HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 8 D (F)
Dr. SINDHURA MUNUKUNTLA

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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	7 3			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
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	1			
20	Consent for HIV test				
21	Anaestesia 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	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
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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	35			

Signature and Date : 27/06/26
Jyoti (PRT.O)

307 d-C

DISCHARGE SUMMARY

Name	Baby Of SANA AHMED	**UHID**	HNH-00007479
Father/Guardian	Mr MOHD ABDUL GAFOOR	**Age/Gender**	1 Y 3 M 7 D/ Female
Address	23-1-644/8, Mughalpura, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006636	**Admission Date**	24-06-2026
Ref Doctor	Self.		
Discharge Date	27.06.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
CULTURE POSITIVE URINARY TRACT INFECTION (E COLI) WITH DEHYDRATION - FIRST EPISODE	

History: Baby Of SANA AHMED , 1 Y 3 M 7 D , old girl presented with the history of fever since 3 days, decreased oral intake since 2 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

OPD investigations: Done on 24.06.2026: Complete blood picture showed Hemoglobin - 8.6 gm%, White Blood Cells -24510 cell/cmm, Platelets - 5.65 lakh/cmm, C-Reactive Protein - 134 mg/L, Complete urine examination shows 15-20 pus cells, 8-10 epithelial cells, protein present +.

Examination: She was afebrile. Her heart rate was 137/min, Blood pressure - 97/58 mmHg and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present, dry lips, oral mucosa, delayed skin turgor, dry oral mucosa, sunken eyes. 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: 8.3 kilo grams.

Investigations: Enclosed reports

Initial hemogram showed Hemoglobin of 8.1 gm%, White Blood Cell count of 14570 cells/cumm, platelet count of 5.79 lakhs/cumm and C-Reactive Protein of 67 mg/l.

Complete urine examination shows 10-12 pus cells, 5-6 epithelial cells. . Blood culture was sterile.

Urine culture and sensitivity shows
Gross examination : Pale yellow in colour, turbid.
Gram stained smear - Shows polymorphs with gram negative bacilli.
Colony count: - $>10^5$cfu/ml
Culture : - **E. coli isolated.**
Susceptible to –
Amoxycillin-Clavulanic acid, Cefoxitin, Ticarcillin-Clavulanic Acid, Tazobactam-Piperacillin, Gentamicin, Amikacin, Tobramycin and Nitrofurantoin.

Ultrasound abdomen shows
* Mild left sided renal pelvic fullness.
* Internal echoes in urinary bladder, suggestive of cystitis.

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.

Investigation sent on OPD basis , showed high infective markers and significant pus cells in urine routine , hence started on IV antibiotics (Inj ceftriaxone and Inj amikacin) after sending urine and blood cultures .

Urine culture showed E COLI growth for which antibiotics adjusted (stopped inj ceftriaxone and Inj piptaz was added) according to sensitivity pattern .USG abdomen was done , suggestive of cystitis and repeat CBP , CRP was done showed improvement .

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

Name	Baby Of SANA AHMED	UHID	HNH-00007479
IP No	IP26-00006636	Admission Date	24-06-2026

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. Amikacin
Injection. Ceftriaxone
Injection. piptaz

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Injection. Amikacin	125 mg in 20cc NS over 30 mins	2pm	Till Monday 29.06.2026
2	Injection. Piptaz	dilute 800 mg in 20 cc NS over 1 hour	6am-2pm-10pm	Till Monday 29.06.2026
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: Total antibiotics planned for 14 days
If cannula out plan to change to oral Amoxyclav .
To start Syp Tonoferon (80mg/5ml) 3ml OD on follow up after stopping antibiotics .

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1.2 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 Tuesday (30.06.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Name	Baby Of SANA AHMED	UHID	HNH-00007479
IP No	IP26-00006636	Admission Date	24-06-2026

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

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

If any Intra Venous antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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 / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006636 **Admit Date** : 24-Jun-2026 **Admit Time** : 05:44 PM **UHID** : HNH-00007479

Patient Details :

Patient Name	: Baby Of SANA AHMED	**Age**	: 1 Y 3 M 6 D
Guardian	: Mr MOHD ABDUL GAFOOR	**DOB**	: 18-03-2025 12:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 23-1-644/8 Mughalpura Hyderabad Telangana INDIA 500002	**Phone No**	: 8106708602/
		E-mail	: MASPROHRB22@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 MOHD ABDUL GAFOOR **Relationship** : Father

Contact Address : 23-1-644/8 Mughalpura Hyderabad Telangana INDIA 500002 **Phone No** : 8106708602

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: --- HNH-00007479 IP26-00006636
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18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Date of Ac e : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	6:48 pm.	ER	ward	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	Blood CLS	10300	
	Urine CLS	100300	
25/6/26	USG Abdomen	7540	
26/6/26	CBP, CRP	0418	
27/6/26	CUE	10431.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6/26	Infusion Pump	7pm	26/6/26 @ 10am	7994	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26 6:30pm	NHA	(1)	7995	
	IV placement	(1)	7987	
26/6/26	IV placement	(1)	8534	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Bb Sana Ahmed.

Patient ID# : HNH-00007479 IP26-00006636
Baby Of SANA AHMED
16-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

(i) Fever since 3 days

ii) Decreased oral intake since 2 days

History of present illness :

Baby was apparently asymptomatic 3 days back after which she had fever which was initially low grade but later had high grade fever spikes responding to oral paracetamol

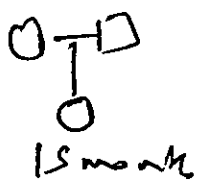
Baby has decreased oral intake since 2 days

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Late preterm / SGA / 2.5 kg / CIAT3



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Up-to-date - IAP schedule

Anthropometry

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

Weight (kgs)__8·3 kg__(Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2__96%__ at __RA.

Resp. rate and type of breathing : _____

dry lips

Rash__dry eye / mucosa ⊕

Lymphadenopathy __↓ skin turgor

Oedema : __Sunken eyes ⊕

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : __BIL-AE⊕

Any addes sounds : _____

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 __Flat⊕

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : C 5/6

Cranial Nerves : None

Motor System :

Nutrition : N

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars N

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Δ AFI ? dehydration

? UTI

Preventive aspects of the treatment :

IV Antibiotics

Desired goals of the treatment :

Afeb Subsidence

Planned Labs :

Blood C/S

Urine C/S - Catheter sample

USG Abdomen

1 Extra plain sample.

Planned Management :

- Inj. CEFTRIAXONE 800mg IV OD
- Inj AMIKACIN
- Drop. CROCIN 1.2ml oral SOS 6th hrly
- Syp. IBUGESIC [5ml/100mg] 2.5ml SOS 8th hrly
- IVF DNS @ 22ml/hr

Notes by Dr.

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 Dr Siddhu MD on whose name the patient is being referred

Doctor's Signature Name Dr. Siddhu Mooriganda Consultant Pediatrician Reg. No. 66970 Date 24/6/26 Time 7pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 6 pm	c/s/hy. Dr Anusha / Dr Sindhura	
	AFI ↓ dehydration	
	2UTI.	
	febrile (+)	Sign of dehydration (+)
	↓ oral Intal-	
	dull look (+).	
	vital stable	
		Plan
	S/G	— inj MERO
	R/S BL AE (+)	— Inj CEFTRIAXONE
	NVBS (+).	
		— Inj AMIKACIN
		— Oth symp MX
		ONDAN
		CROSIN
		— Monitor vital BP, U/o.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. sindhura	
24/6 6.00pm	AFB & dehydration ? UTI	
	Fever (+)	Plan
	Vitals - stable	- Cont IVF
	Oral intake - POOR	- Cont ceftriaxone Administration
	R/S - B/L AE	- USG Abdomen
	P/A - soft, NT	- T/M mng
		- monitor vitals
		NB-Motion @8:40PM
		Amikacin Meropenem

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anush / Dr Naipunya	
25/6/25 8 AM	AFI ↓ delydel ? UTI	
	fever spike - (+). hydration - Moderate Activity. - good.	
	vital stable.	Plan
	s/e	~~ct~~ IVfluid
	RS) B/L AE (+) NVBS (+)	Enhance orally.
		ct CEFTRIAXONE AMIKACIN.
	CVS) S1S2 (+) No murmur.	USG Abd - today
		Monitor vitals NB-Monitor @ 8:10AM.
	Af	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10:30AM	c/s/o Dr. Sindhura Δ- AGE c dehydration ?, UTI. fever spikes (+) Oral intake - fair. O/E - vitals stable. O/E - WNL. Urine output - (N) cs 2ml/kg/hr (last 12hrs). Genital exam. - (N).	Plan - @. IVF. - Trail blood c/s & urine c/s. - Monitor vitals. N/B Sup'm @ 10:30 Am M. Sindhura DNB(CHA-MD

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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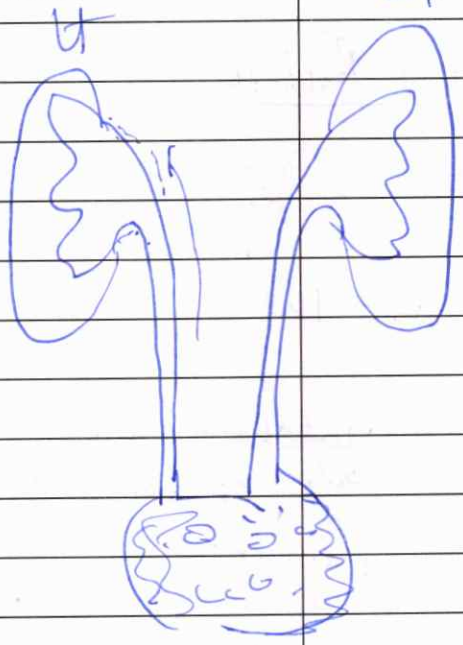
Date & Time	Progress Notes	Doctor's Order
		

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..ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 2pm	S/B. Dr Prabhath.	
	△ AGE ± Dehydration ? UTI.	
	Last fever 102.4° F : 12pm	
	Oral intake - fair.	
	1 episode of loose stool	Adv.
	Passing urine.	
	No fresh c/o.	(1) IVF DNS @ 2 M. 17 ml/hr
	O/E Vitals Stable.	(2.) CT. Ceftriaxone Amikacin
	PA soft.	(3.) Trace Urine c/s Blood c/s.
		(4) I/O Charting.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/25 2PM	c/o Dr. Sindhura D- A&E & dehydration 2, VRI - fever spikes ↓. - 1 c/o loose stool. O/E- vitals stable. S/E- WNL.	Plan ① Inj. Ceftriaxone, Amikacin. ② Trace blood/urine C/s. ③ I/o Charting ④ Add Pro GG drops. N/m/d/m/ NB Sunanda @ 2.30pm
	Informed Dr. Bikki will see child tomorrow.	

Dr. Sindhura Munukuntla
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	C/S/B - Dr. Ankit.	
J.20 yn	Δ - AGE cystitis	
	Fever + Loose stool +	Plan
	o/e Vitals Stable	✓ continue Ceftriaxone Amikacin D2
		✓ Force urine c/s blood c/s
		✓ continue IVF 1/2 NS @ 8 ml/hr
	s/e P/A - Soft	✓ continue Pro GG
		✓ WHO ORS for every loose stool
		✓ Repeat CBC/CRP next prick.
		Dr. D. Anitha MD
		NB Sunanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/25 8AM	S/B Dr. Sneghan △ UTI	Plan
	Fever Spikes ⓘ	IV CEFTRIAXONE AMIKACIN
	LVS - S, S, ⓘ M - BLE - AEC ⓘ	Trace Urine C/S
		Next prick CBP, CRP
	PIA - Sole Conscious	IV Fluids
	LB - Sup	N/B - Supriya 8:14AM @ 26/6/25

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Date & Time	Progress Notes	Doctor's Order
26/6/26 10AM.	c/s/by Dr. Sindhu	
	APL c dehydn	
	? UTI	
	- fever spike (+).	
	n/o loosestool	Plan
	Activity - Improving	- ct Antibiotics.
	hydn - Improving	
	vital stable.	- next visit - CBP CRP.
	S/E NAD.	
		- (T) U/C/S.
	⇒) Dicfecian	- Monitor vit.
		- stop IV fluids.
	B/C/s - No growth. after 24 hrs	- check cannula
		- monitor s/s

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Dr. Sindhura Munukuntla
MBBS, MD-PAED

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 3 30 pm	c/s/by. Ds Anuche	
	UTI.	
	(ECOLI)	
	U/c/s - (Verbal) ECOLI	
	Resist to Cephalisporin.	
	vital stab	
	Nb pus since mng	— Inj. PIPTAZ. AMIKACIN.
	S/E	— Tm mng/ — CBP]plan.
	(Pls) Blt AG (+)	Next prick. CRP
	IVDS (+)	— monitor vitals
	(US) SVC No mass.	
	Af.	

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Date & Time	Progress Notes	Doctor's Order
26/6/26 6:25pm	S/B Dr. Sindhura.	
	(E.coli +ve) UTI. c signs of dehydration.	
	No fever spikes : 15 hours No signs of dehydration. No loose stool Irritability ↓↓. Activity = good	Advice - Stop IVF. - Ct piptaz & Amikacin - ~~Augmentin syrup on discharge~~ - CBP, CUE, CRP with next prick (c) F/U.
	O/E vitally stable P/A - soft.	- Diaper change & hand-hygiene explained.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

(P.T.O)

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 7 D
Dr. SINDHURA MUNUKUNTLA

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM.	C/S/O Dr. Varun / Dr. Pranav.	
	UTI & dehydration	
	- fever spikes - 2 ost at 3:40 AM on 26/6/26.	Plan
	- Activity - Good.	- Ct. piptaz & Amikacin
	- NO e/o loose stools.	~~Trace CRP.~~
	O/E - vitals stable.	- Send CUE.
	S/E - WNL.	- Stop prop gtt drops.
		N/B - Supriya 8:05 AM @ 27/6/26

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 8 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10 AM	c/s/by Ds. Sindhura UTI + dehydration (1st Episode) (ECOLI)	
	Afeb CRP ↓ TC ↓.	
	child active vital stable	
	I/G (RL) B/L AC (+) ↑ IVIBS (+)	— (T) CUE — Ct Antibiotic
	No new complaints	— (CBP) & IDA ↓ Stat Tonofuon only if after antibiotic
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	— Rewid on Tuesday — plan antibiotic (total 14 days) — Amikacin till monday. — PIPTAZ - 6AM, 2pm, 10pm till Monday — Meanwhile if cannula out ↓ Change to oral Amoxycla plan (total 14days)

noted by Dr. Sandhya

(P.T.O)

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

307

RESULT SHEET

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Date	24/6/26	27/6/26				
Time						
Hb	8.6	8.1				
PCV	25.7	24.2				
RBC	4.24	4.01				
WBC	24.51	14.57				
N/L	60.6/28.2	21.1/65.6				
Platelets	565	579				
CRP	134	67.				
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						

P.T.O.

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : Blood c/s :- No Growth 24 hrs

Urine c/s :-

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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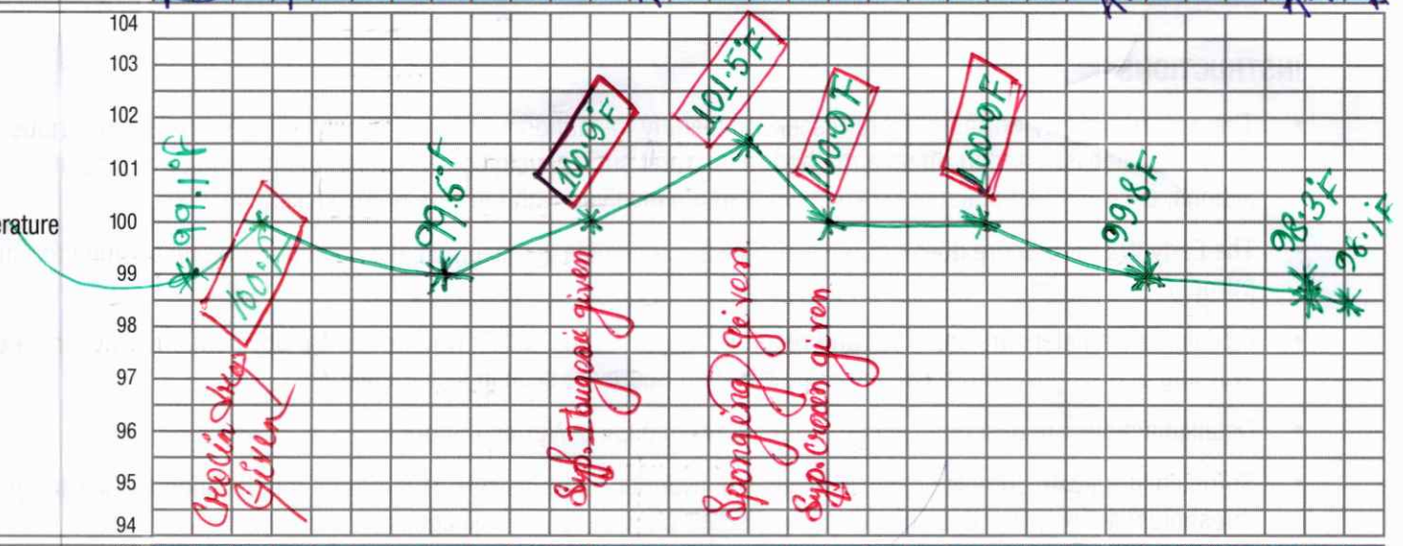
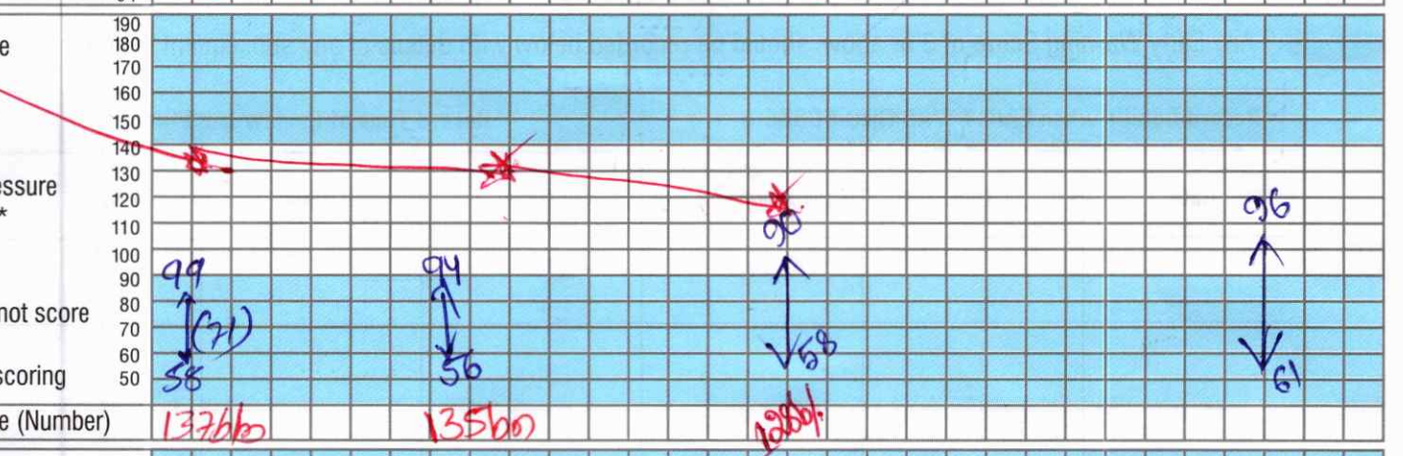
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/25 Time: 7 | 8:23 PM | 9pm | 12 AM | 1:30 AM | 2:30 AM | 3:30 AM | 4:10 AM | 6 AM | 8 AM

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number) 137bm 135bm 128bm

Resp Rate (Number) 28bm 30bm 32bm 30bm

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

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

? or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

Pati

RM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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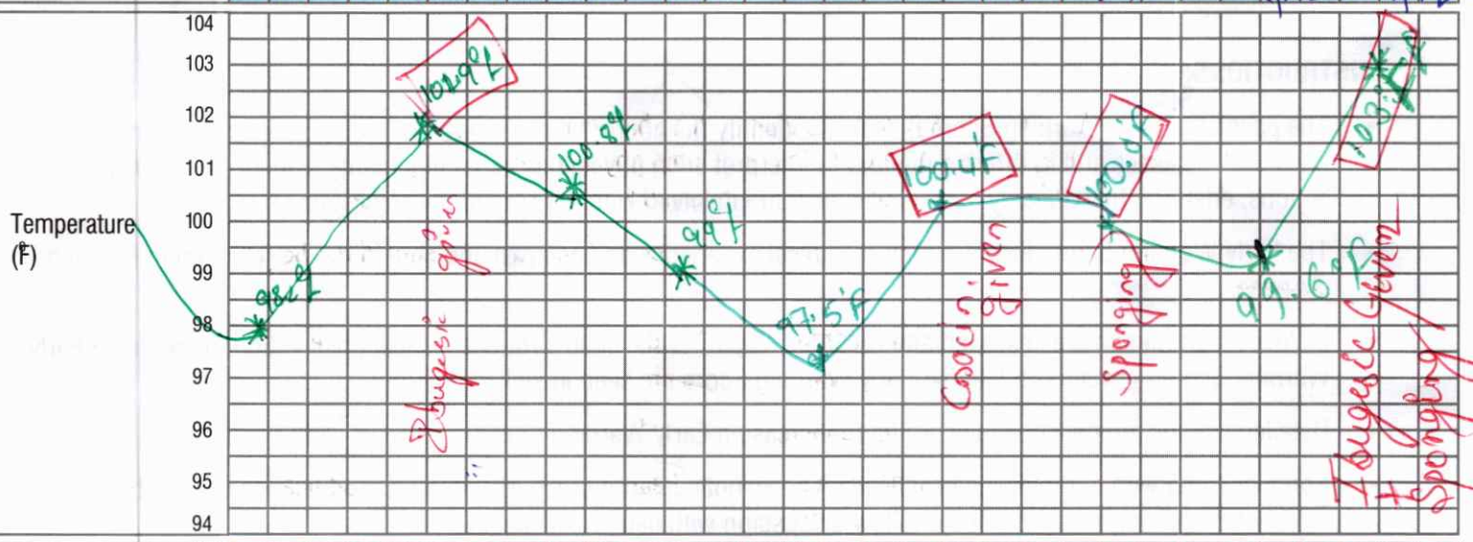
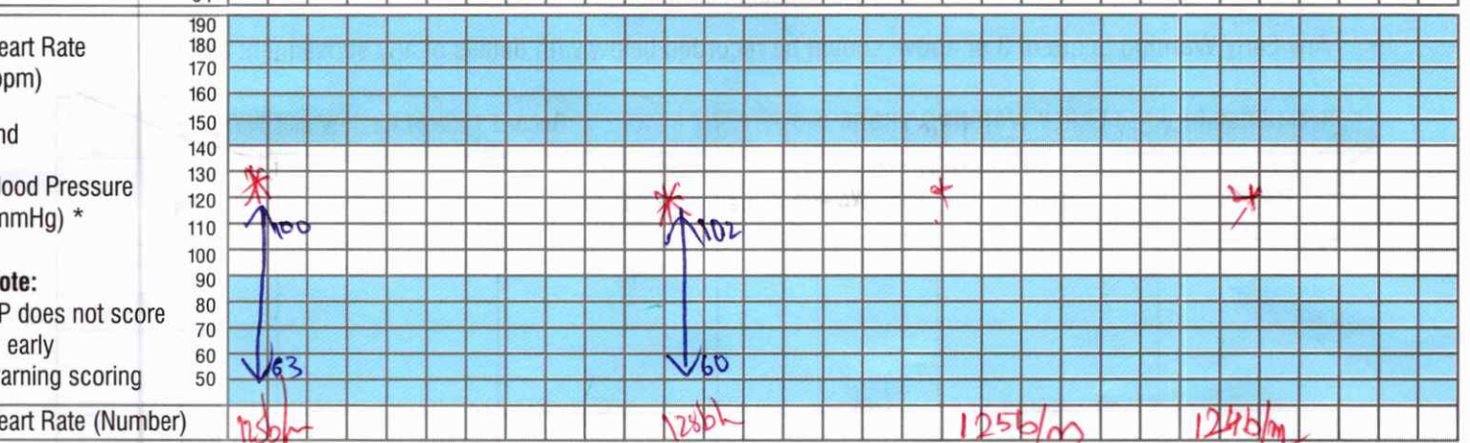
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6/26 Time: 10am 11:45Am 12:30pm 2pm 3 PM 6 30 PM 7 30 PM 12:20 AM 3:40 AM

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number) 125b/m 128b/m 125b/m 124b/m

Resp Rate (Number) 29b/m 22b/m 22b/m 30b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	99%	99%
Conscious Level	Normal / Altered			
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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H-00007479 IP26-00006636
by Of SANA AHMED
03-2025 1 Y 3 M 7 D (F)
SINDHURA MUNUKUNTLA

Patient

CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/6/25 Time: 5:30 AM | 10 AM | 2 PM | 6 PM | 11 PM | 5 AM

Doctor / Nurse / Family Concern?

Temperature (°F)

98.0°F | 98.2°F | 98.0°F | 97.7°F | 98.4°F | 97.9°F

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

Note: BP does not score in early warning scoring

98/63

Heart Rate (Number)	128 bpm	130 bpm	128 bpm	123 bpm	124 bpm	126 bpm

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

Resp Rate (Number)	32 bpm	32 bpm	30 bpm	30 bpm	32 bpm	32 bpm
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	99%	99%	100%	99%
Conscious Level (Normal / Altered)						
GCS *	15/15				15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
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HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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Birth... BY RAINBOW HOSPITAL...
Your Right to a Safe Delivery

Baby Of ... HNH-00007479

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
24/6/26	05:00 pm	D										
	06:00 pm	NS										
	07:00 pm	S		22ml							0	
Total Intake :						**Total Output :** U - M -						
	08:00 pm			22ml							0	
	09:00 pm			22ml						60ml	0	
24/6/26	10:00 pm			22ml							0	
	11:00 pm	NS		22ml							0	
	12:00 am			22ml							0	
	01:00 am			22ml	NA		0	NA			0	
Total Intake :						**Total Output :** U - M -						
	02:00 am			22ml							0	
	03:00 am			22ml						80ml	0	
25/6/26	04:00 am	NS		22ml							0	
	05:00 am			22ml							0	
	06:00 am			22ml							0	
	07:00 am			22ml	NA		0	NA			0	
Total Intake :						**Total Output :** U - M -						

Total 24 hrs. Intake		Total 24 hrs. Output	

[redacted]-00006636
[redacted]ANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/6/26	08:00 am			22ml						60ml		
	09:00 am		Milk	22ml								
	10:00 am	DNS	Milk	22ml			✓					
	11:00 am		Milk	22ml						60ml.		
	12:00 pm			[illegible]								
	01:00 pm			[illegible]	NA			NA		80ml.		
Total Intake :						**Total Output :**						
25/6/26	02:00 pm	↑		17ml								
	03:00 pm		Milk	—			✓			✓		
	04:00 pm	DNS	water melon	17ml				NA			0	SN
	05:00 pm			17ml	NA					✓		
	06:00 pm	↓		17ml								
	07:00 pm			17ml								
Total Intake :						**Total Output :** U —					M —	
25/6/26	08:00 pm	↑		17ml								
	09:00 pm			17ml								
	10:00 pm	DNS	Milk	17ml						60ml	P	Nurse
	11:00 pm	↓		17ml								
	12:00 am			17ml								
	01:00 am			17ml								
Total Intake :						**Total Output :**						
26/6/26	02:00 am	↑		17ml								
	03:00 am			17ml								
	04:00 am	DNS	Milk	17ml								Nurse
	05:00 am			—								
	06:00 am	↓		17ml								
	07:00 am			17ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6/26	08:00 am	Dass		17ml						100ml		
	09:00 am			17ml								
	10:00 am		Milk + Upma	17ml				NP				
	11:00 am			17ml						80ml		
	12:00 pm			17ml								
	01:00 pm			17ml	NA							
Total Intake :						**Total Output :**						
26/6/26	02:00 pm											
	03:00 pm		Milk									
	04:00 pm			IV fluid				NP		40ml		
	05:00 pm			Stop								
	06:00 pm							NP				
	07:00 pm				NP					200ml		
Total Intake : Taken						**Total Output :** U- M-						
26/6/26	08:00 pm											
	09:00 pm		Khichdi + H2O									
	10:00 pm									60ml		
	11:00 pm				NA							
	12:00 am											
	01:00 am									100ml		
Total Intake :						**Total Output :** U- M-						
27/6/26	02:00 am											
	03:00 am											
	04:00 am		Milk									
	05:00 am				NA							
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

H-00007479 IP26-00006636
by Of SANA AHMED
03-2025 1 Y 3 M 7 D (F)
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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									200ml		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

HNH-00007479
Baby Of SANA AHMED
IP26-00006636
18-03-2025
1 Y 3 M 6 D
Dr. SINDHURA MUNUKUNTLA
(F)

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 24/6/26

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	8PM / 8AM	→ Assess the general Condition of pt → Monitor vitals → Maintain I/O chart → Administer medication	8PM / 8AM	→ Assessed the general Condition of pt → Monitored vitals → Maintained I/O chart → Administered medication	Pt is Stable.	Re-assess vitals.	Mounika

-00007479 IP26-00006636
y Of SANA AHMED
3-2025 1 Y 3 M 7 D (F)
SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 25/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am ↓ 2pm	→ Assess the patient general Condition → Monitor vitals → DNS @ 22ml/hr to continue → Administer medication as per orders.	8am ↓ 2pm	→ Assessed the patient condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable.	Rechecked vitals	
Afternoon	2pm to 8pm	– Assess the pt Condition – Monitor the v/s – Maintain the I/o – Drug as per chart	2pm to 8pm	– Assess the pt Condition – Monitor the v/s – Maintain the I/o – Drug as per chart	– Now baby is stable	– Rechecked the v/s	
Night	8pm to 8AM	→ Assess the pt condition ⇒ maintain the v/s ⇒ Maintain the I/o ⇒ Drug as per chart	8pm to 8AM	→ Assess the pt condition → Monitor the v/s ⇒ Maintain the I/o ⇒ Drug as per chart	Now baby is stable	⇒ Re-checked v/s	

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Baby Of SANA AHMED
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NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm 2pm	- Assess the pt condition - Check the vitals - maintain I/O Chart - Drug as per chart - Ct Fluids -	8pm 2pm	- Assessed the pt condition - Checked the vitals - maintain I/O Chart - Drug as per chart - Ct fluids.	Pt is stable.	← monitoring vitals - maintain I/O Chart.	Supriya
Afternoon	2pm 8pm	- Assess the PT condition - Monitor vitals - maintain I/O Chart - Medication Give as per drug chart	2pm 8pm	- Assessed the PT condition - monitored vitals - maintained I/O Chart - Medication Given as per drug chart	PT is Stable	Re-Assessment vitals	Manisha
Night	8PM to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8pm to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart strictly	→ Baby is stable	→ Re-checked the Vitals → I/O → T/M CBP, CRP, CUE	Supriya

Patient Sticker

H-00007479 IP26-00006636
by Of SANA AHMED
03-2025 1 Y 3 M 7 D (F)
SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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Date: .....

Goals

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

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

HNH-00007479 IP26-00006636
Baby Of SANA AHMED (F)
18-03-2025 1 Y 3 M 6 D
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 24/6	25/6/26 morng	25/6/26 E2	25/6 M6
					Time : N			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	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	4	4	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	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	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	2	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 26/6	26/6	26/6	
					Time : MG	E2	N1	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	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	4	4	
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				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

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
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HNH-00007479
Baby Of SANA AHMED IP26-00006636
18-03-2025 1 Y 3 M 6 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			25/6 DAY-2			26/6 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			0	0	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			0	0	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			0	0	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			0	0	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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	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 : .....

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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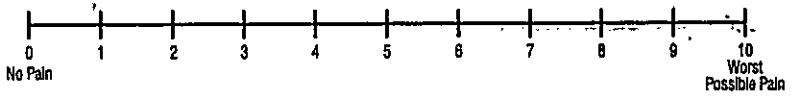
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	10.am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	2pm	0/0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6.	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6/26	8 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6/26	8 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/6/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sindhura Department: Ward Date of Admission: 24/6/26

SITUATION

Diagnosis: AFI & dehydration

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations

Area / Shift Time	24/6/26 E2	24/6/26 N1	25/6/26 Mrng	25/6/26 E2	25/6/26 N1	26/6 M6
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.4°F	98.4°F	98.3°F	98.3°F	98.4°F	98.4°C
Res:	34b/m	34b/m	35b/m	32b/m	30bm	30brm
SpO_2:	99%	99%	99%	98%	98%	99%
Pulse:	137b/m	139b/m	140b/m	142b/m	140	140brm
BP:	–	–	–	–	–	–
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	"0"	0	"0"	"0"	0	0
Safety Needs:	Yes	'yes'	yes	yes	yes	yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	–	–	–	–	–	–
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	–	–	–	–	–	–
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Priyanka	Mouthushi	Sandhya	Sumanda	Madhu	Sandhya
Signature :						
Date:	24/6/26	25/6/26	25/6/26	25/6/26	25/6/26	26/6
Time:	8pm	8AM	2pm	8pm	8AM	2pm
Taken Over By Name :	Mouthushi	Sandhya	Sumanda	Madhu	Sandhya	Sumanda
Signature :						
Date:	24/6/26	25/6/26	25/6/26	25/6/26	26/6	26/6/26
Time:	8PM	8:am	2pm	8pm	8am	2pm

IH-00007479 IP26-00006636
by Of SANA AHMED
-03-2025 1 Y 3 M 7 D (F)
. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: AFI = dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	26/6/26 E2	26/6/26 N1				
	Medical Condition (Any special condition to be noted):	-	-				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.4°F				
	Res:	30b/m	32b/m				
	SpO_2:	99%	99%				
	Pulse:	138b/m	126b/m				
	BP:	-	-				
	Fall Risk Score:	"0"	-				
	Pain Score:	Good	Good				
Recommendations	Safety Needs:	Yes	Yes				
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-				
	Special Diet:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	-	-				
Post Operative Procedure Special Orders:		-	CUE. LFP CRP. T/H				
Handed Over By Name :		Sunanda	Supriya				
Signature :		S	S				
Date:		26/6/26	27/6/26				
Time:		8pm	8am				
Taken Over By Name :		Supriya					
Signature :		S					
Date:		26/6/26					
Time:		8pm					

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2026 1Y3M6D (F)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 24/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : CROCIN - DROPS

Dose	Route	Frequency	Start Date
1-2 ml	PO	SOS 6th hly	24/6

Doctor's Signature: Pranav | Valid Period: | Pharm.

Additional Instructions: 1ml = 100 mg
If T >100°F

Date/Time: 24/6 8:22 PM 1ml | 25/6 6:30 PM

DRUG : Syp IBUGESIC

Dose	Route	Frequency	Start Date
2-5ml	PO	SOS 8th hly	24/6

Doctor's Signature: Pranav | Valid Period: | Pharm.

Additional Instructions: If T >102°F

Date/Time: 24/6 12AM 3:40 AM | 25/6

DRUG : If ONDANSETRON

Dose	Route	Frequency	Start Date
1-5mg	IV	SOS 8th hly	24/6

Doctor's Signature: Pranav | Valid Period: | Pharm.

Additional Instructions:

Date/Time:

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY Name Sig

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 8.3 kg. Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
850 mg	IV	once Daily	24/6

Name & Signature of the Doctor Starting the Drugs: Pranam

Additional Instructions: IV over 2hours

Daily Doctor's Endorsement by a Sign

Date/Time: 24/6 25/6

24/6: 7:40 pm, 6pm

25/6: Stop

Verified by Dr. Dhakshayani

DRUG : Inj AMIKACIN.

Dose	Route	Frequency	Start Date
185mg	iv.	OD	24/6

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

Additional Instructions: (15M/kg/dose)

Daily Doctor's Endorsement by a Sign

Date/Time: 24/6 25/6 26/6

24/6: 10pm

Verified by Dr. Dhakshayani

DRUG : PRO GG drops

Dose	Route	Frequency	Start Date
15°	PO	BD	24/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/6 26/6

25/6: 6pm 3pm

Verified by Dr. Dhakshayani

DRUG : Inj PIPTAZ.

Dose	Route	Frequency	Start Date
800mg	iv	8th hourly	26/6

Name & Signature of the Doctor Starting the Drugs: Af (TID)

Additional Instructions: Inj PIPTAZ dilute in 20cc NS 800mg over 1 hour.

Daily Doctor's Endorsement by a Sign

Date/Time: 26/6 27/6

26/6: 7am, 3pm, 4pm, 12:40 pm, 10pm

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Baby Of SANA AHMED
16-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

Signature

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY . Nam

Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. ....8.3 kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6	6pm	IVF - DNS (2/3rd M)	IV	22			25/6		
25/6	1pm	IVF - DNS (1/2 M)	IV	17			26/6		
26/6		Stop					26/6		

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Baby Of SANA AHMED
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... Shifted to: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00007479 IP26-00006636 Baby Of SANA AHMED 18-03-2025 1 Y 3 M 6 D (F) Dr. SINDHURA MUNUKUNTLA	24/06/26 @ 5:48pm	24/06/26 @ 6:48pm
	Transfer Ordered by Dr, Pranav	Reason for Transfer Dr, Pranav.
From Unit ER	To Unit 307.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (a)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Afrin	Dr. Pranav

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 24/6/26 @ 7pm.

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

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Baby Of SANA AHMED
18-03-2026 1 Y 3 M 6 D (F)
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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby SANA AHMED Age : 1y3m

Gender: ☐ Male ☑ Female

Date : 24/06/26 Time of Arrival : 4:55pm

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: ..... PR: ..... BP: ..... RR: ..... SpO_2: .....

Chief Complaints: c/o Fever since 3 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Afsana

Signature of Triage Nurse : .....

Date & Time : 24/06/26 @ 4:57pm

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

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Baby Of SANA AHMED
18-03-2026 1 Y 3 M 6 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/06/26 Time of arrival : 6:48pm

Chief Complaints: Fever since 3 days.

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

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..... 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 ..... Parents

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

Time of Initial assessment completed by ER Nurse : 6:48pm

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

Time	Nursing Notes
	Assess the patient condition
	monitor vital sign

Samples collected by:

Samples sent by : / Ramaya

Time:

Time: / 6:30pm

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: ..... BP: ..... CFT: ..... RR: ..... SPO2 at FiO2: ..... GCS:..... Temperature : ..... Pain Score: ..... Repeat RBS (if applicable):	Shift - out from ER to: ..... Time of Shift - out: ..... Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Aishwarya ..... Signature of the Nurse : .....

Date & Time : 24/6/26 @ 6:48.

COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar , Hyderabad- 500029

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	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY	
				INVESTIGATION	
DOCTORS CHARGES				CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES	
				BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
				OXYGEN	
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT	
DIET CHARGES				PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION	
TOTAL	13350	17250 + 455		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

PATIENT NAME	Baby of Sana Ahmed	AGE/SEX	1 Y 3M 6D - Female.
UHID	HNH - 0000744	INSURANCE NAME	Cash

ATTENDENT SIGNATURE	CAUTION DEPOSIT	25 K

COUNSELLING PERSON SIGNATURE

HNH-00007479 IP26-00006636
Baby Of SANA AHMED
18-03-2025 1 Y 3 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

ER- 307

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 24/6/26 Time: 6pm

Weight: 8.3kg Centile: 45th

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1200 kcal/d Protein: 20 gms/d

Diet Recommendations: soft diet with more liquids

Re-Assesment: Avoid spicy, chilled & outside foods

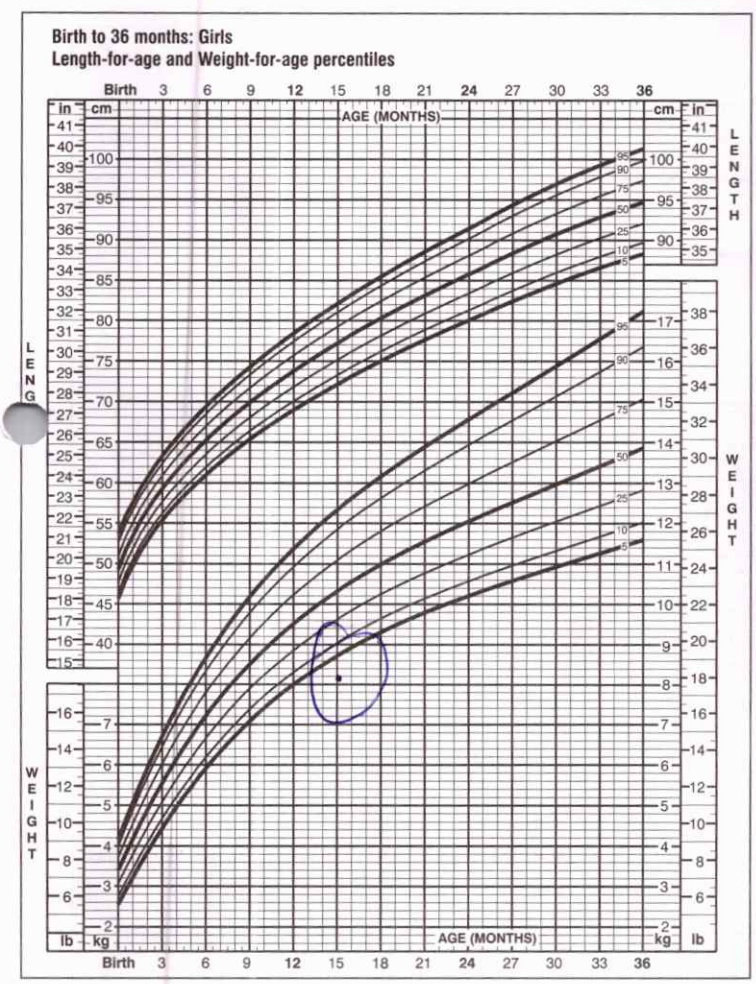
Food Allergies: NO Veg/Non-veg NON-Veg

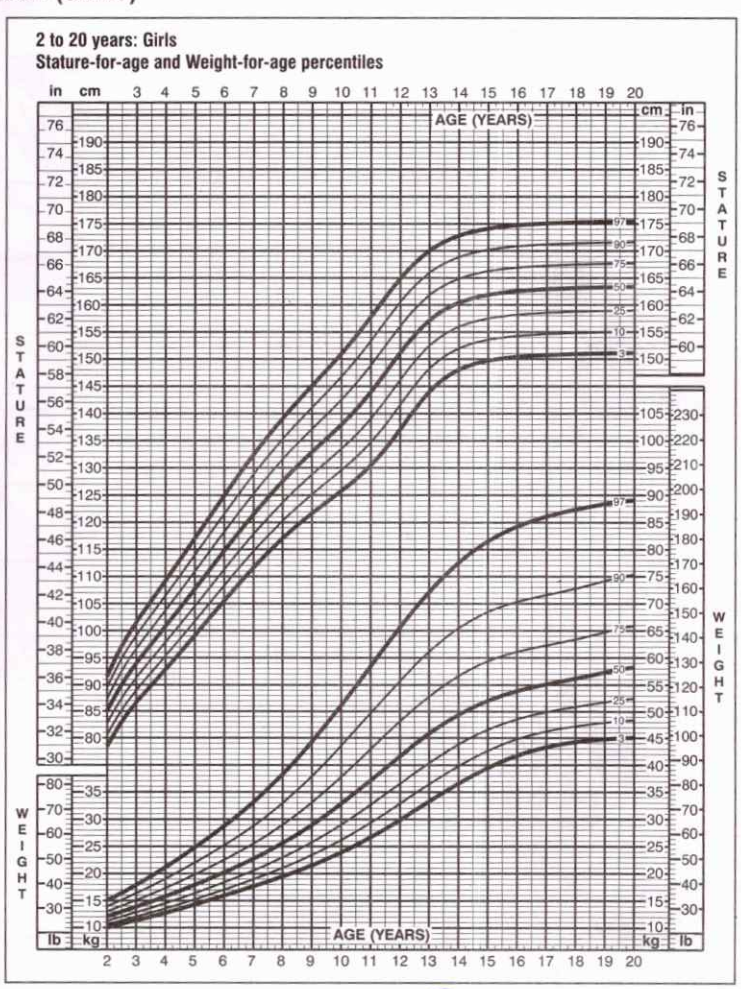
Diagnosis: AFI ? UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika.G Dietician's Signature

Daily Notes: