DISCHARGE SUMMARY

Name	Ms SAANVI SINGH	**UHID**	HNH-00015924
Father/Guardian	Mr NAVEEN SINGH	**Age/Gender**	15 Y 2 M 10 D/ Female
Address	4-3-211/1,BAJRANG SINGH BUILDING ,K.S BAGH,SULTAN BAZAR, Abids Road, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006559	**Admission Date**	11-06-2026
Ref Doctor	Dr Milind Bhide		
Discharge Date	12.06.2026		

Consultant

Dr Milind Bhide
MBBS,MD, DCH

Co-Consultant:

Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
ACUTE SYNCOPAL EPISODE	

History: Ms SAANVI SINGH , 15 Y 2 M 10 D , old girl presented with the history of pain abdomen, nausea since 1 day and 1 episode of unconsciousness lasted for 3 mins prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital -for further management.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 72/min, Blood pressure - 110/72

Name	Ms SAANVI SINGH	UHID	HNH-00015924
IP No	IP26-00006559	Admission Date	11-06-2026

mmHg and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, pallor 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, she 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: 48 kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.28, pCO2 of 48.5 mmHg, pO2 of 27 mmHg, HCO3 of 22.9 mmol/L and BE of -3.8mmol/L.

Initial hemogram showed Hemoglobin of 11.1 gm%, White Blood Cell count of 8560 cells/cumm, platelet count of 2.99 lakhs/cumm.

ECG- normal

Vitamin D (25 HYDROXY) was 11.8 ng./ml. Ferritin was 7.25 ng/ml. Folate folic acid 6.92 ng/mL.
Vitamin B12 395.7pg/mL.
IRON AND TOTAL IRON BINDING CAPACITY - SERUM LEVEL

Name	Ms SAANVI SINGH	**UHID**	HNH-00015924
IP No	IP26-00006559	**Admission Date**	11-06-2026

Test Name	Result	Biological Ref. Interval	Unit
	BIOCHEMISTRY		
Iron Binding Capacity - Total (TIBC) *(Serum)*			
Iron *FerroZine Colorimetric Assay*	52.5	27-138	µg/dL
Unsaturated Iron Binding Capacity (UIBC) *Direct determination with FerroZine*	287.0	125 - 345	µg/dL
Iron Binding Capacity - Total (TIBC) *Calculation*	339.5	228-428	µg/dL
Transferrin Saturation Index (TSI) *Calculation*	**15.5 L**	16-45	

Management: She was admitted in the ward and started on Intra Venous fluids. She was treated symptomatically with antacids, and antiemetics.

In view of brief unconsciousness episode & suspected seizure, pediatric neurologist opinion was taken.

In view of syncopal episode ECG done was normal.

Name	Ms SAANVI SINGH	UHID	HNH-00015924
IP No	IP26-00006559	Admission Date	11-06-2026

She was regularly monitored for hemodynamic status. Her symptoms gradually settled. No further syncopal episodes were noted. Child is maintaining saturations on room air.

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. Pantop
Injection. Ondansetron
Syrup. Calcimax P
Syrup. Tonoferon P

Advice:
* Diet as advised.

Name	Ms SAANVI SINGH	UHID	HNH-00015924
IP No	IP26-00006559	Admission Date	11-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Osteocalcium	5 ml	once daily	For 1 month
2	Uprise 60,000 IU	5 doses	once in 2 weeks	for 5 weeks.
3	Vomikid fast strip	1 strip	PRN	SOS for vomitings
4	Tablet. Pantop 40 mg	1 tablet	once daily, 30 mins before food	For 5 days
5	Syrup. Feronia XT max	10 ml	once daily	For 1 month at 4pm with citrus fruits

Fever Management
* Tablet. Paracetamol - 650mg, 1 tablet 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 Milind Bhide on Monday(15.06.2026) at his clinic.

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

Name	Ms SAANVI SINGH	UHID	HNH-00015924
IP No	IP26-00006559	Admission Date	11-06-2026

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 **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**

Registrar/Resident/C.M.O

Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

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 : IP26-00006559 **Admit Date** : 11-Jun-2026 **Admit Time** : 11:40 AM **UHID** : HNH-00015924

Patient Details :

Patient Name	: Ms SAANVI SINGH	**Age**	: 15 Y 2 M 11 D
Guardian	: Mr NAVEEN SINGH	**DOB**	: 01-04-2011
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-3-211/1,BAJRANG SINGH BUILDING ,K.S BAGH,SULTAN BAZAR Abids Road Hyderabad Telangana INDIA 500001	**Phone No**	: 9966909090
		E-mail	: na@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-211 **Ward Name** : 2F -PRIVATE ROOM

Room No : PVT-211 **Admission Type** : First Visit

Contact Details :

Name : Mr NAVEEN SINGH **Relationship** : Father

Contact Address : 4-3-211/1,BAJRANG SINGH BUILDING ,K.S BAGH,SULTAN BAZAR Abids Road Hyderabad Telangana INDIA 500001 **Phone No** : 9966909090

Signature

Doctor Details :

Doctor Name : Dr. Milind Prabhakar Bhide **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Milind Bhide **Phone No** : 9394867102

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

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

Payor Name : ICICI ICICI LOMBARD GENERAL INSURANCE

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ACTIVITY RECORD FOR BILLING

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
Name 01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR
UHID

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

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
11/06/26	12:30 AM	ER	ward (214)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. ABHISHEK RAVINDRA	11/6/26	206045	
2.	Dr: Abhishek (referred) Ravindra	12/6/26	206191	
3.	CROK checked Sujatha on 12/6/26 at 11am			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/06/26	CBP.	96 48	
	GRBS	96 49	
	VBG	96 49	
	vitamin B12 and folate	96 48	
	ferritin.		
	iron and total iron binding capacity - serum level	96 48	
11/6/26	vitamin - D	096720.	Sandhya
11/6	ECG	Cross Checked done by Sneha by Anjali on 12/6/26 at 11a	

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Infusion pump	12:55pm	12/6/26 at 11:30am	6009	Sri

Cross checked done by Sri by Sujata on 12/6/26 at 11

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/06/26	IV placement	1	5970	[illegible]
11/6/26	NHA	1	6010	[illegible]
11/6/26	IV placement	1	206077	Sandhya
11/6/26	ECG	1	67039	Sandhya

Cross checked done by Sujatha on 12/6/26 [illegible]
by Sneha

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

1NH-00015924 IP26-00006559
ss SAANVI SINGH
11-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

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 :

Consultant :

Name : ..... Signature : ..... Date & Time : .....

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TEL NO :040-48873000
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ADMISSION SHEET

Registration Details :

Admission No : IP26-00006559 **Admit Date** : 11-Jun-2026 **Admit Time** : 11:40 AM **UHID** : HNH-00015924

Patient Details :

Patient Name	: Ms SAANVI SINGH	**Age**	: 15 Y 2 M 10 D
Guardian	: Mr NAVEEN SINGH	**DOB**	: 01-04-2011
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-3-211/1,BAJRANG SINGH BUILDING ,K.S BAGH,SULTAN BAZAR Abids Road Hyderabad Telangana INDIA 500001	**Phone No**	: 9966909090
		E-mail	: na@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 NAVEEN SINGH **Relationship** : Father

Contact Address : 4-3-211/1,BAJRANG SINGH BUILDING ,K.S BAGH,SULTAN BAZAR Abids Road Hyderabad Telangana INDIA 500001 **Phone No** : 9966909090

Keerthana

Signature

Doctor Details :

Doctor Name : Dr. ANIKET ANIL PARASHAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Milind Bhide **Phone No** : 9394867102

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

Ref.No. F/IN/PR/10

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Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o pain abdomen since Morning
C/o 1 episode of unconsciousness. x today.

History of present illness :

patient was apparently alright then had pain abdomen. over lower abdomen region.
H/o Menstrual period - Day 1.
Menstrual cramps (+) 2-3 pads/day

C/o 1 episode of loss of consciousness lasted for ~~2-3~~ minutes.

No H/o upwelling of eye, drooling of saliva,

Pediatric Multiorgan History & Physical Examination

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

Nothing significant

Birth & Neonatal History :

NAD

Birth & Socio Economic History :

About Father : —

About Mother :

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Upto date acc to NIS.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 48 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate: 72 Description _____

B.P. 110/72 (83). SPO2 98% at _____

Resp. rate and type of breathing : _____

Pallor (+)

Rash (-) dry oral mucosa (+)

Lymphadenopathy (-) dry lips (+)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 heard

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, non tender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

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 :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

? unprovoked seizures ? syncopal episode.

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP.
G.RBS, VBG.
Sr. creatinine.
Sr. Vitamin B_{12} levels
Sr. Folate levels
Iron profile.
Sr. ferritin.

N/B shifting

Planned Management :

IVF. DNS 60ml/hr.
T. ibuprofen 200mg

N/B shifting

Please fill up the following details

1. Name of the Referring Doctor : Dr. Milind Bhide
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. Ankit P on whose name the patient is being referred

Doctor's Signature Name _____ Date 11/6/26 Time _____

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

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 11:00 Am	C/S/I/B Dr. Aniket ? Syncopal Episode. ? Unprovoked seizure. Plan	
	Pallor (+)	- IVF DNS. 2/3 M.
	Vitals - Stable.	- CBP, VBG, Sr-creatinine.
	RS / NAD. P/A /	Iron profile Sr. Vit B12 Sr. Folate.
		- Neurologist opinion. - Monitor vitals
		N/B shifting
		Dr. Aniket

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

HNH-00015924 IP26-00006559
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 2:00pm.	C/S/B Dr Naipunya Syncopal episode. C/? Anemia.	
	No fever. No further Syncopal episode. Oral intake - poor. Vitals - Stable. BP - 110/72 mm Hg	Plan - Trace reports - Cont IV fluids - monitor vitals. - Encourage orally diet noted by Sr. Sandhya 11/6/26 2 PM

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

HNH-00015924 IP26-00006559
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Aniket	
11/6		
5:45PM	Syncopal episode	
	- No fever.	
	- No further syncopal episode.	
	- oral intake - poor.	
	O/E - vitals stable.	Plan
		- ECG now.
		- contd IVF.
		- Monitor vitals.
		- Vit. D to be out. 25 OH
		- Trace reports.
		- Probable D/S tomorrow.
		- Add 2D echo
		Dr. Aniket Anil Parashar, Consultant Pediatrician & Intensivist, Reg. [illegible]8568
		noted by Sr. Sandhya 11/6/26 6PM.

HNH-00015924 IP26-00006559
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1?/06/26 a?	C/S/6. Dr. Sumanth / Dr. Varun / Dr. Milind	
	Δ: ? Syncopal attack episode	
	Afebrile	
	C/o epigastric pain	
	O/E: a/w fair	
	vitals: stable	
	Hydration - good	
	S/E: CVS: S1 S2 ⊕	
	PA: soft, NT	
	RS: B/L CAE ⊕	Adv
	CNS: NAD	- IV fluids
		- Inj pantop
		- Supportive care
		- Monitor vitals and Inform SR
	S/B Dr Bhide	Sumanth
	↓ Neurologist opinion	

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

HNH-00015924 IP26-00006559
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01-04-2011 15 Y 2 M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26 7AM	C/b/b. Dr Surkanth / Dr Varun	
	Δ: Syncopal episode	
	Afebrile	
	O/E: GC-fair Vitals: stable BP:- 106/75 mmHg	
	S/E: PA: soft, NT CVS: S1S2 ⊕ RS: BLAE ⊕ CNS: NAD	Adv - IV fluids - Inj Pantop - Trace vitamin D levels - Supportive care - Neurologist opinion
		Surkanth
	N.B Amrutha @ 7AM.	

HNH-00015924 IP26-00006559
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01-04-2011 15 Y 2 M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 11:00 AM	C/s/13. Dr. Aniket Syncopal episode	
	No fever. Vital - Stable. No further episode	Plan
	R/s - B/L AE(P) P/A - Soft, NT	- Neurologist consultation - Syp Ostocalcium 5ml OD
	- Discuss after Neurologist consultation.	- Uprise 60,000 IU every 2 weeks X 5 doses - Vomikind fast slimip SOS - T. pantop Home OD X 5 days - Syp. Feronia XT max 10ml OD X 1 month

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

INH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

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CROSS CONSULTATION FORM

Doctor Name : Dr. Aniket. Date : 11/6 Time : .....

Diagnosis : ? Syncopal Attack. ?

Hospital : RCH.

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

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

c/o giddiness lasted for. 30sec-1min in standing position
No loss of consciousness / seizure.
No significant past history

Vitals - Stable
Pallor - present
BP - 110/72 Mm Hg

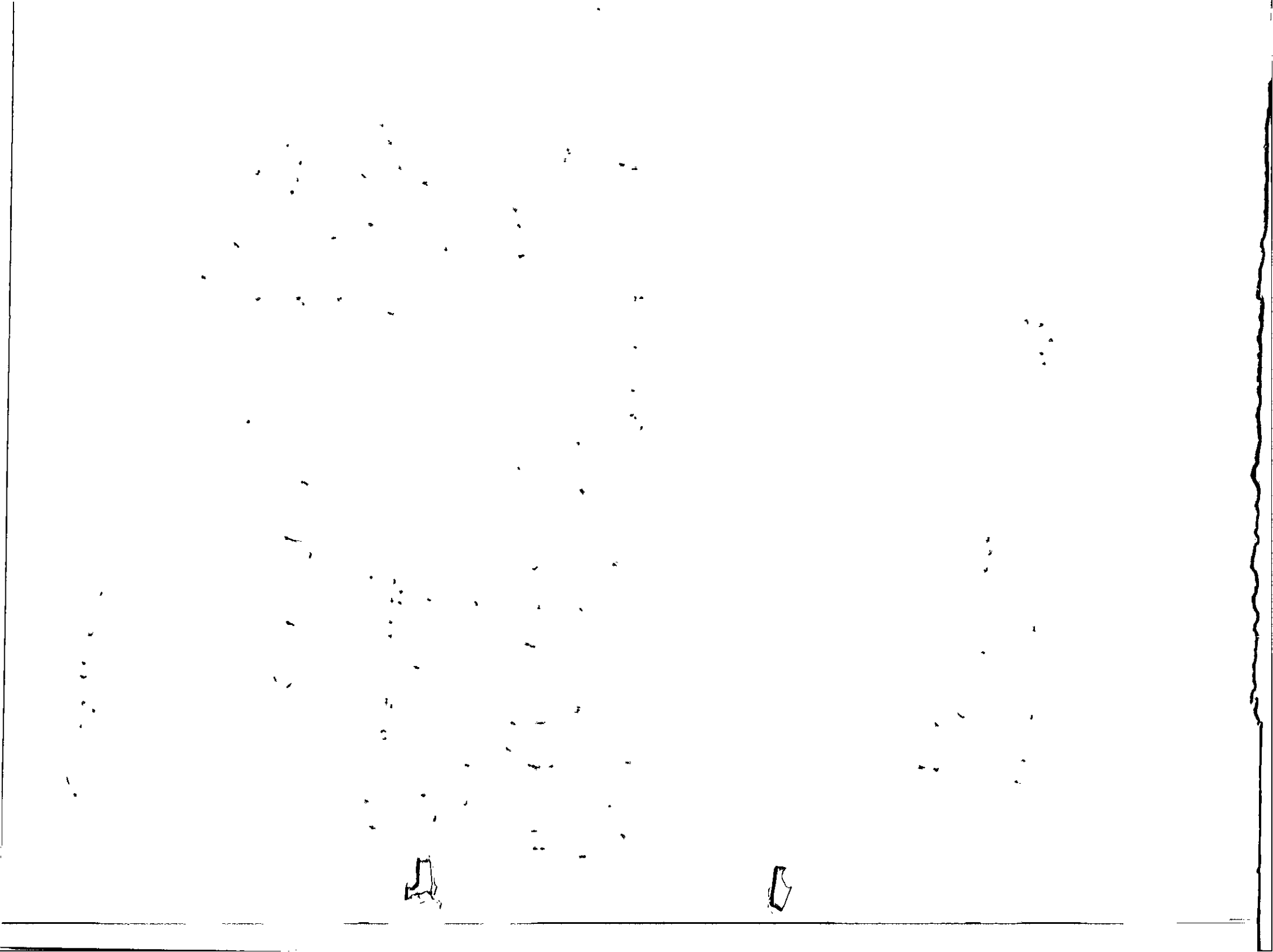
Dsis: Syncopal episode

Plan

- Evaluate for Anemia
- Iron profile.
- Sr. Vit- B_{12}
- Sr. Folate.
- Sr. ferritin.
- GRBS.

Consultant :

Name : Dr. Abhishek Signature : ..... Date & Time : .....



HNH-00015924 IP26-00006559
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DRUG CHART

Date of Admission: 11/06/26 Drug Allergies: N/A ☐ 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 : T. ibuprofen.				Date / Time
Dose	Route	Frequency	Start Date	
200mg	PO	SOS.	11/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG : T. paracetamol.				Date / Time
Dose	Route	Frequency	Start Date	
650mg	PO	SOS	11/6.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

Signature

VERIFIED BY : Name

HNH-00015924 IP26-00006559
Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 48 kg Ward. .....

DRUG : Inj. PANTOP

Dose	Route	Frequency	Start Date
Home	IV	OD	11/6.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	11/6	12/6														
	6AM	3PM														

DRUG : Inj. ESMAPPROTATE

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	BD 8H	11/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	11/6	12/6														
	6AM	X														
	2PM	X														
	10PM															

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																

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REGULAR PRESCRIPTIONS

Sh........... Weight .... Ward ....

DRUG : Syp CALCIMAX – P				Date ▸ 12/6 Time ▾ 10AM 8am/R
Dose	Route	Frequency	Start Dt.	
5ml	Po	OD	12/6	
Name & Signature of the Doctor Starting the Drugs: Prann				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Syp TONOFERON – P				Date ▸ 12/6 Time ▾ 10AM 8am/R
Dose	Route	Frequency	Start Dt.	
5ml	Po	OD	12/6	
Name & Signature of the Doctor Starting the Drugs: Prann				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Syp OSTEOCALCIUM

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	12/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : VOMIKIND FAST STRIP

Dose	Route	Frequency	Start Dt.
1Strip	PO	TID	12/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: POP

Daily Doctor's Endorsement by a Sign

Date / Time 12/6

DRUG : Syp FERRONIA-XT

Dose	Route	Frequency	Start Dt.
10ml	PO	OD	12/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Tab PANTOP

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	12/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 12/6

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

(P.T.O.)

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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
11/6	12:00pm	T. IBUPROFEN	200mg	P/O		
12/6	11:30am	DEKSEL NEO (VIT-D - 60K)	5ml	PO		

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

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I.V. FLUIDS CHART

Weight. 48kg 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
11/6	1pm	IVF DNS (2/3 M)	IV	60ml/hr	[signature]	[signature]	12/6	[signature]	

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

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 11/6/24 Time: 2 pm

Weight: 48 Kg Centile: 25th

Height: — Centile: —

Inference: Underweight child -

RDA: Calories: 1900 Kcal/day Protein: 34 gms/day

Diet Recommendations: Balanced diet with liquids

Re-Assesment: No Junk foods

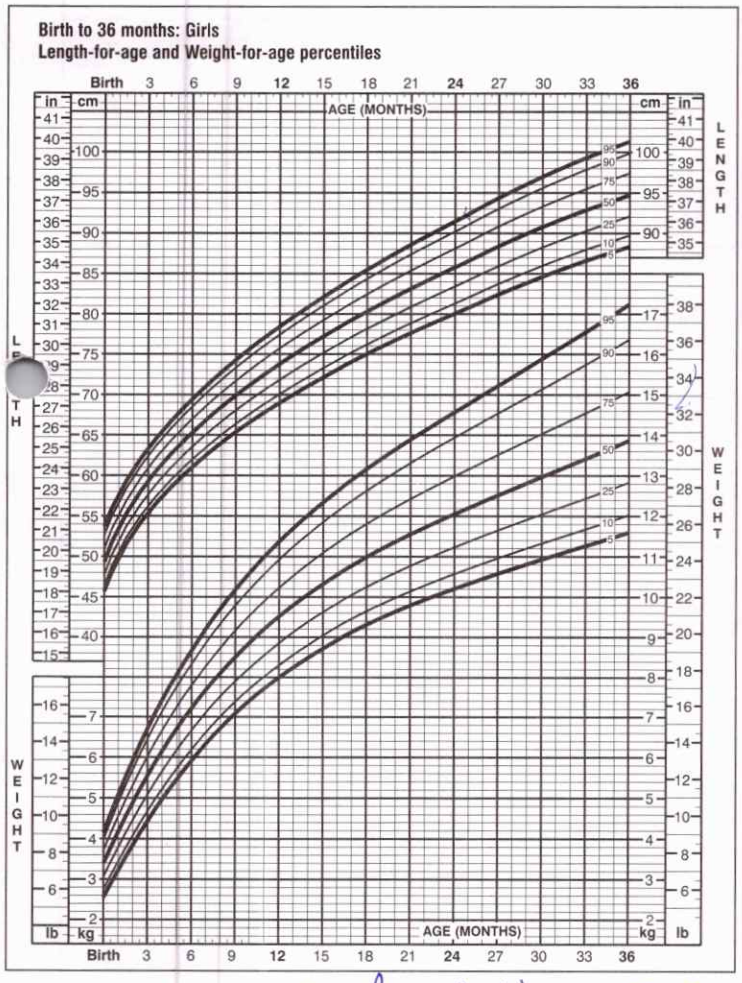
Food Allergies: No Veg/~~Non-veg~~ Veg

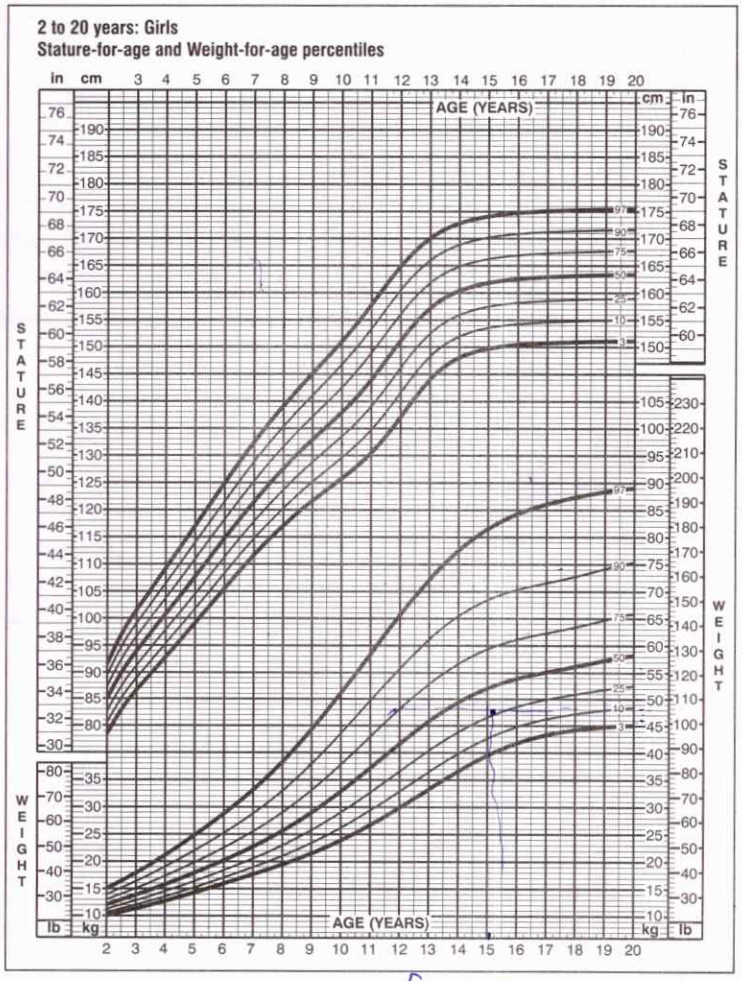
Diagnosis: ? Unprovked Seizures ? Syncopal Episode.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Keerthana

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sakiya Zaheer Dietician's Signature Sakiya

Daily Notes:

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2/4 2/1

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RESULT SHEET

Date	31/6/26					
Time						
Hb	11.1					
PCV	31.7					
RBC	4.19					
WBC	8.56					
N/L	61.5/29.7					
Platelets	299					
CRP						
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

RNH-00015924 IP26-00006559
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Dr. ANIKET ANIL PARASHAR

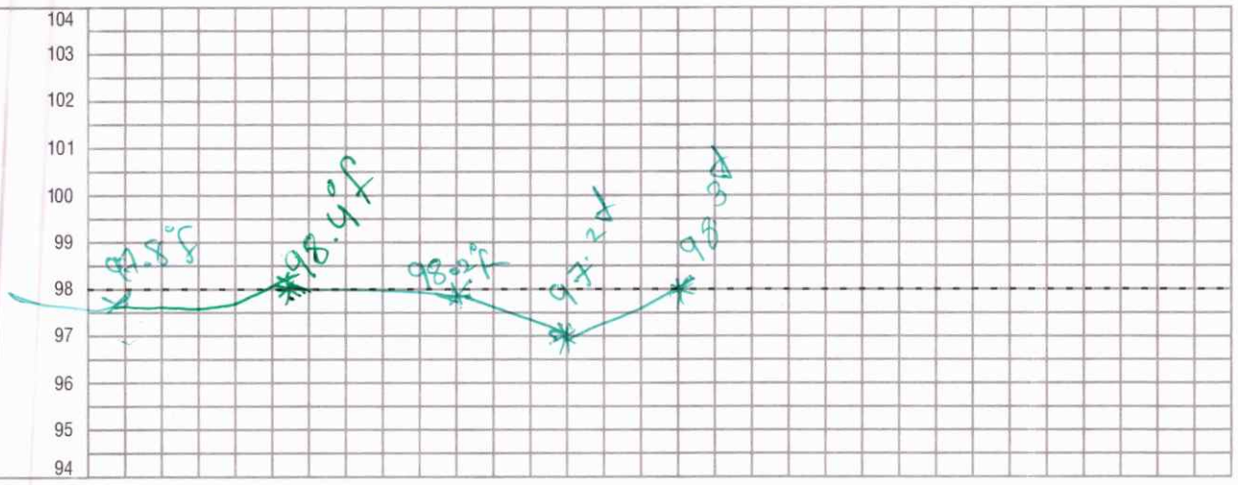
Patient Na .....
Date of Bi .....

S / 04

EARLY WARNING SCORE: CHILDREN'S UNIT

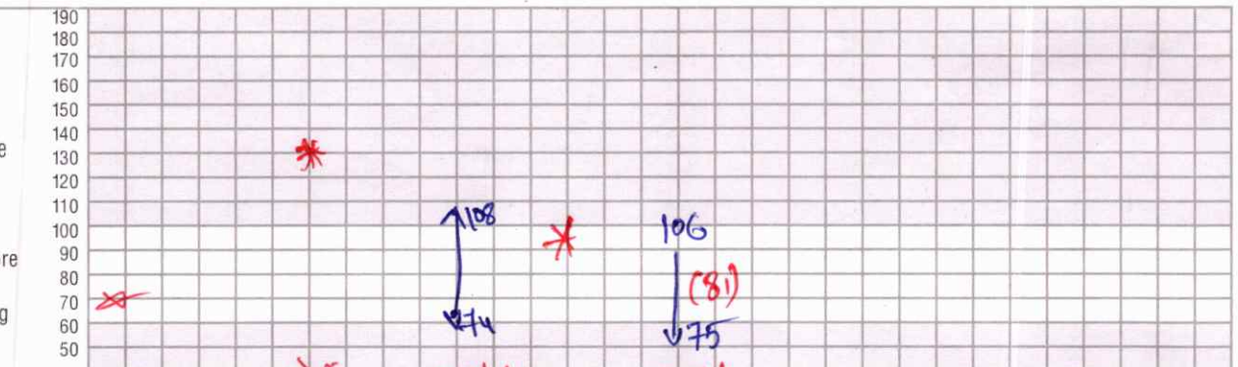
Date : 11/6/26 .... Time:	1pm	6PM	10 PM	2Am	6Am
Doctor / Nurse / Family Concern?					

Temperature (°F)



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

NOTE : BP does not score in early warning scoring



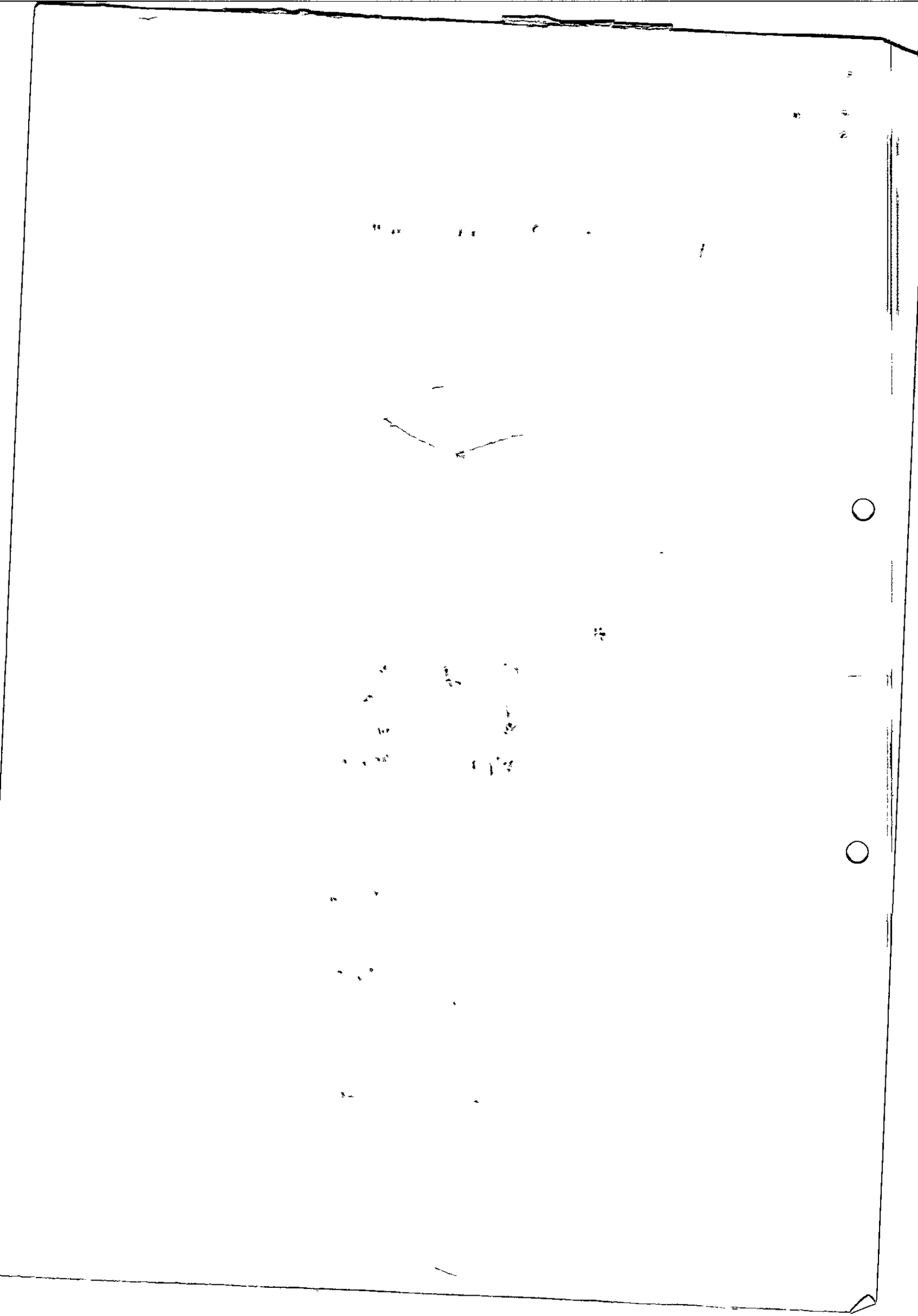
Heart Rate (number)	70b/m	75b/m	97b/M	98b/m

Resp Rate (bpm) (over 1 minute)

Resp Rate (number)	20b/m	25b/m	20b/M	20b/m
Resp. Mod/Severe Distress None/Mild				
Receiving O2 (L/min) O2 saturations (%)	100%	99%	100%	100%
Conscious Normal Level Decreased				
GCS *				
TOTAL SCORE Number of shaded boxes	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.



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TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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Dr. ANIKET ANIL PARASHAR

Patient Name : .....

Date of Birth : . .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/2/26 Time: 10

Doctor / Nurse / Family Concern? AD

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.5 98.6

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

(80)

Heart Rate (number) 78bb

Resp Rate (bpm) (over 1 minute)

70 60 50 40 30 20 10

Resp Rate (number) 28bb

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%) 100%

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes 0

Observer's initials AD

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.

tient Sticker

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FLUID CHART

Sheet No

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6/26	08:00 am											
	09:00 am											
	10:00 am										0	
	11:00 am	0		0								
	12:00 pm											
	01:00 pm	DNS		60ml								
Total Intake :						**Total Output :**						
11/6/26	02:00 pm			60ml								
	03:00 pm			60ml						✓		
	04:00 pm			60ml							0	
	05:00 pm	DNS		60ml						✓		
	06:00 pm			60ml								
	07:00 pm			60ml						✓		
Total Intake :						**Total Output :** U-3 M-						
11/6/26	08:00 pm			60ml								
	09:00 pm		rice	60ml								
	10:00 pm	DNS	f+H2O	60ml			0			✓	0	
	11:00 pm			60ml								
	12:00 am			60ml						✓		
	01:00 am			60ml								
Total Intake : taken						**Total Output :** U-2M-0						
12/6/26	02:00 am			60ml								
	03:00 am			60ml								
	04:00 am		H2O	60ml						✓		
	05:00 am	DNS	+	60ml			0				0	
	06:00 am		idly	60ml						✓		
	07:00 am			60ml								
Total Intake : taken						**Total Output :** U-2M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
12/6	11:00 am										0	
	12:00 pm										0	
	01:00 pm											
Total Intake :						**Total Output :** U- M-						
	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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 (12/6)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	–	–	–	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	NA						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	NA						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	NA						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	NA						
			Signature of the Nurse										

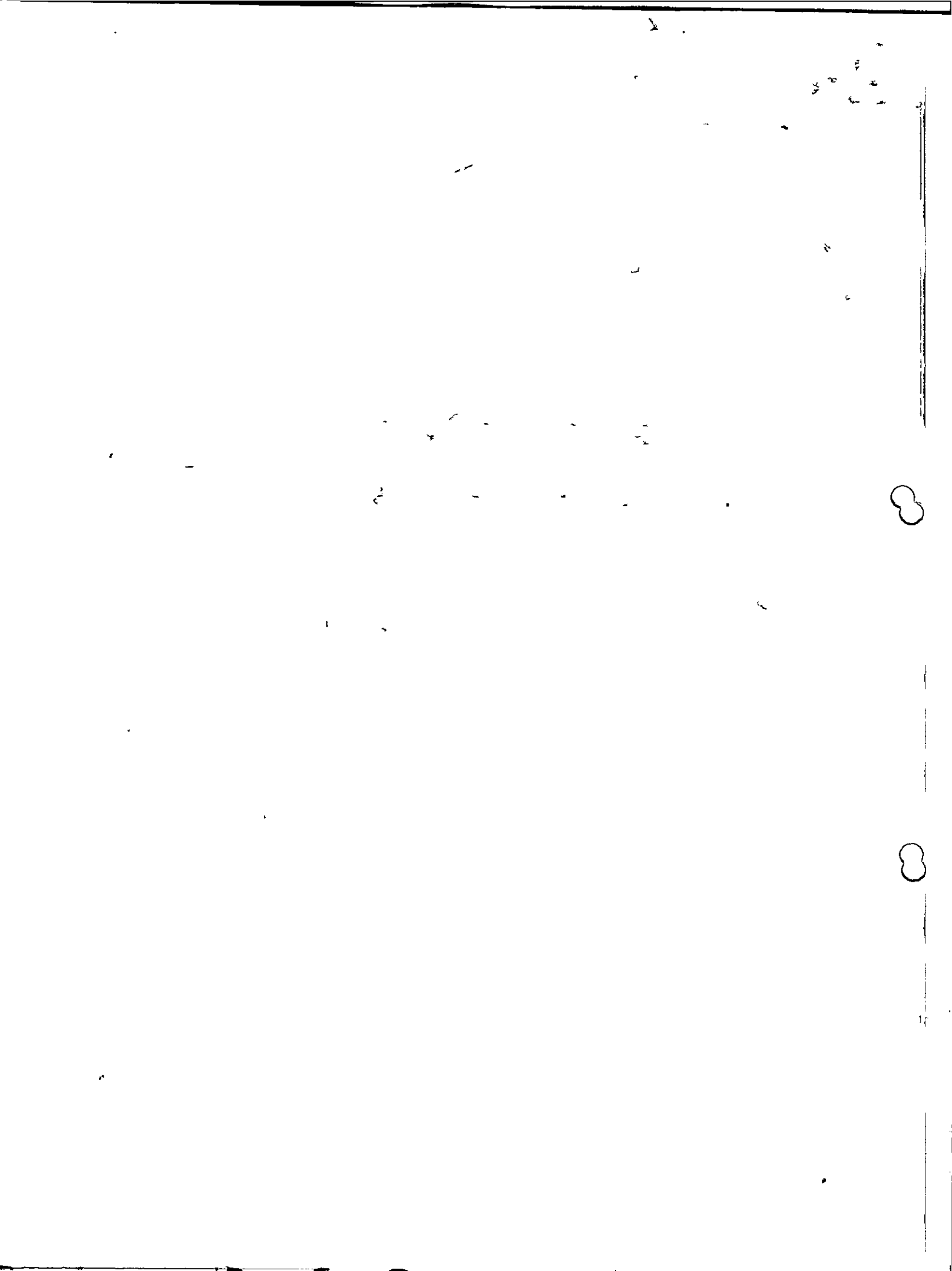
NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Sneha

Signature of Ward In Charge :

Signature : ..... Name : Balaram



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PAIN ASSESSMENT FORM

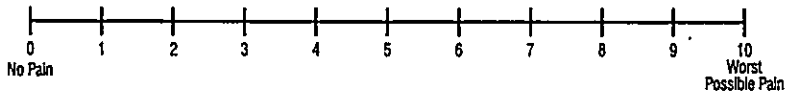
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/6/26	1PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/6/26	3PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/6	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING CARE RECORD

Date: 11/6/26

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 general Condition of pt. → Monitor Vitals → Maintain I/o chart → Administer medication.	8AM / 2PM	→ Assessed the general Condition of pt. → Monitored vitals → Maintained I/O chart. → Administered medication	Pt is Stable	Re-assess vital	Monjusha
Afternoon	2PM / 8PM	→ Assess the patient general Condition → monitor vitals → DNS @ 60ml/hr to continue. → maintain I/o chart	2PM / 8PM	→ Assessed the patient general Condition. → Monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	
Night	8PM / 8AM	→Assessed the patient general Condition →Monitor vitals sign →DNS @ 60ml/hr to continue. →Maintain I/o chart	8PM / 8AM	→Assessed the Patient general condition. →monitored vitals →Administered medication as per drug chart → IV fluid continue	→Pt is stable	→rechecked vitals	

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Ms SAANVI SINGH
01-04-2011 15 Y 2 M 10 D (F)
Dr. ANIKET ANIL PARASHAR

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NURSING CARE RECORD

Date: 12/6/26

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 10 2Pm	Assess the pt condition. Monitor vitals signs and maintain I/O chart. Provide the comfortable position. medication given as per as doctor order	8Am 10 2Pm	Assessed the pt condition. Monitored vitals signs and Maintained I/O Chart. Provided the comfortable position. medication given as per as doctor order.	pt is stable vitals normal	monitor vitals maintain I/O Chart	Sneha [illegible]
Afternoon							
Night							

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SING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Seizures.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	11/6/26 M6	11/6/26 Evng	11/6/26 N1	12/6/26 M6		
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):	RA	RA	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4 F	98.3°f	97.2°F	98.2°F		
	Res:	20b/m	20b/m	20 b/m	22b		
	SpO_2:	100%	99%	99%	99%		
	Pulse:	78b/m	80b/m	92 b/m	92b/m		
	BP:	110/69	120/80	108/74	102/62		
	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:	NO	—	—	—		
	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 :		Manjunath	Sandhya	Divya	Sneha		
Signature / ID :							
Date:		11/6/26	11/6/26	12/6/26	12/6		
Time:		8PM	8pm	8am	2pm		
Taken Over By Name :		Sandhya	Divya	Sneha			
Signature / ID :							
Date:		11/6/26	11/6/26	12/6			
Time:		2pm	8am	8pm			

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NURSING SHIFT HAND OVER FORM

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

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wt - 48 kgs
GRBS - 80 mg/dL
11:40 AM

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Saanvi Age : 14 years **Gender:** ☐ Male ☑ Female

Date : 11/06/26 Time of Arrival : 10:59 AM

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: 98.3F PR: 77 b/m BP: 110/73 (83) RR: 26 b/m SpO_2: 100%

Chief Complaints: c/o Abdominal pain since morning 1 episode of unconscio– -ness x t

INITIAL PHYSIOLOGICAL CATEGORIZATION			**INITIAL PHYSIOLOGICAL STATUS**
Appearance ☐ Normal ☑ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 11:12 AM

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 : Shirisha Signature of Triage Nurse : [signature]

Date & Time : 11/06/26 @ 11:02 pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/04/26 Time of arrival : 11:04AM

Chief Complaints: c/o abdominal pain since morning 1 episode of unconsciousness x today

Height : ..... Weight : 48 Kgs Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character Acute ☐ Location Stomach pain ☐ 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 : 11:06AM

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

Time	Nursing Notes
11:08 AM	Assess the patient condition monitor the vital sign

Samples collected by: / sugandhi Time:

Samples sent by : Time: / 11:50 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:20 AM	Tab. ibuprofen 200mg	oral	200mg	DD	Naipunya Raj

Condition of patient at time of shift - out :	Details of Shift - out
HR: 77 b/m BP: ..... CFT: WNL	Shift - out from ER to: 2nd floor C2 ward
RR: 26 b/m SPO2 at FiO2: 98%	Time of Shift - out: 12:30 PM
GCS: 15/ Temperature : 98.F	Handover given to: Mounika (Nurse's Name)
Pain Score: -1	
Repeat RBS (if applicable): 80mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Shirisha Signature of the Nurse : Raj

Date & Time : 11/06/26 @ 11:10 AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015924 IP26-00006559 Ms SAANVI SINGH 01-04-2011 15 Y 2 M 10 D (F) Dr. ANIKET ANIL PARASHAR	11/06/26 @ 11:40 AM	11/06/26 @ 12:30 PM
	Transfer Ordered by Dr. Naipunya	Reason for Transfer Admission
From Unit ER	To Unit ward (214)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15+1-	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
Shishir	Dr. Naipunya

Patient & Clinical Records Received by : Mouneshi

Date & Time of Patient Received : @ 12:50PM, 11/6/26

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☐ 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. (214) .....

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. naipunya .....

Date & Time : ..... 11/06/26 @ 11:40 AM .....

Nurse Name & Signature: ..... shirisha .....

Date & Time : ..... 11/06/26 @ 12:30 AM .....