

MNH-00015955 IP26-00006576
 Master SAMRAT
 08-05-2025 1 Y 1 M 5 D (M)
 Dr. PRITESH NAGAR



DEFICIENCY CHECK LIST OF CASE SHEET

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Jyotsna (P.T.O.)

213
FC



DISCHARGE SUMMARY

Name	Master SAMRAT	UHID	HNH-00015955
Father/Guardian	Mr RAHUL	Age/Gender	1 Y 1 M 6 D/ Male
Address	14-3-169, Begum Bazar, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006576	Admission Date	13-06-2026
Ref Doctor	SELF		
Discharge Date	16.06.2026		

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

Dr. ANIKET ANIL PARASHAR
MBBS- MD
CONSULTANT PEDIATRICIAN
TSMC/FMR/08568

DIAGNOSIS	ICD CODE
? TOXIC SHOCK SYNDROME	
VARICELLA INFECTION	

Name	Master SAMRAT	UHID	HNH-00015955
IP No	IP26-00006576	Admission Date	13-06-2026

History: Master SAMRAT, 1 Y 1 M 6 D old boy presented with history of hand injury 5 days ago on right forearm, Rash and high grade fever since 1 day, not subsided over paracetamol since 1 day, poor oral intake prior to admission. For the above complaints he was investigated and treated at nearby hospital. In view of persistence of symptoms, He was referred to Rainbow Children's Hospital for further management.

Examination: He was febrile(101°F). Heart rate was 182/min, Blood Pressure - 88/60 mmHg and Respiratory Rate - 35/min. Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal with bilateral wheeze & occasional crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On examination there was generalized erythema and right hand healing wound.

On neurological examination, child was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 7.6 kgs.

Investigations: Enclosed reports.

VBG showed pH - 7.45 , pCO₂- 24.6 mmhg, pO₂ - 78 mmhg, HCO₃ - 21.0 mmol/l, BE: -4.6 mmol/l.

Adenovirus PCR test was sent, which was negative.

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

		On
--	--	----

Name	Master SAMRAT	UHID	HNH-00015955
IP No	IP26-00006576	Admission Date	13-06-2026

Date	On	14.06.202
	13.06.2026	6
TEST	Result	Result
CBP:		
Hemoglobin	11.3 g/dl	10.2 g/dl
While blood cell	5930 cell/cmm	7190 cell/cmm
Platelets	2.97 lakh/cmm	2.44 lakh/cmm
CRP	12.0 mg/L	mg/L
Serum.CREATININE	0.5 mg/dl	0.4 mg/dl
BLOOD UREA	mg/dl	18 mg/dl
PROCALCITONIN	5.26 ng/ml	
LFT:		
SBR	0.7mg/dl	
DIRECT FRACTION	0.5 mg/dl	
SGOT	45 U/L	

Name	Master SAMRAT	UHID	HNH-00015955
IP No	IP26-00006576	Admission Date	13-06-2026

SGPT	24 U/L	
ALP	244 U/L	
PROTEIN	7.2 g/dl	
ALBUMIN	4.5 g/dl	
GLOBULIN	2.7 g/dl	
PT/INR/APTT	16 / 1.2 /39	
CPK (Creatine kina)	73 U/L	
BLOOD CULTURE	No growth after 48 hrs of incubation	

Management: A bolus of NS 10ml/kg over 1 hour was given on admission in ER, then he was admitted in PICU and was started on IV maintenance fluids and IV antibiotics. In view of loose stools, he was administered probiotics and advised gastrodiet.

In view of vesicular lesions all over the body, suspecting varicella infection, oral acyclovir was started and continued.

In view of fever with rash, investigations were sent which showed an increase in infective marker levels, antibiotics were changed accordingly.

Blood culture was sent on admission which showed no growth at 48

Name	Master SAMRAT	UHID	HNH-00015955
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hours. Respiratory panel (5 viruses) was sent which was normal.

In view of decreased urine output, Lasix infusion was started and after urine output was better, It was gradually stopped.

Mupirocin ointment was locally applied on the injury site on right hand.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. He was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

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

Medication during hospital stay:

- Injection. Clindamycin
- Injection. Flucloxacillin
- Injection. Linezolid
- Syrup. Zovirax
- Zytee RB Gel
- T Bact ointment
- Syrup. Linezolid
- Injection. Ceftriaxone
- Pro-GG drops
- Z & D drops

Advice:

Name	Master SAMRAT	UHID	HNH-00015955
IP No	IP26-00006576	Admission Date	13-06-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup.Linezolid	4 ml	thrice daily	For 5 days.
2	Pro GG drops	15 drops	9am-9pm (after food)	For 3 days
3	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 13 days
4	Zytee RB gel	For local applicaiton	twice daily	For 3 days
5	T Bact ointment	For local applicaiton	twice daily	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Fever Management

*Crocin drops (Paracetamol - 1ml/100mg) 0.8 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. PRITESH NAGAR **on Friday(19.06.2026)** at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Name	Master SAMRAT	UHID	HNH-00015955
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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 in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed occurs or any abnormal movements.

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**

Name	Master SAMRAT	UHID	HNH-00015955
IP No	IP26-00006576	Admission Date	13-06-2026

Prithesh

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184



Laboratory Report



Master SAMRAT

7702042446

1 Y 1 M 6 D

HN26009783

Male

13-06-2026 11:21 PM

IP26-00006576

13-06-2026 11:35 PM

HNH-00015955

14-06-2026 02:26 AM

Dr. PRITESH NAGAR

2F -PICU / PICU-203


Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT AUTHORISED			
PROCALCITONIN (Specimen : SERUM)			
PROCALCITONIN	5.26	ng/ml	H <0.5

Rashida

Dr. RASHIDA MAHREEN
MBBS,MD
Reg No : HMC13081

PATIENT TRANSFER FORM



Patient Name & UHID No. HMH-00015955 IP26-00006576 Master SAMRAT 08-05-2025 1 Y 1 M 5 D (M) Dr. PRITESH NAGAR 		Date & Time of Admission 13/6/26 at 1.50pm	Date & Time of Transfer Order 15/6/26 at 2pm
		Transfer Ordered by DR. pritesh	Reason for Transfer stable
From Unit PICU	To Unit	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films VBG - 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sunita / Beuf		Name of Person Ordered Transfer DR. pritesh	
Patient & Clinical Records Received by : Sudha 15/6/26 @ 2:10pm			
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

ACTIVITY RECORD FOR BILLING

Name: --- HNH-00015955 IP26-00006576 -----
 Master SAMRAT
 UHID No : 08-05-2025 1Y1M5D (M) ----- Consultant : ----- Dept : -----
 -Dr. PRITESH NAGAR
 Date of Adm : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/6/26	3pm	ER	PICU	[Signature] / Swisher
15/6/26	1.30pm	Plw	213	[Signature]

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
13/6/26	CBP, CRP, LFT Blood @S, Creatinine	9767	[Signature]
	CPK, PT/APTT		[Signature]
13/6/26	VBG (ER)	9768	[Signature]
13/6/26 ^{5PM}	ABG	9782	[Signature]
13/6/26	Respiratory panel (5 viruses)	9783	
13/6/26	Paracalcitonin	9784	
13/6/26	VBG		
14/6/26	CBP, urea	9802	[Signature]
"	Creatinine		[Signature]
"	VBG	9801	[Signature]
Cross checked by		Sujata on 15/6/26 at 18h	

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006576 Admit Date : 13-Jun-2026 Admit Time : 01:51 PM UHID : HNH-00015955

Patient Details :

Patient Name	: Master SAMRAT	Age	: 1 Y 1 M 5 D
Guardian	: Mr RAHUL	DOB	: 08-05-2025 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 14-3-169 Begum Bazar Hyderabad Telangana INDIA 500012	Phone No	: 7702042446/ 7893342293
		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 RAHUL Relationship : Father
Contact Address : 14-3-169 Begum Bazar Hyderabad Telangana Phone No : 7702042446
INDIA 500012

Rahul
Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 50000.00
Payor Name : SELFPAY



**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : Samrat

Patient ID# : _____

Consultant : _____

Final Diagnosis : ? TOXIC SHOCK SYNDROME | FEVER with RASH.

Name: Samrat Age/Sex male
 Informant parents Reliability Good

Chief Presenting Complaints & Duration (Chronologically): c/o hand injury 5 days ago
- c/o Rash since 2 days yesterday
- c/o Fever, since today morning

History of present illness :

A 1 year old child presented with ~~c/o rash since yesterday~~. initially started as vesicles, gradually progressed to ~~erythema~~:
 Erythema ~~today morning~~.

c/o hand injury \bar{c} cooker ^{warm} one. (R) Forearm
 treated with \rightarrow Silver \rightarrow \rightarrow subsiding.

c/o - Rash initially erythematous over face,
 gradually progressed \rightarrow Generalised erythema.

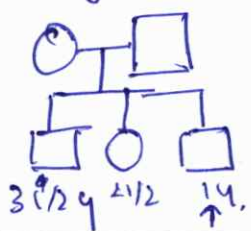
c/o - Fever high grade (103F), flb intermittent.
 not subsided over Paracetamol, A/c travel
 last urine today morning
 stools
 poor oral intake.
 den of growth @ acc to parents.

Pediatric Multiorgan History & Physical Examination

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

nil

Birth & Neonatal History : ^{natal} - FTLSCS (Prev LSCS), But - 2.5kg 51AB
antenatal - unremarkable
Postnatal - unremarkable
NON ICU admission



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Gm - walk at 11 months
Fm - scribbling +
Sm - domestic nursery
Lm - B syllables

Immunization History :

last immunised upto 7 months @ Govt hospital.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.6 (Centile _____)

On Examination :

Temperature : 101 F Pulse Rate: 182/min Description feble tachycardia

B.P. 88/60 SPO2 95% at RA

Resp. rate and type of breathing : 35/min

Rash Generalized erythema / R hand healing wound (Abrasion)

Lymphadenopathy no

Oedema : no

Acrocyanosis
CFT = 5 secs.
PP feble.
Peripheries cold.
signs of
dehydration
+

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : NUBS+, B/LAET

Any addes sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2+, no murmurs

Any murmur : _____

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

Per Abdomen :

Inspection non distended

Palpation : soft

Ausculation : BST+

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition : WNL

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR 2+ Superficials :

Plantars _____

Sensory System :

WNL

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Fever ± RASH ± Dehydration
± TOXIC Shock syndrome



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

(paired)

CBP, CRP, Blood c/s, VBG

LFT, Serum Creatinine, Sr. CPK,

PT, APTT-INR

~~B~~
NB Syon

Planned Management :

- IV NS. Bolus 10ml/kg (hrs)

- Inj. CLINDAMYCIN ⁷⁵ IV Q 8H
mg

- Inj. FLUCLOXACILLIN 125 IV Q 8H
mg

~~NB Syon~~

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 whose name the patient is being referred Dr. Pritesh on _____

Doctor's Signature Name [Signature]

Date 13/6/26 Time 2 pm

Dr. Pritesh Nagari
Consultant Pediatric Intensivist
Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26		
2pm	<p>c/s/B - Dr. Pritesh / Dr. Aniket - Dr. Prashanti</p>	
	<p>Δ - Fever & Rash TOXIC SHOCK SYNDROME</p>	
	<p>* Fever → 101 F * Irritable Generalised erythema</p>	<p>Plan</p>
	<p>D/E Febrile HR - 182/min RR - 38/min SpO2 - 97% on RA BP - 88/50 CFT < 3 sec, dusky PP febrile prothrombin</p>	<p>- stat vs bolus 10ml/kg over the - IV full maintenance - IV Abs ← clindamycin cloxacillin</p>
	<p>D/E Rash - Generalised erythema + vesicles +</p>	<p>- flap labs</p>
	<p>CVS - Tachycardia + CNS } wnl RS } wnl</p>	<p>noted by Sunil</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/24	CH/B Dr. V. Kumar	
3 PM.	D-ATI, C wash / 2 TSS	BP-50/22-87/41
	Baby is sleeping	90/22-98/54
	Generalized flushing ⊕	95 - 101 / 59
	fever ⊕ (102.50 F)	95/12 - 101/59
	Knew stool urine @ 1 pm.	113/71
	AE - HR - 160/min	Plan
	RR - 46/min	- Ct. Abx.
	SpO2 - 96% @ RA	- T24 reports
	BP - 74/36 (40)	- Ct. full maint.
	* PP - feeble	
	* Central pulses - bounding	
	* CRT (central) - flash	
	* Peripheral CRT - 2 sec.	
	* Peripheries - warm	
	S/E - As - BAE ⊕, MBS	noted by Swithe
	P/A - SNA, NG.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:20pm	<u>Counselled</u>	Fever Day 2
13/06/26	Fever Rash	↑↑ Today Rash Today vesicles x 1 day
[HR ↑↑ BP Borderline	(Blue) → Infection Blood circulation x	[T.S.S] ✓
V.B.G] ok CBC]	Infection Marker Due C/S → <u>48-72h</u> ✓	
IVF Chicken Pox Rx Inf antib		
Heart Scan → Pumping ok.		
[48-72h] - Clarity / Response		
wait / Time		[Ses NE] ✓
[NW]	Dr. Pritesh Nagarkar Consultant Pediatrician & Intensivist Reg. No: 47184	Rahul (father)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6 7:30 AM	<p><u>08/13 Dr. Prasad</u></p> <p><u>? TSS</u></p>	
	<p>- Last fem - 3 pm</p> <p>- Erythema - better</p> <p>- Perfusion - improving</p> <p>- Rash ⊕</p> <p>CFT @ 3 AM</p>	<p><u>Ph</u></p> <p>1) D/L Linzolid</p> <p>Sys Tydion</p> <p>2) Tasa Lab</p>
	<p><u>Vital</u></p> <p>HR - 162/hr</p> <p>Spo₂ 98%</p> <p>BP - 84/54 (64) mmHg (PP - 30)</p> <p>Pulse Vol - good</p> <p>R-S - B/LPR @</p> <p>PLA - soft</p>	<p>3) IVF - Full @ - 33ml/h</p> <p>4) Monitor U-O</p> <p>5) 2D echo</p> <p>6) CBC @ 8 pm</p>
	<p>Uria - yet to pm</p>	<p>7) Monitor KID</p> <p>Noted by Swati</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6	<u>cls/B Dr Pritesh Sui</u>	
8:45	<u>? TSS</u>	
		Ph
	- Last urine - before 1 pm	1) IV - NS Bolus
	- Tachycardia - Beth	Send NS on 1 hr
	- Oral ulcers ⊕	2) Zytex gl - ad
	Child perfusion - Beth	3) ct. Linezolid
	Vibh	Augmentin
	HR - 152/hr	4) Traz cts
	SpO ₂ - 97%	2D echo - T/m
	BP → 108/55 (71) matly	5) CBC @ 10 pm
	99/55 (69) midly	6) Month Vibh
	R.S - B/L A/E ⊕	
	PIA - soft.	
	Bladder (Screening - Bladder - 20ml three volume)	
		Noted by <u>Sui</u> <u>Penna</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2025 10:38 PM	d/w s/s Dr. Pritesh	Plan
	Temp - 101.0°F HR - 156/min BP - 88/51 (62) mmHg	(1) Send VBG, PCT now (2) Respiratory panel
		Plan (Dr. Nameen)
14/06/2025 2 AM	s/s Dr. Pramar / Dr. Nameen	
	27SS	
	Temp - 100.30°F HR - 156/min SpO ₂ - 95% CRT - < 3 sec BP - 83/43 mmHg (55)	Plan (1) ct. lucidol Acylonin (2) Trace c/s (3) 20 Scto thin.
	no passed urine @ 10 pm. bowel - good. +ve balance - 500ml.	(4) monitor vitals q 4 (5) w/h urine output Suprem ros
	Bladder screen :- small volume of urine	(6) Trace PCT. Plan (Dr. Nameen)
	VC :- collapsing	Noted by Sunan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 7am	c/s/b Dr Phaneew / Dr Nazneen	
	<u>TSS</u>	
	Fever ⊕ Oliguria ⊕	Pln 1) IVF - F&D (M)
	Rash ⊕ (Erythema ⊕) Edema ⊕	2) Fy Linezolid Syp Acyclovir
	<u>V. Trk</u> HR - 166/mi	3) 2D echo - today
	SpO ₂ - 97% BP - 92/68 (76) mmHg	4) Trans C/S
	R-S - B/L AB ⊕ PIA - Soft	5) W/H V.O 6) Monitor V. Trk BP
		Phaneew
	Packed WBC post cold strands Epi → 820ml	
	Urea - 40ml	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>14/05/2025</u> <u>8 am</u>	S/S <u>Do not</u>	
	Bounding pulses Flush CRT (+) BP - 111/92 (99) mmHg Fever spikes (+) Loose stools (+) HR - 144/min SpO2 - 96% @ RA	Plan ① Send ^④ CBP with New IV line ② IVF - 25 ml/hr ③ Kanix infusion 0.1 mg/kg/hr = 0.7 mg/hr for 4 hours
	The panel neg (verbal report)	↓ Do. Reamen and stop after 4 hrs
Waters ✓		④ Trace Adenovirus; cfs ⑤ Add Ziy ceftriaxone oral Levofloxacin ⑥ 2D Echo Today
	Suspending <u>2D echo</u> : (14/6) - LV contractility Good - RV - Normal - Thin rim of pleural Pericardial effusion (+) - IVC - collapsed	Dr. Pritesh Nagari Consultant Pediatrician & Intensivist Reg. No. 47184 Swathi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 12:30pm	CLINIC Dr. Naipya / Dr. Parashetti	
	on room Air.	Plan
	Vitals - HR - 132. RR - 26cpm SpO2 - 98%	- Trace CBP. Serumet, Urea.
	PIA - soft, NT	- IVF - 25ml/hr.
	R/S - BIL NURSE	- Gent ceftriaxone.
	U/O/P - 3.2ml/kg/hr. (+50ml)	- oral linezolid.
	BP - 116/66. mltg	- 2D echo tomorrow.
		- Strict Input/output. Charting
		- monitor BP. - stop IV lasix Damp infusion.
		Noted by Smith

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 1:15 AM	<p>c/f/B - Dr. Prashanti / Dr. Khayemaya</p>	
	<p>Δ - SEPSIS SEPTIC SHOCK / TSS / VARICELLA (Auschung)</p>	
	<p>last fever spike yesterday. <u>PLAN</u></p>	
	<p>urine ✓ orally ✓ stool ✓</p>	<p>- IV taper to 1/2 maintenance - 2 DECHO Today.</p>
	<p>O/E HR-143 BP-98/60</p>	<p>- strict I/O charting</p>
	<p>RR- 23/min 11weel feet</p>	<p>- monitor vitals</p>
	<p>SpO₂ - 97% on RA CFT < 3sec</p>	<p>- CT CEFTRIAXONE</p>
	<p>Peripheries warm U/O - 3ml/kg/hr</p>	<p>LINEZOLID ZOVIRAY</p>
	<p>Varicella lesions + Erythema + (better)</p>	<p><i>Pranti</i></p>
	<p>Rs - clear</p>	
	<p>CVS - S₁S₂ +, No murmur</p>	
	<p>CNS - wnc</p>	
	<p>P/A - no organomegaly</p>	<p>Noted by Sonam</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 7:00 AM	<p>cds/13 Dr. Naipunya / Dr. Prashanthi</p> <p>septic shock / TSS</p>	<p>Varicella infections</p>
	<p>No fever.</p> <p>oral intake - improved.</p> <p>Vitals -</p> <ul style="list-style-type: none"> HR - 133 RR - 26 cpm SpO₂ - 97% <p>BP - 106/61 (74)</p> <p>U/O/P - 3.6ml/kg/w. (+150ml)</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Cont ceftriaxone linezolid - cont syp. Zovirax - Stop IVP - 2D echo today - strict I/O charting - Monitor vitals - plan shift out after rounds <p>Noted by Sonam</p>

PROGRESS NOTES AND DOCTOR'S ORDER


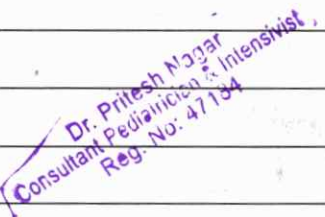

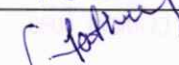
Date & Time	Progress Notes	Doctor's Order
15/6	C/S/13 Dr. pritesh	
9:00AM	Septic shock / TSS / varicella.	
	No fever.	Plan
	Good intake - improved.	- stop IVF
	Vitals - stable.	- Plan shift out after 12:00pm
	V/O/P - Adequate.	- Cont ceftriaxone.
	R/S / NAD	linezolid.
	PIA	Zovirax.
		- Strict N/O Chewing
		- monitor vitals.

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



Noted by Sumit

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:10am	Counselled	
15/06/26	Better / Fever ↓	
	HR / BP / ok	
	W/o Good	
	Activity Playing]-	
	IVF Stop - orally Diet	
	↓	liquids
	(4-5m) → (Ok) →	Shift Room
		
		
		 



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 1:15pm	ds/B in Prone D - TSS	
	<p>✓ Last feeds - yst</p> <p>✓ Passing urine</p> <p>✓ Maintaining BP</p> <p>BP - 101/64 (7h)</p> <p>HR - 132/min</p> <p>SpO₂ - 97%</p>	<p>Plan</p> <p>1) Shift out</p> <p>2) D₂ Ceftriaxone - D₂</p> <p>Syp Levofloxacin - D₃</p> <p>Syp Amoxicillin - D₃</p> <p>3) ZYTEE - oral</p> <p>T-Bact ointment at lesion</p>
	<p>child alert</p> <p>Axial</p> <p>R-S - B/LAE ⊕, clen</p> <p>plst - soft</p>	<p>4) Encourage orally</p> <p>5) Monitor vitals w/ urine (I/O charting)</p> <p>6) Infor SOS</p>
		Prone
		Noted by Seattle

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 3PM	C/S/B dr. Vasu	
	<u>Dis - Toxic shock syndrome</u>	
	- Not fever yesterday.	
	- Passing urine.	
	- oral intake & activity - Normal.	
	S/E - HR - 130/min.	Plan
	RR - 26/min.	① ct. Abx
	SpO ₂ - 100% @ RA	- Oral Linezolid.
	BP - 105/63 (7C) mmHg	- Oral Augmentin.
	S/E - WNL.	- IV ceftriaxone
		② Monitor urine output, BP.
		③ ct. Zytex RB gel
		④ Encourage orally.
		⑤ Inform SOS.
		NB Snake 3 PM



PROGRESS NOTES AND DOCTOR'S ORDER

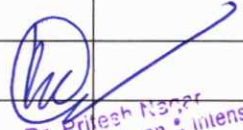
Date & Time	Progress Notes	Doctor's Order
15/6/26 11:55 pm	c/s/hy. Do patch	
	<u>Δ</u> : TSS / ? septic shock	
	Afebrile, Rash (+)	
	<u>vital stable</u>	
	Intak - Improving u/o - Good.	
	<u>S/E</u> NAD	<u>Plan</u>
		Enhance orally.
		ct Antibiotic.
		BP, u/o Monitor.
		ct vit.
		Iform (sos)
		NB: Sachin 5 pm

(Nu)

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06/26 2 AM	<p>C/S/G - Dr. Prateek 2/3 Toxic Shock Syndrome Loose stools ⊕ (3-4 episodes) Afebrile Accepting orally O/C - 40-50% Hemodynamically stable Hydration - good</p>	<p><u>Adms</u> Cont Ceftriaxone stop Oral Linezolid x 7 SD Acyclovir - Trace TBlood C/S - trace - Supportive care - f/c after 98 hours. Discharge</p> <p style="text-align: right;">Santosh</p>
		 Dr. Prateek Nagar Consultant Pediatrician & Intensivist Reg. No: 47184



DRUG CHART

Date of Admission: 13/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

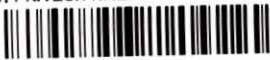
- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - 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: <u>SYP. PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				
<u>1240</u>				
DRUG: <u>EROCIN DROPS</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>0.8 ml</u>	<u>PO</u>	<u>SOS</u>	<u>13/6</u>	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				
<u>PARACETAMOL 118m</u>				
<u>(100mg/ml)</u>				
DRUG: <u>SYP. IBUPROFEN</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>2.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>13/6</u>	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY: Name Sign:

Verified by
Dr. Dhakshayani



REGULAR PRESCRIPTIONS

Weight. 7.6 Kg Ward.

DRUG : Inj. CLINDAMYCIN				Date Time	13/6
Dose	Route	Frequency	Start Date		
75mg	IV	Q 8h	13/6/26	7AM X	
Name & Signature of the Doctor Starting the Drugs:				STOP	
Additional Instructions:				3pm (be with)	
Daily Doctor's Endorsement by a Sign				11pm	
DRUG : Inj. FLUCLOXACILLIN				Date Time	13/6
Dose	Route	Frequency	Start Date		
125mg	IV	Q 8h	13/6/26	7AM X	
Name & Signature of the Doctor Starting the Drugs:				STOP	
Additional Instructions:				3pm (be with)	
Daily Doctor's Endorsement by a Sign				11pm	
DRUG : Inj. LINEZOLID				Date Time	13/6 14/6
Dose	Route	Frequency	Start Date		
75mg	IV	Q 8h	13/6/26	7AM X	
Name & Signature of the Doctor Starting the Drugs:				STOP 14/6	
Additional Instructions:				3pm 6pm (be)	
Daily Doctor's Endorsement by a Sign				11pm 5pm	
DRUG : SYRUP. ZOVIRAX				Date Time	13/6 13/6 14/6 15/6 16/6
Dose	Route	Frequency	Start Date		
2ml	PO	QID	13/6/26	12AM X	
Name & Signature of the Doctor Starting the Drugs:				6pm X	
Additional Instructions:				12pm X	
Daily Doctor's Endorsement by a Sign				6pm (be with)	

Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.6 kg Ward

Verified by
Dr. Dhakshayani

DRUG : ZYTEE - RB Gd				Date Time	15/6	14/6	15/6	16/6												
Dose	Route	Frequency	Start Dt.	3AM		2P	5P	8P												
-	Local	6 th hly	13/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Pranav</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>													
Additional Instructions:				12PM																
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>													

DRUG : T-BACT oralnet				Date Time	14/6	15/6	16/6													
Dose	Route	Frequency	Start Dt.	3AM																
-	VA	TID	14/6																	
Name & Signature of the Doctor Starting the Drugs: <i>(Pranav)</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>														
Additional Instructions:				11AM																
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>														

DRUG : Syz LINEZOLID				Date Time	14/6	15/6	16/6													
Dose	Route	Frequency	Start Dt.	7AM																
4ml	PO	TID	14/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Pranav</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>														
Additional Instructions: 5ml = 100mg				11PM																
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>														

DRUG : Ij CEFTRIAXONE				Date Time	14/6	15/6														
Dose	Route	Frequency	Start Dt.	7AM																
750mg	IV	Once Daily	14/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Pranav</i>				<i>[Signature]</i>	<i>[Signature]</i>															
Additional Instructions: 100 mg/kg/day				10AM																
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>	<i>[Signature]</i>															

Verified by
Dr. Dhakshayani

Verified by
Dr. Dhakshayani

VERIFIED



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : Drop . 2 x D				Date Time	16/6																
Dose	Route	Frequency	Start Dt.																		
1ml	oral	OD	16/6																		
Name & Signature of the Doctor Starting the Drugs:																					
B. Singh																					
Additional Instructions:																					
ZINC (1ml/day)																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Pro 66 drops				Date Time	16/6																
Dose	Route	Frequency	Start Dt.																		
15	oral	3D	16/6																		
Name & Signature of the Doctor Starting the Drugs:																					
B. Singh																					
Additional Instructions:																					
10pm																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : Name Signature



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
--------------	------------	------------	------------	------------

DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Start Date	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/6/26	2pm	0.9% IV NS BOLUS	80ml/hr	IV	Pritesh	Saram
13/6/26	8:45pm	NS BOLUS	50ml	IV once / hour	Pritesh	Saram
14/6	2:30 AM	Tab FUROSEMIDE	1mg	IV	Pritesh	Saram
14/6	2:45 AM	N-S BOLUS	50 ml	IV once / hour	Pritesh	Saram

VERIFIED BY : Name Signature

Verified by

I.V. FLUIDS CHART

Weight. 76kg Ward.

DATE	TIME	Position 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
13/6/26	2pm	10% Dextrose IVF - PLASMA-LYTE (Full maintenance)	IV	33 ml/hr	Prit	Swathi			
13/6/26	2PM	PLASMA-LYTE 400ml + 100ml 25% Dx	IV	33ml	Dr. <u>Swathi</u>	<u>Swathi</u> <u>Swathi</u>	14/6/26		<u>Swathi</u> <u>Swathi</u>
14/6/26	9AM	Inf LASIX 2ml + 18ml NS (1ml = 1mg) (0.1ml/kg/hr)	IV	0.7 ml/hr	Dr. <u>Nau</u>	<u>Swathi</u> <u>Swathi</u>	14/6/26 10PM		<u>Swathi</u> <u>Swathi</u>
14/6	10AM	IVF PLASMA-LYTE + 375ml 125ml 25% Dextrose	IV	25ml/hr ↓ change to 15ml/hr	Dr. <u>Swathi</u>	<u>Swathi</u> <u>Swathi</u>	15/6/26	<u>R</u>	<u>Swathi</u> <u>Sai Swathi</u>
14/6	1:20 AM	IVF Plasma-lyte + 125ml 25% Dextrose	IV	15 ml/hr	Dr. <u>Prit</u>	<u>Swathi</u> <u>Swathi</u>	15/6/26	<u>Dr</u>	<u>Swathi</u> <u>Swathi</u>

Signature

VERIFIED BY: Name

HNH-00015955 IP26-00006576

Master SAMRAT

08-05-2025 1 Y 1 M 5 D (M)

Dr. PRITESH NAQAR



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: CP Shifted to: PICU

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. Prashanti

Date & Time : 13/6/26 @ 1:50 PM

Nurse Name & Signature: Pradip

Date & Time : 13/6/26 @ 1:50 PM

INH-00015955

IP26-00006576

Center SAMRAT

8-05-2025

1 Y 1 M 5 D

(M)

Dr. PRITESH NAGAR



213

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

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RESULT SHEET

Date	13/6/26	14/6/26			
Time	2:36pm	10:34			
Hb	11.3	10.2			
PCV	31.6	28.3			
RBC	4.24	3.82			
WBC	5.93	7.19			
N/L	81.4/12.4	48.7/338			
Platelets	297	244			
CRP	12.0				
ESR					
PCT	5.26				
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea		18			
Creatinine	0.5	0.4			
ALP	244				
SGPT	24				
SGOT	45				
T.Bill/Conj	0.75/0.5				
T.Protein	7.2				
S.Albumin	4.5				
S.Globulin	2.7				
A/G Ratio	1.6				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
W/L CPK		23			

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

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

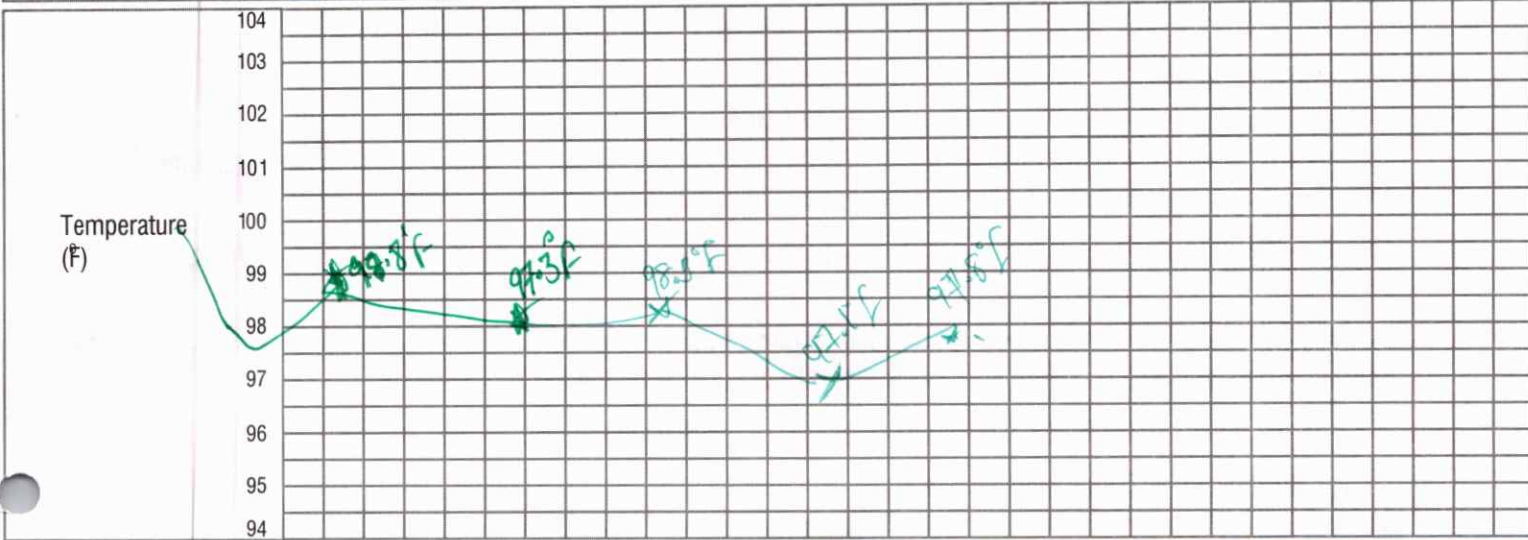
 Others (ECG, Contrast Studies etc.) :

Patient

DAILY WARNING SCORE: CHILDREN'S UNIT

Date: 15/6/26 Time: 4pm 6:30pm 10pm 2Am 6Am

Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				
Note: BP does not score in early warning scoring					
Heart Rate (Number)	123bhr	129bhr	121bhr	118bhr	

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)	32bhr	32bhr	32bhr	32bhr	31bhr

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

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

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



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
15/6	02:00 pm	✓								✓	0		S
	03:00 pm	✓								✓	0		
	04:00 pm	0	Cereal + H ₂ O							✓	0		
	05:00 pm	✓								✓	0		
	06:00 pm	✓								✓	0		
	07:00 pm	✓								✓	0		
Total Intake :						Total Output :					U - M -		
15/6	08:00 pm	✓								✓			M
	09:00 pm	✓								✓			
	10:00 pm	✓								✓			
	11:00 pm	✓	richioli							✓			
	12:00 am	✓								✓			
	01:00 am	✓								✓			
Total Intake :						Total Output :							
16/6	02:00 am	✓								✓			M
	03:00 am	✓								✓			
	04:00 am	✓								✓			
	05:00 am	✓	milk							✓			
	06:00 am	✓								✓			
	07:00 am	✓								✓			
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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	
			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							



NURSING CARE RECORD

Date: 15/6/26

- 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				D/C U			
Afternoon	2 Pm ho 8 Pm	Assess the Pt condition. Monitor vitals. Maintain Trochanter. Provide the comfortable position. Medication give as per as doctor order.	2 Pm ho 8 Pm	Assessed the Pt condition. Monitored vitals. Maintained Trochanter. Provided the comfortable position. Medication given as per as doctor order.	→ Pt is stable. → vitals normal.	→ Monitor vials. → Maintain Trochanter.	Sachy y
Night	8 Pm 9 Am	→ Assess the pt condition. → monitor the vitals. → provide comfortable position. → medication give as per drug chart.	8 Pm 9 Am	→ Assessed the pt condition. → monitored the vitals. → provided comfortable position. → medications given as per drug chart.	→ pt is stable now	→ Re-assessed the vitals	MS

HNH-00015956
 Master SAMRAT
 08-05-2025 1 Y 1 M 8 D (M)
 Dr. PRITESH NAGAR
 IP26-00006576

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							

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known							
	<u>Fever & Rash & dehydration</u> <u>Toxic shock syndrome</u>		If Yes Specify:							
BACKGROUND	Area	Shift Time	13/6/26 E2	13/6/26 N1	14/6/26 M6	14/6/26 E2	14/6/26 M6	15/6/26 N1	15/6/26 M6	
		Medical Condition (Any special condition to be noted):		TSS	Toxic shock syndrome	TSS	Fever, rash, dehydration	TSS	TSS	TSS
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:		98.9 F	98.9 F	97.9 F	97.6 F	98.8 F	98.8 F	98.8 F
		Res:		20 b/m	28 b/m	37 b/m	30 b/m	36 b/m	36 b/m	35 b/m
		SpO ₂ :		99%	99%	100%	98%	99%	99%	98%
		Pulse:		141 b/m	159 b/m	135 b/m	147 b/m	140 b/m	140 b/m	130 b/m
		BP:		84/54	92/44	96/66	110/77	110/77	110/77	110/77
Fall Risk Score:		-	-	-	-	-	-	-	-	
Pain Score:		-	-	-	-	-	-	-	-	
Recommendations	Safety Needs:		-	-	-	-	-	-	-	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		-	-	-	-	-	-	-	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		NA	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:			NA	NA	NA	NA	NA	NA	NA	
Handed Over By Name :			Swetha	Swarnam	Swetha	Pranav	Swetha	Swetha	Swetha	
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:			14/6/26	14/6/26	14/6/26	14/6/26	15/6/26	15/6/26	15/6/26	
Time:			8pm	8AM	2pm	8pm	8AM	8AM	2pm	
Taken Over By Name :			Swarnam	Swetha	Pranav	Swetha	Swetha	Swetha	Swetha	
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:			13/6/26	14/6/26	14/6/26	14/6/26	15/6/26	15/6/26	15/6/26	
Time:			8pm	8AM	2pm	8pm	8AM	8AM	2pm	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: <i>Toxic Stroke</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	<i>15/6 EL</i>	<i>15/6 NI</i>				
	Medical Condition (Any special condition to be noted):						
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 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
	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 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: <i>98.2 F</i>	<i>98.1 F</i>				
		Res: <i>30b/m</i>	<i>30b/m</i>				
		SpO ₂ : <i>99%</i>	<i>99%</i>				
		Pulse: <i>130</i>	<i>128b/m</i>				
		BP: <i>99/59</i>	<i>98/52</i>				
	Fall Risk Score:	<i>-</i>	<i>-</i>				
	Pain Score:	<i>0</i>	<i>0</i>				
Recommendations	Safety Needs:	<i>-</i>	<i>YES</i>				
	Physiotherapy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:	<i>-</i>	<i>-</i>				
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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
	Other Special Orders / Medications:	<i>-</i>	<i>-</i>				
	Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>				
	Handed Over By Name :	<i>Sm</i>	<i>Amutha</i>				
	Signature :	<i>[Signature]</i>	<i>[Signature]</i>				
	Date:	<i>15/6</i>	<i>16/6/25</i>				
	Time:	<i>9PM</i>	<i>8AM</i>				
	Taken Over By Name :	<i>Amutha</i>					
	Signature :	<i>[Signature]</i>					
	Date:	<i>15/6/25</i>					
	Time:	<i>9PM</i>					



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	15/6				
	3 to less than 7 years old	3	✓				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	✓				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Abnormalities in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	✓				
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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	✓				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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	✓				
Total			15				

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

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		✓				
Other Intervention(s) Specify		-				
Nurse's Name:			Swisher			
Signature:			Be			
Date:			15/6			
Time:			2pm			



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/6/26	6pm	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	SD
13/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
14/6/26	6AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
14/6/26	8pm	0/0	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	SD
14/6/26	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
14/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
15/6/26	10AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
15/6	2pm	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	SD
15/6	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD
16/6	8AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SD

Re-assessment Frequency:

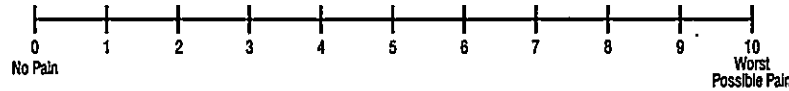
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain relief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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



HNH-00015955

IP26-00006576

Master SAMRAT

08-05-2025

1 Y 1 M 5 D

(M)

Dr. PRITESH NAGAR



BRADEN 'Q' SCALE



					Date :	15/6	15/6	15/6	
					Time :	10AM	8u	NI	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	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.		3	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.		3	4	4	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	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.		3	4	3	
TOTAL SCORE						23	24	23	
Evaluator's Name						Be	Be	Be	

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay




CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	13/6 DAY-1			14/6 DAY-2			15/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA		
Signature of the Nurse													

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 : Sunitha

Signature of Ward In Charge :

Signature :  Name : Sunitha

HNH-00015955

IP26-00006576

Master SAMRAT

08-05-2025 1 Y 1 M 5 D (M)

Dr. PRITESH NAGAR



BRADEN 'Q' SCALE



					Date :	13/6	13/6	13/6	14/6
					Time :	8	M	1hr	2
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.		3	3	3	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.		3	3	3	3
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.		3	3	3	3
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
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.		3	3	3	4
TOTAL SCORE						23	23	23	24
Evaluator's Name						luc	ssg	Q	Q

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			13/6	13/6	14/6	14/6	14/6/26
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3	3	3	3	3	3
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	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	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	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	1	1	
Total			18	18	18	18	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

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		-	-	-	-	-
Other Intervention(s) Specify		-	-	-	-	-
Nurse's Name:		Nagrat	Suman	Savit	Pooja	Suman
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		13/6/26	13/6/26	14/6/26	14/6/26	14/6/26
Time:		4pm	8pm	8pm	8pm	8pm

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: SAMRAT Age: 1yr Gender: Male Female

UHID.No : _____ Date: 13/6/26

I RAHUL S/o, D/o, W/o, _____ hereby declare that our patient Master/Baby Samrat who is related to me as Son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 13/6/26

The doctors have explained to me in a language understood by me that my child has following health related issues :
fever & rash
? Toxic Shock Syndrome.
Sepsis.

The doctors have clearly explained to me that my patient Master / Baby Samrat during his/ her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Samrat in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Rahul
Name: Rahul
Relationship with Patient: Father
Date & Time: 13/6

Witness :

Signature: Beey
Name: Sunita (RCH)
Date & Time: 13/6/26 at _____

Doctor (who is taking the consent) :

Signature: Dr. Naipunya
Name: Dr. Naipunya
Date & Time: 13/6

HNH-00015955
 Master SAMRAT
 08-05-2025 1Y1M5D (M)
 Dr. PRITESH NAGAR

IP26-00006576

wt 7.6 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Maat Samrat Age : 1 year Gender: Male Female

Date : 13/6/26 Time of Arrival : 1:20pm

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: 101.5° PR: BP: 97/53 RR: SpO₂: 97%

Chief Complaints: C.I.D fever since

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input 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 : 1:25pm

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 : Sugenda

Signature of Triage Nurse : [Signature]

Date & Time : 13/6/26 @ 1:25pm

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/6/26 Time of arrival : 1:25pm
 Chief Complaints: Fever from morning today RBS:
 Height : 76cm Weight : 7.6kg BMI : Head Circumference (<2 years) :

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker
 Character N/A Location N/A Frequency N/A Duration

RISK FOR FALL:

If patient is < 6 years
 tick below fall risk intervention directly

If Patient is > 6 years
 Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

Siblings in household Yes No (if yes How Many?) 1 younger brother 2 younger Sister

Time of Initial assessment completed by ER Nurse : 1:23pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ Checked the pt vital
	→ medication given to the pt
	→ IV placement done

Samples collected by: _____

Time: _____

Samples sent by: _____

Time: _____

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: 170 bpm BP: CFT: 2 sec RR: 24 bpm SPO ₂ : 99% GCS: 15/15 Temperature: 101.5°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: PICU Time of Shift - out: 3pm Handover given to: Sonilla (Nurse's Name)


Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Probin Signature of the Nurse: _____

Date & Time: 13/6/26 @

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015955 IP26-00006576 Master SAMRAT 08-05-2026 1 Y 1 M 5 D (M) Dr. PRITESH NAGAR		Date & Time of Admission 13/6/26 @ 1:51 PM	Date & Time of Transfer Order 13/6/26 @ 3:10
		Transfer Ordered by Dr. Prashanti	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Prashanti		Name of Person Ordered Transfer Dr. Prashanti	
Patient & Clinical Records Received by : Sumitha			
Date & Time of Patient Received : 13/6/26 at 3:10 PM			

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

MNH-00015955
 Master SAMRAT
 08-08-2025 1 Y 1 M 5 D (M)
 Dr. PRITESH NAGAR

213



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/6/26 Time: 10 AM

Weight: 7.6 kg Centile: LSth

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1250 kcal/d Protein: 21 gms/d

Diet Recommendations: Soft Diet

Re-Assesment: Avoid spicy, chilled & outside foods

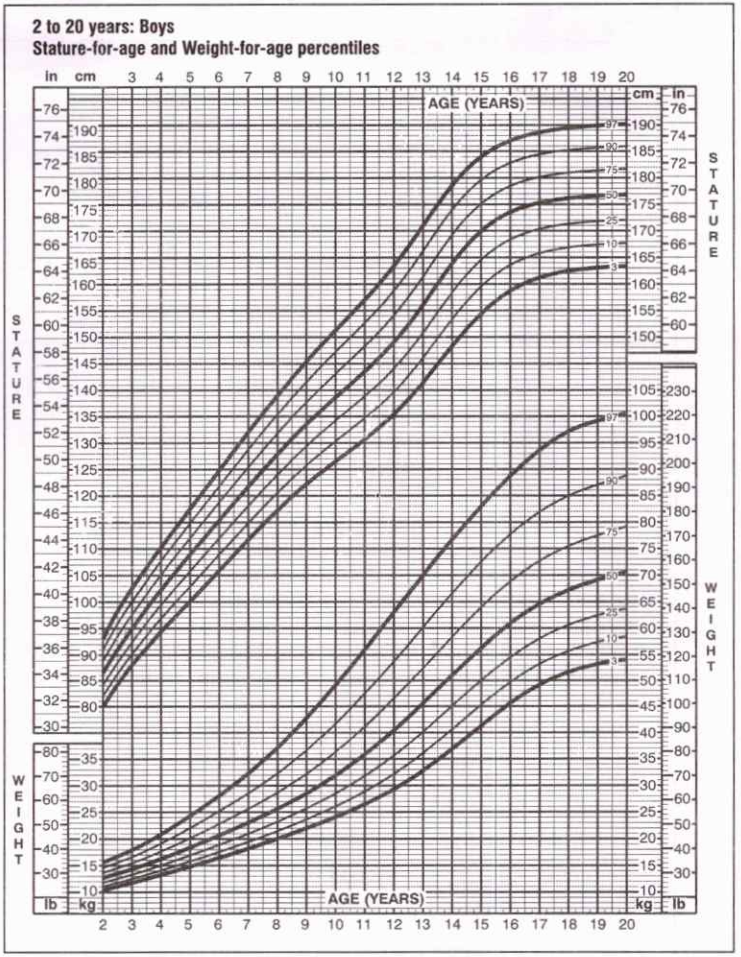
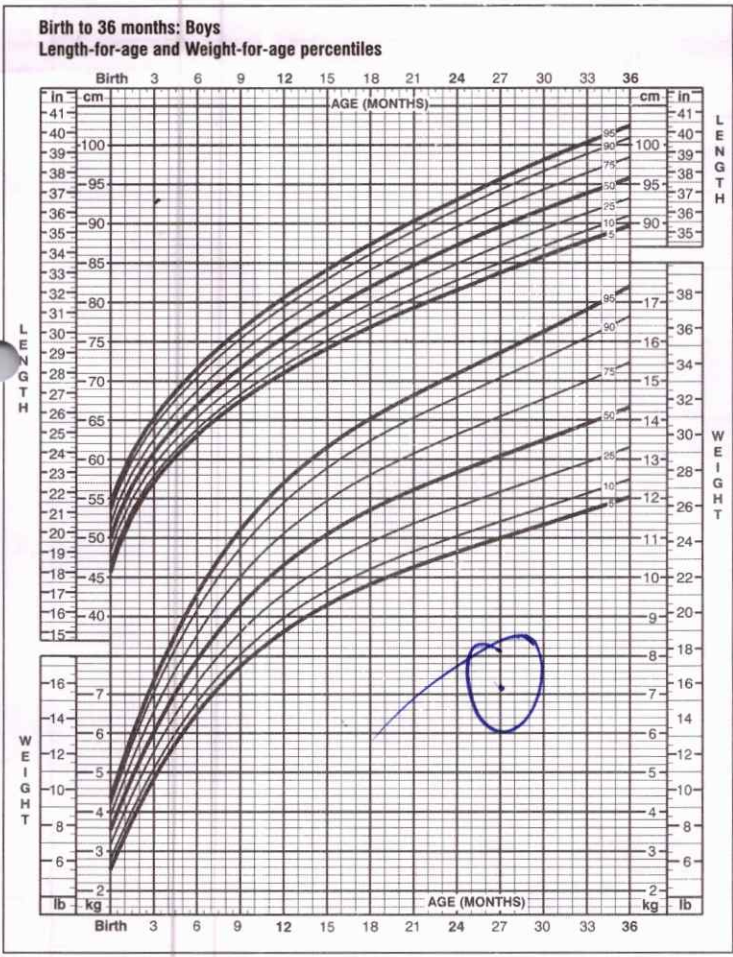
Food Allergies: NO Veg/Non-veg: NON-VEG

Diagnosis: AFI & TSS

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]

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Master SAMRAT
08-05-2025 1 Y 1 M 5 D (M)
Dr. PRITESH NAGAR



BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

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