317
d.c

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby B.MANOGNYA	**UHID**	HNH-00015803
Father/Guardian	Mr B.SANJEEV KUMAR	**Age/Gender**	7 Y 11 M 18 D/ Female
Address	1-7-513/1/34, pavitra nagar, Mushirabad, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006504	**Admission Date**	04-06-2026
Ref Doctor	Dr Sanjay		
Discharge Date	06.06.2026		

Consultant:
Dr. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736

Co Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS WITH DEHYDRATION	

History: Baby B.MANOGNYA , 7 Y 11 M 18 D , old girl presented with the history of fever since 7 days, vomitings and loose stools since 2 days, decreased oral intake since 2 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 82/min and Respiratory Rate - 22/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of some dehydration were present such as dry lips,dry oral mucosa and sunken eyes were present. On auscultation, air entry was bilaterally equal. 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: 23.6 kilo grams.

Investigations: Enclosed reports

Adenovirus PCR - positive.
GeneXpert FluA+FluB+RSV were sent, which was negative.

C-Reactive Protein of 10.0 mg/l.
Blood culture shows : No growth after 24 hrs of incubation

EBV ANTIBODIES TETRA PANEL
EBNA IGG : REACTIVE.
EBNA IGM : NON REACTIVE
EBV VCA IGM : NON REACTIVE
EBV VCA IGG : REACTIVE.

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 loose stools and vomitings, she was administered probiotics and advised gastrodiet.

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually. 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
Syrup. Crocin

Advice:
* Diet as advised.

Name	Baby B.MANOGNYA	UHID	HNH-00015803
IP No	IP26-00006504	Admission Date	04-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. PANTOP (Pantoprazole - 20 mg)	tablet	7am (before breakfast)	For 3 days
2	PRO GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days

Plan: To collect blood culture and sensitivity report on followup.

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

Review consultation with Dr. SHRUTI SRIRAMPUR on Monday(08.06.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* **Antiemetics** can be taken before food.
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

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.

Name	Baby B.MANOGNYA	**UHID**	HNH-00015803
IP No	IP26-00006504	**Admission Date**	04-06-2026

Parent/ Attender

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

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

Registrar/Resident/C.M.O

Dr. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006504 **Admit Date** : 04-Jun-2026 **Admit Time** : 09:14 PM **UHID** : HNH-00015803

Patient Details :

Patient Name	: Baby B.MANOGNYA	**Age**	: 7 Y 11 M 17 D
Guardian	: Mr B.SANJEEV KUMAR	**DOB**	: 18-06-2018
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-7-513/1/34, pavitra nagar Mushirabad Hyderabad Telangana INDIA 500020	**Phone No**	: 9949892845/ 9849178474
		E-mail	: swetha.basathrive@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr B.SANJEEV KUMAR **Relationship** : Father

Contact Address : 1-7-513/1/34, pavitra nagar Mushirabad Hyderabad Telangana INDIA 500020 **Phone No** : 9949892845

Swetha
Signature

Doctor Details :

Doctor Name : Dr. SHRUTI SRIRAMPUR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Sanjay **Phone No** : 9948325823

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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Dr. SHRUTI SRIRAMPUR

ACTIVITY

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	9:40 PM	ER	W Bed 6 (219)	
5/6/26	12:00 AM	2nd Floor	3rd floor (317)	

Cross Consultation Visit

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

HNH-00015803 IP26-00006504
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INVESTIGATIONS

Date	Investigations	Order No.	Sign
4/6/26	Respiratory panel, FBV, tetra panel	9340	Jyothi
4/6/26	CRP, Blood C/S	9342	

Cross check done by Sr Sandhya
4/6/26

Cross checked done
6/6/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]/06/26	Infusion Pump	10:16pm	@6PM 5/6/26	4287	[signature]

Cross check done

Cross checked done 6/6/26

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IV placement	01	4277	
5/6/26	NHA	(1)	4541	

cross check done by Sr. Sandhya

Unscheduled by doctor

Cross checked done 6/6/26

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

Manogal Bya

Patient Name :

Patient ID# : HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

Consultant :

Final Diagnosis :

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since 7 days.
c/o vomiting since 2 days
c/o loose stools since 2 days
c/o decreased oral intake x 2 days.

History of present illness :

pt was apparently alright ~~7~~ days before. then had fever. on & off type also chills & rigor. moderate to high degree fever.

c/o vomiting since 2 days, loose stools since 2 days
non projetile, non-bilious

c/o decreased oral intake since 2 day

Pediatric Multiorgan History & Physical Examination

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

Nothing significant

Birth & Neonatal History :

NAD.

Birth & Socio Economic History :

About Father : —

About Mother :

Any additional Information :

Developmental History :

Normal.

Immunization History :

Upto date.

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Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 23.6 kg. (Centile _____)

On Examination :

Temperature : 100°F Pulse Rate: 82 Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : 22.

dry oral mucosa
Sunken eyes
dry lips.

Rash (A)

Lymphadenopathy (A)

Oedema : (A).

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : B/L NVBS.

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard.

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, non-tender

Ausculation : No organomegaly.

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00015803 IP26-00006504
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18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

AFB & dehydration

? Enteric fever

_____

Pediatric Multiorgan History & Physical Examination

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Blood C/S - ~~Total~~ sent
EBV Tetra panel
Resp. panel (CS viral)
Extra plain - 2
CVL - done outside
~~Blood~~ cultures.
Noted by Jyothi

Planned Management :

- Inj. CEFTRIAXONE 1gm IV BD
- Inj. ESMOPRAZOLE 2mg IV OD
- Syp. CHOLTAM-D 5ml BD
- Syp. DUCOLAX 5ml BD
Noted by Jyothi

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 10 pm	c/s/o Dr. Shruthi mam.	
	AFI i dehydration	
	(Rt) tonsillopharyngitis - Ulcer.	
	fever (+) i chills (+)	
		- Enhance orally.
	vital stable	
		- ct CEFTRIAXON & Omeprazole.
	S/E	
	(Pt) BL AC-(T) NVBS (+).	- IV fluids (1/2 m).
		→ Monitor vitals (BP, o/p)
		→ CROCIN DS QID syp.
		→ IBUGESIC syp (SOS)
		- Send B/c/s. CRP i Same sample.
	Murali.	- Next prick → CBP plan.
		(or) if fever Not subside by 2 days
		Noted by Shruthi @ 4/6/26 @ 12:00 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/6/26	S/B Dr-Sreejith	Plan
7:35 AM	Δ AFI ↓ dehydration Fever spikes ↓ CVS-S1,S2 ↑ RS-BAE-AE ↑ P/A-Soft Conscious	- cf CEFTRIAXONE - Encourage orally - Trend Dengue NS1 Resp.panel (5 Virus) EBV Tetraplex - cf IV fluids T 98.8°F noted by Sr. Sandhya 5/6/26 7:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/18 9:30 AM	S/D Dr. Paritosh	Plan
	D AFI ↓ dehydration	- IV CEFTRIAXONE
	Temp spikes @	- Throat EBV Tetra panel Adenovirus PCR
	CVS - S1,S2 ↑	Blood C/S
	RS - BL-ACE@	-
	PIA-soft	- Encourage orally
	Conscious	
	Flupanel- urine/throat- Negative	- IV Fluids @ 30 ml/hr
		N/B Sup'n @ 9:30 AM

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18-05-2018 7 Y 11 M 18 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/S/S - Dr. Shruti	
5/6/26		
11 PM	A - APLE dehydration -	
	child irritable.	continue same treatment
	fever +	- F/up Reports.
	O/E	
	Vitals stable	
	Dyspnoea +	
	S/E : O²C - congestion +	
	P/A - Soft NT	
	Rs - Bilateral	
	CNS	
	CVS } WNL	
	RUS	

Dr. Rashmi
for Dr. Shruti S.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Prashanti	
S/6/26	Δ - AFI ~ Dehydration	
3pm	Fever	
	Intermittent irritability.	Plan
	Taking: orally	IV fluids @ 30 ml/hr.
	Urine ✓	Ct - IV Ceftriaxone
	Stool ✓	
	Eye - red.	Ct - IV Esomeprazole
	O/E	Crocin Syp
	Vitals stable	
	S/E O/C congestion +	- F/U/P EBV
		Adeno
	H/A	Blood c/s
	CNS WNL	
	RS	
	CVS	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6 5.00pm	C/S/B3 Dr. Pritesh	
	A F-2 C dehydration	
		Plan
	No fever	
		← Stop IVF
	Vitals - stable	
		← Trace Adeno
	R/S | NAD	EBV
	P/A |	B/Cls
		← Cont cefotriaxone
	U/O/P - Adequate	
		← Monitor vitals
		← Encourage orally
	abbreviations: ⊗ nil	N.B. Mantek 6pm

HNH-00015803 IP26-00006504
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	5/06/2026	S/B Dr. Shruti
	Viral fever (Adenovirus +ve)	
	Fever spikes ↓	
	hydration - better	
	Vitals - Stable	
	Systemic examination - NAD.	
		Adv:
		① Encourage orally
		② Rest c/s
		N/D

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/6- Dr. Sushruth / Dr. Thanvi	
06/06/26 1 AM	Adenoviral Illness	
	Fever spikes + O	
	O/E: Ac-frei Vitals- Stable Hydration- good	
		Adv - Inj Ceftriaxone - Supportive care - Trues Blood CLT Dr. Sushruth

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 9am	M/B Dr. Pediat	
	Adenoviral illness.	
	- No fever spikes	
	- O/E vitals: stable.	
	S/E - (NS)	Plan
		1) Stop antibiotics
		2) Plan discharge today
		• after Shruti ma'am rounds
		3) Monitor vitals.
	S/B Dr. Shanti	
	Viral Fever	
	No fever spikes.	
	Vitals ⇒ Stable	
	Systemic examination - NAD.	
		Adv
		Plan discharge today

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 12pm	c/o/B - Dr. Shruti	
	A - Adenovirous illness	
	No fever	Plan
	Taking daily better	- Discharge
	o/E	↓
	Vitals Stable	- ORS
		- Zinc
	o/E	- Jr LANZOL
	WNL	
		- Pro 6G
		R/w > 1week

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

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DRUG CHART

Date of Admission: 4/6/26 Drug Allergies: NKA ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP CROCIN - DS

Dose	Route	Frequency	Start Date
6ML	PO	SOS T>100°F	4/6/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (240mg/5ml).

Date/Time: 4/6 11:00 PM

Verified by Dr. Dhakshayani

DRUG : SYP IBUGESIC

Dose	Route	Frequency	Start Date
5ML	PO	SOS T>102°F	4/6/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Verified by Dr. Dhakshayani

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

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

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

REGULAR PRESCRIPTIONS

Weight. 23 kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
1 g	IV	BD	4/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prakshath

Additional Instructions: In 50mL NS over 1-2hr.

Daily Doctor's Endorsement by a Sign

Date / Time	4/6	5/6
	10AM	
	10PM	

Verified by Dr. Dhakshayani

DRUG : INJ ESOMOPRAZOLE

Dose	Route	Frequency	Start Date
20 mg	IV	OD	4/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prakshath

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	4/6	5/6	6/6
	6AM		
	10PM		

DRUG : ~~SYP CROCIN DS~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Verified by Dr. Dhakshayani

DRUG : CROSIN DS SYP

Dose	Route	Frequency	Start Date
6 ml	PO.	BID	4/6/-

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (250mg/5ml)

Daily Doctor's Endorsement by a Sign

Date / Time	~~5/6~~	6/6
	12AM	
	~~6AM~~	
	12PM	
	6PM	

Received to Ward

16-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

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

VARIABLE DOSE	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIF : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

I.V. FLUIDS CHART

Weight. 23 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6/26	10pm	1 IV fluid DNS (½ m)	iv	30ml/h	Af		05/06	Sruthi	

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

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKA ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anasha

Date & Time : 4/6/26 @ 9:45 PM

Nurse Name & Signature: Prabhu

Date & Time : 9:45 PM

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

PATIENT TRANSFER FORM

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Baby B.MANOGNYA
18-06-2018 7 Y 11 M 17 D (F)
Dr. SHRUTI SRIRAMPUR

	Date & Time of Admission	Date & Time of Transfer Order
	4/6/26 @ 9:14pm	4/6/26 @ 10pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Anusha	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	ward (219)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		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
Prabir	Dr. Anusha

Patient & Clinical Records Received by : Swetha

Date & Time of Patient Received : 10:10pm @ 4/6/26

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

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

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Baby B.MANOGNYA
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 5/6/26 Time: 11 Am

Weight: 23 kg Centile: 50th

Height: — Centile: —

Inference: Wall Child

RDA: — Calories: 1500 kcal/d Protein: 26 gms/d

Diet Recommendations: Normal Diet & more liquids

Re-Assesment: Avoid Spicy, Chilled & outside foods

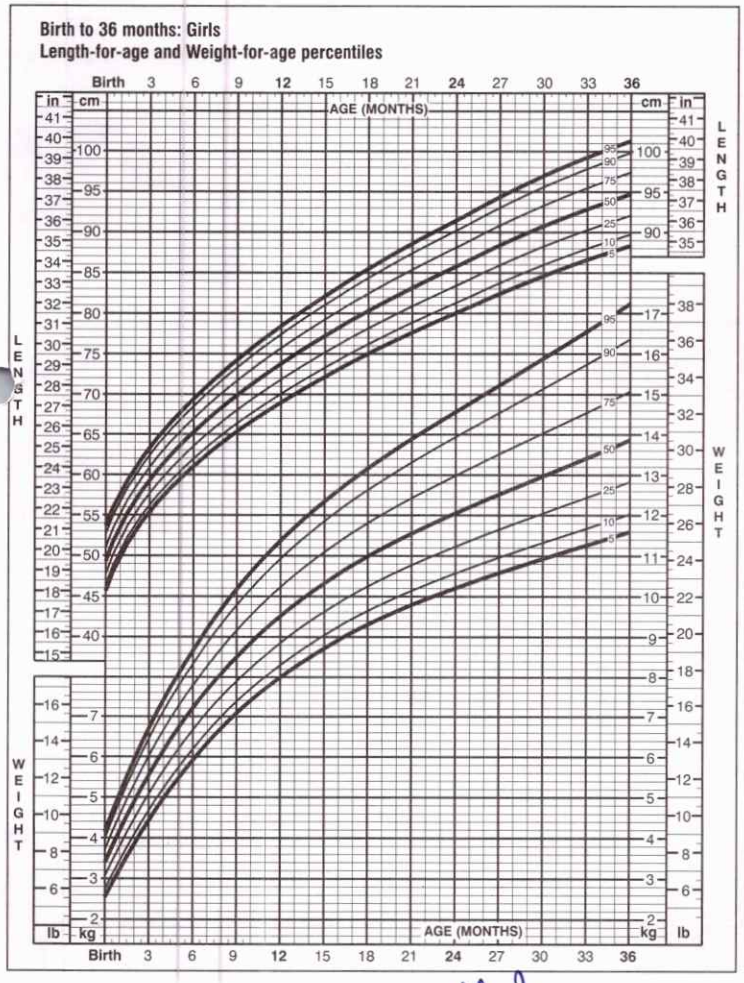
Food Allergies: ND Veg/Non-veg NON-veg

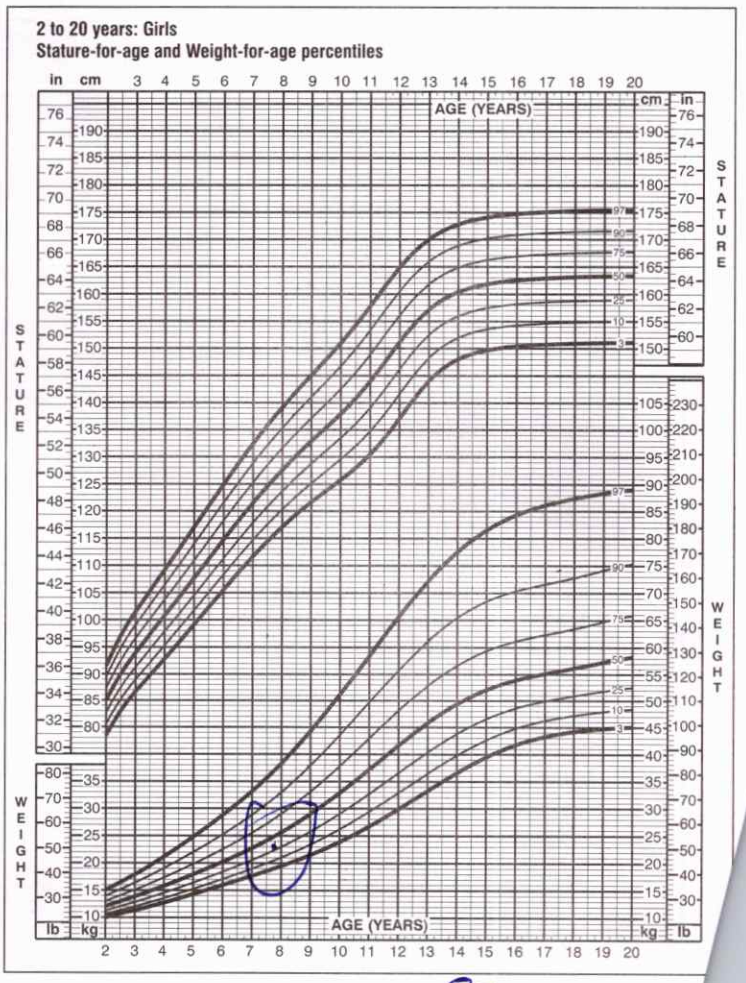
Diagnosis: AFI & Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Swathi

GROWTH CHART (GIRLS)





Dietician's Name Sathwika Dietician's Signature

Docu. No. : RCH /FRM / CLINICAL / 161

(P.T.O.

Daily Notes:

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
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RESULT SHEET

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Date	out side 3/6/26	4/6/26				
Time	(out side)					
Hb	12.7					
PCV	37.0					
RBC	4.6					
WBC	5,000					
N/L	61% / 36%					
Platelets						
CRP	8.8	10				
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	3/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells	3-4					
CUE - RBC Cells	Nil					
CUE						
PH	6.0					
Epithelial cells	1-2					
specific Gravity	1.010					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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Baby B.MANOGNYA
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Dr. SHRUTI SRIRAMPUR

: RCH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/6/26 Time: 11pm 2pm 6am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

100°F Crocin Given 98.5°F 99.2°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

105/74 (98) 100/64 100/70

Heart Rate (Number) 125/bm 100/bm 120/bm

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

70 60 50 40 30 2 1

Resp Rate (Number) 20/bm 22/bm 20/bm

Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O_2 (l/min)				
O_2 Saturations (%)		100%	100%	98%
Conscious Level	Normal			
	Altered			
GCS *		15/15	15/15	0
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials				

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

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

Patient Sticker

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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 B.MANOGNYA
18-06-2018 7 Y 11 M 18 D (F)
Dr. SHRUTI SRIRAMPUR

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/6/26

Time:	10 AM	2 PM	6 PM	10pm	2am	6am
Doctor / Nurse / Family Concern?						
Temperature (F) (scale 94–104)	98.7F	98.6F	98.1F	98.6F	98.5F	98.4F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	108/68 (78)	104/65 (74)	102/62	108/60 (72)	98/56 (70)	100/60 (68)
Heart Rate (Number)	116b/m	114b/m	116b/m	110b/m	108	110
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	20b/m	22b/m	24b/m	23b/m	24	23
Resp Distress: Mod/ Severe; None / Mild						
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	100%	100%	100%	99%	100%
Conscious Level: Normal; Altered						
GCS *					15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

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.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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 B.MANOGNYA
18-06-2018 7 Y 11 M 18 D (F)
Dr. SHRUTI SRIRAMPUR

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: 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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 am									✓		
5/6/26	12:00 am	DNS	-	30ml							0	
	01:00 am	DNS		30ml	– NA –			– NA –			1	
Total Intake :						**Total Output :**						
	02:00 am	DNS		30ml								
	03:00 am	DNS		30ml		✓			✓	✓		
	04:00 am	DNS	Tava	30ml							0	
5/6/26	05:00 am	DNS	+	30ml				– NA –				
	06:00 am	DNS	+H2O	80ml	– NA							
	07:00 am	DNS		30ml						✓	1	
Total Intake :						**Total Output :** U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/6/26	08:00 am	↑	Upma	30ml			✓	✓		✓	1	
	09:00 am	↑	Curd	30ml								
	10:00 am	DNS		30ml	NA				NA	✓	0	
	11:00 am	↓		30ml								
	12:00 pm	↓		30ml								
	01:00 pm	↓		30ml				✓		✓		
Total Intake :						**Total Output :**				U-3	No.1	
5/6/26	02:00 pm	↑		30ml						✓	1	
	03:00 pm	↑		30ml								
	04:00 pm	↑		30ml								
	05:00 pm	DNS		30ml	NA				NA		0	
	06:00 pm	↓		30ml						✓		
	07:00 pm	↓		30ml							1	
Total Intake :						**Total Output :**						
5/6/26	08:00 pm	↑		30ml						✓	1	
	09:00 pm	↑		30ml								
	10:00 pm	↑	RBC	30ml								
	11:00 pm	DNS	+	30ml	NA		No		NA		0	
	12:00 am	↓	+/20	30ml						✓		
	01:00 am	↓		30ml							1	
Total Intake :				IVF Stop @ 9pm		**Total Output :**						
6/6/26	02:00 am	↑		30ml						?	1	
	03:00 am	↑		30ml								
	04:00 am	↑		30ml								
	05:00 am	DNS		30ml	NA		No		NA		0	
	06:00 am	↓		30ml						✓		
	07:00 am	↓		30ml							1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

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
6/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 4/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	12am to 8am	-> Assess the pt condition -> Monitor the vitals -> Maintain I/O chart -> Administer medication as per drug chart	12am to 8am	-> Assessed pt condition -> monitored vitals -> maintained I/O chart -> Administered medication as per drug chart	Patient is stable	Re-checked vitals	Ag

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18-06-2018 7 Y 11 M 18 D (F)
Dr. SHRUTI SRIRAMPUR

Patient S

NURSING CARE RECORD

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Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM | 2PM	- Assess the pt Condition - Monitor vitals - Maintain I/O chart - Medication Given as per drug chart	8AM | 2PM	- Assessed the pt Condition - Monitored vitals - Maintained I/O chart - Medication given as per drug Chart	Pt is Stable	Re checked vitals	monitored
Afternoon	2PM / 8PM	→ Assess the general Condition of pt → Monitor vitals → Maintain I/O chart → Administer medication	2PM / 8PM	→ Assessed the general Condition of pt → Monitored vitals → Maintained I/O chart → Administered medication	Pt is Stable	Re-assess vitals	Monitored
Night	8pm to 8am	=> Asses the pt condition => monitor the vitals => maintain I/O chart => Administer medicati -on as per drug chart	8pm to 8am	=> Assessed pt condition => monitored vitals => maintained I/O chart => Administered medi -cation as per chart	Patient is Stable	Re-Checked vitals	

HNH-00015803 IP26-00006504
Baby B.MANOGNYA
18-06-2018 7 Y 11 M 18 D (F)
Dr. SHRUTI SRIRAMPUR

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI C dehydration

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

Surgery / Procedure:

Post OP Day:

		Date / Shift	4/5/26 N1	5/6/26 M6	5/6/26 E1	5/6/26 N1		
BACKGROUND		Medical Condition (Any special condition to be noted):	—	—	—	—		
		Diet:	—	—	—	—		
ASSESSMENT		Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
		Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	98.8F	98.6F	98.4F	97.3F		
		Res:	23b/m	22b/m	20b/m	22b/m		
		SpO_2:	100%	100%	100%	100%		
		Pulse:	98	96b/m	96b/m	93b/m		
		BP:	105/65	104/64	106/64	100/60		
		LOC:	—	—	—	—		
		Fall Risk Score:	—	—	—	—		
		Pain Score:	"0"	"0"	"0"	"0"		
		Skin Integrity	Good	Good	Good	Good		
Recommendations		Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Physiotherapy:	—	—	—	—		
		Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Special Diet:	—	—	—	—		
	Critical Lab Test / Values:		—	—	—	—		
	Other Special Orders / Medications:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):		—	—	—	—		
Post Operative Procedure Special Orders:			—	—	—	—		
Handed Over By Name :			Anusha	Supriya	Mounika	Anusha		
Signature / ID :								
Date:			5/6/26	5/6/26	5/6/26	6/6/26		
Time:			8AM	2PM	8PM	8AM		
Taken Over By Name :			Supriya	Mounika	Anusha			
Signature / ID :								
Date:			5/6/26	5/6/26	5/6/26			
Time:			8AM	2PM	8PM			

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NURSING SHIFT HAND OVER FORM

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

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CHECKLIST FOR THROMBOPHLEBITIS

4/6/26 5/6/26

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	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				
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				
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				
		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 : .....

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BRADEN 'Q' SCALE

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					Date : 4/6/26	5/6/26	6/6/26	7/6/26
					Time : 10Pm	MC	RR	DN
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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Wt-23.6 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby B. Manognya Age : 7 year **Gender:** ☐ Male ☑ Female

Date : 4/6/26 Time of Arrival : 8:40 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: 100°F PR: 122/m BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: C/O : Fever since 7 day, vomiting since 2 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:42 Pm

Communicable Disease Triage Screening

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

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

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

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Prabin

Signature of Triage Nurse : .....

Date & Time : 4/6/26 @ 8:42 Pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/6/26 Time of arrival : 8:42 PM

Chief Complaints: C/O Fever since 7 days

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

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years ☑ Yes ☐ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** Assess the below parameters
History of Falling: within past 3 months ☐ Yes ☑ No
Ambulatory Aids:
- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:
- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
- ☐ Escort while ambulating
- ☑ Assist Patient
- ☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected
- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected
- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 8:42 PM

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

Time	Nursing Notes
	→ Assessed the Pt condition
	→ Checked the Pt vitals
	→ IV placement Done

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 100/M BP: ..... CFT: 2SEC	Shift - out from ER to: Ward (219)
RR: ..... SPO2 at FiO2: 99%/O	Time of Shift - out: 10pm
GCS: 15/15 Temperature : 99.7°F	Handover given to: Sindy
Pain Score: 0/	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement Done

Name of the Nurse : Probin Signature of the Nurse : .....

Date & Time : 4/6/26 @ 8:42PM