

FC  
312

**DISCHARGE SUMMARY**

<b>Name</b>	Baby MISHA ABHIK SANGHVI	<b>UHID</b>	HNH-00010177
<b>Father/Guardian</b>	Mr ABHIK SANGHVI	<b>Age/Gender</b>	0 Y 9 M 13 D/ Female
<b>Address</b>	Himayatnagar, Hyderabad, Telangana, INDIA, 500029		
<b>IP No</b>	IP26-00006495	<b>Admission Date</b>	04-06-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	07.06.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

**History:** Baby MISHA ABHIK SANGHVI , 0 Y 9 M 13 D , old girl presented with the history of fever since 5 days, cough, poor oral intake since 3 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

**Outside investigations:** Done on 03.06.2026: Complete blood picture showed Hemoglobin - 10 gm%, White Blood Cells - 10300 cell/cmm, Platelets

Name	Baby MISHA ABHIK SANGHVI	UHID	HNH-00010177
IP No	IP26-00006495	Admission Date	04-06-2026

- 3.62 lakh/cmm, C-Reactive Protein - 17 mg/L.

**Examination:** She was febrile(100°F). Her heart rate was 141 /min and Respiratory Rate - 34 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present (dry lips, dry oral mucosa decreased skin turgor). On auscultation, air entry was bilaterally equal with bilateral conducted sounds 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: 7.7 kilo grams.

**Investigations:** Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 10 gm%, White Blood Cell count of 8660 cells/cumm, platelet count of 3.89 lakhs/cumm and C-Reactive Protein of 21 mg/l. Blood culture and sensitivity shows no growth after 24 hours of incubation. Myco plasma IgM was non reactive.

**Chest X-ray shows**

Rotation noted to right side.  
 Cardiothoracic ratio within normal limits.  
 No evidence of fracture of the ribs.

<b>Name</b>	Baby MISHA ABHIK SANGHVI	<b>UHID</b>	HNH-00010177
<b>IP No</b>	IP26-00006495	<b>Admission Date</b>	04-06-2026

No pneumothorax / pleural effusion.  
Mildly increased perihilar and peribronchial markings.

**Management:** She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of chest signs, she was frequently nebulised with 3% NS. Flu panel, Mycoplasma IgM, adenovirus PCR were negative. Blood c/s showed no growth at 48 hours.

She was regularly monitored for fever spikes, hemodynamic status. 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. Ceftriaxone  
Nasoclear  
Syrup. Levocetirizine  
Mucolite drops  
Nasivion mini drops  
Nebulisation 3% NS

**Advice:**

\* Diet as advised.

Name	Baby MISHA ABHIK SANGHVI	UHID	HNH-00010177
IP No	IP26-00006495	Admission Date	04-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. PECEF (CEFPODOXIME - 5ml/50mg)	6 ml (mix with honey or sugar water)	8am - 8pm (after food)	For 6 days.
2	Syrup. Levocetirizine	5 ml	Before bedtime	For 3 days.
3	Mucolite drops	1ml	twice daily	For 3 days
4	Nasivion Paediatric drops	1 drop, in each nostril	twice daily	For 2 days
5	NEBULISATION with 3% NS	1 respule	8th hourly	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

### Fever Management

- \* Drops Crocin (Paracetamol - 1ml/100mg) 1.1ml after food as and whenever required, if temperature > 100 \*F (maximum 4 times a day at 6 hour intervals).
- \* Tepid sponging if fever > 101 \*F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on (09.06.2026) Tuesday at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

### Food instructions while taking medications:

<b>Name</b>	Baby MISHA ABHIK SANGHVI	<b>UHID</b>	HNH-00010177
<b>IP No</b>	IP26-00006495	<b>Admission Date</b>	04-06-2026

\* **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 / Vikramপুরi / LB Nagar /** dial just one toll free number **18002122**.

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

  
**Registrar/Resident/C.M.O**

**Dr. SINDHURA MUNUKUNTLA**  
**MBBS, DCH, DNB PEDIATRICS**  
**66970**

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 14 D (F)  
 Dr. SINDHURA MUNUKUNTALA

*3 1/2 NS 6th hrly*



### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/6/26	00.00	3 1/2 NS	<i>[Signature]</i>	Panchi
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	3 1/2 NS	<i>[Signature]</i>	Panchi
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

*093524 nebs*

*CxRS checked by AB 7/6/26*

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 13 D (F)  
 Dr. SINDHURA MUNUKUNTLA

3% NS 6th hourly



### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
6/6/26	04.00	3% NS (2)	<del>204647</del> 2 nebs	Ranchi
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	3% NS (7)	Rie	Ranchi
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00	3% NS (2)	Rie	Ranchi
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## NEBULISATION CHART

Date	Time	Drug		Nurse	Parents Signature
	00.00				
5/6/26	01.00	3% NS	(2)	[Signature]	Ranchi
	02.00				
	03.00				
	04.00				
	05.00				
	06.00				
	07.00				
5/6/26	08.00	3% NS	(3)	[Signature]	Ranchi
	09.00		<del>4957</del>		
	10.00		4957		
	11.00				
	12.00				
	13.00				
	14.00	3% NS	(1)		
	15.00		4539	[Signature]	Ranchi
	16.00				
	17.00				
	18.00				
	19.00				
	20.00				
	21.00				
	22.00	3% NS	(2)	[Signature]	Ranchi
	23.00			[Signature]	

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI (F)  
 23-08-2025 0 Y 9 M 12 D  
 Dr. SINDHURA MUNUKUNTLA

*3/1 NS 6th hourly*



## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
<i>4/6/26</i>	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00	<i>3/1 NS</i>	<i>(Signature)</i>	<i>Panchi</i>
	20.00			
	21.00			
	22.00			
	23.00			

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006495      Admit Date : 04-Jun-2026      Admit Time : 11:13 AM      UHID : HNH-00010177

**Patient Details :**

Patient Name	: Baby MISHA ABHIK SANGHVI	Age	: 0 Y 9 M 12 D
Guardian	: Mr ABHIK SANGHVI	DOB	: 23-08-2025 03:36 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: Himayatnagar Hyderabad Telangana INDIA 500029	Phone No	: 9666664400/ 9543072772
		E-mail	: NA@gmail.com

**Admission Details :**

Bed Type : DAY CARE      Bed No : ER03      Ward Name : GF -EMERGENCY  
 Room No : ER03      Admission Type : First Visit

**Contact Details :**

Name : Mr ABHIK SANGHVI      Relationship : Father  
 Contact Address : Himayatnagar Hyderabad Telangana INDIA 500029      Phone No : 9666664400 / 9543072772



Signature

**Doctor Details :**

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

**Payment Details :**

Deposit Amount : 50000.00  
 Payment Mode : DC/CC Card      Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name: .....

UHID No : ..... IP No : ..... Consultant : ..... Dept : .....

Date of Admission : ..... Time : ..... Date of Discharge : ..... Time: .....

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
4/6/26	12:30pm	ER	312	A.R / <i>[Signature]</i>

**Cross Consultation Visit**

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





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IN Placement	①	<del>4126</del>	A.P.
4/6/26	NHA	①	<del>4184</del>	A.P.

*Cross check done*

**ANY OTHER INFORMATION**

4/6/26 Home food  
 Senthil Kumar G  
 District P. K. K. K.

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : \_\_\_\_\_

HNH-00010177      IP26-00006495  
Baby MISHA ABHIK SANGHVI  
23-08-2025      0 Y 9 M 12 D      (F)  
Dr. SINDHURA MUNUKUNTLA

Patient ID# : \_\_\_\_\_



Consultant : \_\_\_\_\_

Final Diagnosis : AMI & DEHYDRATION

Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

fever x 5 days  
cough x 3 days  
poor oral intake x 3 days.

History of present illness :

40 fever, high grade x 5 days, intermittent in nature, relieved & recurring.

cough x 3 days disturbing her sleep.

Poor oral intake x 3 days.

CRP  
CRP } 3/6/26 ← Hb - 10.0  
Tlc - 10.3K  
Plt - 3.62Kcs.  
CRP - 17.0

UA - 1/6/26 - Pus cells - 2-4.  
Nitrite } -ve.  
Leucocyte }

- on oral Abx since yesterday;  
3 doses given.



Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 7.7 kgs (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 100.0°F Pulse Rate: \_\_\_\_\_ Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 100% at RA

Resp. rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_ Dry Lips.

Oedema : \_\_\_\_\_ Rh rhinorrhea.

**Respiratory system :**

Inspection (any s/o distress) : \_\_\_\_\_ BAE (+), 3/4 conducted sounds (+)

Air entry & breath sounds : \_\_\_\_\_

Any added sounds : \_\_\_\_\_

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

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_ S1, S2 (+), NO murmurs

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, Etc.,) \_\_\_\_\_

**Per Abdomen :**

Inspection \_\_\_\_\_ S, A, NT, BS (+)

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

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 73/5

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bladder / Bowel : (N)

**Clinical Summary & Diagnostic :**

AFI & DEHYDRATION.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

**Planned Labs :**

**Planned Management :**

CRP, CRP, T8 levels  
 Respiratory panel (5 viruses)  
 Chest x-ray  
 X-ray Nasopharynx  
 Extra Sample for (DUE)  
 Mycoplasma IgM  
 N/B AmpPen

- IV fluids  
 - 1g Ceftriaxone  
 - Zyzal  
 - Paracetamol drops  
 N/B AmpPen

**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. Sindhura Manukuntla Date 4/5/20 Time 6.0h

Dr. Sindhura Manukuntla  
 Consultant Pediatrician  
 Reg. No. 55270



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
4/6/25 11:30 AM	<p>4516 Dr. Sindhura</p>	
	<p>- High grade fever spikes since 5 days.                      - cough x 3 days.</p>	
	<p>- poor oral intake x 3 days.</p>	
	<p>PE - febrile.                      vitals stable.</p>	
	<p>R/S -                      S/E - BAE (+), B/L conducted                      sounds (+).</p>	
	<p>del                      CBP.</p>	
	<p>CRP                      - Blood U/s                      - Renal USG (hold)                      (myelogram) - none                      - CXR                      X-ray myelogram.</p>	<p>IVF 2/3 rd M.                      3) syp. xyzal.                      Mucolite drops.                      Nasoclear Nasal drops.</p>
	<p>NB. Moutash                      CLPM</p>	<p><i>[Signature]</i>                      Sindhura</p>

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No. 66970

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
4/6/25 3PM	C/S/b Dr. <del>Sin</del> Venun / Dr. Prashanthi	
	Dsis - AFI $\bar{c}$ dehydration.	
	- Afebrile since admission.	
	- $\text{SpO}_2$ $\oplus$ .	
	- Taking DBF well.	
	SpE - vitals stable.	Plan
	SpE - WNL.	- Ct. IVF
		- Ct. Left nixone.
		- Ct. Xyzal, unmediter, nasal clear drops.
		- Trcu X rays.
		N/B Supriya
		@3pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 6 PM	S/B Dr. Sindhura Δ AGI & dehydration	PLe,
	Fever spikes ⊕	- CF IV fluids
	CVS - S <sub>1</sub> S <sub>2</sub> ⊕	- CF CECTRIAXONE
	P/A - B/L - A/E ⊕	- CF XY2AL
	P/A - SOB	MUIOLITE
	Cough	NASOCLEAR
		Encourage orally
		Trace Resp. panel
		NASIVION Mini drops # 1 <sup>o</sup> BD
		Nck & 3xM 6 <sup>o</sup> L
		<del>N/B bupriva</del>
		<del>@ 6 PM</del>
		<del>Sindhura M. (D)</del>

Sindhura Munukuntla  
 Pediatrician  
 Reg. No: 86970

HNH-00010177 IP26-00005495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9:15 PM	Case d/w Dr. Sindhura	
		<p>Send Mycoplasma IgM          Paucities sample</p> <p>15/5/26</p> <p>noted by Sr. Sandhya          4/6/26          10:00 PM</p>
4/6/26 7:45 AM	SIB Dr. Sanyal ΔAG I Dehydration	Flu
	Fever spike, ⊕ CUR - S, Si ⊕ RT - BLE - AFE ⊕	- CE CEFTRIAXONE - CE RYZAL MUCOLITE - CE NASOCLEAR
	P/A - GAU Concident.	NASIVION Minidrop - CE Neb 3% NaCl 6L - Trace Adenovirus PCR Mycoplasma IgM 15/5/26 noted by Sr. Sandhya 5/6/26 7:00 AM

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6 9:00 AM	<p>C/S/B Do. Sindhura</p> <p>APR E dehydration.</p>	
	<p>fever spikes (+)</p>	<p><u>Plan</u></p>
	<p>oral intake - <del>poor</del> Improved</p>	<p>→ Cont Ceftriaxone</p>
	<p>Vitals - stable</p>	<p>→ cont. Xyzal Mucilife.</p>
	<p>RLS - BIL AE.</p>	<p>→ cont 3 T. NS Neb</p>
	<p>PIA - soft, NT</p>	<p>- Trace Adenovirus Mycoplasma IgM</p>
		<p>- monitor vitals</p>
		<p>- ↓ Lu grade</p>
		<p>X/meds,</p>
		<p>ANTIBIOTIC-M</p>
		<p>Dr. Sindhura Munukuntla        Pediatrician        Reg. No: 66970</p>

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>5/6/26</del> 20m	<u>o/s/r - Dr. Adithyan</u>	
	Case of AFI - dehydration No fever spikes	<u>Advice:</u>
	Dehydration improved <u>ole-</u>	① Continue of fructose
	Vitals stable	Trace Adeno & MyoPlasme IgM
	⑩ C/S - size N - Blowers D/A - soft	④ Continue Neb ⑤ Encourage orally NB - Mouthwash @ 3PM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6/25	U/S/b Dr. Sindhura	
6:30PM	Case of AFI & dehydration	
	- fever spikes (+)	
	- oral intake improved.	
	ofc - vitals stable.	
	ofc - well.	
	<u>Mycoplasma - ve</u>	Plan
		Hyds
		- [Trax adмовинус.]
		- Cont. left naxone.
		- Encourage orally.
		- Add Metatop nasal spray at night if SOS.
		- Encourage orally.
		- [Trax blood ofc.]
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	@ 6:30 PM Sindhura Anthoni



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/25	date. Dr. Sindhura / Dr. Tanni	
7 AM	A: AFI with dehydrating Afebrile	
	1 episode of vomiting	
	O/E: Cx-fair	She 4
	Hemodynamically stable	Adms - neg (verbal)
	Hydration - good	
	S/C: PA soft, mild distension	
		A/c
		+ Tray Ceftriaxone
		+ Trace TSHod up
		+ Trace Adenovirus
		+ Monitor vitals and
		Inform Sr
		Noted by <u>Moanika</u> Sindhura

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 10:30 AM	S/B Dr. Sindhura	
	Δ AFI dehydration	
	Afebrile Vitals stable	Plan
	CVI - S, S, S ⊕ Pj - BLU - ALCO ⊕	CC CEFTRIAXONE
	Blood Cc - 29h No growth Adenopathy - Negative (verbal)	Noted by Divya 6/6/26 @ 10:30 AM
		<del>M. MUMONA M</del>
6/6/26 3 PM	S/B Dr. Sreeghs	Plan
	Δ AFI dehydration	
	Afebrile Vitals stable	CC CEFTRIAXONE
	CVI - S, S, S ⊕ Pj - BLU - ALCO ⊕	Tree Blood Cc - 40h
	PIA - SOL	Marsden vitals Encourage oral
	Continue	Noted by Divya 6/6/26 @ 3 PM (P.T.O)

HNH-00010177 IP26-00006495

Baby MISHA ABHIK SANGHVI  
23-08-2025 0 Y 9 M 14 D (F)

Dr. SINDHURA MUNUKUNTLA



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 Com	s/b Dr Sindhura	
	Δ AFI = Dehydration	
	afbside	
	Baby stable	Adv
	No fresh clo	(1) In refractive
	of Vitals	9am T/m
	stable	↓
	s/b NAD.	Plan D/c after desc
		(2) Trace blood c/s
		q8 Hour
		(3) Monitor vitals
	Noted by Anuska	
	@ 9pm	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
7/6/26 8 AM	S/B Dr. Prashanth / Dr. Varun	
	Δ AFI c Dehydrated	
	of breast No fresh c/o	Adv
	of GC fair What stable	(1) Inj Ceftriaxone 9am T/m
	of MAD	↓ plan Discharge
		(2) Trace B/c/s 48 Hrs ↳ 24 sterile
		Noted by Anushka @ 8 AM

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 14 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/25	S/B Dr. Sindhura	Pls
10 AM	DAFI Dehydration	
		- CEFPODOXIME
	Afebrile	
	Vitals Stable	
		- Dicyclan
	CVS - S+S	
	RS - BL - ACE	- NASOCLEAR
	PIA JOK	- A/A study
	conscious	
		<del>Dr. Sindhura Munukuntla</del>

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970





HNH-00010177 IP26-00006495

Baby MISHA ABHIK SANGHVI

23-08-2025 0 Y 9 M 12 D (F)

Dr. SINDHURA MUNUKUNTLA



312

# RESULT SHEET

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

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Date	4/6/26	8/6/26			
Time		(6P)			
Hb	10.2	10.0			
PCV	27.8	27.8			
RBC	3.67	3.67			
WBC	8.66	10.3K			
N/L	35.4/53.4	35.4/53.4			
Platelets	389	3.62 Lacs			
CRP	21.0	17.0			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

Date	1/6/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	-					
CUE-PUS Cells	2-4					
CUE - RBC Cells	Absent					
CUE Nitrite	-	-ve.				
Leucocyte	-	-ve.				
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 8 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA

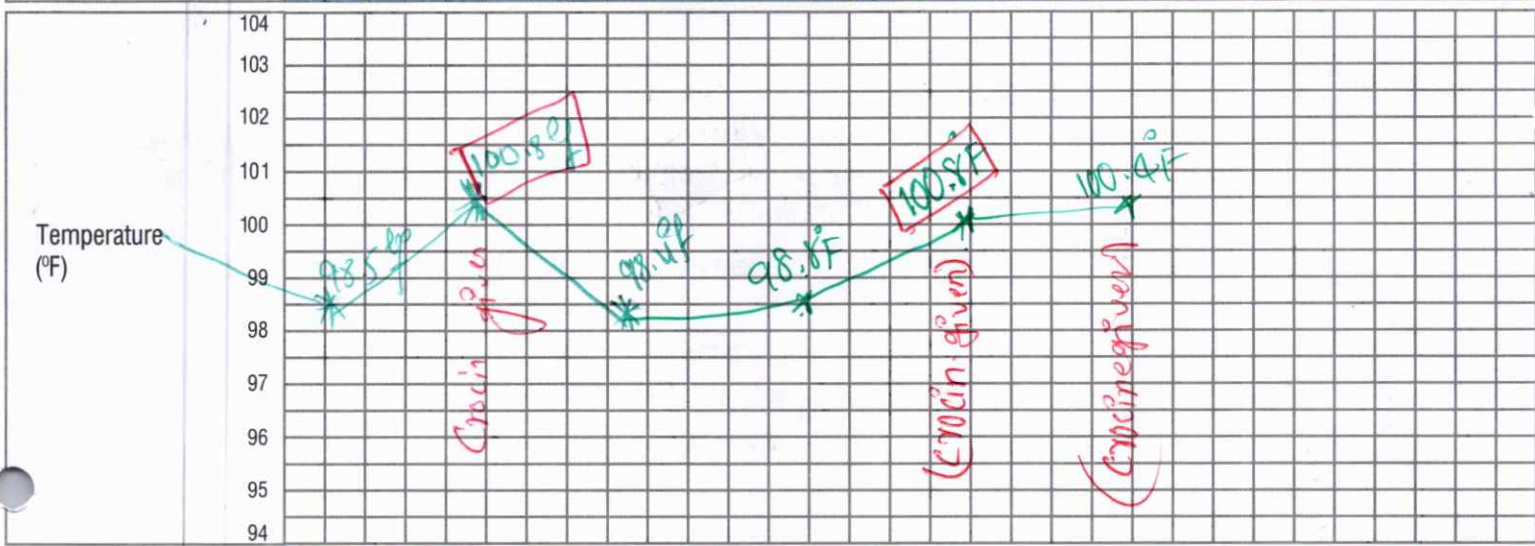
RM / CLINICAL / 124

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



**WARNING SCORE: CHILDREN'S UNIT**

Date: 4/6/26 Time: 2pm 5:30pm 6:30pm 10pm 1:30 Am 8Am  
 Doctor/Nurse/Family Concern?



Heart Rate (bpm)	190					
and	180					
Blood Pressure (mmHg) *	170					
	160					
	150					
	140					
	130	*	*	*	*	
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
<b>Note:</b> BP does not score in early warning scoring						
Heart Rate (Number)		180b/h	140b/h	128b/m	125b/m	123b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50	*	*	*	*	
	40					
	30					
	20					
	10					
Resp Rate (Number)		40b/h	40b/h	38b/m	30b/m	28b/m

Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)		100%	100%	100%	100%	100%

Conscious Level	Normal				
	Altered				
GCS *					

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	B	B	A	A	A

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

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

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

MNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 124

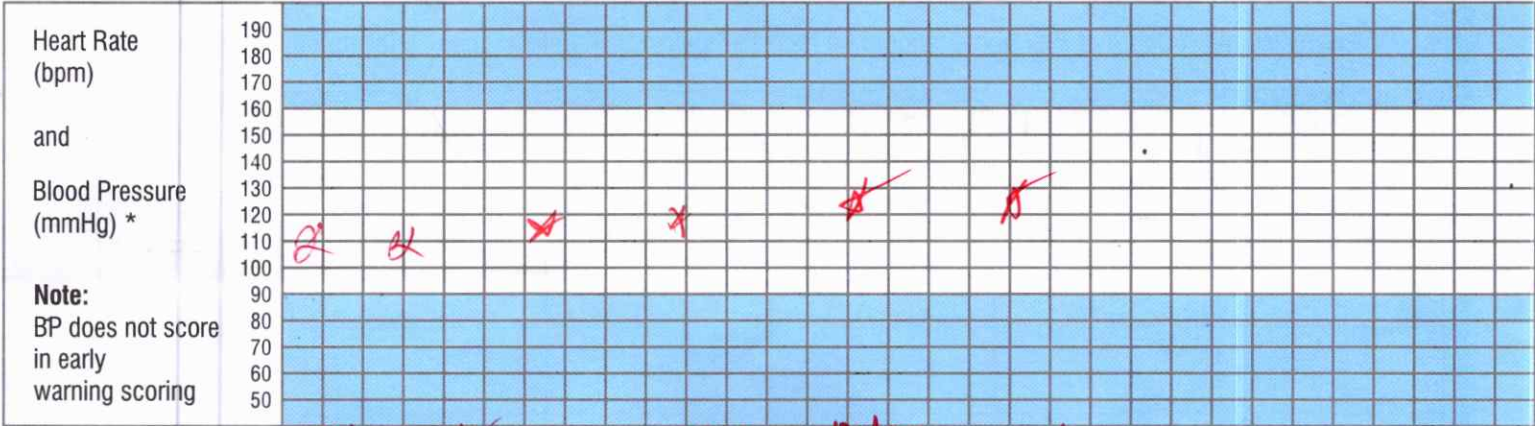
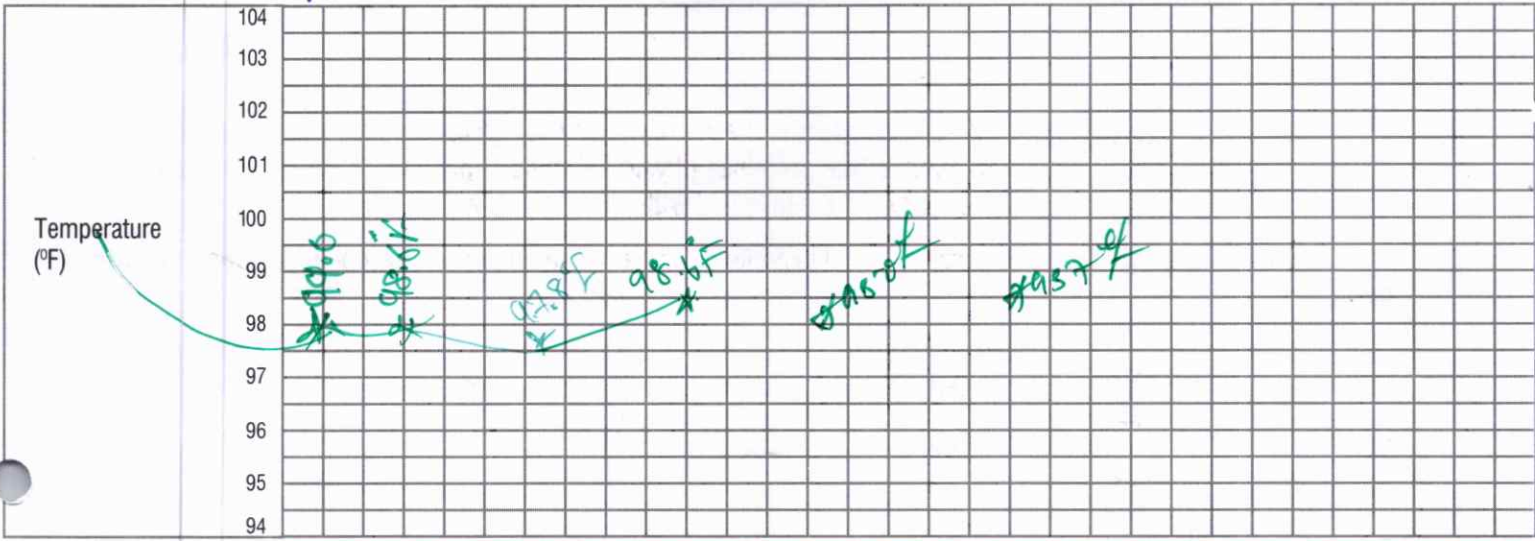
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



**Y WARNING SCORE: CHILDREN'S UNIT**

Date: 23/8/25 Time: 10:00 AM 2:00 PM 6:00 PM 10:00 PM 2:00 AM 6:00 AM

Doctor/Nurse/Family Concern?



**Note:**  
 BP does not score in early warning scoring



Resp Mod/ Severe Distress	None / Mild		
Receiving O <sub>2</sub> (l/min)			
O <sub>2</sub> Saturations (%)		100%	100%
Conscious Level	Normal / Altered	15/15	15/15
GCS *		5/5	5/5

<b>TOTAL SCORE</b>			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	M	B	

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

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

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 14 D (F)  
 Dr. SINDHURA MUNUKUNTALA

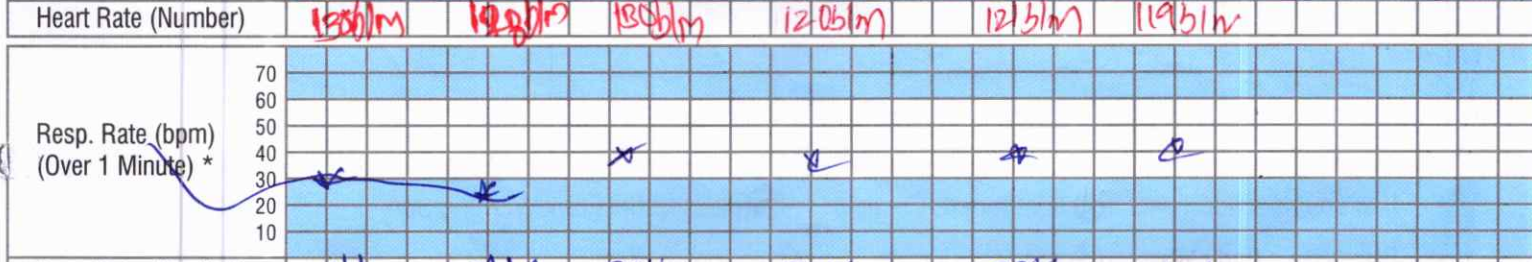
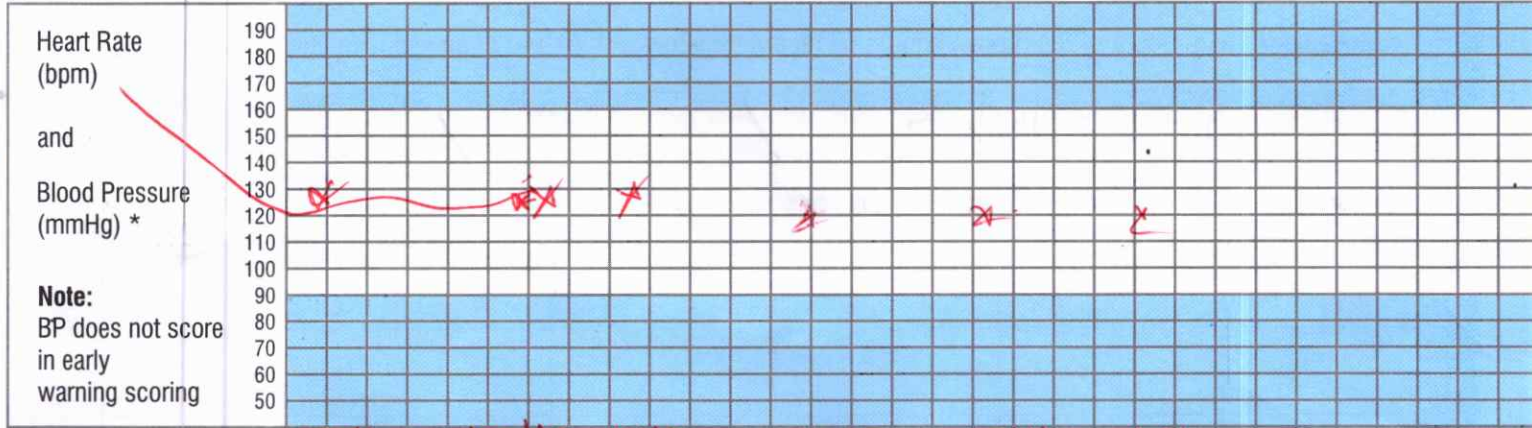
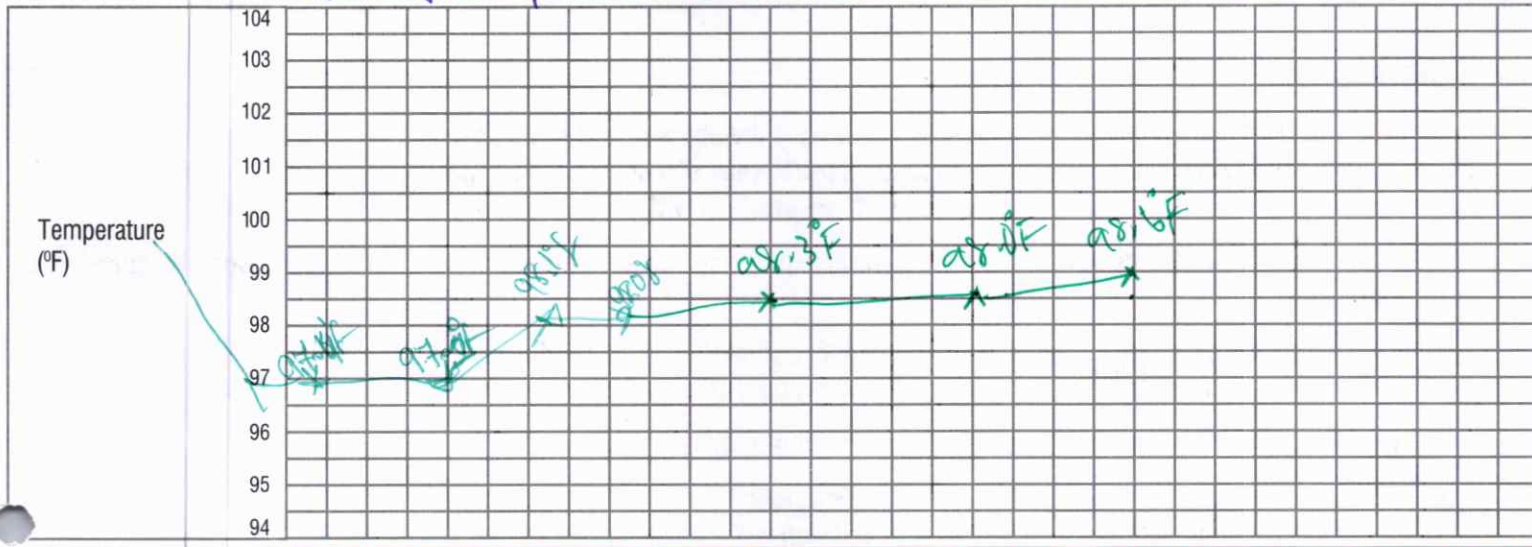
FORM / CLINICAL / 124

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 23/08/2025 Time: 10 AM 12 PM 6 PM 8 PM 10 PM 2 AM 8 AM  
 Doctor/Nurse/Family Concern? AM PM PM



Heart Rate (Number)	135b/m	128b/m	135b/m	120b/m	121b/m	119b/m
Resp Rate (Number)	30b/m	28b/m	38b/m	32b/m	38b/m	32b/m
Resp Mod/ Severe Distress						
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	99%	99%	100%	100%	99%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *						

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<u>AS</u>	<u>AS</u>	<u>AS</u>	<u>AS</u>	<u>AS</u>	<u>AS</u>

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

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

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



**FLUID CHART**

Sheet No. : 01

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/16/20	08:00 am												
	09:00 am												
	10:00 am				ER								
	11:00 am												
	12:00 pm	DNS	milk	20ml									
	01:00 pm	DNS		20ml									
<b>Total Intake :</b>			<b>Total Output :</b>										
4/15/20	02:00 pm			20ml									
	03:00 pm			20ml									
	04:00 pm	DNS		20ml									
	05:00 pm			20ml									
	06:00 pm			20ml									
	07:00 pm			20ml									
<b>Total Intake :</b>			<b>Total Output :</b>									U-2	M-1
4/16/20	08:00 pm			20ml									
	09:00 pm		milk	20ml									
	10:00 pm			20ml									
	11:00 pm	DNS		20ml									
	12:00 am		milk	20ml									
	01:00 am			20ml									
<b>Total Intake :</b>			<b>Total Output :</b>									U-2	M-
5/6/20	02:00 am			20ml									
	03:00 am		milk	20ml									
	04:00 am			20ml									
	05:00 am	DNS		20ml									
	06:00 am			20ml									
	07:00 am		milk	20ml									
<b>Total Intake :</b>			<b>Total Output :</b>									U-2	M-

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# FLUID CHART

UNIQUE NO. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
5/6/26	08:00 am	↑	milk	20ml								
	09:00 am	↑	milk	20ml								
	10:00 am	↓		20ml								
	11:00 am	↓	milk	20ml								
	12:00 pm	↓		20ml								
	01:00 pm	↓		20ml								
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					U-2	B-2
5/6/26	02:00 pm	↓		15ml								
	03:00 pm	↓		15ml								
	04:00 pm	↓		15ml								
	05:00 pm	↓		15ml								
	06:00 pm	↓		15ml								
	07:00 pm	↓		15ml								
<b>Total Intake :</b>						<b>Total Output :</b>					U-	M-
	08:00 pm											
	09:00 pm		milk									
	10:00 pm											
	11:00 pm											
	12:00 am		milk									
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>					U-	M-
6/6	02:00 am	↓		15ml								
	03:00 am	↓		15ml								
	04:00 am	↓		15ml								
	05:00 am	↓										
	06:00 am	↓										
	07:00 am	↓										
<b>Total Intake :</b>						<b>Total Output :</b>					U-	M-

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : ..... (3) .....

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine			
6/6			Mouth	N.G							
	08:00 am							✓		}	
	09:00 am		milk								
	10:00 am		milk		<del>NA</del>	✓	<del>NA</del>		0		
	11:00 am		milk						✓		
	12:00 pm		milk						✓		
01:00 pm								✓			
<b>Total Intake :</b>					<b>Total Output :</b>						
	02:00 pm		milk						✓	}	
	03:00 pm		milk						✓		
	04:00 pm				<del>NA</del>		<del>NA</del>		0		
	05:00 pm					✓			✓		
	06:00 pm		milk						✓		
	07:00 pm							✓	✓		
<b>Total Intake :</b>					<b>Total Output :</b>						
	08:00 pm		milk						✓	}	
	09:00 pm								✓		
	10:00 pm		milk		<del>NA</del>		<del>NA</del>		0		
	11:00 pm								✓		
	12:00 am		milk						✓		
	01:00 am								✓		
<b>Total Intake :</b>					<b>Total Output :</b>						
	02:00 am								✓	}	
	03:00 am		milk						✓		
	04:00 am								✓		
	05:00 am		milk		<del>NA</del>		<del>NA</del>		0		
	06:00 am								✓		
	07:00 am								✓		
<b>Total Intake :</b>					<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>					<b>Total 24 hrs. Output</b>						

Patient Sticker



# FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G.								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--



# NURSING CARE RECORD

Date: 11/08/25

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	→ explain IV fluids → monitor the pt vitals → drugs give as per drug chart.	8Am	→ planned IV fluids. → monitored the pt vitals. → drugs given as per drug chart.	→ Baby is stable now	→ Re assessed the vitals	
	4pm	Assess the Pt. condition monitor vitals Maintain I/O chart. Drug give as per drug chart.	4pm	Assessed the Pt. condition monitored vitals Maintained I/O chart. Drug given as per drug chart.	patient is stable now	Re-checked vitals	Khushboo 
Night	8PM	→ Assess the patient general condition → monitor vitals → Administer medications as per doctor's orders	8PM	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	



# NURSING CARE RECORD

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	- Assess the pt condition - monitor vitals - maintain No chart - medication Give as per doctor order	8am	- Assessed the pt condition - monitor vitals - Maintain No Chart - medication Give as per doctor order	pt is stable	Re checked vitals	Mishra
	2pm		2pm				
Afternoon	2pm	→ Assess the general condition → Maintain No chart → Administer medication → Monitor vitals	2pm	→ Assessed the general condition → Maintained No chart → Administered medication → Monitor vitals	pt is stable	Re-assess vitals	Mishra
	8pm		8pm	→ Monitor vitals			
Night	8pm	Assess the baby Monitor vitals Administer medication maintain No chart	8pm	Assess the baby Monitor the vitals Administer medication maintain No chart	working in shift	Re-assess vitals	Mishra

# NURSING CARE RECORD

Date: 8/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	→ Assess the baby condition. → Monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8Am	→ Assessed the baby condition. → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	Baby is stable now	re checked the vitals	[Signature]
Afternoon	Day						
Night	8pm	Assess the pt. condition - monitor vitals & records - maintain I/O chart - Give medication as prescribed by doctor	8pm	Assessed the pt. condition - monitored vitals & records - maintained I/O chart - Given medication as prescribed by doctor	Patient is stable now	re-checked vitals	[Signature]

Patient Sticker

# NURSING CARE RECORD



Date: .....

**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							
Afternoon							
Night							



**NURSING SHIFT HAND OVER FORM - WARD**

Treating Doctor: Dr. Sindhura Department: \_\_\_\_\_ Date of Admission: 4/6/26

SITUATION	Diagnosis: <u>AFIC dehydration.</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: _____					
	BACKGROUND	Area	4/6/26 MC	4/6/26 Ez	4/6/26 NS	5/6/26 MG	5/6/26 FL	6/6 SAB
BACKGROUND	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	-
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <u>98.6°F</u>	<u>98.6°F</u>	<u>98.3°F</u>	<u>98.6°F</u>	<u>98.4°F</u>	<u>98.3°F</u>	<u>98.3°F</u>
		Res: <u>uobh</u>	<u>40b/m</u>	<u>u2b/m</u>	<u>40b/m</u>	<u>40b/m</u>	<u>40b/m</u>	<u>40b/m</u>
		SpO <sub>2</sub> : <u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>
		Pulse: <u>130b/m</u>	<u>130b/m</u>	<u>135b/m</u>	<u>136b/m</u>	<u>137b/m</u>	<u>137b/m</u>	<u>122</u>
		BP: <u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Others Specify:	<u>milk</u>						
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Special Orders / Medications:	-	-	-	-	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-	-
Handed Over By Name :		<u>mahi</u>	<u>Supriya</u>	<u>sandhya</u>	<u>Supriya</u>	<u>Manu</u>	<u>Manu</u>	<u>Manu</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>4/6/26</u>	<u>4/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>6/6/26</u>
Time:		<u>2pm</u>	<u>8 P m</u>	<u>8am</u>	<u>9am</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>
Taken Over By Name :		<u>Supriya</u>	<u>Sandhya</u>	<u>Supriya</u>	<u>Manu</u>	<u>Manu</u>	<u>Manu</u>	<u>priyanka</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>4/6/26</u>	<u>4/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>5/6/26</u>	<u>6/6/26</u>
Time:		<u>2 P m</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>

to

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## NURSING SHIFT HAND OVER FORM - WARD

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

<b>SITUATION</b>	Diagnosis: <i>ACEI dehydration.</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
<b>BACKGROUND</b>	Area	Shift Time	<i>9/6/26</i>	<i>M</i>	<i>/</i>	<i>/</i>	<i>/</i>
	Medical Condition (Any special condition to be noted):		<i>-</i>				
<b>ASSESSMENT</b>	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp: <i>98.6°F</i>				
			Res: <i>20b/m</i>				
			SpO <sub>2</sub> : <i>98%</i>				
			Pulse: <i>105b/m</i>				
			BP: <i>-</i>				
Fall Risk Score:		<i>-</i>					
Pain Score:		<i>-</i>					
<b>Recommendations</b>	Safety Needs:		<i>Yes</i>				
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:		<i>-</i>				
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:		<i>NA</i>				
Post Operative Procedure Special Orders:		<i>NA</i>					
Handed Over By Name :		<i>Ramya</i>					
Signature :		<i>[Signature]</i>					
Date:		<i>9/6/26</i>					
Time:		<i>8 AM.</i>					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# BRADEN 'Q' SCALE



				Date :	4/6/20	4/6	5/6/20	5/6
				Time :	M	E	M	E
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	9
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	2	4	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	4	4
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	4	4
				<b>TOTAL SCORE</b>	27	25	28	28
				<b>Evaluator's Name</b>	[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

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

# BRADEN 'Q' SCALE

Patient ID

					Date :				
					Time :				
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.					
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.					
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.					
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.					
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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."					
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.					
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.					
					<b>TOTAL SCORE</b>				
					<b>Evaluator's Name</b>				

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

Risk Score	Category	Action	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

## CHECKLIST FOR THROMBOPHLEBITIS

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

**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]*  
 Signature : ..... Name : *[Signature]*

Signature of Ward In Charge :  
 Signature : *[Signature]* Name : *[Signature]*



# DRUG CHART

Date of Admission: 4/6/26 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 : <u>COUN DROPS</u>				Date/Time	Verified by Dr. Dhakshayani
Dose	Route	Frequency	Start Date		
<u>1 ml</u>	<u>PO</u>	<u>SOS</u>	<u>4/6</u>	<u>5:30 PM</u> <u>1:30 AM</u> <u>5:30 PM</u>	
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions: <u>If temp. &gt; 100°F.</u>					
DRUG : <u>CYP. IBAPROFEN</u>				Date/Time	Verified by Dr. Dhakshayani
Dose	Route	Frequency	Start Date		
<u>400</u>	<u>PO</u>	<u>SOS/PRN</u>	<u>4/6</u>		
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions: <u>If temp. &gt; 101°F.</u>					
DRUG : <u>INT. ONDANSETRON</u>				Date/Time	Verified by Dr. Dhakshayani
Dose	Route	Frequency	Start Date		
<u>1.5mg</u>	<u>IV</u>	<u>SOS/PRN</u>	<u>05/06</u>		
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions:					

Signature  
Name



REGULAR PRESCRIPTIONS

Weight: 7.7kgs Ward: .....

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

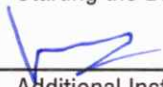

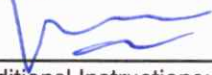
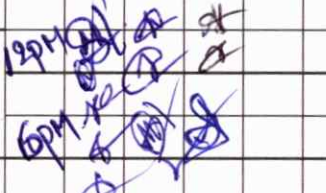

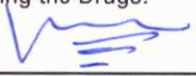
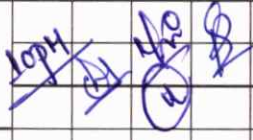

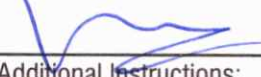

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

DRUG: <u>IV. CEFTRIAXONE</u>				Date/Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>
Dose	Route	Frequency	Start Date					
<u>50mg</u>	<u>IV</u>	<u>Q24H</u>	<u>4/4/25</u>					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:				<u>over 1 hour</u>				
Daily Doctor's Endorsement by a Sign								
DRUG: <u>NASO CLEAR .ND.</u>				Date/Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>
Dose	Route	Frequency	Start Date					
<u>1c</u>	<u>NKAC</u>	<u>Q6H</u>	<u>4/6</u>					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>SP. LEVOGETIRKINE</u>				Date/Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	
Dose	Route	Frequency	Start Date					
<u>5ml</u>	<u>PO</u>	<u>BDHC</u>	<u>4/6</u>					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>MUCOLITE DROPS</u>				Date/Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>
Dose	Route	Frequency	Start Date					
<u>10ml</u>	<u>PO</u>	<u>BD</u>	<u>4/6</u>					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:				<u>AMIBROXOL DROPS</u>				
Daily Doctor's Endorsement by a Sign								

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



**REGULAR PRESCRIPTIONS**

Sheet No: ..... Weight 7.7kg Ward .....

Verified by  
 Dr. Dhakshayani  
 Signature

DRUG :				Date Time
Neb $\epsilon$ 3xM				
Dose	Route	Frequency	Start Dt.	
1 nebul	Neb	6L	4/6	
Name & Signature of the Doctor Starting the Drugs:				
B. Singh				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : NALIVION Mini drug				Date Time
				4/6 5/6/6 7/6
Dose	Route	Frequency	Start Dt.	
1 <sup>st</sup>	oral	BD	4/6	
Name & Signature of the Doctor Starting the Drugs:				
B. Singh				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : ENO. ESMOPRAZOLE				Date Time
				6/6 7/6
Dose	Route	Frequency	Start Dt.	
10mg	IV	OD	05/06	
Name & Signature of the Doctor Starting the Drugs:				
Sindhura				
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				

See the chart

Sheet No: .....

**REGULAR PRESCRIPTIONS**

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


Signature

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





# PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission	Date & Time of Transfer Order
HNH-00010177 IP26-00006495 Baby MISHA ABHIK SANGHVI 23-08-2025 0 Y 9 M 14 D (F) Dr. SINDHURA MUNUKUNTLA 		2/6/26 11:13	Dr. varma,
		Transfer Ordered by	Reason for Transfer
		Dr. varma	Admission
From Unit	To Unit	Information to Attendant	
ER	3/2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant	
15	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Anupam		Dr. varma	
Patient & Clinical Records Received by : Mouli			
Date & Time of Patient Received : @ 1pm, 2/6/26			

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



wt - 7.7



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Sanghvi Age : 9m Gender:  Male  Female

Date : 4/6/26 Time of Arrival : 11:35 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: 100 PR: 141 BP: RR: SpO<sub>2</sub>: 97%

Chief Complaints: cl/ fever since 5 days.

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
--	--	---	---

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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

Abhi  
 Signature of Parent / Guardian  
 Triage Completion Time : 11:37 AM

## Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- 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

- 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: .....
- 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 : Arunpan

Signature of Triage Nurse : [Signature]

Date & Time : 4/6/26 @ 11:40 AM



## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/8/26 Time of arrival : 11:35 Am

Chief Complaints: Fever since 5 days.

Height : ..... Weight : 17.7 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 .....

<p><b>RISK FOR FALL:</b>                  If patient is &lt; 6 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If 'Yes' tick below fall risk intervention directly                  If Patient is &gt; 6 years                  If 'Yes' Assess the below parameters                  History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>• Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b>  <b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
---	---

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 : 11:40 Am .....

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

Time	Nursing Notes
	Assessed the patient condition vital checked

Samples collected by: *[Signature]*  
 Samples sent by: *Sufanda.*

Time: *[Signature]*  
 Time: *11:50 AM*

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: <i>141</i> BP: ..... CFT: ..... RR: <i>34b/m</i> SPO2 at FiO2: <i>99</i> GCS: ..... Temperature: <i>100</i> Pain Score: <i>0</i> Repeat RBS (if applicable): .....	Shift - out from ER to: <i>312</i> Time of Shift - out: <i>12:50 AM</i> Handover given to: <i>Moufati</i> (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse : *A.E*

Signature of the Nurse : *A.E*

Date & Time : *6/6/20*

HNH-00010177 IP26-00006495  
 Baby MISHA ABHIK SANGHVI  
 23-08-2025 0 Y 9 M 12 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: no  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: 3/2

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. vanam

Date & Time: 4/6/26 @ 11:30 AM

Nurse Name & Signature: Ampam

Date & Time: 4/6/26 @ 1:30 AM