

211  
D.C

### DISCHARGE SUMMARY

<b>Name</b>	Master KHAJA HAMMADUDDIN	<b>UHID</b>	HNH-00015970
<b>Father/Guardian</b>	Mr KHAJA NIZAMUDDIN	<b>Age/Gender</b>	1 Y 7 M 22 D/ Male
<b>Address</b>	6-3-1243/166 ,m.s.maktha opp raj bhavan, Raj Bhavan Road, Hyderabad, Telangana, INDIA, 500082		
<b>IP No</b>	IP26-00006581	<b>Admission Date</b>	14-06-2026
<b>Ref Doctor</b>	Dr. Abhishek		
<b>Discharge Date</b>	18.06.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**

MBBS, DCH, DNB PEDIATRICS

66970

**Referral Doctor**

**Dr. Abhishek**

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ADENOVIRAL ILLNESS WITH DEHYDRATION	

**History:** Master KHAJA HAMMADUDDIN, 1 Y 7 M 22 D , old boy presented with history of fever since 5 days, cough and cold, loose stools since 4 days, vomitings since 3 days, 1 episode of nasopharyal bleed since 1 day he was admitted at Rainbow Children's Hospital - for further management.

Name	Master KHAJA HAMMADUDDIN	UHID	HNH-00015970
IP No	IP26-00006581	Admission Date	14-06-2026

**Examination:** He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 125 /min and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present such as dry lips, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal 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: 10.5 kilo grams.

**Investigations:** Enclosed reports.

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

**Adenovirus was detected.**

VBG showed pH of 7.31, pCO<sub>2</sub> of 34.1 mmHg, pO<sub>2</sub> of 34 mmHg, HCO<sub>3</sub> of 17.3 mmol/L and BE of -9.0 mmol/L.

Initial hemogram showed Hemoglobin of 9.4 gm%, White Blood Cell count of 4380 cells/cumm, platelet count of 2.15 lakhs/cumm and C-Reactive Protein of 7 mg/l. Complete urine examination shows 8-10 pus cells, 4-6 epithelial cells.

Urine culture and sensitivity shows - No growth after 24 hrs of incubation

Blood culture and sensitivity shows - No growth after 48 hrs of incubation

Dengue NS1 and IGM were negative.

Chest X-ray was normal.

<b>Name</b>	Master KHAJA HAMMADUDDIN	<b>UHID</b>	HNH-00015970
<b>IP No</b>	IP26-00006581	<b>Admission Date</b>	14-06-2026

**NASOPHARYNX x-ray shows:**

Lobulated soft tissue along posterior nasopharyngeal wall causing moderate to marked narrowing of nasopharyngeal air way - Adenoid hypertrophy.

**Ultrasound abdomen shows:**

- \* Fine internal echoes in urinary bladder.
- \* Rest unremarkable

**Management:** He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics after sending blood culture. He was treated symptomatically with antacids and antipyretics.

In view of fever and cold symptoms respiratory panel was sent which was positive for adenovirus. CUE showed pus cells and and USG abdomen showed fine internal echoes in urinary bladder and hence urine culture was sent. Child had snoring and hence x-ray nasopharynx was done which was suggestive of adenoid hypertrophy and hence intranasal steroids were started.

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

His blood and urine cultures were sterile after 48hrs and hence IV Antibiotics were stopped. 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

<b>Name</b>	Master KHAJA HAMMADUDDIN	<b>UHID</b>	HNH-00015970
<b>IP No</b>	IP26-00006581	<b>Admission Date</b>	14-06-2026

stable.

**Medication during hospital stay:**

Injection. Esomeprazole

Injection. Ceftriaxone

Injection. Ondansetron

Injection. Amikacin

Pro GG Drops

Syp. Zinconia

Syp. Xyzol

Meta spray

Z & D drops

Metatop nasal spray

**Advice:**

\* Diet as advised.

<b>Name</b>	Master KHAJA HAMMADUDDIN	<b>UHID</b>	HNH-00015970
<b>IP No</b>	IP26-00006581	<b>Admission Date</b>	14-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. XYZAL (Cetirizine 2.5mg/5ml)	2.5 ml	10pm (bedtime)	For 2 days.
2	METATOP nasal spray(1puff-50mcg mometasone)	1 puff	once daily(10pm)	2 weeks.
3	PRO-GG drops	15 drops	9am-9pm (after food)	For 3 days
4	B4 NAPPI cream	1	local application thrice daily	for 3 days
5	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
6	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

**Plan:** To start oral Iron on follow-up.

### Fever Management

- \* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 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. Abhishek on Saturday (20.06.2026) at his OPD with prior appointment (**Review consultation will be charged**).

Name	Master KHAJA HAMMADUDDIN	UHID	HNH-00015970
IP No	IP26-00006581	Admission Date	14-06-2026

**Food instructions while taking medications:**

\* Food can decrease the absorption of **antihistamines**. Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

\* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **at least two hours**.

\* Do not take **Iron supplements** and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart each medicine or dietary supplement. **Iron supplements** can be taken 1hr before food or 2 hours 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.

Name	Master KHAJA HAMMADUDDIN	UHID	HNH-00015970
IP No	IP26-00006581	Admission Date	14-06-2026

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

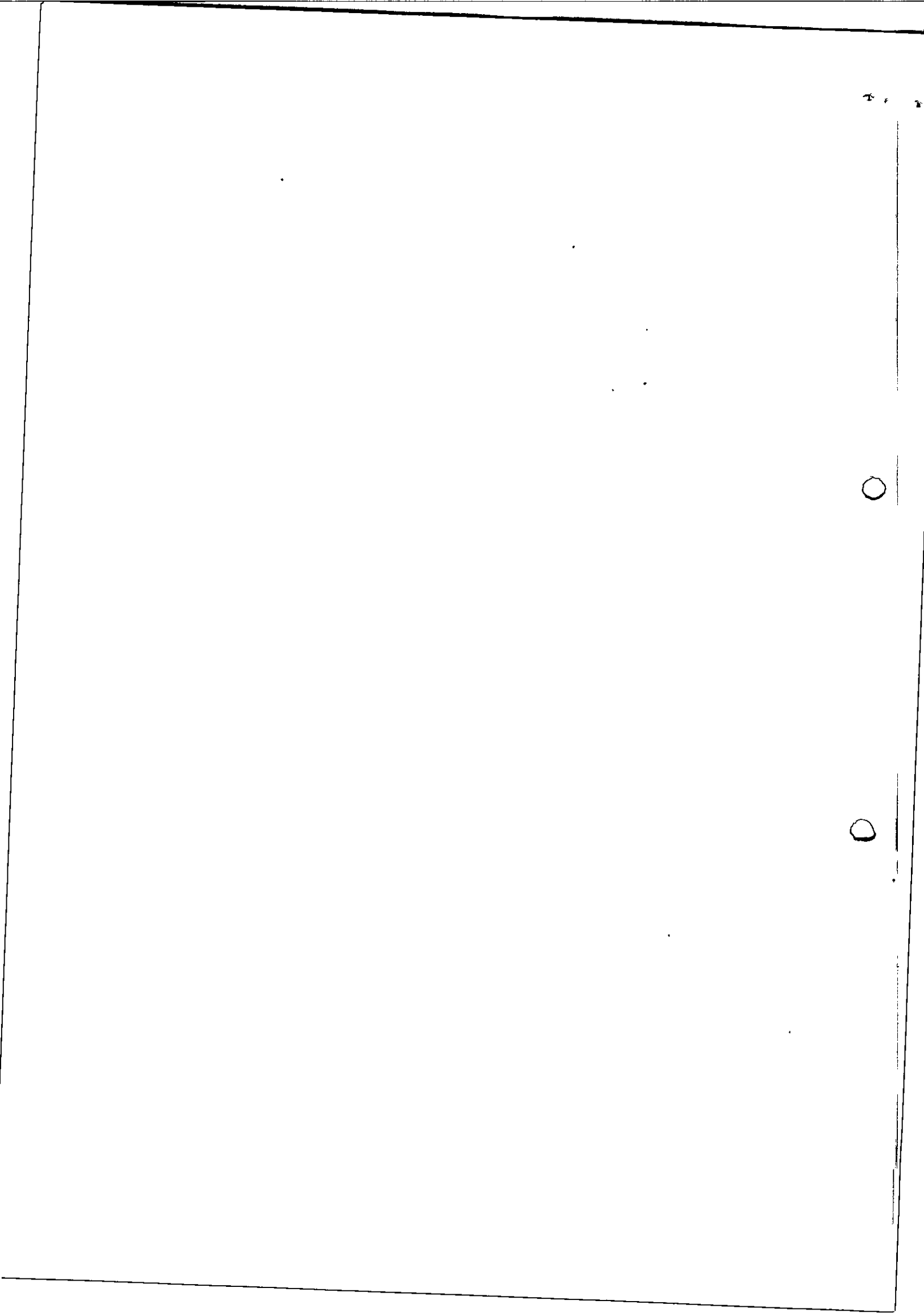
You can also take appointments at any time by going **online** to our website [www.rainbowhospitals.in](http://www.rainbowhospitals.in)

*Pa*



Registrar/Resident/C.M.O

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970



**ADMISSION SHEET**



**Registration Details :**

Admission No : IP26-00006581      Admit Date : 14-Jun-2026      Admit Time : 02:56 PM      UHID : HNH-00015970

**Patient Details :**

Patient Name : Master KHAJA HAMMADUDDIN      Age : 1 Y 7 M 22 D  
Guardian : Mr KHAJA NIZAMUDDIN      DOB : 23-10-2024 01:00 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : 6-3-1243/166 ,m.s.maktha opp raj bhavan      Phone No : 9700940111  
Raj Bhavan Road Hyderabad Telangana      E-mail : k.nizamuddin111@gmail.com  
INDIA 500082

**Admission Details :**

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

**Contact Details :**

Name : Mr KHAJA NIZAMUDDIN      Relationship : Father  
Contact Address : 6-3-1243/166 ,m.s.maktha opp raj bhavan Raj      Phone No : 9700940111 / 9700940111  
Bhavan Road Hyderabad Telangana INDIA  
500082

  
Signature

**Doctor Details :**

Doctor Name : Dr. SINDHURA MUNUKUNTLA      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : DC/CC Card      Deposit Amount : 10000.00  
Payor Name : NIVA BUPA HEALTH INSURANCE  
COMPANY LIMITED

11/12/19

NH-00015970 IP26-00006581  
Master KHAJA HAMMADUDDIN  
13-10-2024 1 Y 7 M 22 D (M)  
r. SINDHURA MUNUKUNTLA

**ACTIVITY**

Name:  .....

UHID No : ..... IP No : ..... Consultant : ..... Dept : *pediatrics*

Date of Admission : *1ul6/26* Time : ..... Date of Discharge : ..... Time: .....

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<i>1ul6/26</i>	<i>ul 12:00pm</i>	<i>ER</i>	<i>ward</i>	<i>(B) / [Signature]</i>

**Cross Consultation Visit**

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







Ref.No. F/IN/PR/10



# Rainbow<sup>®</sup> Children's Hospital

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name **IH-00015970** **IP28-00005581**

ister **KHAJA HAMMAUDDIN**  
**10-2024** **1 Y 7 M 22 D** (M)  
**SINDHURA MUNUKUNTLA**

Patient ID#



Consultant

Final Diagnosis:

Pediatric Multiorgan History & Physical Examination

IH-00015970 IP26-00006581  
ster KHAJA HAMMADUDDIN  
10-2024 1 Y 7 M 22 D (M)  
SINDHURA MUNUKUNTLA

Name : \_\_\_\_\_ Age/S \_\_\_\_\_

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

C/o fever x 5 days

C/o cold, cough x 4 days

C/o loose stools x 4 days

C/o vomiting x 3 days

History of present illness:

C/o 1 episode nasopharyngeal bleed & running

C/o fever since 5 days, on & off type high degree fever, not relieved with medication.

C/o cold, runny nose } 4 days  
C/o cough, dry cough }

C/o loose stools x 4 days; watery type non-blood tinged

C/o vomiting x 3 days, non-pyretic continuous food particles.

C/o 1 episode nasopharynx bleed. @

Pediatric Multiorgan History & Physical Examination

IH-00015970 IP26-00006581  
ster KHAJA HAMDADUDDIN  
10-2024 1 Y 7 M 22 D (M)  
SINDHURA MUNUKUNTLA



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

Nothing significant

Birth & Neonatal History :

TLAGA (NVD)

Birth & Socio Economic History :

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

Developmental History :

Developmentally normal

Immunization History :

Upto 12 months.

Pediatric Multiorgan History & Physical Examination

IH-00015970 IP26-00006581  
Patient: KHAJA HAMMADUDDIN  
-10-2024 1 Y 7 M 22 D (M)  
SINDHURA MUNUKUNTLA



Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 10.5 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98°F Pulse Rate: \_\_\_\_\_ Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 98% at \_\_\_\_\_

Resp. rate and type of breathing : 24/cpr

Rash \_\_\_\_\_ dry lips

Lymphadenopathy \_\_\_\_\_ dy oral Mucosa

Oedema : \_\_\_\_\_ Sunken eyes

**Respiratory system :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BL AE ⊕

Any addes sounds : BL NUBS

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

**Cardiovasclular System :**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S<sub>1</sub>S<sub>2</sub> heard

Any murmur : NO murmur.

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : Soft, Nontender.

Ausculation : NO ORG SWELLING

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

IH-00015970 IP26-00006581  
ster KHAJA HAMMADUDDIN  
10-2024 1 Y 7 M 22 D (M)  
SINDHURA MUNUKUNTLA



Central Nervous System :

Level of Consciousness : AVPU/GCS Score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

\_\_\_\_\_ (N)

Motor System :

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_ (N)

Reflexes :

DTR

Superficials :

Plantars \_\_\_\_\_

Sensory System :

\_\_\_\_\_ (N)

Bladder / Bowel : \_\_\_\_\_

Clinical Summary & Diagnostic :

AFB E dehydration

Pediatric Multiorgan History & Physical Examination

VH-00015970 IP26-00006581  
Master KHAJA HAMMADUDDIN  
-10-2024 1 Y 7 M 22 D (M)  
SINDHURA MUNUKUNTLA  


Preventive aspects of the treatment :

Desired goals of the treatment :

**Planned Labs :**

**Planned Management :**

CBP, CRP, CUE-  
Blood C/s

Reg: ceftriaxone.

Respiratory Panel. (5 viruses)

IV Fluids DNS

VBG

CXR PA view. (Due)

Syp: Crocin DS. Q6H

X-ray Nasopharynx

Reg: ondansetron

noted by Agorba

Reg: Esmoprazole

noted by Agorba

**Please fill up the following details**

- Name of the Referring Doctor : Dr. ABHISHEK . P V
- Name of the Referring Hospital : \_\_\_\_\_  
(Including the name of City)
- Contact number of the Referring Doctor : \_\_\_\_\_  
(Preferring Mobile #)
- Name of the doctor in Rainbow Team \_\_\_\_\_ on  
whose name the patient is being referred

Doctor's Signature Name Dr. Sindhu M Date 14/6/26 Time 2:30 pm

Sindhura Munukuntla  
Consultant Pediatrician  
Reg. No: 66970

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/6/26 2:30pm	<u>S/S - An - Sindhura - 08</u>	
	C/o fever - 5 days	
	C/o - Child dull	
	Signs of dehydration + fever	
	<u>Adv</u>	+ tachycardia (+)
	- CBP	1) IV fluids
	- CRP	2) Hydration as per
	- Bld c/s - ( <del>Wt</del> )	3) MP Kymc
	- CUE	4) Ceftriaxone
	- Respiratory	
	- VBI	
	- Uray nasopharynx	
	<u>CXR PA view</u>	
		<u>S. Sindhura</u> <u>Dr. SINDHURA - 08</u>
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 4:00pm	CLS/B. Dr. Sindhura AFB ± dehydration	
	Fever (+)	Plan
	oral intake - poor.	- Cont IVF FM
	Vitals - Stable.	- Cont ceftriaxone
	R/S / WAB	- Cont Crocin
	PIA	- Monitor v/o/p
		Vitals.
		NRB Snatch B 4pm
		Dr. Sindhura
		Date 14-10-24

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

HNH-00015970 IP26-00006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 22 D (M)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>15/6/26</del>	CLINICAL 100 - Nair puga / Dr. prashanthi	
15/6/26	AFB $\bar{c}$ dehydration.	
7:00 AM	Fever (P) = 100°8 (6:00 AM)	<u>Plan</u>
	Loose stools - 4 episds	✓ Card. 1VF 2/3M
	Vitals - stable.	✓ Cont. Ceftriaxone.
	R/S - B/L AE	✓ Cont Crocin 864
	P/A - soft, NT	✓ Monitor vitals
		✓ Plan USG Abdomin. after
		Def. needs.
		N.B Amruthi
		@ 8 AM



## PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
12/6	c/s/b Dr. Sindhura	
10:30 AM		
	<p>APFT <math>\bar{c}</math> Dehydrated  <u>Pate Gastroenteritis</u></p>	
	<p>- Fever <math>\oplus</math>          - Loose stool <math>\oplus</math>          Abdominal pain <math>\oplus</math>          Snoring <math>\oplus</math></p>	<p>Ph          1) <del>FORV - 400mg bid</del> / Dargac NS, Jg 400          Siml Smp / EBV Tetragam          2) M Metatop nasal spray</p>
	<p>ohc          child dull          R-S - B/LAE <math>\oplus</math>, conducted sound          PLA - Soft</p>	<p>3) Jig Ceftriaxone          Jig Order          Jg Esomeprazole          Per 44          Zinnion</p>
	<p>Peli Anal wash <math>\oplus</math></p>	<p>4) Add Bz Nappin cream          5) Mouth Vitak          6) <math>\checkmark</math> COE - if not able          send <math>\bar{c}</math> Urubag by 2pm  <math>\downarrow</math>          Then catheter sample before          next Abx day - <math>\bar{c}</math> Urubag</p>
		<p>7) VSS Abdomen</p>

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No. 66970

*Sindhura*  
*Dr. Sindhura*  
 noted by  
 Dr. Sindhura  
 12/6/24



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>15/6/26</del>	<del>C/S/b Dr. Varma / Dr. Praveen</del>	
<del>2 PM</del>	<del>AMI &amp; dehydration.</del>	
	- fever spikes (4); last @ 12 pm (100.9°F).	
	- Shivering (4)	
	- NO further e/o loose stools.	
	Qc - vitals stable.	
	Qe - UN.	Plan
		① Trace Dengue M1 & IgM
		② cont. Abx.
		③ Trace W/E.
		④ USG Abdomen & pelvis in evening.
		⑤ Monitor vitals.
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	S/B De-Sueghan	
7:30 AM	DAFF & dehydration	
	Adenoviral Illness	Play
	? UTI	- CE CEFTRIAXONE
	Fever spikes ⊕	AMIKACIN
	CVS - S/L ⊕	- Trace Dengue NS1
	M - 3U-AKF ⊕	
	PLA Sol	- Trace Urine CS
	conscious	Blood CS
		- Monitor vitals
		- Encourage oral
		16/6/26
		W.B Amantylle
		C 8 AM.



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	<u>s/r. Dr Sindhura</u>	
10am		
	Δ. API $\bar{c}$ dehydrated, Admorial cells 74+1	
	Oral intake - poor.	
	3 episodes of loose	
	stools	
	Child stable	
	<u>o/c</u> GC fair	
	Vitals stable	<u>Ado</u>
	CVS S1S2+	1) Stop IV fluids
	CNS WNL	2) Proper hydration
	Rx BAC+	orally
	Rx CoA	3) Trace urine c/s
		blood c/s
		Neg (Dengue NS-1 comp)
		4) Monitor vitals
		5) CT. Metoprolol
		BD
		6) MP XRAY 2-M oral m/c H
		MP hand
		SINDHURA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
16/6/26 2 pm.	ds/by Dr Anu	
	AFI $\bar{c}$ dehydrate Adenovirus 2 UTI.	
	oral intake - Mod. - less	
	fever spike $\oplus$ @ 130 pm	
	Dull activity - Preferring to sleep vital stable.	102.2 F
	S/E B/c AC $\oplus$ R/S N/VBS $\oplus$ Conducted sounds $\oplus$	- Euthan orally. - $\oplus$ w/c/s B/c/s
	P/A soft Not distended.	- dt other Mx as per chart
	Al	- Monitor vitals.
		noted by Sr. Sanchya 16/6/26 2 pm

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/2 7 pm	<p>UK/B Dr. Sindhura</p> <hr/> <p>AFI <math>\bar{c}</math> Dehydrated          Adenomial illness</p> <hr/> <p>- Fever <math>\oplus</math>          - Sleepiness - <math>\Delta</math>          - Oral intake - <math>\Delta</math>          - Snoring <math>\oplus</math></p> <p>child asleep          Vitals stable          R-S - B/2AE <math>\oplus</math> (conducted;          Sounds          P/A - Soft</p>	<p>Plan</p> <ol style="list-style-type: none"> <li>1) <math>\bar{c}</math> - Ceftriaxone              2) <math>\bar{c}</math> - Amoxicillin</li> <li>2) syp Xyzol              Melatonin</li> <li>3) Temp Vitals <math>\bar{c}</math></li> <li>4) P/A <math>\bar{c}</math></li> <li>5) Syp Zincosis</li> <li>6) Monitor Vitals</li> <li>7) If fever persists              next line investigation  <math>\bar{c}</math> next pick              or on Thursday</li> </ol>
	<p>Dr. Sindhura Munukuntla          Consultant Pediatrician          Reg. No. 15370</p>	<p><i>[Signature]</i>          Sindhura</p>
		<p>Noted by sv-sandhya          16/2/26          Fik</p>

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>19/5</del>	c/s/b Dr. Verma / Dr. Nagesw	
<del>7 AM</del>	APY & dehydration / Atenuated illness.	
	- 2nd fever @ 7:30 PM yesterday (102.4°F)	
	- Sleepy.	
	- Oral intake - fair	
	- Snoring better	
	O/E - vitals stable.	Plan
	O/E - WNL.	- Supp. (Ceftriaxone Amikacin)
		- Rest at. Rx as per Rx chart.
		- If fever persists, next line inv. & next prick / Thursday
		- Monitor vitals.
		N.B Amoktha
		e 7am

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/24 10:50 AM	<p><u>CLIB DI - Sindhura</u></p> <p><u>AFI ± Dehydration</u> <u>Adenoviral Illness</u></p> <p>- Feeds - Better          - Sleepy          - Snoring - Better          - Oral intake - better</p> <p>child asleep          Vitals stable</p> <p>R-S - B/L 2 ARE ⊕          P/A - Soft</p>	<p><u>Plan</u></p> <ol style="list-style-type: none"> <li>Inj Ceftriaxone              Inj Amoxicillin - Stop</li> <li>Syp Xyzal</li> <li>Metaspray</li> <li>Pro 99</li> <li>Z &amp; D drops</li> <li>If fever persists - plan 2<sup>nd</sup> line investigation (T/m)</li> <li>Monitor Vitals              Inj for SOB</li> <li>If canula out, do not place new canula</li> <li>If fever spikes              CBP, CRP, LFT ] To send              + Jerritin              Fibrinogen              Triglycerid              EBV              Mycoplasma              Preserve samples for Use</li> </ol> <p><i>[Signature]</i>          ANA UNOM          (P.T.O.)          noted by Swathy</p>

Dr. Sindhura Munukuntla  
 Consultant Paediatrician  
 Reg. No. 66977




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	SIB Dr. Srinivasan	Pln
2:20 PM	Δ Adenoviral 9/11 res.	- ct Z&D
	CVS - S <sub>1</sub> S <sub>2</sub> ⊙	Pro-GC
	RS-BU-ACE⊙	- ct Metaspreg
	PLA job	X72AR
	Lentiviral	- 96 high grade cover
		spikes persist pln
		to send
		(CBP, CRP, JAT) - To send
	<p>Proximal sample</p>	<p>Ser. Ferritin          Fibrinogen          Triglycerides  <del>EB</del> Extraneptin II          E for EBV          Mycoplasma IgM</p>
		Preserv Sample
		<p>TB sup noted by Sr. Srinivasan          17/6/26          2:20 PM</p>





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/24 8 AM	<p>S/B. Dr. Prabhat / Dr. Anuska.</p> <p>△ Adenoviral Illness.</p>	
	<p>fever - No.</p> <p>Loose stools - ↓ (One passed in night)</p> <p>Oral intake - Good.</p>	<p>Adv.</p> <p>① CT. Metatop spray</p>
	<p>O/E Gc. fair.</p> <p>Hydration - fair.</p>	<p>② CT Supportive Mgmt.</p>
<p>Bk/s / No growth.</p> <p>w/s /</p> <p>cannul site - (n)</p>	<p>S/C - NaN</p>	<p>③ Send CBP, CRP, LPT</p> <p>Enter { &amp; r feisth</p> <p>Sample { fibrinogen</p> <p>TG.</p> <p>EBV serology</p> <p>Mycoplasma 15m.</p> <p>if high grade fever persists.</p>
	<p>AP</p> 	
		<p>12.13 Amotuthu        8 AM.</p>





## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... *np/2* .....  Not known any Drug Allergies

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

Shifting From: ..... *ER* ..... Shifted to: ..... *ward* .....

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

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : ..... *Dr. nar panya* .....

Date & Time : ..... *14/6/26 @ 3:10pm* .....

Nurse Name & Signature: ..... *Bhargava* .....

Date & Time : ..... *14/6/26 @ 3:15pm* .....





REGULAR PRESCRIPTIONS

Weight. 10.5 kg Ward. ....

Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani

**DRUG:** Inj. ceftriaxone

Dose	Route	Frequency	Start Date	Date/Time
500mg	IV	BD	14/6	5PM X
				14/6
				15/6
				16/6
				17/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 5PM 500mg IV BD

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Inj. ondansetron

Dose	Route	Frequency	Start Date	Date/Time
1mg	IV	TID	14/6	6AM X
				14/6
				15/6
				16/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 2PM 500mg IV TID

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Inj. esmaprazole

Dose	Route	Frequency	Start Date	Date/Time
10mg	IV	OD	14/6	6AM X
				14/6
				15/6
				16/6
				17/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 5PM 10mg IV OD

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG:** Symp. Crocin DS

Dose	Route	Frequency	Start Date	Date/Time
3ml	PO	Q6H	14/6	6AM X
				14/6
				15/6
				16/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 12PM 3ml PO Q6H

Daily Doctor's Endorsement by a Sign: *[Signature]*



ker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 10.5kg

Ward .....

<b>DRUG :</b> <u>PROG. drops.</u>				Date Time	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>															
Dose	Route	Frequency	Start Dt.																			
<u>15°</u>	<u>PO</u>	<u>BD</u>	<u>15/6</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>10am</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>														
Additional Instructions:					<u>10pm</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>														
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>																	
<b>DRUG :</b> <u>Syp. Zincora.</u>				Date Time	<u>15/6</u>	<u>16/6</u>																
Dose	Route	Frequency	Start Dt.																			
<u>5ml.</u>	<u>PO</u>	<u>OD</u>	<u>15/6</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>10am</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>														
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>																	
<b>DRUG :</b> <u>METATOP</u>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b> <u>METASPRAY</u>				Date Time	<u>15/6</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>1 Puff</u>	<u>IN</u>	<u>BD</u>	<u>15/6</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>10am</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>														
Additional Instructions:					<u>10pm</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>														
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>																	

Verified by  
Dr. Dhakshayani

Verified by  
Dr. Dhakshayani

VERIFIED BY : Name

Verified by  
Dr. Dhakshayani



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 10 kg Ward .....

DRUG : <u>BY NAPPI DIAPER CREAM</u>				Date					
				Time	15/6	16/6	17/6	18/6	19/6
Dose	Route	Frequency	Start Dt.						
-	Local	As per need	15/6						
Name & Signature of the Doctor Starting the Drugs:									
<u>Pranav</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>NASOCLEAR NASAL DROPS</u>				Date					
				Time	15/6	16/6	17/6	18/6	19/6
Dose	Route	Frequency	Start Dt.						
20	P/W	4 <sup>th</sup> hly	15/6						
Name & Signature of the Doctor Starting the Drugs:									
<u>Pranav</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>75mg AMIKACIN</u>				Date					
				Time	15/6	16/6	17/6	18/6	19/6
Dose	Route	Frequency	Start Dt.						
75mg	IV	BD	15/6						
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>METATOP 100mg</u>				Date					
				Time	16/6	17/6	18/6	19/6	20/6
Dose	Route	Frequency	Start Dt.						
100mg	oral	BD	16/6						
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani  
 Verified by Dr. Dhakshayani

1NH-00015970  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 22 D (M)  
 Dr. SINDHURA MUNUKUNTLA



**REGULAR PRESCRIPTIONS**

Sheet No: .....

Weight 16.5 kg Ward .....

<b>DRUG :</b> <u>SYP XY30L</u>				Date Time	<u>16/6</u>	<u>17/6</u>															
Dose	Route	Frequency	Start Dt.																		
<u>2.5ml</u>	<u>PO</u>	<u>OD (H/S)</u>	<u>16/6</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
<u>(5ml/2.5mg)</u>																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<u>[Signature]</u>																					
<b>DRUG :</b> <u>Z &amp; D Drops</u>				Date Time	<u>16/6</u>	<u>12/6</u>															
Dose	Route	Frequency	Start Dt.																		
<u>1ml</u>	<u>PO</u>	<u>OD</u>	<u>16/6</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
<u>1ml = 20mg</u>																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<u>[Signature]</u>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

Verified by  
 Dr. Dhakshayani

Verified by  
 Dr. Dhakshayani

Signature  
 VERIFIED BY : Name







15970 IP26-00006581

A HAMMADUDDIN

1 Y 7 M 22 D (M)

MURA MUNUKUNTLA



211

# RESULT SHEET

Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Date	14/6/26				
Time					
Hb	9.4				
PCV	26.6				
RBC	4.00				
WBC	4.38				
N/L	47.5/49.5				
Platelets	215				
CRP	7				
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					

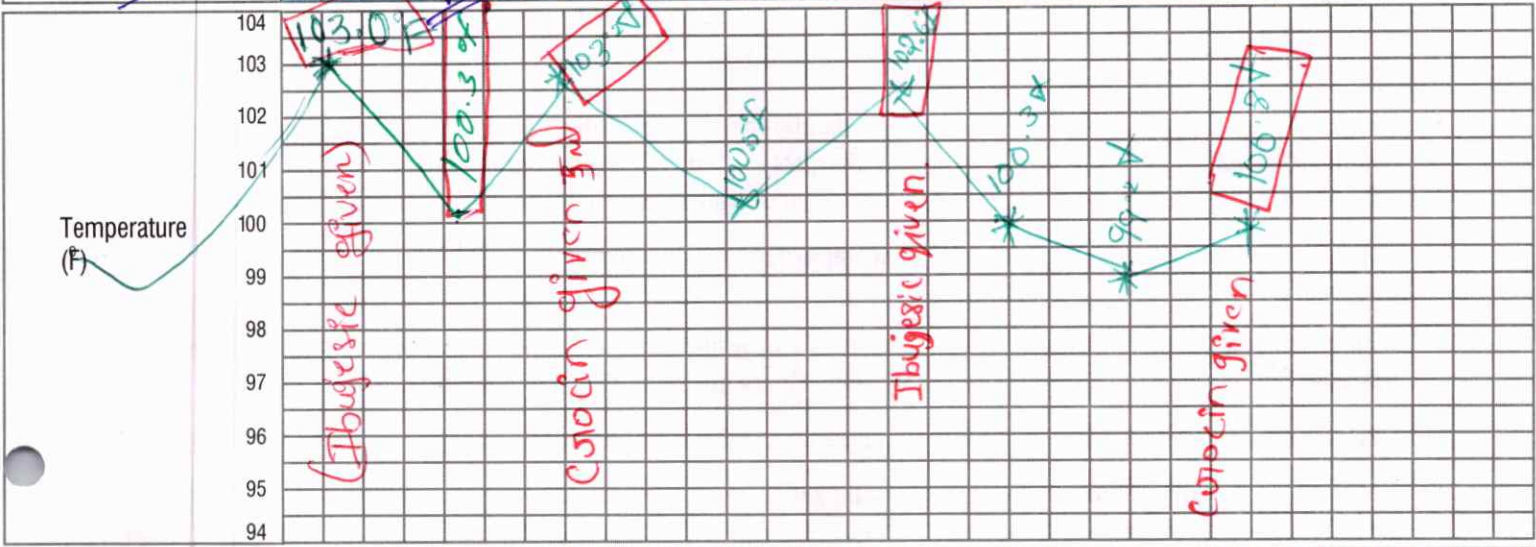
Date	15/6/26					
Time						
CUE-Alb						
CUE-Sugar	Nil					
CUE - Ketones	Negative					
CUE-PUS Cells	8-10					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Flu	Negative					
Adenovirus						
Dengue NS, + IgM	Negative					

14/6  
 Culture and Sensitivities : Blood C/S → 26 hrs sterile  
 15/6 → Urine C/S → 24 hrs sterile

Radiology: USG : .....  
 X-Ray:.....  
 ECHO: .....  
 CT: .....  
 MRI .....  
 Others (ECG, Contrast Studies etc.): .....

**DAILY WARNING SCORE: CHILDREN'S UNIT**

Date: 14/6/26	Time: 5pm	7pm	8:50am	10pm	11:30am	3am	5am	6am
Doctor / Nurse / Family Concern?								



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)	130b/m		126b/m		128b/m							120b/m			

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	25b/m		25b/m		30b/m		30b/m

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

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	A	M	M	M	M	M

<b>ACTIONS</b> 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

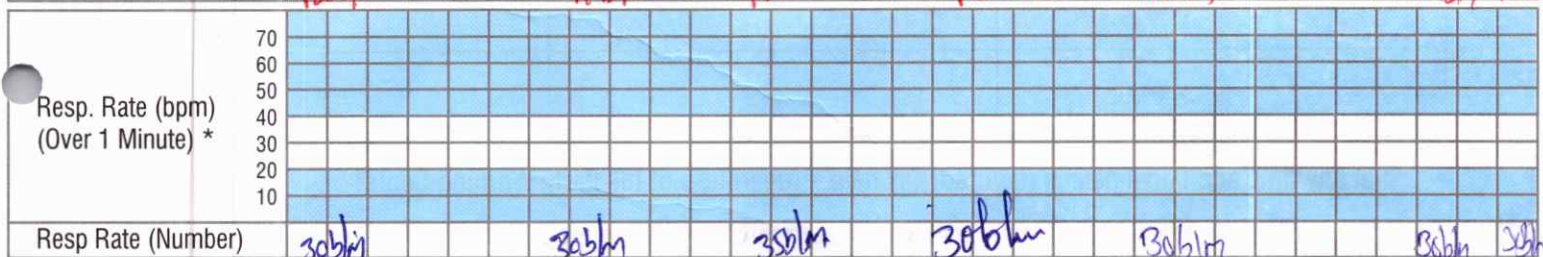
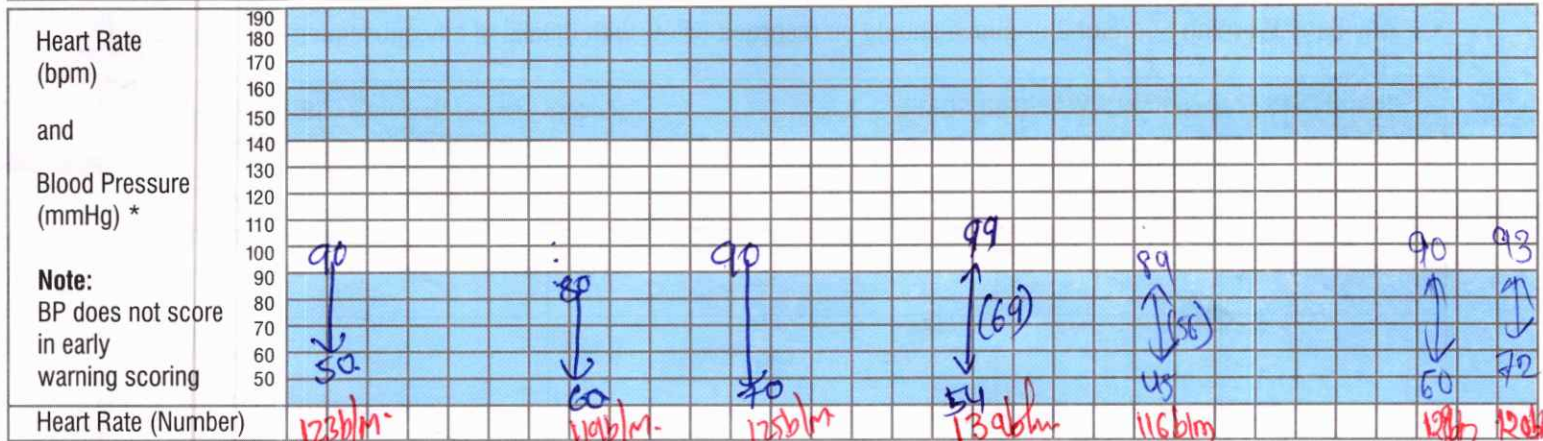
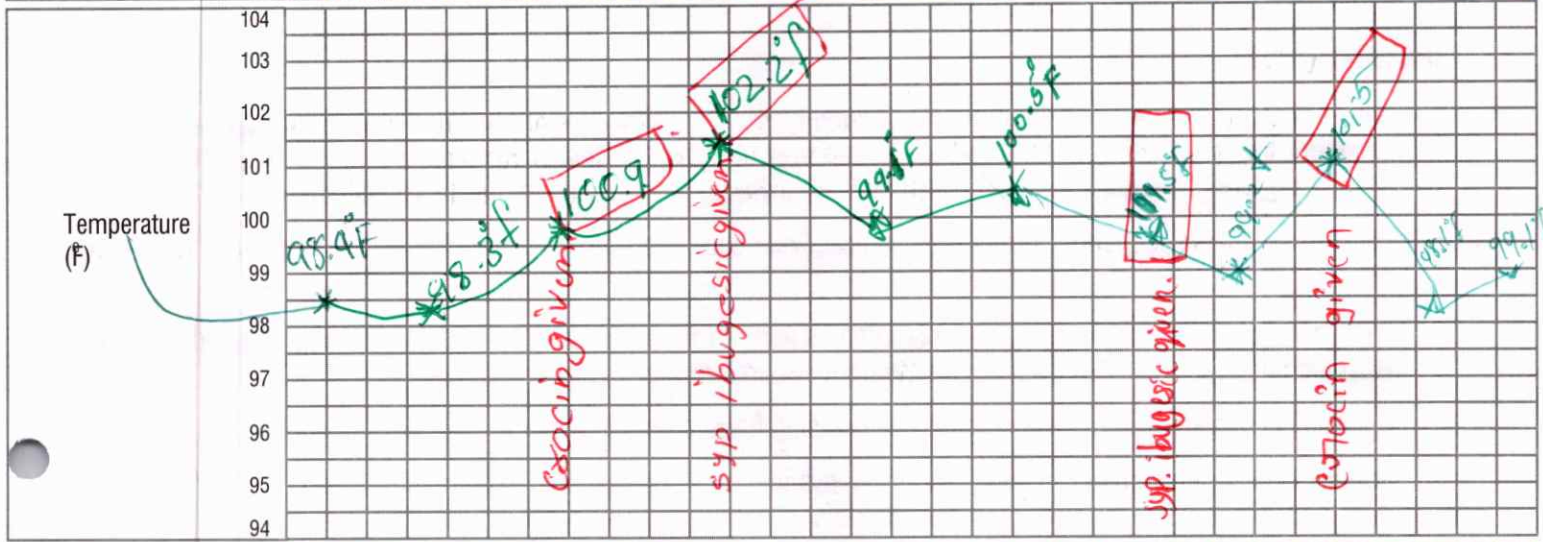
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 15/6/26 Time: 9am 10am 12pm 2pm 6pm 6:30pm 10pm 12am 1:30pm 2am 6am

Doctor / Nurse / Family Concern?



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

<b>TOTAL SCORE</b>	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	[Signature]

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

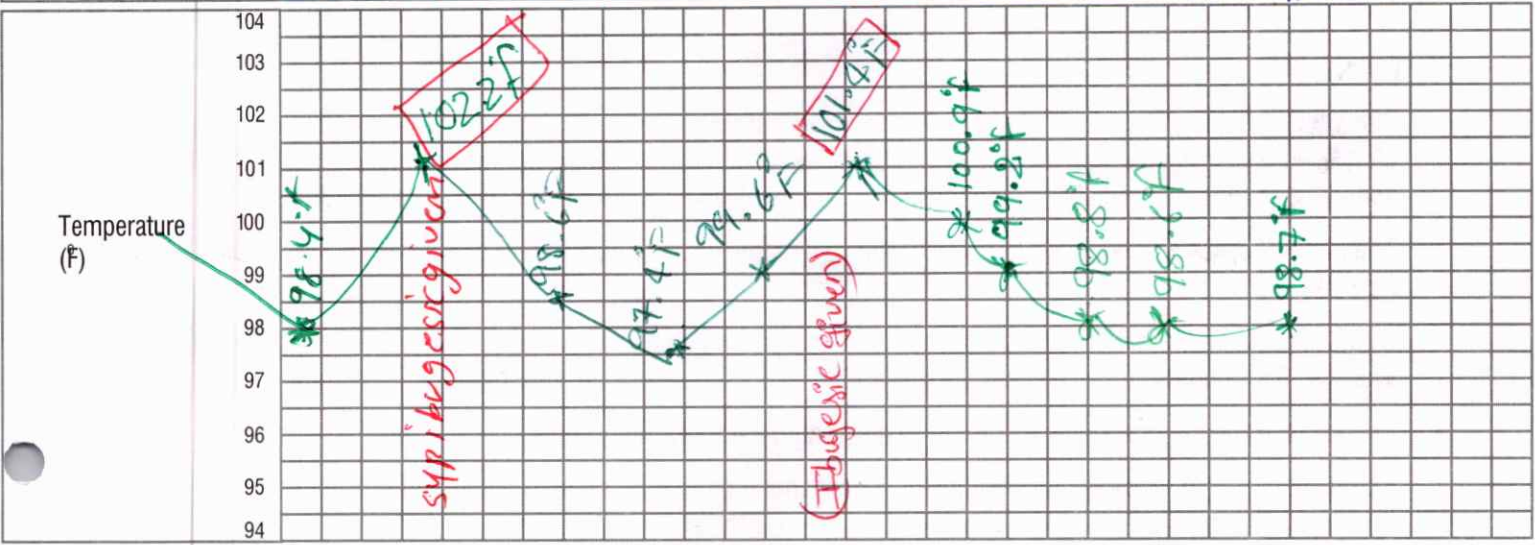
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

**WARNING SCORE: CHILDREN'S UNIT**

Date: 16/6/24	Time: 10 AM	11 PM	2 PM	4 PM	6 PM	7:30 PM	9:30 PM	10	12	2	6
Doctor / Nurse / Family Concern?	Am					Am	Am	Am	Am	Am	Am



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
and Blood Pressure (mmHg) *	125/80	140/80	125/65	126/64	124/62	128/63									
Note: BP does not score in early warning scoring															
Heart Rate (Number)	125b/m	140b/m	125b/m	126b/m	124b/m	128b/m									

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10								
Resp Rate (Number)	25b/m	26b/m	23b/m	24b/m	26b/m	28b/m									

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

<b>TOTAL SCORE</b>															
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS

<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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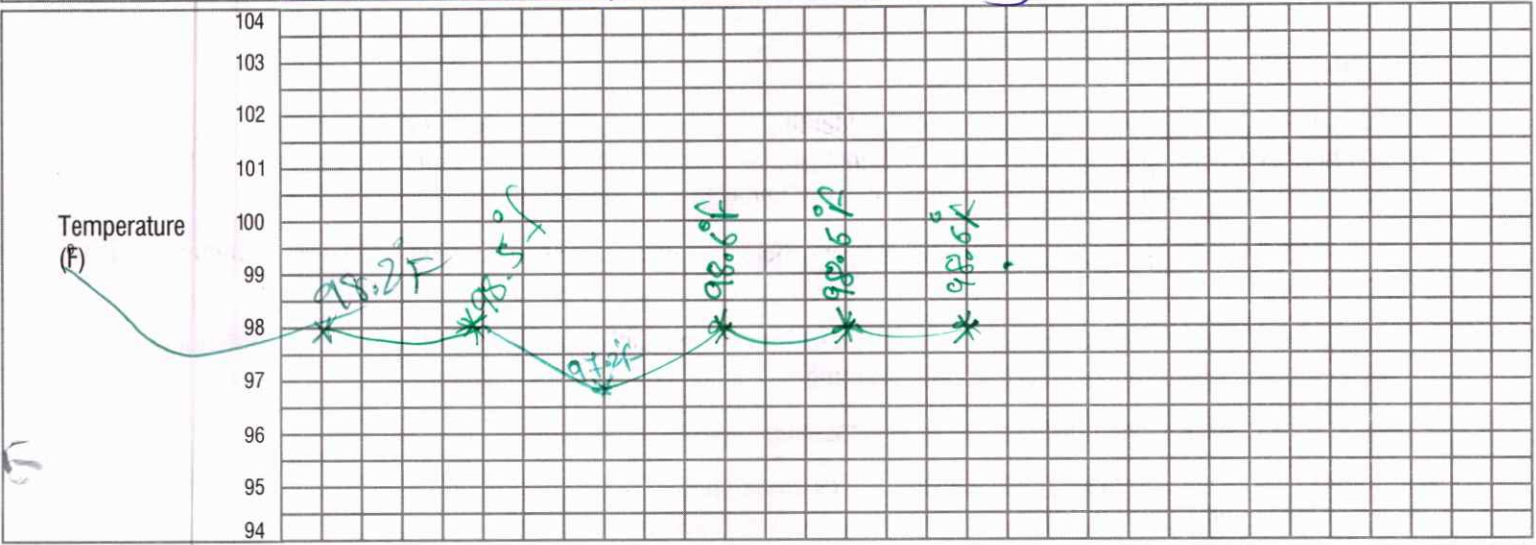
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<b>B</b>	<b>BACK GROUND:</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

Patient



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 17/6/26	Time: 10am	2pm	6pm	10pm	2am	6am
Doctor / Nurse / Family Concern?			Pm	Pm	Am	Am



Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						

Heart Rate (Number)	125b/m	128b/m	114b/m	126b/m	126b/m
---------------------	--------	--------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	25b/m	20b/m	20b/m	28b/m	28b/m

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

Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	100%	99%	99%	99%	100%
---	------	-----	-----	-----	------

Conscious Level Normal / Altered					
GCS *					

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	A	S	A	B	B

<b>ACTIONS</b> 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

# 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	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm			40ml							0		
	04:00 pm			40ml							0		
	05:00 pm			40ml							0		
	06:00 pm			40ml							0		
	07:00 pm			40ml							0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm			uoml									
	09:00 pm			uoml									
	10:00 pm		kidney	uoml									
	11:00 pm	DNS		uoml									
	12:00 am		H <sub>2</sub> O	uoml									
	01:00 am			uoml									
<b>Total Intake : Taken</b>						<b>Total Output : m-2</b>							
	02:00 am			uoml									
	03:00 am			uoml									
	04:00 am		H <sub>2</sub> O	uoml									
	05:00 am	DNS		uoml									
	06:00 am			uoml									
	07:00 am			uoml									
<b>Total Intake : Taken</b>						<b>Total Output : m-2</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015970 IP26-00006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 22 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
15/6/26	08:00 am			25ml	/			/	✓		} AS	
	09:00 am			25ml	/			/	✓			
	10:00 am		Milk	25ml	/			/	✓			
	11:00 am	DNS	Milk + H2O	25ml	/			/	✓			
	12:00 pm		H2O	25ml	/			/	✓			
	01:00 pm			25ml	/	✓		/	✓			
<b>Total Intake :</b>						<b>Total Output :</b> U-3 M-						
15/6/26	02:00 pm			25ml	/			/	✓		} AS	
	03:00 pm		Upma	25ml	/			/	✓			
	04:00 pm	DNS	Upma + H2O	25ml	/			/	✓			
	05:00 pm		H2O	25ml	/			/	✓			
	06:00 pm			25ml	/			/	✓			
	07:00 pm			25ml	/			/	✓			
<b>Total Intake :</b>						<b>Total Output :</b>						
15/6/26	08:00 pm			25ml	/			/			} AS	
	09:00 pm			25ml	/			/				
	10:00 pm		kichadi	25ml	/			/	✓			
	11:00 pm	DNS	kichadi + milk	25ml	/			/	✓			
	12:00 am		milk	25ml	/			/	✓			
	01:00 am			25ml	/			/	✓			
<b>Total Intake :</b>						<b>Total Output :</b>						
16/6/26	02:00 am			25ml	/			/			} AS	
	03:00 am			25ml	/			/				
	04:00 am	DNS	milk	25ml	/			/				
	05:00 am			25ml	/			/				
	06:00 am			25ml	/			/				
	07:00 am			25ml	/			/				
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

1NM-00015970 IP26-00006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 22 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# 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			
16/6/26	08:00 am												
	09:00 am	idly					✓			✓			
	10:00 am	H2O					✓			✓			
	11:00 am						✓			✓			
	12:00 pm						✓			✓			
	01:00 pm												
<b>Total Intake :</b> Taken			<b>Total Output :</b> U-4 M-9										
16/6/26	02:00 pm												
	03:00 pm									✓			
	04:00 pm	Milk											
	05:00 pm	H2O											
	06:00 pm						✓			✓			
	07:00 pm												
<b>Total Intake :</b> Taken			<b>Total Output :</b> U-1 M-										
16/6/26	08:00 pm												
	09:00 pm	Milk											
	10:00 pm	H2O					0			✓			
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b> Taken			<b>Total Output :</b> M- U-1										
17/6/26	02:00 am												
	03:00 am									✓			
	04:00 am												
	05:00 am												
	06:00 am									✓			
	07:00 am												
<b>Total Intake :</b> Taken			<b>Total Output :</b> U-2 M-										

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015970 IP26-00006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# 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			
17/6/26	08:00 am												
	09:00 am												
	10:00 am	0			NA					✓	0		AY
	11:00 am												
	12:00 pm									✓			
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b> U-2 M-							
17/6/26	02:00 pm												
	03:00 pm												
	04:00 pm	0	zolly							✓	0		
	05:00 pm		Ho										
	06:00 pm									✓			
	07:00 pm												
<b>Total Intake :</b> - taken						<b>Total Output :</b> U - M -							
17/6/26	08:00 pm		milk										
	09:00 pm												
	10:00 pm	0			NA								
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b> Taken						<b>Total Output :</b> U-2 M-1							
18/6/26	02:00 am												
	03:00 am												
	04:00 am	0			NA								
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b> Taken						<b>Total Output :</b> U-2 M-1							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# NURSING CARE RECORD

Date: 14/6/26

- 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				E P			
Afternoon	2pm	Assess the Pt condition, monitor vitals, maintain I/O chart. Provide the comfortable position.	2pm	Assessed the Pt condition, monitored vitals. Maintained I/O chart. Provided the comfortable position.	→ Pt is stab.	→ monitoring vitals	Sresh
	8pm	Medication given as per doctor order	8pm	Medication given as per doctor order.	→ vitals norm.	→ maintaining I/O chart.	
Night	8pm	→ Assessed the baby condition. → monitor the vitals. → maintain I/O chart. → continue fluids plan.	8pm	→ Assessed the baby condition. → monitored the vitals. → maintained I/O chart. → planned to continue fluids.	→ pt is stable now	→ Reassessed the vitals	



Patient Sticker

# NURSING CARE RECORD

Date: 15/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart → give comfortable position	8am	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart → given comfortable position	Patient is stable	re-checked vitals	Anusha
	to 2pm						
Afternoon	2pm	Assess the pt condition, monitor vitals, record, maintain I/O chart Provide the comfortable position. medication given as per doctor order.	2pm	Assessed the pt condition monitored vitals, record, maintained I/O chart provided the comfortable position. medication given as per doctor order.	pt is stable vitals normal	Monitor vitals maintain I/O chart	Sneh
	to 8pm						
Night	8pm	→ Assess pt condition → monitor the vitals → maintain I/O charts → Administer medication as per drug chart → give comfortable position	8am	→ Assessed the pt condition. → monitored the vitals. → maintained I/O charts. → Administered medication as per drug chart. → given comfortable position.	→ pt is stable now	→ Reassessed the vitals	(Signature)

# NURSING CARE RECORD



Date: 16/6/20

- 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 to 2pm	→ Assess the pt condition → check the vitals → maintain I/O chart	8AM to 2pm	→ Assess the pt condition → check the vitals → maintain I/O chart → check rise temp	pt is a stable	check the vitals	
Afternoon	DAY						
Night	8pm   8AM	- Assess the pt condition - Monitor vitals - maintain I/O chart - Medication Given as per drug chart	8pm   8AM	- Assessed the pt condition - Monitored vitals - maintained I/O chart - Medication Given as per drug chart	pt is stable	Re checked vitals	

00015970 IP26-00006581  
 Doctor KHAJA HAMMAUDDIN  
 23-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# NURSING CARE RECORD

Date: 17/6/26

- 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 to 2pm	<ul style="list-style-type: none"> <li>* Assess the pt condition</li> <li>* Monitor the vitals</li> <li>* Maintain the I/O chart</li> <li>* Administer medication as per the drug chart</li> <li>* provided comfortable position</li> </ul>	8am to 2pm	<ul style="list-style-type: none"> <li>* Assessed the patient condition</li> <li>* monitored the vitals</li> <li>* Administered medication as per drug chart</li> <li>* provided comfortable position</li> </ul>	patient is stable	Re-checked vitals	Sandhya
Afternoon	2pm to 8pm	<ul style="list-style-type: none"> <li>→ Assess the pt condition</li> <li>- monitor vitals &amp; I/O chart</li> <li>- drug as per chart</li> <li>- provided comfortable position</li> </ul>	2pm to 8pm	<ul style="list-style-type: none"> <li>→ Assessed the pt condition</li> <li>- monitored vitals &amp; I/O chart</li> <li>- drug as per chart</li> <li>→ provided comfortable position</li> </ul>	pt is stable	Rechecked vitals	[Signature]
Night	8pm to 8am	<ul style="list-style-type: none"> <li>- Assess the pt condition</li> <li>- monitor vitals</li> <li>- maintain I/O chart</li> <li>- medication given as per drug chart</li> </ul>	8pm to 8am	<ul style="list-style-type: none"> <li>- assessed the pt condition</li> <li>- monitored vitals</li> <li>- maintain I/O chart</li> <li>- medication given as per drug chart</li> </ul>	pt is stable	Rechecked vitals	

HNH-00015970 IP26-00006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 24 D (M)  
 Dr. BINDHURA MUNUKUNTLA



# NURSING CARE RECORD



Date: .....

- 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							
Afternoon							
Night							

Patient Sticker

# NURSING CARE RECORD



Date: .....

**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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							



**.....ING SHIFT HAND OVER FORM**

<b>SITUATION</b>	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
<b>BACKGROUND</b>	Date	Shift	14/6 EL	14/6 N	15/6	15/6 EL	15/6 N	15/6 N
	Medical Condition (Any special condition to be noted):		-	-	-	-	-	-
	Diet:		Soft	-	-	-	-	-
	Post OP Day:		-	-	-	-	-	-
<b>ASSESSMENT</b>	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-	-	-	-	-
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 98.2°F	98.1°F	98.2°F	98.2°F	98.1°F	98.1°F
	Res:		30b/m	30b/m	30b/m	30b/m	30b/m	30b/m
	SpO <sub>2</sub> :		99%	99%	99%	99%	99%	99%
	Pulse:		130	122b/m	122b/m	123b/m	120b/m	120b/m
	BP:		-	-	-	-	-	-
	LOC:		-	-	-	-	-	-
	Fall Risk Score:		-	-	-	-	-	-
Pain Score:		-	-	-	-	-	-	
Skin Integrity:		-	Good	Good	Good	Good	Good	
<b>Recommendations</b>	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		-	-	-	-	-	-
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:		-	-	-	-	-	-
	Critical Lab Test / Values:		-	-	-	-	-	-
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):		-	-	-	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-	
Handed Over By Name :		Srinu	mahi	Anusha	Srinu	Anusha	Madheep	
Signature / ID :								
Date:		14/6	15/6/26	15/6/26	15/6	16/6/26	16/6/26	
Time:		8pm	8pm	2pm	8pm	8pm	8pm	
Taken Over By Name :		Mahi	Anusha	Srinu	mahi	Madheep	Anusha	
Signature / ID :								
Date:		14/6/26	15/6/26	15/6	15/6/26	16/6/26	16/6/26	
Time:		9pm	8Am	2pm	9pm	8Am	2pm	



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
BACKGROUND	Date	Shift	16/6/26 E2	16/6/26 N1	17/6/26 M6	17/6/26 E2	17/6/26 N1	
		Medical Condition (Any special condition to be noted):		-	-	-	-	-
	Diet:		-	-	-	-	-	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-	-	-	-	-
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 98.3°F	96.8°F	99.2°F	98.2°F	98.6°F	
			Res: 23b/m	24b/m	25b/m	25b/m	26b/m	
			SpO <sub>2</sub> : 100%	100%	100%	100%	100%	
			Pulse: 123b/m	124b/m	129b/m	130b/m	128b/m	
			BP: 95/63	94/60	90/65	98/69	98/65	
			LOC: -	-	-	-	-	
	Fall Risk Score:		-	-	-	-	-	
Pain Score:		0	0	0	0	0		
Skin Integrity:		Good	Good	Good	Good	Good		
Recommendations	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		-	-	-	-	-	
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:		-	-	-	-	-	
	Critical Lab Test / Values:		-	-	-	-	-	
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ADL (Dependent / Non Dependent):		-	-	-	-	-		
Post Operative Procedure Special Orders:		-	-	-	-	-		
Handed Over By Name :		Amsutha	Amsutha	Sudhaya	Apurva	Amsutha		
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		16/6/26	16/6/26	17/6/26	17/6/26	18/6/26		
Time:		8pm	8Am	2pm	8pm	8Am		
Taken Over By Name :		Amsutha	Sudhaya	Apurva	Amsutha			
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Date:		16/6/26	17/6/26	17/6/26	17/6/26			
Time:		8pm	8Am	-	8pm			



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	14/6 DAY-1			15/6/26 DAY-2			16/6/26 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	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	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	NA	NA	
Signature of the Nurse				Sny			Sny			Sny			

**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 : *Sneh*  
 Signature : ..... Name : *Sneh*

Signature of Ward In Charge :  
 Signature : *Balanani* Name : *Balanani*

1NH-00015970 IP26-0006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 23 D (M)  
 Dr. BINDHURA MUNUKUNTLA



## CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 17/6/24			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			-							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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							
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							
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							
Signature of the Nurse						<i>[Signature]</i>							

**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 of Ward In Charge :

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

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



## CHECKLIST FOR THROMBOPHLEBITIS

17/10/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	-									
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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA									
Signature of the Nurse				Surya									

**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 : Sandhya Name : Surya

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
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 of Ward In Charge :

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

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



# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/6	4Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	G
14/6	8Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
15/6	5Am	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	Sw
15/6/26	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
15/6	2Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
15/1	8Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
16/6	8Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
16/6/26	8Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
16/6/26	2Pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
16/6/26	8Pm	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	Sw

**Re-assessment Frequency:**

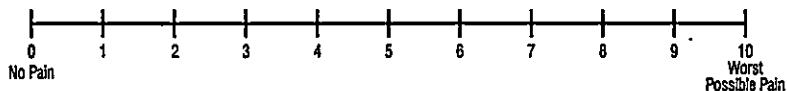
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 - 60 minutes after pain relief intervention.

# 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 brawn 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
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

### Wong - Baker (Pediatrics) Above 7 Years





# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/6/26	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	
17/6/26	6Am	0/10	NA	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
17/6/26	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
17/6/26	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
17/6/26	4pm	0/10	NA	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
17/6/26	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	
18/6/26	6Am	0/10	NA	<input 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 checked="" 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		

**Re-assessment Frequency:**

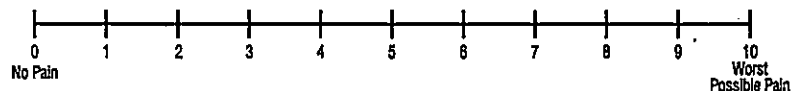
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief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

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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	-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 <sub>2</sub>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



MNH-00015970 IP26-0006581  
 Master KHAJA HAMMADUDDIN  
 23-10-2024 1 Y 7 M 24 D (M)  
 Dr. SINDHURA MUNUKUNTLA

# BRADEN 'Q' SCALE



					Date :	16/6/16	16/6/20	16/6/24	17/6
					Time :	M6	E2	N1	M6
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
<b>TOTAL SCORE</b>						28	24	28	28
<b>Evaluator's Name</b>						W...	A...	B	...

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	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# BRADEN 'Q' SCALE

					Date : 7/6/26			
					Time : Ni			
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
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**TOTAL SCORE**

28

**Evaluator's Name**

Dr

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	<b>Support Surfaces</b> (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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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 14/6/26 Time: 4:20pm

Weight: 10.4kg Centile: 10th

Height: 81cm Centile: 10th

Inference: underweight child

RDA: - Calories: 1200kcal/d Protein: 20gms/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy, chilled & outside foods

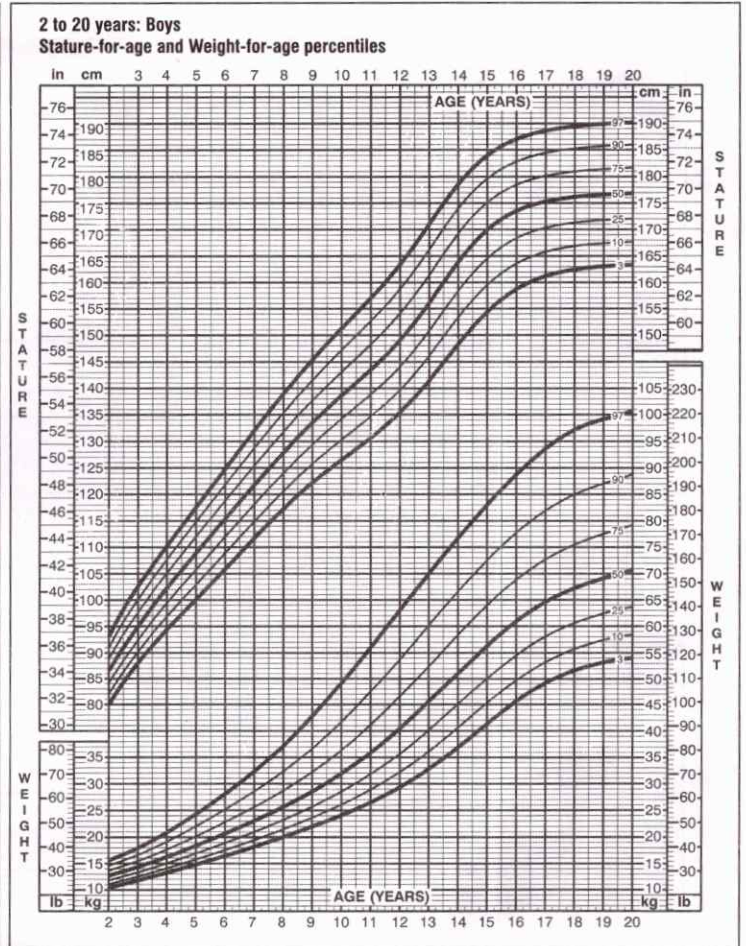
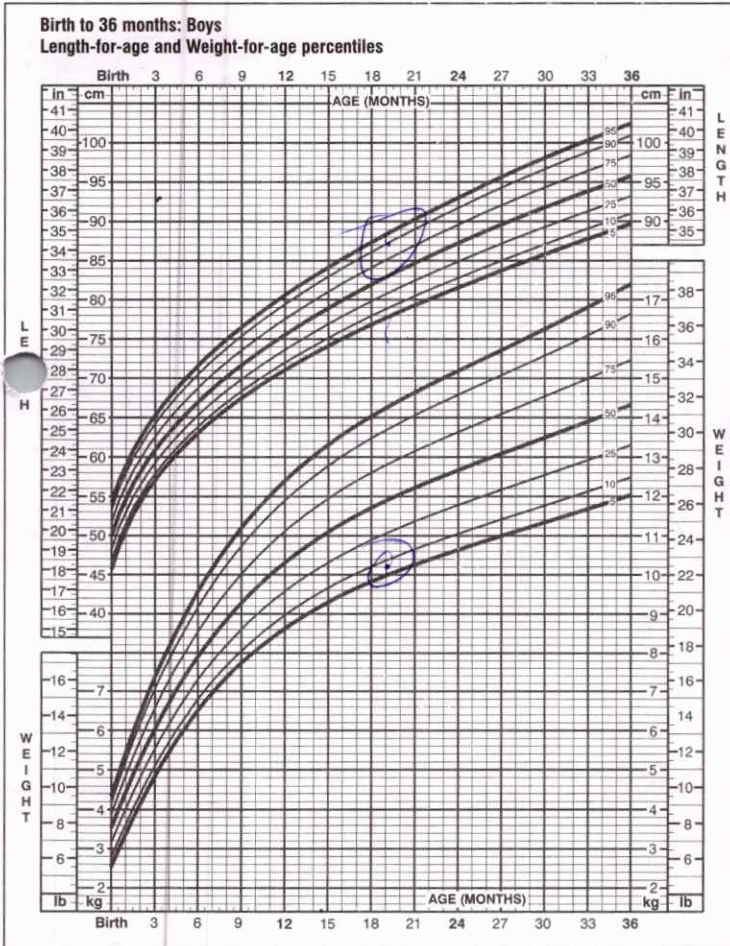
Food Allergies: cashew Veg/Non-veg: NON-veg.

Diagnosis: AFI

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: Sathwika-G

Dietician's Signature: [Signature]



*wt - 10.5kg*



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : *Khaja* Age : *1y* Gender:  Male  Female

Date : *14/6/26* Time of Arrival : *2:15pm*

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* PR: *125/bm* BP: \_\_\_\_\_ RR: \_\_\_\_\_ SpO<sub>2</sub>: *97%*

Chief Complaints: *do fever since 5 days, cold, cough 4 days*

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

Signature of Parent / Guardian \_\_\_\_\_  
 Triage Completion Time : \_\_\_\_\_

\* CTAS - Canadian Triage and Acuity Scale

## 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:**

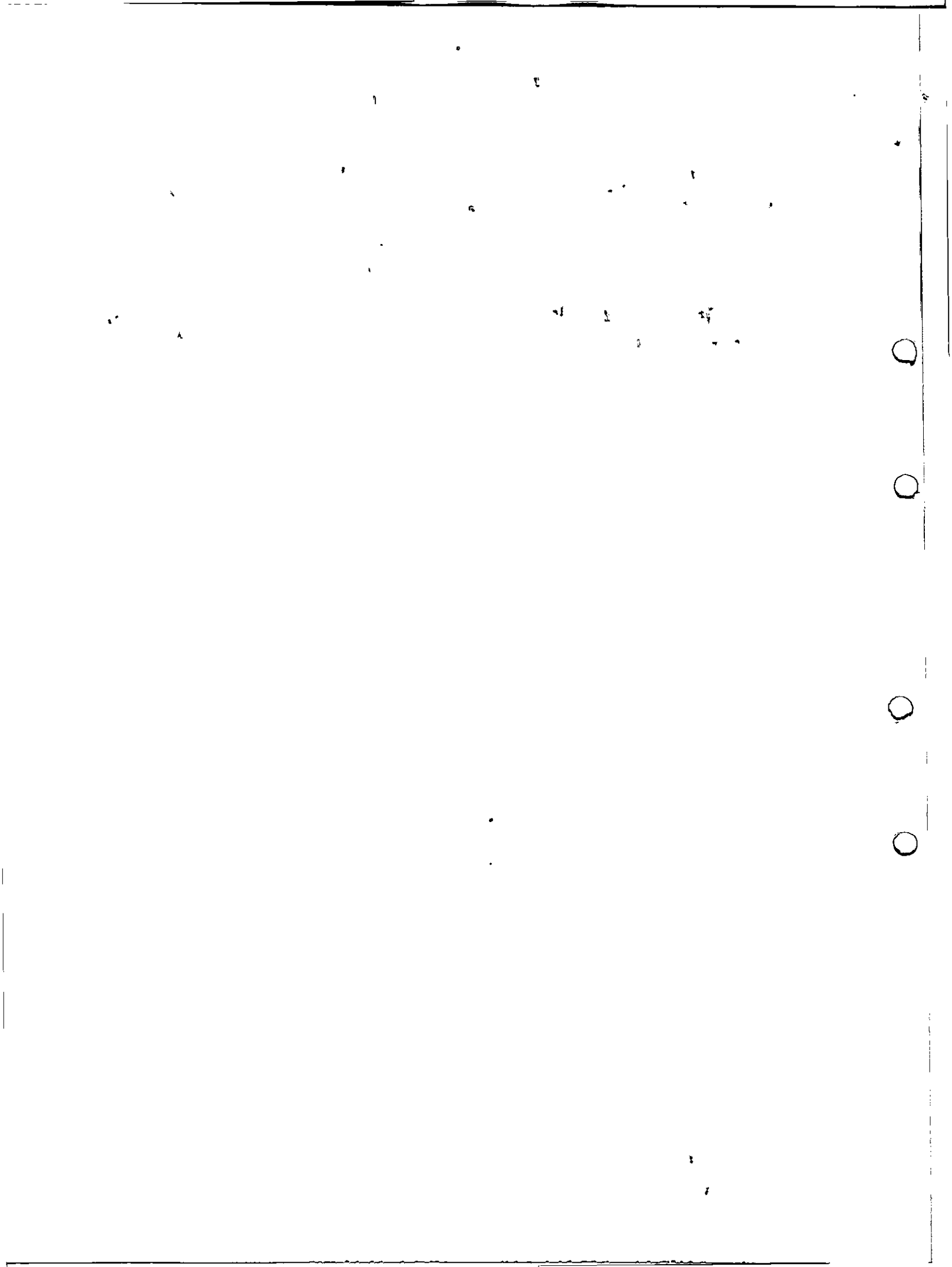
- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**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 : *Bhargavi* Signature of Triage Nurse : *[Signature]*

Date & Time : *14/6/26 @ 2:15pm*





## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 2:10pm  
Chief Complaints: ch. fever since 5 days RBS: .....  
Height : ..... Weight : 10.5kg BMI : ..... Head Circumference (<2 years) : .....

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

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

.....  
.....

### 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 : .....

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

Time	Nursing Notes
2:00pm	Assess the pt condition monitor the vitals

Samples collected by: Aarsha  
 Samples sent by :

Time: 2:00pm  
 Time: 2:00pm

**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: <u>125b/m</u> BP: ..... CFT: ..... RR: ..... SPO <sub>2</sub> : <u>98%</u> GCS: ..... Temperature : <u>98°F</u> Pain Score: ..... Repeat RBS (if applicable): .....	Shift - out from ER to: <u>ward</u> Time of Shift - out: <u>4:00pm</u> Handover given to: <u>[Signature]</u> (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

IV placement done

Name of the Nurse : Bhargavi Signature of the Nurse : [Signature]

Date & Time : 12/6/26 @ 2:00pm

# PATIENT TRANSFER FORM

HNH-00015970 IP26-00006581

Master KHAJA HAMMADUDDIN  
23-10-2024 1 Y 7 M 22 D (M)  
Dr. SINDHURA MUNUKUNTLA



Date & Time of Admission <i>14/6/26 @ 2:56pm</i>		Date & Time of Transfer Order <i>14/6/26 @ 4:20pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. naranya</i>	Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>ward</i>	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>251-</i>	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input 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 <i>Bhargavi</i>		Name of Person Ordered Transfer <i>Dr. naranya</i>
Patient & Clinical Records Received by : <i>Sudha</i> <i>14/6/26 @ 4:20</i>		
Date & Time of Patient Received :		

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

- Unavailable Bed       Nurse not Available       Available Bed not ready