

214  
D.C

### DISCHARGE SUMMARY

<b>Name</b>	Master AKKILI JAIVIN MAURYA REDDY	<b>UHID</b>	HNH-00004904
<b>Father/Guardian</b>	Mr A. NARENDRA KUMAR REDDY	<b>Age/Gender</b>	1 Y 7 M 24 D/ Male
<b>Address</b>	FLAT NO-552/6, RAILWAY OFFICE COLONY, S R Colony, Hyderabad, Telangana, INDIA, 500025		
<b>IP No</b>	IP26-00006488	<b>Admission Date</b>	03-06-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	06.06.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ADENOVIRAL ILLNESS WITH DEHYDRATION	

**History:** Master AKKILI JAIVIN MAURYA REDDY, 1 Y 7 M 24 D , old boy presented with history of fever since 2 days, dull activity and irritability since 2 days, reduced urine output since 1 day, snoring and refusal to feed since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

**Examination:** He was afebrile, maintaining saturations at room air. His heart rate was 161/min and Respiratory Rate - 30/min. Capillary Refill Time was <2

Name	Master AKKILI JAIVIN MAURYA REDDY	UHID	HNH-00004904
IP No	IP26-00006488	Admission Date	03-06-2026

secs. Peripheries were warm & pulses well felt. On examination signs of some dehydration were present such as dry lips, dry oral mucosa were present. 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, he 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: 8.1 kilo grams.

**Investigations:** Enclosed reports.

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

VBG showed pH of 7.41, pCO<sub>2</sub> of 29.6 mmHg, pO<sub>2</sub> of 39 mmHg, HCO<sub>3</sub> of 19.7 mmol/L and BE of -6.0 mmol/L.

Initial hemogram showed Hemoglobin of 11.4 gm%, White Blood Cell count of 13840 cells/cumm, platelet count of 3.03 lakhs/cumm and C-Reactive Protein of 27 mg/l.

Complete urine examination shows 6-8 pus cells, 5-6 epithelial cells, 8-10 RBCS 8-10. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Chest X-ray was normal.

**X-ray Nasopharynx**

Lobulated soft tissue along posterior nasopharyngeal wall causing moderate narrowing of the airway. Prevertebral soft tissues appear mildly prominent between C5 - C7.

<b>Name</b>	Master AKKILI JAIVIN MAURYA REDDY	<b>UHID</b>	HNH-00004904
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Cervical spine normal.

**Management:** He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of chest signs, she was frequently nebulised with 3% NS.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

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:**

Injection. Ceftriaxone  
Nasoclear mist nasal spray  
Metatop nasal spray  
Syrup. Levocetirizine

**Advice:**

\* Diet as advised.

Name	Master AKKILI JAIVIN MAURYA REDDY	UHID	HNH-00004904
IP No	IP26-00006488	Admission Date	03-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. CEFOPROX-100 (CEFPODOXIME - 5ml/100mg)	2 ml (mix with honey or sugar water)	8am - 8pm (after food)	to continue till follow-up
2	Syrup. levocetirizine	2.5 ml	10pm (after food)	For 3 days
3	Metatop nasal spray(1 puuf-50mcg)	1puff	twice daily	For 1 week
4	NEBULISATION with 3% NS	1 respule	6th hourly	For 3 days
5	Nasoclear mist nasal spray	2 sprays	6th hourly	for 3 days
6	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

### Fever Management

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 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. SINDHURA MUNUKUNTLA on (08.06.2026) Monday at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

### Food instructions while taking medications:

Name	Master AKKILI JAIVIN MAURYA REDDY	UHID	HNH-00004904
IP No	IP26-00006488	Admission Date	03-06-2026

\* **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 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 **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. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

HNH-00004904 IP26-00006488  
Master AKKILI JAIVIN MAURYA  
11-10-2024 1 Y 7 M 24 D (M)  
Dr. SINDHURA MUNUKUNTLA



3/1 NS-6H



# NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
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<u>5/6/26</u>	19.00			
	20.00	3/1 NS	(1)	<i>[Signature]</i>
	21.00			
	22.00			
	23.00			

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
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6/6/24	01.00			
	02.00	3/ NS	(2)	(Signature)
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	08.00	3/ NS	(3)	(Signature)
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**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006488      Admit Date : 03-Jun-2026      Admit Time : 08:27 PM      UHID : HNH-00004904

**Patient Details :**

Patient Name : Master AKKILI JAIVIN MAURYA REDDY      Age : 1 Y 7 M 23 D  
 Guardian : Mr A. NARENDRA KUMAR REDDY      DOB : 11-10-2024 01:44 PM  
 Gender : Male      Religion :  
 Occupation :      Martial Status :  
 Address (H) : FLAT NO-552/6, RAILWAY OFFICE COLONY-S R Colony Hyderabad Telangana INDIA 500025  
 Phone No : 8143219700/ 9494542657  
 E-mail : SANKEERTHANA.DEVARPALLI@GMAIL

**Admission Details :**

Bed Type : DAY CARE      Bed No : ER01      Ward Name : GF -EMERGENCY  
 Room No : ER01      Admission Type : First Visit

**Contact Details :**

Name : Mr A. NARENDRA KUMAR REDDY      Relationship : Father  
 Contact Address : FLAT NO-552/6, RAILWAY OFFICE COLONY S R Colony Hyderabad Telangana INDIA 500025  
 Phone No : 8143219700

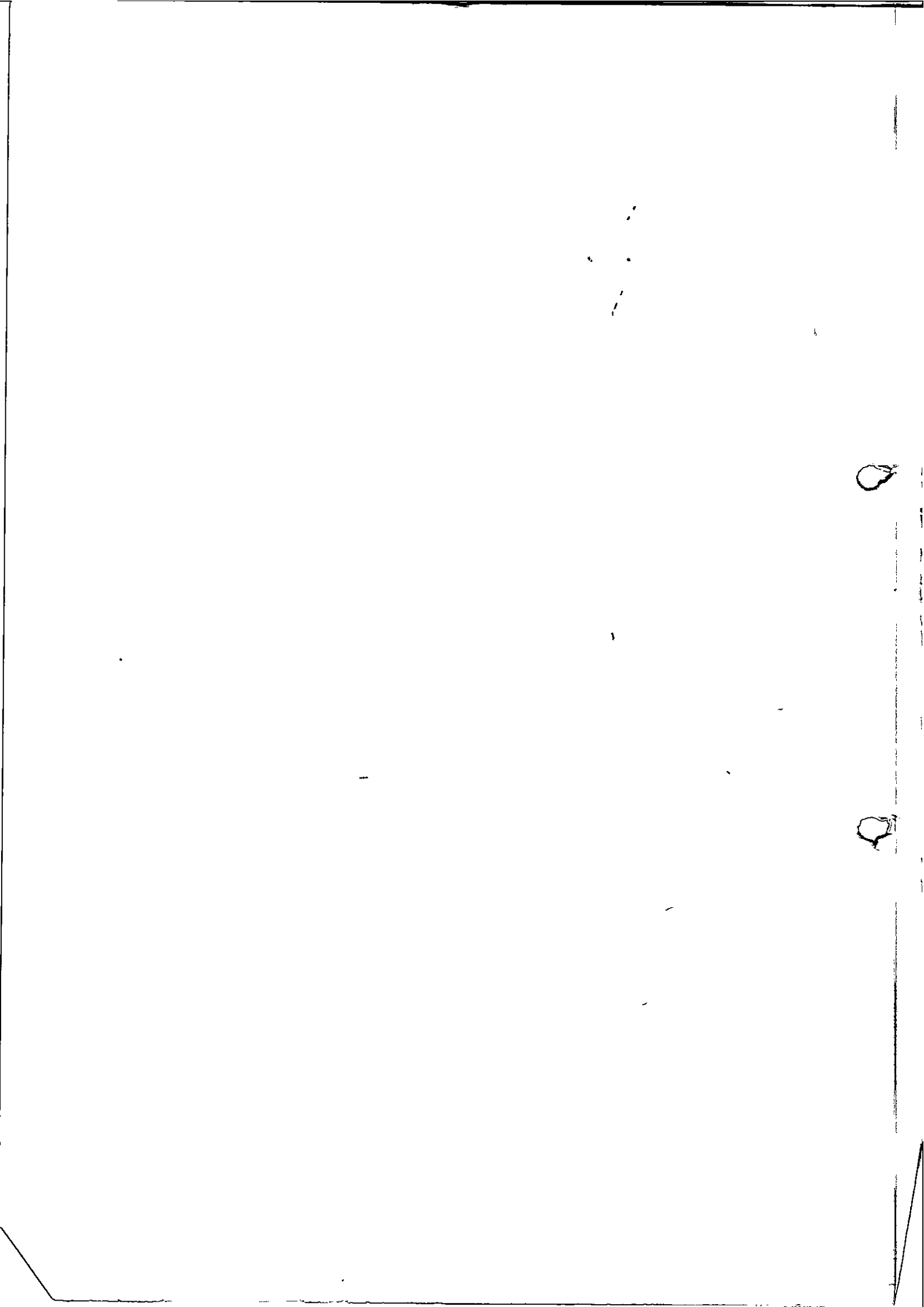
  
Signature

**Doctor Details :**

Doctor Name : Dr. SINDHURA MUNUKUNTLA      Specialisation : GENERAL PEDIATRICS  
 Referral Doctor : Self.      Phone No :  
 Co-Consultant :

**Payment Details :**


Payment Mode : Cash      Deposit Amount : 0.00  
 Payor Name : STATE BANK OF INDIA



**ACTIVITY RECORD FOR BILLING**

HNH-00004904 IP26-00006488  
Master AKKILI JAIVIN MAURYA  
11-10-2024 1 Y 7 M 23 D (M)  
Dr. BINDHURA MUNUKUNTLA

Name: -----

UHID N  ----- 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
<i>3/06/26</i>	<i>9PM</i>	<i>ER</i>	<i>2nd floor (214)</i>	<i>[Signature]</i>

**Cross Consultation Visit**

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

# INVESTIGATIONS

HNH-00004904 IP26-00006488  
 Master AKKILI JAVIN MAURYA  
 11-10-2024 1 Y 7 M 23 D (M)  
 Dr. BINDHURA MUNUKUNTLA



Date	Investigations	Order No.	Sign
	<del>CBP, CRP, Respiratory Panel,</del>	9280	
3/6/26	UBG	9281	[Signature]
3/6/26	Blood C/S	9287	[Signature]
4/6/26	CUE	<del>9289</del> 9300	[Signature]
4/6	X-ray nasopharynx	6703	[Signature]
4/6	X-ray chest	6703	[Signature]
4/6	Urine c/s	9318	[Signature]
<del>cross checked by uhl</del>			
5/6	Mycoplasma Igm	9359	[Signature]







**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

HNH-00004904 IP26-00006488  
Master AKKILI JAVIN MAURYA  
11-10-2024 1 Y 7 M 23 D (M)  
Dr. SINDHURA MUNUKUNTLA



Patient Name : Akkili Javin Maurya

Patient ID# : \_\_\_\_\_

Consultant : \_\_\_\_\_

Final Diagnosis : \_\_\_\_\_



Name : \_\_\_\_\_

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

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 2 days  
c/o Dull activity & irritability :: 2 days  
c/o Reduced urine output :: 1 day  
c/o refusal to feed :: 1 day

History of present illness :

child brought with

c/o Fever :: 2 days  
High grade - 103-104°F :: 2 days  
every 2-3 hours, not coming to  
baseline  
As = chills & rigor

c/o Dull activity & irritability :: 2 days  
c/o Reduced urine output :: 1 day  
c/o Refusal to feed :: 1 day  
c/o Snoring & noisy breathing :: 1 day  
No c/o cold / cough / vomiting / Loose



Pediatric Multiorgan History & Physical Examination

HNH-00004904 IP26-00006488  
Master AKKILI JAIVIN MAURYA  
11-10-2024 1 Y 7 M 23 D (M)  
Dr. SINDHURA MUNUKUNTLA



Anthropometry

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

Weight (kgs) 8.15 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 103°F Pulse Rate: 161/6 Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 98% at \_\_\_\_\_

Resp. rate and type of breathing : 30/4

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

**Respiratory system :**

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

Air entry & breath sounds : B/L A E ⊕

Any addes sounds : Crackles

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

**Cardiovasclular System :**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S1 S2 ⊕

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.,) \_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

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Dr. SINDHURA MUNUKUNTALA



**Central Nervous System :**

Level of Consciousness : AVPU/GCS Score : Dull & Irritable

Cranial Nerves : com

**Motor System :**

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

DTR

Superficials :

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic :**

AFI E Dehydration - D2

Pediatric Multiorgan History & Physical Examination

HNH-00004904 IP26-00006488  
Master AKKILI JAVIN MAURYA  
11-10-2024 1 Y 7 M 23 D (M)  
Dr. SINDHURA MUNUKUNTLA



Preventive aspects of the treatment :

Desired goals of the treatment :

H-D Stability

**Planned Labs :**

**Planned Management :**

- VBG
- CBP, CRP
- 5 Vials Respiratory Panel
- CVE (DVT)
- Collect & keep sample for blood clots

IVF - 2/3<sup>rd</sup> M - DNS

Syp Uocin  
Syp Spongicis - 25ml

Noted By Prabir

Ses ← CXR  
USG Abd } T/M  
Noted By Prabir

**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. Sindhura Munukuntla  
Consultant

Dr. Sindhura

Doctor's Signature Name \_\_\_\_\_ Date 3/6/26 Time \_\_\_\_\_

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6 8pm	c/w B A Inacov c/w W D Sindhan <u>API c Dehydration</u>	
	Fever - 103° F Irritability dull activity	Ph 1) IVF - 2/3ml (mg) 2) SOS - Crocin Ibuprofen
o/e	child irritabl Febrile R/S - B/L <del>not</del> Conducted sound	3) CBP, CRP, VBS S Vite, Panel CUE Collect & keep blood cts
	PIA Soft	
	Throat - (N)	4) Based on CUE - decid <del>use</del> ch CRP
	Could not check ears	decide th 5) Eucorax only 6) Monitor U.O & Vetal 7) Refer SOS
		<u>Amma</u>
		N/B. Supaiya 10pm @ 3/6/26

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
4/6 7pm	<p>ck/s Dr. Pranav / Dr. Thanni</p>	
	<p><u>Δ - AFI <math>\bar{c}</math> Dehydration</u></p>	
		<p><u>Plb</u></p>
	<p>- Fetus <math>\oplus</math> <math>\odot</math> Admissi</p>	<p>1) IVF - 2/3rd - 1/2m</p>
	<p><math>\rightarrow</math> 3Am - 10a 4<sup>o</sup> P</p>	<p>2) Trace Labs - Resp Panel Blood clt WE.</p>
	<p>- No other c/o</p>	<p>3) SOS <math>\bar{c}</math> Uric Epageri</p>
	<p>Vital Stable</p>	<p>4) In Ceftriaxone</p>
	<p>child alert.</p>	
	<p>R-S - B/LAR <math>\oplus</math></p>	<p>5) Monitor Vital</p>
	<p>PIA - Soft.</p>	<p>Monitor V.O</p>
		<p>Injoun SOS</p>
		<p><u>Pranav</u></p>
		<p>NB - Supriya</p>
		<p>8Am @ 4/6/26</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9:30am	<p>child re-sindhura</p> <p><u>AFI &amp; dehydration</u></p>	
	<p>- fever spikes (+)</p>	
	<p>- sneezing (+)</p>	
	<p><u>OLE</u></p>	
	<p>meals: stable</p>	<p>Plan</p>
	<p>SE:</p>	<p>1) trace blood clts</p>
	<p>RS: RDE (+)</p>	<p>adenovirus</p>
	<p>condensing sounds (+)</p>	<p>2) send urine clts</p>
		<p>3) ct. IVF - 1/2 main</p>
		<p>4) ct. ceftriaxone</p>
		<p>5) XRay nasopharynx now</p>
		<p>Chest XRay now</p>
		<p>6) Pert ct. as per Rx</p>
		<p>chest</p>
	<p>- Metaxep nasal spray</p>	<p>Noted by Divya 4/6/26</p>
		<p><i>[Signature]</i></p>

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	S/S: Dx Prob hdd.	
3:30 pm	Δ AFI = Dehydration	
	Uam. fever spike 102°F.	
	Snoing +	
	Oral intake - fair	ADP
	O/E Gc - fair	① Trace Blood c/s Urine c/s
	Pu BACT	② Trace adenovirus PCR.
	Conducting sound +	③ T/W fever spike
	<i>[Signature]</i>	④ CT IVF 1/2 M
		NIB Snd hdd 3:30 pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6	<u>C/S/B Dr. Sindhura</u>	
5:00pm	AFB & dehydration	
	fever spikes (+) oral intake = fair	<u>Plan</u>
	vitals - stable	Trace Bld's U/Cls Adenovirus PCR
	R/S - BIL AEP Conducted Swabs	Cont IVF 1/2 M w/ fever spikes
	PIA - soft, NT	Monitor vitals
		Cont Metabop Nasolev Nasal sprae
		NB Sndhu @ 5pm

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

*M. Sindhura*  
 09/10/24-21



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>5/6/26</del> 8 Am	<u>c/s/hy. Dr. Anush</u>	
	AFL $\bar{c}$ dehydration	
	free spik (+)	Adeoviral ill (+)
	Intake = fair	
	Hydration - Improved	
	Activity - fair.	<u>Plan</u>
	vital stable	✓ (T) Bleb w/cp
	<u>slc</u>	✓ ct ivf (1/2m)
	NAD	Meta-top
	Blk AG (+)	✓ ct other medics as per ch
	MVP (+)	✓ Monitor vitals.
	<u>AP</u>	✓ taper/stop ivf if tak.n.
		<u>Dr. Anush</u>
		N.B. Supriya
		8:21 am @ 5/6/26



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6	C/S 113 Dr. Sindhura	
9:00 AM	AF2. E dehydration Adenoviral illness	
	fever spikes (P)	Plan
	oral intake - improved vitals - stable	✓ send Mycoplasma IgM in same sample
	R/S - BIL AEP (P) B/C Conducted Soeds	✓ Cont IVF 1/2M
	pH - soft. NT	✓ Trace Bld's, u/d's
		✓ Cent Metatop Nasal Spray
		✓ Monitor vitals
		MB Sunanda

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

~~Minikere  
 Dhanu (M)~~

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA (M)  
 11-10-2024 1 Y 7 M 24 D  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6	CLUB Dr. Naipunya	
2:00pm	AFI = dehydration Adenoviral illness	
	No fever.	Plan
	Vitals - stable	Trace Mycoplasma IgM
	RLs - BIL AEP	Cent IVF. Ⓢ Blds, vld
	PLA - soft, NT	Cent Metatop need pres
		Monitor virus ivrt Sret @ent

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



**GRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/6/26	4516 Dr. Sindhura.	
6PM	<p>AFI &amp; dehydration.          Adenoviral illness.</p>	
	- Febrile → fever spikes ⊕.	
	- PE - vitals stable.	
	PE - LMC.	<p><u>Plan</u></p>
		- Take blood c/s,
		urine c/s.
		- Ct. Meticap nasal spray.
		- CE. IVF → STOP
		- Take myeloperoxidase
		start IgM.
		- 3% NS Q6H.
		- Encourage orally.
		- IVF at night after sleep. NB Ins

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

*[Handwritten signature]*  
 Dr. Sindhura Munukuntla

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA  
 11-10-2024 1 Y 7 M 26 D (M)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/26 7 AM	<p>adms re. exam</p> <p>Adenomaal aden</p>	
	<p>- few spikes : <u>Acute</u> overnight</p> <p>- no joint complaints</p>	
	<p>o/e</p>	
	<p>vitals stable</p>	
	<p>st -</p>	
	<p>rs : RPE (+)</p>	<p>Plan</p>
	<p>uae</p>	<p>1) treat bleed ds</p>
	<p>ms : SIS (+)</p>	<p>weine ds</p>
		<p>2) metaop spray / sos.</p>
		<p>3) ct. neb</p>
		<p>4) ct. ceftazone</p>
		<p>5) monitor vitals</p>
	<p><u>h</u></p>	
		<p>noted by S. Sandhya</p>
		<p>6/6/26</p>
		<p>Ⓜ</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06/26 8 AM	c/s/b Dr. Sindhura	
	Adenoviral illness few spikes Nil - No Nas do	B c/s - 24h sterile  Plan P/S.
0/E	vitals stable.	1) f/w on monday
0/E	P/A - wnt	2) metatop spray
		3) last dose IV CEFTRIAXONE ↓ change to oral.
	- hyp ceftioaxone - metatop BID x week - hyp LUAL HS - Na	4) monitor vitals R/L -

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

*Munukuntla*  
*Sindhura*





# DRUG CHART

Date of Admission: 3/06/26 Drug Allergies: N/A  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

### SOS / PRN (As Required Medication)

<b>DRUG :</b> <u>Syp CROCIN-DS</u>				<b>Date/Time</b> <u>3/6/26</u>
<b>Dose</b> <u>2-5ml</u>	<b>Route</b> <u>PO</u>	<b>Frequency</b> <u>SOS 8th hly</u>	<b>Start Date</b> <u>3/6</u>	<u>1:30 PM</u>
<b>Doctor's Signature</b> <u>Pram</u>		<b>Valid Period</b>	<b>Pharm.</b> <u>(Signature)</u>	<u>6:30 PM</u>
<b>Additional Instructions:</b> <u>If T &gt; 100°F</u>				<u>(Signature)</u>

<b>DRUG :</b> <u>Syp IBUVESTIC</u>				<b>Date/Time</b> <u>3/6/26</u>
<b>Dose</b> <u>2-5ml</u>	<b>Route</b> <u>PO</u>	<b>Frequency</b> <u>SOS 8th hly</u>	<b>Start Date</b> <u>3/6</u>	<u>11:30 AM</u>
<b>Doctor's Signature</b> <u>Pram</u>		<b>Valid Period</b>	<b>Pharm.</b> <u>(Signature)</u>	<u>6:45 PM</u>
<b>Additional Instructions:</b> <u>If T &gt; 102°F</u>				<u>(Signature)</u>

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

Verified by: Dr. Dhakshayani



REGULAR PRESCRIPTIONS

Weight. 8.1kg Ward. ....

Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani

<b>DRUG :</b> NASOCLEAR <i>MIST NASAL SPRAY</i>				Date Time	3/6	4/6	5/6	6/6
Dose	Route	Frequency	Start Date	12pm	11:10 pm	✓	✓	✓
2 Puff	PN	6 <sup>th</sup> ly	3/6					
Name & Signature of the Doctor Starting the Drugs: <i>Pranav</i>				6pm				
Additional Instructions:				12pm				
Daily Doctor's Endorsement by a Sign				6pm				
<b>DRUG :</b> <i>Inj CEFTRIAXONE</i>				Date Time	4/6	5/6	6/6	
Dose	Route	Frequency	Start Date	12pm				
800mg	IV	OD	3/6					
Name & Signature of the Doctor Starting the Drugs: <i>Pranav</i>				6pm				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
<b>DRUG :</b> METATOP NASAL SPRAY				Date Time	4/6	5/6	6/6	
Dose	Route	Frequency	Start Date	10pm				
1 puff	Nasal	OD	04/06					
Name & Signature of the Doctor Starting the Drugs: <i>Sunandh</i>								
Additional Instructions: (1 puff in each nostril) (50mcg / 1 puff)								
Daily Doctor's Endorsement by a Sign								
<b>DRUG :</b> <i>Syp. levocetirizine</i>				Date Time	4/6	5/6	6/6	
Dose	Route	Frequency	Start Date	10pm				
2.5ml	PO	HS	4/6					
Name & Signature of the Doctor Starting the Drugs: <i>Devi (bedtime)</i>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. BINDHURA MUNUKUNTLA



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 8.1kg Ward .....

Verified by  
Dr. Dhakshayani

<b>DRUG :</b> Metatop Nasal Spray				Date/Time	5/6
Dose	Route	Frequency	Start Dt.		
1 puff	Nasal	BD	5/6	10am	9/10
Name & Signature of the Doctor Starting the Drugs:					
<i>Deep</i>					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG :</b> NEBE 3'INS				Date/Time	
Dose	Route	Frequency	Start Dt.		
5ml	neb	q-6h	5/6		
Name & Signature of the Doctor Starting the Drugs:					
<i>[Signature]</i>					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

see the chart

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

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

Signature  
Name

HNH-00004904 IP26-00006488  
 Master AKKILJ JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. BINDHURA MUNUKUNTLA



Sheet No: .....

### REGULAR PRESCRIPTIONS

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

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

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

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

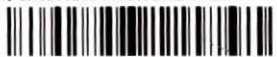
<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

VERIFIED BY Name Signature



I.V. FLUIDS CHART

Weight. 8.1 kg Ward. ....



		osition 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
3/6	8 pm	IVF - DNS (2/3 ml @)	IV	20	P	Q	4/6	P	Q
						R			R
4/6	8 am	IVF - DNS 1/2 @	IV	15	P	S			
						R			

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

HNH-00004904 IP26-00006488  
Master AKKULI JAIVIN MAURYA  
11-10-2024 1 Y 7 M 23 D (M)  
Dr. SINDHURA MUNUKUNTLA

214



# RESULT SHEET



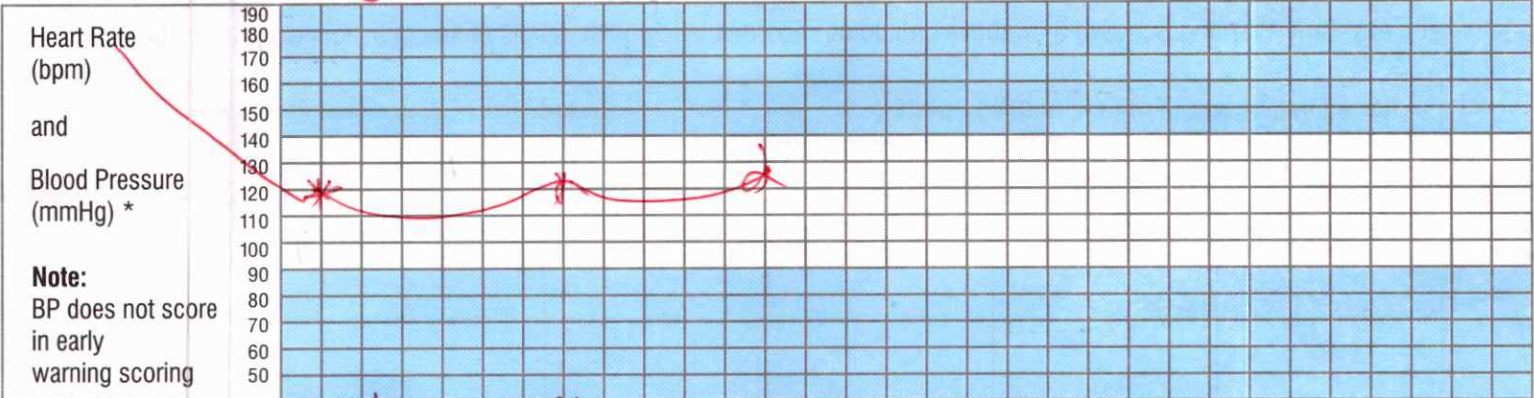
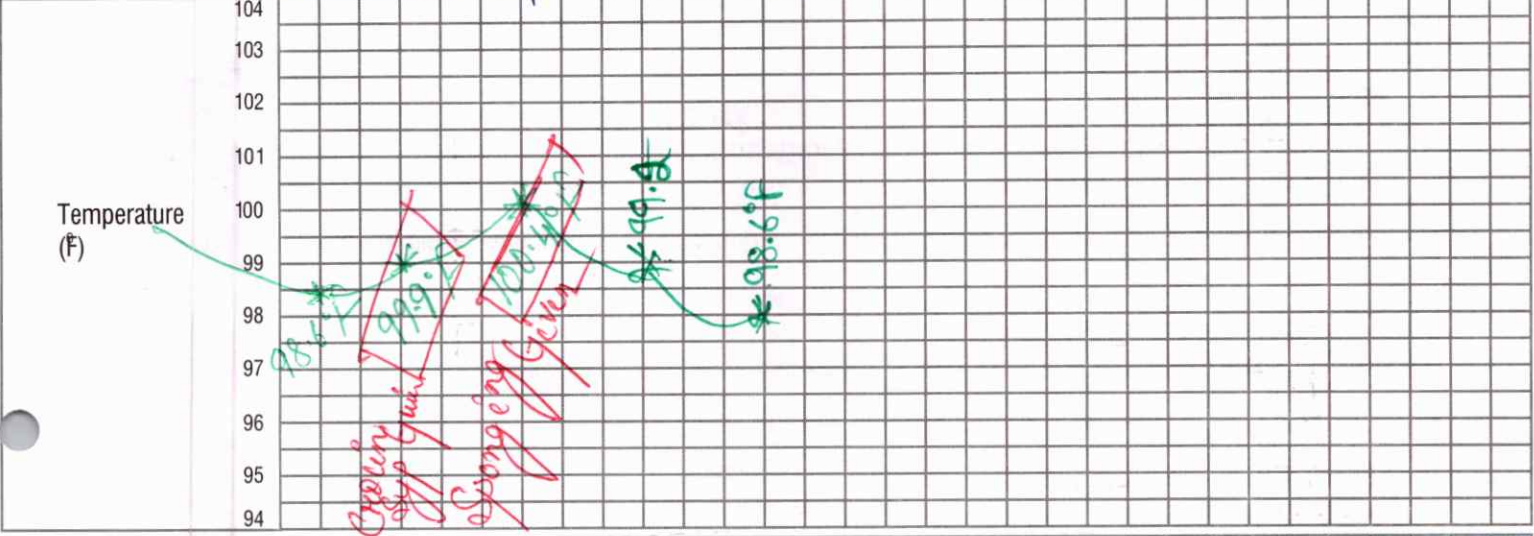
Date	3/6/26				
Time					
Hb	11.4				
PCV	32.1				
RBC	4.41				
WBC	13.84				
N/L	53.6/36.9				
Platelets	303				
CRP	27				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					



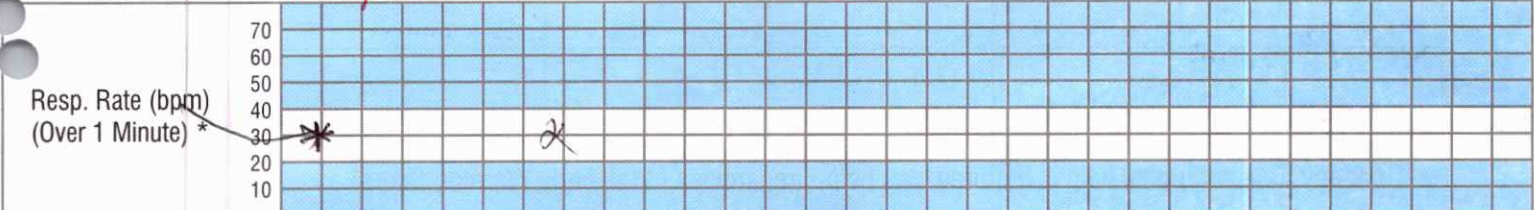
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 3/6/26 Time: 10 1:30 3 4 6

Doctor / Nurse / Family Concern? PM AM AM AM AM



Heart Rate (Number) 121b/m 124b/m 120b/m



Resp Rate (Number) 32b/m 33b/m 30b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 15/15 15/15 15/15

Conscious Level Normal / Altered

GCS \*

<b>TOTAL SCORE</b>			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	<u>SP</u>	<u>BP</u>	<u>OP</u>

<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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient S



LINICAL / 125

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 11/6/26	Time: 11:14 AM	2 PM	6:30 PM	8:30 PM	10 AM	10:40 PM	12:30 AM	2 AM	6 AM	6:32 AM
Doctor / Nurse / Family Concern?										
Temperature (F)	102.5	98.5	102.5	99.5	99.5	100.5	98.5	98.5	99.9	101.5
Heart Rate (bpm)	120	118	131	129	136					
Blood Pressure (mmHg)	120	120	120	120	120					
Resp. Rate (bpm)	20	20	30	30	30					
Receiving O <sub>2</sub> (l/min)	99%	98%	99%	100%	100%					
O <sub>2</sub> Saturations (%)	99%	98%	99%	100%	100%					
Conscious Level	Normal	Normal	Normal	Normal	Normal					
GCS *			15/5							
<b>TOTAL SCORE</b>	0	0	0	0	0					
Number of shaded boxes	0	0	0	0	0					
Pain Score	0	0	0	0	0					
Observer's Initials	AS	AS	AS	AS	AS					

- ACTIONS**
- 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
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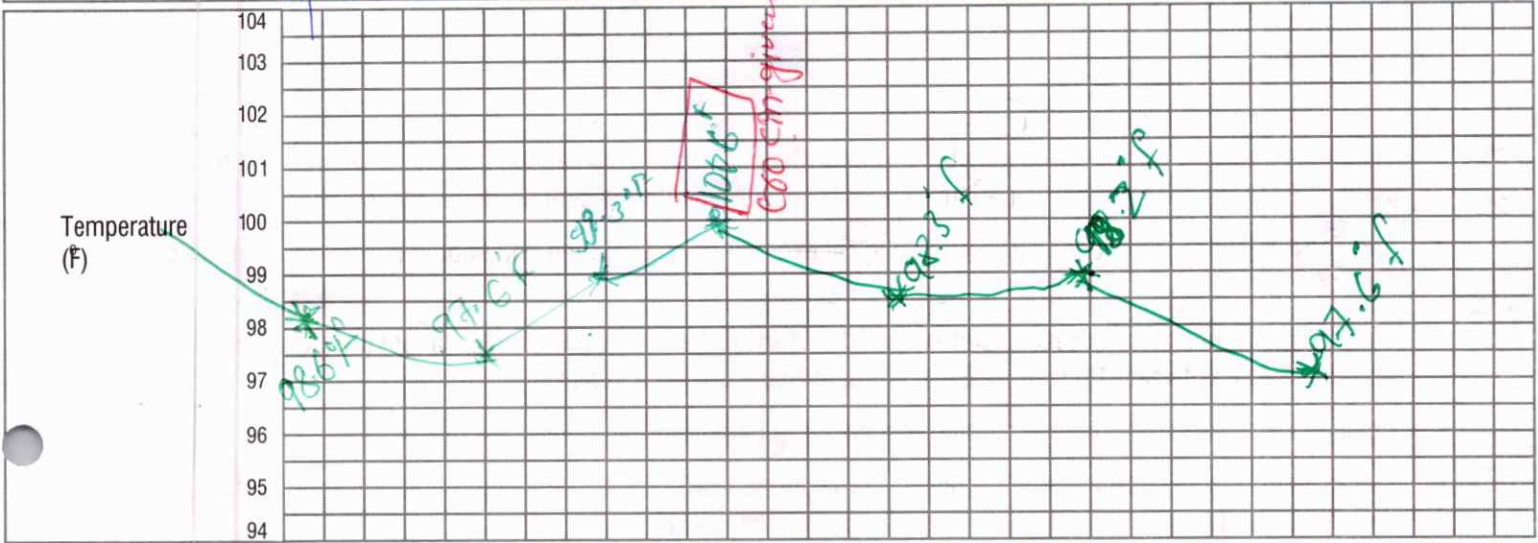
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B	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	<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.
R	<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)

Patient St



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 5/6/24	Time: 8:20 AM	10 AM	2 PM	6:05 PM	10 PM	12 AM	6 AM
Doctor / Nurse / Family Concern?							



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
and															
Blood Pressure (mmHg) *															
<b>Note:</b> BP does not score in early warning scoring															

Heart Rate (Number)		123b/m	90b/m	130b/m	135b/m	140b/m	130b/m
---------------------	--	--------	-------	--------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)		25b/m	25b/m	26b/m	26b/m	25b/m	26b/m

Resp Mod/ Severe Distress	None / Mild						
---------------------------	-------------	--	--	--	--	--	--

Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)						
		99%	99%	99%	99%	99%	99%

Conscious Level	Normal / Altered						
GCS *							

<b>TOTAL SCORE</b>							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		S	K	A	J	A	S

<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.
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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.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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<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. : .....

- 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	
			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>							
3/6/24	08:00 pm												
	09:00 pm												
	10:00 pm	↑	Rice	20ml									
	11:00 pm	DNS	+H <sub>2</sub> O	20ml									
	12:00 am	↓		20ml									
	01:00 am			20ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
4/6/24	02:00 am			20ml									
	03:00 am	↑		20ml									
	04:00 am	DNS		20ml									
	05:00 am			20ml									
	06:00 am	↓		20ml									
	07:00 am			20ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/6/26	08:00 am			→									
	09:00 am		↖	→									
	10:00 am	DNS	↖	→	↖								
	11:00 am		↖	→									
	12:00 pm			15ml									
	01:00 pm			15ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
4/6/26	02:00 pm			→									
	03:00 pm			15ml									
	04:00 pm	DNS		15ml									
	05:00 pm				↖								
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
4/6/26	08:00 pm			→									
	09:00 pm	↑	Idly										
	10:00 pm	DNS	↖	15ml		✓			✓				
	11:00 pm		↖	15ml									
	12:00 am	↓		15ml					✓				
	01:00 am												
<b>Total Intake :</b>						<b>Total Output : U-2 M-1</b>							
5/6/26	02:00 am			→									
	03:00 am	↑											
	04:00 am	DNS		15ml									
	05:00 am		↖	15ml					✓				
	06:00 am	↓		15ml									
	07:00 am			15ml									
<b>Total Intake :</b>						<b>Total Output : U- M-</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00004904 IP26-00006488  
 Master AKKIJ JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
5/6/28		↑	Mouth	I.V	N.G							
	08:00 am			15ml								
	09:00 am		Milk	-					✓			
	10:00 am	DNS		15ml		NA	NA					
	11:00 am		Milk	15ml								
	12:00 pm	↓										
01:00 pm	↓								100 ml			
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-1							
5/6/24	02:00 pm		Milk	15ml								
	03:00 pm											
	04:00 pm		Milk	15ml								
	05:00 pm	DNS		15ml		NA	NA					
	06:00 pm		Milk	15ml								
	07:00 pm	↓										
<b>Total Intake :</b>					<b>Total Output :</b> U-3 M-0							
5/6/26	08:00 pm		Milk	15ml								
	09:00 pm											
	10:00 pm		Milk	15ml								
	11:00 pm	DNS		15ml		NA	NA					
	12:00 am		Milk	15ml								
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-0							
6/6/26	02:00 am											
	03:00 am		Milk									
	04:00 am											
	05:00 am		Milk	15ml								
	06:00 am	DNS		15ml		NA	NA					
	07:00 am		Milk	15ml								
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-0							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00004904 IP26-00006488  
 Master AKKILI JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# 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 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>	
-----------------------------	--

HNH-00004904 IP26-00006488  
 Master: AKKULI JAVIN MAURYA  
 11-10-2024 1 Y 7 M 23 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# NURSING CARE RECORD



Date: 3/6/26

- 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							
Afternoon							
Night	9pm	→ To assess the pt. condition → To check the vitals & record	9pm	→ To assessed the pt. condition → To checked the vitals & recorded	→ Baby is stable → Contd IVF	→ Re-checked the vitals → I/O	Surya
	8am	→ To administer the medication as per drug chart → I/O chart maintain	8am	→ To administered the medication as per drug chart → I/O chart maintained	→ SOS USG abdomen → Chest X-ray T/M	→ CUE pending	

HNH-00004904 IP26-00006488  
 Master AKKILI JAVIN MAURYA  
 11-10-2024 1 Y 7 M 23 D (M)  
 Dr. BINDHURA MUNUKUNTLA

Patient Sticker

# NURSING CARE RECORD

Date: 11/16/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	<ul style="list-style-type: none"> <li>→ plan to send urine c/s.</li> <li>→ plan chest x-ray.</li> <li>→ plan to trace blood c/s.</li> <li>→ maintain I/O chart.</li> </ul>	8AM	<ul style="list-style-type: none"> <li>→ planned to send urine c/s.</li> <li>→ planned chest x-ray.</li> <li>→ planned to trace blood c/s.</li> <li>→ maintained I/O chart.</li> </ul>	Maintain I/O	Reassess pt send urine c/s	<i>[Signature]</i>
Afternoon	2pm	<ul style="list-style-type: none"> <li>- Assess the pt. condition</li> <li>- Monitor vital signs</li> <li>- Maintain I/O chart</li> <li>- Give medication as prescribed by doctor</li> </ul>	2pm	<ul style="list-style-type: none"> <li>- Assessed the pt. condition</li> <li>- Monitored vital signs</li> <li>- Maintained I/O chart</li> <li>- Given medication as prescribed by doctor</li> </ul>	Patient is stable now	Re-checked vitals	<i>[Signature]</i>
Night							

HNH-00004904 IP26-00006488  
 Master AKKILU JAIVIN MAURYA (M)  
 11-10-2024 1 Y 7 M 24 D  
 Dr. SINDHURA MUNUKUNTLA

# NURSING CARE RECORD



Date: 4/6/26

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

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am → Assess the pt condition → monitor vitals → maintain blood glucose → IV cannula present → pt on soft diet 2pm	8am	→ Assess the pt condition → monitor vitals recorded → maintained blood glucose → IV cannula present → only 15 ml hrs continue 2pm	→ pt is stable	→ rechecked vital	D
Afternoon	Day Duty					
Night	8pm → To assess the pt. condition → To check the vitals & record to → To administer the medication as per drug chart 8pm → I/O chart maintain	8pm	→ To assessed the pt. condition → To checked the vitals & recorded to → To administered the medication as per drug chart 8pm → I/O chart maintained	→ Patient is stable → Contd IV fluid → IV line is OK	→ Re-checked the vitals → I/O → Trace Blood C/S, Urine C/S	Supriya S

HNH-00004904 IP26-00006488  
 Master AKKIL JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA

Patient Sticker

# NURSING CARE RECORD



Date: 5/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	SG
Afternoon	2pm to 8pm	Assess the pt condition Monitor vitals & record Maintain I/O chart Provide the comfortable position Medication give as per as doctor ord.	2pm to 8pm	Assessed the pt condition monitored vitals & record Maintained I/O chart Provided the comfortable medication given as per as doctor	PT is stable vital's norm.	Monitor vitals Maintaining I/O chart.	SG
Night	8pm to 8am	Assess the patient general condition Monitor vitals maintain I/O 3% NS @ 6th hourly	8pm to 8am	Assessed the patient general condition Monitor vitals Administer medications as per doctor's orders	Patient is stable	Rechecked vitals	SG

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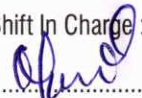



# CHECKLIST FOR THROMBOPHLEBITIS

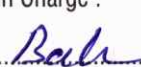

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 <sup>3/6</sup>			DAY-2 <sup>4/6</sup>			DAY-3 <sup>5/6</sup>			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site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

Signature of Ward In Charge :

Signature :  Name : 





## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6/26	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	
4/6/26	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	
4/6/26	10AM	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	
4/6/26	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	
4/6/26	6pm	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	
4/6/26	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 type="checkbox"/> Yes <input type="checkbox"/> No	NA	
5/6/26	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 type="checkbox"/> Yes <input type="checkbox"/> No	NA	
5/6/26	10am	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 type="checkbox"/> No	NA	
5/6/26	2pm	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 type="checkbox"/> No	NA	
5/6	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 type="checkbox"/> Yes <input type="checkbox"/> No	NA	

**Re-assessment Frequency:**

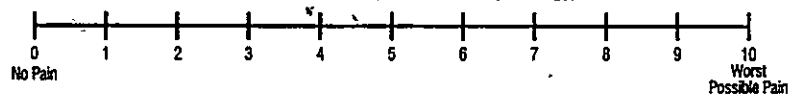
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain-relieving intervention.
  - d) Within 30 - 60 minutes after pain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





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AFI &amp; dehydration</b>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	3/6/26	4/6/26	4/6/26	5/6/26	5/6/26	
	Shift	N1	M6	E2	N1	M6	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	Soft	soft	Soft	Soft	soft	
	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	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	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	
	Vital Signs:	Temp:	98.4°F	97.8°F	98.1°F	98.1°F	98.3
		Res:	32b/m	30b/m	30b/m	22b/m	32b/m
		SpO <sub>2</sub> :	100%	99%	100%	99%	99%
		Pulse:	121b/m	110b/m	110b/m	113b/m	115b/m
		BP:	80/58	100/60	-	96/60	100/60
		LOC:	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-		
Pain Score:	0	0	-	0	0		
Skin Integrity:	Good	Good	-	Good	Good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<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	
	Special Diet:	Soft	-	-	Soft	soft	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<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	
	PU Prophylaxis:	<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	
	DVT Prophylaxis:	<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	
ADL (Dependent / Non Dependent):	-	-	-	-	-		
Post Operative Procedure Special Orders:	CVE Pending	-	-	-	-		
Handed Over By Name :	Supriya Dinya	Priyanka	Supriya Dinya	Supriya Dinya	Madhur		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	4/6/26	4/6/26	4/6/26	5/6/26	5/6/26		
Time:	8AM	2PM	8PM	8AM	2PM		
Taken Over By Name :	Priyanka	Supriya Dinya	Madhur	Madhur	Supriya Dinya		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	4/6/26	4/6/26	5/6/26	5/6/26	5/6/26		
Time:	2PM	8PM	8AM	8PM	8PM		

HNH-00004904 IP26-00006488  
 Master AKKIL JAIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. BINDHURA MUNUKUNTLA



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <i>AFI → dehydration</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:		Post OP Day:					
<b>BACKGROUND</b>	Date	<i>5/6</i>	<i>6/26</i>					
	Shift	<i>EL</i>	<i>NR</i>					
	Medical Condition (Any special condition to be noted):	<i>AFI</i>	<i>AFI</i>					
	Diet:	<i>-</i>	<i>-</i>					
<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<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:	<i>98.2°F</i>	<i>98.3°F</i>				
		Res:	<i>30b/m</i>	<i>32b/m</i>				
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>				
		Pulse:	<i>130</i>	<i>135b/m</i>				
		BP:	<i>-</i>	<i>-</i>				
		LOC:	<i>-</i>	<i>-</i>				
		Fall Risk Score:	<i>-</i>	<i>-</i>				
Pain Score:	<i>0</i>	<i>-</i>						
Skin Integrity	<i>-</i>	<i>-</i>						
<b>Recommendations</b>	Safety Needs:	<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	
	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:	<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	
	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	
	Critical Lab Test / Values:	<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:	<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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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		
ADL (Dependent / Non Dependent):	<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		
Post Operative Procedure Special Orders:		<i>-</i>	<i>-</i>					
Handed Over By Name :		<i>Gandhi</i>	<i>Sandhya</i>					
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>					
Date:		<i>5/6/26</i>	<i>6/6/26</i>					
Time:		<i>8pm</i>	<i>8am</i>					
Taken Over By Name :		<i>Sandhya</i>						
Signature / ID :		<i>[Signature]</i>						
Date:		<i>5/6/26</i>						
Time:		<i>8pm</i>						

wt - 8.15 kg



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. AKKILE JAIVIN. Age : Year Gender:  Male  Female

Date : 3/6/26 Time of Arrival : 7:50pm

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: 103°F PR: BP: RR: SpO<sub>2</sub>:

Chief Complaints: clo. fever for 5 days hegrade fever

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		<b>Work of Breathing</b> <input 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 checked="" 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.  
 \* 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:**
- 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 : Bhargava

Signature of Triage Nurse : (B)

Date & Time : 3/6/26 @ 7:52pm



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/26 Time of arrival : 7:54pm

Chief Complaints: no fever since 2 days high grade fever

Height : ..... Weight : 8.15kg 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 : 7:52 PM

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

Time	Nursing Notes
7:56pm	ASSESS the pt condition monitor the vitals

Samples collected by:

Time:

Samples sent by :

Time:

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3/6/26 8pm	Ibugesic Syp	oral	2.5ml	Dr. Prasad	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/min    BP: .....    CFT: 25°C RR: .....    SPO2 at FiO2: 98% GCS: 15/15    Temperature: 101°F Pain Score: 0 Repeat RBS (if applicable): .....	Shift - out from ER to: Wood Time of Shift - out: 9PM Handover given to: [Signature] (Nurse's Name)

Tick as applicable:  MLC     LAMA     BROUGHT DEAD

Procedures done with details (if any): .....

Name of the Nurse : Bhargava

Signature of the Nurse : [Signature]

Date & Time : 3/6/26 @ 7:58pm

HNH-00004904 IP26-00006488  
 Master AKKILI JAIVIN MAURYA  
 11-10-2024 1 Y 7 M 23 D (M)  
 Dr. SINDHURA MUNUKUNTLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: N/A  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: ICU Shifted to: 2nd Floor (214)

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. Pranav

Date & Time : 3/06/26 @

Nurse Name & Signature: Shivika

Date & Time : 3/06/26 @

HNH-00004904 IP26-00006485  
 Master AKKILU JAVIN MAURYA  
 11-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA

214



# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/6/26 Time: 10:10am

Weight: 8.1kg Centile: <5<sup>th</sup>

Height: Centile: -

Inference: Underweight child

RDA: - Calories: 1200 Kcal/day Protein: 20 gms/day

Diet Recommendations: Soft diet with liquids

Re-Assessment: Avoid spicy, Oily & Junk food

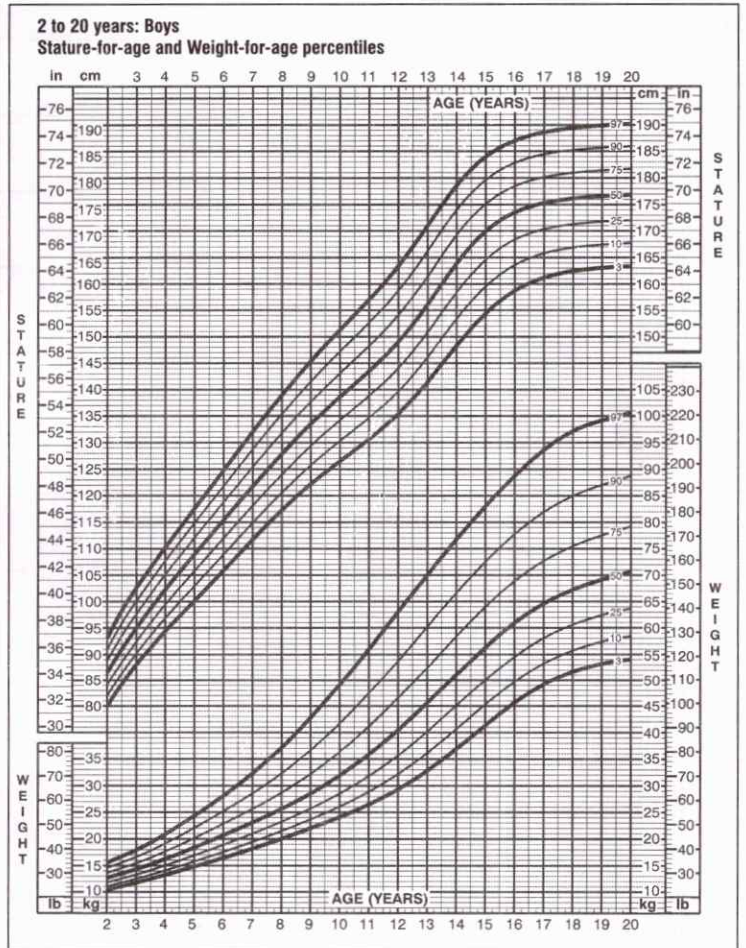
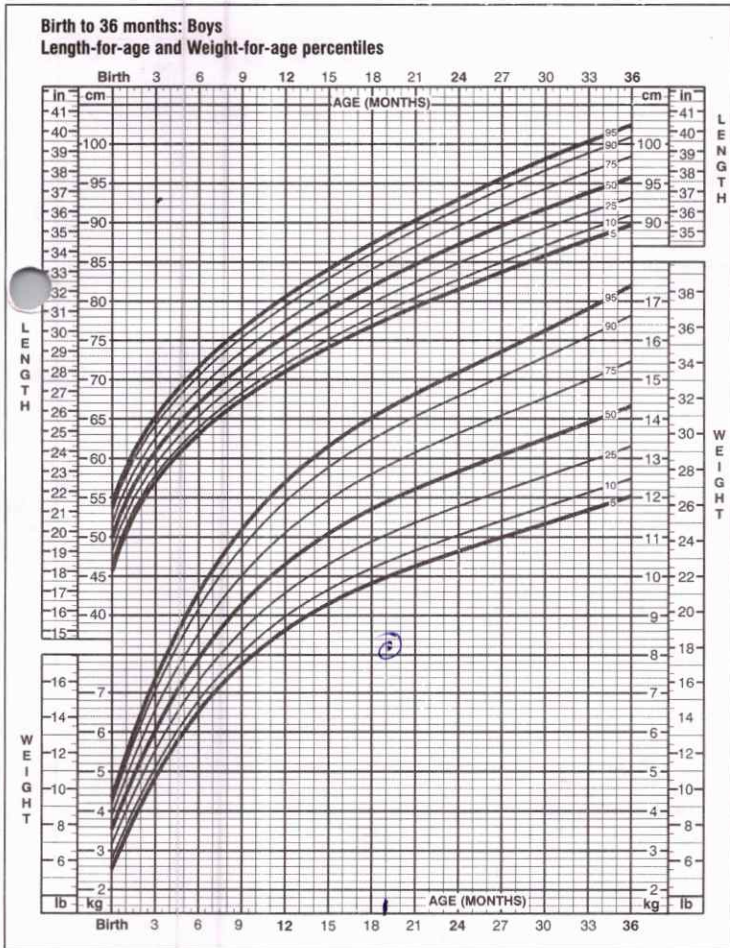
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: AFIc dehydration

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *Asy*

## GROWTH CHART (BOYS)




Dietician's Name: Syeda Sobiya Zaher

Dietician's Signature: *Sobiya*



# PATIENT TRANSFER FORM

Patient Name & UHID No. HNN-00004904 IP26-00006488 Master AKKILI JAVIN MAURYA 11-10-2024 1 Y 7 M 23 D (M) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 3/06/20 @	Date & Time of Transfer Order 3/06/20 @ 9:15pm
		Transfer Ordered by Dr. pranav	Reason for Transfer Admission
From Unit ER	To Unit 2nd floor (214)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 15-1-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" 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 shirisha		Name of Person Ordered Transfer Dr. pranav	
Patient & Clinical Records Received by : Supriya			
Date & Time of Patient Received : 9:20 pm @ 3/6/20			

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





MASTER AKKILE JATVIN MALIRYA 1Y 7M 24D M HNH 00004904 NASOPHARYNX 04 Jun 26 10:43 AM  
RAINBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR

STANBOW CHILDREN'S HOSPITAL  
STANBOW CHILDREN'S HOSPITAL RESULTS REPORT

B

At 15 Dehydration

MASTER AKKILU JAYIN MAURYA 1Y 7M 24D M HNH 00004904 CHEST AP 04 JUN 26 10:43 AM  
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR