2/9 D-C

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DISCHARGE SUMMARY

Name	Master BODDU ANANTH YADAV	**UHID**	HNH-00014014
Father/Guardian	Mr B.SAIKUMAR	**Age/Gender**	1 Y 3 M 12 D/ Male
Address	1-93,nalgonda, Miralaguda, Nalgonda, Telangana, INDIA, 508207		
IP No	IP26-00006598	**Admission Date**	16-06-2026
Ref Doctor	Self.		
Discharge Date	18.06.2026		

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

DIAGNOSIS	ICD CODE
WHEEZE ASSOCIATED LOWER RESPIRATORY TRACT INFECTION WITH RESPIRATORY DISTRESS	

History: Master BODDU ANANTH YADAV, 1 Y 3 M 12 D , old boy presented with history of cough and cold associated with fever since 1 day, fast breathing since evening, dull activity and decreased oral intake, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart

Name	Master BODDU ANANTH YADAV	UHID	HNH-00014014
IP No	IP26-00006598	Admission Date	16-06-2026

rate was 146/min and Respiratory Rate - 50/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress was present in the form of tachypnea, subcostal retractions. On examination signs of dehydration were present such as dry oral mucosa, dry lips, decreased urine output, dull look were present. On auscultation, air entry was bilaterally equal with bilateral wheeze & crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 9.6 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.
Adenovirus PCR was not detected.
S.IGE 30.9 IU/ml

VBG showed pH of 7.27, pCO2 of 38.5 mmHg, pO2 of 41 mmHg, HCO3 of 17.6 mmol/L and BE of -9.4 mmol/L.

Initial hemogram showed Hemoglobin of 9.9 gm%, White Blood Cell count of 13710 cells/cumm, platelet count of 4.44 lakhs/cumm and C-Reactive Protein of 13.0 mg/l. Complete urine examination shows: Pus cells - 4-6, epithelial cells - 1-2.

Management: He was admitted in the HDU and was started on oxygen by nasal prongs by at 2L/min, intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of chest

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signs, he was frequently nebulised with Levolin and Budecort. In view of persistent severe wheeze injection. Magnesium sulphate stat dose was given. Later methyl prednisolone was started. Serum IgE was done which was normal.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. His fever spikes and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support tapered and stopped. Child maintaining saturations on room air.

Later his nebulization frequency was gradually reduced as his distress subsided.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Augmentin
Injection. Methylprednisolone
Nebulisation Levolin
Nebulisation Budecort
Nexpro sachet
Syrup. Xyzal
Mucolite Drops

Advice:

Name	Master BODDU ANANTH YADAV	**UHID**	HNH-00014014
IP No	IP26-00006598	**Admission Date**	16-06-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DDS (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	2.5 ml	8am-8pm (after food)	For 5 days
2	Nexpro junior 10 mg sachet	1 sachet	7am (before breakfast)	For 2 days
3	Syrup. OMNACORTIL FORTE (PREDNISOLONE - 5ml/15mg)	3.5ml	8am- 8pm (after food)	For 2 days
4	Syrup. XYZAL (Cetrizine 2.5mg, 5ml)	2.5ML	10 pm (BEDTIME)	For 2 days.
5	MDI with Levolin (1 PUFF-50MCG)	2 puffs	4th hourly	For 1 days
	MDI with Levolin (1 PUFF-50MCG)	2 puffs	6th hourly	For 2 days
	MDI with Levolin (1 PUFF-50MCG)	2 puffs	8th hourly	For 2 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Master BODDU ANANTH YADAV	**UHID**	HNH-00014014
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Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

Review consultation with Dr. ANIKET ANIL PARASHAR on Saturday (20.06.26) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.
* **Analgesics** without food/empty stomach can cause gastrointestinal irritation, frequent use of these drugs lowers the absorption of folate and Vit-C. **Analgesics** can be taken with food & recommonded diet to be followed.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. If not tolerated, take after food & recommonded diet to be followed.

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

Name	Master BODDU ANANTH YADAV	**UHID**	HNH-00014014
IP No	IP26-00006598	**Admission Date**	16-06-2026

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 **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**

Rainbow Children's Medicare Ltd. * Himayathnagar 500029 * Hyderabad

Registrar/Resident/C.M.O

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006598 **Admit Date** : 16-Jun-2026 **Admit Time** : 03:32 PM **UHID** : HNH-00014014

Patient Details :

Patient Name	: Master BODDU ANANTH YADAV	**Age**	: 1 Y 3 M 11 D
Guardian	: Mr B.SAIKUMAR	**DOB**	: 05-03-2025 03:34 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-93,nalgonda Miralaguda Nalgonda Telangana INDIA 508207	**Phone No**	: 9542441910/ 8688475401
		E-mail	: sbank0343@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr B.SAIKUMAR **Relationship** : Father

Contact Address : 1-93,nalgonda Miralaguda Nalgonda Telangana INDIA 508207 **Phone No** : 9542441910 / 8688475401

Signature

Doctor Details :

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

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 5000.00

Payor Name : ICICI ICICI LOMBARD GENERAL INSURANCE

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ACTIVITY RECORD FOR BILLING

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Name: ----------

UHID No ---------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	4:40PM	ER	HDU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/6/26	CBP. CRP	9911	
	Respiratory panel		
	VBG	9912	
	Sr. IUE	9915	
	Cross checked done by Amrutha 16/6/26 @1Am		

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Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/6/26	oxygen	5:pm	17/6/26 10:am	7068	sandhya
		Cross checked done by			
				Amrutha	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/6/26	IV Placement	C	7015	
16/6/26 (4PM)	NHA	C	7101	
		Cross	checked	done by
			Amrutha.	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Ananth yadav.

Patient ID# : HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fough & cold since 1 day.
c/o fever since yesterday.
c/o fast breathing since yesterday Evening.
c/o decreased activity & decreased oral intake.

History of present illness :

- child presented with c/o cough & cold since 1 day, progressive in nature, a/w nasal discharge, wet cough.
a/w fast breathing & chest indrawing since yesterday Evening.

- c/o fast breathing since Evening (yesterday)

- c/o fever since yesterday Evening, low grade intermittent.

- c/o dull look & decreased oral intake.

Pediatric Multiorgan History & Physical Examination

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Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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

—

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother : Not Significant.

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Uptodate.

Anthropometry

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

Weight (kgs) 9.6 kg . (Centile _____)

On Examination :

Temperature : Afebrile. Pulse Rate: 146/min . Description _____

B.P. _____ SPO2 98%. at _____

Resp. rate and type of breathing : RR 50/min.

SCR (+) . tachypnea (+)

Rash _____

Lymphadenopathy Sign of dehydration (+) .

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : tachypn (+) SCR (+).

Air entry & breath sounds : Bl AE (+)

Any addes sounds : B/L Crepts (Basal)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No.

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

Per Abdomen :

Inspection _____

Palpation : Soft / Not distended

Ausculation : No organomyaly.

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

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Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
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 :

- LRTI ē dehydration. ē Respiratory distress.
? WALRI.

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent Respirat failure.

Desired goals of the treatment :

Planned Labs :

[HDU]

CBP
CRP.
CUE (POE)
VBG
Resp. panel (5 virus)
1 Extra sample.
Sr. IgE
[CXR - done] OP Basic

NB Jyoti

Planned Management :

- O2 support c Nasal prongs. 2 lit/min.
- NEB c Levolin Q2hly. (0.31mg)
- NEB c BUDECORT 0.5mg BD.
- Inj MgSO4 stat
- IPRAVENT Q6hly NEB.
- Inj Methyl prednisolo 10mg iv BD. (2mg/kg)
- [RR, spo2] Monitoring.

NB Jyoti

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 Dr. Aniket P on whose name the patient is being referred

Doctor's Signature Name [signature] Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No. 8308 Date 16/6/26 Time

PATIENT TRANSFER FORM

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HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	16/6/26 @ 3:32pm	16/6/26 @
	Transfer Ordered by: Dr. Anusha	Reason for Transfer: Admission
From Unit: ER	To Unit: HDU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (20)	Number of Imaging Films: VBG	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Babi	Dr. Anusha

Patient & Clinical Records Received by : Sr. Sandhya

Date & Time of Patient Received : 16/6/26 @ 5pm

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

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~16/6/26 6:30PM~~	~~C/S/B~~ ~~WALR1 C RD~~	
	C/S/b Dr. Sindhura	
	WALR1 C RD.	
	c/o, Comfortable.	
	O/E-	Plan
	SpO2 - 98% on RA.	① Add Amoxyclav.
	S/E - Lc - BAE(+), B/L crepts (+).	② Ct. Nebs ↓ Levolin → Q3H.
	CVS, CNS, P/A } NAD.	③ Ct. IV Hetrcyl/pred.
		④ Trace Resp. panel, IgE.
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
		[signature]
		noted by Sr. [illegible] 16/6/26 7:2

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 7AM	C/c/b Dr. Varun / Dr. Nagaveen	
	Dx - WALRI c RD.	
	- Afebrile since admission.	
	- Oral intake - fair.	
TLC - 13.7k		
CRP - 13	- Maintaining sat. @ 2L of O2.	
IgE - 30		
~~CRP~~ - Resp. panel - ve.	- No ↑sed WOB.	
	P/E - HR - 100/min.	Plan
	RR - 28/min.	- Trace resp.
	SpO2 - 99% on 2L.	panel.
		- Ct. Amoxyclav.
	S/E - R/S - BAE ⊕ DB/L	- Ct. Levolin Q3H.
	crepts ⊕.	Ipravent Q6H.
		Budecort Q12H.
		- Ct. Methylpred. BD.
		~~Ex~~
		N.B. Amoxicillin c 7AM
		[signature]

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

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 11:30AM	S/B Dr. Aniketh	Plan
	DWAIR I c̄ RD	- CF AMOXYCLAV
		- CF Neb c̄ Levolin 3rd hly
	CVS - S1 S2 ⊕	c̄ Ipravent 6th h
	RS - BL - ACE ⊕	
	BL - wheeze ⊕	- CF Methyl Prednisolone
		-
	P/A - soft	- Monitor RR/SpO2
	conscious.	
	Tachypnea ⊕	Dr. Aniket Anil Parashar Consultant Paediatrician & Intensivist Reg. No: 8568
		Dr. Aniketh
		noted by Sr. Sunithya 17/6/26 11:30

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Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6 2:00pm.	CSIB Dr. Naipuya	
	WALRI & RD.	
	on room Air.	Plan:
	Oral intake - fair.	- Cont Amoxiclav.
	RIS - B/L AE (+). B/L Wheeze (+)	- Cont Neb Levolin O_3 H Neb Budecort O_6 1+
	P/A - Soft, NT	- Cont Methylpred.
		- Monitor RR, SpO_2
		Oxy.
		N/B bupriya

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Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6 5:00pm	C/S/B Dr. Aniket	
	WALRI c̄ RD	
	on room Air.	Plan
	oral intake – fair.	
		Cont Amoxiclav
	R/S – B/L AE (+)	
	B/L wheeze (↓)	– Neb levalin 8th H
		Ipravent 6th H
	P/A – Soft, NT	– Con Methylpred
		– Monitor RR, SpO2
		NB Sph @ 5pm
		Dr. Aniket
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 8 AM.	C/B Dr Prabhath / Dr Anusha.	
	◁ WALKI C RD.	
	on RA.	
	SpO_2 = 100%.	Adv
	Oral intake – Good.	
	RR = 34/min.	CT. Amoxyclav
	Chest: B/L wheeze +	Neb Levolin Q 4H
No distress.		Ipratropium Q6H
	PA soft.	
		CT. Methylpred.
		Monitor RR, spo2.
		Stop Ipravent after 24 hours.
		N.B Amoxyth @8AM.

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26, 10:10 AM	S/B Dr. Aniketh	
		Plan
	D WARD I	ERD
	Tachypnea ✓	- AMOXYCLAV x 5 days
	CVS - S1S2 (+)	- MDI c ~~Budecort~~ Levolin
	RS - B/L AE (+)	50 mcg 2 puff
		4th hrly x 1 day
	PA - soft	6th h x 2 days
	Conscious	8th h x 1 day
		↓
		- MDI c Budecort
		on followup.
		- Methyl prednisolone x 2 days
		- NEXPRO junior x 2 days
		- Review on Saturday
		for Dr Aniketh

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00014014 IP26-00006598
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: HDU

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anuche

Date & Time : 16/6/26 @ 3:20 PM

Nurse Name & Signature: Prabin

Date & Time : 16/6/26 @ 3:20 PM

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2026 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 16/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical narnes, 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 : CROSIN DS SYP				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS	16/6	
Doctor's Signature		Valid Period	Pharm.	
AP				
Additional Instructions: (240mg/5ml)				

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

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

Verified by Dr. Dhakshayani

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

REGULAR PRESCRIPTIONS

Weight. 9.6kg Ward. .....

DRUG : NEB ē Ipravent

Dose	Route	Frequency	Start Date
0.5mg	NEB	Q6hly	16/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

See the chart

stop.

Verified by Dr. Dhakshayani

DRUG : NEB ē BUDECORT

Dose	Route	Frequency	Start Date
0.5mg	NEB	Q12hly	16/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 16/6 17/6

5AM X

5PM

STOP

DRUG : ½' METHYL PREDNISO

Dose	Route	Frequency	Start Date
10mg	IV	BD	16/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 16/6 17/6 18/6

4AM X

4PM

Verified by Dr. Dhakshayani

DRUG : NEB ē 1/2NS

Dose	Route	Frequency	Start Date
0.31mg	NEB	Q6hly	16/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

See the chart

CHANGE

16/6/26 @ 7:45PM

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 9.6kg Ward ....

DRUG: Inj. AMOXYCLAV				Date/Time	16/6	17/6
Dose	Route	Frequency	Start Dt.			
400mg	IV	BD	16/6			
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	X	[sign]
Additional Instructions:				10pm	[sign]	[sign]
Daily Doctor's Endorsement by a Sign					[sign]	[sign]

DRUG: Neb. LEVOLIN				Date/Time	
Dose	Route	Frequency	Start Dt.		
0.31mg	Neb	Q3H	16/6		
Name & Signature of the Doctor Starting the Drugs: [signature]					Changed See the chart
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: Sy. NEXPRO Sachet				Date/Time	17/6
Dose	Route	Frequency	Start Dt.		
1 sachet	oral	OD	17/6		
Name & Signature of the Doctor Starting the Drugs: B-Sup[signature]				6AM	2pm [sign]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					[sign]

DRUG: Syp. Xyzal				Date/Time	17/6
Dose	Route	Frequency	Start Dt.		
2.5ml	PO	OD	17/6		
Name & Signature of the Doctor Starting the Drugs: (bedtime) [signature]				10pm	[sign]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Mucolite drops

Dose	Route	Frequency	Start Dt.
1ml	PO.	BD	17/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸																
Time	17/6															
	8am X															
	8pm															

DRUG : LEVOLIN NEB

Dose	Route	Frequency	Start Dt.
0.3ml	Neb	8H	17/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

See the chart

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

Weight. 9.6kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/6/26.	3:40pm	Inj Mg SO4 (1ml + 19ml NS)	over 30 min	iv	Af	
16/6/26	3:45pm	Inj Methylpredn. 10mg		iv	Af	

Verified by Dr. Dakshavani

VERIFIED BY : Name Signature

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2026 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If Infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

Neb :- levolin 3rd holy
2 Pravent @ 6th holy
Budecost @ 12th holy

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
16/6/26	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00	2 Pravent + Budecost (1)	AN	
	18.00	levolin (2)	AN	
	19.00			
	20.00	levolin (3)	AN	
	21.00	7072		
	22.00			
	23.00	levolin + 1 Pravent (1)	M	

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05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

Levolin 3rd hourly
Ipravent 6th hourly
Budecort 12th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00	levolin (2)	AA	
	03.00			
	04.00			
17/5/26	05.00	levolin + Ipravent + Budecort (3)	AA	
	06.00			
	07.00			
	08.00	levolin (4)		
	09.00	7107	(4)	
	10.00			
	11.00	levolin + Ipravent (1)		
	12.00			
	13.00			
	14.00	levolin (2)		
	15.00	3 7176		
	16.00			
	17.00	~~Budecort~~ Ipravent + Budecort		
	18.00	(3) + levolin		
	19.00			
	20.00	levolin		
	21.00			
	22.00	levolin (1)	AA	
	23.00			

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

Levolin 4th Hourly
Ipravent 6th Hourly
Budecort 12th Hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Ipravent (2)	AA	
	01.00			
	02.00	levolin (3)	AA	
	03.00			
	04.00			
	05.00			
	06.00	levolin + Budecort (4)	(4) AA	
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

7227 -

Total - (14) 3

Order no:- 7072 - 3
7107 - 1
7176 - 3
7227 - 4

aster BODDU ANANTH YADAV
5-03-2025 1Y3M11D (M)
r. ANIKET ANIL PARASHAR

220 219

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RESULT SHEET

Date	16/6/26					
Time						
Hb	9.9.					
PCV	28.3					
RBC	4.78					
WBC	13.71					
N/L	40.7/46.3					
Platelets	444					
CRP	13.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	17/6/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	present ++					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Nill					
CUE - Nitrite	Negative					
Appearance	Turbid					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : flu panel - verbally -ve.
Adeno - Awaited.

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Master BODDU ANANTH YADAV
5-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Patient Sticker

AL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/6/26 Time:	4PM	8PM	10	2	6
Doctor / Nurse / Family Concern?			Ano	Ano	Ano
Temperature (F)	98.2°F	97.5°F	99.5°F	99.0°F	99.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	128b/m	130b/m	128b/m	126b/m	128b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	23b/m	28b/m	28b/m	28b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min)	O_2 2 Litter	O_2 2l	O_2 2L	O_2 2L	O_2
O_2Saturations (%)	99%	99%	99%	99%	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	A	A	A	A	A

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

Patient Sticke

L / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/6/26 Time:	10AM	2pm	6pm	10pm	2Am	6Am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	98.7	98.2°F	97.4°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)						
Heart Rate (Number)	120b/m	121b/m		128b/m	124bm	128bm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	28b/m	28b/m		20b/m	28bm	28bm
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	98%	99%		100%	100%	100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0		0	0	0
Pain Score	0	0		0	0	0
Observer's Initials	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

Patient Sticker

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																																	
Doctor / Nurse / Family Concern?																																	
Temperature (℉)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
	100																																
	90																																
	80																																
	70																																
	60																																
	50																																
Heart Rate (Number)																																	
Resp. Rate (bpm) (Over 1 Minute) *	70																																
	60																																
	50																																
	40																																
	30																																
	20																																
	10																																
Resp Rate (Number)																																	
Resp Distress: Mod/ Severe																																	
Resp Distress: None / Mild																																	
Receiving O_2(l/min)																																	
O_2Saturations (%)																																	
Conscious Level: Normal																																	
Conscious Level: Altered																																	
GCS *																																	
TOTAL SCORE Number of shaded boxes																																	
Pain Score																																	
Observer's Initials																																	

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

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

Patient Sticker

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It takes a lot to beat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

Master BODDU ANANTH YADAV
15-03-2025 1 Y 3 M 11 D (M)
Patient Sticker Dr. ANIKET ANIL PARASHAR

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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 :**						
16/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	O										
	05:00 pm		milk		NA			NA				Anu
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
16/6/26	08:00 pm		Milk Curd Rice		NA			NA				D
	09:00 pm											
	10:00 pm	O										
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :		Taken				**Total Output :**				U-1	M-x	
17/6/26	02:00 am											
	03:00 am											
	04:00 am		H_2O		NA			NA				D
	05:00 am	O										
	06:00 am											
	07:00 am											
Total Intake :		Taken				**Total Output :**				U-1	M-x	

Total 24 hrs. Intake		Total 24 hrs. Output	

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05-03-2025 1 Y 3 M 12 D (M)
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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
17/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
17/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
17/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
18/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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Total Intake :						**Total Output :**						
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	08:00 pm											
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	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

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Date: 16/6/26

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		ER					
Afternoon	8pm to 8pm	→ Assess pt condition → monitor the vitals → maintain I/O chart → O_2 2 litters → Administer medication as per chart	8pm to 8pm	→ Assessed pt condition → monitored vitals → maintained I/O chart → O_2 2 litters → Administered medication as per chart	Patient is stable	Re-checked vitals	
Night	8pm to 8AM	→ Assess pt Condition → Check the vital → maintain the I/O Chart → O_2 2 litters	8pm to 8AM	→ Assess the pt Condition → Monitored vital → Maintain the I/O Chart → O_2 2 litters	patient is Stable	Re-checked vitals	

Patient St

MRN-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 17/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	Assess the Baby general condition + Checked vital 2 Administer medication as per doctor advice	8am 2pm	Assessed the Baby general condition Checked vitals. Administered Medication as per doctor advice	Baby is stable	Rechecked vital	
Afternoon	2pm 8pm	- Asm the Baby Condition - monitor vital & I/O chart - drug as per chart.		-> Assessed the Baby Condition - Monitored vital & I/O chart - drug as per chart	Baby is stable	Rechecked vitals	
Night	8pm 8am	Assess the pt condition - monitor vitals - maintain I/O chart - Medicine Giving as per drug chart	8pm 8am	- Assessed the pt condition - monitored vitals - maintained I/O chart - Medicine Given as per drug chart	Baby is stable	Rechecked vitals	

Master BODDU ANANTH YADAV
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BRADEN 'Q' SCALE

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					Date : 16/6/26	16/6/26	17/6	17/6
					Time : E2	N1	M6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	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	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	28	28	27
				Evaluator's Name				

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

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

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 12 D (M)
Dr. ANIKET ANIL PARASHAR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date :	17/6/26			
				Time :	AM			
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			
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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			
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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			
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			
				TOTAL SCORE	28			
				Evaluator's Name				

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
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Patient Sticker

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PAIN ASSESSMENT FORM

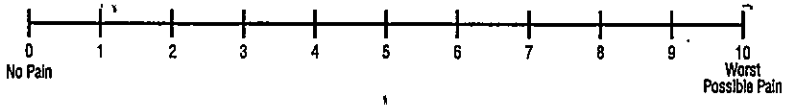
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/6/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
16/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
17/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
17/6/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
17/6/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
17/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
18/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Master BODDU ANANTH YADAV
15-03-2026 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Patient

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CHECKLIST FOR THROMBOPHLEBITIS

16/6/26 17/6/26

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
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		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

...NH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
15-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	16/6/26	17/6/26	17/6/26
		Score	6pm	12pm	4pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			35	35	2
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

HNH-00014014 IP26-00006598
Master BODDU ANANTH YADAV
05-03-2025 1 Y 3 M 11 D (M)
Dr. ANIKET ANIL PARASHAR

Wt - 9.62 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Boddu Ananth yadav Age : 1 year **Gender:** ☑ Male ☐ Female

Date : 16/6/26 Time of Arrival : 2 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.5°F PR: 156 b/m BP: ..... RR: 46 b/m SpO_2: 99%

Chief Complaints: c/o cold, cough and fast Breathing since yesterd

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:05 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Brabin

Signature of Triage Nurse : .....

Date & Time : 16/6/26 @ 2:05 pm

HNH-00014014 IP26-00006598
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/6/26 Time of arrival : 2 pm

Chief Complaints: C/o cold, Cough, fast Breathing since yesterday

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

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

If yes , identify .....

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

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

RISK FOR FALL:

☑ If patient is < 6 years
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 : 2:05 pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ Given neb to the pt

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	levoline	Neb	levolin 0.31mg		
	~~Bravent~~	~~Neb~~			
	levoline	Neb	levolin 0.31mg		
	levolin	Neb	0.31 mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 146 b/m BP: ..... CFT: 2sec	Shift - out from ER to: HDU
RR: ..... SPO_2:	Time of Shift - out: 4:40 PM
GCS: 15/15 Temperature : 98°F	Handover given to: .....
Pain Score: 10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

I V placement done

Name of the Nurse : Prabin Signature of the Nurse : .....

Date & Time : 16/6/26 @ 2:05 PM

Patient Sticker 1Y 3M

220

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/6/26 Time: 5pm

Weight: 9.62 kg Centile: 5th

Height: ..... Centile: .....

Inference: underweight child

RDA: ..... Calories: 1200 kcal/d Protein: 20 gms/d

Diet Recommendations: soft high protein diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

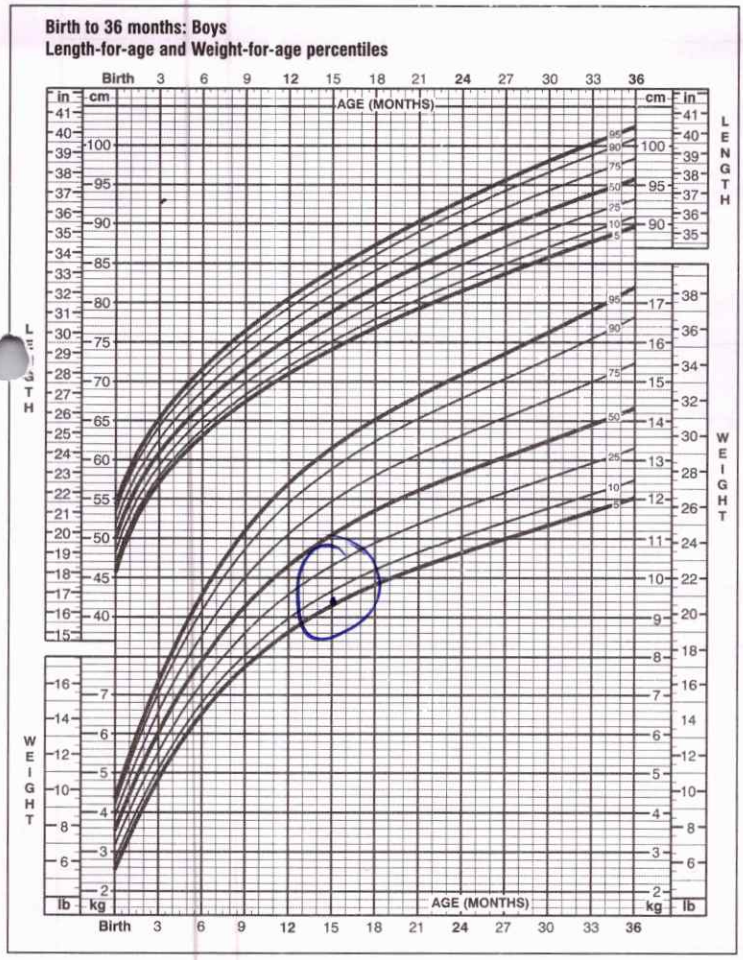
Food Allergies: NO Veg/Non-veg NON-Veg

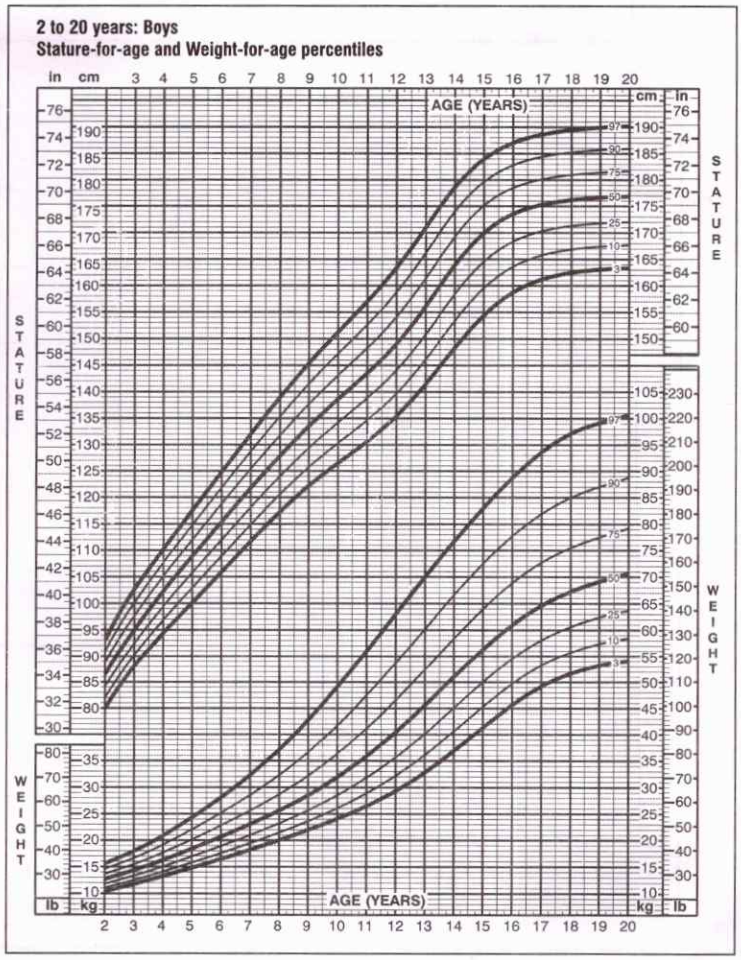
Diagnosis: AFTI LRTI c Dehydration c RD c ? WALRI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: .....

GROWTH CHART (BOYS)





Dietician's Name ..... Sathwika-G ..... Dietician's Signature .....

Daily Notes: