DISCHARGE SUMMARY

Name	Master ARYANSH REDDY GUTTA	UHID	HNH-00000078
Father/Guardian	Mr SANJEEVA REDDY GUTTA	Age/Gender	4 Y 0 M 18 D/ Male
Address	hari prem nivas building 2nd floor street no 10, New Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006489	Admission Date	03-06-2026
Ref Doctor	Self.		
Discharge Date	06.06.2026		

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

History: Master ARYANSH REDDY GUTTA, 4 Y 0 M 18 D , old boy presented with history of fever, cold since 3 days, decreased urine output, decreased intake and body pains since 2 days,decreased urine output since morning on the day of admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile. His heart rate was 98/min and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses

Name	Master ARYANSH REDDY GUTTA	UHID	HNH-00000078
IP No	IP26-00006489	Admission Date	03-06-2026

well felt. On examination signs of dehydration were present such as dry lips, dry oral mucosa and decreased skin turgor and sunken eyes were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 15.5 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 and Adenovirus were done, which were negative.

VBG showed pH of 7.42, pCO2 of 34.1 mmHg, pO2 of 62 mmHg, HCO3 of 22.3 mmol/L and BE of -2.7 mmol/L.

Initial hemogram showed Hemoglobin of 10.5 gm%, White Blood Cell count of 3150 cells/cumm, platelet count of 2.35 lakhs/cumm and C-Reactive Protein of 5 mg/l. Blood culture and sensitivity shows no growth after 24 hours of incubation. Complete urine examination was normal.
Dengue NS1 was not detected.

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

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

Name	Master ARYANSH REDDY GUTTA	UHID	HNH-00000078
IP No	IP26-00006489	Admission Date	03-06-2026

room air.

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

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

Medication during hospital stay:
Injection. Ceftriaxone
Syrup. Xyzal
Nasoclear saline drops

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	7.5 ml	8am - 8pm (after food)	till follow-up
3	Syrup. XYZAL(Levocetrizine 5ml/2.5mg)	5 ml	10pm (after food)	For 3 days

Plan: To collect final blood culture report on followup.

HIMAYATHNAGAR Emergency 040 - 48873000
BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516
HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300
KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100
SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200
KONDAPUR Emergency 040 - 4246 2400
L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333
NANAKRAMGUDA Emergency 040-69311233
1800 2122 www.rainbowhospitals.in

Name	Master ARYANSH REDDY GUTTA	UHID	HNH-00000078
IP No	IP26-00006489	Admission Date	03-06-2026

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg)4.5 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 (08.06.2026) Monday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow

Name	Master ARYANSH REDDY GUTTA	UHID	HNH-00000078
IP No	IP26-00006489	Admission Date	03-06-2026

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. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006489 **Admit Date** : 03-Jun-2026 **Admit Time** : 10:31 PM **UHID** : HNH-00000078

Patient Details :

Patient Name	: Master ARYANSH REDDY GUTTA	**Age**	: 4 Y 0 M 17 D
Guardian	: Mr SANJEEVA REDDY GUTTA	**DOB**	: 17-05-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: hari prem nivas building 2nd floor street no 10 New Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9951952186/ 9959252186
		E-mail	: sanjeevreddyit@yahoo.co.in

Admission Details :

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

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

Contact Details :

Name	: Mr SANJEEVA REDDY GUTTA	**Relationship**	: Father
Contact Address	: hari prem nivas building 2nd floor street no 10 New Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9951952186

Signature

Doctor Details :

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

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: ICICI ICICI LOMBARD GENERAL INSURANCE

ACTIVITY RECORD FOR BILLING

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Name: --

UHID No ------------ Consultant : ------------------------ Dept : ----------------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	11:20pm	ER	ward	[signature]

Cross Consultation Visit

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Date	Investigations	Order No.	Sign
3/6/26	CBP, CRP, Respiratory panel	9283	[signature]
	VBG	9284	
4/6/26	Dengue NS1	9288	[signature]
4/6/26	CUE	9295	[signature]
4/6/26	Blood culture	9299	[signature]

Cross. check done by Sr. sandhya.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26.	Infusion Pump	12:20 am	7:30 pm.	205041	Sandhya.

Cross check done.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6/26	IV placement	1	204018	[signature]
4/6/26 10:30 AM	NHA	1	4152	[signature]

Cross check done.

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

- c/o fever :: 3 days
- c/o cold :: 3 days
- ↓, urine output :: morning
- ↓, oral intake :: morning
- c/o body pains :: 2 days

History of present illness :

child was apparently normal 3 days ago, s/b developed fever - high grade,
- not assoc chills
- c/o cold - also blocked nose
- no c/o pain abdomen / loose stools / cough / vomitings / cry during micturition.

Pediatric Multiorgan History & Physical Examination

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

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

Birth & Neonatal History :

term / 3.75 kg / UAB / NICU admission for 1 week. ? sepsis.

9y 4y

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

normal

Immunization History :

upto date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 15.5kg (Centile ________)

On Examination :

Temperature : 98' F Pulse Rate: 98 bpm Description ________

B.P. ________ SPO2 98% eRA at ________

Resp. rate and type of breathing : 24 cpm

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Signs of dehydration ⊕
- dull
- dry lips
- sunken eyes

Respiratory system :

BAE ⊕ clear

Inspection (any s/o distress) : ________

Air entry & breath sounds : ________

Any addes sounds : ________

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

Cardiovasclular System :

S1S2 ⊕
no murmurs

Inspection of procordium : ________

Heart Sounds : ________

Any murmur : ________

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

Per Abdomen :

soft, nontender, no HSM

Inspection ________

Palpation : ________

Ausculation : ________

Spine: ________ External Genitelia : ________

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : ____________________

Cranial Nerves : ____________________

Motor System :

Nutrition : ____________________

Tone : ____________________ Power ____________________

Co-ordinator : ____________________

Posture : ____________________

Involuntary Movements : ____________________

Reflexes :

(N)

DTR **Superficials :**

Plantars ____________________

Sensory System :

Bladder / Bowel : ____________________

Clinical Summary & Diagnostic :

AFI c̄ dehydration

Pediatric Multiorgan History & Physical Examination

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP, CRP, VBG
- Resp. panel
- WE (DVE)
- collect & hold (Blood c/s).

Noted By Prabin

Planned Management :

1) IVF - 2/3 main
2) start antibiotics azithro CRP (+) ve / UrE : contains pus cells

Noted By Prabin

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

Doctor's Signature Name Date Time

Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12:30am 4/6/26	d/i/B Dr. Manni	
	AFI c dehydration	
	- fever spikes (+)	
	- oral intake : poor	
	O/E	
	vitals : stable	
	S/E - normal	Plan
		1) trace reports
		2) send dengue NS1
		3) ct. Rest as per Rx chart
	[signature]	
		noted by Sr. Sandhya 4/6/26 12:30am

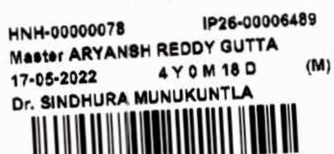
Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	c/s/b Dr. Pranav / Dr. Thanis	
8 AM		
	AFI c̄ Dehydration - D2	
	Fever - 100.5°F @ 6Am	Plan
		1) IVF - 1Hd
	child alert	2) Syp Xyzal
	Vitals stable	3) Nasoclear saline nasal drops
		4) Monitor Vitals
	R.S - B/L AE ⊕	NB-Mahesh
	P/A - Soft	@8AM
		Pranav



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 10 am	C/s/b - Dr. Sindhura	
	Case of AFI c̄ dehydration	
	Oral intake - fair to low	
	Fever spike @ 6am (100.5°F)	
	O/e -	
	Vitals stable	Advise:-
		(i) Send blood culture
	S/E	(ii) Start Ceftriaxone
	M - B/L NVBS	
	P/A - Soft	
		(iii) Trace Adenovirus PCR
		(iv) Syp Xyzal.
		(v) Continue ½ maintenance fluid.
		(vi) Trace Dengue NS-1
		NB-Monika 10AM [signature] DMUKUNTA [signature]

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 18 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	C/S/B - Dr. Prashant	
3pm	Δ - AFI c̄ dehydration	
	(1) fever spike @ 6AM	
	oral intake - fair	
		Plan
	O/E	
	Vitals stable	c/-> IV Ceftriaxone
		-> SOS Crocin / IBUGESIC
	S/E	-> 1/2 maintenance IV fluids
	RS - NVBS+ B/L AE+	-> Trace Adenovirus PCR
	CVS / P/A / CNS - conv	-> Trace Dengue NS1
		-> Blood culture
		[signature]

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 18 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sindhura.	
4/6 5:00pm		
	AFI c̄ dehydration	
	fever spike (+)	Plan
	Vitals - stable.	- Cont Ceftriaxone.
	R/s - B/L AE (+)	- Cont 1/2 M.
	P/A - soft, NT.	- (I) Adenovirus PCR
		(T) B/C/S
		Dengue NS1
		N/B Supriya
		@SP Munukuntla
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

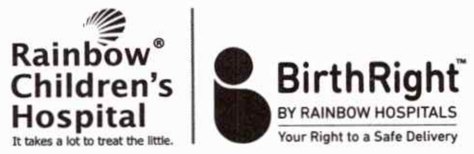
HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 18 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 7:20 AM	S/B Dr. Saeeghan	Plan
	Δ AFI c dehydration	
		- c/f CEFTRIAXONE
	Afebrile	
		Stop IV fluids
	CVS - S1S2 ⊕	
	RS - BLL-AE ⊕	- Encourage orally
	P/A - Soft	- Trace Adenovirus PCR
	Conscious	
	✓ (B-SD)	
		noted by sr. sandhya 5/6/26 7:30 am

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

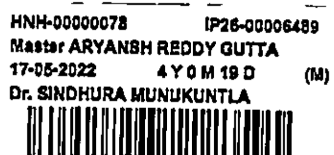
HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA (M)
17-05-2022 4 Y 0 M 18 D
Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6 9:00AM	C/S/B Dr. Sindhura	
	AFI c̄ dehydration	
	Fever (+)	Plan
	Oral intake - fair.	- (T) Adenovirus B/C/S
	Activity - dull	- Cont Ceftriaxone
	R/S - B/L AE(+)	- Stop IVF
	P/A - Soft, NT	- Monitor vitals
		- Encourage orally
		N/B Supriya @ 9Am [signature]
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 68...

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Prashanth	
5/6/26 3PM	D- AFI c̄ Dehydration	
	Last Fever Spike - 6AM	
	intermittent Toxitable	Plan
	O/E	
	Vitals Stable	- H/O P Adenovirus
		BC/S
	S/E	Ceftriaxone
	RS - clear	- IIVF → Allow orally
	CVS - S1 S2 +	
	CNS, P/A WNL	[signature]

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4s/6 Dr. Sindhura	
5/6/26 6:30PM	D-A14	
	fever spikes (+)	
	Oral intake - fair.	
	O/E - vitals stable.	Plan - Stop IVF.
	S/E - WNL.	- Trace Adenovirus & blood c/s.
		- ct. ceftriaxone.
		- Probable D/S tomorrow.
		N/B Mostushi @6:30pm [signature]
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

(P.T.O)

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/R/ Dr. Sarbarth / Dr. Thanvi	
06/06/26		
	Fever spikes ⊕ ⊖	
	O/E:- GC - fair Hemodynamically stable Hydration - good	
	S/E:- NAD	
		Adv - Urine Adenovirus and Blood c/s - Inj Ceftriaxone - Rest continue same
		Sarbarth Dr. [illegible]

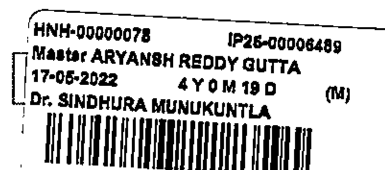
Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 10:45 AM	S/B Dr. Sindhura	
	D A F I c dehydration	
		P lan
	CVS - S1 S2 +	
	RS - B/L AE +	
		CEFIXIME Enteric
	P/A - soft	due - to contd
	conscious	
		- Monday Review
		- Discharge
	N/B Divya	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

DRUG CHART

Date of Admission: 3/6/26 Drug Allergies: ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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	4/6 6:am.
Dose	Route	Frequency	Start Date		
5ml	PO	6th h / SOS	3/6		
Doctor's Signature	Valid Period	Pharm.			
[signature]		[signature]			
Additional Instructions: if temp > 100.4°F					

DRUG: SYP IBUGESIC				Date / Time	
Dose	Route	Frequency	Start Date		
6ml	PO	SOS	3/6		
Doctor's Signature	Valid Period	Pharm.			
[signature]		[signature]			
Additional Instructions: if temp > 102°F					

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani
VERIFIED BY: Name .... Signature

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 15.5 kg Ward. ....

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

DRUG: NASOCLEAR SALINE DROPS				Date/Time	3/6	5/6	6/6
Dose	Route	Frequency	Start Date	12AM			
20	EN	QID	3/6	6AM			
Name & Signature of the Doctor Starting the Drugs: [signature]				12PM			
Additional Instructions:				6PM			
Daily Doctor's Endorsement by a Sign							

DRUG: SYP XYZAL				Date/Time	3/6	4/6	5/6
Dose	Route	Frequency	Start Date				
5ml	PO	HS	3/6				
Name & Signature of the Doctor Starting the Drugs: [signature]				10PM	11:56 pm		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: INJ CEFTRIAXONE				Date/Time	4/6	5/6	6/6/26
Dose	Route	Frequency	Start Date	10AM			
750mg	IV	BD	4/6				
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				10PM			
Daily Doctor's Endorsement by a Sign							

Stop

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

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Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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
5/12	10 h	CEFTRIAXONE	1.5 g	IV		

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

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17-05-2022 4 Y 0 M 17 D (M)
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I.V. FLUIDS CHART

Weight. 15.5kg Ward. ....

Date	Time	...position 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
3/6/26	10:45pm	IVF PLASMALYTE (2/3 main)	IV	30 ml/hr	[signature]	[signature] [signature]	4/6		[signature] [signature]
4/6/26	10:00 am	IVF PLASMALYTE 1/2 maintenance	IV	↓ 25ml/hr ↓	[signature]	[signature] [signature]	4/6		[signature] [signature]
4/6	5pm	IVF PLASMALYTE 1/2 M.	IV	15ml/hr.	[signature]	[signature] [signature]	5/6		[signature] [signature]

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

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Dr. SINDHURA MUNUKUNTLA

RESULT SHEET

Date	3/6/26					
Time						
Hb	10.5					
PCV	30.5					
RBC	4.21					
WBC	3.15					
N/L	43.5/51.3					
Platelets	235					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date	4/6/26					
Time						
CUE-Alb	Trace					
CUE-Sugar	Nil					
CUE - Ketones	Negative					
CUE-PUS Cells	3-4					
CUE - RBC Cells	Nill					
CUE - Epithelial	2-3					
Nitrite	Negative.					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Flu	Negative.					
Dengue NS1	Negative.					

Culture and Sensitivities : ....

....

....

....

Radiology: USG : ....

X-Ray: ....

ECHO: ....

CT: ....

MRI ....

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

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17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

RCH/ FRM / CLINICAL / 125

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 04/06/26

Time	12 AM	2 AM	6 AM	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?									
Temperature (°F)	98.4°F	98.3°F	100.5°F (Crocin given)	98.4°F	97.6°F	98.5°F	97.6°F	98.5°F	97.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/67	99/70	102/70	98/71	78/96 (56)	103/66 (76)	78/55	80/52	100/70
Heart Rate (Number)	110 b/m	133 b/m	105 b/m	108 b/m	96 b/m	88 b/m	89 b/m	85 b/m	88 b/m
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	25 b/m	23 b/m	26 b/m	28 b/m	25 b/m	25 b/m	23 b/m	20 b/m	25 b/m
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99%	100%	100%	100%	100%	100%	99%	99%
Conscious Level: Normal / Altered									
GCS *									
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 94–104. Heart Rate / Blood Pressure scale: 50–190. Resp. Rate scale: 10–70.

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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

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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17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

RCH/ FRM / CLINICAL / 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.

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/6/26 Time:	10	2	3pm	4pm	6pm	10pm	2AM	6AM
Doctor / Nurse / Family Concern?	AAD	PAD						
Temperature (F) (scale 94–104)	98.6°F	98.6°F	102.4°F (red)	101.8°F (red)	98.1°F	98.2°F	98.3°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	101/61	102/60			100/65	98/63	100/58	98/60
Heart Rate (Number)	98b/m	96b/m			95b/m	100b/m	98b/m	110b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)								
Resp Rate (Number)	22b/m	24b/m			30b/m	28b/m	30b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min) / O_2Saturations (%)	100%	100%			100%	100%	100%	99%
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	[illegible]	[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
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NB: Scores 3 should be recorded overleaf

* 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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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B	**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 ARYANSH REDDY GUTTA
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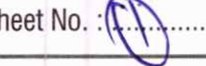
Dr. SINDHURA MUNUKUNTLA

FLUID CHART



Sheet No. : (1)

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
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										0	
3/6/26	11:00 pm						NA		NA			[signature]
	12:00 am	plasmalyte		30ml								
	01:00 am		milk	30ml								
Total Intake : Taken.						Total Output : U - 0 M - 0						
	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am			30ml							0	
4/6/26	05:00 am	plasmalyte		30ml						✓		[signature]
	06:00 am			30ml	NA				NA			
	07:00 am			30ml								
Total Intake : Taken						Total Output : U - 1 M -						

Total 24 hrs. Intake		Total 24 hrs. Output	

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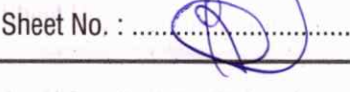
FLUID CHART


Sheet No. : ......8......

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/6/26										✓		
	08:00 am			30ml								
	09:00 am	plasmalyte		30ml		NA		NA				
	10:00 am		Idly + H_2O	30ml			6			✓	0	[signature]
	11:00 am			30ml								
	12:00 pm			30ml								
	01:00 pm			30ml								
Total Intake :						**Total Output :** U-					M—	
4/6/26	02:00 pm	Plasmalyte		30 ml		NA		NA				
	03:00 pm		Rice Roti + water	30 ml						✓		[signature]
	04:00 pm			30 ml							0	
	05:00 pm			30 ml								
	06:00 pm			30 ml						✓		
	07:00 pm			30ml			✓					
Total Intake :						**Total Output :**				U – 2	M – 0	
4/6/26	08:00 pm	plasmalyte		15 ml		NA		NA				
	09:00 pm			15 ml						✓		
	10:00 pm			15 ml							0	
	11:00 pm		Rice milk	15 ml								[signature]
	12:00 am			15 ml						✓		
	01:00 am			15 ml								
Total Intake : Taken						**Total Output :** U–2 M–0						
5/6/26.	02:00 am	plasmalyte		15 ml		NA		NA				
	03:00 am			15 ml						✓		
	04:00 am			15 ml							0	
	05:00 am		H_2O	15 ml								[signature]
	06:00 am			15 ml						✓		
	07:00 am			15 ml.								
Total Intake : Taken.						**Total Output :** U–2 M–0						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Dr. SINDHURA MUNUKUNTLA

FLUID CHART

Sheet No. : 13

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
5/6/26	08:00 am		Milk							✓		
	09:00 am								NA		0	
	10:00 am	0		IV Stop		NA	0					
	11:00 am				NA							
	12:00 pm									✓		
	01:00 pm											
Total Intake :								Total Output :		U-2	M-	
5/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	Kichidi + H_2O			NA	0	NA		✓		
	05:00 pm			0	NA						0	
	06:00 pm											
	07:00 pm									✓		
Total Intake :								Total Output :				
	08:00 pm											
	09:00 pm									✓		
	10:00 pm										0	
	11:00 pm											
	12:00 am						✓			✓		
	01:00 am											
Total Intake :								Total Output :				
6/6	02:00 am											
	03:00 am									✓		
	04:00 am										0	
	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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Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
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	

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Date: 3/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		→ Assess the patient general condition → monitor vitals → plasmalyte 30ml/hr to Continue.		→ Assessed the patient general condition → monitored vitals → Administer medications as Per doctor's orders.	→ Patient is stable	→ Rechecked vitals	[signature]

1-0000007 IP26-00006489
Master AR[illegible]ANSH REDDY GUTTA
05-2022 4 Y 0 M 17 D (M)
SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Date: 4/6/26

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. → drugs give as per drug chart. → continue IV fluids	8Am – 2pm	→ Assessed the pt condition. → monitored the vitals. → drugs given as per drug chart. → continued IV fluids.	→ pt is stable now	→ Reassessed the vitals	[signature]
Afternoon	2PM – 8PM	Assess the Pt. condition monitor the vitals drugs give as per drug chart. Maintain I/o chart.	2PM – 8PM	Assessed the Pt. condition monitored the vitals drugs given as per drug chart. Maintained I/o chart.	patient is stable now	Rechecked vitals	[signature]
Night	8PM – 8am	→ Assess the patient general condition. → monitor vitals → plasmalyte @ 15 ml/hr to continue → maintain I/O	8PM – 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is Stable	Rechecked vitals	[signature]

NURSING CARE RECORD

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am – 2pm	- Assess the pt condition - Monitor vitals - maintain I/O Chart - medication Given as per drug chart	8Am – 2pm	- Assessed the pt condition - Monitored vitals - Maintain I/O Chart - medication Given as per drug chart	pt is stable	Re checked vitals	[illegible]
Afternoon	2pm – 8pm	- Assess the pt Condition - monitor vitals I/O chart - drug as per chart - provided Comfortable		- Assessed the pt Condition - monitored vitals I/O chart - drugs as per chart - provided Comfortable	pt is stable	Rechecked vitals	[illegible]
Night	8pm – 8am	Assess the position, Monitor the V/S administer Medication [illegible] I/O ch	8pm – 8am	Assessed the position Monitor V/S administer [illegible] Monitor I/O ch	[illegible]	[illegible]	[illegible]

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient S

NURSING CARE RECORD

Date: 6/6/26.

Goals

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

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

NH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
-05-2022 4 Y 0 M 17 D (M)
: SINDHURA MUNUKUNTLA

NURSING SHIFT HAND OVER FORM

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

Section	Date / Shift	3/6/26 N8	4/6/26 Mc	4/6/26 Ea	4/6/26 N8	5/6/26 Mo	6/6 800
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	—	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.3°f	98.1°f	98.3°F	98.4°f	98.6°F	98.3°
	Res:	20b/m	20b/m	20 b/m	22b/m	24b/m	24
	SpO_2:	99%	99%	99%	99%	99%	100
	Pulse:	110 b/m	103b/m	108 b/m	105 b/m	108 b/m	102
	BP:	100/70	—	100/70	100/80	108/98	w/le
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	"0"	"0"	—	"0"	—
	Skin Integrity		Good	good	Good	Good	—
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	—	—
	Critical Lab Test / Values:		—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	—
	Post Operative Procedure Special Orders:	NA	NA	NA	NA	—	—
	Handed Over By Name :	Sandhya	Mounika	Supriya	Sandhya	Supriya	[illegible]
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	4/6/26	4/6/26	4/6/26	5/6/26	5/6/26	6/6
	Time:	8 am	2PM	8 PM	8am	2pm	800
	Taken Over By Name :	mahi	Supriya	Sandhya	Supriya	Mounika	
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	
	Date:	4/6/26	4/6/26	4/6/26	5/6/26	5/6	
	Time:	8Am	2PM	8pm	8Am	8/6	

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

Patient Sticker

NURSING SHIFT HAND OVER FORM

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

BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter;	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

INH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
7-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

				Date :	3/6/26	4/6/26	4/6	
				Time :	12:am	n6	E2	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	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	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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	3	3
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	3	4	4
				TOTAL SCORE	28	27	28	26
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

Patient ID

BRADEN 'Q' SCALE

				Date :	5/6/25	6/6		
				Time :	[illegible]	8am		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	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		
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		
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		
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		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name	[illegible]	[illegible]		

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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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

NH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
7-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6/26	12 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6/26	8pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
4/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/6/26	10 Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
6/6	[illegible]	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	[illegible]	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

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

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

NH-00000078 IP26-00006489
aster ARYANSH REDDY GUTTA
7-05-2022 4 Y 0 M 17 D (M)
r. SINDHURA MUNUKUNTLA

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (3/6/26)			DAY-2 (4/6)			DAY-3 (5/6/26)			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	
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	0	0	
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	0	0	
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	0	0	
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	0	0	
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	0	0	
			Signature of the Nurse	[illegible signature]			[illegible signature]	[illegible signature]	[illegible signature]	[illegible signature]	[illegible signature]	[illegible signature]	

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 : [illegible signature] Name : [illegible]

Signature of Ward In Charge :

Signature : [illegible signature] Name : Balami [illegible]

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

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site, Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Rè site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

PATIENT TRANSFER FORM

HNH-00000078 IP26-00006489 Master ARYANSH REDDY GUTTA 17-05-2022 4 Y 0 M 17 D (M) Dr. SINDHURA MUNUKUNTLA	Date & Time of Admission 3/6/26 @ 10:31 PM	Date & Time of Transfer Order 3/6/26 @ 11:20 PM
Treating Consultant Name	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
[signature]	Dr. Tanvi

Patient & Clinical Records Received by : Sr. Sandhya.

Date & Time of Patient Received : 3/6/26 @ 11:40 pm

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

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

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

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

Shifting From: 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. Tanvi

Date & Time : 3/6/26 @ 11: PM

Nurse Name & Signature: Prabhi

Date & Time : 3/6/26 @ 11 PM

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

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 18 D (M)
Dr. SINDHURA MUNUKUNTLA

305

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/6/20 Time: 10:45 am

Weight: 15.5 Kg Centile: 50th

Height: — Centile: —

Inference: Wellnourished child.

RDA: Calories: 1350 Kcal/day Protein: 23 gms/day

Diet Recommendations: Balanced diet with liquids

Re-Assesment: No Oily, Spicy, Junk food

Food Allergies: NO Veg/Non-veg NON-veg

Diagnosis: AFI c dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

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

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

Daily Notes:

HNH-00000078 IP26-00006489
Master ARYANSH REDDY GUTTA
17-05-2022 4 Y 0 M 17 D (M)
Dr. SINDHURA MUNUKUNTLA

Wt — 15.5 Kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aryansh Age : 4y Gender: ☑ Male ☐ Female

Date : 3/6/26 Time of Arrival : 10:20 pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.1°F PR: 104/bm BP: .... RR: .... SpO_2: 98%

Chief Complaints: c/o Fever x 3days.

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.

Signature of Parent / Guardian: [signature]

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 10:23 PM

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 : Aparna

Signature of Triage Nurse : [signature]

Date & Time : 3/6/26 @ 10:23 pm

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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/20 Time of arrival : 10:20 pm

Chief Complaints: c/o Fever since x 3 days

Height : .... Weight : .... Head Circumference (<2 years) ....

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

If yes , identify ....

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

If patient is < 6 years	☑ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : [signature] 10:23 pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals

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: 105 b/m BP: .... CFT: 2 sec	Shift - out from ER to: ward
RR: .... SPO2 at FiO2: 98%	Time of Shift - out: 11:20 pm
GCS: 15/15 Temperature : 98.4°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 : Prabin Signature of the Nurse : [signature]

Date & Time : 3/6/26 @ 10:23 pm