DISCHARGE SUMMARY

Name	Master ATHARV TALLA	**UHID**	HNH-00012687
Father/Guardian	Mr PAVAN KUMAR TALLA	**Age/Gender**	0 Y 10 M 6 D/ Male
Address	HNO. 3-5-869/a/1, HYDERGUDA,, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006572	**Admission Date**	12-06-2026
Ref Doctor	Self		
Discharge Date	14.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
FEBRILE STATUS EPILEPTICUS	
? ASPIRATION PNEUMONIA	

History: Master ATHARV TALLA , 0 Y 10 M 6 D , old boy presented with the history of fever since 1 day, 1 episode of seizure at 03:30 pm associated with stiffening of all 4 limbs (GTCS) associated uprolling of eyeballs and tongue bite lasting for 15 mins associated with post ictal dullness for 60 mins on the day of admission. For the above complaints, he was admitted at Rainbow Children's

Name	Master ATHARV TALLA	UHID	HNH-00012687
IP No	IP26-00006572	Admission Date	12-06-2026

Hospital - Himayatnagar for further management.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 150/min and Respiratory Rate - 68/min. Tachypnoea present. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory System: On inspection subcostal retractions+ On auscultation, air entry was bilaterally equal. Cardiovascular system: Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, GCS-15/15, 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 : 9.82 kilograms.

Investigations: Enclosed reports.

VBG showed pH of 7.32, pCO2 of 30.9 mmHg, pO2 of 55 mmHg, HCO3 of 16.9 mmol/L and BE of -10.2 mmol/L.

Initial hemogram showed Hemoglobin of 12.1 gm%, White Blood Cell count of 15820 cells/cumm, platelet count of 3.64 lakhs/cumm and C-Reactive Protein of 31 mg/l. Complete urine examination was normal. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Chest X-ray was normal.
Ultrasound chest was normal.

Management: He was admitted in the ward and started on oxygen

Name	Master ATHARV TALLA	UHID	HNH-00012687
IP No	IP26-00006572	Admission Date	12-06-2026

support(Nasal Prongs-1 lit/min), in view of mild respiratory distress due to ? Aspiration pneumonia, Intra Venous fluids(1/2 maintenace) and Intra Venous antibiotics were started, other supportive management was continued. Neurology opinion was sought for seizures, antiepileptics(Leviteracetam-20mg/kg/dose-loading and 20 mg/kg/day as maintenance), febrile seizure prophylaxis(clobazam) were started, Interval EEG planned. On day 2 of admission child had loose stools-2-3 episodes, nausea for which he was treated symptomatically with antacids, antiemetics, probiotics.

He was regularly monitored for fever spikes, hemodynamic & neurological status. His fever spikes gradually settled and there were no further seizure episodes during hospital stay.

He remained hemodynamically stable and is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes and febrile seizure prophylaxis.

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

Medication during hospital stay:
Injection. Ceftriaxone
Nexpro sachet
Domstal syrup
Syrup. Crocin DS
Syrup. Clobazam

Name	Master ATHARV TALLA	UHID	HNH-00012687
IP No	IP26-00006572	Admission Date	12-06-2026

Syrup. Levetiracitam
Pro GG drops
Vitamin D3 drops
Syrup. Cefixime

Advice:
* Diet as advised.

Name	Master ATHARV TALLA	UHID	HNH-00012687
IP No	IP26-00006572	Admission Date	12-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Cefixime - (5ml/100mg)	2.5 ml	8am - 8pm (after food)	For 5 days.
2	VITAMIN D3 DROPS (1ml/800IU)	0.5 ml	9am (after food)	Till 1 year of age
3	Syrup. Levetiracitam (100mg/1ml)	1ml	twice daily	to continue
4	Syrup. Clobium (Clobazam - 1ml/2.5mg) for	1 ml	twice daily	Till 15.06.2026 (morning)
5	Nexpro sachet 10mg	1 sachet	once daily	For 3 days
6	Syrup. DOMSTAL SUSPENSION (DOMPERIDONE - 1ml/1mg)	2 ml	8am-2pm-8pm (before food)	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To do EEG after 1 week

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 3ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour

Name	Master ATHARV TALLA	UHID	HNH-00012687
IP No	IP26-00006572	Admission Date	12-06-2026

intervals).
* Tepid sponging if fever > 101 *F.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 1 ml twice daily for 3 days every time with fever.
* Keep child in left lateral position,Medistat - nasal spray (Midazolam = 1.25mg/puff), 2 puffs intranasal (into each nostril) for future seizures.

Review consultation with Dr. PRITESH NAGAR on Friday(19.06.2026) at in OPD with prior appointment **(Review consultation will be charged).**

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

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behaviour, altered sensorium or seizure 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.

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Name	Master ATHARV TALLA	**UHID**	HNH-00012687
IP No	IP26-00006572	**Admission Date**	12-06-2026

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

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

prashanti

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006572 **Admit Date** : 12-Jun-2026 **Admit Time** : 07:12 PM **UHID** : HNH-00012687

Patient Details :

Patient Name	: Master ATHARV TALLA	**Age**	: 0 Y 10 M 4 D
Guardian	: Mr PAVAN KUMAR TALLA	**DOB**	: 08-08-2025 04:46 PM
Gender	: Male	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO. 3-5-869/a/1, HYDERGUDA, Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9618917361/ 9505020025
		E-mail	: MANASA.MANNAVA@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 PAVAN KUMAR TALLA **Relationship** : Father

Contact Address : HNO. 3-5-869/a/1, HYDERGUDA, Himayathnagar Hyderabad Telangana INDIA 500029 **Phone No** : 9618917361

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

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CROSS CONSULTATION FORM

Doctor Name : Dr. pritesh. Date : 13/6 Time : 6pm

Diagnosis : febrile status epilepticus. ? Aspiration pneumonia.

Hospital : RCHI

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

c/o fever x 1 dy.
c/o. 1 episode. seizure
GTCS type > 15 min.

On room Air.
Vitals - stable.
GCS - 15/15.

Plan

- Inj levipil Loading Dose f/b
  Oral levipil (maintance)
- EEG after 1 week
- Rest Cont Same treatment

Dsis'.. Febrile status epilepticus.
? Aspiration pneumonia.

Consultant :

Name : Dr. Abhishek. Signature : Date & Time : 13/6/26 6pm

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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00012687 IP26-00006572 Master ATHARV TALLA ----------

UHID No : -- 08-08-2025 0 Y 10 M 4 D (M) -------- Consultant : ---------- Dept : ----------

Dr. PRITESH NAGAR

Date of Adn : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	8 Pm	ER	Ward 2nd flor ~~2fl~~	
13/6/26	10Am	215	212	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Abhishek Jain	13/6/26	6447	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked done by Sneha

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6/24	CBP, CRP, Blood Gs	9729	
	VBG	9730	
	X-ray	7098	
	Cross checked done by Amrutha		
13/6	USG chest	7101	
13/6	CUE	9764	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6/26	infusion pump	12/6/26 @ 8pm	13/6/26	~~6374~~	[illegible]
	oxygen	12/6/26 @ 8pm	@ 9:10Am	~~6374~~	
			Cross	checked	done by
				Amruthe	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/06/26	Iv placement	(1)	206322	
		cross checked done by		
			Amouth	
13/6/26 10:50am	NHA	(1)	6446	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since yesterday

c/o 1 Episode of seizure @ 3.30pm today.

History of present illness :

- Child had fever since yesterday high grade Intermittent a/w rigor not a/w rash.

- No H/o cold / cough.

- H/o 1 Episode of seizure @ 3.30pm a/w stiffening of all 4 limb a/w uprolling of eyeballs & tongue bite.
  Last for 15 mins. y/b a/w post ictal dullness for ~60 mins.

- No loose stools & vomitings.

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother : Not significant

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Up to date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 9.82 kg. (Centile _____)

On Examination :

Temperature : 99F Pulse Rate: 150/min Description _____

B.P. _____ SPO2 98%. at _____

Resp. rate and type of breathing : _____

tachypn (+) RR = 68/min.

Rash _____ Subcostal retractions (+)

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : Bl AE (+).

Any addes sounds : NVBS (+).

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No.

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

Per Abdomen :

Inspection _____

Palpation : Soft Not distad

Ausculation : _____

Spine: No organomgaly. External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : (n) Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : (n)

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI
Febrile status Epilepticus.
? Aspiration pneum.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent Resp. failure.

Desired goals of the treatment :

Planned Labs :

⇒ CBP.
CRP, VBG.
CBE
CXR.
B/C/P.

2 Extrasamples.

NB ↓yes

Planned Management :

- O2 support N/p 1/it/min.
- IVF (1½M)
- LEOBACAM syp.
- PCM Q6hly.
- Monitor vitals.
- ~~2~~ MOPRAZOLE sachet.
- DOMSTAL dsopp.

[RR, SPO2] Q2hly strict Monitoring.
↓
manual count

Please fill up the following details

NB ↓yes

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

Doctor's Signature Name _____ Date _____ Time _____

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

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anuk / Dr Pritesh	
12/6/26 7.15pm	AFI	
	febrile Status Epilepticus.	
	fever x 1 day.	
	1 Epi febrile Status.	
	HR = 150/min	
	Temp = 99F	
	CFT <3sec	
	RR = 67/min (↑)	— O_2 support c Np. (2 lit/min) — 11
	(R/S) SCR (+)	
	tachypn (+)	— Inj CEFTRIAXONE
	B/L AE (+)	— CLOBAZAM syp
	NVBS (+)	— CROSIN DS syp Q6hly.
		— [RR, spo2] Monitoring.
		— Inform [SOS]
	[signature]	— Neurologist Opinion (Tomorrow)

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 10:30pm	C/s/by Ds D/l/m3	
	Δ :- febrile status epilepticus.	
	? Aspiration pneumonia	
	Tachypnea (+)	
	Irritable (+)	- O_2 support
	R/S	- ct CEFTRIAXONE
	B/L AE (+)	
	NVBS (+)	
	SCR (+) mild	- ct oth Mx as per cl.
		Dr. [signature]

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26		
9:30 am.	c/s/by. Dr. Amul / Dr prabath	
	-febrile status Epileptic	
	? Aspiration pneumonia	
	No fever spikes.	
		← O2 support 1 lit/min.
RR 32/min		
SPO2 98% on O2 1L/min.		— ct CEFTRIAXONE
S/E		— ct ESMOPRAZOLE DOMSTAL.
R/S B/L AE (+)		
NVBS (+)		
		— Neurologist Opinion
P/A soft		
Not distended.		— RR, spo2 Monitor
		— w/f with Seizure activity
		— Send CUE.
		N.B Amartha @ 7:30 AM.

HNH-00012687 IP26-00006572
Master ATHARV TALLA (M)
08-08-2025 0 Y 10 M 4 D
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26		
9am.	S/B. Dr. Prabhath.	
	Case D/w Dr Abhishek	
	△ febrile status c̄ ? Aspiration Pneumonia	
		Adv
	Consciousness,	
	sensorium (N)	(1) inj Levipil LD
		↓
		f/b Maintainance (oral).
		(2) CT. Rest.

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 9:10AM.	c/l/by Dr Pritesh	
	Jebrile status. Epilept	
	? Aspisate pneumon	
	~~SpO2 : 98%~~	
	B/L Tachypn (+).	⇒ off O2 ↓, Chk RR, SpO2
	RLL B/L AE (+) NVBS (+).	⇒ Ct CEFTRIAXONE.
	⇒ No fever Night	⇒ Do USG Chest.
		⇒ send CUE
		⇒ (T) B/C/S.
		⇒ RR, SpO2 Monitoring.
		⇒ Do USG chest
		⇒ Stab Inj Lewi CD ↓
	— Interval ECG plan. ↳ after 1 week	Inj. oral Levipil MD

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

NB Sneha @ 9:10Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6 2.00pm	C/S/13 Dr. Naipurya	
	Febrile Status epilepticus.	
	? Aspiration pneumonia.	
	No fever	Plan
	No further seizure.	
		- Trace CUG
	Vitals - stable.	Blood C/S
	oral intake - fair.	USG chest report
	RS - B/L AE (+)	- Cont oral levipil
	P/A - Soft, NT.	- Cont Syp. Clobazam X 2 days
		- Monitor RR, SpO_2
		- EEG after 1 week
		- Encourage orally.

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/06/26 6 PM	c/s/b. Dr. Pritesh	
	Δ: Seizure Status Epilepticus	
	Afebrile	
	No fresh seizure episode	
	OA - fair	
	O/E: GC fair	
	Vitals stable	
	Hydration - good	
	S/E: RS: BLAE (+)	
	PA: soft	
		Adv
		- IV fluids stop
		- Interval EEG after 1 week
		- Oral Levipil
		- Syp - Clobazam
		- Tentative d/s T/m
		- Inj Ceftriaxone
		- Crocin drops SOS
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	NB Sneha Bp

NH-00012687 IP26-00006572
Master ATHARV TALLA (M)
0 Y 10 M 5 D
08-08-2025
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 8pm	c/s/b Dr. Pranav / Dr. Nazneen	
	Febrile Status Epilepticus	
	? Aspiration Pneumonia	
	Fever - ↓	Plan
	No Seizures	1) Oral Levipil
	Loose Stool - Both	2) Syp Cloba
	Oral intake - Fair	3) Inj Ceftriaxone
	Vitals stable	4) NEXPRO Sachet
	Afebrile	5) Domstal drops
	Child alert	6) PRO-GG drops
	R·S - B/L AE ⊕	7) Vit - D3 drops
	P/A - soft	8) Plan D/c after rounds
		Pranav
		D.B Amruthe @ 8AM.

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

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 9 AM	c/s/o Dr. Pritesh Sir	
	Febrile Status Epilepticus (? Aspiration Pneumonia)	
	Fever ↓	
	Loose stool - ↓	Plan
	No further Seizure	1) Syp eldoba - till 15/6 (Morning)
	Oral intake - fair	2) NEXPRO
	Vitals stable	3) DOMSTAL
		4) PRO-GG
	Afebrile	5) VITAMIN-D3
	Child alert	6) Syp LEVIPIL - Continue
	R-S - B/L AE@	7) Inj Ceftriaxone - D3 ~~today~~ Stop
	P/A - Soft	Syp ~~Cefpodoxime~~ Cefixime
		8) EEG after 1 week
	RR - 46/min	9) Febrile Seizure Prophylaxis
		D/C Today
		F/Up after 2days.
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: 12/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : MIDAZOLAM Spray				Date/Time
Dose	Route	Frequency	Start Date	
2puff	Nasal	SOS	12/6	
Doctor's Signature	Valid Period	Pharm.		
A				
Additional Instructions: (1.25mg/1puff 2.5mg/puff)				

DRUG : SYP. CROCIN DS				Date/Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS/6H	12/06	
Doctor's Signature	Valid Period	Pharm.		
Sukanth				
Additional Instructions:				

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

VERIFIED BY : Name ..... Signature

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

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

DRUG : Inj CEFTRIAXONE				Date/Time	12/6	13/6
Dose	Route	Frequency	Start Date			
750mg	iv	OD .	12/6			
Name & Signature of the Doctor Starting the Drugs: Af.				2pm	✓	✓
Additional Instructions: 750mg in 20ml NS over 2 hour. (2PM)						
Daily Doctor's Endorsement by a Sign						

DRUG : ESMOPRAZOLE Sachet				Date/Time	12/6	14/6
Dose	Route	Frequency	Start Date			
Sachet 10mg	po	OD .	12/6.			
Name & Signature of the Doctor Starting the Drugs: Af				6Am	12Am ✓	✓
Additional Instructions: NEXPRO						
Daily Doctor's Endorsement by a Sign						

DRUG : DOMSTAL drops .				Date/Time	12/6	13/6	14/6
Dose	Route	Frequency	Start Date				
2ml	po .	TID	12/6	6Am	X	✓	✓
Name & Signature of the Doctor Starting the Drugs: Af				2pm	X	✓	
Additional Instructions: (1mg/1ml)				10pm	✓	✓	
Daily Doctor's Endorsement by a Sign							

DRUG : SYP CROSIN DS				Date/Time	12/6	13/6
Dose	Route	Frequency	Start Date			
3ml	po	QID	12/6 .	2Am	X	✓
Name & Signature of the Doctor Starting the Drugs: Af.				8Am	X	✓
Additional Instructions: (240mg/5ml)				2pm	X	✓
				8pm	✓	
Daily Doctor's Endorsement by a Sign						

Revised to SOS

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Dr. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : CLOBAZAM SYP

Dose	Route	Frequency	Start Dt.
1ml.	PO	BD	12/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: (2.5mg/1ml)

Daily Doctor's Endorsement by a Sign

Date →	12/6	13/6	14/6
Time			
	10Am ✓	9Am	
	10pm		

DRUG : ~~1/6 LEVETIRACITAM~~ SYP

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	13/6.

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: MD
SYP. (100mg/1ml)

Daily Doctor's Endorsement by a Sign

DRUG : SYP. LEVETIRACITAM

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	13/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (100mg/1ml)

Daily Doctor's Endorsement by a Sign

Date →	13/6	14/6
Time		
	9Am ✓	
	9Pm	

DRUG : PROG DROPS

Dose	Route	Frequency	Start Dt.
15°	PO	BD	13/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	13/6	14/6
Time		
	10Am ✓	
	10pm	

VERIFIED BY : Name ..... Signature .....

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18-08-2025 0 Y 10 M 5 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : VITAMIN - D3 Drops

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	13/6

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions: 1ml = 800 IU

Daily Doctor's Endorsement by a Sign

Date ➤	13/6															
Time																
	10pm															
	4pm															

DRUG : Syp CEFIXIME

Dose	Route	Frequency	Start Dt.
2.5ml	PO	BD	14/6

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions: 5ml = 100mg

Daily Doctor's Endorsement by a Sign

Date ➤																
Time																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤																
Time																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤																
Time																

VERIFIED BY : Name ..... Signature .....

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Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/6/26.	930AM	Tj' LEVITERACITAm.	200mg IV over 30min	iv	Af	

VERIFIED BY : Name ..... Signature .....

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/6/26	7pm	IV fluids DNS.	IV	20ml/h	13/06 8PM		13/06 6PM		

VERIFIED BY : Name ..... Signature .....

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08-08-2025 0 Y 10 M 4 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ..ED : 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..Dr. Anusha.....

Date & Time : ..12/6/26 @ 6:40 pm.....

Nurse Name & Signature: ..Jyoti I.....

Date & Time : ..12/6/26 @ 6:42 pm.....

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

HNH-00012687 IP26-000065/4
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

215 to 212

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RESULT SHEET

Date	12/6/26					
Time						
Hb	12.1					
PCV	33.8					
RBC	4.82					
WBC	15.82					
N/L	50.6/39.8					
Platelets	364					
CRP	31.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	13/6/26					
Time	3pm					
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-4					
CUE - RBC Cells	2-3					
CUE - Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

Patient Sti ...NICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/26. Time:	9pm	11pm	2Am	6Am
Doctor/Nurse/Family Concern?				

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4 F | 97.3 F | 98.2 F | 98.3 F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	131b/m	131b/m	130b/m	136b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	52b/m	45b/m	32b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	98% O_2	98% O_2	98% O_2	97% O_2
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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 incharge and PICU /NICU fellow or PICU/NICU 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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master ATHARV TALLA
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Dr. PRITESH NAGAR

H / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 10 | 1 | 2 | 4 | 6pm. | 10pm | 1Am | 6Am

Doctor/Nurse/Family Concern? Am | Pm | Pm | pm

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

98.6°F | 97.5°F | 98.6°F | 97.5°F | 98.1°F | 97.2°F | 98.5°F | 98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 136b/m | 139b/m | 130b/m | 121b/m | 126 b/m | 121b/m | 128b/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number): 36b/m | 36b/m | 36b/m | 36b/m | 36b/m | 36b/m | 35 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	99%	100%	98%	98%	100 %	98 %	98 %
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

Patie

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Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 1

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
12/6.	08:00 pm			20ml							0	
	09:00 pm			20ml							0	
	10:00 pm	DNS	Idly	20ml							0	
	11:00 pm		+	20ml			0				0	A
	12:00 am	DNS	H2O	20ml							0	
	01:00 am			20ml							0	
Total Intake : Taken						**Total Output :** M-0 U-1						
13/6	02:00 am			20ml							0	
	03:00 am			20ml							0	
	04:00 am	DNS	milk	20ml							0	
	05:00 am		+	20ml			0				0	A
	06:00 am	DNS	H2O	20ml							0	
	07:00 am			20ml							0	
Total Intake : Taken						**Total Output :** M-0 U-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/6/26	08:00 am											
	09:00 am		CPmix									
	10:00 am	S/O D	T		NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				**Total Output :**				U-	M-	
13/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	0	Liquids		NA			NA			0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
13/6	08:00 pm										0	
	09:00 pm										0	
	10:00 pm	0	Id'y		NA			NA			0	
	11:00 pm		+								0	
	12:00 am										0	
	01:00 am		HLD								0	
Total Intake :		Taken				**Total Output :**				M-1	U-1	
14/6	02:00 am										0	
	03:00 am										0	
	04:00 am	0			NA			NA			0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		Taken				**Total Output :**				M-0	V-2	

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 12/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8 Am | 8 Am	→ Assess the pt condition. → monitoring vitals checked and recorded → I/O chart maintain	8pm | 8 Am	→ Assessed the pt condition → Administration & medication given as per doctor orders → I/O chart maintain	→ Pt is stable	→ Re-Assessment the checked vital	A Amruta

Patient Sticker

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08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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Date: 13/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am | 2Pm	Assess the pt condition. monitor vitals signs. maintain IIo chart. Provide the comfortable position. medication give as per as doctor ord.	8Am | 2Pm	Assessed the pt condition. Monitored vitals signs. maintain IIo chart. Provided the comfortable position. medication given as per as doctor ord.	→ Pt is stable. → vital's normy.	→ monitor vital → maintain IIo chart.	Sneh
Afternoon				Day			
Night	8pm | 8Am	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8pm | 8Am	→ Assessed the pt condition → Administration & medication given as per doctor order's	→ Pt is stable	→ Re-checked vitals	

Patient Sticker

HNH-00012687 IP26-00006572
Master ATHARV TALLA
08-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	12/6/26 N1	13/6/26 M5	13/5 m6			
	Medical Condition (Any special condition to be noted):	-	-	-			
	Diet:	-	-	-			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-	-			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	98.1F	98.2F			
	Res:	40b/m	20b/m	36b/m			
	SpO_2:	98%	99%	98%			
	Pulse:	131b/m	136b/m	131b/m			
	BP:	-	-	-			
	LOC:	-	-	-			
	Fall Risk Score:	-	-	-			
	Pain Score:	-	-	-			
	Skin Integrity		Good	good			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-	-	-			
	Critical Lab Test / Values:	-	-	-			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA	NA			
Post Operative Procedure Special Orders:		NA	NA	NA			
Handed Over By Name :		Anjuritha	Sneha	Anjuritha			
Signature / ID :							
Date:		13/6/26	13/6/26	13/6			
Time:		8Am.	8pm	8Am			
Taken Over By Name :		Sneha	Anjuritha				
Signature / ID :							
Date:		13/6/26	13/6				
Time:		8Am	8pm				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non-Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

BRADEN 'Q' SCALE

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					Date : 12/6/26	13/6	14/6	
					Time : N1	M6 5	N1	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	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	
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	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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	
				TOTAL SCORE	28	27	28	
				Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

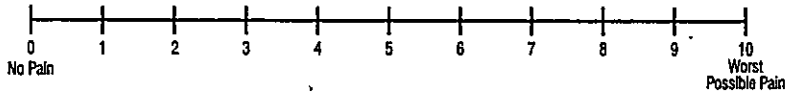
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
13/6	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
13/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
13/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
13/6	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
14/6	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 12/6			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
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				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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				
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				
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				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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

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)8-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

103 → 212

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/6/26 Time: 10 am

Weight: 9.82 kg Centile: <25th

Height: — Centile: —

Inference: Underweight child

RDA: Calories: 98 Kcal/Kg/day Protein: 1.6 gms/Kg/day

Diet Recommendations: High protein diet with DBF

Re-Assesment: No Junk, Cold items, Spicy food

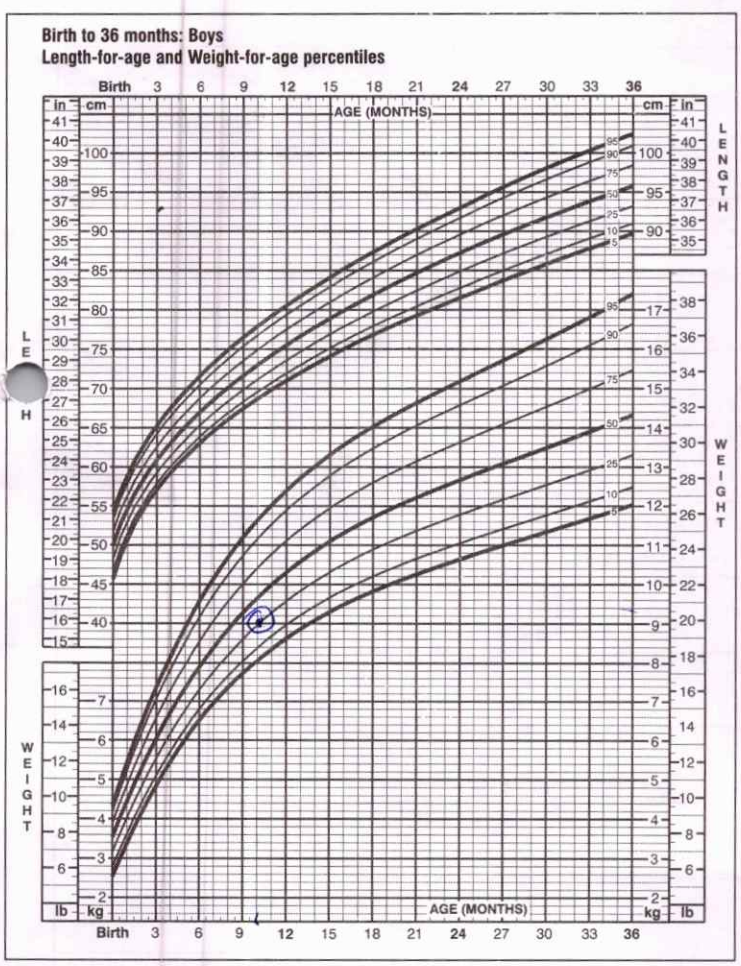
Food Allergies: No Veg/Non-veg Non Veg

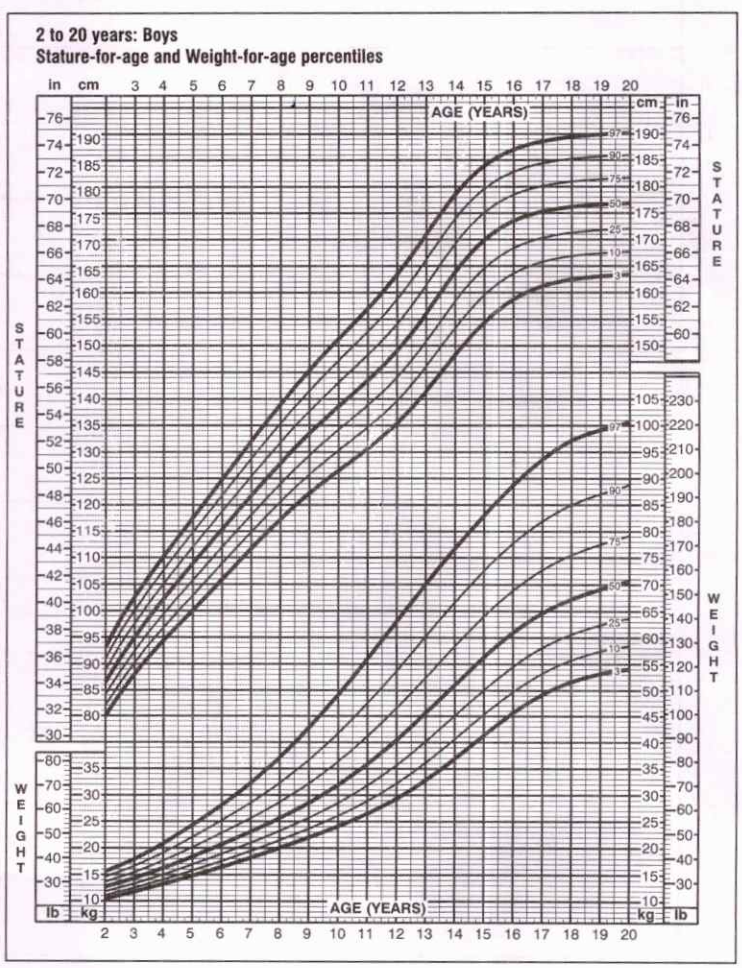
Diagnosis: Febrile Status epilepticus with Aspiration pneumonia

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Manasa M.L

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Docu. No. : RCH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012687 IP26-00006572 Master ATHARV TALLA 08-08-2025 0 Y 10 M 4 D (M) Dr. PRITESH NAGAR	12/6/26 @ 7.12pm	12/6/26 8pm
	Transfer Ordered by Dr. Anusha	Reason for Transfer Admission
From Unit ER	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films VB 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS — (1)	
2.	BCV — (1)	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Jyoti / Jyoti	Dr. Anusha

Patient & Clinical Records Received by : Anusha

Date & Time of Patient Received : 12/6/26 @ 8pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00012687 IP26-00006572
Master ATHARV TALLA
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Wt - 9.82 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : master Atharv Age : 10 month **Gender:** ☑ Male ☐ Female

Date : 12/6/26 Time of Arrival : 6:40 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: 99.9 F PR: 153 b/m BP: ..... RR: 60 b/m SpO_2: 98 %.

Chief Complaints: C/O fever since 1 days x Siezure Actly

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : JYoti

Signature of Triage Nurse : JYoti

Date & Time : 12/6/26 @ 6:42 pm

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Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/26 Time of arrival : 6:44 AM

Chief Complaints: C/O Fever Since 1 days x RBS: .....

Height : ..... Weight : 9.8 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 NA ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

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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?) N/A

Time of Initial assessment completed by ER Nurse : 6:46 AM

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

Time	Nursing Notes
	- ASSess the pt condition
	- monitor vitals
	- IV Placemnt . Done
	- Smple colleted

Samples collected by: SAPNA Time: 8 PM

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 153bpm BP: ..... CFT:	Shift - out from ER to: 2nd floor
RR: 60bpm SPO$_2$: 98%	Time of Shift - out: 8 PM
GCS: — Temperature : 98.2	Handover given to: S (Nurse's Name)
Pain Score: ✓	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV Placemnt Done

Name of the Nurse : Jyoti Signature of the Nurse :

Date & Time : 12/6/26