

NH-00015969 IP26-00006580
 by KRITI JAGWANI 7 Y 0 M 11 D (F)
 5-06-2019
 r. SHRUTI SRIRAMPUR



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	26			
7	Nursing plan of care and handover sheets	26			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	29			

Signature and Date : 16/06/26
 Jackson (P.T.O)

DISCHARGE SUMMARY

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
Father/Guardian	Mr MANOJ KUMAR JAGWANI	Age/Gender	7 Y 0 M 9 D/ Female
Address	1-10-158, H.S.R SAI NILAYAM, ST.NO:8, FLAT NO:302, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006580	Admission Date	14-06-2026
Ref Doctor	Dr Shruthi		
Discharge Date	16.06.2026		

Consultant:

Dr. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736

Co-Consultant

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

DIAGNOSIS	ICD CODE
ADENOVIRUS ILLNESS	

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
IP No	IP26-00006580	Admission Date	14-06-2026

History: Baby KRITI JAGWANI , 7 Y 0 M 9 D , old girl presented with the history of fever since 6 days, eyelid swelling redness since 6 days, running nose since 4 days prior to admission. For the above complaints she was investigated and treated at nearby hospital. In view of persistence of symptoms, she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 100/min, Blood pressure - 100/60 mmHg and Respiratory Rate - 26 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination large eyelid swelling redness and sings of dehydration 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, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 22.8 kilo grams.

Investigations: Enclosed reports

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

ADENOVIRUS was **detected**.

VBG showed pH of 7.39, pCO2 of 39.5 mmHg, pO2 of 33 mmHg, HCO3 of 23.3 mmol/L and BE of -1.1 mmol/L.

Initial hemogram showed Hemoglobin of 10.2 gm%, White Blood Cell count of 4120 cells/cumm, platelet count of 2.59 lakhs/cumm and C-Reactive Protein of

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
IP No	IP26-00006580	Admission Date	14-06-2026

38 mg/l. Serum Creatinine was 0.5 mg/dl. Erythrocyte Sedimentation Rate (ESR) was 60 mm/hour. Blood culture and sensitivity shows no growth after 24 hours of incubation. Urine culture and sensitivity shows no growth after 24 hours of incubation. Liver function test showed total SBR of 0.3 mg/dl with indirect fraction of 0.2 mg/dl, SGOT - 63 U/L, SGPT - 28 U/L, ALP - 88 U/L, protein - 5.8 gm/dl, albumin - 3.3 gm/dl, globulin - 2.6 gm/dl, A/G ratio of 1.2. Widal were negative. Complete urine shows 4-6 pus cells, 3-5 epithelial cells.

● SCRUB TYPHUS IGM ANTIBODY was non reactive.

Ultrasound abdomen shows minimal ascites.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics.

In view of persistant fever, eye swelling and redness, relevent investigations were sent which showed increase in infective markers hence IV antibiotics were continued. Blood culture showed no growth after 24 hours, report awaited. urine culture showed no growth after 24 hours.

In view of fever with cold respiratory panel was sent in which adenovirus was detected.

● In view of left eyelid swelling, ophthalmologist opinion was advised but attenders were not willing. started on antibiotic eye drops, lubricant eye drops. gradually eyelid swelling subsided.

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
IP No	IP26-00006580	Admission Date	14-06-2026

room air.

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

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

Medication during hospital stay:

Injection. Ceftriaxone
Syrup. Azithral
Tobramycin eye drops
Nasivion P nasal drops
Nasoclear nasal drops
Moxifloxacin eye drops
Refresh eye drops

Advice:

* Diet as advised.

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
IP No	IP26-00006580	Admission Date	14-06-2026

S.N	MEDICATION	DOSE	TIMINGS	DURATION
1	Moxifloxacin eye drops	1 drop	four times daily	For 3 days.
2	Syrup. Cetrizine	5ml	once daily(night only)	For 3 days
3	Pro GG sachet	1 sachet (dilute in 10ml water)	twice daily	For 3 days
4	Nasoclear nasal drops	2 drops	thrice daily	For 3 days
5	Refresh eye drops	1 drop	thrice daily	For 3 days

PLAN: Review with final blood culture and sensitivity report.

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6.5 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. SHRUTI SRIRAMPUR on Friday(19.06.2026) at his clinic.

Food instructions while taking medications:

Name	Baby KRITI JAGWANI	UHID	HNH-00015969
IP No	IP26-00006580	Admission Date	14-06-2026

* **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 **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / 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. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736



ADMISSION SHEET



Registration Details :

Admission No : IP26-00006580 Admit Date : 14-Jun-2026 Admit Time : 01:20 PM UHID : HNH-00015969

Patient Details :

Patient Name : Baby KRITI JAGWANI Age : 7 Y 0 M 9 D
Guardian : Mr MANOJ KUMAR JAGWANI DOB : 05-06-2019
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 1-10-158, H.S.R SAI NILAYAM, ST.NO:8, FLAT NO:302 Ashok Nagar Hyderabad Telangana INDIA 500020 Phone No : 9966885519/
E-mail : manoj007143@gmail.com

Admission Details :

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

Contact Details :

Name : Mr MANOJ KUMAR JAGWANI Relationship : Father
Contact Address : 1-10-158, H.S.R SAI NILAYAM, ST.NO:8, FLAT NO:302 Ashok Nagar Hyderabad Telangana INDIA 500020 Phone No : 9966885519


Signature

Doctor Details :

Doctor Name : Dr. SHRUTI SRIRAMPUR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr Shruthi Phone No :
Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Deposit Amount : 10000.00
Payment Mode : DC/CC Card Payor Name : CARE HEALTH INSURANCE LIMITED

ACTIV HN-00015969 IP26-00006580 **NG**

Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)
Dr. SHRUTI SRIRAMPUR


Name:  -----

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

Date of Admission: 11/6/26 Time: ----- Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>11/6/26</u>	<u>3:30pm</u>	<u>ER</u>	<u>ward</u>	

Cross Consultation Visit

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

Ref.No. F/IN/PR/10




**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____
Patient ID# : _____
Consultant : _____

HNH-00015969 IP26-00006580
Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)
Dr. SHRUTI SRIRAMPUR



Final Diagnosis :

*Acute Febrile Illness & Dehydration
& ~~Dehydration~~ Left eye conjunctivitis
? Kawasaki ? viral pyrexia*

Pediatric Multiorgan History & Physical Examination

HNH-00015969 IP26-00006580
Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)
Dr. SHRUTI SRIRAMPUR



Name : Kriti Age/Sex _____

Informant Mother Reliability Reliable

Chief Presenting Complaints & Duration (Chronologically):

- c/o Fever x 6-7 days - c/o - eyelid swelling
- d/o running nose x 3-4 days Redness
x 5-6 days.

History of present illness :

Fever - High grade, continuous, subsiding on taking medication but recurs.
H/o travel +
H/o similar c/o in the sibling +
No Rash.

c/o B/L eye redness gradually progressed,
Ⓛ eye Swelling ↑ = (R) eye ↓ a/w
discharge occasionally.
a/w running nose = yesterday.

Rx H/o Rx = Azithral & Ceftriaxone

Pediatric Multiorgan History & Physical Examination

MNH-00015969 IP26-00006580
Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D
Dr. SHRUTI SRIRAMPUR (F)

Anthropometry

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

Weight (kgs) 22.8 (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 100/min Description regular

B.P. 100/60 mmHg SPO2 97% at RA

Resp. rate and type of breathing : 26/min

Rash NO → R/Eye- Redness L/Eye- large eyelid swelling

Lymphadenopathy NO d/s redness

Oedema : Eye swelling , No pedal edema. R hand swelling d/t prev trauma from outside

Respiratory system :

Inspection (any s/o distress) : N chest shape

Air entry & breath sounds : NUBSH, B/LAET signs of dehydration

Any addes sounds : No added sounds

Relevant data from outside (Chest X-Ray, ABG, etc.) nil O.C - B/L Grade 3 congestive +
Tense (lith)

Cardiovasclular System :

Inspection of procordium : N shape , No bulge NO R - cracked nasal d/s rhinorrhoea

Heart Sounds : S1S2 + apex beat L 5th ICS

Any murmur : No murmur

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

Per Abdomen :

Inspection Normal shape

Palpation : Soft, NT

Ausculation : Bst

Spine: N External Genitalia : ?

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

Pediatric Multiorgan History & Physical Examination

HNH-00015969 IP26-00006580
Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)
Dr. SHRUTI SRIRAMPUR



Central Nervous System :

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

Cranial Nerves : Intact

Motor System :

Nutrition : well

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

2+
NO meningeal signs

DTR

Superficials :

Plantars Bli flexor

Sensory System :

Intact

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

- Acute febrile illness - Rehydration
- ? viral pyrexia (? flu / adenovirus)
Bli conjunctivitis / ? Kawasaki
Bli Tonsillitis

Pediatric Multiorgan History & Physical Examination

HNH-00015969 IP26-00006580
Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)
Dr. SHRUTI SRIRAMPUR



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC CRP ESR VBG.
S0. Creatinine
LFT, CUE, UC/S - Due
Blood c/s
Chest X RAY PA
Resp 5 virus panel
2D Echo - Due
scrub Typhus IgM
Widal
VSG Abdomen - Due
Keep Extra Sample

Planned Management :

IV Fluids
IV Antibiotics
monitor vitals / urine output
~~noted by Shruthi~~

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on
whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/25 2pm	<p>18/3- Dr. Pashanti</p> <p><u>A- Acute Febrile illness</u> (! Adenovirus / Flu / Kawasaki)</p> <ul style="list-style-type: none"> - Fever > 5 days, intermittent - last spike - Morning - oral intake ↓ - U/O - last morning 	
0/E	<p>Left eye Swelling B/L eye conjunctivitis</p> <p>No pedal edema</p> <p>OC → B/L GR3 Tarsalitis</p> <p>R3 - clear</p> <p>r/A - No Megaloblastic</p> <p>US - SS, + No masses</p> <p>MS - WNL</p>	<p>- Blood c/s</p> <p>- UBC CBC CRP, ESR. Gr creat LFT, COE VC/S stool</p> <p>- 2D Echo / USG abd.</p> <p>- widal / scrub</p> <p>IVF IV ceftriaxone / Azithromycin monitor Urine of</p>





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	c/s/B - Dr. Prashanti	
6:20 PM	ACUTE Febrile illness	
	Δ - Adenoviral illness / ? Kawasaki 9 Flu	USG Abd ↳ minimal ascites
	B/L conjunctivitis / Tonsillitis	<u>PLAN:</u>
	Fever - No spikes	
	Urine - 4ml	
	oral intake -	
	o/e febrile - Temp 99.7F	Trace reports
	HR - 114/min BP 98/69 mmHg	F/up aural / scrub
	RR - 20/min SpO2 98% on RA	2 DEcho
	PP - well felt	get Abs asper chert
	CFT < 3sec	
	Snoring+	
	O.C - B/L gr3 Tonsillitis	MONITOR BP @ 4th hly
	Nose - crooked N/D+	MONITOR U.O
	Rx - conducted sands	add Nasivion
	CVS - S+S+, Normal	Nasoclear nasal drops
	PA - no organomegaly	NB
	CNS - wnl	6:20 PM
	left eye swelling	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	<u>C/S/B - Dr. Shreuti</u>	
8pm	A - Acute Febrile illness. 	
	? Adenoviral illness / ? Kawasaki B/L conjunctivitis / Tonsillitis Fever + colic	
<u>O/E</u>		<u>Plan</u>
vitals stable		- multiple causes of inflammation
BP		Explained ← microbial
CFT < 3sec		← non-microbial
No Meningeal signs		- ESR ↑↑
Ⓢ eye swelling ++		- ophthalmologist
rhinorrhoea		opinion
<u>Plan & E</u>		- Trace Resp panel
Rx - IVAS, FLAZ NO added sounds		- ct Abs as per chart
CVS - S ₁ S ₂ +, NO MURMUR		- monitor BPa hourly
CNS - wNL		widal/scrip ^{U/O}
P/A - soft		- QDEcho Hm
		Dnt.
		




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 7:00 AM	<p>cls/B no. naipunya / no. poashethi</p> <hr/> <p>AFI & dehydration</p> <p>BL Conjunctivitis, Tonsillitis</p> <p>Fever (F) - 101 F (8 PM)</p> <p>oral. intake - fair.</p> <p>Vitals - Stable.</p> <p>BP - 98/59 (91)</p> <p>U/O/P - Adequate.</p>	<p>Plan</p> <p>Cont Ceftriaxone Acitronycin</p> <p>Cont. IVF 1ml/kg</p> <p>Trace Blood Cts Resp panel Stool types IgM Widal.</p> <p>USG abdomen</p> <p>2D echo today</p> <p>Ophthalmologist opinion</p>
		<p>Deep</p> <p>P.B Amrutha 28 AM</p>




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 9:00 AM	<u>CLSB Dr. profesh</u>	
	AFB & dehydration BLK conjunctivitis, tonsillitis	
	Fever (+) Snoring (+)	<u>Plan</u>
	oral intake - fair.	- Stop Azithromycin
	Vitals - stable	- Cont Ceftriaxone
	R/S - BLAE pla - soft, NT	- Trace Blood Cls Scrub typhus IgM Widal.
	U/O/P - Adequate	= 2D echo today - Ophthalmologist opinion
	Lt eye - redness Swelling (+) Congestion (+)	- Cont IVF - Trace Adenovirus - Monitor vitals - Cont moxifloxacin drops
		- Check GRBS
		<p>Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184</p> 
		<p>noted by Dr. Sandhya 15/6/26 9:00 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	<u>S/B. Dr. shruti</u>	
10 AM	SAFI c dellydoster	
	B/c Conjunctivitis,	
	Tonsillitis	Adv
	Fever +	
	snoring +	→ CT Ceftriaxone
	O/+ Vitals	→ Trace Blood c/s
	Stable	Scrub typhus
	LE Redness +	Widened
	Cough non +	Adenovirus
	Pu B/c Conducted sound	→ 2D Echo today
		→ CT Moxifloxacin
		drop
		→ ophthalmologist
		open
		→ CT. NP

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/20 2:20 PM	<p>c/s/b Dr. Venur/Dr. Pravar. AFI / Atypical ICD.</p>	
	<p>- fever spike in the morning.</p>	
	<p>- Swinging A.</p>	
	<p>- oral intake - fair.</p>	
	<p>S/E - HR - 100/min. RR - 30/min. SpO2 - 100% @ RA. BP - 90/64 mmHg.</p>	<p>Plan - Ct. Ceftriaxone. - T20 blood ct, urinal, scrub typhus, adenovirus.</p>
	<p>S/B - MS - BAE (A).</p>	<p>- 20 ctho tomorrow - ophthalmologist opinion today.</p>
		<p>Monitor vitals. NB Suck @ 3PM</p>
		<p>↳</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 5pm	<p>CLIB D Pratesh S</p> <hr/> <p>AFI - D7</p> <p>? Atypical KD / ? Adenoviral illness</p> <hr/> <p>- Fever - ↓</p> <p>- ⊕ eye redness ⊕</p> <p>Oral intake - fair less</p> <p>Activity - improving</p> <p>Vitals - Stable</p> <p>Afebrile</p> <p>R-S - B/L A/E ⊕</p> <p>PIA - self</p> <p>No cervical LN</p> <p>⊕ eye - conjunctivae</p> <p>⊕ eye lid redness</p> <p>⊕ conjunctivae</p>	<p>Plan</p> <p>1) Ij Ceftriaxone</p> <p>2) NASIVION - I</p> <p>3) NASOCLEAR drop</p> <p>4) Refresh tear drop</p> <p>5) Moxicip eye drop</p> <p>6) Tetracycline - Adenovirus</p> <p>Scrub Typhus</p> <p>Blood c/s</p> <p>7) Ophthal - Hold (As per patient request)</p> <p>8) Echo - T / m</p> <p>9) Monitor Vitals</p> <p>10) Encourage orally</p> <p>MSB Sruha 05 PM</p>
	<p>Dr. P. S. Srivastava Consultant Pediatrician & Intensivist Reg. No: 47184</p>	<p>Consent Reg. No: 47184</p> <p><i>(Signature)</i></p>

MNH-00015969 IP26-00006580
 Baby KRITI JAGWANI
 05-06-2019 7 Y 0 M 10 D (F)
 Dr. SHRUTI SRIRAMPUR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	S/B Dr. Shreethi Δ Adenoviral Illness	Plan
9:45 PM		- CE CEFTRIAXONE
	CS - S ₄ S ₁₀ ⊕	CE NASIVION P drop
	R - BU - ACE ⊕	Nasoclear drop
	PLA - ok	Maxicid eye drop
	conscious	- Monitor vitals
		- Encourage orally
		- Trace Urine - C
16/6/26	S/B Dr. Shreethi	Plan
2:10 AM	Δ Adenoviral Illness	w.B Amoxicillin
	Afebrile	- CE CEFTRIAXONE
	CS - S ₄ S ₁₀ ⊕	CE NASIVION P
	R - BU - ACE ⊕	Nasoclear drop
	PLA - ok	Maxicid drop
	conscious	- Encourage orally
		- Trace Urine - C

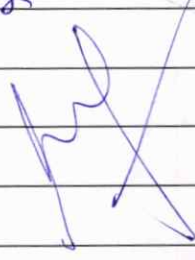
15/6/26
 w.B Amoxicillin
 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/26 9 AM	C/S 16 - Dr. Pritesh	
	Dr. Adhishwari Iltam	
	Afebrile	<u>Eye swelling</u> <u>Severe</u>
	(R) Eye swelling with erythema	
	O/E: Cx-fair Hemodynamically S1	<u>Afebrile</u>
	Eye check not done as father did not want	<u>Intake better</u> <u>urine ok</u>
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6 10:00am.	<p>CLLIS. Dr: shu etni</p> <hr/> <p>Adenoviral illness</p>	
	<p>Afebrile</p> <p>lt eye swelling & erythema</p> <p>Vitals - stable.</p> <p>R/S / N/A</p> <p>PIA / N/A</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Ceftriaxone (Stop) - Refresh eye drop - Cent maxiflox drops - Sup. cetirizine sml OD - (T) Urine C/S - PRO AQ drops - Cent Nasoclear ap.
	<p>- Discharge today</p>	<p>Nasoclear drops</p> <p>- Eye care only</p>
		<p>noted by sr. scalye 16/6/26 10:1a</p> 



DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: NP/1 Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : SUP. PARACETAMOL				Date/Time																	
Dose	Route	Frequency	Start Date																		
6.5ml	PO	SOS	14/6/26																		
Doctor's Signature		Valid Period	Pharm.																		
Dr. Dhakshayani			(a)																		
Additional Instructions: (240/5) CKOCIN DS																					

DRUG : SUP. IBUGESIC				Date/Time																	
Dose	Route	Frequency	Start Date																		
5ml	PO	SOS	14/6/26																		
Doctor's Signature		Valid Period	Pharm.																		
Dr. Dhakshayani			(a)																		
Additional Instructions: (100mg/5ml) IBUPROFEN																					

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

Dr. Dhakshayani
 Dr. Dhakshayani
 VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 22.82 kg Ward.

Verified by
 Dr. Dhakshayani

DRUG : <u>INJ. CEFTRIAXONE</u>				Date Time	<u>14/6</u>	<u>15/6</u>	<u>16/6</u>
Dose	Route	Frequency	Start Date				
<u>1g</u>	<u>IV</u>	<u>Q12H</u>	<u>14/6</u>	<u>5 AM</u>	<u>X</u>	<u>(Signature)</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prati. outside</u>							
Additional Instructions:				<u>5 PM</u>	<u>(Signature)</u>		
Daily Doctor's Endorsement by a Sign				<u>(Signature)</u>			

DRUG : <u>SYP. AZITHRAL</u>				Date Time	<u>14/6</u>		
Dose	Route	Frequency	Start Date				
<u>5.5ml</u>	<u>PO</u>	<u>OD</u>	<u>14/6</u>	<u>4 PM</u>	<u>(Signature)</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prati. outside</u>							
Additional Instructions: <u>(200mg/5ml) After food</u>							
Daily Doctor's Endorsement by a Sign							

DRUG : <u>TOBRAMYCIN Eye drops</u>				Date Time	<u>14/6</u>	<u>15/6</u>	
Dose	Route	Frequency	Start Date				
<u>1 drop</u>	<u>Both eyes</u>	<u>Q BD</u>	<u>14/6</u>	<u>6 AM</u>	<u>X</u>	<u>(Signature)</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prati. outside</u>							
Additional Instructions:				<u>6 PM</u>	<u>(Signature)</u>		
Daily Doctor's Endorsement by a Sign							

DRUG : <u>NASIVION-P Nasal drops</u>				Date Time	<u>14/6</u>	<u>15/6</u>	
Dose	Route	Frequency	Start Date				
<u>2°</u>	<u>Bilateral</u>	<u>BD</u>	<u>14/6</u>	<u>10 AM</u>	<u>X</u>	<u>(Signature)</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prati. outside</u>							
Additional Instructions: <u>Bil Nostrils 0.25 (COXOMETAZOLINE mg)</u>				<u>10 PM</u>	<u>(Signature)</u>		
Daily Doctor's Endorsement by a Sign				<u>(Signature)</u>			

Verified by
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight 22.2kg Ward

DRUG : NASOCLEAR N/D				Date	15/6	16/6															
				Time	12 AM	12 AM															
Dose	Route	Frequency	Start Dt.	9 AM	12 AM																
2 drops	B/L NOSTR	4thly	15/6	4 PM	6 AM																
Name & Signature of the Doctor Starting the Drugs:				8 AM																	
Dr. Prashanti				10 AM																	
Additional Instructions:				12 PM																	
Saline Nasal drops				2 PM																	
Daily Doctor's Endorsement by a Sign				4 PM																	
DRUG : Moxifloxacin eye drops				Date	15/6	16/6															
				Time	10 AM	10 AM															
Dose	Route	Frequency	Start Dt.	4 PM	10 PM																
1 drop	eye	3rd	15/6	4 PM	10 PM																
Name & Signature of the Doctor Starting the Drugs:				4 AM																	
Neel				4 AM																	
Additional Instructions:				4 AM																	
Daily Doctor's Endorsement by a Sign				4 AM																	
DRUG : Refresh eye drops				Date	15/6	16/6															
				Time	10 AM	10 AM															
Dose	Route	Frequency	Start Dt.	10 AM	10 PM																
1 drop	eye	3rd	15/6	10 AM	10 PM																
Name & Signature of the Doctor Starting the Drugs:				10 AM																	
Neel				4 PM																	
Additional Instructions:				7 PM																	
Daily Doctor's Endorsement by a Sign				10 PM																	
DRUG :				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
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward.....

Signature

Signature

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

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

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

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



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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						<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. Prashantha

Date & Time: 14/6/26 @ 11:30pm

Nurse Name & Signature: 1. Bhargavi

Date & Time: 14/6/26 @ 11:35pm

MNH-00015969 IP26-00006580
 Baby KRITI JAGWANI
 05-06-2019 7 Y O M 9 D (F)
 Dr. SHRUTI SRIRAMPUR



210

RESULT SHEET



Date	14/6/26				
Time					
Hb	10.2				
PCV	30.3				
RBC	4.05				
WBC	4.12				
N/L	98.2/48.2				
Platelets	259				
CRP	38				
ESR	60				
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.5				
ALP					
SGPT	28				
SGOT	63				
T.Bill/Conj	0.3/0.1				
T.Protein	5.8				
S.Albumin	3.3				
S.Globulin	2.6				
A/G Ratio	1.2				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

Date	14/6/26					
Time						
CUE-Alb						
CUE-Sugar	Nil					
CUE - Ketones	Present++					
CUE-PUS Cells	4-6					
CUE - RBC Cells	Nil					
CUE						
Epithelial cells	3-5					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Widal	-ve					
Scrub Typhus IgM	-ve					
Flu	-ve					
Adenovirus	+ve					

Culture and Sensitivities: 14/6/26 Blood C/S -> 24 hrs no growth
 14/6/26 Urine C/S ->

Radiology: USG :
 X-Ray:.....
 ECHO:
 CT:
 MRI
 Others (ECG, Contrast Studies etc.):

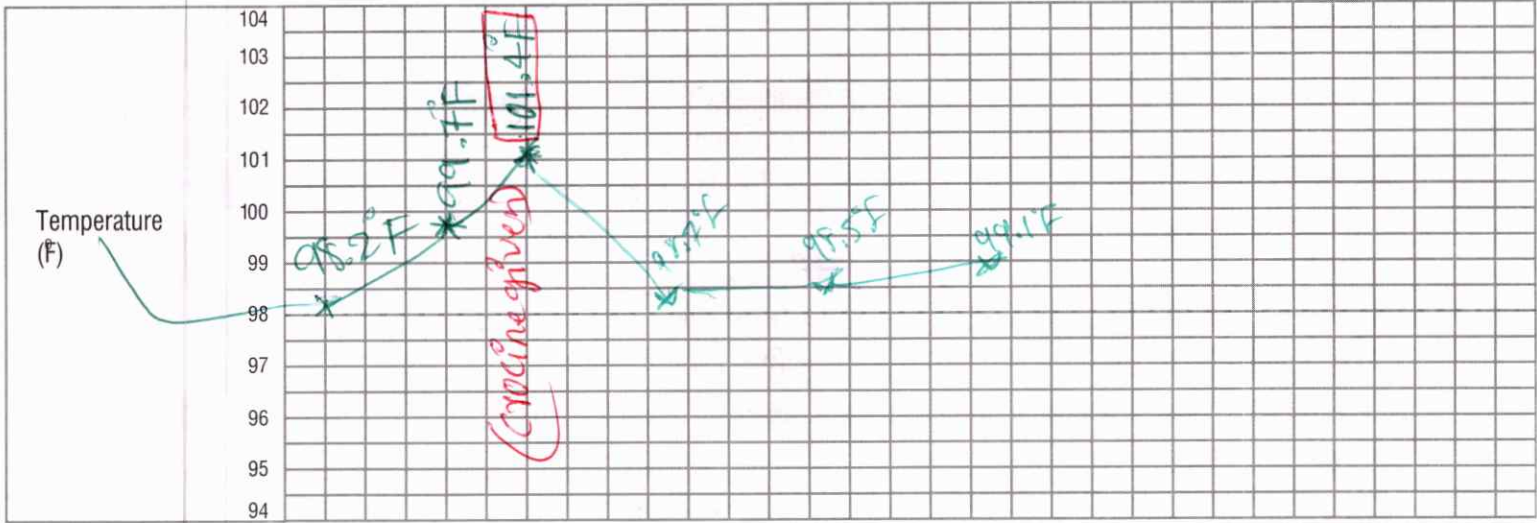
Patient Stic



CAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6/26 Time: 4pm 8:30 pm 8pm 10pm 2Am 6Am
 Doctor / Nurse / Family Concern? _____



Heart Rate (bpm)	190					
and	180					
Blood Pressure (mmHg) *	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
Heart Rate (Number)		99b/m	114b/m	108b/m	92b/m	99b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	2					
	1					
Resp Rate (Number)		22b/m	22b/m	23b/m	25b/m	22b/m

Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)		98%	99%	99%	99%	98%
Conscious Level	Normal					
	Altered					
GCS *		14/15	14/15			

TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	A	S	d	M	M	M

- 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
 - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

*S 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

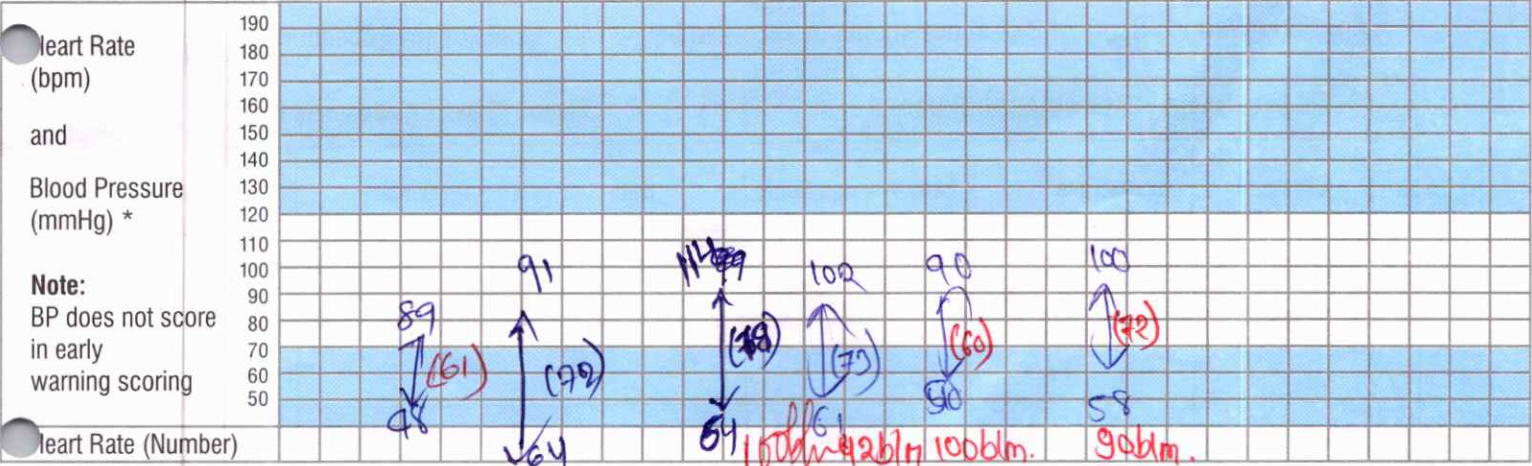
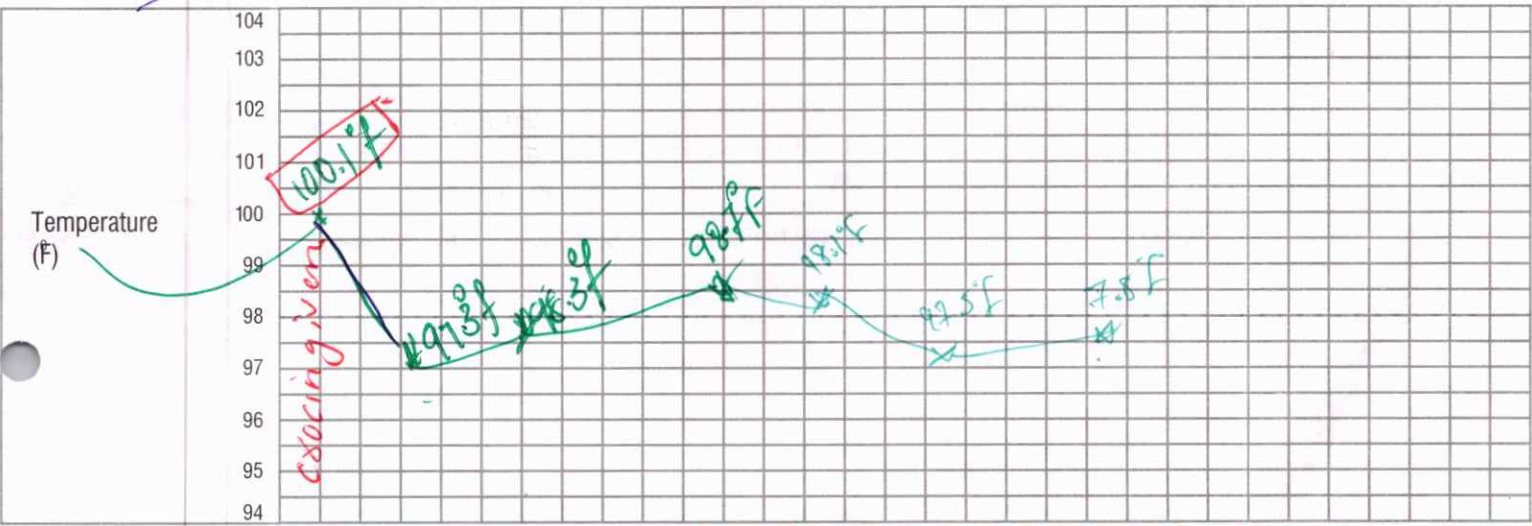
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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.

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)

WARNING SCORE: CHILDREN'S UNIT

Date : 15/6/26 Time: 8am 11AM 2pm 6pm 10pm 2AM 6AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	99%, 99%, 97%, 97%, 98%	
O ₂ Saturations (%)	99%, 99%, 97%, 97%, 98%	
Conscious Level	Normal / Altered	
GCS *	-	

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

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
	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.

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

1NH-00015969 IP26-00006580
 Baby KRITI JAGWANI
 05-06-2019 7 Y 0 M 9 D (F)
 Dr. SHRUTI SRIRAMPUR



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			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												
14/6	03:00 pm	PlasmaLyte	SOUP	20ml	NA						0	for Urine Sample	
	04:00 pm			20ml						0			
	05:00 pm		H ₂ O	20ml				0	✓ 40ml	0			
	06:00 pm			20ml						0			
	07:00 pm			20ml							0		
Total Intake :						Total Output :							
	08:00 pm												
14/6	09:00 pm	PlasmaLyte	H ₂ O	20ml	NA								
	10:00 pm			20ml									
	11:00 pm			20ml									
	12:00 am		10ly	20ml									
	01:00 am			20ml									
Total Intake : Taken						Total Output : U- m-							
	02:00 am												
15/6	03:00 am	PlasmaLyte		20ml	NA								
	04:00 am			20ml									
	05:00 am			20ml									
	06:00 am			20ml									
	07:00 am			20ml									
Total Intake : Taken						Total Output : m-0 0-2							

Total 24 hrs. Intake

Total 24 hrs. Output

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			
15/06/20	08:00 am			25ml									
	09:00 am		Jelly	25ml									
	10:00 am	Plasma Cycles	X	25ml									
	11:00 am		H2O	25ml									
	12:00 pm			25ml									
	01:00 pm			25ml									
Total Intake : Oral						Total Output : U. M-							
15/6	02:00 pm			25ml									
	03:00 pm			25ml									
	04:00 pm	Plasma + RBC	X	25ml									
	05:00 pm		H2O	23ml									
	06:00 pm			23ml									
	07:00 pm			23ml									
Total Intake :						Total Output : U - M -							
15/6/20	08:00 pm			25ml					250ml				
	09:00 pm			25ml									
	10:00 pm	Plasma	X	25ml					175ml				
	11:00 pm			25ml									
	12:00 am			25ml									
	01:00 am			25ml									
Total Intake :						Total Output :							
16/6/20	02:00 am			25ml					175ml				
	03:00 am			25ml									
	04:00 am			25ml									
	05:00 am	Plasma	X	25ml									
	06:00 am			25ml									
	07:00 am			25ml						175ml			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Date: 14/6/26

- 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				E.M			
Afternoon	2pm	Assess the pt condition.	2pm	Assessed the pt condition.	Pt is stable	Monitoring.	Sm
	4pm	Monitor vitals as per maintain I/O charts. Provide the comfortable position.	4pm	Monitored vitals as per maintained I/O charts. provided the comfortable position.			
	8pm	Medication given as per as doctor's	8pm	Medication given as per as doctor's	vital's norm.	Maintain I/O chart	Y
Night	8pm	→ Assess the pt condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8pm	→ Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable	→ Re-assessed the vitals.	(Signature)

INH-00015969 IP26-00006580

Baby KRITI JAGWANI
05-06-2019 7 Y 0 M 9 D (F)

Patient Dr. SHRUTI SRIRAMPUR



NURSING CARE RECORD



Date: 15/06/25

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 8pm	<ul style="list-style-type: none"> → Assess the baby condition → monitor vital & record → maintain I/O chart → Administer medication as per drug chart 	8am to 8pm	<ul style="list-style-type: none"> → checked the baby condition → monitored vital & record → maintained I/O chart → Administered medication as per drug chart 	→ Pt is stable	→ Rechecked vitals	
Afternoon		← N/A					
Night	8pm to 8am	<ul style="list-style-type: none"> → Assess the baby condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart. 	8pm to 8am	<ul style="list-style-type: none"> → Assessed the baby condition. → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart. 	→ pt is stable now.	→ Reassessed the vitals	

INH-00015969 IP26-00006580
 Baby KRITI JAGWANI
 05-06-2019 7 Y O M 9 D (F)
 Dr. SHRUTI SRIRAMPUR



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	14/6 DAY-1			15/6 DAY-2			16/6 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	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				[Signature]			[Signature]			[Signature]			

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]
 Signature : Name : [Signature]

Signature of Ward In Charge :
 Signature : Balarani Name : Balarani



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/6	3 Pm	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	Sw
14/6	8 pm	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	R
15/6	8 pm	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	R
15/6	2 pm	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	R
15/6	8 pm	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	Sw
16/6	8 AM	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	R
16/6	2 pm	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	Sw
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

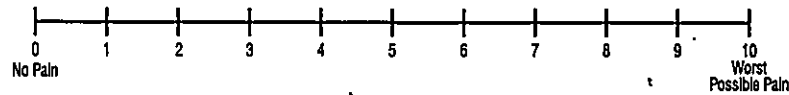
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

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
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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



'Q' SCALE

					Date :	14/6	10/6	15/6	18/6
					Time :	8:15	11	11:5	12:15
Sensory Perception	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.	9	5	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.	9	7	4	4
FRICITION-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.	9	9	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	9	9	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.	9	3	3	3	
TOTAL SCORE					15	25	20	20	
Evaluator's Name					DR	DR	DR	DR	

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

INH-00015969

IP26-00006580

Baby KRITI JAGWANI

15-06-2019

7 Y O M 9 D

(F)

Dr. SHRUTI SRIRAMPUR



BRADEN 'Q' SCALE



Date : 16/6
Time : 11:16

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			
"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.	4			
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			
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			
FRICION-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			
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			
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			
TOTAL SCORE					28			
Evaluator's Name					SR			

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	14/6	14/6	15/6	15/6	16/6		
	Shift	EL	N	M	N	M		
	Medical Condition (Any special condition to be noted):	-	-	-	-	-		
	Diet:	-	-	-	-	-		
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input 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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.2 F	98.1 C	98.5 F	98.1 C	98.0 C	
		Res:	22 bpm	20 bpm	20 bpm	20 bpm	20 bpm	
		SpO ₂ :	99%	99%	99%	98%	99%	
		Pulse:	100	100	100 bpm	100 bpm	100 bpm	
		BP:	102/62	103/65	98/50	99/61	102/52	
		LOC:	-	-	-	-	-	
	Fall Risk Score:	-	-	-	-	-		
Pain Score:	-	-	-	-	-			
Skin Integrity	-	Good	Good	Good	Good			
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-	-	-	-	-		
	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	<input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No		
ADL (Dependent / Non Dependent):	-	-	-	-	-			
Post Operative Procedure Special Orders:		-						
Handed Over By Name :		Sneha mahi Ajaykumar Anurtha Sandhya						
Signature / ID :		[Signatures]						
Date:		14/6 15/6/26 15/6/26 16/6/26 16/6/26						
Time:		8pm 8am 8pm 8am 2pm						
Taken Over By Name :		mahai Ajaykumar Anurtha Sandhya						
Signature / ID :		[Signatures]						
Date:		14/6/26 15/6/26 15/6/26 16/6/26						
Time:		8pm 8am 8pm 8am						



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
	Fall Risk Score:							
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:								



210

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 14/6/26 Time: 4pm

Weight: 22.82 kg Centile: 50th

Height: Centile:

Inference: well nourished child

RDA: Calories: 1500 kcal/d Protein: 26 gms/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled & outside foods

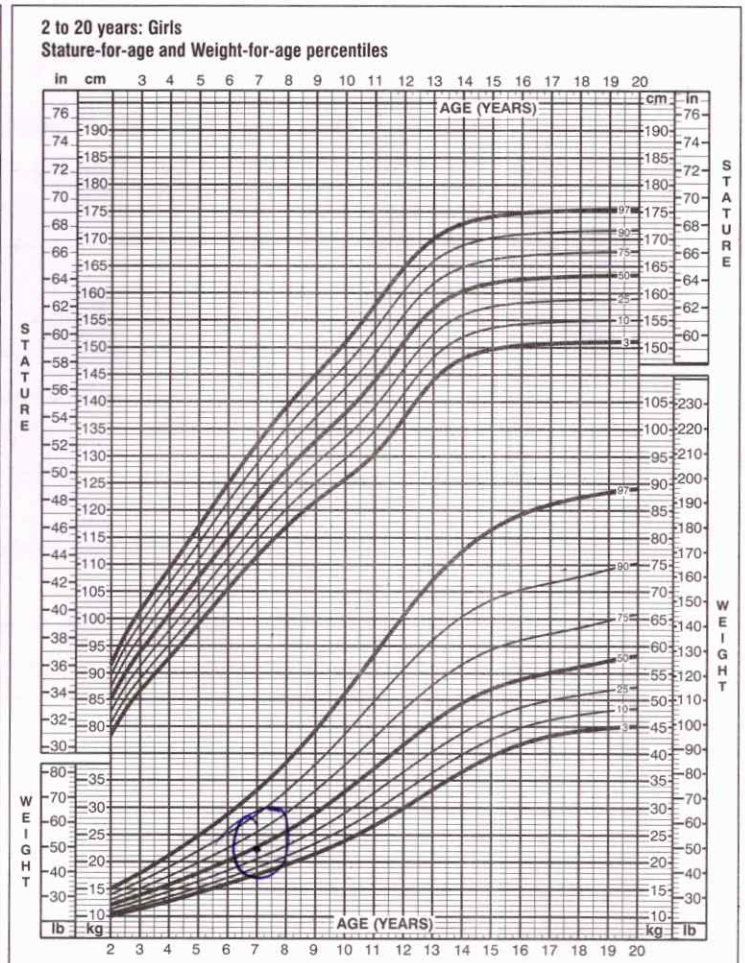
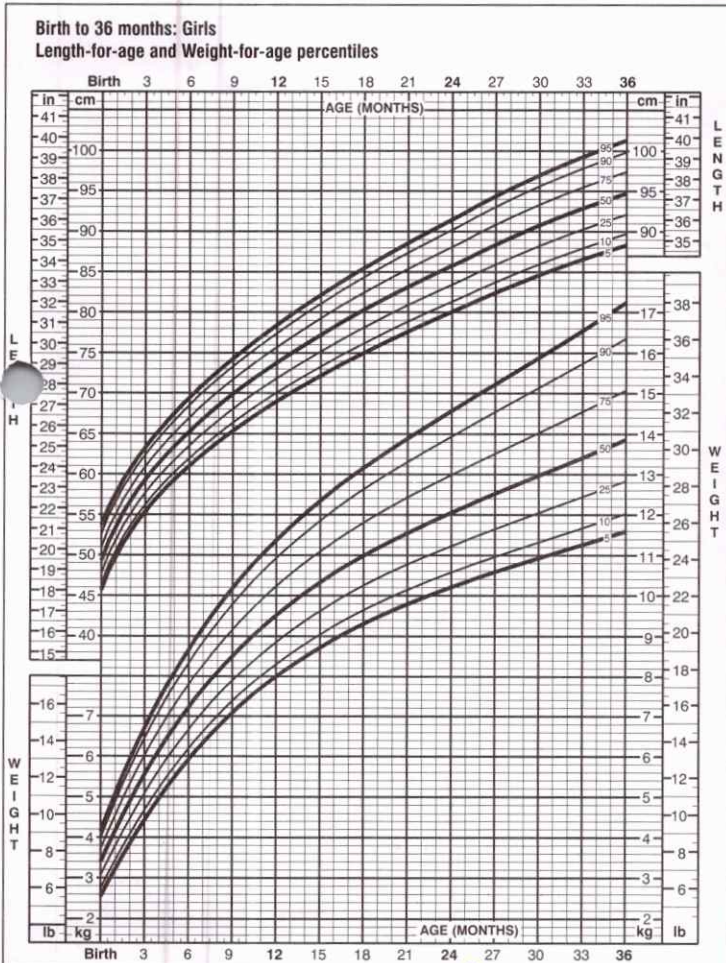
Food Allergies: NO Veg/Non-veg: egg

Diagnosis: AFI ± ? Babes (Adenovirus flv / Kawasaki)

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Sathwika

Dietician's Signature: [Signature]

wt - 22.82kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Kruti Jagwani Age : 7 Gender: Male Female

Date : 14/6/26 Time of Arrival : 12:30pm

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: 98.9°F PR: 119b/m BP: 103/64/76mmHg RR: SpO₂: 97%

Chief Complaints: cl. fever since 3 days, discharge from eyes

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

Signature of Parent / Guardian

Triage Completion Time :

* CTAS - Canadian Triage and Acuity Scale

Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

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

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

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

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

Name of Triage Nurse : Shargani

Signature of Triage Nurse :

Date & Time : 14/6/26 @ 12:32pm

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/6/26 Time of arrival : 12:34 pm
 Chief Complaints : clo. fever since 3 days RBS:
 Height : Weight : 22.82 kg BMI : 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
 tick below fall risk intervention directly
 If Patient is > 6 years
 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 Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
12:36pm	Assess the pt condition monitor the vitals

Samples collected by: /
 Samples sent by: *Jyoti*

Time: /
 Time: *gim*

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: <i>116b/m</i> BP: <i>103/64/76mmHg</i> CFT: RR: SPO ₂ : <i>97%</i> GCS: Temperature: <i>98.9°F</i> Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: <i>ward</i> Time of Shift - out: <i>3:30pm</i> Handover given to: <i>Car</i> (Nurse's Name)

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 : *(Signature)*

Date & Time : *14/6/26 @ 12:38pm*

PATIENT TRANSFER FORM

- HNH-00015969 IP26-00006580

Baby KRITI JAGWANI
05-06-2019 7 Y O M 9 D (F)
Dr. SHRUTI SRIRAMPUR



Date & Time of Admission <i>14/6/26 @ 1:20pm</i>		Date & Time of Transfer Order <i>14/6/26 @ 3:30pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. prashanthe</i>	Reason for Transfer <i>ADMISSION</i>
From Unit <i>ER</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25/-</i>	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Bhargava</i>	Name of Person Ordered Transfer <i>Dr - prashanthe.</i>
-------------------------------------------------------------------	------------------------------------------------------------

Patient & Clinical Records Received by : *Sru* *14/6/26 @ 3:30pm*

Date & Time of Patient Received :

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

- Unavailable Bed Nurse not Available Available Bed not ready