DISCHARGE SUMMARY

Name	Master SAMALA KARTHIKEYA NANDAN	**UHID**	HNH-00016066
Father/Guardian	Mr SAMALA SANTOSH	**Age/Gender**	1 Y 0 M 0 D/ Male
Address	2-3-512/4/21,CHENNA REDDY NAGAR, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006614	**Admission Date**	19-06-2026
Ref Doctor	DrJayashree		
Discharge Date	22.06.2026		

Dr. PRITESH NAGAR **MBBS, MD** CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST Reg No. 47184	**Dr. ANIKET ANIL PARASHAR** MBBS- MD CONSULTANT PEDIATRICIAN TSMC/FMR/08568

DIAGNOSIS	**ICD CODE**
BILATERAL LOBAR PNEUMONIA WITH RESPIRATORY DISTRESS (SARS-CoV-2 POSITIVE) LARYNGOMALACIA	
SIMPLE FEBRILE SEIZURES	

Name	Master SAMALA KARTHIKEYA NANDAN	UHID	HNH-00016066
IP No	IP26-00006614	Admission Date	19-06-2026

History: Master SAMALA KARTHIKEYA NANDAN, 1 Y 0 M 0 D old boy presented with history of fever since 1 day, running nose since 1 day associated with cough since 1 day, decreased oral intake, abnormal movements(GTCS type associated with tonic-clonic movements of bilateral upper limb and lower limb, up rolling of eyeballs and incontinence lasted for 5 mins) 1 day prior to admission. Immunisation: Immunised upto 9 months of age(PCV and Influenza given). For the above complaints he was admitted at Rainbow Children's Hospital for further management.

Outside investigations: Done on 19.06.2026: CBP showed Hemoglobin - 11.3 gm%, White blood cells - 5390 cell/cmm, Platelets - 3.04 lakh/cmm, C-Reactive Protein - 0.12 mg/L. Serum electrolytes showed sodium of 138 mmol/L, potassium of 4.3 mmol/L & Chloride of 103 mmol/L.

Examination: Child was sick looking, afebrile, respiratory Rate- 46/min (Downe's score: 4/10), BP- 90/50, saturations SpO2 of 90% at room air, heart rate was 152/min and , signs on dehydration+ dry lips, dry oral mucosa+, delayed skin turgor+. Respiratory examination: On inspection- Tachypnoea+, mild subcostal retraction+, On auscultation of chest, bilateral diffuse wheeze +, decreased air entry right basal region+. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, child was conscious and irritable. GCS-15/15, Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 9 kgs.

Investigations: Enclosed reports.

Name	Master SAMALA KARTHIKEYA NANDAN	UHID	HNH-00016066
IP No	IP26-00006614	Admission Date	19-06-2026

VBG showed on admission: pH - 7.29, pCO2- 43.5 mmhg, pO2 - 49 mmhg, HCO3 - 20.7 mmol/l, BE: -6.1 mmol/l- Metabolic acidosis
GRBS- 83 mg/dl.

Respiratory Panel:
Adenovirus PCR test - negative.

GeneXpert SARS-CoV-2,FluA+FluB+RSV were sent, which shows

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Complete urine examination was normal.

Chest X-ray shows:
Mildly increased perihilar and peribronchial markings noted. Subsegmental atelectatic changes noted in the retrocardiac region on the left.

Ultrasound chest shows:
Multiple B lines noted in bilateral lung fields **(L > R)**, predominantly involving the left posterior basal and right anterior upper segments - suggestive subpleural septal congestion.
Tiny subpleural consolidations noted involving the left posterior basal segments.

2D echo shows:
* Situs Solitus Levocardia.
* Normal sized cardiac chambers.

Name	Master SAMALA KARTHIKEYA NANDAN	UHID	HNH-00016066
IP No	IP26-00006614	Admission Date	19-06-2026

* Good biventricular function.
* Left arch, no COA.
* No pericardiac effusion.

Management: He was admitted in PICU in view of Viral pneumonia with respiratory distress and simple febrile seizures. Child was started on oxygen by nasal prongs by at 2L/min and maintenance IV fluids, in view of respiratory distress, he was nebulised with 4th hourly Levolin and 6th hourly 3% NS, as for febrile seizure prophylaxis he was started on oral clobazam, IV antibiotics started from outside were continued.

As the SARS COV-2 PCR was positive, child was isolated. Parents were counselled about the the need for ICU admission and the need for Dexamethasone / Remdesivir was also communicated in case of worsening of condition. He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, Oxygen support was gradually tapered and stopped, nebulisations were tapered, he was shifted to ward for further management.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. 3% NS nebulisations were stopped and Levolin was further tapered, clobazam was continued for 2 days and stopped, Antibiotic course was completed. No further fever spikes were noted, air entry gradually improved, respiratory distress subsided As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:

Name	Master SAMALA KARTHIKEYA NANDAN	UHID	HNH-00016066
IP No	IP26-00006614	Admission Date	19-06-2026

IV Fluids
Oral Paracetamol
Injection. Augmentin
Injection. Midazolam
Nebulisation Levolin
Nebulisation 3% Nacl
Syp. Clobazam
Nasoclear Nasal drops

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

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZINCOVIT	5 ml	10am (after food)	For 2 weeks
2	VITAMIN D3 DROPS (1ml/800IU)	0.5 ml	9am (after food)	Till 1 year of age
3	Nasoclear nasal drops,	2 drops in each nostril	for nose block	**SOS**

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.

Name	Master SAMALA KARTHIKEYA NANDAN	UHID	HNH-00016066
IP No	IP26-00006614	Admission Date	19-06-2026

Review consultation with Dr. PRITESH NAGAR **on Wednesday(24/6 /2026)** at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Regular followup with Dr Jayashree, Primary Pediatrician.

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

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breatlessness, refusal to feed occurs or any abnormal movements.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar /**

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Name	Master SAMALA KARTHIKEYA NANDAN	**UHID**	HNH-00016066
IP No	IP26-00006614	**Admission Date**	19-06-2026

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**

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006614 **Admit Date** : 19-Jun-2026 **Admit Time** : 07:40 PM **UHID** : HNH-00016066

Patient Details :

Patient Name	: Master SAMALA KARTHIKEYA NANDAN	**Age**	: 0 Y 11 M 30 D
Guardian	: Mr SAMALA SANTOSH	**DOB**	: 20-06-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-3-512/4/21,CHENNA REDDY NAGAR Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9030749964
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr SAMALA SANTOSH **Relationship** : Father

Contact Address : 2-3-512/4/21,CHENNA REDDY NAGAR Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 9030749964

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : DrJayashree **Phone No** : 9841025050

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

Payment Mode : DC/CC Card **Payor Name** : ADITYA BIRLA HEALTH INSURANCE CO. LTD

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ACTIVITY RECORD FOR BILLING

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Name: ----------

UHID N ---------- Consultant : ---------- Dept : Pediatric C

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	8:50PM	ER	PICU	[illegible]
21/6/26	12PM	PICU	2nd floor (213)	[illegible]

Cross Consultation Visit

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6/26	Respiratory panel	10043	
	VBG	10042	
	GRBS (86 mg/dl)	10042	
	CXR	7363	Kruthika
19/6/26	CUE	10048	Se
20/6/26	USG chest	7374	Se
20/6/26	2D-Echo	7390	Se

Cross Checked by Sai Sri 21/6/26 @12PM
Sujata on 22/6/26 at 1pm

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Invasive monitoring	9pm	21/6/26 at 9PM	207499	Suman
	Infusion pump	9pm	20/6/26 at 9AM		
	oxygen	9pm	21/6/26 at 8AM		
Cross checked by Saisri 21/6/26 @ 12PM					
			Sujatha on 22/6/26 at 11a		

HNH-00016056 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	.r No.	Signature
19/6/26	iv placement	1	7484	[illegible]
20/6/26	Nebulization	4	7523	[illegible]
20/6/26	NHA	1	7540	[illegible]
20/6/26	Nebulization	2	7553	[illegible]
21/6/26	Nebulization	6	7661	[illegible]
22/6/26	Nebulization	3	7731	[illegible]
22/6/26	Nebulization	1	7737	[illegible]
	crose checked by Sujatha on 22/6/26 at 11a			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

IH-00016066 IP26-00006614
ister SAMALA KARTHIKEYA
-06-2026 0 Y 11 M 30 D (M)
PRITESH NAGAR

Nebulization Levolin 0.31mg 4th hourly.
Nebulization 3% NS 1respules 6th hourly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
~~19/6/26~~	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
19/6/26	22.00	Levolin 0.31 c 3% NS.	7523	
	23.00		Sonam	

Doc. No. : RCH / FRM / CLINICAL / 170

IH-00016066 IP26-00006614
ister SAMALA KARTHIKEYA
-06-2026 0 Y 11 M 30 D (M)
PRITESH NAGAR

levolin 0.31mg - 4th hrs
3% NS - 6th hrs

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
20/6/26	02.00	Levolin 0.31mg	(4)	
	03.00			
"	04.00	3% NS	7523	
	05.00			
	06.00	Levolin 0.31mg.		
"	07.00			
	08.00			
	09.00			
"	10.00	3% NS + levolin 0.31mg		
	11.00		7553	
	12.00		(2)	
	13.00		Suthu	
"	14.00	levolin 0.31mg		
	15.00			
	16.00	Hyper Neb.		
	17.00		(3)	
	18.00	levolin 0.31mg.		
	19.00		7661	
	20.00			
	21.00			
	22.00	Hyper Neb. + levolin 0.31mg		
	23.00			

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
21/6/26	00.00			
	01.00		(3)	
	02.00	Nebu levolin 0.31mg		
	03.00			
"	04.00	3% NS	7661	
	05.00			
"	06.00	Levolin 0.31 mg.		
	07.00			
	08.00		12	
	09.00			
	10.00	~~3% NS + Levolin 0.31mg~~		
	11.00		~~Not willing~~	
"	12.00	~~Levolin 0.31mg + 3% NS~~		
	13.00			
	14.00			
	15.00	Levolin 0.31mg + 3% NS. (3)		Neelima
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00	Levolin + 3% NS		Neelima
	22.00			
	23.00			

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
22/6/26	03.00	Levolin + 3% NS (1)	[illegible]	Neelima
	04.00	T-3	[7737]	
	05.00			
	06.00			
	07.00			
	08.00			
	09.00	Levolin + 3% NS.	(1) 7737	Neelima
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

CROK checked by [illegible] on 22/6/26 at 1 hour

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PATIENT TRANSFER FORM

MNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	19/6/26 @ 7:40pm	21/6/26 @ 12pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. pritesh	Dr pranav	Baby is stable
From Unit	**To Unit**	**Information to Attendant**
PICU	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
50	x-ray – 1 VBG – 1	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Saifree 21/6/26 @12pm	Dr. Pranav

Patient & Clinical Records Received by : Maheshwari

Date & Time of Patient Received : 21/6/26 @ 12:40pm.

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

Docu. No. : RCH /FRM / CLINICAL / 102

Patient Name: Karthikeya **Age:** **Dr.**	**UHID NO:** **Date:** 20/6/20 **Done by:** Ganesh

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	situs. solitus. levocardia
Systemic Veins	RA
Pulmonary Veins	LA
Atrio ventricular connection	concordant
Ventricular arterial connection	concordant
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Lt Arch. no COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	Normal
PDA	No PDA
Pericardium	Nil
Others	Nil

DOPPLER / TISSUE Variables	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow		
Pulmonary flow		

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE (cm)	Z score	PARAMETER	ABSOLUTE (cm)	Z score
AO	1.1		Tricuspid Annulus		
LA	1.6		Mitral Annulus		
IVSd	0.5		Aortic Annulus		
LVIDd	2.1		PA Annulus		
LVPWd	0.3		RPA		
IVSs	0.4		LPA		
IVIDS	1.0		MPA		
LVPWs	0.3		AO Isthmus		
EF	69 %		LV Mass		
FS	35 %		Others		

IMPRESSION:

- situs. solitus. levocardia
- Normal sized cardiac chambers
- good B/V function
- rt Arch. no coa
- NO pericardial effusion

CONSULTANT:

Performed By: Gaur

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: IH-00016066 IP26-00006614 ..... Age: ..... Gender: Male ☑ Female ☐
ster SAMALA KARTHIKEYA
06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

UHID.No : ..... Date: 19/6/26

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

The doctors have explained to me in a language understood by me that my child has following health related issues :

Pneumonia c̄ R-D
Laryngomalacia / 1st Episode Febrile Seizure

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

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

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

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

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

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

Patient Attendant :

Signature: Neelima

Name: Neelima

Relationship with Patient: Father

Date & Time: 19/6/26 @

Witness :

Signature:

Name: Sai Sri

Date & Time: 19/6/26

Doctor (who is taking the consent) :

Signature:

Name: Dr. PRANAV

Date & Time: 19/6/26

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00015056 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Pediatric Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 1day
c/o Runny nose x 1day
c/o Cough x 1day
c/o ↓ oral intake
c/o Abnormal Movements yesterday.

History of present illness :

c/o fever x 1 day, high grade, continuous with no diurnal variation not relieved on medication, a/w abnormal movements 1 episode

c/o Cold a/w nasal discharge c/o cough

c/o Cough, dry, continuous ⊼ no postural diurnal variation

c/o ↓ Oral intake since yesterday

c/o Abnormal Movements yesterday ⊼ B/L U/L & C/L, Upward of eyeballs, incontinence

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Up to date.

Immunization History :

at 9 months ✓ in APR 2026.

Not given at 12 Months.

HNH-00016086 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Morgan History & Physical Examination

Anthropom

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

Weight (kgs) 9 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: 152/min Description _____

B.P. _____ SPO2 90-% at RA

Resp. rate and type of breathing : 46/m

Distress (+)

Rash Sick Looking

Lymphadenopathy Signs of dehydration (+) - Dry Mouth

Oedema : Dry oral Mucosa

Respiratory system : B/L diffuse wheeze. Delayed skin turgor

Inspection (any s/o distress) : ↓ Air entry (R) basal region

Air entry & breath sounds : _____

Any addes sounds : _____

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

(R) LL - path (+)

Cardiovasclular System : S1 S2 +

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen : SNT.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

HNH-00016066 IP25-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

~~Acute Bronchitis Secondary~~

(R) Lobar Pneumonia c̄ Laryngomalacia with Severe RD with Simple febrile seizure

Pediatric Multiorgan History & Physical Examination

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Preventive aspects of the treatment :

Prevent R F.

Desired goals of the treatment :

Provide supportive Mgmt

Planned Labs :

VBG
Resp. panel (Viruses)
CXR - PA (DGE)
CUE (DUE)
GRBS
Extra Sample

Noted By Arabir

Planned Management :

1) LFNC 2L/min SOS HHHFNC.
2) inj Amoxyclav.
3) Nel Levolin Q4H
3) Nel 3-1. NS. Q8H
4) Temp Monitoring.

Noted By

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 61184

Doctor's Signature Name _____ Date _____ Time _____

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213

covid +

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RESULT SHEET

Date	19/6/26					
Time						
Hb	11.3					
PCV	34.3					
RBC						
WBC	5390					
N/L	71/18					
Platelets	304/000					
CRP	0.12					
ESR						
PCT						
RBS						
Na	138					
K	4.3					
Cl	103					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S/B. Dr Prabhakar	
8.20pm	△ (R) Lobar Pneumonia c	
	Conjunctivitis c Severe	
	J.C. RD c Simple febrile seizure	
	Child Dull	
	RD +.	
	O/E HR 132/min.	Adv
	RR 44/min	
	SpO2 98% on 2L/min	— Send VBG
		Resp Panel
	Pu: +B/L wheeze	(5 Venous)
		CUE,
		GRBS
		CXR-PA
		— Temp Monitoring
		— CT. inj Amoxclav
		— Levolin Q4H
		3% NS Q6H

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	Counselling	
7:30pm		
	Child to be admitted in PICU. for SOS HHHFNC Support.	
	To be started on	IV antibiotics inj Amoxylav
	Nebulization Levolin / 3% N.S	
	Clinically Child sick,	May be viral Cause / Viral Pneumonia.
	Requires Minimum 48-72hrs	
	Viral Panel to be Sent.	
		S Sankar (Father)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6 11:00pm.	C/S/B Dr. Dilnaaz	
	- simple febrile seizure.	
	- RT lobar pneumonia.	
	on 2L/min NPO_2.	Plan
	Vitals - HR - 118	
	- RR	- Trace reports
	- SPO_2 - 97%.	- Cont Amoxicilin.
	Fever (+)	
		- Cont. Neb levolin.
	R/S - B/L AE (+)	Neb 3% NS.
	B/L wheeze (+)	
	↓ AE of Rt UL.	- Cont clobazam
	P/A - soft, NT	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/26 12AM	CUG. Dr. Sankarth / Dr. Nagendra	
	Dx: Rt Lobar pneumonia c̄ Laryngomalacia c̄ severe RD c̄ Simple febrile seizure	
	TBcly on O_2 c̄ NP @ 2 lit/min	
	force (Cwo gracile)	
	O/E:- HR:- 118/min	
	SpO_2:- 99% @ O_2 c̄ NP @ 2 lit/min	
	RR: 36/min	
	S/E: RS:- TPCAE (+), TS/L wheeze (+)	
		Adv - Cont. O_2 c̄ NP @ 2 lit/min
		- IV fluids (2/3 m)
		- Inj Amoxiclave
		- Syp. Clobazam
		- w/f fresh seizure
		- Monitor vitals and Inform SOS
		- Cont. Nebulization
		Sankarth

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 7:00 AM	CSIB Dr. Naipunya / Dr. Sushanth	
	Rt lobar pneumonia. c̄ RD.	
	laryngomalacia.	
	simple febrile seizures	
	on 1 Lit NPO2	Plan
	Vitals - HR - 132, RR - 26 cpm, SPO2 - 98%	- Cont IVF
		- Cont Amoxiclav
	R/S - B/L AE (+)	
	B/L wheeze (+).	- Cont Syp. Clobazam
	P/A - soft, NT	- Cont levelin Q4H
		3% NS Q6H
	U/P/O - 3.8ml/kg/hr.	
		- Monitor vitals
		Noted
		Noted by Imam at 7AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 9AM	C/S/B Dr. Pritesh Sir	
	Right Lobar Pneumonia c̄ RD	– (COVID +ve)
	Laryngomalacia	
	Suspt Febrile Seizure	
		Plan
	On Low flow – 1 L/M	1) Stop IVF
	Fever Spikes (+)	Supervised feeding
	Tachypnea (+)	2) USG chest } Today
	↑ WOB	2D echo }
		3) Inj Amoxycillin
	Vitals	Syp Cloba
	HR – 128/min	4) CBP, CRP
	SpO_2 – 98%	Ferritin, LFT
	RR – 28/min	LDH
		D-Dimer
	R.S – B/L AE (+)	Pro BNP
	Wheeze (+)	~~2D echo~~
	P/A – Soft	
		5) Neb c̄ Levolin – Q4H
		3% NaCl – Q6H
	USG Screening	6) ~~Decide~~ Give on Ceftriaxone – 50mg/kg OD
	(L) side – Tiny Sub Pleural consolidation & Posterior – airbronchograms	
	(R) side – U2 – Consolidation / Air Bronchograms	2.5mg/kg per D2
	Confluent B lines	
	Minimal pericardial effusion	7) Decide on Dexamethasone if worsening
		& by seeing

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(P.T.O)

Noted by Sir

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 20/06/26	Counselled	
	Covid +ve]	– [Pneumonia RD ICU + O_2].
	Moderate – Severe Covid	
	CXR / USG] → Pneumonia (R) > (L)	
	No Sp Medicine →	Supportive Rx
	Remdesivir → Try to Give]	
	Wait & watch / Monitor / O_2 / Neb / HFNC – Neb]	
	3 – 5 days maybe	
	>24hr No RD / >48hr No Fever] → (OK)	Risk of Complications
	Dr. Pritesh Consultant Pediatrician Reg. No: 47184	
		S. Sarthak

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	S/B. Dr Aniket	
11 AM	(R) LL Pnumonia c̄ RD (Covid +) Laryngomalacia Simple febrile seizure fever spikes (+) on O_2 1L/min Oral intake - fair child intake	Adv
	O/E vitals stable SpO_2 100 - 1. on 1L O_2 Dry B/L Crepts + BAE equal	— 2D-Echo today — CT. inj Amoxyclav Syp cloba
	U Scan Chest (L) Post-Basal B-lines Tiny subplural consolidation (L) > (R) (L) upper B-Lines +	— CBP, CRP ferritin, LDH, LFT D-Dimer, Pro-BNP if worse atypical sympt
		— CT. Levolin Q4H 3-1 NS Q6H
		— Nasoclear saline 2° B/L Q1D Mane
		Dr. D. Aniket

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Noted by Sister

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6	c/s/b Dr. Pranav	
2pm		
	B/L Lobar Pneumonia (L>R)	c̄ R.D
	COVID & Laryngomalacia	
	Simple Febrile Seizure	
	RD - Better on 1lt O_2	Plan
	Last fever - 9Am	1) Inj Amoxyclav
		Syp Cloba
	Oral intake - fair	2) CBP, CRP
		Ferritin, LDH
	Vitals	LFT, D-Dimer
	HR - 110/min	Pro-BNB
	SpO_2 - 99% on 1lt O_2	3) Neb c̄ Levolin - Q4H
	RR - 22/min	3% N.S - Q6H
		4) Decide on Remdesivir / Dexa
	R-S - B/LAE ⊕	
	P/A - Soft	5) Monitor Vitals
		Pranav
		Noted by Sunil

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr. Pritesh	
20/6/26	B/L lobar pneumonia (L>R) c̄ RD	
5th	(COVID +ve) / Simple febrile seizure.	
	RD better	
	2nd fever spike.	Plan
	O/E - HR - 120/min	① Inj. Amoxyclav
	RR - 24/min	② Syp. Cloba
	SpO2 - 100% on RA	~~③ CBP, CRP, ferritin, LDH, LFT, D-dimer, Pro BNP~~
	S/E - R/S - BAE (+), B/L coarse crackles (+)	- Ct. Zerolin Q4H. 3%. NS Q6H.
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	- Nasoclear N/D
		N/S Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5 pm 20/06/26	Counselled	
	Condition – Breathing Fast on O_2 Maintain	
	Pneumonia Covid ✓	CXR → one side
	Fever Fits ✓	USG → Both sides Pneumonia
	↳ 5-6 y Age Risk	
	No connection to Covid. –	
	No other Rx Fever Time – Precaution ✓ PCM Clobazam	
	No DAILY Rx	
		3-5 day Idea clarity
	SMALL COMPLICATIONS POSSIBLE	(Mother) Neelima
	Monitor ✓	

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

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20-06-2025 1 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 12:30 AM	S/B Dr. Sreyshan	
	B/L Lobar Pneumonia (Lt > Rt)	
	COVID Ve/ Simple Febrile Seizure	
	Afebrile	P/G
	HR - 120/m	- Cf AMOXYCLAV
	SpO2 - 100%	
	on O2 by NP @ 1L/m	
	CVS S1 S2 (+)	- Cf CLOBAZAM
	CRT < 3s	
	P/A - BS - AEF (+)	Cf Neb c̄ levolin 4hr
		c̄ 3% NS 6hr
21/6/26 7:45 AM	S/B Dr. Sreyshan 28 - SpO2	
	B/L - Lobar pneumonia	
	COVID & Laryngomalacia c̄ Simple Febrile seizure	
	Afebrile	P/G
	HR - 125/m	- Cf Neb c̄ levolin 4hr
	SpO2 - 98%	c̄ 3% NS 6hr
	on RA.	
		- Cf AMOXYCLAV
	CVS - S1 S2 (+)	Cf CLOBAZAM
	P/A - BS - AEF (+)	- Monitor RR, SpO2
	B/L - conducted sounds (+)	

Noted by Sis Sonam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	RR-32/min	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 9 am	CB/B Dr. Pritesh	
	Lobar Pneumonia (RTL)	- SARS-COV
	C̄ Laryngomalac	
		Plan
	Off O2	1) Neut Pick
	RD - Betti	CBP
		CRP
	Vitals	If Fever - decide other labs
	HR - 110/m	
	SpO2 - 97%	2) Shift out by 12 pm
	RR - 22/m	
		3) Neb C̄ Levolin } Q6h
	O/E	C̄ 3% NaCl
	Child asleep	4) CT - Antibiotic
	Afebrile	
	RS - B/LAE (+), Wheezes + ↓	5) Monitor Vitals
	P/A - Soft	
		HB: Sarsree
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am		
21/06/26	Counselled	
	Stable	
	RD Better	
	Fever x	
	O_2 stop →	Maintain
	→	No RD ↑↑
	3-4hr ok →	Room Shift plan
	Pneumonia →	4-6 week CXR USG

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47164

S. Sandhya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 11.45 am	c/B/B Dr Pranav / Dr. Nazneen	(Shifting Note)
	Lobar Pneumonia (R > L) -	SARS - COV (+)
	Laryngomalacia	
	Simple Febrile Seizure	
		Plan
	RD - Betts - off O_2	1) Shift To Room
	No fever	2) Next prick [CBP, CRP
	child alert	3) If fever spike (+) then decide other labs
	Vitals stable	
	HR - 120/min	4) Inj Amoxyclav
	SpO_2 - 98%	5) Neb c̄ Levolin, 3% NaCl] QIH at once
	RR - 24/min	
		6) Monitor Vitals, Inform SOS
	R.S - B/L AE (+), Wheeze ↓, occ Crepts (+)	7) Ct. Cloxagon till Night.
		Pranav
		A/B Sourav

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...JGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/06/2026 3pm	S/B Dr. Nameen / Dr. Pranav.	
	Lobar pneumonia (R>L) - Sars-cov +ve	
	Laryngomalacia	
	Simple Febrile Seizures	
	No fever spikes	Plan
	oral intake fair	(1) ct Amoxyclav
	RD - better RR - 30/min	(2) w/f fever spikes
	Chest - B/L AE (+)	↳ Plan for investigation
	Wheeze (+)	(3) CBP } next pick.
		CRP }
		(4) ct neb c̄ levolin +3% NS every 6th hrly
		(5) ct clobazam till night
		Nam
		(Dr. Nameen)
21/6 5:45pm	CS/B Dr Pranav / Dr Nazneen	
	RD - Better	Plan
	RR - 24/m	1) If fever spikes - Plan investigation
	Chest - B/L AE (+)	2) CBP, CRP - Next pick
	Wheeze L (Better)	3) ct - Rest Same
		4) Clobaz till night
		5) Monitor Vitals - Inform SOS
		Pranav

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N.B. Maheshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6	S/B Dr. Nameen / Dr. Pranav	
7AM		
	Lobar pneumonia (R>L) ; SARS-COV2 +ve.	
	Laryngomalacia	
	Simple febrile seizures.	
	Fever spikes – None	Plan
	Oral intake fair & Activity – good	① Ct Amoxyclav
	RR – 26/min	② w/f fever spikes.
	chest – conducted sounds, ace crepts ⊕	③ CBP, CRP } next pnctc
	SpO2 – 96-97%	
	HR – 116/min	④ Ct nebs c̄ levolin + 3% NS every 6th hly
	Nose block ⊕	⑤ Monitor vitals
		N.B. Anushay @ 8AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/25 9:30 AM	S/B Dr. Pritesh	
	Δ DIC Lobar Pneumonia	c̄ RD (SARS COV-2-+ve)
	c̄ Laryngomalacia	
	c̄ Simple febrile Seizures	
		Plan
	No fever spikes	
		c̄ watch for fever spikes
	CVS – S1 S2 ⊕	c̄ Discharge
	M-BU-ALF ⊕	c̄ Stop Amoxyclav & Nebs.
		c̄ continue supplements (vit D3 drops).
		c̄ Nasoclear nasal drops.
		N. B. Maheshwari
	Dr. Pritesh Nagar Consultant Pediatician & Intensivist Reg. No: 47184	

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP CROCIN DS				Date/Time	19/6	20/6
Dose	Route	Frequency	Start Date		9pm	6:30 am
3mL	PO	SOS T>100°F	19/6/26			
Doctor's Signature		Valid Period	Pharm.			
Additional Instructions: (240mg/5mL)						

DRUG: SYP. IBUGESIC				Date/Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS/8H	19/06	
Doctor's Signature		Valid Period	Pharm.	
		>102°F		
Additional Instructions: (5ml/100mg)				

DRUG: INJ. MIDAZOLAM				Date/Time
Dose	Route	Frequency	Start Date	
1mg	IV	SOS	19/06	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (In case of seizure)				

VERIFIED BY : Name

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 9 kg Ward. .....

DRUG : INJ AMOXYCLAV

Dose	Route	Frequency	Start Date
300 mg	IV	TID	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:

Date / Time	19/6	20/6	21/6	22/6
6AM				
2PM				
10PM				

Daily Doctor's Endorsement by a Sign

DRUG : NEB LEVOLIN

Dose	Route	Frequency	Start Date
0.3 mg	Neb	Q 4H	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:

Chang 21/6 see the chart

Daily Doctor's Endorsement by a Sign

DRUG : NEB 3-1-NS

Dose	Route	Frequency	Start Date
1 respule	Neb	Q 6H	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath

Additional Instructions:

see the chart

Daily Doctor's Endorsement by a Sign

DRUG : CLOBAZAM

Dose	Route	Frequency	Start Date
0.5 mL	Po	BD	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions: 125 µg/kg (2.5 mg/mL)

Daily Doctor's Endorsement by a Sign

IH-00016066 IP26-00006614
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. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Syp. CLOBAZAM

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	19/6.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (2.5mg/ml)

Date/Time	19/6	20/6	21/6
10AM			
10pm	11:30pm		

stop now

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR SALINE

Dose	Route	Frequency	Start Dt.
2°	B/L Nare	QID	20/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar

Additional Instructions:

Date/Time	20/6	21/6	22/6
6AM			
10AM			
2pm			
6pm			
10pm			
2AM			

Daily Doctor's Endorsement by a Sign

DRUG : NEB ε LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	Q6H	21/6

Name & Signature of the Doctor Starting the Drugs: Pranm

Additional Instructions: With 3% NaCl

see the chart

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature .....

VERIFIED BY Name .....

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6	10AM	Inj REMDESEVIR (100mg in 20ml)	45mg (5mg/kg)	IV over 2 hours	Barar	
		[Dilute 1 Vial to 20ml with Sterile Water]	=> 1ml = 5mg (9ml in 100ml NS)			

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 9 kg Ward. .....

		sition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6	7.30pm	IVF PLASMALYTE (2/3 Maintance)	IV	25	[illegible]	[illegible]	20/6 [illegible]		[illegible]

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

HNH-00015066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

w.t akq)

GCRBS- 86 mg/

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. Karthikeya Age : 11m Gender: ☑ Male ☐ Female

Date : 19/6/26 Time of Arrival : 7:10 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☐ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99°F PR: 156b BP: ..... RR: 46b SpO_2: 97% with O_2 2 l/min SpO2 cold, cough

Chief Complaints: c/o fever 1m 1 day fever breathlessness 1day

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance	Circulation / Colour	Work of Breathing	☑ Stable
☑ Normal	☐ Normal	☑ Normal	☐ Unstable :
☐ Sick Looking	☑ Abnormal	☐ Increased	☐ Not – Life - Threatening
	☐ Bleeding	☐ Decreased	☐ Life – Threatening
		☐ Gasping / Apnea	

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 7:20pm

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: .....

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse: Kavitha

Signature of Triage Nurse : .....

Date & Time : 19/6/26 @ 7:20pm

Docu. No. : RCH /FRM / CLINICAL / 085

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Patient

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/6/26 Time of arrival : 7:10pm

Chief Complaints: c/o fever 5m 1day cold cough 1day fast breathing 1d RBS: .....

Height : ..... Weight : 9kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse: [illegible] @ 7:15pm

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

Time	Nursing Notes
7:10pm	⇒ Assessed the general condition
	⇒ vitals checked and recorded
	⇒ on flow stretcher

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 156 b/m BP: ..... CFT: 2 sec	Shift - out from ER to: ~~8:10 pm~~ PMPICU
RR: 46 b/m SPO_2 : 97% with O2	Time of Shift - out: 8:10 p.m
GCS: 15/15 Temperature : 99°F	Handover given to: ..... (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Tiffany ..... Signature of the Nurse : .....

Date & Time : .....

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/6/26 Time: 11 Am

Weight: 9 kg Centile: 10th

Height: – Centile: –

Inference: underweight child

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

Diet Recommendations: Soft high protein Diet

Re-Assesment: Avoid spicy, Chilled & outside foods

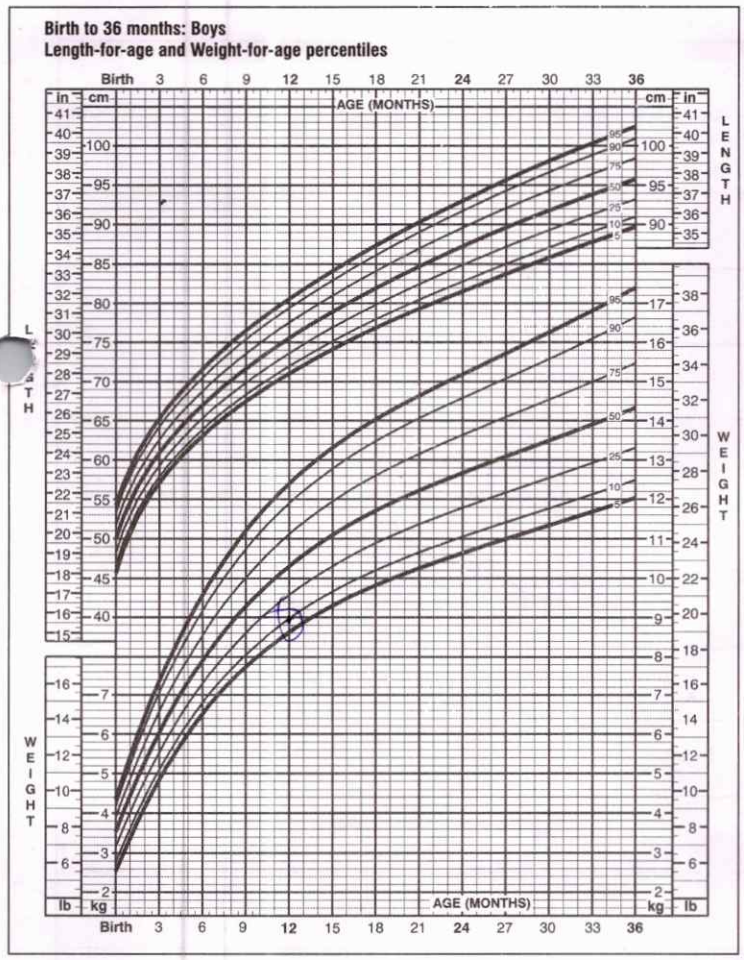
Food Allergies: No Veg/Non-veg Veg

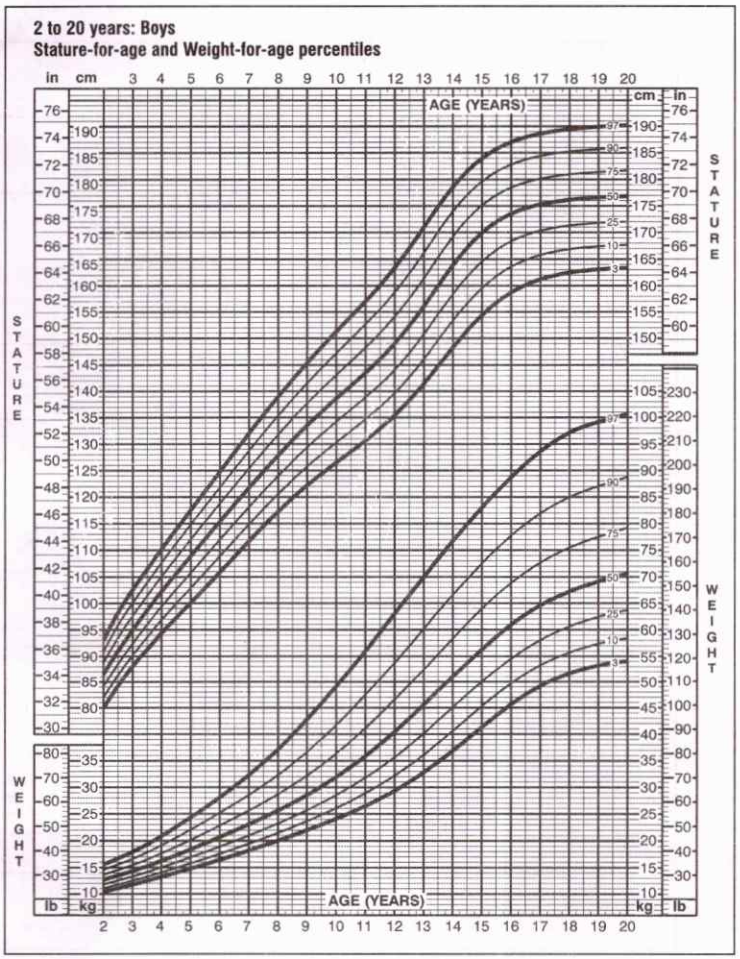
Diagnosis: AFI with pneumonia & RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Neelima

GROWTH CHART (BOYS)





Dietician's Name Sathwika G Dietician's Signature

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016066 IP26-00006614 Master SAMALA KARTHIKEYA 20-06-2025 0 Y 11 M 30 D (M) Dr. PRITESH NAGAR	19/6/26 @ 7:40 pm	19/6/26 @ 8:40 pm
	Transfer Ordered by	Reason for Transfer
	Dr. prabath	Admission
From Unit	To Unit	Information to Attendant
ER	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
14	–	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Tulsiraja	Dr. prabath

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 19/6/26 @ 9pm [signature]

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: .....Nil..... ☐ 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: .....PICU.....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. prabahy

Date & Time : 19/06/26 @ 8:40 pm

Nurse Name & Signature: Prabhi

Date & Time : 19/6/26 @ 8:40 pm

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

RCH / FRM / CLINICAL / 124

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

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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6 Time:	12pm	3pm	5pm	6pm	10pm	12am	3Am	6Am
Doctor/Nurse/Family Concern?								
Temperature (°F)	98.1F	97.1F	97.1F	97.1F	97.2F	97.5F	98.0F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *								100 / 65
Heart Rate (Number)	130b/m	138b/m	128b/m	110b/m	118b/m		120b/m	115b/m
Resp. Rate (bpm) (Over 1 Minute) *	38b/m	36b/m	38b/m	39b/m	35b/m		30b/m	33b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	95%	98%	97%		97%	96%
Conscious Level: Normal / Altered								
GCS *								
TOTAL SCORE Number of shaded boxes	0	0	0	0	0		0	0
Pain Score	0	0	0	0	0		0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
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Patien

/ CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6 Time:	8Am				10Am																														
Doctor/Nurse/Family Concern?																																			
Temperature (°F) 104																																			
103																																			
102																																			
101																																			
100																																			
99																																			
98	98.1°F																																		
97																																			
96																																			
95																																			
94																																			
Heart Rate (bpm) and Blood Pressure (mmHg) * 190																																			
180																																			
170																																			
160																																			
150																																			
140																																			
130																																			
120																																			
110																																			
100																																			
Note: BP does not score in early warning scoring 90	90																																		
80																																			
70																																			
60																																			
50	50																																		
Heart Rate (Number)	119b/m																																		
Resp. Rate (bpm) (Over 1 Minute) * 70																																			
60																																			
50																																			
40																																			
30																																			
20																																			
10																																			
Resp Rate (Number)	37b/m																																		
Resp Distress: Mod/ Severe																																			
Resp Distress: None / Mild																																			
Receiving O_2(l/min)																																			
O_2Saturations (%)	97%																																		
Conscious Level: Normal																																			
Conscious Level: Altered																																			
GCS *																																			
TOTAL SCORE Number of shaded boxes	0																																		
Pain Score	0																																		
Observer's Initials	(M)																																		

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm		milk									
21/6/26	05:00 pm				NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		Milk									
	10:00 pm											
21/6	11:00 pm			NA				NA				
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
22/6	05:00 am		H_2O	NA				NA				
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/6	08:00 am											
	09:00 am		milk									
	10:00 am	0			NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 21/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				PICU			
Afternoon	2pm 8pm	→ Assess the pt condition. → Monitor the vitals. → fluids stop → continue nebs. → continue medications.	2pm 8pm	→ Assessed the pt condition. → Monitored the vitals. → fluids stoped. → continued nebulization → continued medications.	→ pt is stable now	→ Re assessed the saturation.	[illegible]
Night	8pm to 8Am	→ Assess pt condition → Monitor the vitals → Maintain I/o chart → continue nebs → Administer medication as per drug chart	8pm to 8Am	→ Assessed pt condition → monitored vitals → Maintain I/o chart → continued nebulization → Administered medication as per drug chart	Patient is stable	Re-checked vitals	[illegible]

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NURSING CARE RECORD

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Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→Assess the pt condition. →monitor the vitals. →maintained I/o chart. →drugs give as per drug chart.	8Am 2pm	→Assessed the pt condition →Monitored the vitals. →Maintained I/o chart. →drugs given as per drug chart.	→pt is stable now	→Reassessed the vitals	[signature]
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: pneumonia c RD.				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	19/6/26 N1	20/6/26 M6	20/6/26 E2	20/6/26 N1	21/6/26 M5	21/6/26 N1
	Medical Condition (Any special condition to be noted):	RD.	RD	RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	97.5°F	96.4°F	98.6°F	97.6°F	98.2°F
	Res:	28 b/m	29 b/m	30 b/m	25 b/m	25 b/m	25 b/m
	SpO_2:	98%	100%	100%	100%	100%	98%
	Pulse:	127 b/m	124 b/m	130 b/m	131 b/m	92 b/m	99 b/m
	BP:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
Recommendations	Safety Needs:	Yes	Yes	Yes		Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	–	–	–	–	–	–
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	–	–	NA	NA	NA	NA
Post Operative Procedure Special Orders:		–	–	NA	NA	NA	NA
Handed Over By Name :		Sunam	Sujatha	Ramya	Sonam	Sowmya	Anusha
Signature :							
Date:		19/6/26	20/6/26	20/6/26	21/6/26	21/6/26	22/6/26
Time:		9pm	2pm	8pm	8am	2pm	8Am
Taken Over By Name :		Sunam	Ramya	Sonam	Sowmya	Anusha	Mahi
Signature :							
Date:		20/6/26	20/6/26	20/6/26	21/6/26	21/6/26	22/6/26
Time:		8pm	2pm	8pm	8pm	8pm	8Am

Docu. No. : RCH/FRM / CLINICAL / 097

1NH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
10-06-2026 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	22/6/26 M6					
	Medical Condition (Any special condition to be noted):	—					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	33b/m					
	SpO_2:	98%					
	Pulse:	119					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	0					
Recommendations	Safety Needs:	Yes.					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Mahi					
Signature :		[signature]					
Date:		22/6/26					
Time:		2pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

Docu. No. : RCH /FRM / CLINICAL / 097

IH-00016066 IP26-00006614
ister SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
, PRITESH NAGAR

BRADEN 'Q' SCALE

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				Date : 19/6/26	20/6	20/6/26	21/6
				Time : N	M	E	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

HNM-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 1 Y 0 M 1 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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				Date : 21/6/26	21/6	22/6	
				Time : E	N	M	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	4	
				TOTAL SCORE	28	26	27	
				Evaluator's Name				

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

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

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

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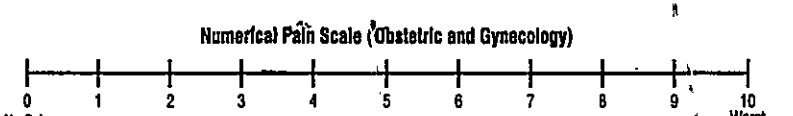
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6/26	10pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	
20/6/26	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/6/26	6pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6/26	10am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6/26	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6/26	10pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/6/26	6am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/6/26	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

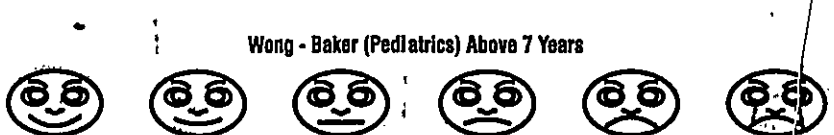
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

IH-00016066 IP26-00006614
ister SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6 DAY-1			DAY-2 20/6			21/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0	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			0	0	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			0	0	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			0	0	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			0	0	NA	NA	NA	NA	NA	
		Signature of the Nurse				[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	

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

Signature of Shift In Charge :

Signature : ..... Name : Sunitha

Signature of Ward In Charge :

Signature : ..... Name : Sujatha

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

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ister SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
. PRITESH NAGAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/6	DATE 20/6	DATE 20/6	DATE 21/6/24	DATE 22/6/24
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	13	13	13

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		—	—	—	—	—
Other Intervention(s) Specify		—	—	—	—	—
Nurse's Name:		Seran	Sunita	Remy	Sunita	mahi
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		19/6	20/6	20/6	21/6/24	22/6
Time:		10 PM	12 pm	8 pm	8 am	8 am

Docu. No. : RCH /FRM / CLINICAL / 005