DISCHARGE SUMMARY

Name	Baby MARYAM MOHAMMED HAMEEDUDDIN	UHID	BAH-00383277
Father/Guardian	Mr MR.MOHAMEED HAMEEDUDDIN	Age/Gender	12 Y 7 M 16 D/ Female
Address	HNO 2-3-756/1/F, , GOLNAKA, AMBERPET, MANIAN KARKHANA, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006634	Admission Date	24-06-2026
Ref Doctor	Self		
Discharge Date	26.06.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
CULTURE POSITIVE UTI (KLEBSIELLA PNEUMONIAE)	

History: Baby MARYAM MOHAMMED HAMEEDUDDIN , 12 Y 7 M 16 D , old girl presented with the history of pain abdomen, loose stools since 5 days, poor oral intake since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Outside investigations: Done on 20.06.2026: Complete blood picture showed Hemoglobin - 12.9 gm%, White Blood Cells - 5700 cell/cmm, Platelets

Name	Baby MARYAM MOHAMMED HAMEEDUDDIN	UHID	BAH-00383277
IP No	IP26-00006634	Admission Date	24-06-2026

- 2.36 lakh/cmm.
URINE/C/S - KLEBSIELLA PNEUMONIAE GROWTH
USG ABDOMEN - CYSTITIS WITH HEPATOMEGALY

Examination: She was afebrile. Her heart rate was 84/min, Blood pressure - 115/61 mmHg and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present, dry lips, decreased skin turgor, dull looking. 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: 68.6kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.37, pCO2 of 39.7 mmHg, pO2 of 70 mmHg, HCO3 of 22.7 mmol/L and BE of -2.1 mmol/L.

Initial hemogram showed Hemoglobin of 12.1 gm%, White Blood Cell count of 7810 cells/cumm, platelet count of 2.71 lakhs/cumm and C-Reactive Protein of 5 mg/l. Liver function test showed total SBR of 0.9 mg/dl with indirect fraction of 0.8 mg/dl, SGOT -27 U/L, SGPT - 29 U/L, ALP - 207 U/L, protein - 7.3 gm/dl, albumin - 4.1 gm/dl, globulin -3.2 gm/dl, A/G ratio of 1.2.
Blood culture shows - No growth after 24 hrs of incubation
Complete urine examination was normal.

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

Name	Baby MARYAM MOHAMMED HAMEEDUDDIN	**UHID**	BAH-00383277
IP No	IP26-00006634	**Admission Date**	24-06-2026

fluids . She was treated symptomatically with antacids and antipyretics.
In view of outside urine culture sensitivity showed growth of Klebsiella pneumoniae susceptible antibiotics were started (inj ceftriaxone) .

She was regularly monitored for fever spikes, hemodynamic status , hydration status and frequency of loose stools . Her fever spikes and other symptoms gradually settled. Child 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. Esmoprazole
Injection. Ceftriaxone

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet Cefixime (200mg)	1 tablet	8am - 8pm (after food)	Till further advice
24	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Baby MARYAM MOHAMMED HAMEEDUDDIN	UHID	BAH-00383277
IP No	IP26-00006634	Admission Date	24-06-2026

Fever Management
* Crocin DS (Paracetamol - 1ml/500mg) 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. SPANDANA PASUPULETI on (29.06.2026) 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 **Himayatnagar / Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB**

Name	Baby MARYAM MOHAMMED HAMEEDUDDIN	UHID	BAH-00383277
IP No	IP26-00006634	Admission Date	24-06-2026

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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

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 : IP26-00006634 **Admit Date** : 24-Jun-2026 **Admit Time** : 05:23 PM **UHID** : BAH-00383277

Patient Details :

Patient Name	: Baby MARYAM MOHAMMED HAMEEDUDDIN	**Age**	: 12 Y 7 M 15 D
Guardian	: Mr MR.MOHAMEED HAMEEDUDDIN	**DOB**	: 09-11-2013
Gender	: Female	**Religion**	: Muslim
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO 2-3-756/1/F, , GOLNAKA, AMBERPET, MANIAN KARKHANA Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 7036930127
		E-mail	: na123@rainbowhospitals.in

...ission Details :

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

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

Contact Details :

Name	: Mr MR.MOHAMEED HAMEEDUDDIN	**Relationship**	: D/O
Contact Address	: HNO 2-3-756/1/F, , GOLNAKA, AMBERPET, MANIAN KARKHANA Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 7036930127

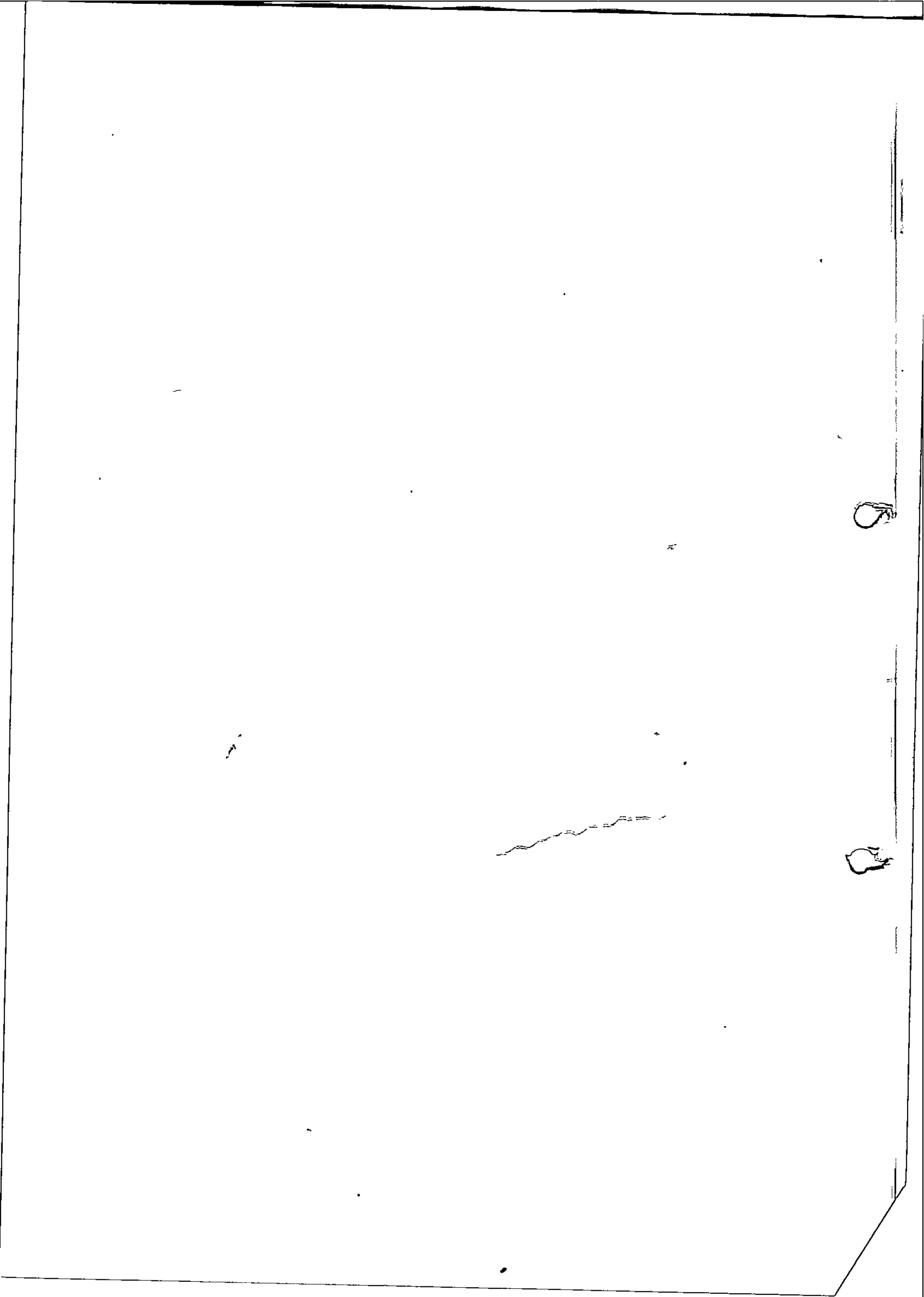
Signature

D...ctor Details :

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

Payment Details :

		Deposit Amount	: 25000.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY



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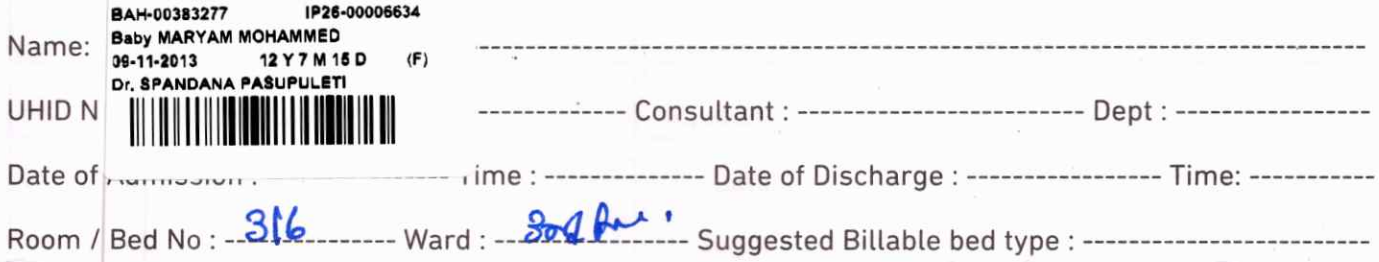
ACTIVITY RECORD FOR BILLING



Name: BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

UHID N ------------- Consultant : ------------------------ Dept : -----------------

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

Room / Bed No : --316-------- Ward : --3rd flr.------- Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/06/26	6:27pm.	ER	316/3rd flr	[signature]

Cross Consultation Visit

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	CBP CRP	10293	[signature]
	Blood C/S	10293	
	VBG	294	
	LFT	10293	
26/6/26	CUE	03666	[signature]

Cross checked done by sisandhya

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6/26	Infusion Pump	7pm	25/6/26 10AM	7998	[signature]

Cross check done by Sr. Sandhya

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	IV placement	1	7976	[signature]
24/6/26 6:30pm	NHA	1	7997	[signature]
	Cross checked done by Sandhya 26/6/26 9pm			

ANY OTHER INFORMATION

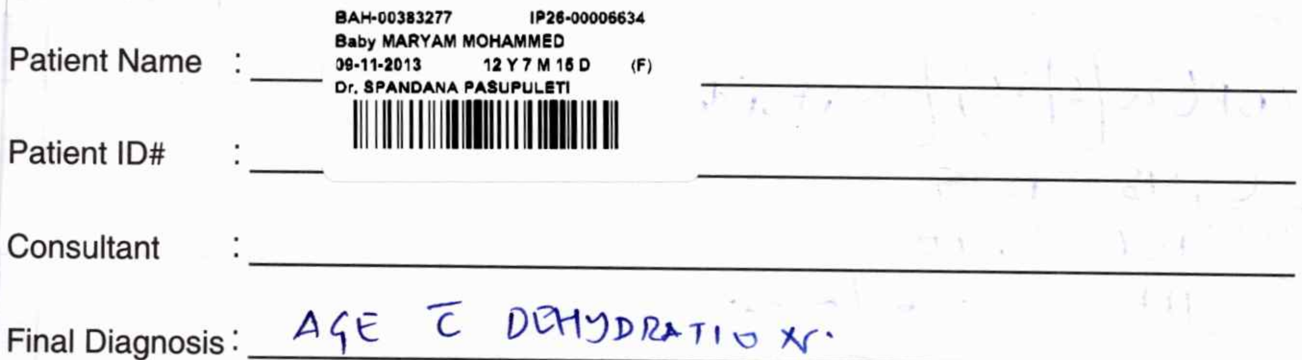
Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD



BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 16 D (F)
Dr. SPANDANA PASUPULETI

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis : AGE c̄ DEHYDRATION.

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Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Name : MARYAM MOHAMMED.

Informant Mother. Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

- pain abdomen x 5 days.
- loose stools x 5 days ago.
- Poor oral intake x 1 day.

History of present illness :

c/o pain abdomen, periumbilical region since 5 days on & off.

- Also c/o loose stools, 5 e/o since, watery in consistency not associated with vomiting, 5 days ago.

- Poor oral intake since 1 day.

Outside ~~CBE~~ Urine C/S - 20/6/26
→ >10⁵ cfu/ml
K. pneumoniae
(S) to ceftriaxone.

CBP (20/6/26) [outside].
→ Hb - 12.9
TLC - 5,700
Plt - 2.36 lacs.

USG A+P → 24/6/26 - cystitis c̄ hepatomegaly.

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Baby MARYAM MOHAMMED
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Pediatric Multiorgan History & Physical Examination

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

Nil premorbid.

Birth & Neonatal History :

Term/AGA/female.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

(N).

Immunization History :

As per NIS.

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 68.6 kgs. (Centile ________)

On Examination :

Temperature : ________ Pulse Rate: ________ Description ________

B.P. ________ SPO2 100% at RA.

Resp. rate and type of breathing : ________

- Dry Lips
- Dull look.
- Skin turgor ↓ (?)

Rash ________]
Lymphadenopathy ________] Normal.
Oedema : ________]

Respiratory system :

Inspection (any s/o distress) : BAE (+), NVBS (+).

Air entry & breath sounds : ________

Any addes sounds : ________

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

Cardiovasclular System :

Inspection of procordium : S_1, S_2 (+), No murmurs.

Heart Sounds : ________

Any murmur : ________

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

Per Abdomen :

Inspection Soft, Non tender, No HSM,

Palpation : BS (+).

Ausculation : ________

Spine: ________ External Genitelia : ________

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

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Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition : OBESE

Tone : Power 5/5

Co-ordinator :

Posture : (N).

Involuntary Movements : —

Reflexes :

DTR

Superficials :

Plantars

Sensory System :

Bladder / Bowel : (N).

Clinical Summary & Diagnostic :

ACUTE GASTROENTERITIS ō DEHYDRATION.
CULTURE +ve UTI.

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
Blood culture.
VBG
LFT

NB Syed

Planned Management :

- IVF 1/2 M.
- IV Ceftriaxone 1D.
- ~~Inj. ONDANSETRON.~~
- Inj. ESOMEPRAZOLE.

NB Syed

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: Dr. Sp[illegible] Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925 Date Time

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 7:45 AM.	c/s/by Dr. Anusha	
	UTI (Culture positive)	
	febrile (+) pain abdomen (↓).	Plan.
	fever spike - No after admission	- (T) Bk/p.
	Activity - good	- ct IV fluid (1/2 M)
	Hydration - good.	- ct Inj CEFTRIAXONE.
	vital stable	- Enhance orally
	S/E RIS B/L AE (+) NVBS (+).	- Monitor vitals.
	P/A soft Not distended.	- ~~Enhance orally~~
		N/B Supriya @ 7:45 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 & 10AM	c/s/b Dr. Tejaswi	
	D - Culture +ve E.c UTI	
	- Pain abdomen ↓	
	- Oral intake - Good.	Plan
	- Hydration - Good.	- Cf. Ceftriaxone.
	O/E - vitals stable.	- True blood c/s.
	S/E - WNL	- Monitor vitals.
		- Cf. 1/2 M. → STOP
		- Send UNE tomorrow morning.
		N/B Supriya
		Dr Tejaswi

Dr. S... REDDY Regi... 94068

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/25	s/b Dr Prabhath.	
9pm	Δ: Culture + UTI (Klebsiella).	
	Pain abdomen ↓	
	Oral intake - fair	
	Hydration - fair	Adv.
		— CT. Ceftriaxone
	o/e Vitals stable	— Trace Blood c/s
	S/E WNL	— Encourage orally
		— CVE T/m.
		N/B Supr @ 2pm

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o/b Dr. Spandana	
25/6/26	D - Culture sensitive UTI (Klebsiella)	
	Pain abdomen ✓	
	taking orally well	Plan
	O/E	- send CUE Tomm morning
	vitals stable	- Trace blood c/s
	S/E	- c/t Ceftriaxone
	P/A - soft, nontender	NB Sunanda
P.K.		
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925	

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/26 8AM	C/U/B · Dr. Subhash / Dr. Shreya	
	D: Culture Sensitive UTI (Klebsiella)	
	pain abdomen ↓	
	Accepting orally	
	O/E: GC - fair	
	Vitals - stable	
	Hydration - good	
	S/E: PA: soft, NT	
		Adv
		✓ Trace CUE
		✓ Trace blood C/S
		✓ Inj Ceftriaxone
		✓ IV fluids
		(signature)
		N/B - Supriya 8:16AM @ 26/6/26

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/c/c. Dr. Vyanvi	
28/06/26 4AM	Afebrile	
	No fresh concern	
	Accepting orally	
	O/E: GC-fair	
	Vitals: stable	
	Hydration - good	
		Adv
		- Trace CUG
		- Trace Blood C/S
		- Inj Ceftriaxone
		- Monitor vitals and
	d/w today	Inform Sir
		Sony

BAH-00383277 IP25-00006634
Baby MARYAM MOHAMMED (F)
09-11-2013 12 Y 7 M 16 D
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 16 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/26		

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
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DRUG CHART

Date of Admission: 24/6/26 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 : T. PARACETAMOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
	oral	sos/6th	24/6	
Doctor's Signature	Valid Period	Pharm.		
RA		[signature]		
Additional Instructions: 1 tablet - 650 mg				

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

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

Verified by Dr. Dhakshayani

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 68 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Inj. CEFTRIAXONE				Date ▸ Time ▾	24/6	25/6	26/6
Dose	Route	Frequency	Start Date				
2gm	IV	BD	24/6				
Name & Signature of the Doctor Starting the Drugs: B. Sangeetha				10AM	[signature]	[signature]	[signature]
Additional Instructions:				10PM	9PM [signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	✓

Verified by Dr. Dhakshayani

DRUG : Inj. ESMOPRAZOLE				Date ▸ Time ▾	24/6	25/6	26/6
Dose	Route	Frequency	Start Date				
40mg	IV	OD	24/6				
Name & Signature of the Doctor Starting the Drugs: B. Sangeetha				6AM	9PM [signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	✓

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				

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				

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

		position of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6	6 PM	PLASMALYTE	IV	50 ml	[signature]	[signature] [signature]	25/6		[signature] [signature]
25/6	8 10AM		IV	30ml	[signature]	[signature] [signature]	25/6	STOP	[signature]

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Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
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316

RESULT SHEET

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Date	24/6/26					
Time						
Hb	12.1					
PCV	34.5					
RBC	4.63					
WBC	7.81					
N/L	48.7/43.6					
Platelets	271					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT	29					
SGOT	27					
T.Bill/Conj	0.9/0.1					
T.Protein	7.3					
S.Albumin	4.1					
S.Globulin	3.2					
A/G Ratio	1.2					
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 : Blood c/s ē —

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

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Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Patient Sticker

../126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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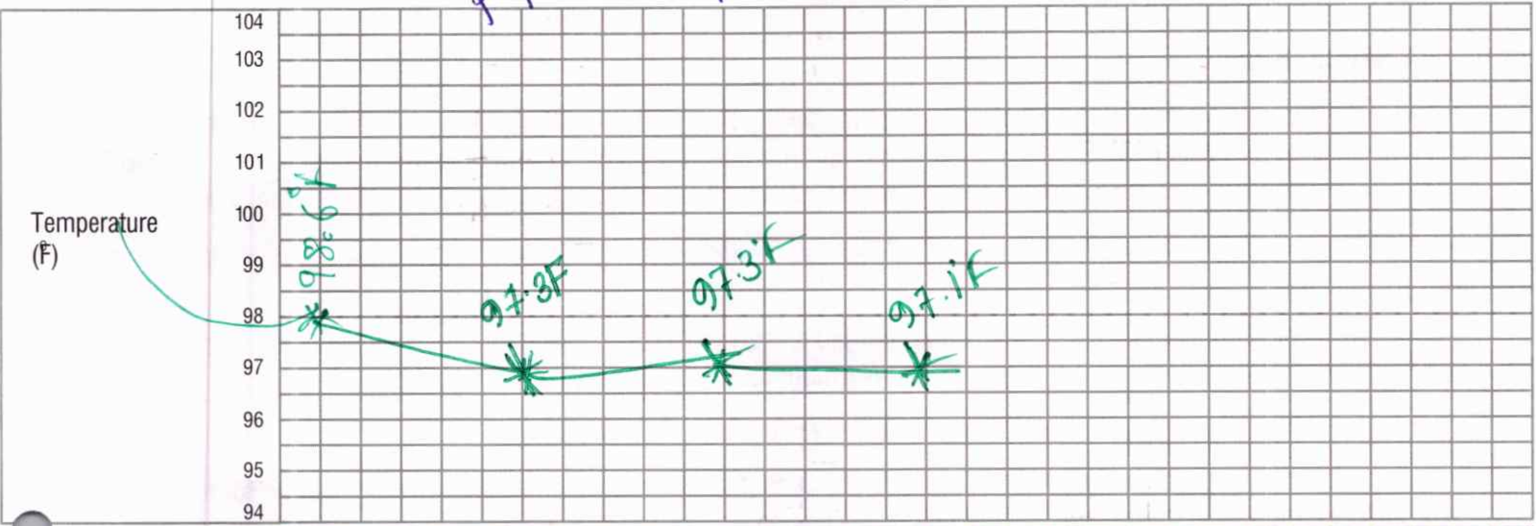
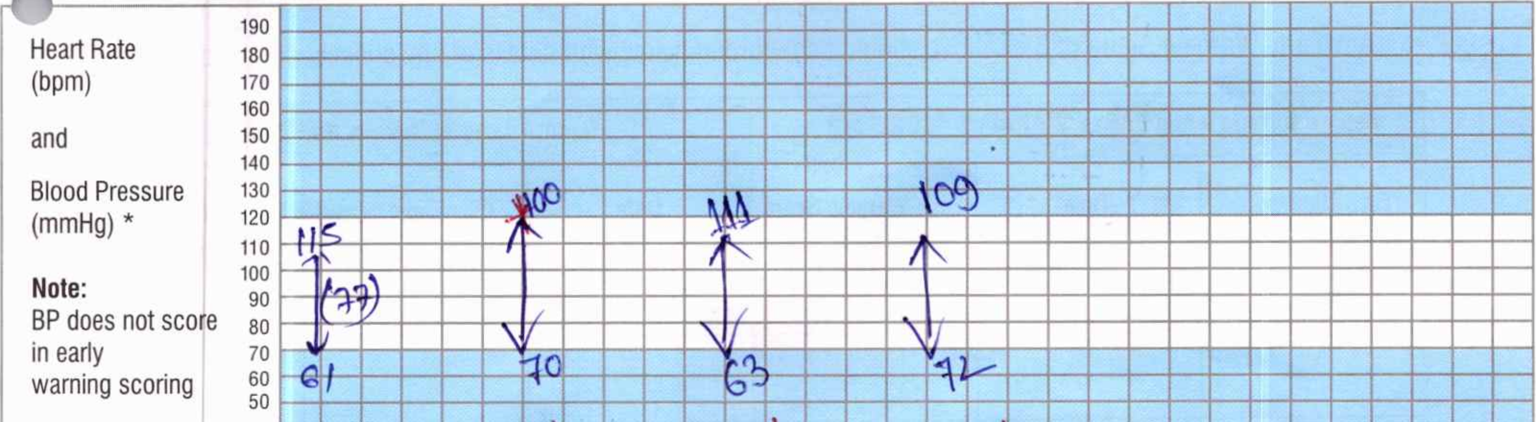
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/6/26

Time:	7 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?				
Temperature (F)	98.6 F	97.3F	97.3F	97.1F
Heart Rate (bpm) and Blood Pressure (mmHg) *	115/61 (77)	100/70	111/63	109/72
Heart Rate (Number)	84b/m	96b/m	90b/m	89b/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	20b/m	28b/m	20b/m	20b/m
Resp Distress — Mod/Severe / None/Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	100%	100%	100%
Conscious Level — Normal / Altered				
GCS *				
TOTAL SCORE — Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]





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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

Patient St

NICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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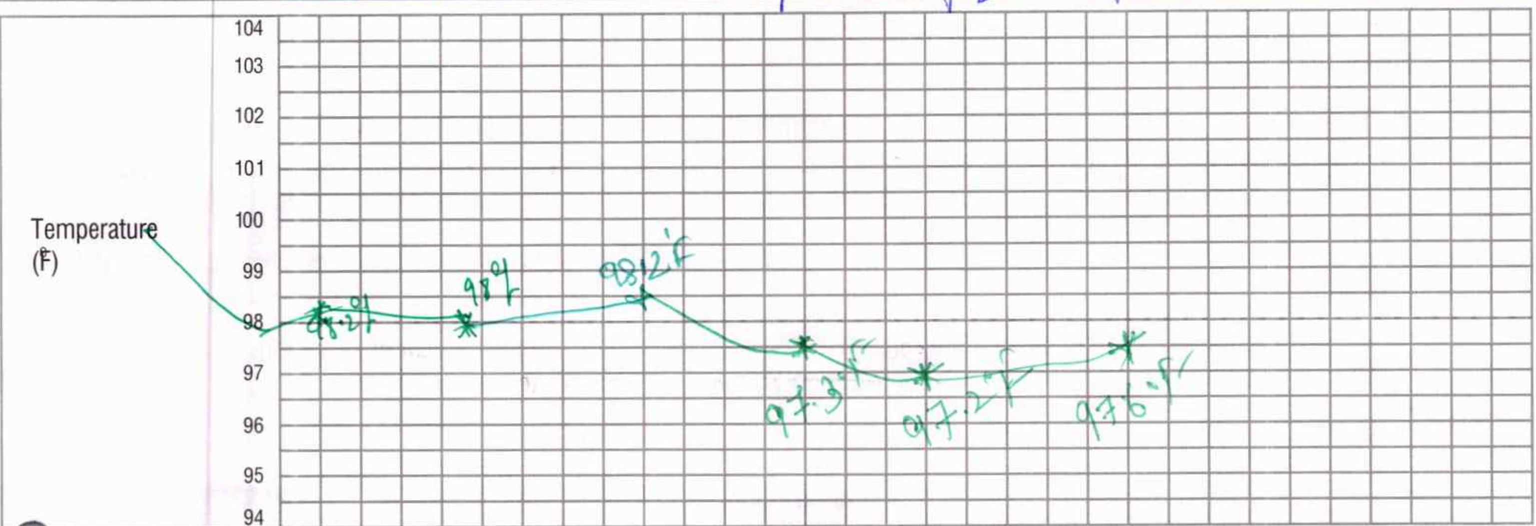
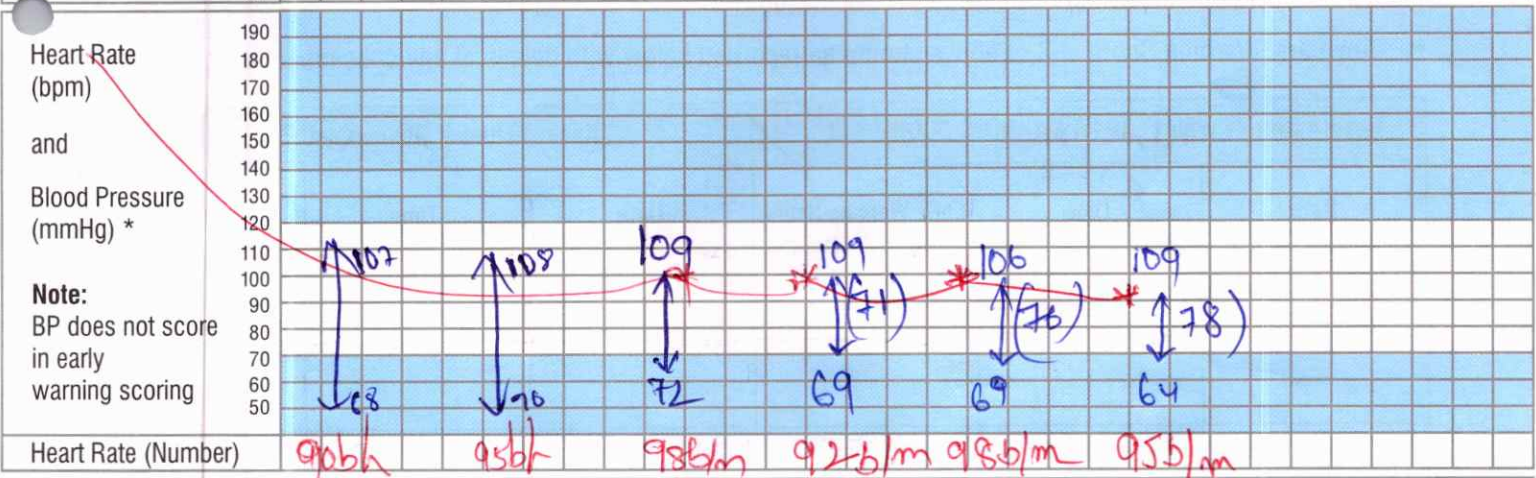
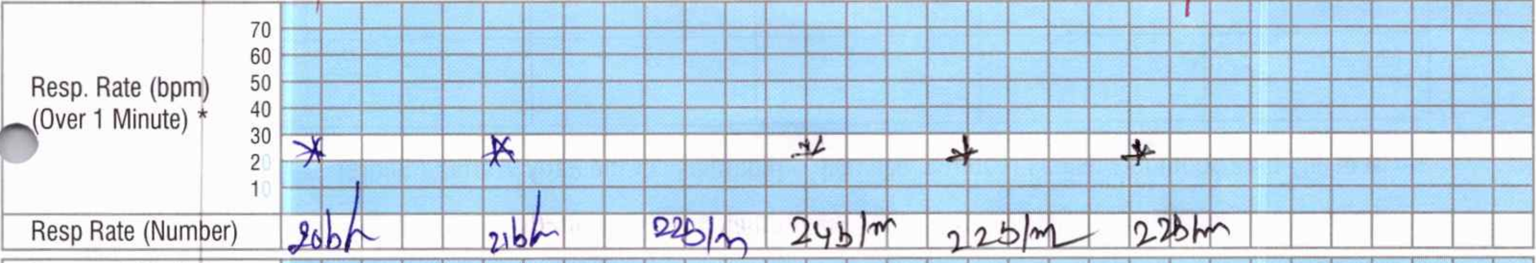
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6/26 Time:	10AM	2PM	5PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						







	10AM	2PM	5PM	10 PM	2 AM	6 AM
Heart Rate (Number)	90b/m	95b/m	98b/m	92b/m	98b/m	95b/m
Resp Rate (Number)	20b/m	21b/m	22b/m	24b/m	22b/m	22b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	99%	99%	99%	100%	99%	100%
Conscious Level — Normal						
Conscious Level — Altered						
GCS *				15/15	15/15	15/15
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]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
Pat 09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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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.

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						NA					
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	Plasmalyte										
	06:00 pm							NA			0	M
	07:00 pm			50 ml	NA						0	
Total Intake : Taken						**Total Output :**				U-0		M-0
24/6/26	08:00 pm	Plasmalyte		50ml						✓	0	
	09:00 pm			50ml							0	
	10:00 pm		[illegible]	50ml						✓	0	
	11:00 pm			50ml		NA		NA			0	
	12:00 am			50ml						✓	0	
	01:00 am			50ml						✓	0	
Total Intake :						**Total Output :** U-4					M-0	
25/6/26	02:00 am	Plasmalyte		50ml							0	
	03:00 am			50ml						✓	0	
	04:00 am			50ml				NA			0	
	05:00 am			50ml	NA					✓	0	
	06:00 am			50ml							0	
	07:00 am			50ml						✓	0	
Total Intake :						**Total Output :** U-3					M-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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/6/26	08:00 am			50ml								
	09:00 am	plasylyte	Jelly	50ml						✓		
	10:00 am			50ml	NA		✓	NA			0	
	11:00 am			stop						✓		
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
25/6/26	02:00 pm											
	03:00 pm		Rice							✓		
	04:00 pm	IVF	Roti				0				0	
	05:00 pm	stop	H2O		NA			NA		✓		
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U –					M –	
25/6/26	08:00 pm										0	
	09:00 pm		Rice							✓	0	
	10:00 pm	IVF	x								0	
	11:00 pm	stop	dal		NA					✓	0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :** U-					M -	
26/6/26	02:00 am										0	
	03:00 am									✓	0	
	04:00 am	IVF	H2O		NA						0	
	05:00 am	stop									0	
	06:00 am									✓	0	
	07:00 am										0	
Total Intake :						**Total Output :** U-					M	

Total 24 hrs. Intake		Total 24 hrs. Output	

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BRADEN 'Q' SCALE

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	1	2	3	4	Date: 24/6 Time: N1	25/6 M6	25/6 E2	25 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	3	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	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	3	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.	[illegible]	4	4	4
				TOTAL SCORE	28	25	28	28
				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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
25/6	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
25/6	2pm	0/10	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		
				☐ 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:

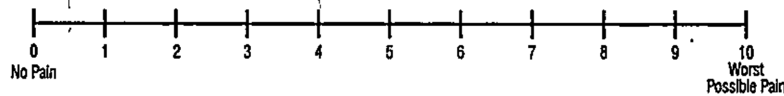
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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

Wong - Baker (Pediatrics) Above 7 Years

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (24/6/26)			DAY-2 (25/6/26)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0				
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				
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				
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				
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				
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				
		Signature of the Nurse			[signature]	[signature]	[signature]	[signature]	[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 : .... Name : ....

Signature of Ward In Charge :

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

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 / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous 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 : ....

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

Date: ....

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	8PM / 8AM	→ Assess the general condition of pt → Monitor vitals → Maintain I/O chart → Administer medication.	8PM / 8AM	→ Assessed the general condition of pt → Monitored vitals → Maintained I/O chart → Administered medication	Pt is stable.	Re-assess vitals.	[signature]

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 16 D (F)
Dr. SPANDANA PASUPULETI

Patient Sti

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NURSING CARE RECORD

Date: 25/6/26

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 & I/o chart - drug as per chart - proved Comfortable position		→ Assessed the pt condition - Monitored vitals & I/o chart - druged as per chart - proveded Comfortable position.	pt is stable	Rechecked vitals	[signature]
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2pM to 8pM	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now pt is stable	- Rechecked the v/s	[signature]
Night	8PM to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8pm to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable now → Trace blood C/S	→ Re-checked the vitals → I/O → Tpm CUe	Supriya [signature]

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
Patient 09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: AGE c dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	24/6/26 E2	24/6/26 N1	25/6/26 M	25/6/26 E2	25/6/26 N1	
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.4°F	98.2°F	98.3°F	98.4°F	
	Res:	28 b/m	28 b/m	20 b/m	22 b/m	26 b/m	
	SpO_2:	100%	100%	100%	100%	99%	
	Pulse:	137 b/m	140 b/m	120 b/m	112 b/m	114 b/m	
	BP:	99/58	99/58	100/63	102/63	102/66	
	Fall Risk Score:	–	–		–	–	
	Pain Score:	–	–	–	–	"0"	
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	–	–	–	–	–	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–	–	–	–	–	
Post Operative Procedure Special Orders:		–	–	–	–	CVE	
Handed Over By Name :		Priyanka	Moutushi	Apriya	Sunanda	Supriya	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		24/6/26	25/6/26	25/6/26	25/6/26	26/6/26	
Time:		8pm	8AM	8pm	8pm	8Am	
Taken Over By Name :		Moutushi	Apriya	Sunanda	Supriya		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		24/6/26	25/6/26	25/6/26	25/6/26		
Time:		8PM	8Am	2pm	8pm		

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

Patient Sticker

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 816.

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 :

Date & Time : 24/06/26 @ 5:35 pm

Nurse Name & Signature: Afam /

Date & Time : 24/06/26 @ 6:27 pm.

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

wt - 68.68 kgs

EMERGENCY ROOM TRIAGE FORM

Patient's Name : maryam mohammed. Age : 12years Gender: ☐ Male ☑ Female

Date : 24/06/26 Time of Arrival : 5:02 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: .... PR: 103 b/m BP: 112/67 (80) mmHg RR: .... SpO₂: 98%

Chief Complaints: c/o : Abdominal pain since 4 days

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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : ....

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

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

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

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shirisha Signature of Triage Nurse : [signature]

Date & Time : 24/06/26 @ 5:04 PM

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/06/26 Time of arrival : @ 5:06 P.M.

Chief Complaints: c/o Abdominal pain since 4 days

Height : .... Weight : 68.68 kgs Head Circumference (<2 years) ....

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

If yes , identify ....

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

☐ Character .... ☐ Location .... ☐ Frequency .... ☐ Duration ....

RISK FOR FALL:

If patient is < 6 years	☐ 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 : @ 5:08 P.M.

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

Time	Nursing Notes
5:10 pm	Assess the patient condition monitor the vital sign

Samples collected by: Ramya @ 24/6/26 Time: 5:56pm

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: .... BP: ...—... CFT: ...—...	Shift - out from ER to: 316/ 3rd floor
RR: .... SPO2 at FiO2: 98%	Time of Shift - out: 6:27pm.
GCS: .... Temperature : 98°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 : Shiriya Signature of the Nurse : [signature]

Date & Time : 24/06/26 @ 5:12pm

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00383277 IP26-00006634 Baby MARYAM MOHAMMED 09-11-2013 12 Y 7 M 15 D (F) Dr. SPANDANA PASUPULETI	24/06/26 @ 5:23pm.	24/06/26 @ 6:27pm.
	Transfer Ordered by Dr. pranav.	**Reason for Transfer** —
From Unit ER	**To Unit** 316 / 3rd floor	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 16	**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
Atom [signature].	Dr. pranav.

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 24/6/26 @6:40pm.

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

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

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

BAH-00383277 IP26-00006634
Baby MARYAM MOHAMMED
09-11-2013 12 Y 7 M 15 D (F)
Dr. SPANDANA PASUPULETI

ER - 316

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 24/6/26 Time: 6:30pm

Weight: 68.6 kg Centile: <97th

Height: 166 cms Centile: 90th

Inference: overweight child

RDA: - Calories: 1550 kcal/d Protein: 29 gms/d

Diet Recommendations: Gastro Diet can have :- ORS (WHO), sagowater, coconutwater, Rice based food

Re-Assesment: Avoid :- milk, wheat, citrus, sugar, oats, egg, Ragi

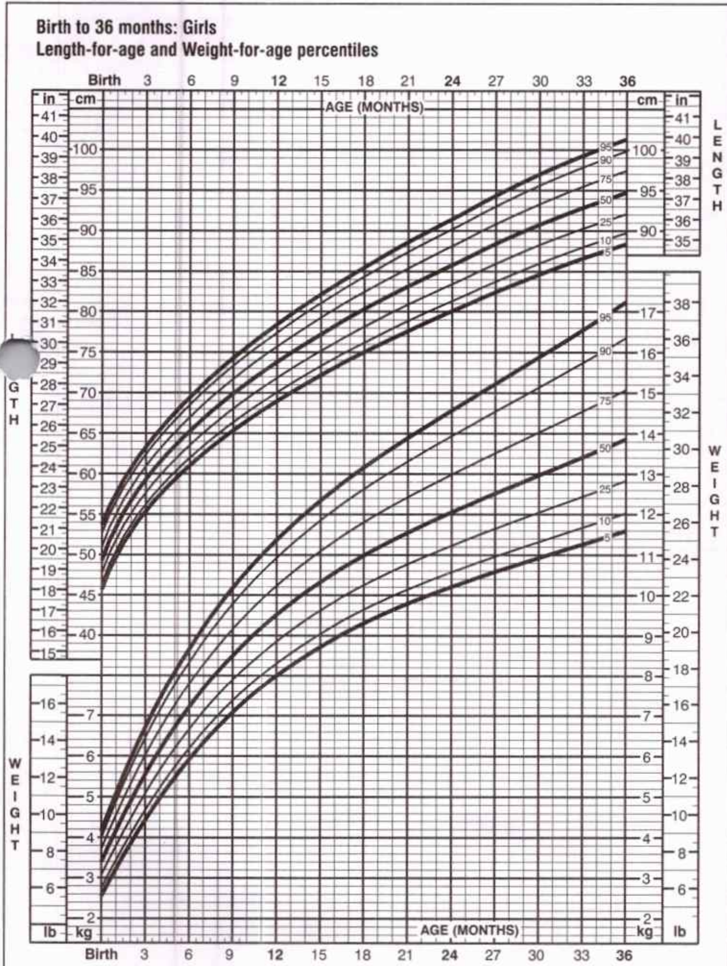
Food Allergies: NO Veg/Non-veg: NON-veg

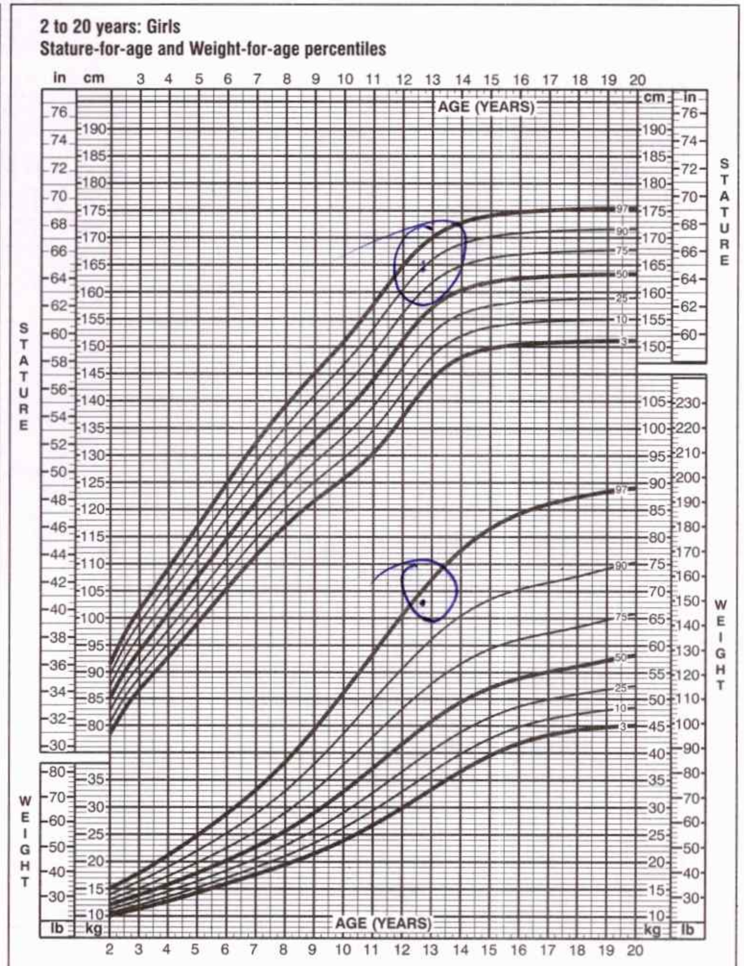
Diagnosis: AGE c̄ UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





Dietician's Name: Sathwika.G Dietician's Signature: [signature]

Docu. No. : RCH /FRM / CLINICAL / 161 (P.T.O.)

Daily Notes: