

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 6 Y 8 M 15 D (F)
 Dr. MANJIT KUMAR



DEFICIENCY CHECK LIST OF CASE SHEET

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40	PICU bed formula Dilution feeds				
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Rushe
 24/06/2026 (P.T.O)

DISCHARGE SUMMARY

Name	Baby BADDURI KATYAYANI	UHID	HNH-00016122
Father/Guardian	Mr B BALA SANTOSH	Age/Gender	5 Y 8 M 14 D/ Female
Address	5-1-161, Jambagh, Hyderabad, Telangana, INDIA, 500095		
IP No	IP26-00006627	Admission Date	22-06-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	24.06.2026		

Consultant:

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

Co-Consultant:

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS	
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

Name	Baby BADDURI KATYAYANI	UHID	HNH-00016122
IP No	IP26-00006627	Admission Date	22-06-2026

History: Baby BADDURI KATYAYANI is a 5 Y 8 M 14 D , old girl presented with history of fever on and off and pain abdomen since 4 days, vomitings since 2 days, decreased oral intake, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was (101.1°F) febrile, maintaining saturations at room air. Her heart rate was 105/min and RR - 24/min. On examination Signs of dehydration were present in form of dry lips, oral mucosa, delayed skin turgor, decreased urine output, sunken eyes. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, mild diffuse tenderness without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 19.9 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.55, pCO₂ of 20.6 mmHg, pO₂ of 75 mmHg, HCO₃ of 21.2 mmol/L and BE of -4.5 mmol/L.

Adenovirus PCR was not detected.

GeneXpert FluA+FluB+RSV were sent, which was	
SARS-CoV-2	NEGATIVE
Influenza A	POSITIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Name	Baby BADDURI KATYAYANI	UHID	HNH-00016122
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Initial hemogram showed Hemoglobin of 11.2 gm%, White Blood Cell count of 2970 cells/cumm, platelet count of 2.29 lakhs/cumm and C-Reactive Protein of 8.0 mg/l. Complete urine examination was normal.

Dengue NS1 and IGM were not detected. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Management: She was admitted in the ward and started on intra venous fluids in view of dehydration and intra venous antibiotics. She was treated symptomatically with antiemetics, antacids and antipyretics. Child was started on Oseltamivir in view of flu A positive.

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

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:

Injection. Esomeprazole
Injection. Ceftriaxone
Injection. Ondansetron
Syrup. Fluvir

Advice:

* Diet as advised.

Name	Baby BADDURI KATYAYANI	UHID	HNH-00016122
IP No	IP26-00006627	Admission Date	22-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. FLUVIR (OSELTAMIVIR - 5ml/60mg)	4 ml	9am-9pm (after food)	For 3 days.
2	Syrup. ONDEM (Ondansetron - 5ml/2mg)	7.5 ml	max three times per day	SOS for vomiting
3	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Plan: To collect final blood culture report on followup

Fever Management

- * Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 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. MANJIT KUMAR on Saturday(27.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Food instructions while taking medications:

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

Follow up immediately in Emergency Room if high grade fever, vomiting,

Name	Baby BADDURI KATYAYANI	UHID	HNH-00016122
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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**

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

Prana
Registrar/Resident/C.M.O



ADMISSION SHEET



Registration Details :

Admission No : IP26-00006627 Admit Date : 22-Jun-2026 Admit Time : 09:26 PM UHID : HNH-00016122

Patient Details :

Patient Name : Baby BADDURI KATYAYANI Age : 5 Y 8 M 13 D
Guardian : Mr B BALA SANTOSH DOB : 09-10-2020
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 5-1-161 Jambagh Hyderabad Telangana Phone No : 9347201784/ 9347573832
INDIA 500095 E-mail : no@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr B BALA SANTOSH Relationship : Father
Contact Address : 5-1-161 Jambagh Hyderabad Telangana INDIA Phone No : 9347201784
500095


Signature

Doctor Details :

Doctor Name : Dr. MANJIT KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr Manjit Kumar Phone No : 9866105609
Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Deposit Amount : 10000.00
Payment Mode : DC/CC Card Payor Name : HEALTHINDIA INSURANCE TPA
SERVICES PVT LTD

ACTIVITY RECORD FOR BILLING

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Baby BADDURI KATYAYANI
09-10-2020 5 Y 8 M 13 D (F)
Dr. MANJIT KUMAR


Name: -----

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/20	10:20 PM	ER	ward	

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# : _____

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Baby BADDURI KATYAYANI
09-10-2020 6 Y 6 M 13 D (F)
Dr. MANJIT KUMAR

Consultant : _____



Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever on & off x 4 days.

c/o Pain abdomen x 4 days.

c/o Vomiting x 2 days.

History of present illness: c/o decreased oral intake.

c/o Fever on & off since 4 days Sudden
Onset, Non progressive a/w chills, Continuous vs.
nature, Not relieved on medication.

c/o Pain abdomen since 4 days, Diffuse
a/w Nocturnal awakening.

c/o Vomiting since 2 days. Watery
after having food 3-4 episodes/day. Non Projectile

c/o ↓ appetite x 2 days

Pediatric Multiorgan History & Physical Examination

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

[Faint handwritten notes, possibly including 'No previous history']

Birth & Neonatal History :

[Faint handwritten notes]

*H/o
At similar
c/o in history*

Birth & Socio Economic History :

7/5/10

About Father :

About Mother :

Any additional Information :

Developmental History :

Up to date.

not in 3/10

Immunization History :

Up to date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 19.9 kg (Centile _____)

On Examination :

Temperature : 101.1° F Pulse Rate: 105/min Description _____

B.P. _____ SPO2 96% at RA

Resp. rate and type of breathing : Dull look

↓ Oral intake } signs of dehydration

Rash _____ Delayed skin turgor

Lymphadenopathy _____ ↓ Urine output

Oedema : _____ Coated tongue (+)

Respiratory system : BAC +

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : RA

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

Cardiovascular System : S1/2 +

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen : Soft, Tender.

Inspection _____

Palpation : _____

Auscultation : _____

Spine: _____ External Genitalia : M

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System : _____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI D₄ ± Dehydration
? Enteric fever.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent Complications of enteric

Desired goals of the treatment :

Tx Underlying infection.

Planned Labs :

VBG

CBP

CRP

Dengue NS1 & Igm.

CVS (DUE)

Blood c/s.

Noted By Bebin

Planned Management :

IVF 2/3 Maintenance

Inj Ceftriaxone

Inj Ondans

Inj Esmoprazole.

BP Q4H Monitors

Noted By Bebin

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 : _____
(Referring Mobile #)

4. Name of the doctor in Rainbow Team _____ on
whose name the patient is being referred

Doctor's Signature Name  Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/26	s/B Dr. Prabhatu / A. V. V. V.	
7:15 AM	ΔAFIDYē Dehydration? Enteric fever.	
	Dengue IgM NS-1 ⊕	fever spikes - overnight + 101.5°F. 2 AM. Oral intake - poor Vomiting - None.
		<u>Adv.</u>
	o/s Hydration - fair Vital - stable	✓ CT. IVF 2/3 Maltane
	PA - wjt.	✓ CT. iv Ceftriaxone
		✓ CT. iv ondem
		✓ CT. iv Ecomprole -
		✓ I/O charting
		✓ BP Q4H
		✓ Trace CUE, Dengue NS-1 & IgM
		NB Sunanda @ 8:00am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/20	s/s Dr Pantesh	
9 AM	<p>△ ARI DS c Dehydration</p> <p>fever spikes + overent 101.5°F 2am.</p> <p>Sick looking No vomts</p> <p>o/s vitals Stable</p> <p>Pu BAE + PA soft.</p>	<p>Sed <u>Adv</u></p> <p>→ Resp. Panel (5 viruses)</p> <p>→ CT. Ceftriaxone.</p> <p>→ Encourage orally</p> <p>→ CT. rest.</p> <p>→ IUF 30ml/hr.</p>
		<p>NB Sunanda</p>

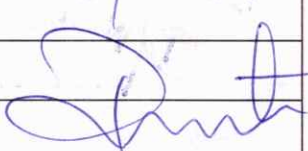


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 12:20 PM	S/B Dr. Manjith AFI & dehydration Plan	
	CVS - S ₁ S ₂ ⊕ P/A - B U = A E ⊕	Trace Resp. panel CE CEFTRIAXONE
	P/A - soft (cons. exam)	Encourage orally CE IV fluids
		NB Sunanda
23/6/26 2pm	S/B Dr. Archana AFI & dehydration ↓ evaluation oral intake - fair 1 fever spike - 100.8°F @ 2pm 1 episode of vomiting lethargy ⊕ pain per abdomen ⊕ HR - 98 bpm RR - 24/min SpO ₂ - 99% No Hs megaly. P/A - soft, perumbilical tenderness ⊕ No rebound tenderness No fluid on percussion	Adv ① Respiratory panel, Adm CE IV CEFTRIAXONE CE symptomatic Rx CE IVF @ 30 cc/hour TPR/20 c NB Sunanda Dr. Archana




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/20	C/S/B - Dr. Prashanti / Dr. Nazim	
8:00 AM	<p>1. Viral illness with Dehydration Influenza A+</p>	
	1 fever spike 101.5 F	
	99.7 F	Plan
	<p>No further c/o vomiting Signs of dehydration + O/E</p>	<p>- Continue Fluids Syrup - ct Ceftriaxone - Esomeprazole / ANDAD.</p>
	Vitals stable	
	P/A - Soft, non-tender No hcm	<p>ADENOVIRUS - Neg DENGUE NSI] - neg Igm]</p>
		- Trace Blood c/s
		- monitor fever spikes
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	G/S/B - Dr. Pritesh	
9:30 AM		
	Fever spikes ↓	
	orally better	<u>Plan</u>
	O/E	- stop - IV fluids -
	vitals stable	- stop - ceftriaxone -
	S/E	- cont fluids total 5 days.
	WNL	
	<u>Discharge</u> D/W Dr. Manjit	

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DRUG CHART

Date of Admission: 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: SYP CROCIN - DS				Date/Time																	
Dose	Route	Frequency	Start Date																		
6ml	PO	SOS T>100°F	22/06/26	11:30 AM																	
Doctor's Signature		Valid Period	Pharm.																		
[Signature]				2pm																	
Additional Instructions:																					
(240 mg / 5ml).																					

DRUG: SYP IBULGEMC				Date/Time																	
Dose	Route	Frequency	Start Date																		
5ml	PO	SOS T>102°F	22/06/26																		
Doctor's Signature		Valid Period	Pharm.																		
[Signature]																					
Additional Instructions:																					

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

Signature
Name



REGULAR PRESCRIPTIONS

Weight. 19.9 kg. Ward.

DRUG: INJ CEFTRIAZONE				Date Time	22/6	23/6	24/6
Dose	Route	Frequency	Start Date				
1g	IV	BD	22/6/26				
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath mf.							
Additional Instructions: In 50ml NS over 1 hr							
Daily Doctor's Endorsement by a Sign							
DRUG: INJ ESMOPRAZOLE				Date Time	22/6	23/6	24/6
Dose	Route	Frequency	Start Date				
20mg	IV	DD	22/06/26				
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath mf.							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: INJ ONDANSETRON				Date Time	22/6	23/6	24/6
Dose	Route	Frequency	Start Date				
3mg	IV	TID	22/06/26				
Name & Signature of the Doctor Starting the Drugs: Dr Prabhath mf.							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: SyP. FLUVIR				Date Time	22/6	23/6	24/6
Dose	Route	Frequency	Start Date				
4ml	oral	BD	23/6				
Name & Signature of the Doctor Starting the Drugs: B. Sreghen							
Additional Instructions: OSELTAMIVIR (5ml/60mg)							
Daily Doctor's Endorsement by a Sign							

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	22/6				
Time					
Hb	11.2				
PCV	31.8				
RBC	4.18				
WBC	2.97				
N/L	74.4/199				
Platelets	229				
CRP	8				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	23/6/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	present ++					
CUE - PUS Cells	4-6					
CUE - RBC Cells	NIL					
CUE - Epithelial	3-5					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Adenovirus	-ve					
Dengue NS1	Negative					
Dengue Igm	Negative					
Respiratory panel:	Flu A positive					

Culture and Sensitivities: 22/6/26 Blood (CSF)

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Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

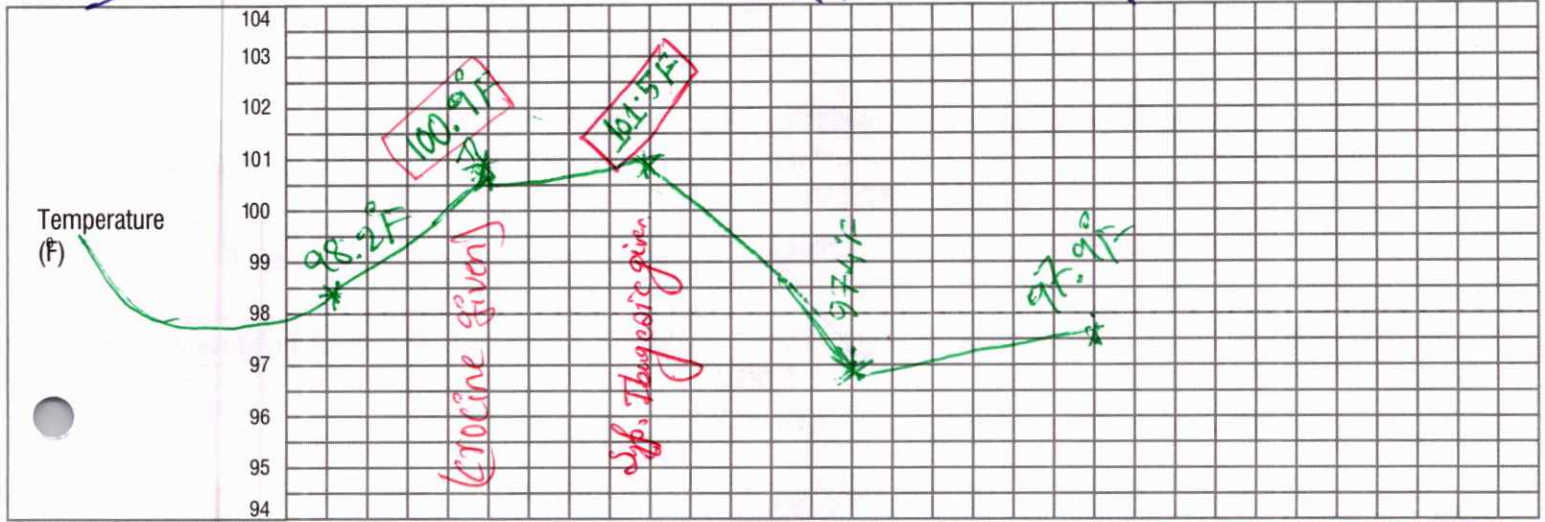
Others (ECG, Contrast Studies etc.) :

Patient Sticker



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/26	Time: 10:30 PM	11:30 AM	2:45 PM	3:30 PM	6 AM
Doctor / Nurse / Family Concern?	PM	AM	AM	AM	AM



Heart Rate (bpm) and Blood Pressure (mmHg) *				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	109b/m	110b/m	106b/m	98b/m
Blood Pressure (mmHg)	96/71	100/65	98/63	92/63

Resp Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	23b/m	25b/m	28b/m	28b/m

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

Receiving O ₂ (l/min)				
O ₂ Saturations (%)	98%	98%	99%	100%

Conscious Level	Normal	Altered		
-----------------	--------	---------	--	--

GCS *				
-------	--	--	--	--

TOTAL SCORE				
Number of shaded boxes	0	0	0	0
Pain Score	2	2	2	2
Observer's Initials	A	A	A	A

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

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

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)

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 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR

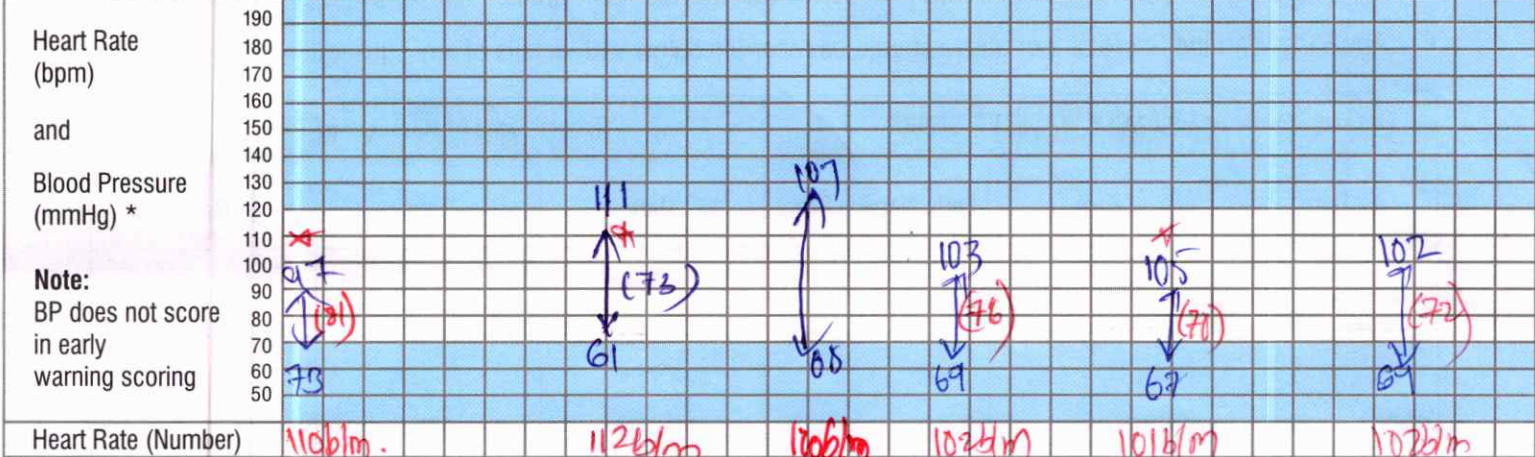
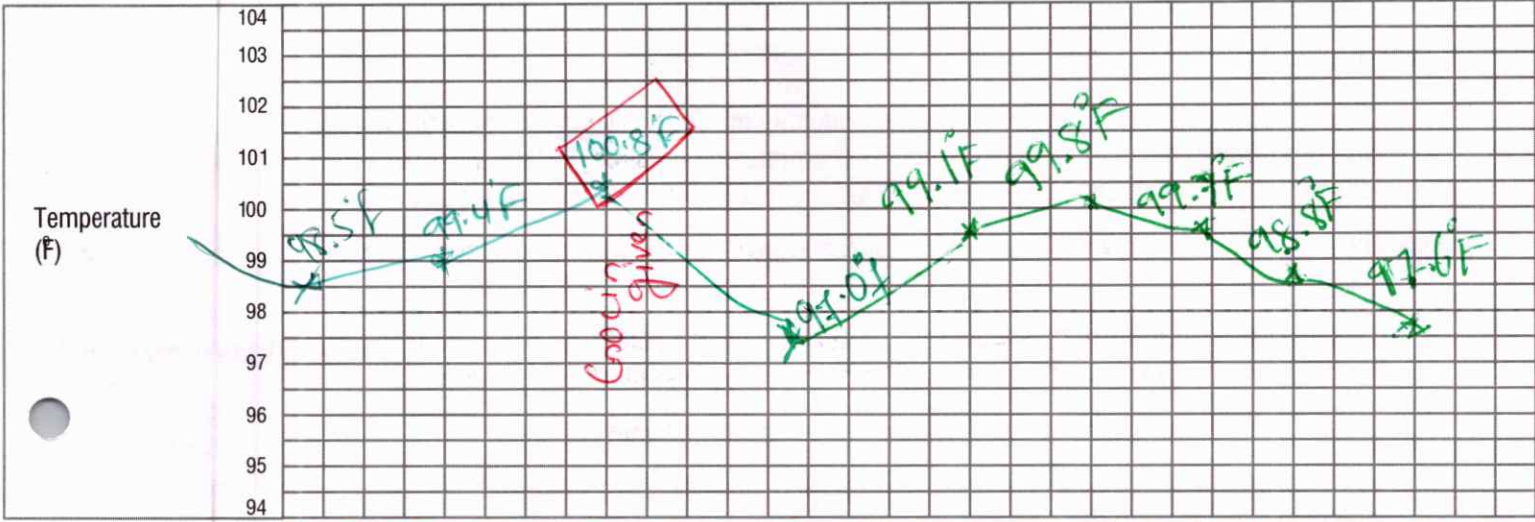
CHOO AGE (5-12 years)
 children's Observation &
 arly Warning Scoring Chart



Patient Sticker

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/6/20... Time: 10 AM 1 PM 2 PM 3 PM 6 PM 10 PM 12 AM 2 AM 4 AM 7 AM
 Doctor / Nurse / Family Concern? _____



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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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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)

Patient: HN-00016122 IP26-00006627
 Baby: BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



FLUID CHART

Sheet No. :

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

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



FLUID CHART

Sheet No. : 22

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
22/6/20	08:30 am	Plasmalyte	Idly whichi	40ml	NA	NA	NA	NA	NA	100ml	1	[Signature]	
	09:00 am			30ml						100ml			
	10:00 am			30ml									
	11:00 am			30ml									
	12:00 pm			30ml									200ml
	01:00 pm			30ml									
Total Intake :			Total Output :										
23/6/20	02:00 pm	Plasmalyte	Rice H2O	30ml	NA	NA	NA	NA	NA	100ml	1	[Signature]	
	03:00 pm			30ml						150ml			
	04:00 pm			30ml									
	05:00 pm			30ml									
	06:00 pm			-									200ml
	07:00 pm			-									
Total Intake :			Total Output :										
23/6/20	08:00 pm	Plasmalyte	Rice H2O	30ml	NA	NA	NA	NA	NA	200ml	1	[Signature]	
	09:00 pm			30ml						150ml			
	10:00 pm			30ml									
	11:00 pm			30ml									
	12:00 am			30ml									100ml
	01:00 am			30ml									
Total Intake :			Total Output :										
24/6/20	02:00 am	Plasmalyte	Bread H2O Milk	30ml	NA	NA	NA	NA	NA	100ml	1	[Signature]	
	03:00 am			30ml									
	04:00 am			30ml									
	05:00 am			30ml									
	06:00 am			30ml									
	07:00 am			30ml									
Total Intake :			Total Output :										

Total 24 hrs. Intake

Total 24 hrs. Output 550ml - Urine

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
24/6	08:00 am	Dialysate Jelly H ₂ O		30ml									
	09:00 am			30ml									
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :			taken			Total Output :					U	M	
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			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												
	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-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



IMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	23/6/20	23/6/20	24/6/20		
	3 to less than 7 years old	3	3	3	3		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
Total			10	10	10		

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11, 10 High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓		✓	✓		
Call device within reach	✓		✓	✓		
Wheels Locked	✓		✓	✓		
Room free of clutter	✓		✓	✓		
Adequate lighting	✓		✓	✓		
Wheel chair support	✓		X	X		
Other Intervention(s) Specify	✓		X	X		
Nurse's Name:	Mahi		Manjit	Manjit		
Signature:						
Date:	23/6/20		23/6/20	24/6/20		
Time:	9:00 AM		9:00 AM	9:00 AM		

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



NURSING CARE RECORD



Date: 22/6/26

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	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication.	Pt is stable.	Re-assess vitals	<i>[Signature]</i>

MNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR

NURSING CARE RECORD

Date: 20/6/26

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	8Am	Assess the pt condition. plan to continue IV fluids. plan to continue antibiotic plan to trace CUE, dengue. NS - 1/2 gm.	8Am	Assessed to the pt condition. planned to continue IV fluids. planned to continue antibiotic planned to trace CUE, Dengue & NS - 1/2 gm.	pt is stable/low.	Re assessed the vitals	[Signature]
Afternoon	2pm	Assess the baby Monitor vitals administered Paracetamol ① See paracetamol (trv) Maintain bio chart.	2pm	Assessed the baby monitored the vitals administered Paracetamol ① See paracetamol (trv) Maintain bio chart.	administered Paracetamol	Reassess the patient vitals	[Signature]
Night	8pm	Assess the pt condition. Monitor vitals & record. maintain T10 chart. provide the comfortable position.	8pm	Assessed the pt condition monitored vitals & record maintained T10 chart. Provided the comfortable position.	pt is stable	Monitor vitals.	[Signature]
	8Am	Medication given as per as doctor order.	8Am	Medication given as per as doctor order.	Vitals normal	Maintain T10 chart	[Signature]

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



NURSING CARE RECORD



Date: 24/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	ASSESS the Pt Condition → monitor vitals → maintain flowchart → administer medication as per drug chart → IV cannula present → Ct antibiotics	8am 2pm	→ assessed the Pt condition → monitored vitals & recorded → maintained flowchart → medication as per drug chart → IV cannula present → IV fluid stop	→ Pt is stable	→ rechecked vitals	<i>[Signature]</i>
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

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							



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	-	-	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	0	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	0	0	0	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	0	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	0	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	-	-	0	0	0	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 : *[Signature]* Name : *[Name]*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *[Name]*



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/20	2AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6/20	6AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
23/6/20	12pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
23/6	4pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
23/6	10pm	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	
24/6	2AM	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	
24/6	8AM	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	
24/6/20	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	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		
				<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:

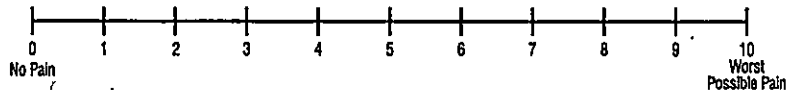
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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

Wong - Baker (Pediatrics) Above 7 Years



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

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 6 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AFT</u>	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	<u>22/6/20</u>	<u>23/6/20</u>	<u>23/6</u>	<u>23/6</u>	<u>24/6/20</u>	
	Shift	<u>N</u>	<u>N</u>	<u>8am</u>	<u>N</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
Diet:	-	-	-	-	-		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.4°F</u>	<u>98.1°F</u>	<u>98.6°F</u>	<u>98.0°F</u>	<u>98.1°F</u>
		Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>78b/m</u>	<u>78b/m</u>	<u>78b/m</u>	<u>78b/m</u>	<u>78b/m</u>
		BP:	<u>99/61</u>	<u>99/60</u>	<u>100/60</u>	<u>102/62</u>	<u>100/60</u>
		LOC:	-	-	-	-	-
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>10</u>	<u>0</u>	<u>0</u>	
Pain Score:	<u>0</u>	<u>0</u>	-	-	-		
Skin Integrity	<u>Good</u>	<u>Good</u>	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<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	
	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	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	-	-	-	-	-		
Post Operative Procedure Special Orders:							
Handed Over By Name :		<u>Manjith</u>	<u>Punandha</u>	<u>Manjith</u>	<u>Snikha</u>	<u>Manjith</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>22/6/20</u>	<u>23/6/20</u>	<u>23/6</u>	<u>24/6</u>	<u>24/6/20</u>	
Time:		<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8PM</u>		
Taken Over By Name :		<u>Punandha</u>	<u>[Signature]</u>	<u>Snikha</u>	<u>Manjith</u>		
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>23/6/20</u>	<u>23/6</u>	<u>23/6</u>	<u>24/6/20</u>		
Time:		<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>		

Patient Sticker



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:								



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 23/6/26 Time: 11AM

Weight: 19.9 kg Centile: 50th

Height: Centile:

Inference: Well nourished child

RDA: Calories: 1400 kcal/d Protein: 24gms/d

Diet Recommendations: Normal soft diet with more liquids

Re-Assessment: Avoid spicy, chilled & outside foods

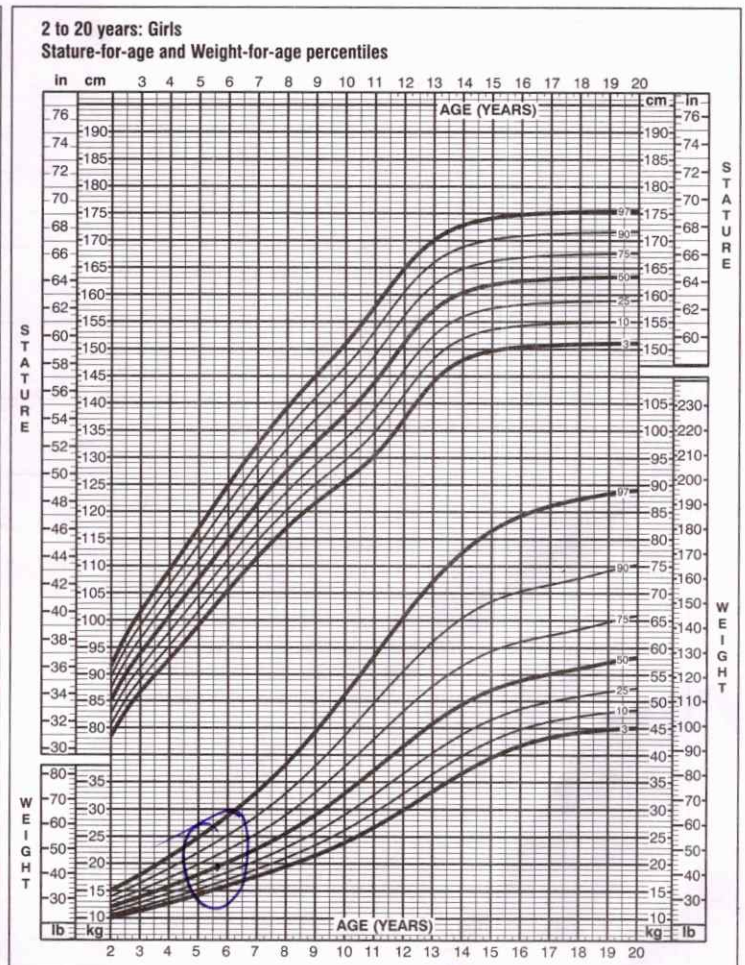
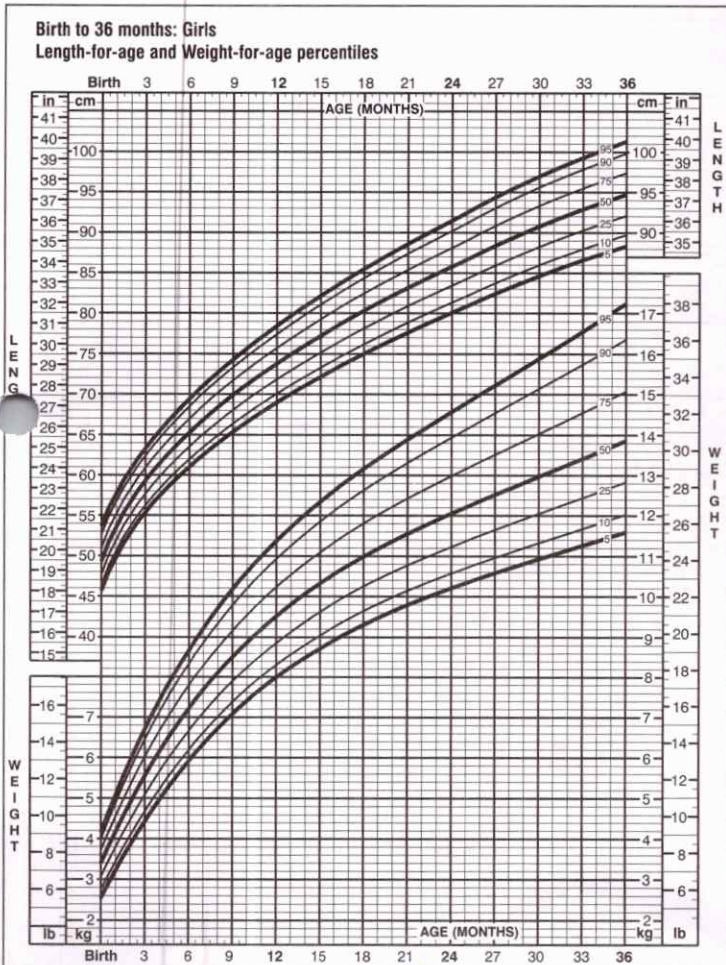
Food Allergies: NO Veg/Non-veg: NON-VEG

Diagnosis: AFI DS with dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: B. Sharanakui

GROWTH CHART (GIRLS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]

wt - 19.9 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Katyayani Age : 5 year Gender: Male Female

Date : 22/6/26 Time of Arrival : 8:50 PM

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: 101.8 F PR: 108 b/m BP: RR: SpO₂: 100%

Chief Complaints: fever since five days

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" 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	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life - Threatening	
<input type="checkbox"/> Abnormal	<input type="checkbox"/> Gasping / Apnea		
<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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:52 PM

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 : Prabin

Signature of Triage Nurse : [Signature]

Date & Time : 22/6/26 @ 8:52 PM

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : 8:50 PM
 Chief Complaints: o/c Fever since 5 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: 1/10 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

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

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 : 8:52 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ medicine given to the pt

Samples collected by: _____

Time: _____

Samples sent by: _____

Time: _____

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:30 PM	P-250	PO	6 ml (given by mother)		✓
9 PM	Ibugesic	PO	(5 ml)		✗

Condition of patient at time of shift - out :	Details of Shift - out
HR: 90 bpm BP: 100/60 CFT: 25 sec RR: 18 SPO2 at FiO2: 100% GCS: 15/15 Temperature: 101°F Pain Score: 0 Repeat RBS (if applicable): NA	Shift - out from ER to: wood Time of Shift - out: 10 PM Handover given to: <i>[Signature]</i> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD


Procedures done with details (if any):

Name of the Nurse : *Brobin*

Signature of the Nurse : *[Signature]*

Date & Time : 22/6/26 @ 8:52 PM

PATIENT TRANSFER FORM

HNH-00016122 IP26-00006627 Baby BADDURI KATYAYANI 09-10-2020 5 Y 8 M 13 D (F) Dr. MANJIT KUMAR 		Date & Time of Admission 22/6/26 @ 9:25 pm	Date & Time of Transfer Order 22/6/26 @ 10:29 pm
		Transfer Ordered by Dr. Varun	Reason for Transfer Admission
From Unit FR	To Unit Ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films VBH-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	VBH	1	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Bzabi		Name of Person Ordered Transfer Dr. Varun	
Patient & Clinical Records Received by : Sulphur 22/6/26 @ 10:29 pm			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

HNH-00016122 IP26-00006627
 Baby BADDURI KATYAYANI
 09-10-2020 5 Y 8 M 13 D (F)
 Dr. MANJIT KUMAR



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: 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. Varun

Date & Time : 22/6/26 @ 10 PM

Nurse Name & Signature: Beehira

Date & Time : 22/6/26 @ 10 PM

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