

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006605

Admit Date : 18-Jun-2026

Admit Time : 08:36 PM UHID : HNH-00016042

Patient Details :

Patient Name : Master ASHTON NATHAN

Age : 6 Y 5 M 29 D

Guardian : Mr NICHOLAS NADAN

DOB : 20-12-2019

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : HIG-11/BLOCK-12,FLAT-5,
BAGHLINGAMPALLY,HYDERABAD Bagh
Lingampally Hyderabad Telangana INDIA
500044

Phone No : 8019542648/ 9391384983

E-mail : NICKN230183@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : ER01

Ward Name : GF -EMERGENCY

Room No : ER01

Admission Type : First Visit

Contact Details :

Name : Mr NICHOLAS NADAN

Relationship : Father

Contact Address : HIG-11/BLOCK-12,FLAT-
5,BAGHLINGAMPALLY,HYDERABAD Bagh
Lingampally Hyderabad Telangana INDIA 500044

Phone No : 8019542648



Signature

Doctor Details :

Doctor Name : Dr. Milind Prabhakar Bhide

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Dr Milind Bhide

Phone No : 9394867102

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card

Payor Name : ADITYA BIRLA HEALTH INSURANCE
CO. LTD

172

Q

B

ACTIVITY

HNH-00016042 IP26-00006605
Master ASHTON NATHAN
20-12-2019 6 Y 5 M 29 D (M)
Dr. Milind Prabhakar Bhide

IG

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
18/6/20	8:45 PM	ER	Ward	[Signature]

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/6/26	IV placement	①	207310	
17/6/26 (10:40 AM)	NHA	①		

ANY OTHER INFORMATION

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.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : Ashton

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00016042 IP26-00006605
Master ASHTON NATHAN
20-12-2019 6 Y 5 M 29 D (M)
Dr. Milind Prabhakar Bhide



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Abdominal pain :: 3 day

c/o Vomiting :: 3 day

c/o Poor oral intake / Dull activity :: 2 day

c/o Reduced urine output :: 1 day

History of present illness :

Child brought with c/o

Abdominal pain :: 3 day

Worsening abdominal pain :: yesterday

Constant Pain, diffuse all over abdomen

c/o Vomiting :: 3 day

Multiple episodes, Watery stools
Non bilious / Non blood stained

c/o Poor oral intake

c/o Dull activity } :: 2 day

c/o Reduced urine output :: 1 day

Passed stools after 2 day as c pain

USS Abdomen on 16/8 (outside) - @

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 20 kg (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate: 78 /min Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : 24 /min

Rash _____ Signs of Dehydration - sunken eyes, dry lips, mucous

Lymphadenopathy _____ Delayed skin turgor

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAE ⊕

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : BSd

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/14

Cranial Nerves : 10

Motor System :

Nutrition : /

Tone : / Power /

Co-ordinator : 0

Posture : /

Involuntary Movements : /

Reflexes :

DTR

Superficials :

Plantars /

Sensory System :

/

0

Bladder / Bowel : /

Clinical Summary & Diagnostic :

Acute Gastroitis ± Dehydrated

? Infectious Colitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

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Master ASHTON NATHAN
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Dr. Milind Prabhakar Bhide



Desired goals of the treatment :

Planned Labs :

VBS

CBP, CRP

LFT, Amylase, Lipase
Creatinine

+ Contrast plain

X ray erect Abdomen

- CUE (DUG)

USS Abdomen - T/M

Noted By Prabhakar

Planned Management :

IV Fluids

-> Inj Ondem

-> Inj Esomeprazole

- Inj Buscopan - Stat

-> Clear liquids initially

if Tolerating then soft diet

Surgical consult - T/M

Noted By Prabhakar

Please fill up the following details

1. Name of the Referring Doctor : _____

2. Name of the Referring Hospital : _____
(Including the name of City)

3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)

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

Doctor's Signature Name _____ Date 18/6 Time _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6	CBS/Bs Dr. Prasad / Dr. Prashanthi	
10pm		
	<p>Acute Gastritis - Dehydration ? Infective Colitis</p>	
	<p>Abdominal pain ⊕ Vomiting - ↓</p>	<p>Plan 1) IV Fluids 2) Sig Ondansetron Sig Esomeprazole</p>
	<p>Child asleep Vitals stable Afebrile R-S - B/L AFB ⊕ P/A - Soft</p>	<p>3) Encourage orally clear liquids ↓ if tolerating soft diet</p>
	<p>P.V - Good -</p>	<p>4) ProctoClysis enem - stat 5) Monitor Vitals 6) Trace lab</p>
		<p>Prasad</p>
		<p>N.B Amruth @ 10pm.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6 10:15 pm	<p>215/12 Dr. Milind / Dr. Prateek S</p> <p><u>Acute Gastritis & Dehydration</u> <u>? Infectious Colitis</u></p>	
	<p>Abdominal pain ⊕ Vomiting - ↓ Child asleep</p>	<p>Pla</p> <p>1) SOS - 8g Tramadol (of pain) 2) Proctoclysis norm - 5ml</p>
	<p>V. Tab stool R/S - B/L PE ⊕</p>	<p>3) 8g Escorpezal 8g Ondin</p>
	<p>PLA - Soft Non tend</p>	<p>4) USG Abdomen - T/m</p>
		<p>5) Duphalac 1000 - T/m</p>
		<p>6) High fibre diet Encourag. orally</p>
		<p>7) Terna Labs</p>
		<p>N.B Amurathu 211pm -</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>19/6</u>	<u>CLSB Dr. Pravar / Dr. Prashanti</u>	
	<u>Acute Gastritis - Dehydration</u>	
	<u>? Infectious Colitis</u>	
	Abdominal pain ⊕	Plan 1) SOS - Dig Transadol
	Did not pass stool	2) Dig Esomeprazole Dig Ondans
	Child asleep	3) USS Abdomen today
	Vitals stable	4) To start Duphalac
	CFT < 3su	5) MgB jk diet
	R-S-BNAED	6) Monitor Vitals
	PIA - soft.	
		Pravar W.B Amoxicillin @ 8AM.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 11 AM	c/s/by Dr Arichett	
	Severe acute gastric dilatation	
	No pain abdomen	
	(CSB) jejunal loading	
	PIA - soft	- Paed. surgeon opinion
		- ct w/ fluid
	conscious	
		- free T4, TSH = previous sample
	CVS - S4 S1 @	
	PI - BII - AHO	- Echo orally.
		fibre rich diet
	↓ oral Intake.	
		- Plenty of oral liquids
		- Syp SMVIT 1oz in the morning
		- MVBVT powder
		3 scoops in 18oz water at bedtime

Dr. Arichett
 noted by Dr. Arichett
 19/6/26
 11:19

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 Master ASHTON NATHAN
 20-12-2019 8 Y 5 M 29 D (M)
 Dr. Milind Prabhakar Bhide



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 : <i>Syp CROCIN-DS</i>				Date Time															
Dose	Route	Frequency	Start Date																
<i>6ml</i>	<i>PO</i>	<i>SOS</i>	<i>18/6</i>																
Doctor's Signature		Valid Period	Pharm.																
<i>Pran</i>																			
Additional Instructions: <i>If T > 100°F</i> <i>(Sul = 240mg)</i>																			

DRUG : <i>APREPIALCEREMA</i>				Date Time															
Dose	Route	Frequency	Start Date																
<i>20ml</i>	<i>PR</i>																		
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

Signature
Verified by Name



REGULAR PRESCRIPTIONS

Weight. 20 kg Ward.

DRUG : <u>In ONDANSETRON</u>				Date Time																
Dose <u>20r</u>	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>In ONDANSETRON</u>				Date Time	<u>18/6</u>	<u>11/6</u>														
Dose <u>4mg</u>	Route <u>IV</u>	Frequency <u>TID</u>	Start Date <u>18/6</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Phm</u>				<u>6am</u>	<u>X</u>	<u>CB</u>														
Additional Instructions: <u>0.2mg/kg</u>				<u>2pm</u>	<u>X</u>															
Additional Instructions:				<u>10pm</u>	<u>CB</u>															
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>In ESOMEPRAZOLE</u>				Date Time	<u>18/6</u>	<u>11/6</u>														
Dose <u>20mg</u>	Route <u>IV</u>	Frequency <u>OD</u>	Start Date <u>18/6</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Prann</u>				<u>6am</u>	<u>CB</u>	<u>CB</u>														
Additional Instructions: <u>1mg/kg</u>				<u>10pm</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>MUSCUT powder</u>				Date Time																
Dose <u>3500mg</u>	Route <u>Oral</u>	Frequency <u>bedtime</u>	Start Date <u>19/6</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>B-Singh</u>																				
Additional Instructions: <u>in 180-200ml of water</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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 aster ASHTON NATHAN
 7-12-2019 6 Y 5 M 29 D (M)
 r. Milind Prabhakar Bhide



REGULAR PRESCRIPTIONS

Sheet No:

Weight Ward

DRUG : <i>Syp. SMUTH</i>				Date Time															
Dose	Route	Frequency	Start Dt.																
<i>low oral</i>	<i>orally</i>	<i>morning</i>	<i>19/5</i>																
Name & Signature of the Doctor Starting the Drugs: <i>B. Sneyh</i>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Signature
VERIFIED BY : Name

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

Signature

Signature

Patent Sticker

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6	9pm	IV BUSCOPAN	10mg	IV	PA	Prabir
18/6	10pm	PRACTOCLYSIS ENEMA	66ml	PR	Pran	Amruta Bala manj
18/6	10 AM	15-ml IV GLYCERINE ENEMA	20ml	PR	Pran	Sandhya

VERIFIED BY: Name Signature

HNH-00016042 IP26-00006605
 Master ASHTON NATHAN
 20-12-2019 6 Y 5 M 29 D (M)
 Dr. Milind Prabhakar Bhide



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 : Dn. Pranav

Date & Time : 18/6/26 @ 8:45 PM

Nurse Name & Signature : Prabha

Date & Time : 18/6/26 @ 8:45 PM

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

PATIENT TRANSFER FORM

HNH-00016042 IP26-00006605
Master ASHTON NATHAN
20-12-2019 6 Y 5 M 29 D (M)
Dr. Milind Prabhakar Bhide



Date & Time of Admission <i>18/6/26 @ 8:36 PM</i>		Date & Time of Transfer Order <i>18/6/26 @ 8:15 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Branav</i>	Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>20</i>	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 No

Name & Signature of Person who is Transferring <i>Prabin</i>	Name of Person Ordered Transfer <i>Dr. Branav</i>
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Patient & Clinical Records Received by :

Amanth

Date & Time of Patient Received :

18/6/26 @ 8:30 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



wt - 19.7 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Master Ashton Age: 6 year Gender: Male Female

Date: 18/6/26 Time of Arrival: 8:10pm

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: 97.7° PR: 76b BP: RR: 26b SpO₂: 98%

Chief Complaints: cpd abdominal pain since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
Circulation / Colour <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 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 : 8:15pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse: [Signature]

Signature of Triage Nurse : [Signature]

Date & Time : 18/6/26 @ 8:15pm

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 Master ASHTON NATHAN
 20-12-2019 8 Y 5 M 29 D (M)
 Dr. Milind Prabhakar Bhide



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/6/26 Time of arrival : 8:10 PM
 Chief Complaints : Abdominal pain since 3 days RBS:

Height : Weight : 19.7 kg BMI : Head Circumference (<2 years) :

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker

Character : N/A Location : N/A Frequency : N/A Duration : N/A

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: N/A (Date/Time): N/A

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse: [Signature] @ 8:20 PM

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

Time	Nursing Notes
8:20pm	Assessed the general condition → vitals checked and recorded.

Samples collected by: *[Signature]*

Time: *[Signature]*

Samples sent by: *[Signature]*

Time: *[Signature]*

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: 78b/m BP: CFT: 25cc RR: 26 SPO ₂ : 98% GCS: 15/15 Temperature: 97.8°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: ward Time of Shift - out: 9:20 PM Handover given to: (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: *[Signature]*

Signature of the Nurse: *[Signature]*

Date & Time: 18/6/2020