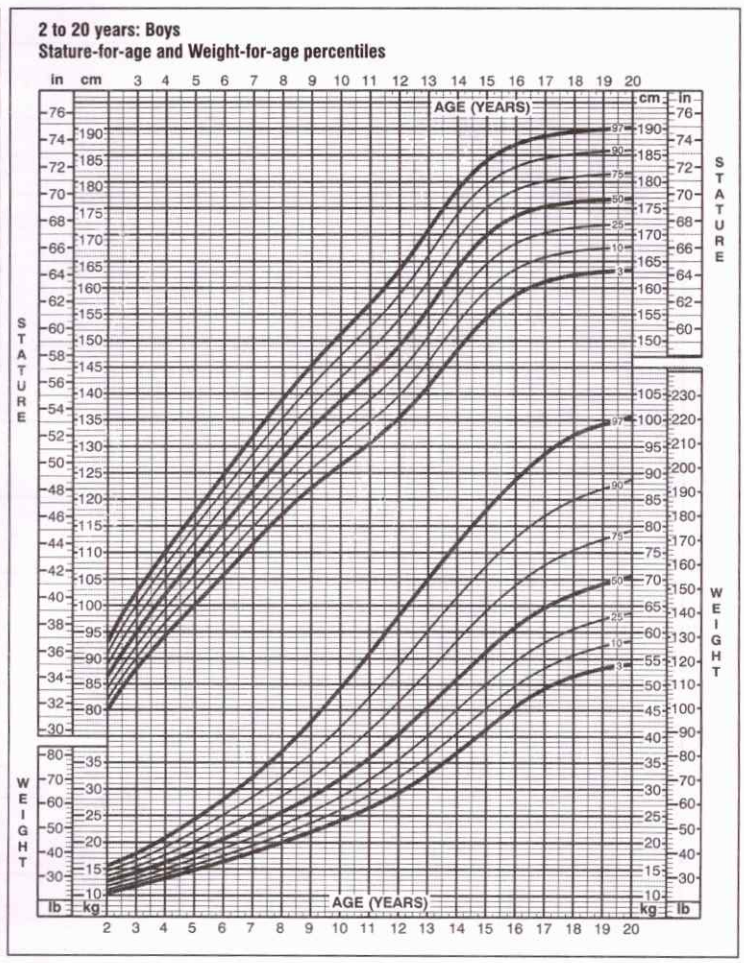
Diagnosis: WAL R I C RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

(P.T.O.)

Daily Notes: