

DISCHARGE SUMMARY

Name	Master AADYANTH MAHITH	UHID	LBH-00044634
Father/Guardian	Mr SANDEEP JALIGAN	Age/Gender	5 Y 11 M 11 D/ Male
Address	1-3-802, Kavadi Guda, Hyderabad, Telangana, INDIA		
IP No	IP26-00006620	Admission Date	20-06-2026
Ref Doctor	Self.		
Discharge Date	23.06.2026		

Consultant:

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED LOWER RESPIRATORY TRACT INFECTION (WALRI) WITH RESPIRATORY DISTRESS	

History: Master AADYANTH MAHITH, 5 Y 11 M 11 D , old boy presented with history of high grade fever associated with hurried breathing since morning on the day of admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was febrile, Saturations of 92% at room air and was hemodynamically stable. His heart rate was 98/min and Respiratory Rate -

Name	Master AADYANTH MAHITH	UHID	LBH-00044634
IP No	IP26-00006620	Admission Date	20-06-2026

38/min with intercoastal retractions. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally reduced with bilateral wheeze & conducting sounds were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 23 kilo grams.

Investigations: Enclosed reports.

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

VBG showed pH of 7.31, pCO₂ of 45.5 mmHg, pO₂ of 41 mmHg, HCO₃ of 20.9 mmol/L and BE of -3.9 mmol/L.

Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 13.7 gm%, White Blood Cell count of 5430cells/cumm, platelet count of 2.89 lakhs/cumm and C-Reactive Protein of 16 mg/l.

Chest X-ray shows

Bibasilar mild retrocardiac atelectatic changes noted.

Xray nasopharynx shows

Lobulated soft tissue along posterior nasopharyngeal wall causing mild narrowing of nasopharyngeal air way - Likely mildly enlarged adenoid.

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Management: He was started on oxygen by nasal prongs at 2L/min, Intra Venous fluids and admitted in the ward. In view of chest signs, he was frequently nebulised with Levolin and Ipravent. In view of persistent severe wheeze, injection. Magnesium sulphate and Inj. Methylprednisolone were given. X ray Nasopharynx was done suggestive of Adenoid hypertrophy. Hence Intranasal corticosteroid was given.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. His fever spikes and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support tapered and stopped. Child maintaining saturations on room air.

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

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

Medication during hospital stay:

Injection. Methylprednisolone
Nebulisation Levolin
Nebulisation Ipravent

Advice:

* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. OMNACORTIL FORTE (Methylprednisolone - 5ml/15mg)	7 ml	8am - 8pm (after food)	For 2 days.
2	BUDECORT MDI WITH SPACER (100mcg/puff)	1 puff twice daily	10am - 10pm	For 3 months
3	NEB WITH LEVOLIN (0.63 mg)	0.63 mg	6th hourly	For 3 days
4	METATOP NASAL SPRAY (50mcg/puff)	1 puff in each nostril	At bed time	For 2 weeks
5	Syp.RELENT PLUS	5ml	twice daily (9am-9pm)	for 3 days
6	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTALA on Thursday (25.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Food instructions while taking medications:

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* **Steroids** can decrease the absorption of minerals, proteins & Vit-K from food & increase fluid retention. If not tolerated, take after food & recommended diet to be followed.

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB Nagar** / dial just one toll free number **18002122**.

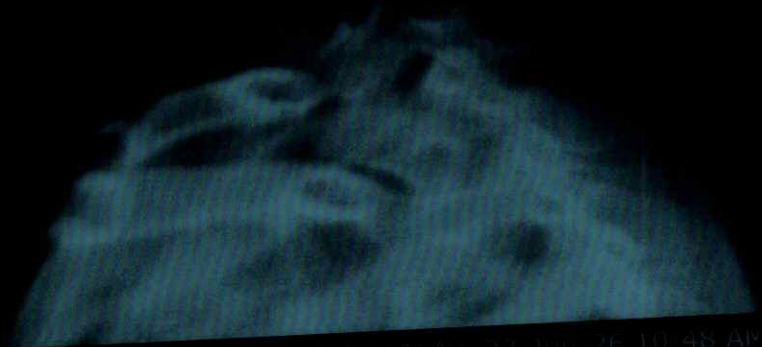
You can also take appointments at any time by going **online** to our website www.rainbowhospitals.in

PC



Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970



MR. DR. RAJATATHI MARDIA ST. 1301110 MELB 00044634 NASOPHARYNX 27-JUL-26 10:48 AM
RAINBOW CHILDREN'S HOSPITAL RIMATATHI INAGAR



MA. TR. KALYANATH MANTH. 27. 11. 11. M. LBH. 0004674. NASOPHARYNX. 25. THE. 26. 10. 48. AM.
RAINBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR

MASTER ADVANTH MAHITH SY CLM 10D M BH 00044534 CHEST AP 20-10-19 4:55 PM
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR

B

RAINBOW CHILDREN'S HOSPITAL
1000 AVENUE K
DENVER, CO 80202
TEL: 303.733.7000
WWW.RAINBOWHOSPITAL.COM

2009
usd 100.00



Levolin 4th hdy

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
<i>23/6/20</i>	<u>01.00</u>	<i>Levolin</i>	<i>(3)</i>	<i>[Signature]</i>
	02.00			
	03.00			
	04.00			
	<u>05.00</u>	<i>Levolin</i>	<i>(4)</i>	<i>[Signature]</i>
	06.00		<i>+ (4)</i>	<i>[7859]</i>
	07.00			
	08.00			
	<u>09.00</u>	<i>Levolin</i>	<i>(1)</i>	<i>[Signature]</i>
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

[7869]

Wass checked done @ 23/6/20

.BH-00044634 IP26-0006620
 Master AADYANTH MAHITH
 0-07-2020 5 Y 11 M 11 D (M)
 Dr. SINDHURA MUNUKUNTLA

Levolin - 4H



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
22/6	01.00	Levolin (4)	Snu	[Signature]
	02.00			
4	03.00			
	04.00	Levolin + IPrenent	Snu	[Signature]
	05.00	Levolin	Snu	[Signature]
	06.00			
	07.00	Levolin		
	08.00			
	09.00	Levolin (1)	Amisha	Pooja
	10.00			
	11.00			
22/6	12.00			
	13.00	Levolin (2)	A	Pooja
	14.00			
	15.00			
	16.00			
	17.00	Levolin (1)	S	[Signature]
	18.00			
	19.00			
	20.00			
	21.00	Levolin (2)	[Signature]	[Signature]
	22.00			
	23.00			

7(5) [7/26] - 7(14)
 Cross checked done by Snu



Levolin 3th Hourly
 Iprevent 8th Hourly

① L 22

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature	
21/6	00.00	Iprevent ②	Sm	[Signature]	
	01.00	Levolin ③	Sm	[Signature]	
	02.00				
	03.00	Levolin ④	Sm	[Signature]	
	04.00				
	05.00	Levolin ⑤	Sm	[Signature]	
	06.00				
	07.00	Levolin ⑥	Sm	[Signature]	
	08.00	Iprevent ⑦	Sm	[Signature]	
	09.00		⑧ 7658		
	10.00	Levolin ①	Sandhya	[Signature]	
	11.00				
	12.00				
	13.00	Levolin ② 7701	Sandhya	[Signature]	
14.00					
15.00					
16.00	Levolin + iprevent ①	A	[Signature]		
17.00					
18.00					
19.00	Levolin ②	A	[Signature]		
20.00					
21.00					
22.00	Levolin + Iprevent ③	Sm	[Signature]		
23.00					

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IP26-00006620

Master AADYANTH MAHITH

10-07-2020 5 Y 11 M 10 D (M)

Dr. SINDHURA MUNUKUNTLA



Levolin 2th Hourly
Ipratent 8th Hourly



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
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	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
20/6	23.00	Levolin	(1)	Sre

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006620

Admit Date : 20-Jun-2026

Admit Time : 08:58 PM UHID : LBH-00044634

Patient Details :

Patient Name : Master AADYANTH MAHITH

Age : 5 Y 11 M 10 D

Guardian : Mr SANDEEP JALIGAN

DOB : 10-07-2020

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : 1-3-802 Kavadi Guda Hyderabad Telangana
INDIA

Phone No : 8886277655/ 9916810505

E-mail : na123@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 SANDEEP JALIGAN

Relationship : S/O

Contact Address : 1-3-802 Kavadi Guda Hyderabad Telangana
INDIA

Phone No : 8886277655


Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self.

Phone No :

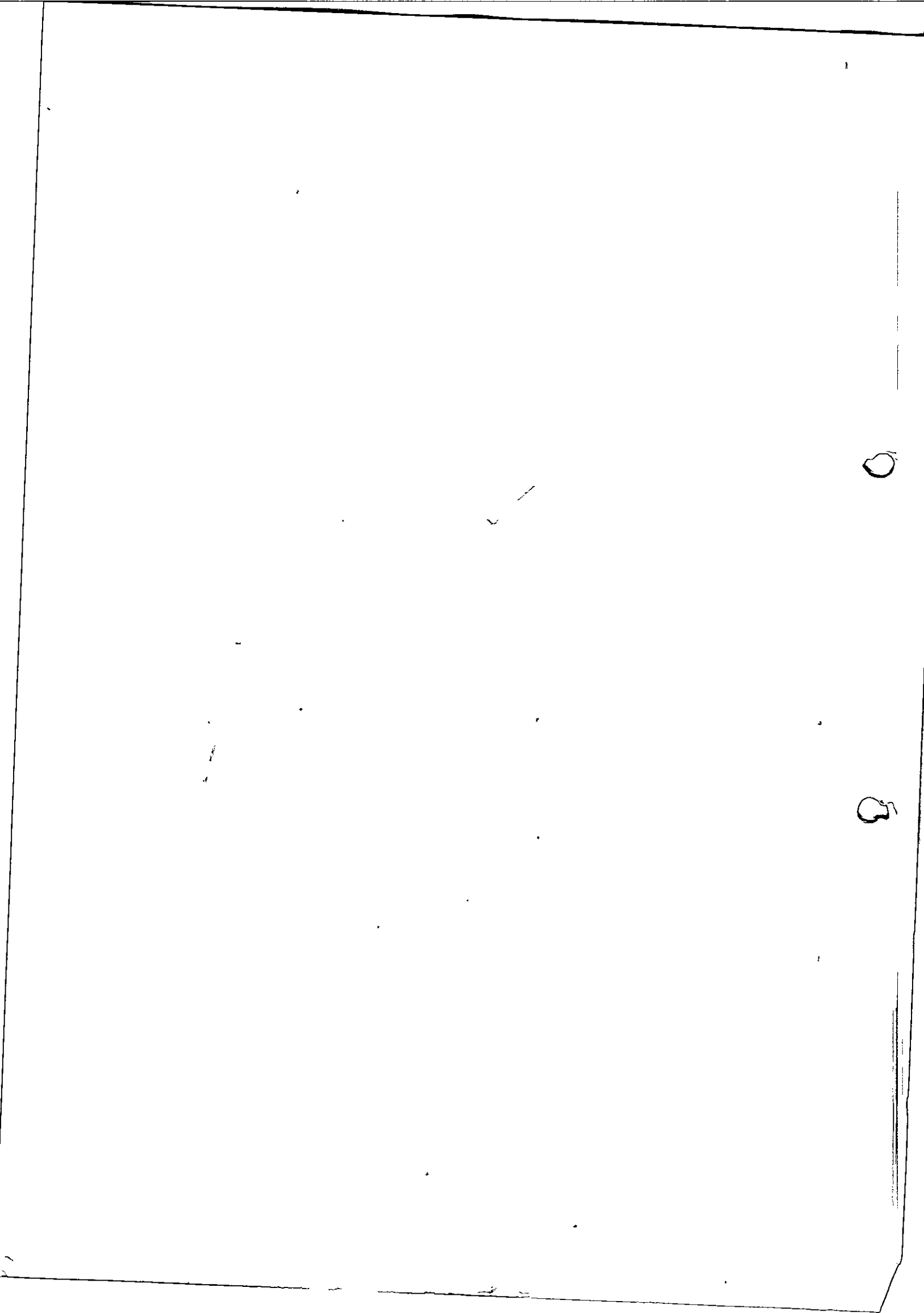
Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card

Payor Name : ICICI ICICI LOMBARD GENERAL
INSURANCE



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Master AADYANTH MAHITH
10-07-2020 5 Y 11 M 10 D (M)
Dr. SINDHURA MUNUKUNTLA



ACTIVITY RECORD FOR BILLING

Name:

UHID No : IP No : Consultant : Dept :

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

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

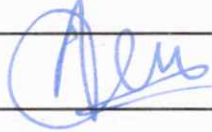

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/20	10:12 PM	ER	Ward	[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
20/6/26	VBG	10099	
20/6/26	CBP, CRP, Respiratory Panel	10098	
20/6/26	CXB (PA view)	7414	
21/6/26	(X) ray nasopharynx lat/v	7424	

Cross checked done by Graham

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/6/26	Iv placement	(1)	207631	Also
21/6/26	Nebulisation	(7)	7658	Sm
21/6/26 10am	NHA	(1)	7704	A
21/6	Nebulisation	(2)	7701	S
24/6	Nebulisation	(5)	7726	S
Cross checked done by Sneh				

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 : Aadyanth Mahith

Patient ID# : LBH-00044634

Consultant : Dr. Sindhura

Final Diagnosis : _____

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Master AADYANTH MAHITH
10-07-2020 5 Y 11 M 10 D (M)
Dr. SINDHURA MUNUKUNTLA



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

cb fever : morning
cb hurried breathing : morning

History of present illness :

Pt was apparently asymptomatic 1 day ago when he had developed fever, moderate to high grade, associated with chills.

cb. hurried breathing since morning associated with dizziness.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 101° F . Pulse Rate: 98 bpm Description _____

B.P. _____ SPO2 92 % at RA

Resp. rate and type of breathing : 38/min with intercostal retractions

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : ⊕ distress

Air entry & breath sounds : Air entry bilaterally reduced

Any added sounds : wheeze ⊕ ; crackling sounds ⊕

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : ⊕

Auscultation : _____

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

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Master AADYANTH MAHITH
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Dr. SINDHURA MUNUKUNTLA



Central Nervous System :

Level of Consciousness : AVPU/GCS Score : N

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

wheeze associated LRTI + distress

Pediatric Multiorgan History & Physical Examination

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Master AADYANTH MAHITH
10-07-2020 5 Y 11 M 10 D (M)
Dr. SINDHURA MUNUKUNTLA



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBG

CBP, CRP

CXR

Respiratory panel (5 views)

NB Brabin

Planned Management :

> O₂ therapy - 2L flow

> IV fluids - 2/3 mto

> MgSO₄ loading dose

> 2mg Methylprednisolone (1mg/kg/dose - BD)

> Neb \bar{c} Ipratropium 8th hourly

> Neb \bar{c} Levoflo 2nd hourly

Inform after 4 hours & re-assess + taper

NB Brabin

Please fill up the following details

1. Name of the Referring Doctor : _____

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

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

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

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Doctor's Signature Name Dr. Sindhura M Date 21/8/20 Time 10 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/20 12:30 AM	S/B Dr. Sneeghan Δ WALKI ERD	Plg
	RR-40/min M-Blk-AFB Ble-cough @ @	CF Neb F level in 2nd E prevent 8h
		O ₂ by NP @ 2L/min
		Monitor RR, SpO ₂
		NBS Snchez
		12:30 PM
21/6/20 2:20 AM	S/B Dr. Sneeghan Δ WALKI ERD	Plg
	RR-28/min CVS-S1S1 @ M-Blk-AFB Ble-cough @	CF Neb E level in 3rd E prevent 8h
		O ₂ by NP @ 2L/min
		Monitor RR, SpO ₂
	SpO ₂ -97% on O ₂ by NP @ 2L/min	- Trace Resp. Parox
		NBS Snchez 7:20 PM

LBH-00044634 IP26-00006620

Master AADYANTH MAHITH

10-07-2020 5 Y 11 M 10 D (M)

Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/06/2020 11 am	s/B Dr. Sindhura M	
	WACRI & RD	
	1 fever spike (+)	Plan
	cough (+)	① Start O ₂ by NP @ 1L/min
	RR - 30/min	② nebs & levofloxacillin Q3H
	HR - 151/min	Sparacetamol Q2H
	SpO ₂ (off O ₂) - 93-94%	③ Monitor RR
	chest - AE better	SpO ₂ -
	urine better	④ ct methylpred BD
		⑤ Reassess in 60min
		⑥ SOS magnesium sulphate
		⑦ Nasopharynx Xray after removing O ₂

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

S. Sindhura
S. Anurag M

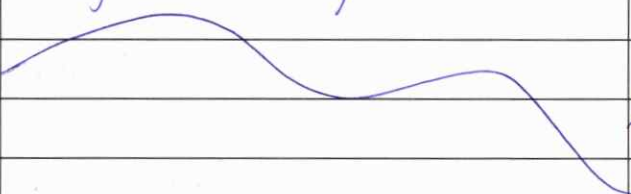
noted by S. Sandhya
21/6/20
11a

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/06/2020 3pm	S/B Dr. Narmeem / Dr. Pranav WARI RD	
	no further fever spikes cough ⊕ RR - 28/min Chest - B/C wheeze ↓. monitoring spo ₂ @ 1lit O ₂	Plan ① ct O ₂ by NP. ② ct nebs c levobuc Q _{3H} Ipratent Q _{8H} ③ Monitor RR, spo ₂ . ④ ct methylpredisobn. ⑤ SOS magnesium sulphate ⑥ Xray Nasopharynx later (Dr. Narmeem)
22/06/2020 12:30 am	S/B Dr. Narmeem / Dr. Pranav WARI RD	N.B Amrutha c 3pm Plan ① ct O ₂ by NP @ 1L/min ② ct nebs c levobuc Q _{3H} → Q _{4H} ③ Ipratent Q _{8H} ④ stop IV fluids ⑤ Inform if RD; monitor spo ₂ ; RR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 7 AM	<p>Dr. Pramar / Dr. Nameer.</p> <p><u>WARI E RA</u></p>	
	<p>Fever spikes - none - oral intake fair cough - better RR - 32/min chest - B/L wheeze ⊕ (end expiratory) SpO₂ (off O₂) < 96% Sounding & Mouth breathing ⊕</p> 	<p>Plan</p> <ol style="list-style-type: none"> ① ct nebs E levolin duff Spavent duff ② sos magnesium sulphate ③ check RA, SpO₂ ④ monitor vitals q4 ⑤ Xray Nasopharynx - later aft off O₂ support ⑥ Trial off O₂
		<p>Pramar</p>
		<p>N.B. Sicha 22/6/20 6 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/20 10:30 AM	OB Dr. Sindhura	
	WALRI - distress	
	No fever spikes	Adv
	Cough - improved (+)	- Start spirometry
	post-tussive Vp - 2 episodes	- Monitor sats → if no improvement
	yesterday	Restact O ₂ support
ok	HR - 92 bpm	- Ct Nebb & levoflo 1 st hourly
	RR - 30/min	Stop → Nebb & Ipratropium 1 st hourly
	SPO ₂ - 93% @ RA	- Ct methylpred 1mg/kg 1-4/6/12hr
SE	RD - AEBE	- Add Relent plus symp
	B/L Subscapular wheeze (+)	- Xray nasopharynx show CSOS (Metaspray)

Dr. Sindhura Munukuntla
 Consultant Pediatrician
 Reg. No. 66870

Sindhura
 Dr. Sindhura - M

22/6/20 (SB Dr. Archana)

1:30pm - Xray nasopharynx done → shows c/o enlarged Adenoid.

Informed Dr. Sindhura

Adria

Start Metatop (50mcg) nasal spray - 1 puff in each nostril
 OD/HS (@ bedtime)

Dr. Archana
 22/6/20
 1:20 pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 2pm	<p>q/s/by. Dr. Anu WACRI & RD.</p>	
	<p>No jwc. <u>RR</u> - 38/min.</p>	
	<p>No retraction comfortable SpO₂ = 98%.</p>	<p><u>12/m</u></p>
	<p>Stc (RL) Bk AG (+) NVBS (+) When ↓</p>	<p>✓ CE NCB Methylpred. ✓ CE Metatop Nasalspray.</p>
		<p>✓ CE Spirometry. ✓ Monitor vitals.</p>
	<p>Dr. Anu 11/26/26</p>	<p>N.B Anantha 02pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/21 6 PM	<p>clsb- D. Sindhura</p>	
	<p>Afebrile No fast breathing</p>	
	<p>O/E: GCS-15 vitals stable</p>	
	<p>SpO₂: 99% @ RA</p>	
	<p>S/G: N/S: T/C/G ⊕ W where ⊕</p>	<p>↓ Tachycardia ↓ Tachypnea</p>
		<p>↓ Temperature d/s T/m</p>
		<p>— Monitor vitals and Temporal S/S</p>
		<p><i>(Signature)</i> Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 6697</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/20		
7:30 AM	S/B Dr Prabhakar / Dr Vasun.	
	D WALKER RD	
	'fever spikes - ↓	
	RD - ↓	
	O/S vitals	
	Stable	Adv
	Pu BAE +	✓ Plan Discharge
	where ↓ -	✓ CT rest
	nt	NIB Swanda

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6. 10:00 AM	<p>CLERK DR. SINDHURA</p> <hr/> <p>WALRI ERID</p> <p>Afebrile.</p> <p>Vitals - stable.</p> <p>R/S - B/L AC (+) B/L wheeze (↓)</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Neb levulin 80lt X 3 days. - Metabop Nasal spray - Syp. rovent. plus 1 puff (HS) X 3dy X 1 week - Syp. omnoentil. forte. sml BD. X 2dy <p>Discharge today</p> <p>Naipranje for Dr. Sindhura N/B Senuardhi @ 23/6/26 10 AM</p>

LBH-00044634 IP26-00006620
Master: AADYANTH MAHITH
10-07-2020 5 Y 11 M 10 D (M)
Dr. SINDHURA MUNUKUNTLA



209

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

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Your Right to a Safe Delivery

RESULT SHEET

Date	20/6				
Time					
Hb	13.7				
PCV	38.3				
RBC	5.12				
WBC	5.43				
N/L	15.9/20.4				
Platelets	289				
CRP	16				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

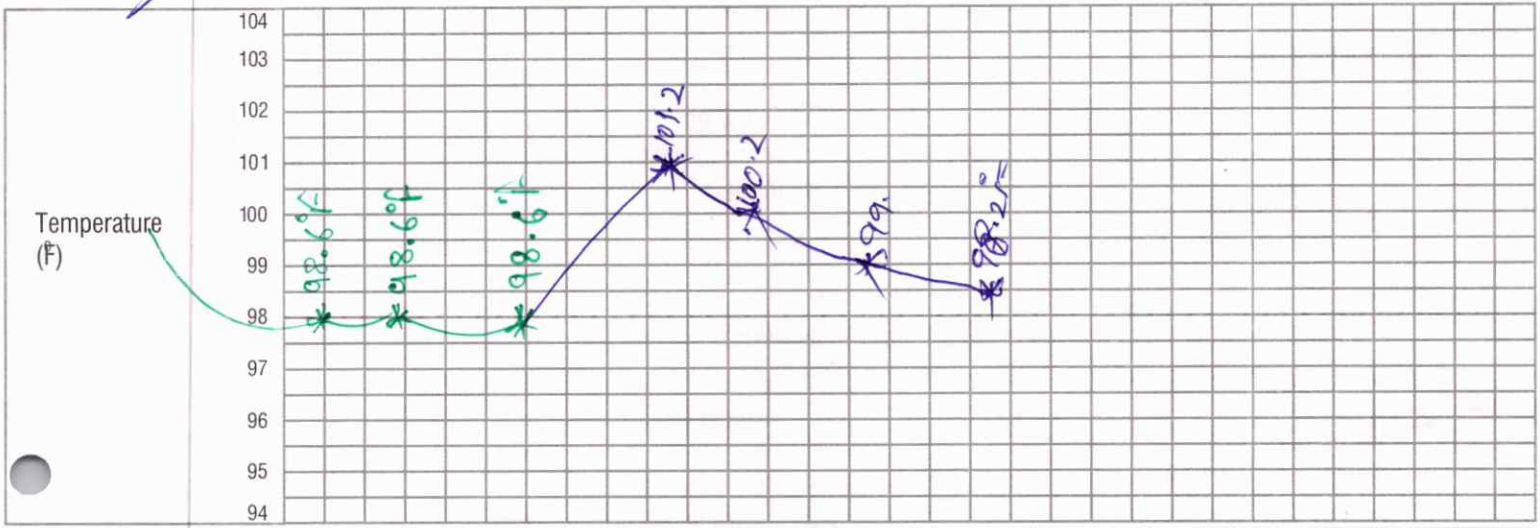


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/07/2020	Time: 10:30	8	4A	5A	6A	8A
Doctor / Nurse / Family Concern?	Pro	Pro	Pro			



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *															
Note:	BP does not score in early warning scoring														
Heart Rate (Number)	126	128	130												
	67	65	66												
	103	100	108												
	(81)	(80)	(93)												

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	2	1
Resp Rate (Number)	28	28	30				

Resp Distress	Mod/ Severe	None / Mild	
Receiving O ₂ (l/min)	0.2L	0.2L	0.2L
O ₂ Saturations (%)	100%	100%	100

Conscious Level	Normal	Altered
GCS *		

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

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.

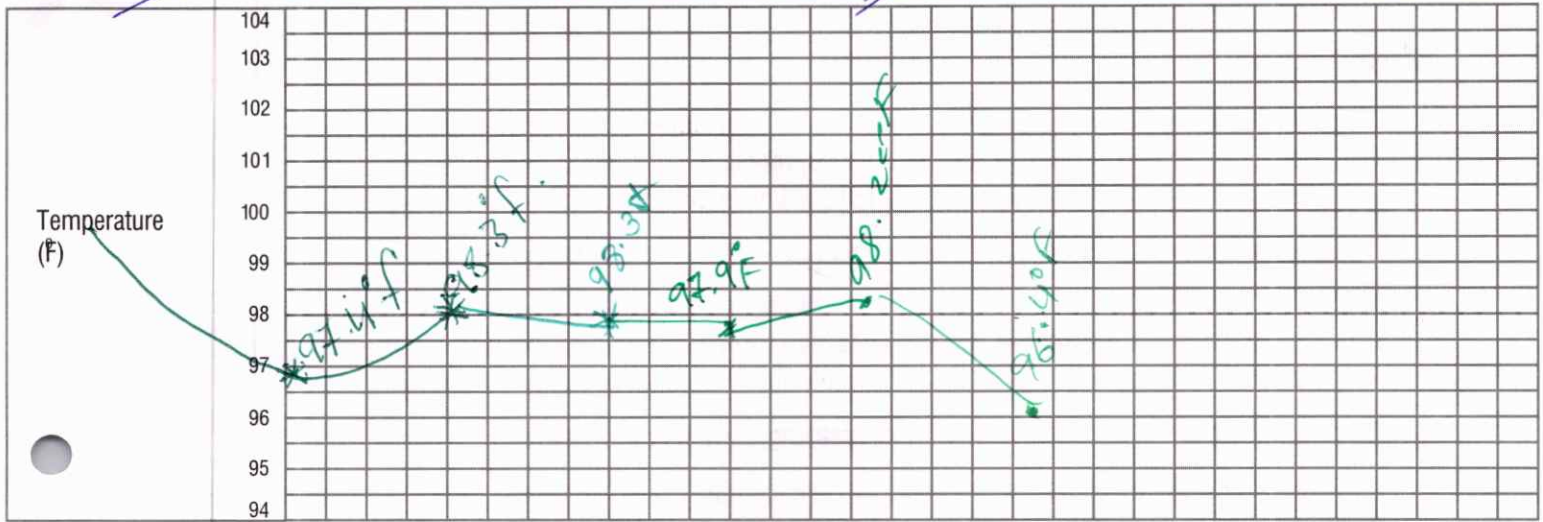
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 O ₂ / analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Sticker

26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/1/20 Time: 10 am 2:30 pm 6 pm 10 pm 2 AM 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *	Heart Rate (Number)
100 / 60	125 bpm
103 / 70	124 bpm
101 (77) / 61	123 bpm
110 (72) / 70	136 bpm
104 / 65	112 bpm
79 / 98	81 bpm

Resp. Rate (bpm) (Over 1 Minute) *	Resp Rate (Number)
	30 bpm
	25 bpm
	28 bpm
	25 bpm
	24 bpm
	27 bpm

Resp Distress	Mod/ Severe None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	99% 99% 100% 99% 98% 100%
Conscious Level	Normal Altered
GCS *	04 14 14

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

ACTIONS
Score 1 : Continue normal observation by staff nurse
Score 2 : Shift in charge nurse to be informed and continue hourly observations
Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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B	BACKGROUND: 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.
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Patient Sticker

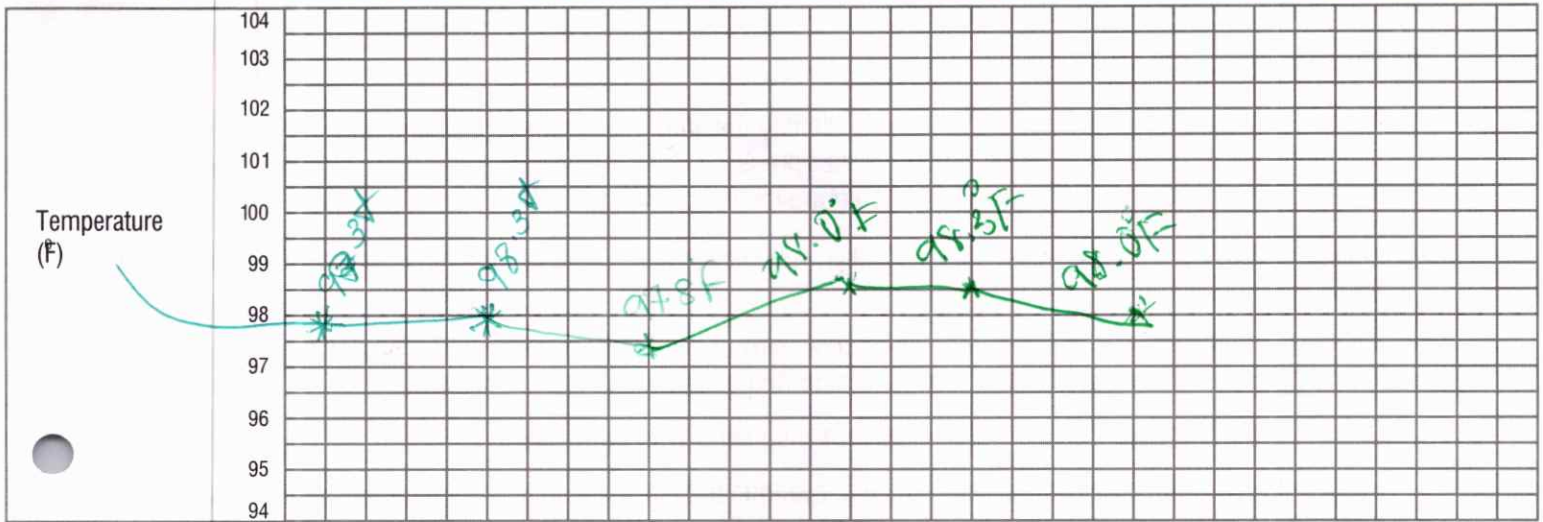
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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G SCORE: CHILDREN'S UNIT

Date : <u>22/6</u> Time: <u>10am</u> <u>1pm</u> <u>6pm</u> <u>10pm</u> <u>9am</u> <u>6am</u>
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	101 (98)	101 (98)	99 (64)	105 (64)	102 (60)	108 (68)									
Heart Rate (Number)	112b/m	116b/m	112b/m	116b/m	123b/m	115b/m									

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	29b/m	30b/m	30b/m	30b/m	32b/m	30b/m	

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	100%	98%
Conscious Level	Normal	Altered
GCS *		

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

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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LBH-00044634 IP26-00006620

Master AADYANTH MAHITH
10-07-2020 5 Y 11 M 10 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient



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 :							
	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			45ml									
	11:00 pm	DMS	Feed	45ml									
	12:00 am			45ml									
	01:00 am			45ml									
Total Intake :			Taken			Total Output :					U-1ml-0		
	02:00 am			45ml									
	03:00 am			45ml									
	04:00 am			45ml									
	05:00 am	DMS		45ml									
	06:00 am			45ml									
	07:00 am			45ml									
Total Intake :			Taken			Total Output :					U-2ml-0		
Total 24 hrs. Intake						Total 24 hrs. Output					U-2ml-0		

FLUID CHART

Sheet No. : 2.....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse								
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine										
			Mouth	I.V	N.G														
2/10	08:00 am			30ml		/	/	/	/	/	/	/							
	09:00 am		Bdly + H2O	30ml															
	10:00 am	DNS		30ml															
	11:00 am			30ml															
	12:00 pm			30ml															
	01:00 pm			30ml															
Total Intake : Taken					Total Output : U-2 M-														
2/6	02:00 pm			30ml		/	/	/	/	/	/	/							
	03:00 pm	DNS	Rice	30ml															
	04:00 pm		+ H2O	30ml															
	05:00 pm																		
	06:00 pm	DNS	H2O																
	07:00 pm																		
Total Intake : Taken					Total Output : M-0 U-2														
2/6	08:00 pm			30ml		/	/	/	/	/	/	/							
	09:00 pm			30ml															
	10:00 pm			30ml															
	11:00 pm	DNS	Rice	30ml															
	12:00 am		H2O	30ml															
	01:00 am			30ml															
Total Intake :					Total Output : U-4 M-														
2/6	02:00 am					/	/	/	/	/	/	/							
	03:00 am																		
	04:00 am	NO	H2O																
	05:00 am	IVF																	
	06:00 am		H2O																
	07:00 am																		
Total Intake :					Total Output : U-2 M-														

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
21/6/26	08:00 am	DNS		30ml					✓			
	09:00 am	DNS	Jolly	30ml								
	10:00 am	DNS	H ₂ O	30ml		0				0	(Mg)	
	11:00 am	DNS		30ml	NA			NA	✓			
	12:00 pm	DNS		30ml								
	01:00 pm	DNS		30ml								
Total Intake : Talson					Total Output : M-0 U-2							
22/6/26	02:00 pm											
	03:00 pm		Khichdi									
	04:00 pm								✓			
	05:00 pm	0	Fruit		NA			NA				
	06:00 pm		SOUP									
	07:00 pm											
Total Intake :					Total Output :							
22/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Rice		NA			NA		0		
	11:00 pm								✓			
	12:00 am		H ₂ O									
	01:00 am											
Total Intake :					Total Output : U-1 M-							
23/6/26	02:00 am											
	03:00 am											
	04:00 am	0	H ₂ O		NA			NA		0		
	05:00 am											
	06:00 am								✓			
	07:00 am											
Total Intake :					Total Output : U-1 M-							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
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	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							

LBH-00044634 IP26-00006620
 Master AADYANTH MAHITH
 10-07-2020 5 Y 11 M 10 D (M)
 Dr. SINDHURA MUNUKUNTLA



NURSING CARE RECORD



Date: 20/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	Assess the pt condition. monitor vitals as per. he maintain in prone position. provide the comfort to	8pm	Assessed the pt condition. monitored vitals. he maintained in prone position. provided the comfort to	PT is stable	Monitor vitals	S
	8am	Medication given as per OS of doc.	8am	Medication given as per OS of doc.	vitals norm.	maintain in prone	y

Patient Sticker





4634
IP26-00006620
ADYANTH MAHITH
6 Y 11 M 10 D (M)
10-02-2020
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD



Date: 21/6/26

- 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	8Am	→ Assess the pt condition. → Monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8Am	→ Assessed the pt condition. → monitored the vitals. → Maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Re-assessed the vitals	
	2pm		2pm				
Afternoon	4pm	→ Assess the pt condition → monitoring vitals checked and recorded	4pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ pt- is stable	→ Re-checked the vitals	
	8pm		8pm				
Night	8pm	Assess the pt condition. Monitor vitals & maintain I/O chart Provide the comfortable position.	8pm	Assessed the pt condition Monitored vitals & maintained I/O chart Provided the comfortable position.	→ pt is stable	→ monitor vitals	
	8Am		8Am				
		Medication given as per doctor order.		Medication given as per doctor order.	→ vitals normal	→ maintain I/O chart.	

NURSING CARE RECORD

Date: 22/6/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assessed Baby condition	8am	→ Assessed the baby condition. → planned & pt stop.	→ pt is stable now	→ Reassessed the saturation.	
	1pm	→ stop O2 plan → monitor the vitals. → drugs give as per drug chart.	2pm	→ monitored the vitals. → drugs given as per drug chart.			
Afternoon	2pm	Assess the pt. condition	2pm	Assessed the pt. condition	Patient is stable now	Re-checked vitalas	
	4pm	- monitor vitals & records - maintain I/O chart. - Give medication as prescribed by doctor.	4pm	- Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor.			
Night	8pm	Cont. nebulization	8pm	Cont. nebulization	pt is stable	Re-checked vital.	
	8pm	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart → Administer medication.	8pm	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/O chart. → Administered medication.			

Patient Sticker

NURSING CARE RECORD



Date:

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

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



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>LRTI</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<u>20/6</u>	<u>21/6</u>	<u>21/6</u>	<u>21/6</u>	<u>22/6</u>	
	Shift	<u>NI</u>	<u>MG</u>	<u>NI</u>	<u>MG</u>	<u>E2</u>	
	Medical Condition (Any special condition to be noted):	<u>LRTI</u>	<u>LRTI</u>	<u>LRTI</u>	-	-	
ASSESSMENT	Diet:	-	-	-	-	-	
	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.2F</u>	<u>98.1F</u>	<u>98.3F</u>	<u>98.2F</u>	<u>97.8F</u>
		Res:	<u>28b/m</u>	<u>28b/m</u>	<u>28b/m</u>	<u>28b/m</u>	<u>28b/m</u>
		SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>117</u>	<u>117</u>	<u>117</u>	<u>118b/m</u>	<u>118b/m</u>
		BP:	<u>112/62</u>	<u>110/60</u>	<u>111/61</u>	<u>112/62</u>	<u>111/60</u>
		LOC:	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-		
Pain Score:	-	-	-	-	-		
Skin Integrity	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	-	-	<u>NA</u>	-	<u>NA</u>		
Post Operative Procedure Special Orders:	-	-	<u>NA</u>	-	<u>NA</u>		
Handed Over By Name :	<u>Sneha</u>	<u>Sandhya</u>	<u>Amrutha</u>	<u>Sneha</u>	<u>Amrutha</u>	<u>Priyanka</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>21/6</u>	<u>21/6/20</u>	<u>21/6</u>	<u>22/6</u>	<u>22/6</u>	<u>22/6/20</u>	
Time:	<u>8Am</u>	<u>2pm</u>	<u>8pm</u>	<u>8Am</u>	<u>2pm</u>	<u>8pm</u>	
Taken Over By Name :	<u>Sandhya</u>	<u>Amrutha</u>	<u>Sneha</u>	<u>Amrutha</u>	<u>Priyanka</u>	<u>Sneha</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>21/6/20</u>	<u>21/6/20</u>	<u>21/6</u>	<u>22/6/20</u>	<u>22/6/20</u>	<u>22/6/20</u>	
Time:	<u>8Am</u>	<u>2pm</u>	<u>8pm</u>	<u>8Am</u>	<u>2pm</u>	<u>8pm</u>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>LRTI</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<u>23/6/26</u>						
	Shift	<u>N1</u>						
	Medical Condition (Any special condition to be noted):	<u>-</u>						
	Diet:	<u>-</u>						
ASSESSMENT	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Tubes/Drains/Catheter:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.4f</u>					
		Res:	<u>40/1-</u>					
		SpO ₂ :	<u>100%</u>					
		Pulse:	<u>96/62</u>					
		BP:	<u>96/62</u>					
		LOC:	<u>-</u>					
	Fall Risk Score:	<u>-</u>						
Pain Score:	<u>0</u>							
Skin Integrity:	<u>Good</u>							
Recommendations	Safety Needs:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Others Specify:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Depend</u>							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

LBH-00044634 IP26-00006620
 Master AADYANTH MAHITH
 10-07-2020 5 Y 11 M 10 D (M)
 Dr. SINDHURA MUNUKUNTLA

Patient Sticker



THE HUMPTY DUMPTY SCALE

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

Intervention:

-Fail 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		X	X	X		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:		Sindhura Munukuntla				
Signature:		[Signature]				
Date:		2/6	2/6	23/6		
Time:		8 AM	8 PM	8 AM		

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	11pm	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	
21/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
21/6	9Am	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	
21/6/20	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	
21/6/20	6pm	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	
21/6	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6	6pm	0/10	NA	<input checked="" type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	

Re-assessment Frequency:

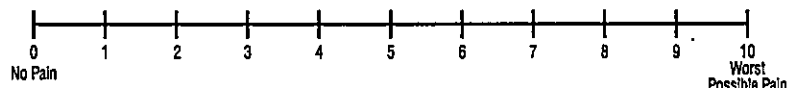
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain relief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



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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	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 type="checkbox"/> Yes <input type="checkbox"/> No	NA	
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

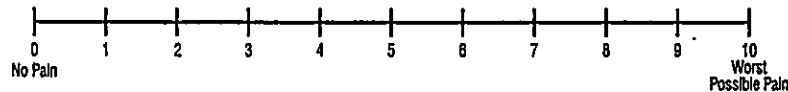
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
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Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/6 DAY-1			21/6 DAY-2			24/6 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		
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	
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	
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	
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	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			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 : *[Signature]* Name : *[Name]*

Signature of Ward In Charge :

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

LBH-00044634 IP26-00006620
 Master AADYANTH MAHITH
 10-07-2020 5 Y 11 M 10 D (M)
 Dr. SINDHURA MUNUKUNTLA



BRADEN 'Q' SCALE

				Date :	2/16	2/16	2/17	2/17
				Time :	8 AM	2 PM	7 PM	8 PM
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	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	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 of 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.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					27	27	27	27
Evaluator's Name					[Signature]	[Signature]	[Signature]	[Signature]

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

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

LBH-00044634 IP26-00006620
 Master AADYANTH MAHITH
 10-07-2020 5 Y 11 M 10 D (M)
 Dr. SINDHURA MUNUKUNTLA



BRADEN 'Q' SCALE

Date: 22/6 22/6
 Time: EL 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		
"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	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		

TOTAL SCORE

27 28

Evaluator's Name

[Signature]

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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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
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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



REGULAR PRESCRIPTIONS

Weight. 23 kg Ward.

Verified by
Dr. Dhakshayani

DRUG : <u>17 METHYLPRED</u>				Date Time	<u>20/6/2020</u>	<u>9am</u>	<u>23/6</u>													
Dose	Route	Frequency	Start Date																	
<u>20mg</u>	<u>iv</u>	<u>BD</u>	<u>20/6</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>(1mg/4/dose)</u>																
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>LEVOLIN NEB</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>0.63mg</u>	<u>NEB</u>	<u>Q2hly</u>	<u>20/6</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>STOP</u>																
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>NEB IPRAVENT</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>250mcg</u>	<u>NEB</u>	<u>Q2hly</u>	<u>20/6</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>STOP</u>																
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>NEB Levolin</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>0.63g</u>	<u>NEB</u>	<u>3rd h</u>	<u>20/6</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>STOP</u>																
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																

REGULAR PRESCRIPTIONS

Sheet No: Weight 23kg Ward

DRUG : Neb E LEVONIN				Date Time																	
Dose	Route	Frequency	Start Dt.																		
0.63mg	neb	Q4H	22/6																		
Name & Signature of the Doctor Starting the Drugs: <u>Nan</u> <u>(Dulameen)</u>																					
Additional Instructions: <u>see</u>																					
Daily Doctor's Endorsement by a Sign																					

DRUG : Symp. RELENT PLUS				Date Time	22/6	23/6																
Dose	Route	Frequency	Start Dt.																			
5ml	PO	BD	22/6																			
Name & Signature of the Doctor Starting the Drugs: <u>10PM</u> <u>14M</u> <u>10M</u>																						
Additional Instructions: <u>(60 ml) 30 mg + 5mg</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : METATOP nasal spray				Date Time	22/6																	
Dose	Route	Frequency	Start Dt.																			
1 puff	each nasal	1/5 (bedtime)	22/6																			
Name & Signature of the Doctor Starting the Drugs: <u>10PM</u> <u>14M</u> <u>10M</u>																						
Additional Instructions: <u>spray (50 mcg)</u>																						
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
 Dr. Dhakshayani



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6/16	9pm	1g MgSO4	2ml + 18ml NS over 30 min	iv	AL	Verified by
20/6/16	4pm	1g METHYL PRED	23 mg	iv	AL	Verified by

VERIFIED BY: Name Signature

Dr. Dhakshayani

LBH-00044634 IP26-00006620
 Master AADYANTH MAHITH
 10-07-2020 5 Y 11 M 10 D (M)
 Dr. SINDHURA MUNUKUNTLA



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: ICU Shifted to: Ward

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

* C- Continue, DC - Discontinue

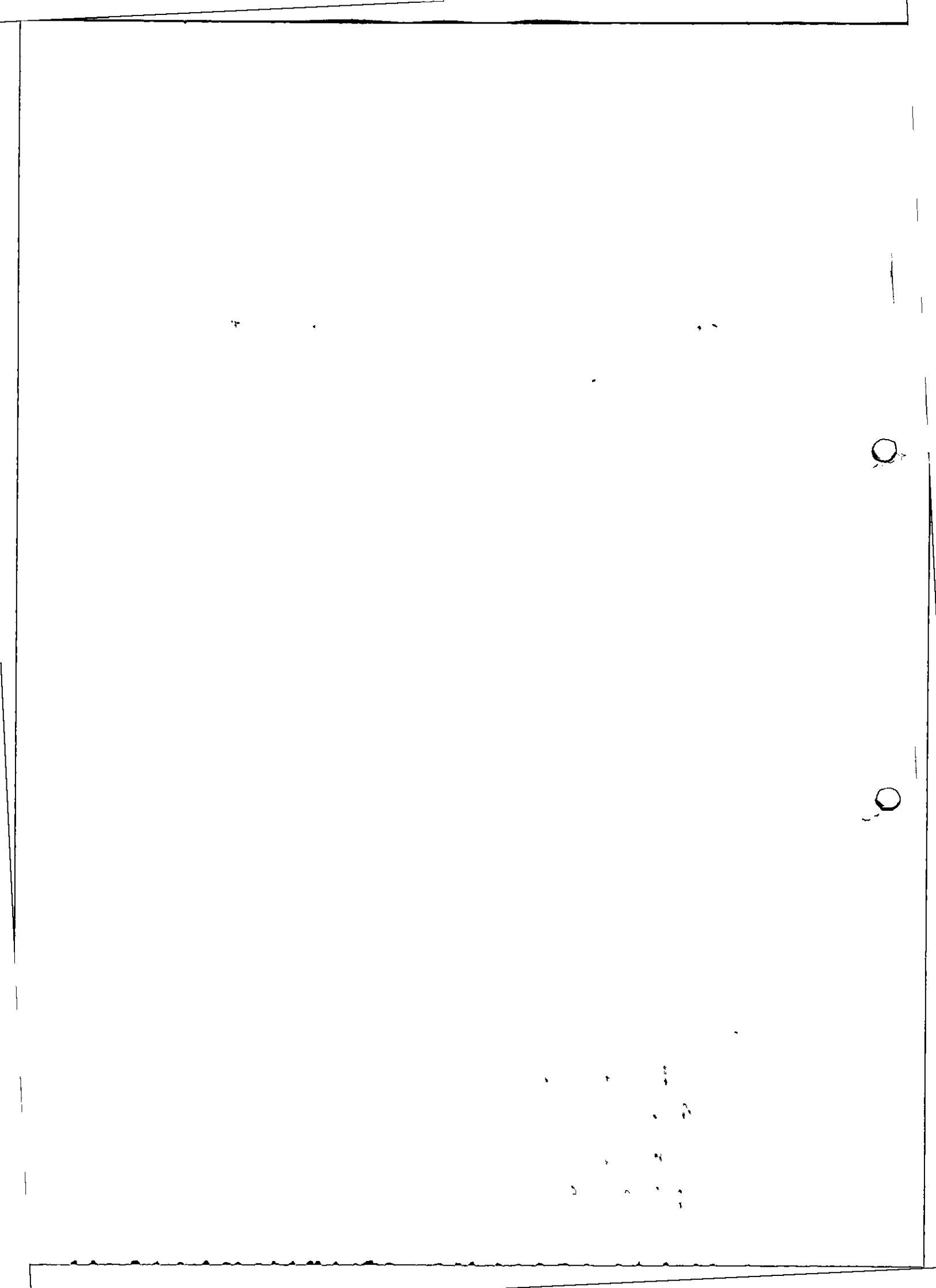
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anusha

Date & Time : 20/6/26 @ 8:55 PM

Nurse Name & Signature: Prabin

Date & Time : 20/6/26 @ 8:55 PM



Wd-23.20.12



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Aadyanth Mahith Age : 5 year Gender: Male Female

Date : 20/6/26 Time of Arrival : 8:10 PM

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.2°F PR: _____ BP: _____ RR: _____ SpO₂: 92%

Chief Complaints: C/O cold cough

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding	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

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 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 : 8:12 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Beabin

Signature of Triage Nurse : _____

Date & Time : 20/6/26 @ 8:15 PM



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 20/6/26 Time of arrival: 8:10 PM

Chief Complaints: o/s cold and cough

Height: Weight: Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character Location Frequency Duration

RISK FOR FALL:

If patient is < 6 years Yes No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years

If 'Yes' Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 8:12 PM

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

Time	Nursing Notes
	-> Assessed the pt condition
	-> checked the pt vitals
	->

Samples collected by: *[Signature]*
 Samples sent by: *[Signature]*

Time: *[Signature]*
 Time: *[Signature]*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:30 pm	mgsoy	IV	2ml		<i>[Signature]</i>
9:00	Methylpred	IV	20 mg		<i>[Signature]</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110b/min BP: CFT: 2.5cc RR: SPO2 at FiO2: 92% GCS: 15/15 Temperature: 98°F Pain Score: 8! Repeat RBS (if applicable):	Shift - out from ER to: wood Time of Shift - out: 10:10 pm Handover given to: <i>[Signature]</i> (Nurse's Name)


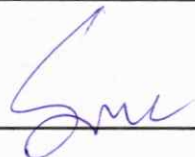
Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: *Prabin* Signature of the Nurse: *[Signature]*

Date & Time: 20/6/20 @ 8:12 PM

PATIENT TRANSFER FORM

LBH-00044634 IP26-00006620 Master AADYANTH MAHITH 10-07-2020 5 Y 11 M 10 D (M) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 20/6/26 @	Date & Time of Transfer Order 20/6/26 @ 10:12 PM
		Transfer Ordered by Dr. Anasha	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films	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 Prabin		Name of Person Ordered Transfer Dr. Anasha	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 20/6/26 @ 10:15 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

101-D 209

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/6/26 Time: 10 AM

Weight: 23 kg Centile: 90th

Height: Centile:

Inference: well nourished child

RDA: Calories: 1400 kcal/day Protein: 26 gms/day

Diet Recommendations: High protein diet with liquids

Re-Assesment: No Junk, oily, spicy food

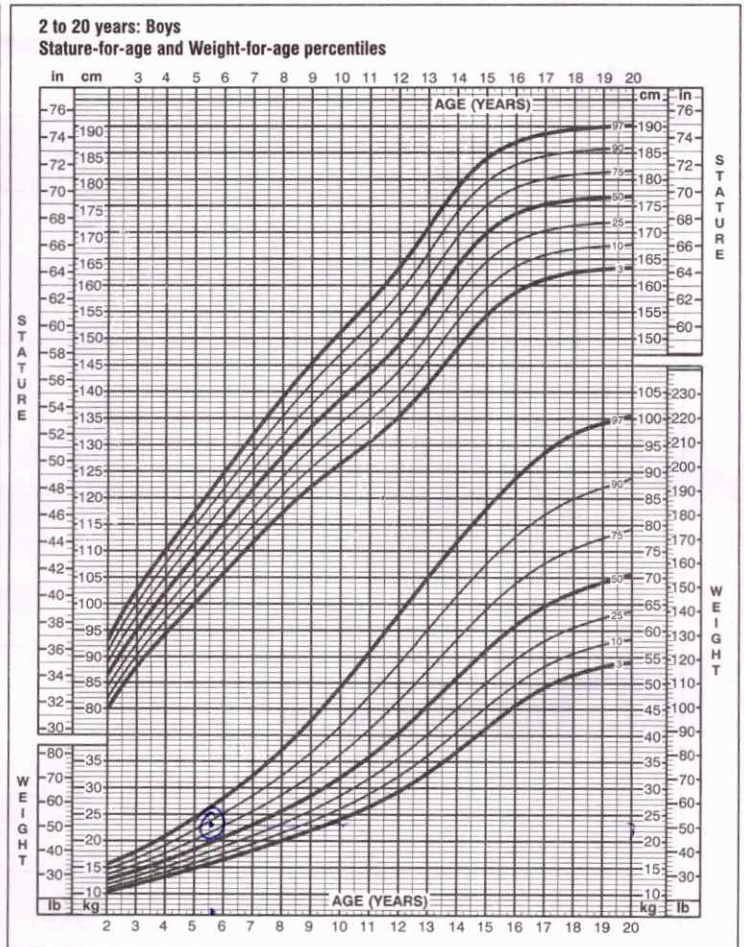
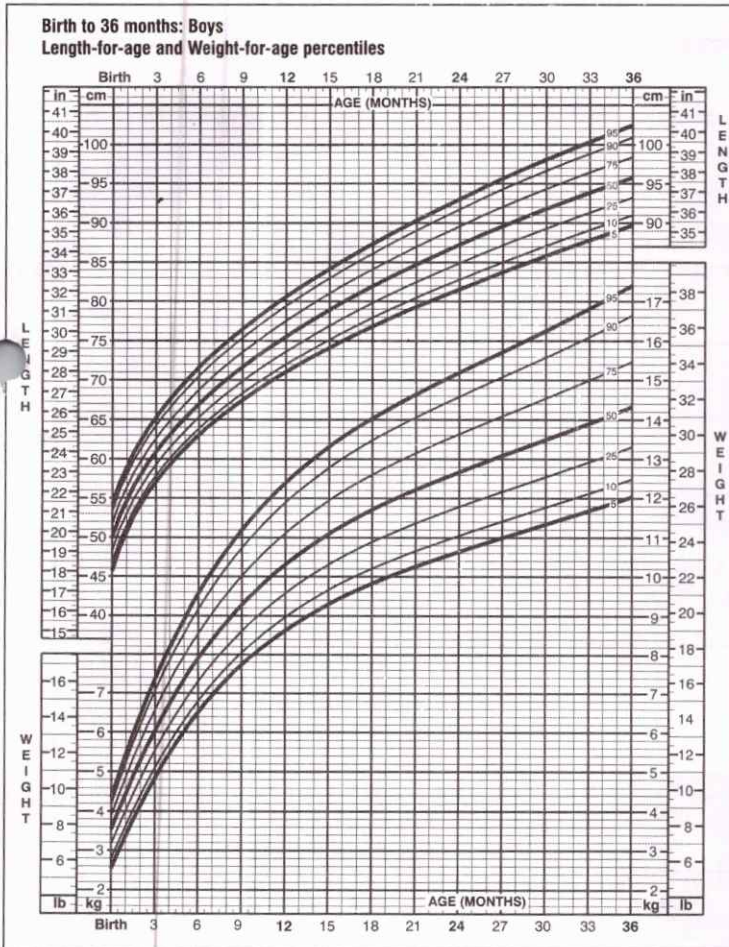
Food Allergies: ND Veg/Non-veg: NonVeg

Diagnosis: W.A.I.R.C.R.D

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (BOYS)



Dietician's Name: Syeda Sobiya Zaher

Dietician's Signature: *[Signature]*

