

DISCHARGE SUMMARY

Name	Baby AROOSH OMER	UHID	HNH-00007207
Father/Guardian	Mr OMER FAROOQ	Age/Gender	8 Y 1 M 17 D/ Female
Address	16-2-867/A/20, Saidabad, Hyderabad, Telangana, INDIA, 500059		
IP No	IP26-00006612	Admission Date	19-06-2026
Ref Doctor	Self.		
Discharge Date	22.06.2026		

Consultant:

Dr. ANIKET ANIL PARASHAR

MBBS - MD

TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Baby AROOSH OMER is a 8 Y 1 M 17 D , old girl presented with history of loose stools and multiple episodes of non bilious , non projectile vomiting and fever since 2 days , decreased oral intake prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby AROOSH OMER	UHID	HNH-00007207.
IP No	IP26-00006612	Admission Date	19-06-2026

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 134/min and RR - 24/min. On examination Signs of dehydration were present, dry lips, oral mucosa, decreased urine output, dull looking, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 20.9 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.47, pCO₂ of 23.7 mmHg, pO₂ of 53 mmHg, HCO₃ of 20.3 mmol/L and BE of -6.8 mmol/L.

Initial hemogram showed Hemoglobin of 12.0 gm%, White Blood Cell count of 7280cells/cumm, platelet count of 2.26lakhs/cumm and C-Reactive Protein of 22 mg/l. Complete urine examination was normal.
Blood culture shows: No growth after 48 hrs of incubation

Ultrasound abdomen shows:

- * Few non specific lower mesentery nodes.
- * Mild fecal loading of ascending and descending colon. No obvious pericolic inflammation.
- Suggested clinical correlation.

Management: She was admitted in the ward and started on intra venous fluids and In venous antibiotics . She was treated symptomatically with

Name	Baby AROOSH OMER	UHID	HNH-00007207
IP No	IP26-00006612	Admission Date	19-06-2026

antiemetics, antacids and antipyretics. In view of loose stools and vomitings, she was administered probiotics and advised gastrodiet.

In view of loose stools and pain abdomen USG abdomen was done which showed Mild fecal loading of ascending and descending colon , symptomatic management continued .

In view of frequent fever spikes planned for 5 virus respiratory panel for which parents are not willing .

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:

Injection. Ondansetron
Injection. Ceftriaxone
Injection. Esmoprazole
Pro-GG sachet
Syp. Zinconia
Nasivion P nasal drops
Solspray nasal spray

Advice:

* Diet as advised.

Name	Baby AROOSH OMER	UHID	HNH-00007207
IP No	IP26-00006612	Admission Date	19-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	5 ml	8am - 8pm (after food)	For 3 days.
2	Tablet. LANZOL JR (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 3 days
3	Syrup. ZINCONIA (5ML/20 MG)	5 ml	10am (after food)	For 10 days
4	PRO G-G SACHET	1. SACHET	twice daily	FOR 3 DAYS
5	MUOUT POWDER	mix 2 Scoops in 100 ml of water	10pm (after food)	For 3 months
6	SOLSPRE NASAL SPRAY	2 Puffs	6th hourly	2 days
7	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ANIKET ANIL PARASHAR on Thursday (25.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Name	Baby AROOSH OMER	UHID	HNH-00007207
IP No	IP26-00006612	Admission Date	19-06-2026

Food instructions while taking medications:

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB 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**

Handwritten signature
11/6/26



Registrar/Resident/C.M.O

Name	Baby AROOSH OMER	UHID	HNH-00007207
IP No	IP26-00006612	Admission Date	19-06-2026

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

ACTIVITY

HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR

Name: -----

UHID No: ----- Consultant: ----- Dept: *pediatric*

Date of Admission: *19/6/26* Time: ----- Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>19/6/26</i>	<i>7pm</i>	<i>ER</i>	<i>ward</i>	<i>Bhargava</i>

Cross Consultation Visit

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

Ref.No. F/IN/PR/10




**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

800

Patient Name : _____
HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR

Patient ID# : _____


Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR



Name : _____ Age, _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o vomiting since 2 days.
c/o loose stools since 2 days
c/o fever since 2 days
c/o decreased activity & decreased appetite of
febr.

History of present illness :

Child presented to ER with c/o vomiting
multiple episodes since 2 days after taking food
non projectile / non bilious.

c/o loose stools since 2 days watery in consistency
not blood stained. multiple episodes.

c/o fever since 2 days, high grade, Intermittent.
not accompanied by rash or rigors & chills.

c/o decreased activity & decreased appetite of

c/o decreased urine output.

Pediatric Multiorgan History & Physical Examination

HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR



Anthropometry

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 99.3°F Pulse Rate: 134/min Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : ~~16~~ (n)

Rash _____

Lymphadenopathy _____

Oedema : _____

*sign of dehydration (+)
dry lips, oral mucosa,
sunkun eye, decreased output
dull look*

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : 0/c AC (+)

Any addes sounds : RVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : Side (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection _____

Palpation : Soft, not distended

Ausculation : no organomegaly.

Spine: _____ External Genitelia: _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR



Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutrition : N

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars N

Sensory System :

N

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AGE 2 dehydralim,

Pediatric Multiorgan History & Physical Examination

HNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 15 D (F)
Dr. ANIKET ANIL PARASHAR



Preventive aspects of the treatment :

Prevent hypovolemic shock.

Desired goals of the treatment :

Planned Labs :

CBP,
CRP,
CUE,
VBG,
H/d/s (2 samples)

Extra plain sample
Noted by vijaya

Planned Management :

~~IV fluid DNB @ 60ml/h
(full maintenance)~~
- ORS sachets.
- PROG-9 sachet.
- 1g ONDAM.
- 1mg (sos).
- 1g ESMOPRAZOLE 20mg.
- 1g CEFTRIAXONE.
- IV fluid plasmolyte @ 45ml/h
+ 25% D
100ml
Noted by vijaya

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 19/6/26 Time _____

Dr. Aniket Parashar
Consultant Pediatric Intensivist
Reg. No: 8360

HNH-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/26 8AM	<p>C/S 16. Dr. Subhankar / Dr. Nagesh <u>AGE 2 Dehydration.</u></p>	
	<p>Sw @</p>	
	<p>Vomiting - non vomiting</p>	
	<p>Loose stools - reduced.</p>	
	<p>O/e: ac-jaw</p>	
	<p>vitals: stable</p>	
	<p>Hydration - good</p>	
	<p>S/O: MAD</p>	

Aclo
 ✓ IV fluids
 ✓ Taj Ceftriaxone
 ✓ Supportive care
 ✓ Monitor vitals and
 Tefam SOS
 Subhankar

Noted by Sr. Sandhya
 20/6/26
 @ 8:am

HNH-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 11:30 AM	<p>Ch/b Dr. Aniket Sir</p> <p><u>AGE C DEHYDRATION</u></p>	
	<p>- fever spikes (+)</p>	
	<p>- Nausea (+)</p>	
	<p>- NO vomiting / loose stools.</p>	
	<p>- Took Idrin</p>	
	<p>PE - vitals stable.</p>	
	<p>PE - <u>UNL.</u></p>	<p><u>Plan</u></p>
		<p>- Send <u>SRS panel</u></p>
		<p>- ct. IVF 1/2 M.</p>
	<p>Signs of dehydration (+)</p>	<p>- Trau blood c/s.</p>
		<p>- ct. Ceftriaxone.</p>
		<p>- Rest continue as per Rx chart.</p>
	<p>Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 6508</p>	<p><i>Dr. Aniket P</i></p>
		<p>noted by Sr Sandhya 20/6/26 @ 11:30</p>

MNH-00007207 IP26-00006612

Baby AROOSH OMER

04-09-2018 8 Y 1 M 15 D (F)

Dr. ANIKET ANIL PARASHAR



PREGNANT'S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 2 pm	<u>C/S/B Dx. Pranam</u>	
	<u>Acute Gastroenteritis & Dehydration</u>	
	Fever - 102-2° F @ 12:30p	<u>Plan</u>
	Loose stools - 5/6th	1) Send 5 Virus respiratory panel
	Oral intake - less	2) IVF - 1/2 (M)
	child alert	3) Inj Keftincom
	Vital stable	4) Inj Ondem
	CRT ~ 3secs	5) Inj Esomeprazole
	R-S - B/LAEE ⊕	6) Bia GG
	PIA - soft	7) Zincomin
		8) Crocin - QSM
		9) Monitor Vital
		Zofan 80 S
		<u>Pranam</u>

noted by Dr. Sandhya
20/6/2018
2:00 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	<u>S/B. Dr Aniket</u>	
5.00pm	Δ AGE c Dehydration	
	Fever - 12 pm : 102.2°F	
	Oral intake - fair	
	Loose stools - better	Adv
	o/g GC - fair Vitals stable	Send. 1) Trace - Resp. panel SUIRUSED
	RS: BAE+	2) CT - IVF 1/2 M.
	RA: Soft.	3) im Ceftriaxone
		4) CT Rest.
		5) CT - IVF 1/2 M
		1/2 M
		6) Trace B/C/S
		7) Cr win Q 6 H
		- USA Abdomen & Pelvis
		Dr. Aniket P
		N.B Aniket ebpm

Dr. Aniket Anil Parashar
 Consultant Pediatrician & Intensivist
 Reg. No: 8508



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 21/6/16	<u>c/s/hy</u> <u>Dr Anurag</u> / <u>Dr Singh</u> .	
7:20 AM	Age \bar{c} dehydration.	
	loose stool - \downarrow Intake - better jwu spike \oplus \ominus	
	<u>vital stable</u>	<u>Plan</u>
	<u>PIA</u> soft Not distended.	<u>Plan</u> Resp-panel (Not willing) ^{attender}
		- ct 1/2 M iv fluid.
		- ct CEFTRIAXON
		- Enhance orally.
		- ct rest Mx
		- \oplus B/c/p.
		- Iyorm sos.
		NB Sun 27:3
		M 15:30



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 9:50 AM	<p>c/s/m Dr Anil</p> <p>Age 2 dehydration</p> <p>few lab - 1 AM</p> <p>vital stable</p> <p>Intake - Good</p> <p>pain abate (+) (intubated)</p> <p>loose stool (-)</p> <p>S/E NAD</p>	<p>Plan</p> <p>- ct Antibiotic</p> <p>- Enhan orally</p> <p>- (7) BILs</p> <p>- Plan Repeat panel (4 parent willing)</p> <p>- Monitor vital</p> <p>- Next prick CBP, CRP</p> <p>- 4 joint loose stool (7) ↳ VBG also</p>
	<p>If joint pain abate =></p> <p>↓ %</p> <p>MUOOT plan (H/S)</p>	
	<p>Dr. Anil Parashar Consultant Paediatrician & Intensivist Reg. No: 8568</p>	<p>Dr. Anil P</p>

noted by Dr. Sanchay
 21/6/26
 10:00 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 11:45pm	<p>CSIR Dr. Brauer / Dr. Nazneen</p> <p>Acute Gastroenteritis ± Dehydration</p>	
	<p>- Last feed - 1 AM</p>	<p>Pln</p>
	<p>- Loose stool } Beth Abdominal pain } Beth</p>	<p>1) Cf. Ceftriaxone 2) Pna 44 Zinonix</p>
	<p>Oral intake - improving</p>	<p>3) Syg Escoraprazole By Order</p>
	<p>Child alert Afebrile R-S - B/L AEC ⊕ PLA - Soft</p>	<p>4) Next prick - CBP, CRP If loose stool P&S, VBS also</p>
	<p>Parents not willing for 5 Virus Panel</p>	<p>5) If further Abd pain To add Mucost @ Night</p>
		<p>6) Monitor Vitals</p>
		<p>Brauer</p> <p>noted by sr. sandhya 21/6/26 z.r.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 7AM	S/B <u>Dr. Nameen / Dr. Pramar</u>	
	Acute gastroenteritis c dehydration	
	no fever spikes	Plan
	loose stools - Reduced	① ct ceftriaxone
	Abd pain - better	② ct probiotic and mic
	Chest clear - conducted sounds	③ ct esomeprazole & ondansetron - stop
	oral intake - Improved	④ CRP } CRP } next prick
	Snoring & Mouth Breathing	⑤ Monitor vitals
	occ cough	⑥ D/C after rounds
		⑦ Add NASIVION & SOLSPRE
		<u>Pramar</u>

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 9:15 AM	<u>CXIB Di. Aniket</u> <u>Birth certificate - Dehydrated</u>	
	No fever Loose stool - ↓ Abd pain - better Child asleep Vitals - stable	<u>Ph</u> 1) D/C Today Flup after 3 days. 2) Zyrtec (Total Afx - 7 days) 3) MVOOT - 2 scoop is 1000 W/d X 3 days 4) C. Laryx Pro SQ x 3 days Z B D
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	
		J. Aniket



DRUG CHART

Date of Admission: 19/6/26 Drug Allergies: NPIA 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>ORS - WILCO</u>				Date																
				Time	<u>19/6</u>															
Dose	Route	Frequency	Start Date																	
<u>200 ml</u>	<u>oral</u>	<u>as reqd</u>	<u>19/6/26</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Dr. Archan</u>																				
Additional Instructions:																				
<u>1.4g sachets in 200ml water</u>																				

DRUG : <u>SYP. CROCIIN DS</u>				Date																
				Time																
Dose	Route	Frequency	Start Date																	
<u>6.5ml</u>	<u>PO</u>	<u>Sus/6H</u>	<u>19/06</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sambhark</u>																				
Additional Instructions:																				

DRUG : <u>SYP. IBUACETIC</u>				Date																
				Time	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>													
Dose	Route	Frequency	Start Date																	
<u>6.5ml</u>	<u>PO</u>	<u>Sus/8H</u>	<u>19/06</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sambhark</u>																				
Additional Instructions:																				
<u>(5ml/100mg)</u>																				

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight 20.9 kgs Ward.....

DRUG : <u>Tab. ONDANSETRON</u>				Date Time	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
Dose	Route	Frequency	Start Date																	
<u>4mg</u>	<u>tbl</u>	<u>TID</u>	<u>19/6/26</u>	<u>8am</u>	<u>X</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Archana</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>PRO 99 sachet</u>				Date Time	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
Dose	Route	Frequency	Start Date																	
<u>1 sachet</u>	<u>oral</u>	<u>BD</u>	<u>19/6/26</u>	<u>8am</u>	<u>X</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Archana</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp. ZINCONIA</u>				Date Time	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
Dose	Route	Frequency	Start Date																	
<u>5ml</u>	<u>oral</u>	<u>OD</u>	<u>19/6/26</u>	<u>10pm</u>	<u>X</u>	<u>10pm</u>	<u>10pm</u>	<u>10pm</u>	<u>10pm</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Archana</u>																				
Additional Instructions: <u>(ZINCONIA)</u> <u>(20mg/5ml)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>1g CEFTRIAXONE</u>				Date Time	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
Dose	Route	Frequency	Start Date																	
<u>1g</u>	<u>iv</u>	<u>BD</u>	<u>19/6</u>	<u>8am</u>	<u>X</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Archana</u>																				
Additional Instructions: <u>1gm in 50ml NS over 1 hour.</u>																				
Daily Doctor's Endorsement by a Sign																				

HNH-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR



Sheet No. **REGULAR PRESCRIPTIONS** Weight Ward

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

Signature

BY Name

HNH-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR



MEDICATION RECONCILIATION FORM

Drug Allergies: N911 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						<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. Anusha

Date & Time : 19/6/26 @ 5:10pm

Nurse Name & Signature: Bhargava

Date & Time : 19/6/26 @ 5:15pm

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

17511

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

IH-00007207 IP26-00006612
by AROOSH OMER
-05-2018 8 Y 1 M 15 D (F)
ANIKET ANIL PARASHAR



209 210

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	19/6/26				
Time					
Hb	12.0				
PCV	39.1				
RBC	4.65				
WBC	7.28				
N/L	71.4/19.5				
Platelets	226				
CRP	22				
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					

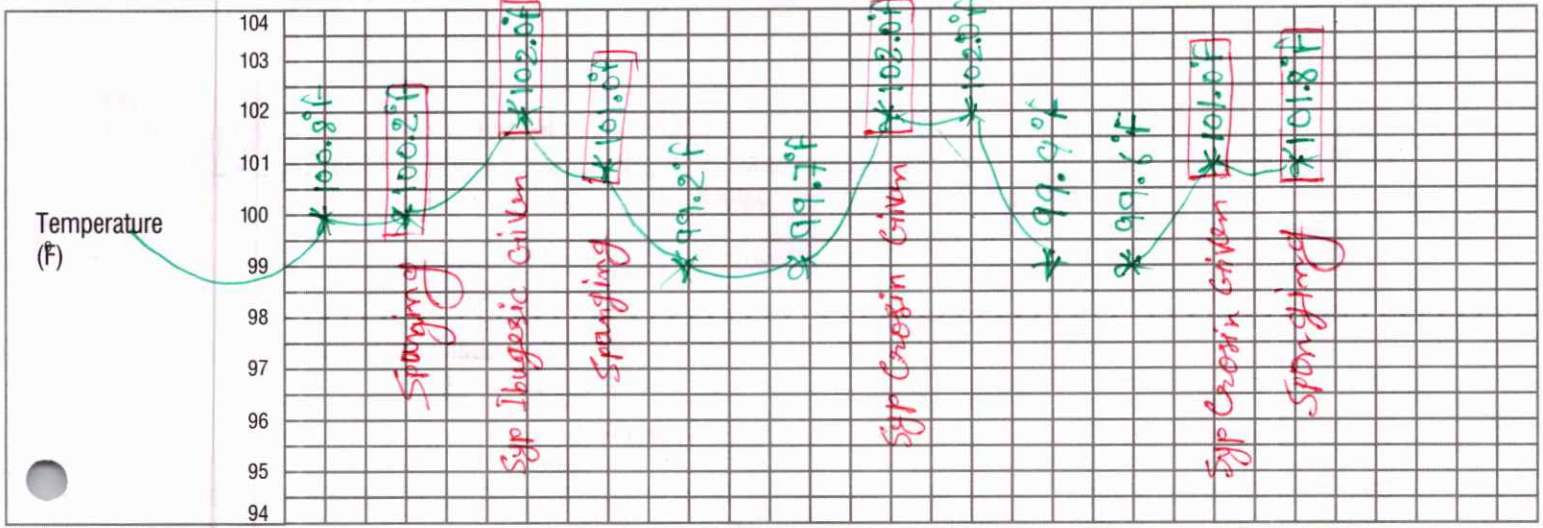
Patient



CLINICAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ... 29/6 ...	Time: 7:11	8	8:20	10	11	12:40	2	3	4	6	7	8:20
Doctor / Nurse / Family Concern?	pro	pro	pro	pro	pro	Am	Am	Am	Am	Am	Am	Am



Heart Rate (bpm) and Blood Pressure (mmHg) *	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	119b/m, 105b/m, 110b/m, 120b/m, 106b/m
Blood Pressure (mmHg)	95/59, 107/62, 102/62, 99/62

Resp Rate (Number)	28b/m, 28b/m, 29b/m, 30b/m, 28b/m
Sp. Rate (bpm) (Over 1 Minute) *	28, 28, 29, 30, 28

Resp Distress	None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	100%, 100%, 100%, 100%, 100%
Conscious Level	Normal / Altered
GCS *	

TOTAL SCORE	
Number of shaded boxes	0, 0, 0, 0, 0
Pain Score	0, 0, 0, 0, 0
Observer's Initials	AB, AB, AB, AB, AB

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 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.

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.

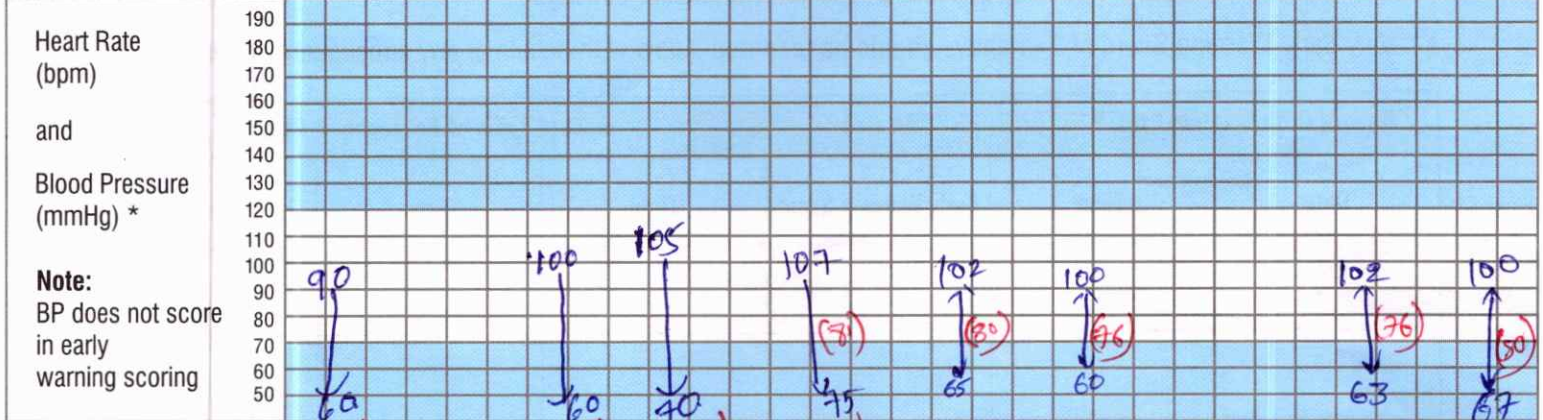
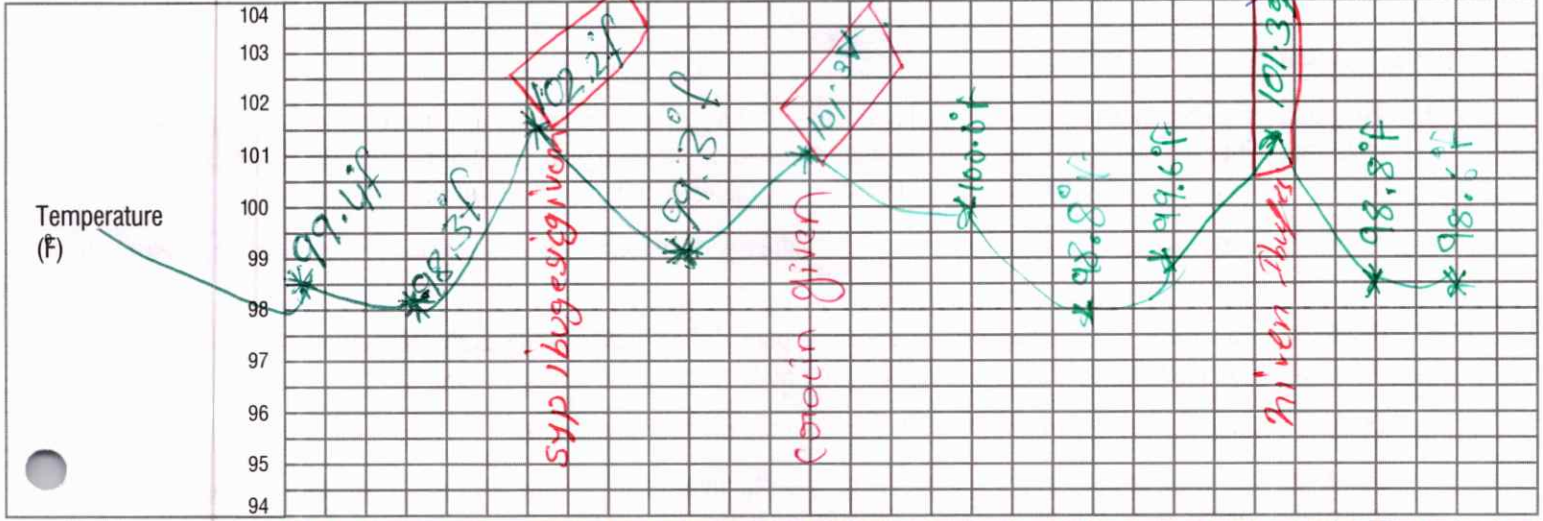
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient

/ CLINICAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/6/26	Time: 9 AM	10 AM	12 PM	1 PM	5:40 PM	8 PM	10 PM	11 PM	1:20 AM	2:30 AM	6 AM
Doctor / Nurse / Family Concern?											



Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	99%	
Conscious Level	Normal / Altered	
GCS *		

TOTAL SCORE									
Number of shaded boxes				0	0	0		0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	AS	AS	AS	AS	AS	AS	AS	AS	AS

- 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 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.

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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

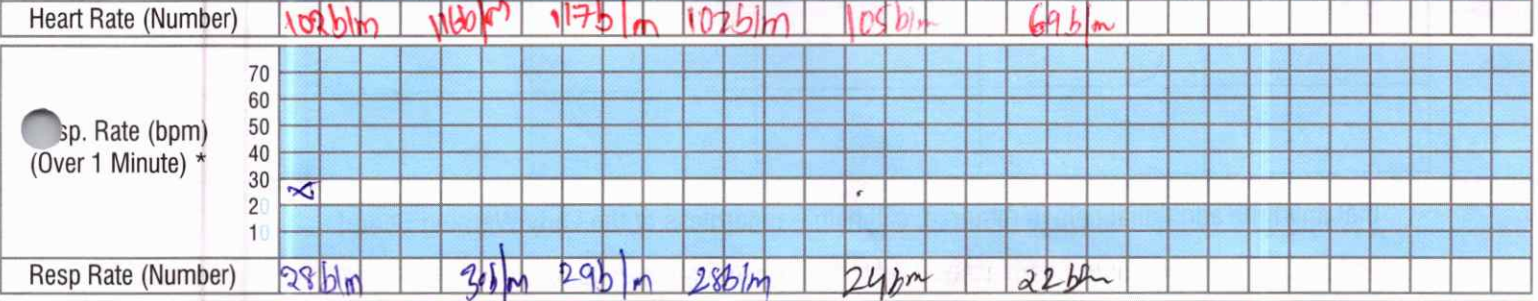
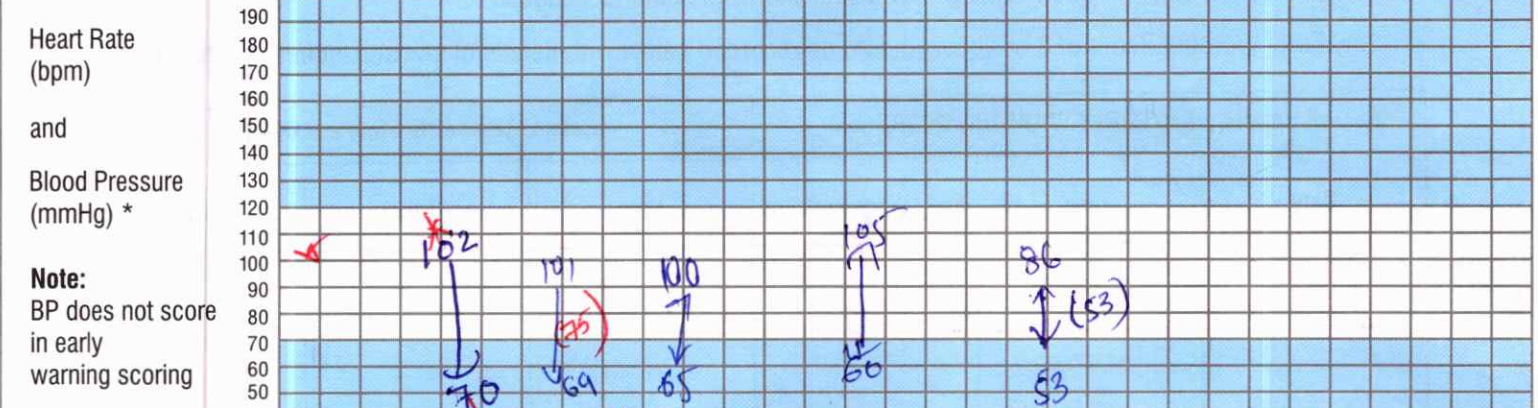
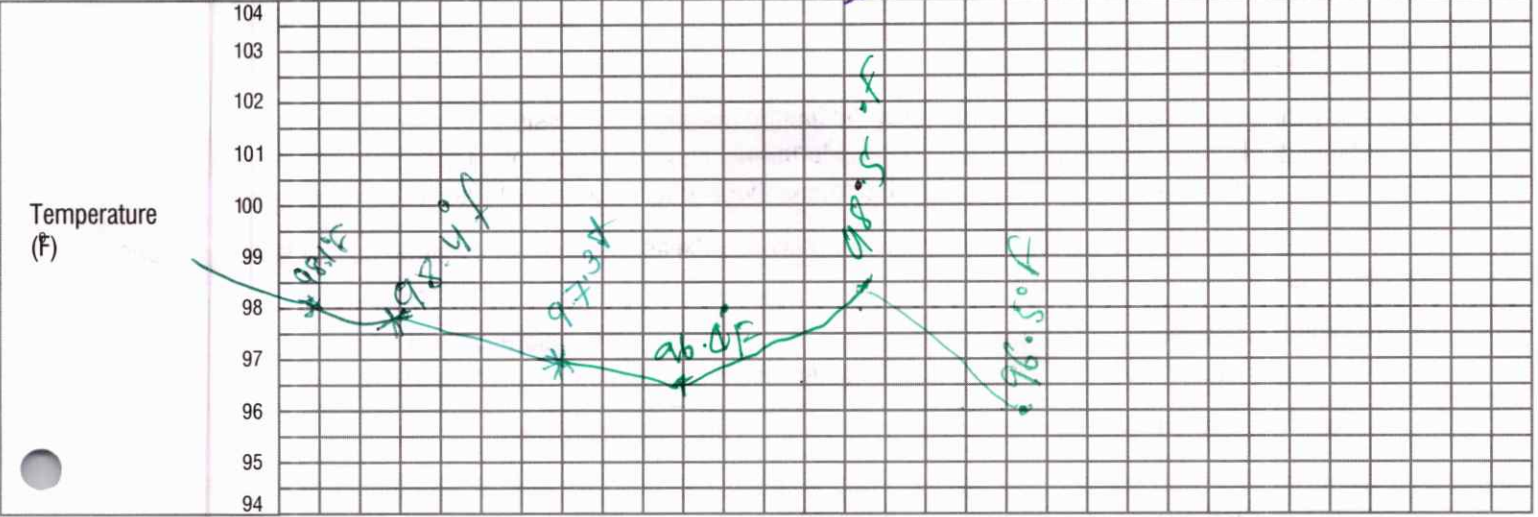
Patient

CLINICAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6/26 Time: 10am 2pm 5pm 10pm 2 Am 6 am

Doctor / Nurse / Family Concern? AN



Resp Distress: Mod/ Severe / None / Mild

Receiving O₂ (l/min): 100% 95% 98% 100% 99% 95%

O₂ Saturations (%): 100% 95% 98% 100% 99% 95%

Conscious Level: Normal / Altered

GCS *: 14r

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

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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. :

- 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			
			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 :							
19/6/20	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	Flucloxacillin										
	06:00 pm	mdytr-25/10										
	07:00 pm			45ml	45ml							
Total Intake :					Total Output :							
	08:00 pm	PlasmaLyte + 25% D		45ml								
	09:00 pm	PlasmaLyte + 25% D		45ml								
	10:00 pm	PlasmaLyte + 25% D		45ml								
	11:00 pm	PlasmaLyte + 25% D		45ml								
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake :					Total Output :							
	02:00 am	PlasmaLyte + 25% D		45ml								
	03:00 am	PlasmaLyte + 25% D		45ml								
	04:00 am	PlasmaLyte + 25% D		45ml								
	05:00 am	PlasmaLyte + 25% D		45ml								
	06:00 am			45ml								
	07:00 am			45ml								
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
20/6	08:00 am	plasma		45ml								
	09:00 am	lyte (100ml) + D10		45ml						✓		
	10:00 am	ml. 100ml		45ml								
	11:00 am			45ml								
	12:00 pm	D (100ml) + H2O		45ml						✓		
	01:00 pm			45ml								
Total Intake :					Total Output : U-2 M--							
20/6	02:00 pm			45ml								
	03:00 pm	plasma	rice	45ml						✓		
	04:00 pm			45ml								
	05:00 pm			45ml								
	06:00 pm		H2O	45ml						✓		
	07:00 pm											
Total Intake :					Total Output : U-2 M-3							
20/6	08:00 pm			30ml								
	09:00 pm		rice	30ml								
	10:00 pm	plasma		30ml						✓		
	11:00 pm	25% D	H2O	30ml								
	12:00 am			30ml								
	01:00 am			30ml								
Total Intake : Taken					Total Output : U-1 M-0							
20/6	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am	plasma		30ml								
	05:00 am			30ml								
	06:00 am	25% D		30ml								
	07:00 am			30ml								
Total Intake : Taken					Total Output : U- M-							
Total 24 hrs. Intake					Total 24 hrs. Output							
					U-5 M-1							

HNM-0007207 IP26-00006612

Baby AROCISH OMER
04-09-2018 8 Y 1 M 16 D (F)

Dr. ANIKET ANIL PARASHAR



FLUID CHART

Sheet 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
21/6			Mouth	I.V	N.G								
	08:00 am												
	09:00 am	0	Bdly						✓	0			
	10:00 am		H ₂ O										
	11:00 am												
	12:00 pm												
		Total Intake : Taken			Total Output : 0-2 ml								
21/6	02:00 pm									0			
	03:00 pm	L								0			
	04:00 pm	0	Rice							0			
	05:00 pm	J	H ₂ O							0			
	06:00 pm	J								0			
	07:00 pm	J								0			
		Total Intake : Taken			Total Output : 0-2 ml								
21/6	08:00 pm									0			
	09:00 pm									0			
	10:00 pm	No	Bdly							0			
	11:00 pm	I.V	H ₂ O							0			
	12:00 am	I								0			
	01:00 am	I								0			
		Total Intake :			Total Output :								
24/6	02:00 am									0			
	03:00 am									0			
	04:00 am	No	H ₂ O							0			
	05:00 am	I.V	H ₂ O							0			
	06:00 am	I								0			
	07:00 am	I								0			
		Total Intake :			Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

INH-00007207 IP26-00006612
 Baby AROOSH OMER
 14-09-2018 8 Y 1 M 17 D (F)
 Dr. ANIKET ANIL PARASHAR



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
<i>22/6</i>	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	
-----------------------------	--



NURSING CARE RECORD

Date: 19/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	<ul style="list-style-type: none"> → Assess the pt condition. → Monitor the vitals. → maintain I/O chart. → plan IVF full maintenance. → drugs give as per drug chart. 	2pm	<ul style="list-style-type: none"> → Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → planned IVF full maintenance. → drugs given as per drug chart. 	→ pt is stable now.	→ Reassessed the vitals	
Night	8pm	<ul style="list-style-type: none"> Assess the pt condition. Monitor vitals & read. maintain I/O chart. Provide the comfortable position. Medication give as per as doctor's. 	8pm	<ul style="list-style-type: none"> Assessed the pt condition. monitored vitals & read. Maintained I/O chart. provided the comfortable position. medication given as per as doctor's. 	→ pt is stable.	→ monitor vitals.	Srkh
	8Am	<ul style="list-style-type: none"> Medication give as per as doctor's. 	8Am	<ul style="list-style-type: none"> medication given as per as doctor's. 	→ vitals normal.	→ maintain I/O chart.	

HNM-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR



NURSING CARE RECORD

Date: 20/6/26

- 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	<ul style="list-style-type: none"> → Assess the patient general condition → monitor vitals → IV fluids plasma-lyte 15ml/hr → Administer medications as per orders. 	8am 2pm	<ul style="list-style-type: none"> → Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders 	Patient is stable.	Rechecked vitals.	
Afternoon	2pm 10 8pm	<ul style="list-style-type: none"> - Assess the patient condition - monitor the v/s - maintain the I/O - Drug as per chart 	2pm 10 8pm	<ul style="list-style-type: none"> - Assess the Pt condition - monitor the v/s - maintain the I/O - Drug as per chart 	- Now patient is stable	- Rechecked the v/s	
Night	8pm 10 8am	<ul style="list-style-type: none"> Assess the Pt condition monitor vitals maintain I/O chart Provide the comfortable position medication given as per as doctor's 	8pm 10 8am	<ul style="list-style-type: none"> Assessed the Pt condition monitored vitals maintained I/O chart Provided the comfortable position medication given as per 	<ul style="list-style-type: none"> → Pt is stable. → vitals normal 	<ul style="list-style-type: none"> → condition is → maintaining I/O chart 	

1NH-0007207 IP26-0006612
 Baby AROOSH OMER
 14-05-2018 8 Y 1 M 17 D (F)
 Dr. ANIKET ANIL PARASHAR



NURSING CARE RECORD

Date: 21/6/26

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 patient general condition → monitor vitals → Administer medications as per doctor's orders	8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	→ Patient is stable → IV fluids stopped	→ Rechecked vitals	
	7pm		5pm				
Afternoon	2pm	→ Assess the pt condition → monitoring vitals checked and recorded	2pm	→ Assessed the pt condition → Administration of medication given as per doctor's orders	→ pt is stable	Re-checked vitals	
	8pm		8pm				
Night	8pm	Assess the pt condition. Monitor vital signs. Maintain Trochanter position. Medication given as per doctor's.	8pm	Assessed the pt condition. Monitored vital signs. Maintained Trochanter position. Medication given as per doctor's.	→ Pt is stable → Vitals normal.	→ Monitor vitals → Maintain Trochanter position.	
	8pm		8pm				

1NH-00007207 IP26-00006612
 Baby AROOSH OMER
 14-05-2018 8 Y 1 M 17 D (F)
 Dr. ANIKET ANIL PARASHAR



Patient

NURSING CARE RECORD

Date: 22/6/26

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

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

00007207 IP26-00006612
 by AROOSH OMER
 05-2018 8 Y 1 M 15 D (F)
 ANIKET ANIL PARASHAR



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AGE</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known						
	Surgery / Procedure:	If Yes Specify:						
BACKGROUND	Date	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26	21/6/26	
	Shift	E	N	Ming	E	N	Ming	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
Diet:	-	-	-	-	-	-		
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	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-	
	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	
	Vital Signs:	Temp:	98.1 F	98.2 F	98.3 F	98.3 F	98.2 F	98.2 F
		Res:	28b/m	28b/m	20b/m	22b/m	20b/m	20b/m
		SpO ₂ :	100%	99%	99%	98%	98%	99%
		Pulse:	129	130b/m	140b/m	142b/m	112b/m	113b/m
		BP:	-	-	-	-	100/61	100/70
		LOC:	-	-	-	-	-	-
		Fall Risk Score:	-	-	-	-	-	-
Pain Score:	0	0	0	-	-	-		
Skin Integrity	Good	Good	Good	Good	Good	Good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
DVT Prophylaxis:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	-	-	-	-	-	-		
Post Operative Procedure Special Orders:								
Handed Over By Name :		Srinandan	Sneha	Sandhya	Amrutha	Srin	Sandhya	
Signature / ID :		(S)	(S)	(S)	(A)	(S)	(S)	
Date:		19/6/26	20/6	20/6/26	20/6/26	21/6	21/6/26	
Time:		8pm	8am	2pm	8pm	8am	2pm	
Taken Over By Name :		Sneha	Sandhya	Amrutha	Srin	Sandhya	Amrutha	
Signature / ID :		(S)	(S)	(A)	(S)	(S)	(A)	
Date:		19/6	20/6/26	20/6/26	20/6	21/6/26	21/6	
Time:		8pm	8am	2pm	8pm	8am	2pm	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>ABE</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<u>21/6</u>	<u>22/6</u>					
	Shift	<u>R2</u>	<u>N1</u>					
	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>					
	Diet:	<u>-</u>	<u>-</u>					
ASSESSMENT	Allergy:	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>-</u>	<u>-</u>					
	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 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:	<u>98.5</u>	<u>98.2</u>				
		Res:	<u>28 b/m</u>	<u>28 b/m</u>				
		SpO ₂ :	<u>100%</u>	<u>99%</u>				
		Pulse:	<u>106 b/m</u>	<u>102 b/m</u>				
		BP:	<u>102/61</u>	<u>104/62</u>				
		LOC:	<u>-</u>	<u>-</u>				
	Fall Risk Score:	<u>-</u>	<u>-</u>					
Pain Score:	<u>-</u>	<u>-</u>						
Skin Integrity	<u>-</u>	<u>-</u>						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
	Special Diet:	<u>-</u>	<u>-</u>					
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
ADL (Dependent / Non Dependent):	<u>NA</u>	<u>-</u>						
Post Operative Procedure Special Orders:		<u>NA</u>	<u>-</u>					
Handed Over By Name :		<u>Amrutha</u>	<u>Sun</u>					
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>					
Date:		<u>21/6</u>	<u>22/6</u>					
Time:		<u>8pm</u>	<u>8Am</u>					
Taken Over By Name :		<u>Sneha</u>						
Signature / ID :		<u>[Signature]</u>						
Date:		<u>21/6</u>						
Time:		<u>8pm</u>						

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6 DAY-1			20/6 DAY-2			21/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		-	0	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	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	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	NA	NA	NA	NA	NA	NA	NA	
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		-	NA	NA	NA	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 :  Name : 

Signature of Ward In Charge :  Name : 

0
0
0
0
0
0
0
0
0
0

11



H-00007207 IP26-00006612
 by AROOSH OMER
 09-2018 8 Y 1 M 15 D (F)
 ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE



					Date :	19/08/22	19/5/20	20/6/26		
					Time :	6	11	11:30	12	12
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	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.		3	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		3	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.		3	4	4	4	4
FRICION-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."		3	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	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.		3	4	4	4	4
TOTAL SCORE						25	27	27	27	27
Evaluator's Name						[Signature]	[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	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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

BRADEN 'Q' SCALE

MNH-00007207 IP26-00006612
Baby AROOSH OMER
04-05-2018 8 Y 1 M 16 D (F)
Dr. ANIKET ANIL PARASHAR



Date: 20/6/21/6/26 216
Time: N/A avg 21

Mobility	ile:	2. Very limited:	3. Slightly limited:	4. No limitations:			
Does not make even slight changes in body or extremity position without assistance.		Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	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.	3	3	3
Sensory Perception	1. Completely limited : Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	2. Very limited : responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited : Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment : Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
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
FRICITION-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
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
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
TOTAL SCORE					24	21	28
Evaluator's Name					Sur	8	Ⓟ

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



PAIN ASSESSMENT FORM

Date	Time	Pain score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6/20	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
19/6	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6/20	10 am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6/20	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6/20	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20/6	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
21/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
21/6	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	

Re-assessment Frequency:

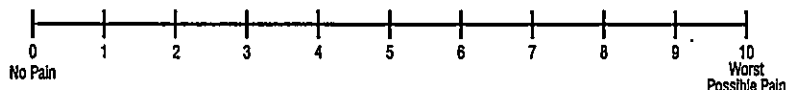
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



1NH-00007207 IP26-00006612
 Baby AROOSH OMER 8 Y 1 M 17 D (F)
 14-05-2018
 Dr. ANIKET ANIL PARASHAR

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	DL
21/6/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	PA
21/6	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	E
22/6	2AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	EA
22/6	8AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	EA
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

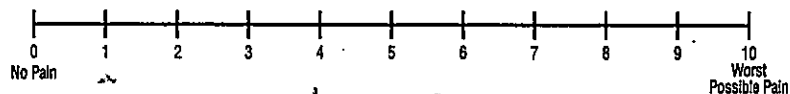
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)




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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years

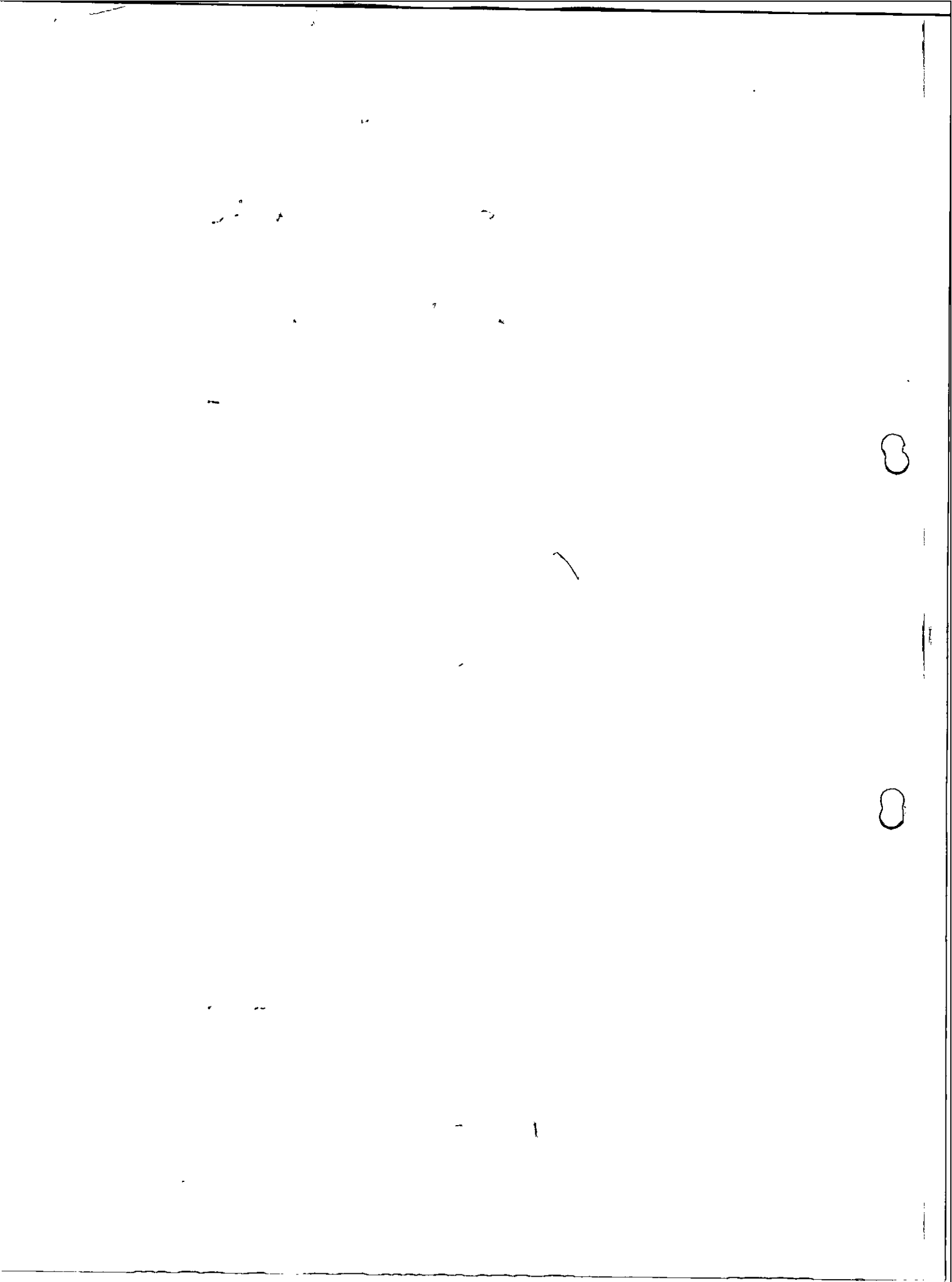


PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00007207 IP26-00006612 Baby AROOSH OMER 04-05-2018 8 Y 1 M 15 D (F) Dr. ANIKET ANIL PARASHAR 		Date & Time of Admission 19/6/26 @ 6:11pm	Date & Time of Transfer Order 19/6/26 @ 7pm
		Transfer Ordered by Dr. Anusha	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 251-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant 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 type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Bhargava		Name of Person Ordered Transfer Dr. Anusha	
Patient & Clinical Records Received by : Suranda			
Date & Time of Patient Received : 19/6/26 @ 7:20pm.			

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





11M

209

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/6/26 Time: 6:40pm

Weight: 20.93kg Centile: 10th

Height: Centile:

Inference: underweight child

RDA: Calories: 1550kcal/d Protein: 27gms/d

Diet Recommendations: Gastro Diet: can have:- aese(wHO), coconut water, sagowater + rice

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

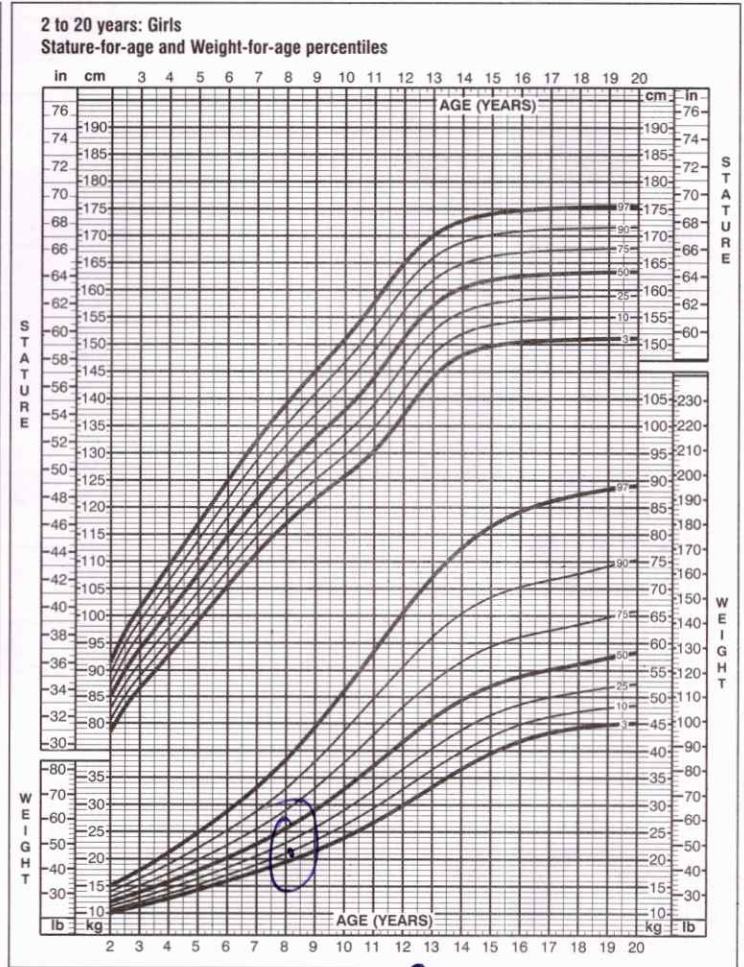
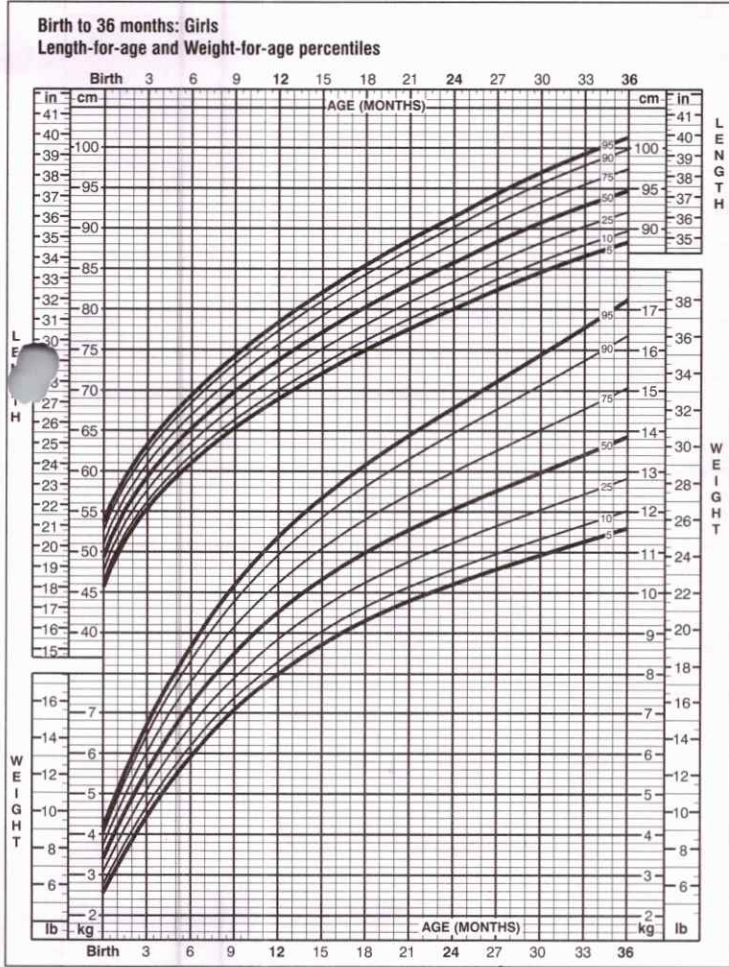
Food Allergies: NO Veg/Non-veg: NON-veg

Diagnosis: AGE with dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]

wt - 20.93 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Arroosh omer Age : 8 yr Gender: Male Female

Date : 19/6/26 Time of Arrival : 4:50pm

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: 99.3°F PR: 100b/m BP: RR: SpO₂: 97%

Chief Complaints: cl. stomach pain, since 3 days fever since 2 days loose stools 5 times

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <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		INITIAL PHYSIOLOGICAL STATUS <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.

Signature of Parent / Guardian

Triage Completion Time :

Communicable Disease Triage Screening

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

- 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 : Bhargava

Signature of Triage Nurse : (B)

Date & Time : 19/6/26 @ 4:52pm

207





NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 19/6/26 Time of arrival: 11:50pm
 Chief Complaints: clo. fever, stomach pain, loose stools since 2 days RBS:

Height: Weight 20.93kg BMI: Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character Location Frequency Duration

RISK FOR FALL:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

- Bedrest / immobile Yes No
- Weak Yes No
- Impaired Yes No

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse: 11:55pm

MNH-00007207 IP26-00006612
 Baby AROOSH OMER
 04-05-2018 8 Y 1 M 15 D (F)
 Dr. ANIKET ANIL PARASHAR

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

Time	Nursing Notes
4:56pm	Assess the pt condition monitor the vitals

Samples collected by:

Bhargava

Time:

Samples sent by:

Time:

6:30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:52pm 19/6/26	Coocin syp	oral	bml	Dr. Anishu	

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>100b/m</i> BP: CFT: RR: <i>36b/m</i> SPO ₂ : <i>97%</i> GCS: Temperature: <i>99.3°F</i> Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: <i>ward</i> Time of Shift - out: <i>7pm</i> Handover given to: <i>Sunanda</i> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse: *Bhargava* Signature of the Nurse: *(B)*

Date & Time: *19/6/26 @ 4:58pm*