DISCHARGE SUMMARY

Name	Baby MADDELA LAKSHYA	**UHID**	HNH-00001173
Father/Guardian	Mr M. HARINATH	**Age/Gender**	2 Y 9 M 15 D/ Female
Address	srt 270, JAWHAR NAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006591	**Admission Date**	15-06-2026
Ref Doctor	Self.		
Discharge Date	18.06.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS	
ACUTE FEBRILE ILLNESS WITH DEHYDRATION (CYSTITIS)	

History: Baby MADDELA LAKSHYA , 2 Y 9 M 15 D , old girl presented with the history of fever since 6 days, dull activity & poor oral intake since 3 days, cough, cold, nose block- noisy breathing and loose stools since 2 days, redness of eye with water eye discharge since 1 day prior. For the above complaints she was admitted initially at outside hospital on 13.06.2026 for 2 days, started on IV Antibiotics (Inj PIPTAZ), Tab Doxycycline and Syrup Oseltamivir. In view of suspicion of Kawasaki disease, 2D Echo done outside

Name	Baby MADDELA LAKSHYA	UHID	HNH-00001173
IP No	IP26-00006591	Admission Date	15-06-2026

suggestive of mild pericardial effusion. In view of persisting symptoms child was brought to Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 128/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 in form of dry lips, dry oral mucosa, sunken eyes. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Bilateral cervical lymphadenopathy present. Right eye non purulent conjunctivitis present.
On neurological examination, she was conscious and dull. 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 PCR was DETECTED.

Initial hemogram showed Hemoglobin of 11.2 gm%, White Blood Cell count of 5860 cells/cumm, platelet count of 1.92 lakhs/cumm and C-Reactive Protein of 8 mg/l.

Serum electrolytes showed sodium of 137 mmol/L, potassium of 4.5 mmol/L & Chloride of 104 mmol/L. Liver function test showed total SBR of 0.3 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 54 U/L, SGPT - 25 U/L, ALP -111 U/L, protein - 6.5 gm/dl, albumin - 3.8 gm/dl, globulin - 2.7 gm/dl, A/G ratio of

Name	Baby MADDELA LAKSHYA	**UHID**	HNH-00001173
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1.4.
Erythrocyte Sedimentation Rate (ESR) was 45 mm/hour.

X- RAY NASOPHARYNX shows lobulated soft tissue along posterior nasopharyngeal wall causing marked narrowing of nasopharyngeal air way - Adenoid hypertrophy.

Ultrasound abdomen shows
* Very fine internal echoes in urinary bladder / slight turbid urine.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics.

In view of Weil-Felix test positive (outside report), child was started on doxycycline. Scrub typhus IgM was sent, which came negative and hence, Doxycycline was stopped. Ultrasound abdomen suggestive of very fine internal echoes in urinary bladder / slight turbid urine. CUE done on 15.06.2026 was normal.

Blood culture sent at admission was sterile (48 hours). Respiratory panel was sent, adenoviral PCR was postive. Repeat 2D Echo was done, which was normal.

During ward, child had yellowish eye discharge along with conjunctivitis and Left eyelid swelling, hence Ophthalmologist opinion was taken, advised to continue tobramycin eye drops, Lotopred eye drops and eye lubricant.

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

Name	Baby MADDELA LAKSHYA	UHID	HNH-00001173
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She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Ondensetron
Injection. Ceftriaxone
Injection. Esmoprazole
Syrup. Crocin DS
Pro Gg drops
Syrup. Zinconia
Metaspray
B4 nappi cream
Nasoclear nasal drops
Injection. Amikacin
Metatop nasal spray

Advice:
* Diet as advised.

Name	Baby MADDELA LAKSHYA	UHID	HNH-00001173
IP No	IP26-00006591	Admission Date	15-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	2.5 ml	8am-8pm (1 hour before food)	For 3 days.
2	METASPRAY NASAL SPRAY (1puff/50mcg)	1 puff each nostril	10am-10pm	For 15 days
3	TOBACIN Eye drops	2 drops each eye	6th hourly	For 5 days
4	LOTOPRED Eye drops	1 drops each eye	6th hourly	For 5 days
5	REFRESH Eye drops	2 drops each eye	4th hourly	For 5 days
6	NASIVION-P Nasal drops	2 drops	8th hourly	For 3 days.
7	Nasoclear Mist Nasal Spray, 1 Puff in each nostril **6th hourly** for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Saturday (20.06.2026) Monday at Himayatnagar in OPD with prior appointment

Name	Baby MADDELA LAKSHYA	UHID	HNH-00001173
IP No	IP26-00006591	Admission Date	15-06-2026

(Review consultation will be charged).

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

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

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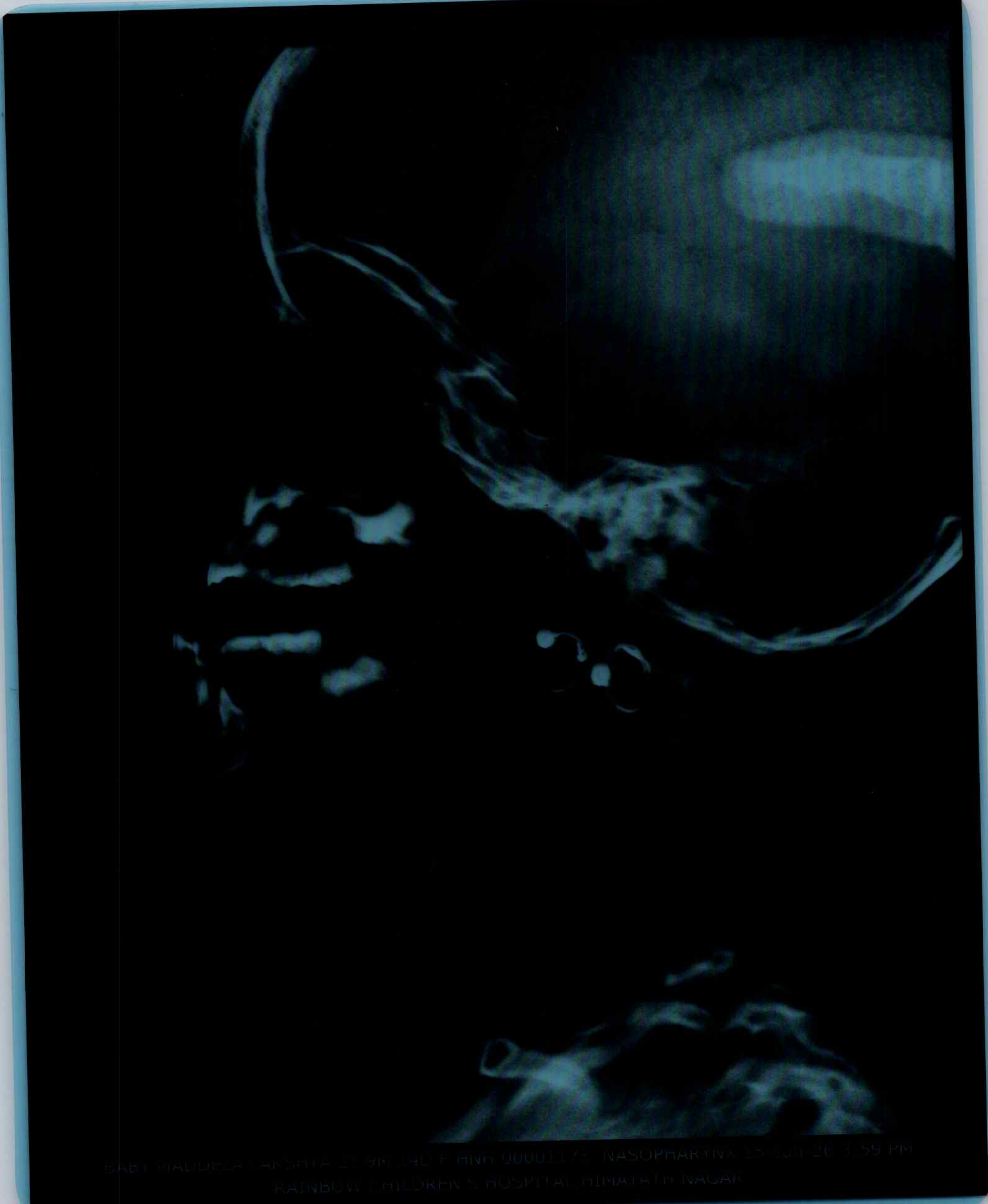
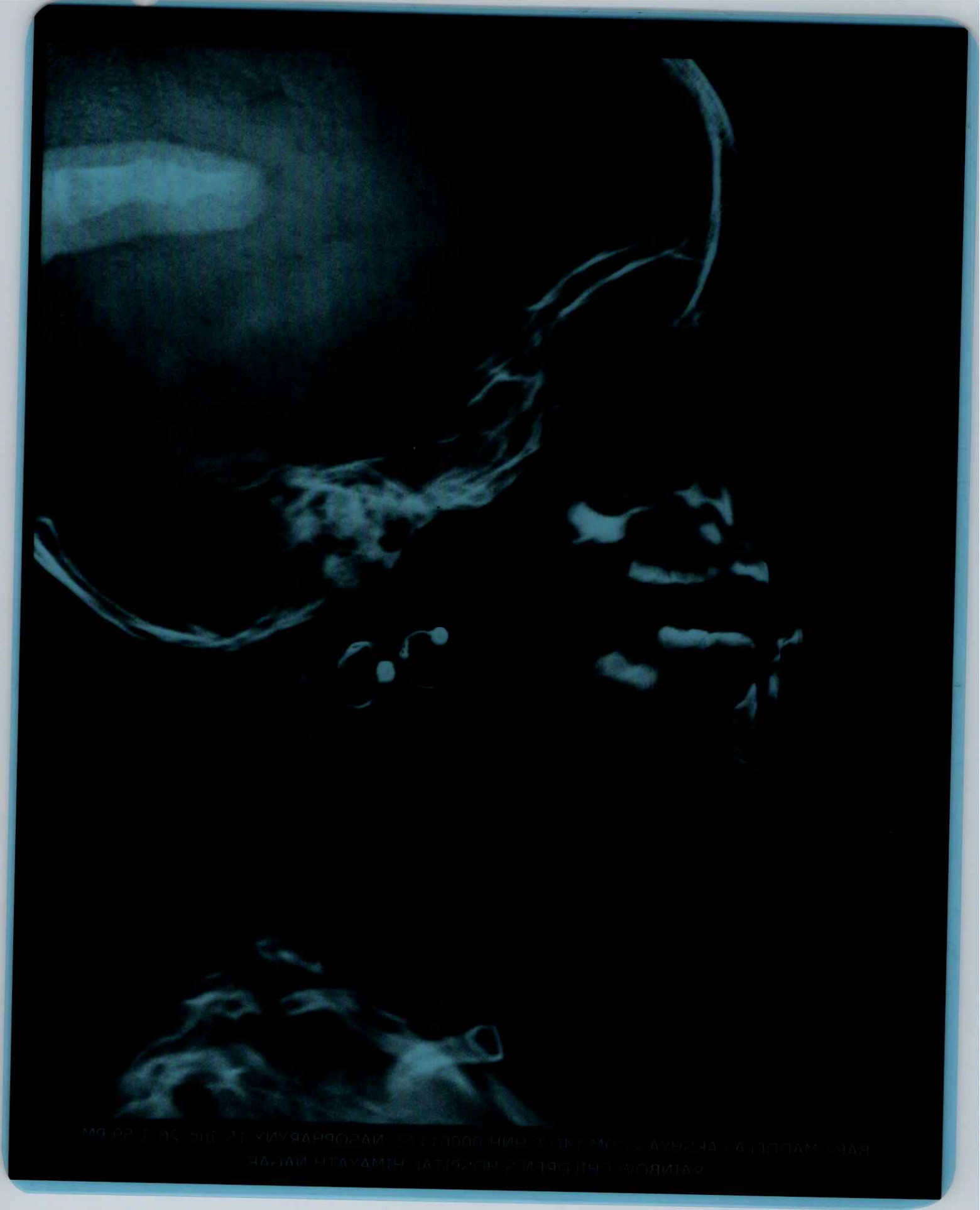
Name	Baby MADDELA LAKSHYA	**UHID**	HNH-00001173
IP No	IP26-00006591	**Admission Date**	15-06-2026

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970


NASOPHARYNX
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006591 **Admit Date** : 15-Jun-2026 **Admit Time** : 03:05 PM **UHID** : HNH-00001173

Patient Details :

Patient Name	: Baby MADDELA LAKSHYA	**Age**	: 2 Y 9 M 14 D
Guardian	: Mr M. HARINATH	**DOB**	: 01-09-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: srt 270, JAWHAR NAGAR Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 8008716381/ 9866698870
		E-mail	: harinathmaddila@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr M. HARINATH **Relationship** : Father

Contact Address : srt 270, JAWHAR NAGAR Chikkadpally Hyderabad Telangana INDIA 500020 **Phone No** : 8008716381

J. Shiraz

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

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ACTIVITY RECORD FOR BILLING

Name: --- HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
UHID No : 01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

---------- Consultant : ---------- Dept : pediatric

Date of Ac e : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	3:56pm	ER	ward	(B)

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Gowtham Raju.	16/6/26	7128	Sandhya
2.			Cross checked done by Amrutha 17/6/26 @1AM	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Date	Investigations	Order No.	Sign
15/6/26	CBP, CRP, ESR, LFT, Blood c/s, Electrolytes, widal, scrub typus IGM, Respiratory panel.	9870	[illegible]
15			
15/6/26	X-Ray Nasopharynx	7204	[illegible]
15/6	USG Abd	7212	[illegible]
		Cross Checked	done by Sneha
15/6/26	CUE	9884	[illegible]
		cross checked done by	maheshwari
17/6/26	2D Echo	7280	[illegible]
		cross checked done by Amruth 18/6/26 @ 6Am	
	cross checked [illegible] 18/6 11:40am		

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/6	Infusion Pump	5Pm	17/6/26 c 4pm	68H	Sr

Cross Checked done by Sneh

Cross checked by [illegible] 18/6hr 11:44 Am

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/6/26	Replacement	(1)	6841	
15/6/26	NHA	(1)	6900	

Cross Checked done by Sneha

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Exami

Name : M. Lakshya Age/Sex : 2 / F

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 6 days
c/o Dull activity & Poor oral intake :: 3 day
c/o Cough :: 2 day
c/o Loose stool :: 2 day
c/o Snoring & Nose block :: 2-3 days
c/o Redness of eyes (R>L) :: 2 day

History of present illness :

2y 9m old girl brought with
-> c/o Fever :: 6 days
Insidious onset, high grade - 104°F ass c chills
every 4-5 hours, partial response to PCM
Ass c transient rash - Now subsided

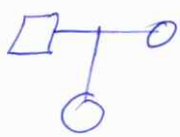
-> c/o Dull activity & Poor oral intake :: 3 day
-> c/o Cough :: 2 days (Non productive)
-> c/o Snoring & Nose block with Noisy breathing } :: 2 day
-> c/o Redness of eye (R>L) :: 2 day
Ass c Watery eye D/c
-> c/o Loose stool :: 2 day
Multiple episodes of Watery stool, no blood stain
Foul smelling +

For Above complaint child was admitted at outside hospital on 13/6, started on IV medications (Inj PIPTAZ Tab DOXY / Syp Flox)
Outside -> 2D echo - (N) ↓
in view of persisting symptoms child brought here for further management

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

(N)

Immunization History :

Upto 2y.

Pediatric Multiorgan History & Physical Examina

Anthropometry

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

Weight (kgs) 10.454 (Centile _____)

On Examination :

Temperature : 101° F Pulse Rate: 132 Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy B/L cervical LN (R>L)

Oedema : (R) eye congestion

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE ✓

Any addes sounds : B/L conducted sound

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ ✓

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Drill

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Febrile illness - D6 c dehydration

Pediatric Multiorgan History & Physical Examination

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

Desired goals of the treatment : H. D Stability

Planned Labs :

CBP, CRP, ESR
Blood C/S, LFT
S. Electrolytes
~~Xray~~ + 2 extra plain
WIDAL, Scrub Typhus IgM
Xray - Nasopharynx

5 Virus Respiratory Panel

Planned Management :

IVF - DNS - 2/3rd
Inj Ceftriaxone & Inj Doxy
[Pro GG] If further
[Zinconia] loose stools Rx
(~~Neb ē 3% NaCl~~) -
USG Abdomen - evening (due)
Syp ~~[illegible]~~ Relent
NASIVION & NASOCLEAR
~~(R/v) - USG Abd & CXR~~
Review - Metaspray after Xray NT

Please fill up the following details

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

Doctor's Signature Name [signature] Date 15/6 Time 5:20pm

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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CROSS CONSULTATION FORM

Doctor Name : Dr. N. VARUN. Date : 16/6/26 Time : 6PM

Diagnosis : ACUTE VIRAL CONJUNCTIVITIS.

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

- (C) eyelid swelling & morning sticking of eyelids and yellowish d/s.

- O/E - Redness (+)
  Swelling of eyelids (+).

Adv:

(1) LOTEPRED EYE DROPS 1° BOTH EYES @ 6H.

(2) REFRESH EYE DROPS 1° BOTH EYES @ 1H.

(3) Cold compression.

Consultant :

Name : Dr. GOWTHAM RAJU. Signature : Date & Time : 16/6/26 6PM.

Patient Name: M. Lakshya	**UHID NO:**
Age:	**Date:** 17/6/26
Dr.	**Done by:**

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	NRA
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 CO2
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	LMCA = 1.7 LAD = 1.1 . RCA = 1.6
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	1.9		Mitral Annulus		
IVSd	0.7		Aortic Annulus		
LVIDd	2-8		PA Annulus		
LVPWd	0.6		RPA		
IVSs	0.9		LPA		
IVIDS	1.5		MPA		
LVPWs	0.9		AO Isthmus		
EF	68 %		LV Mass		
FS	35 %		Others		

IMPRESSION:

- Situs. Solitus. levocardic
- structurally normal heart
- Normal sized cardic chambers
- Normal coronaries
- good B/v function
- IT Arch. no COA

CONSULTANT: **Performed By:**

Yanet

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 3:15pm	C/S/B Dr SINDHURA	
	AFI - D6 c̄ Dehydration	
	- Fever	Plan
	- Conjunctivitis (R>L)	1) Inj Ceftriaxone
	- Cervical LN (R>L)	2) Inj Doxycycline
	- No rash	3) NASOCLEAR
	- No strawberry tongue	4) NASIVION P
		5) Syp Relent 8
	Outside - 2D echo - (N)	6) IVF - 2/3 (m)
	Outside Weil felix - (+)	7) (Respiratory Panel - S VM
		CBP, CRP, ESR, WIDAL,
	Child dull	Serum Typhoid Ig M, LFT, S. Elec
	Febrile	X ray - Nasopharynx
	R/S - B/L AE (+)	8) USG Abdomen
	conducted sounds	9) Monitor vitals
	P/A - soft	Inform SOS
	B/L cervical LN (R>L)	

Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970

[signature] ANNAPURNA M

HNH-00001173 IP26-00006591
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 5:45 PM	S/B Dr. Sindhura	
	D AFI c dehydration	
		Plan
	CVS - S1S2 (+)	Cont CEFTRIAXONE
	P/A - BS - ACF (+)	DOXYCYCLINE
	P/A Soft	Flagyl
	Conscious	Trace Adenovirus PCR
		Send typhoid IgM
		Encourage orally
		Cont IV Fluids
		N/B Sindhura C 6pm
		[illegible signature] SINDHURA. M
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	
15/6/26 7:20 PM	Case d/w Dr. Sindhura	Plan
	USG - KUB ↳ shows fine internal echoes in Urinary bladder	- Send CUE
		(B-Sing)

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 7:30 AM	S/B Dr. Sreeja Δ AFI ē dehydration ? UTI	P/a CF CEFTRIAXONE DOXYCYCLINE
	CVS - S1S2 ⊕ RS - BLL - AEE ⊕	Trace Scrub typhus IgM . Adenovirus
	P/A soft Cont.	Encourage orally
		Metatop nasal spray Somy 2puff BD
		CF IV Fluids @ 20ml/h
	√ B-S...	W.B Amrutha @ 8Am.

HNH-00001173 IP26-00006591
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	S/P Dr Sindhura	
10 am		
	△ AFI c dehydration	
	? UTI	
	No fever, T: 99.2°F	
	Oral intake - fair	
	G.C. fair	Adv
	CVS S1 S2 +	
	CNS WNL	- CT. Ceftriaxone
	RS: BAE +	
	PA soft.	Doxycycline
		- Trace Scrub Typhus IgM
		Adenovirus
		Widal - Negative
		- Encourage Orally
		- Metatop nasal spray 1 puff BD.
		- Ophthal opinion today
	[signature]	noted by Sr. Sunethra 16/6/26 @10:00

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6 2:30pm	C/S/B Dr. Pranav c/o - AFI c Dehydration ? VTI / ? Scrub	
	Fever Spikes (+)	Rx 1) Inj Ceftriaxone Inj Dolo
	Oral intake - less	
	Vitals stable Afebrile R:S - B/L AE (+) P/A - Soft	2) Trans Scrub Inj m Adera Blood CS
	(R) Red eye (B) c sticky discharge	3) Ophthal consult 4) NASIVION - P 5) METASPRAY 6) Syp Rebest 7) Tobra eye drops 8) Monitor Vitals 9) IVF → ↓ to 10 ml/hr
		Pranav
		noted by Sr. Sandhya 16/6/26 @ 2:30 pm

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	c/s/b Gowtham Raju.	
	O/E Yellowish discharge (+)	
	Diag - Acute viral conjunctivitis	
		Plan
	↑/E	
		- Tobra LOTO PROD
	Eye · Redness + yellow d/s conjunctivitis	1° Q6H.
		- Refresh E/D Q4H.
		- Cold compression
		noted by sr. Sandhya 16/6/26 6:30 pm.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6 7:20pm	C/S/R Dr. Sindhura	
	∆'- AFI c Dehydration Adenovirus illness c	Viral Conjunctivitis Plan
	Fever - Better Oral intake - Gd	1) Inj Ceftriaxone
	(R) eye redness c yellow discharge	~~2) Syp Relent~~ 2) Tobacin eye drops ~~4)~~ NASIVION-S nasal drop ~~5)~~ LOTOPRED eye drop
	child alert Vitals stable R.S - B/L AE (+) P/A - Soft.	6) Cold compress over eyes 7) Monitor Vitals 8) Trace C/S
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 86970
		noted by Sr. Sanchaya. 16/6/26 7:26

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Dr. Varun / Dr. Nazreen	
17/2/26 7:30AM	D - AFI / Adenoviral illness c̄ viral conjunctivitis.	
	- Afebrile.	
	- oral intake - fair.	
	- Activity - good.	
	- Eye d/s / swelling better.	
	O/E - vitals stable.	Plan - Ct. Ceftriaxone, Tobcin eye drops.
	S/E - WNL.	- Syp. Relent plus, Mistaspray, nasivion, Loteprednol eye drops.
		- Trace culture report.
		N.B Amrutha @ 7:40AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	S/B Dr. Sindhura	
	Δ Adenoviral illness	Plan
	A febrile	- c/t CEFTRIAXONE
		TOBACIN eye drops
	CVS - S1S2 ⊕	- c/t METASPRAY
	RS - BL - AE ⊕	NASIVION-P drops
	P/A - Soft	- c/t Loto pred drops
	Conscious.	- 2D-Echo today
		- Trace Blood C/S
		[signature]
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 669??	
		noted by sr. sandhya. 17/6/26 11am

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

-00001173 IP26-00006591
y MADDELA LAKSHYA
-2023 2 Y 9 M 16 D (F)
SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 2pm	C/S: Dr. V. Archana.	
	Dx: Adenoviral illness.	Plan
	Afebrile	- Ct ceftriaxone, TOBACIN eyedrops
	Good oral intake	
	SE	- Ct METASPRAY; NASIVION-P drops.
	CNS - Conscious	
	CVS - S_1S_2 (+) Mo	
	RS - AEBE	- Ct lotopred eye drops
	P/A - Soft.	- Trace Blood culture & sensitivity
		POA; 2D-ECHO today.
	Dr. Archana 12/6/26	N/B Sudhya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	C/E/B- Dr. Aniket	
5:15 pm	D- Adeno viral illness	
		2D Echo (N)
	Afebrile intermittent irritability	Plan
	O/E	- ct TOBRAMycin
		- ct ceftriaxone
	Vitals stable	- ct metaspray.
		- ct lotopred.
		- cmedications till
	S/E	BC/S reports. consider.
	Rs. clear	change Abs to oral if iv line out
		N/B bypm @ 5:15pm Dr. Aniketh

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7.45 AM.	S/B. Dr. Prabhath / Dr Anusha.	
	△ Adenoviral illness.	
	Fever spikes — No	
	Oral intake — Good.	
		Adv
	O/E Vitals	
	Stable	1) CT Tobramycin
		~~Ceftriaxone~~ Amoxyl
	RS BAE clear.	Metaspray
	No added sounds.	Lotopred eye drops
	B/C/S — No growth 24 hours.	Trace Blood C/S ⊕
		2) Change to oral Medication if IV out
		3) plan to d/s
	P.B Amrutha 08 AM.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B Dr. Sindhura	
	S: Adenoviral illness No fever spikes Oral intake - fair no fresh complaints ok vitally stable s/E RS: AEBE	Adv → - ~~Trace~~ Blood ~~C&S~~ - Ct Cetrizine ~~Metaspray~~ Tobacu - Discharge. Lotopred x 3 days - Flw in 2 days (saturday) @ OPD
	Blood C&S : No growth 48 hours	- Ct Pelent plus x 3 days - Ct metaspray & nasoclear mist x 2

Dr. Sindhura Munukuntla
Pediatrician
Reg. No: 85970

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nill ..... ☑ 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						☐ 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. pranav .....

Date & Time : ..... 15/6/26 @ 3:10pm .....

Nurse Name & Signature: ..... Bhargavi .....

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

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DRUG CHART

Date of Admission: 15/6/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp CROCIN-DS

Dose	Route	Frequency	Start Date
3-5 ml	PO	SOS 6th hly	15/6

Doctor's Signature: Pharm. | Valid Period: | Pharm.: ✓

Additional Instructions: If T >100°F (260 mg)

Date / Time

Verified by Dr. Dhakshayani

DRUG : Syp IBUGESIC

Dose	Route	Frequency	Start Date
3-5 ml	PO	SOS 8th hly	15/6

Doctor's Signature: Pharm. | Valid Period: | Pharm.: ✓

Additional Instructions: If T >102°F

Date / Time

Verified by Dr. Dhakshayani

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date / Time

Signature

VERIFIED BY : Name

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REGULAR PRESCRIPTIONS Weight. ...10.4kg... Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1 gm	IV	OD	15/6

Name & Signature of the Doctor Starting the Drugs: Ramu

Additional Instructions: 100 mg/kg

Date / Time	15/6	16/6	17/6
5PM	Sig	Not given	STOP 17/6.

Daily Doctor's Endorsement by a Sign

DRUG : NASIVION-P NASAL Drop

Dose	Route	Frequency	Start Date
2°	P/N	BD	15/6

Name & Signature of the Doctor Starting the Drugs: Ramu

Additional Instructions:

Date / Time	15/6	16/6
6AM	X	
6PM	Sig	

TID

Daily Doctor's Endorsement by a Sign

DRUG : Syp MUCOLITE

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	15/6

Name & Signature of the Doctor Starting the Drugs: Ramu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj DOXYCYCLINE

Dose	Route	Frequency	Start Date
25 mg	IV	BD	15/6

Name & Signature of the Doctor Starting the Drugs: Ramu

Additional Instructions: 2.5mg/kg/BD

Date / Time	15/6	16/6
6AM	X	
6PM	Sig	

STOP @ 16/6/26 6PM.

Daily Doctor's Endorsement by a Sign

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 10 kg Ward ....

DRUG : Syp RELENT PLUS

Dose	Route	Frequency	Start Dt.
2.5 ml	PO	BD	15/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 15/6, 16/6, 17/6, 18/6 — 6 AM, 6 PM

DRUG : NASOCLEAR MIST NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1 Puff	Each Nostril	4th hrly	15/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

DRUG : METASPRAY NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1 Puff	P/N each Nostril	BD	15/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:
1 puff = Sonug [struck out] Mometason

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 15/6, 16/6, 17/6 — 10 AM, 10 PM

DRUG : TOBACIN

Dose	Route	Frequency	Start Dt.
2°	B/E	Q6 hly	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(TOBRAMYCIN)

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 16/6, 17/6, 18/6 — 6 AM, 12 PM, 6 PM, 12 AM

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 10kg ... Ward .....

DRUG : NASIVION-P NASAL drops

Dose	Route	Frequency	Start Dt.
2°	B/N	TID	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	16/6	17/6	18/6
6am	X		
12pm			
2pm			
10pm			

DRUG : LOTOPRED EYE DROP

Dose	Route	Frequency	Start Dt.
1°	TOPICAL	Q6H	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	16/6	17/6	18/6
6am	X		
12pm	X		
6pm			
12am			

DRUG : REFRESH E/D

Dose	Route	Frequency	Start Dt.
1°	LA	Q1H	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	16/6	17/6
	✓	—
	✓	—
	✓	/
	✓	✓
	✓	✓

DRUG : Syp. AMOXICLAV.

Dose	Route	Frequency	Start Dt.
2.5ml	PO.	BD	17/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (457mg/5ml)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	17/6
10AM	X
10pm	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY : NDH

Patient Sticker

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

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.	

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.	

Signature .....

VERIFIED BY Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Patient Sticker

I.V. FLUIDS CHART

Weight. 10.54 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/6	3:30 pm	IVF - DNS (2/3rd @)	IV	27 ml/h			16/6		
16/6	7:30 AM	DNS	IV	20 ml/h			16/6		
16/6	2 pm	DNS	IV	10 ml/h			17/6		

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

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2/2 ~~2+4~~ ~~(10+)~~

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RESULT SHEET

OUTSIDE LABS

Date	12/6	14/6	15/6			
Time	Outside	Outside				
Hb	12.1	11.0	11.2			
PCV	35	32.8	32.4			
RBC	4.6	4.2	4.43			
WBC	9200	5000	5.86			
N/L	73/20	52/36	40.1/47.0			
Platelets	1.98	1.76	192			
CRP	2.8	16.6	8			
ESR	20		45			
PCT						
RBS						
Na		142	137			
K		3.9	4.5			
Cl		106	104			
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.6				
ALP	100					
SGPT	28		25			
SGOT	42		54			
T.Bill/Conj	0.6/0.2(D) 0.6(T)		0.3/0.1			
T.Protein	5.4		6.5			
S.Albumin	2.2		3.8			
S.Globulin	2.2		2.7			
A/G Ratio	1.4		2.7			
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	12/6	14/6				
Time	Outside					
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	1 – 2					
CUE - RBC Cells	NV					
CUE	–					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1 Rapid	Neg					
Ig M	Neg					
Ig G	neg					
WIDAL	Negative					
Malarial (PV/Pf)	Negative					
WEIL FELIX – OX-2	–	1:160	Positive			
OX-K	–	1:160				

Culture and Sensitivities : .....

Influenza Panel- Negative (Verbal)

Adenovirus – Awaited

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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01-09-2023 2 Y 9 M 14 D (F)
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Patient Sticker

CAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/6 Time:	6pm	10pm	2:30Am	4Am	6Am
Doctor / Nurse / Family Concern?					
Temperature (°F) (scale 94–104)	98°F	98.5F	100.1°F (syp. crocine given)	98.4°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	95/49 (62)	98/52 (65)	100/51 (60)		106/60 (74)
Heart Rate (Number)	111b/m	104b/m	96b/m	100b/m	108b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	36b/m	60b/m	31b/m	33b/m	30b/m
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	98%	98%	98%	100%	97%
Conscious Level — Normal					
Conscious Level — Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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.

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-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

25

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/06/26 Time:	10 AM	2PM	6PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						

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

99.2°F | 98.4°F | 98.2°F | 99.1°F | 99.0°F | 98.2°F

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

Note: BP does not score in early warning scoring

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

100/64 | 90/70 | 107/64 (82) | 102/62 (78) | 104/64 (86)

Heart Rate (Number)	108bpm	110bpm	112bpm	112bpm	122bpm	124bpm

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	25bpm	28bpm	25bpm	24bpm	26bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99-100%	99%	99%	100%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Stick

AL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
102.2°F 100.4°F 98.3°F 98.5°F 98.6°F 98.6°F 98.6°F
Syp Crocin given

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
102/60 100/70 99/60 100/60 105/61 (75) 102/63 (72) 96/60 (70)

Note: BP does not score in early warning scoring

Heart Rate (Number)
112b/m 116b/m 114b/m 110b/m 118b/m 116b/m 118b/m

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

Resp Rate (Number)
25b/m 24b/m 25b/m 20b/m 28b/m 28b/m 28b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)
99% 99% 99% 100% 100% 100% 100%

Conscious Level: Normal | Altered

GCS *

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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.

Patient Sticker

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticke

-/125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																															
Doctor / Nurse / Family Concern?																															
Temperature (F)	104																														
	103																														
	102																														
	101																														
	100																														
	99																														
	98																														
	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																														
	80																														
	70																														
	60																														
	50																														
Heart Rate (Number)																															
Resp. Rate (bpm) (Over 1 Minute) *	70																														
	60																														
	50																														
	40																														
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	20																														
	10																														
Resp Rate (Number)																															
Resp Distress: Mod/ Severe																															
Resp Distress: None / Mild																															
Receiving O_2(l/min)																															
O_2Saturations (%)																															
Conscious Level: Normal																															
Conscious Level: Altered																															
GCS *																															
TOTAL SCORE Number of shaded boxes																															
Pain Score																															
Observer's Initials																															

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Patient Sticker

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
15/6	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	DNS	H2O	27ml	NA			NA		✓	0	
	06:00 pm			27ml							0	
	07:00 pm			27ml							0	
Total Intake :						**Total Output :**						
15/6/26	08:00 pm			27ml						✓		
	09:00 pm			27ml								
	10:00 pm		ypma + H2O.	27ml						✓		
	11:00 pm	DNS		27ml	NA			NA			0	
	12:00 am			27ml								
	01:00 am			27ml						✓		
Total Intake :						**Total Output :**						
16/6/26	02:00 am			27ml								
	03:00 am			27ml								
	04:00 am			27ml						✓		
	05:00 am	DNS		27ml	NA			NA			0	
	06:00 am			27ml								
	07:00 am			27ml						✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

MNH-00001173 IP26-00006591
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It takes a lot to treat the little.

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Your Right to a Safe Delivery

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							
16/8/23	08:00 am			20ml						✓		
	09:00 am			20ml			✓					
	10:00 am	DNS		20ml						✓		
	11:00 am			20ml								Maddy
	12:00 pm			20ml						✓		
	01:00 pm			20ml								
Total Intake : Taken						**Total Output :** U-3 M-						
	02:00 pm			10ml								
	03:00 pm		RIFP	10ml								
	04:00 pm		H₂O	10ml								
	05:00 pm	DNS		10ml						✓	0	
	06:00 pm			10ml								
	07:00 pm			10ml	NA	NA		NA				
Total Intake : Taken						**Total Output :** U-1 M-						
	08:00 pm			10ml								
	09:00 pm		Chapti	10ml								
	10:00 pm		H₂O	10ml								
	11:00 pm	DNS		10ml		NA	0	NA		✓	0	
	12:00 am			10ml								
	01:00 am			10ml								
Total Intake :						**Total Output :** U-1 M-						
	02:00 am			10ml								
	03:00 am			10ml						✓		
	04:00 am			10ml								
	05:00 am	DNS		10ml		NA	0	NA			0	
	06:00 am			10ml								
	07:00 am			10ml						✓		
Total Intake :						**Total Output :** U-2 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNM-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
17/6/26	08:00 am			10ml						✓	1	
	09:00 am		Belly + H2O	10 ml								
	10:00 am			10 ml							0	
	11:00 am	DNS		10 ml	NA			NA		✓		
	12:00 pm			10 ml							1	
	01:00 pm			10 ml						✓		
Total Intake : Taken						**Total Output :** U-3 M-						
	02:00 pm		Rice + H2O	10 ml								
	03:00 pm			10 ml								
	04:00 pm			10 ml		NA	1			✓	1	
	05:00 pm	DNS		10 ml			0	NA			0	
	06:00 pm			10 ml			1			✓	1	
	07:00 pm			10 ml	NA					✓		
Total Intake : Taken						**Total Output :** U-3 M-0						
17/6/26	08:00 pm		Chapti									
	09:00 pm									✓	1	
	10:00 pm	0			NA		1	NA			0	
	11:00 pm						0				1	
	12:00 am									✓		
	01:00 am						1				1	
Total Intake : Taken						**Total Output :** U-2 M-x						
18/6/26	02:00 am											
	03:00 am						1			✓	1	
	04:00 am				NA			NA			0	
	05:00 am	0					0					
	06:00 am						1				1	
	07:00 am	1								✓		
Total Intake :						**Total Output :** U-2 M-xx						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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											
	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: 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				E P			
Afternoon	2Pm to 8Pm	Assess the pt condition. Monitor vitals record. Maintain I/O chart. Provide the comfortable Position. Medication give as per as doctor ord	2Pm to 8Pm	Assessed the pt condi. Monitored vitals. Maintained I/O charts. Provided the comfortable Posi. Medication given as Per as doctor ord	→ Pt is stable. → Vitals noted.	→ Observation vitals. → Maintain I/O Chart.	Sneh
Night	8Pm | 8Am	→ Assessed the Pt condition Condition vitals & record. → Maintain I/O chart → Provide the comfortable position as Per doctor order.	8pm | 8Am	→ Assessed the condition → checked vitals & recorded → Maintain I/O chart → Provided the comfortable Position. → Administers medication as per doctor.	→ Pt is stable → Vitals sign	Monitor vitals Maintain I/O chart.	

RNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

Patie

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 16/6/26

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 to 2pm	→ Assess the pt condition → check the vitals → Maintain Ito Chart	8AM to 2pm	→ Assess the pt condition → check the vitals → Maintain Ito chart →	pt is a stable	check the vitals	Maddy
Afternoon				DAY			
Night	8Am 8Am	- Assess the Pt condition - monitor vitals - maintain Ito chart - medication Given as per drug chart	8pm 8am	- Assessed the Pt condition - maintain Ito chart - monitor vitals - medication Given as per drug chart	Pt is stable	Rechecked vitals	

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 15 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	→ Assess pt condition → monitor the vitals → Maintain I/O chart → Administere medicati -on as per drug chart → 2D Echo to day	8AM to 2PM	→ Assessed the patient general Conditions → Monitored vitals → 2D Echo today → Administered medication as Per drug chart	Patient is stable	Re-checked vitals	Anusha
Afternoon	2pm to 8pm	→ Assess pt Condition → Monitoring vitals Clubed and Recorded.	2pm to 8pm	→ Assess the patient General Condition → provided Comfortable position	patient is stable.	→ vitals Clubed and Recorded	
Night	8pm to 8AM	- Assess the pt Condition - Monitor vitals - maintain I/O Chart - medicition Given as per drug chart	8pm to 8AM	- Assessed the pt Condition - Monitor vitals - maintain I/O Chart - medicition Given as per drug chart	pt is stable	Rechecked vitals	

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
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- ☐ Early Ambulation Reduce Anxiety
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- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

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BRADEN 'Q' SCALE

					Date : 15/6	16/6	16/6	16/6/25
					Time : 8PM	8AM	8PM	NI
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	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	27	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

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

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BRADEN 'Q' SCALE

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					Date : 17/6/26	18/6/26	19/6/26	
					Time : 8Am	6	6	
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	
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				TOTAL SCORE		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
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PAIN ASSESSMENT FORM

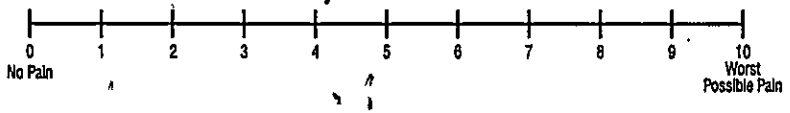
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/6	4Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sd
15/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	S
16/6/26	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sd
16/6/26	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sd
16/6/26	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sd
16/6/26	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Maddle
16/6/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Maddle
16/6/26	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/6/26	10Pm	0/0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6/26	10 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/6/26	6 Am	0/10	NA	☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
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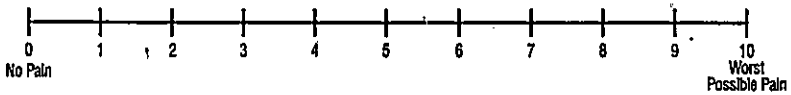
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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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
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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)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 15/6			DAY-2 16/6/26			DAY-3 17/6/26			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	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			Sn								

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 : Sneha Name : Sneha

Signature of Ward In Charge :
Signature : Balasrani Name : Balasrani

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Dr. SINDHURA MUNUKUNTLA

Patient

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis:		Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
Surgery / Procedure:		Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	15/6 E1	15/6 N1	16/6 M6	16/6/26	16/6/26 N1	17/6/26 M6
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	Soft	Soft	Soft	Soft	Soft	Soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2°F	98.5F	98.3°F	98.2°F	98.6°F	
	Res:	30 b/m	25 b/m	36 b/m	30 b/m	30 b/m	32 b/m
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:	122	124 b/m	125 b/m	120 b/m	118 b/m	122 b/m
	BP:	102/60	102/60	106 b/m	105 b/m	104 b/m	106/60
	LOC:	–	–		–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	0	0	–	–	"0"	0
	Skin Integrity	–	–	–	–	Good	–
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	–		–	–	–	–
Post Operative Procedure Special Orders:		–	~~Amrutha~~	nil	–	–	–
Handed Over By Name :		Sneha	Amrutha	Madhavi	Sandhya	Amrutha	Sandhya
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		15/6	15/6/26	16/6/26	16/6/26	17/6/26	17/6/26
Time:		8 PM	8AM	8pm	8pm	8Am	2pm
Taken Over By Name :		Amrutha	Madhavi	Sandhya	Amrutha	Sandhya	Supriya
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		15/6	16/6/26	16/6/26	16/6/26	17/6/26	17/6/26
Time:		8PM	8AM	2pm	8pm	8AM	2pm

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	17/6/26 E2	17/6/26 N1				
	Medical Condition (Any special condition to be noted):	–					
	Diet:	–	–				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	–				
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F				
	Res:	20 b/m	20 b/m				
	SpO_2:	98 b/m	99 b/m				
	Pulse:	105 b/m	106 b/m				
	BP:	–	–				
	LOC:	–	–				
	Fall Risk Score:	–	–				
	Pain Score:	–	–				
	Skin Integrity	–	–				
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–				
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–	–				
	Critical Lab Test / Values:	–	–				
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	–				
Post Operative Procedure Special Orders:		HA	–				
Handed Over By Name :		Supriya	Amrutha				
Signature / ID :							
Date:		17/6/26	18/6/26				
Time:		8 pm	8 am				
Taken Over By Name :		Amrutha					
Signature / ID :							
Date:		17/6/26					
Time:		8 pm					

MNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

214

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 15/6/26 Time: 5pm

Weight: 10.45kg Centile: 45th

Height: 87cms Centile: 5th

Inference: underweight child

RDA: - Calories: 1250kcal/d Protein: 21gms/d

Diet Recommendations: Soft Diet & more liquids.

Re-Assesment: Avoid Spicy, chilled & outside foods

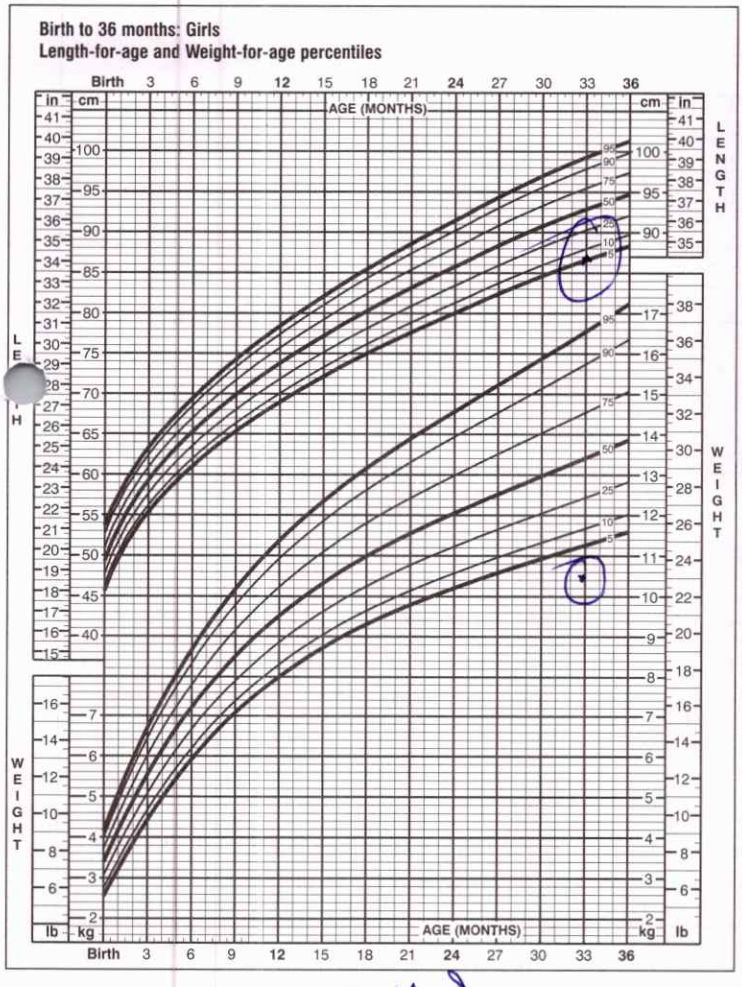
Food Allergies: NIO Veg/Non-veg NON-VEG.

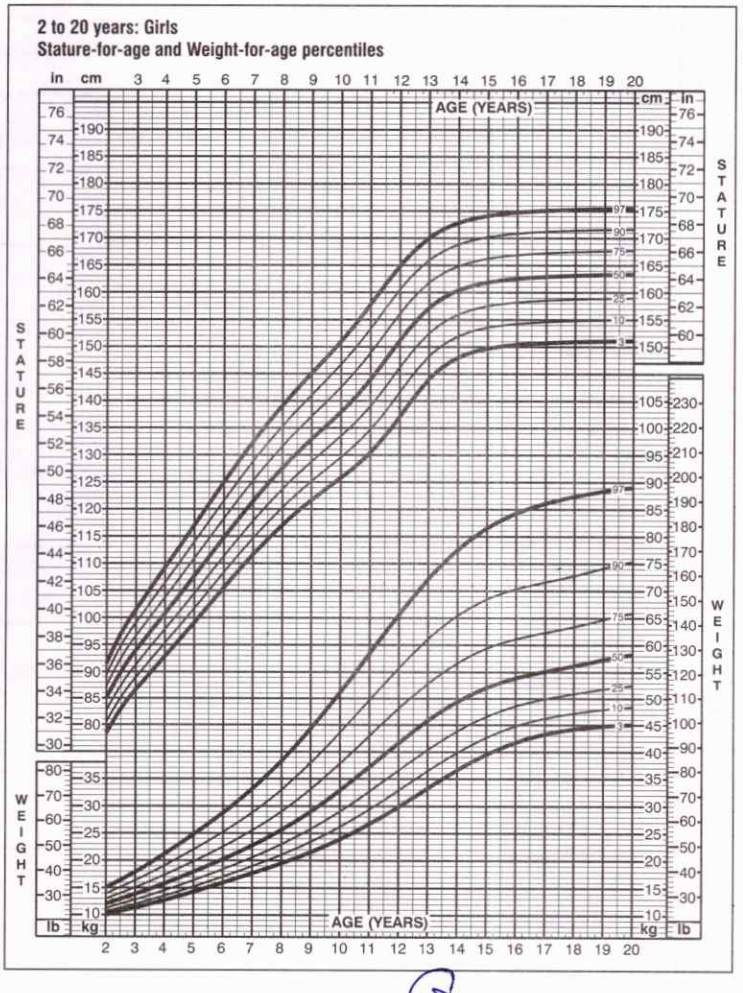
Diagnosis: AFI with dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: J. Shireesha.

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

HNH-00001173 IP26-00006591
Baby MADDELA LAKSHYA
01-09-2023 2 Y 9 M 14 D (F)
Dr. SINDHURA MUNUKUNTLA

wt - 10.45kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : baby. maddela. Lakshya Age : 2y **Gender:** ☐ Male ☑ Female

Date : 15/6/26 Time of Arrival : 2.50pm

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: 100.2°F PR: 145bpm BP: ..... RR: ..... SpO_2: 97%

Chief Complaints: c/o- fever since 5 days, nose block

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

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

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 15/6/26 @ 2.57pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/6/26 Time of arrival : 2:54pm nose block

Chief Complaints: c/o: fever since 5 days. RBS: .....

Height : ..... Weight : 10.45kg 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
2:55pm	Assess the pt Condition monetore the vitals

Samples collected by: Suganthra Time:

Samples sent by : Time: 3:30pm

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: 105b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO_2: 97%	Time of Shift - out: 4:pm
GCS: ..... Temperature : 100.2°F	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

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 : B

Date & Time : 15/6/26 @ 2:57pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00001173 IP26-00006591 Baby MADDELA LAKSHYA 01-09-2023 2 Y 9 M 14 D (F) Dr. SINDHURA MUNUKUNTLA	15/6/26 @ 3:05pm	15/6/26 @ 2pm
	Transfer Ordered by Dr. pranav	Reason for Transfer ADMISSION
From Unit ER	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25+	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. pranav.

Patient & Clinical Records Received by : Priyanka 15/6/26

Date & Time of Patient Received : @4:15pm

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