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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	15			
7	Nursing plan of care and handover sheets	10			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Billings extra</i>	1			
	Total No. of Pages	<u>6</u> 52			

Name	Baby Of AYESHA ASIM AHMED BIN HAID	UHID	HNH-00007020
IP No	IP26-00006460	Admission Date	30-05-2026

inj.bicarbonate and inj. calcium gluconate were given.. At 6:45 pm child again child had cardiac arrest for which CPR was started, 5 doses of inj adrenaline were given and CPR was continued till 7.20pm. In spite of best efforts child couldnot be resuscitated and declared as dead at 7.20pm confirmed with ECG.

Current status:

SIMV mode on 01.06.2026 with settings of PEEP- 8, VT- 40 , Rate - 50 /min & FiO2 - 40 %.

Tracheostomy tube and Gastrostomy tube insitu.

Medication during hospital stay:

- Injection. Amoxyclav
- Nebulisation 3 % NS
- Z & D drops
- Tab. Lanzol Jr
- Syrup. Domstal
- Tablet. Pacitane
- Tablet. Clonazepam
- Syrup. Carnisure
- Vitamin D3 drops
- Injection. Vitamin B12
- Candid mouth paint
- Candid cream
- Injection. Ceftriaxone
- Pro GG drops
- Redotil sachet

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006487 Admit Date : 03-Jun-2026 Admit Time : 12:55 PM UHID : HNH-00011347

Patient Details :

Patient Name : Baby TIMMAGI MAHITA Age : 17 Y 5 M 26 D
Guardian : Mr T KALYAN DOB : 10-12-2008
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : PLOT NO: 60A ROAD NO 8 EAST K K NAGAR Phone No : 9989853300/ 9000300038
Neredmet Hyderabad Telangana INDIA E-mail : tinmagikalyam@gmail.com
500056

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-211 Ward Name : 2F -PRIVATE ROOM
Room No : PVT-211 Admission Type : First Visit

Contact Details :

Name : Mr T KALYAN Relationship : Father
Contact Address : PLOT NO: 60A ROAD NO 8 EAST K K NAGAR Phone No : 9989853300
Neredmet Hyderabad Telangana INDIA 500056

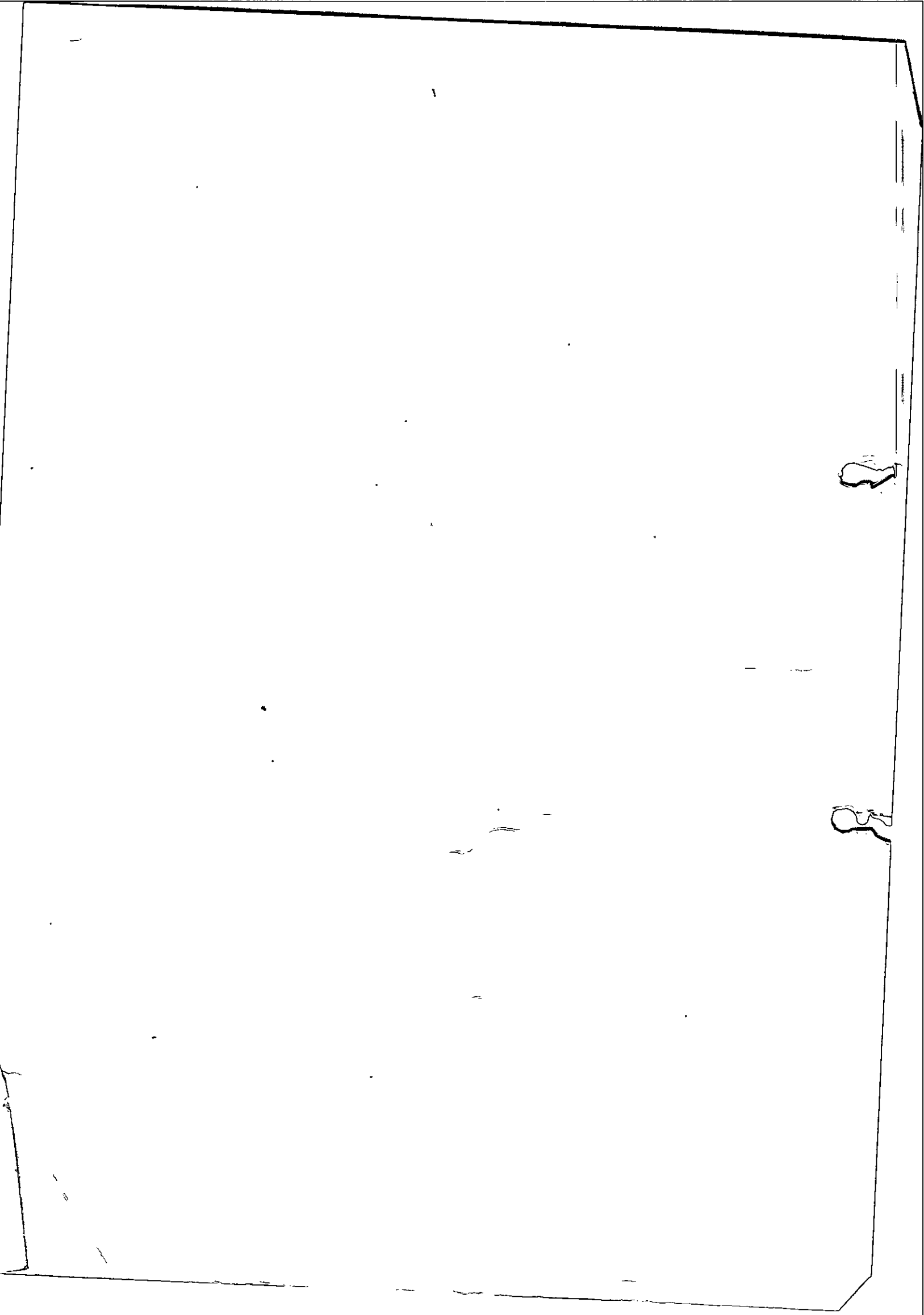
Shethra
Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. JYOTI BOTHRA

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 10000.00
Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD



ACTIVITY RECORD FOR BILLING

Name: _____

UHID No : **HNH-00011347 IP26-00006487** Consultant : _____ Dept : _____
Baby TIMMAGI MAHITA
10-12-2008 17 Y 6 M 24 D (F)
Dr. PRITESH NAGAR

Date of Adm _____ Date of Discharge : _____ Time: _____

Room / Bed _____ ward : _____ Suggested Billable bed type : _____




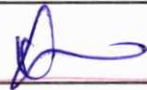





WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	1:30 pm	ER	ward (206)	[Signature]
3/6/26	4:30 pm	3 rd floor	2nd floor (211)	[Signature] / Mohanika




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
4/6/26	UGA - abdomen	6716	
4/6	CBP, CRP, Pct	9321	
	<i>cross checked done by Supriya</i>		
7/6	CBP, CRP	9475	
8/6	ultrasound abdomen	6878	
8/6	creatinine	9528	
8/6	CT whole Abdomen plain	6907	
		contrast 6906	
8/6	Chest X-ray AP	6918	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/4/26	IV placement	①	DP	
			Basic	
			Dac	
4/6/26	IV Placement	①	9170	
<p><i>Cross checked done by Supriya</i> <i>1AM @ 5/6/26</i></p>				
7/6/28	IV placement	①	4996	

ANY OTHER INFORMATION

3/5/26 Don't charge for NHA & food
 Sathwika.G
 Dietitian.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Ref.No. F/IN/PR/10



Rainbow[®] Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00011347 IP26-00008487
Baby TIMMAGI MAHITA
10-12-2008 17 Y 5 M 24 D (F)
Dr. PRITESH NAQAR



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

clo Fever since 2 days.

History of present illness :

Recently operated for ruptured appendix
organised pus in abdomen & pelvis

New onset fever

Previous CBC s/o UTI
WBC collection of 30cc loculated &
free fluid intra-abdominal
The culture was the for *WBC* *carbapenemase*
Producing Enterobacter.

Urine Culture sterile

Examination → No response
On & off fever
Clo fever high grade associated with chills
since last 2 days Gradual in onset

No Vomiting

No pain Abdomen.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10.2 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : _____

Rash _____ 

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : PLENURS

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 009 15/15

Cranial Nerves : g (N)

Motor System :

Nutrition : g (N)

Tone : g (N) Power g (N)

Co-ordinator : g (N)

Posture : g (N)

Involuntary Movements : g (N)

Reflexes :

DTR g (N) Superficials :

Plantars g (N)

Sensory System :

Bladder / Bowel : g (N)

Clinical Summary & Diagnostic :

Appendicular abscess / UTI

Pediatric Multiorgan History & Physical Examination

INH-00011347 IP26-00006487
Baby TIMMAGI MAHITA
0-12-2008 17 Y 5 M 24 D (F)
Dr. PRITESH NAGAR



Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

Next price

CRP

CRP

Procalcitonin

NB syon
3/6/26

① Azithromycin 1gm IV
TID.

② Zovirax 2.5gm
IV TID.

Simultaneous Infusion
over 2 hours in same
IV line

NB syon
3/6/26

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

Dr. Pritesh Nagar
Consultant Physician & Intensivist
Reg. No. 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 11 AM	<p>o/s/r - Dr. Pradeep Dr. Alekha</p>	
	<p>Case of appendicular abscess</p>	
	<p>Fever -</p>	
	<p>Ole -</p>	<p>Admit.</p>
	<p>HR - 111 bpm</p>	<p>① Azithromycin 1gm TID.</p>
	<p>RR - 18 cpm.</p>	<p>+</p>
	<p>CFT - < 2 sec</p>	<p>Zanidol 5gm BID</p>
	<p>BP - 104/68 mmHg</p>	
	<p>Temp - 102°F</p>	<p>④ Monitor vitals</p>
	<p>Ab: PA - Soft; RIF tender</p>	<p>⑤ w/ Urine output</p>
	<p>CVS - S1 @</p>	
	<p>N - Blk NURS @</p>	
		<p><i>[Signature]</i></p>
		<p>NB Sumanta</p>

HNH-00011347 IP26-00006487

Baby TIMMAGI MAHITA
10-12-2008 17 Y 5 M 24 D (F)
Dr. PRITEBH NAGAR




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	<u>S/B Dr. Prabhakar</u>	
8:45pm.	<p>Case of appendicitis absent.</p>	
	<p>Fever spike 1:30pm 102.1 F.</p>	
	<p>Oral intake / appetit - fair.</p>	
	<p>No fresh stools.</p>	<p><u>Adv</u></p>
	<p>O/K Gr. fair</p>	<p>① Aztreonam 1g TID +</p>
	<p>Vitals stable</p>	<p>Zanicefla 2.5g TID</p>
	<p>RA OK</p>	<p>② Montoxivale</p>
		<p>③ 4/0 Montoxig</p>
		<p>④ CBP / CRP / Procd. on next prick.</p>
		<p>a/s B Supriya Prabhakar</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	S/B Dr Pritesh	
5:30pm	Care of appendicitis abscess.	
	fever spikes + oral intake - fair No fresh c/o.	Adu
	O/c GC for vitals & stool	(1) CBP / CRP / Procal / next pich (2) T/M Paed sx opinion c Dr Tyobler
	PA 67F.	(3) C. Aztreonam / Zanicetta.
		(4) 4/0 Morky Gant NIB Gant
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47134

HNH-00011347 IP26-00006487

Baby TIMMAGI MAHITA
10-12-2008 17 Y 5 M 24 D (F)
Dr. PRITESH NAGAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	Dr. Vijayakshmi	
6pm	△ Case of appendicitis at 5 cer	
	2. fever spikes 102° F	
	4 101° F	ADU
	Child stable	CT. Same.
	Dial intake poor	
	of 6 cer for	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>USB re-exam</u>	
4/6 7:30 AM	<u>Ruptured appendix c Pelvic abscess</u>	
	- fever spikes - Persistent	- 102° @ 7pm 101.6 101 - 2am
	- oral intake - good	
	- no pain abdomen	
	<u>o/e</u>	
	vitals - stable	
	SE -	<u>Plan</u>
	HA - sept	1) ct. antibiotics
	RS = BNT ⊕	2) monitor vitals
	Wound	3) Put it as per Rx chart.
		N/R set
		<u>Pram</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	s/o. Dr. Pritesh	
5:20 PM	<p>△ Ruptured appendix i pelvic abscess</p> <p>2 fever spikes since Monig., chills + chills stable.</p> <p>Oral intake fair.</p>	<p><u>Adv.</u></p>
	<p><u>O/C</u> Vital stable</p>	<p>Dr. P. Peddicore advanced.</p>
	<p>PA soft.</p>	<p>2 Meals a day 2-4 eggs/day.</p>
		<p>(2) IV Antibiotic infusion over <u>3 hrs.</u></p>
		<p>(3) Trace CRP <u>probed.</u></p>
		<p>NB Suction @ 5:20 PM</p>

HNH-00011347 IP26-00006487
Baby TIMMAGI MAHITA
10-12-2008 17 Y 5 M 25 D (F)
Dr. PRITESH NAGAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 5:30pm	<u>Nutrition Review</u>	
	<p>- Advised high protein diet to promote tissue repair and maintain Nutritional status -</p> <p>- Advised Iron rich diet to improve Hemoglobin levels and prevent ^{anemia}</p> <p>- Educated parent's and patient on including sources such as, eggs, milk, curd, pulses, panchos beans, soya products.</p>	
		(Sathwik-G) Dietitian 5:35pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 6 AM	e/s/hy - on Annel	
	<p>△ Ruptured Appendix Pelvic Abscess</p>	
	<p>fever spike (+) (last 7 AM - 102 F)</p>	
	<p>Child active Intake ↑ fair</p>	<p>of CEFTRIAZOLAM AVIBACTAM } over & AZTREONAM. } 3 hrs</p>
	<p>vital <u>stabil</u> Bp 101/66 mmHg</p>	<p>high protein diet as advised.</p>
	<p>Stc BLAC (+) NURS</p>	<p>Monit vital, temp.</p>
	<p>Pt soft not distnd.</p>	
	<p>Al</p>	<p>NB - Supriya</p>
		<p>8:25 AM (9/26) 5/6</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/14	S/B Dr. Pritesh	
9:25 AM	Δ Post operation	Plg
	case of ruptured appendix	
	= Abscess (Pelvic)	
	Fever spikes @	
	CVS - S, S, @	- CC CEFOTAZIDIME
	R ₂ - BU - ACE @	AV @ BACTAM
	PIA - salt	AZTREONAM
	Leucina	- Paed. surgeon opinion
	Procalcitonin - 0.628	- High protein diet
	CRP - 69 LHY	- Monitor vital

Dr. Pritesh Nagari
 Consultant Pediatrician & Intensivist
 Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/06 11:30am	C/S/B - Dr Tyalli	
	Post operative care of ruptured appendix & Pelvic abscess	
	Fever spikes	
	Good oral intake	Advise
	Good urine output	Dietary Advise
	O/e - Vitals stable	④ PAR. PAN 40mg/00
	④	④ Encourage orally
	Pln soft ; nbn - tender	④ High Protein diet as advised.
	Cvt - low N - Non	
	Pritesh	NB Sumanda



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6 2:00 PM	<p>CLSB Dr. Naipueya</p> <p>Post op ruptured Appendix & Abscess</p> <p>Fever (+).</p>	<p>Plan</p>
	<p>oral intake - fair.</p> <p>Vitals - stable.</p> <p>PLA - soft, non tender.</p> <p>UO/P - Adequate.</p>	<p>- Cont cefazidime. Actremonam.</p> <p>High protein diet</p> <p>monitor vitals</p> <p>NB Suck cum</p>
	<p>CLSB Dr. Pritesh</p> <p>post op. ruptured appendix & abscess</p> <p>fever spikes (+).</p> <p>oral intake - fair.</p> <p>Q.E - vitals stable.</p> <p>Q.E - PLA - GA, W.</p>	<p>Plan</p> <p>cont. IV Antibiotics.</p> <p>High protein diet.</p> <p>Monitor I/O, vitals.</p> <p>NB Suck cum</p>

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No. 47184

HNH-00011347 IP26-00006487
Baby TIMMAGI MAHITA
10-12-2008 17 Y 5 M 26 D (F)
Dr. PRITESH NAGAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9AM		
6/6/26	<u>S/O Dr Pritesh</u>	
	Fever spikes interval ↑↑	
	stable	
		Plan
		To decide OP vs IP
		plan after
		Dr Jyothi sees

(W)
Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/10/16 11:45 AM	S/B Dr. Jyothi	
	Post operated case of ruptured Appendix - Pelvic Abscess	
	Fever spikes @ 101.5 Pm	
	WSI - S, S @ R - BCC - ACC @	✓ 1000 (CEFTAZIDIME) AVIBACTAM + AZTREONAM
	P/A - 10k non-tender ✓	High protein diet
	(conscious)	Monitor vitals
		Dr. Jyothi (Signature)
		NB Sunanda



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 2:50 PM	SIB Dr. Sreeghar	
	<p>Δ Postoperative case of Ruptured Appendix & Pelvic Abscess</p>	
	Fever spikes @	PL _g
	CVS - S ₄ S ₄ @	- ct CEFTRAXIDIME
	R ₁ - B ₁ - ACF @	AVIBACTAM
	PIA 50L	AZTREONAM
	conscious.	- High protein diet
		- Monitor vitals
6/6/26 5:40 PM	<p>SIB Dr. Pritesh Δ Post-operated case of Ruptured Appendix</p>	<p>13:52 Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47484</p>
	Fever spikes @	PL _g
	CVS - S ₄ S ₄ @	- ct CEFTRAXIDIME
	R ₁ - B ₁ - ACF @	AVIBACTAM
	PIA 50L	AZTREONAM
		


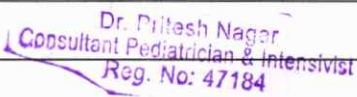


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 7am	S/B Dr. Prabhakar / Dr. Varun	
	Post op case of Ruptured appendix	
	Fever spikes - last 7:55pm 102.7 F fresh ct o - None	
	S/E GC fair vitals stable	Plan
	S/E CVS S, S + CAS WNL	1) CT. Ceftriaxone - Acibacter Aztreonam
	Rx GAEP 14 syz	2) High protein diet
		3) Monitor vitals.
		noted by Sr. Sandhya
		7/6/26
		7:30



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
#6/26 10:30am	S/B Dr Pritesh	
		✓ STOP Bryfen
		✓ Do not give medicines even if there is no fever
		✓ R Fever
		✓ Don't R Chills
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 6pm	<u>UTI Bc. Manni</u>	
	- fever spikes (+)	
	1pm 100.6	
	5:30pm 100.4	
	also chills.	
	- no pink complaints	
	- oral intake : good	
	<u>OLE</u>	Plan
	vitals : stable	1) ut. antibiotics
	SE - normal	2) high protein diet
		3) monitor intake
	<u>Dr.</u>	
	<u>1/7/20 Bc. Tyothi</u>	
	- fever spikes (+)	Plan
	- CRP : 81 ↑	1) ut. antibiotics
	<u>OLE</u>	2) usg abdomen & pelvis
	vitals : stable	T/M
		3) Reut ut. as per Rx
		chart

noted by Sandhya
 7/6/26
 9:30

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 28 D (F)
 Dr. PRITESH NAGAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	S/B Dr. Sreyhas	
7:20 AM	<p>Δ Post-operative care of Ruptured Appendix & Pelvic Abscess.</p>	
	Fever spikes @	~ Pla,
	CS - S ₁ & @ P1 - BIL - ACE @	<input checked="" type="checkbox"/> CE CEFOTAZIDIME AVIBACTAM ATREONAM
	P/A - Jwb conscious	<input checked="" type="checkbox"/> Repeat U/G Abdomen & Pelvic body
		<input checked="" type="checkbox"/> Monitor vitals 13:50
		NB Sunanda



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10:10 AM	c/s/by Dr Mokthe	
	post/op/care of Ruptured Appendix of pelvic Abscess	
	- few spik (+)	
✓ NCP	pain stools - no loose stools	✓ USS Abdomen Now ↳ Injorm
	vital stable.	✓ ct Antibiotic
	stc <u>P/A</u> soft	
	Non tender.	✓ Monitor vital.
	No change in collection on R/U USG	✓ ^{Abdomen} CEET SOS
	↓	
	plan CEET	✓ <u>NPO</u> till further order.
		✓ CEET (Appointment) ^{Dr. Suresh}
		AB Suranda



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<i>S/B Dr Pritesh</i>	

	Fever - Abdominal Abscess	
	Drain Residual	
	Enterobacter Carbapenem Resistant	
	Already on Levofloxacin Aztreonam	
	Urine Normal No other focus	
	Blood c/s -ve	
	PCT -ve unlikely systemic	
	TB work up Pending → To be Traced	
	Appendix biopsy Trace	
	<u>Do CKR</u> ✓	
	Unlikely HLL → WBC / <u>NORMAL</u> Platelet	
	Still next	

Sampling w/up for HLL

Dr. Pritesh Nagari
 Consultant Pediatrician & I
 Reg. No. 4718

UN (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/s/by Dr. Pritch	
5pm	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Appendicectomy - Ruptured </div>	
	- Pure spike (+) vital - stable A/C - Good	Next Pritch - workup for HPI CBP, CRP, ESR Triglycer, ferritin fibrinogen
	P/A soft Non tender	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Biopsy Report TB workup </div>
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Biopsy report shows epithelioid granuloma </div>	- Give oral ↓ stop nylidrin
		- Temp Monitoring
		- CXR to do now (PA view)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	<u>C/S/B - Dr. Prashanti</u>	
12 AM	Δ - Appendicular Abscess - Rupture	<u>PLAN</u>
	last fever spike - 8pm	Next prick ↓
	No other focus	- workup for HLH.
	urine ✓ stool ✓	CBP, CRP, ESR, Triglycerides, ferritin, fibrinogen.
	O/E	- Pus : TB workup
	vitals stable	
	S/E	- Give Oral & Stop IVF
	P/A - Soft, Nontender Scat+	ct - CEFTAZIDIME AZITREONAM
	Biopsy - epithoid Granuloma	N B O P. Prashanti Dr. Prashanti
	CXR - (N)	
	Blood cs - neg.	
	Pocul - neg.	



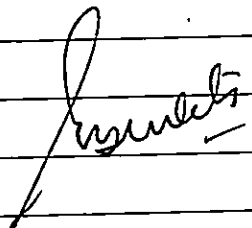
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	C/S/B - Dr. Prashant / Nayanya	
9/6/26	A - Appendicular Abscess. Rupture i Pelvic Abscess	
8AM	Last fever spike @ 4am a/w chills - Am given	
	No other focus	Plan
	Wine ✓ stool CXR - Normal	Next prick workup for HLM CBP/ESR/Triglycerides ferritin/fibrinogen
O/E	Vitals stable BP - 80/50 PP well felt	Diagnose - TB workup to be traced.
S/E	viback CFT 3sec	Enhance orally
	P/A - Soft, NT, no hsm.	cl. Ceftriaxone
	Biopsy - Epithelioid Granuloma AZtreonam	
	CXRAY - N Blood c/s J neg Procal	Monitor BP U.O
		Flap CE CT Abdomen report

N. Nayanya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/12/08	SIB Dr Mukta	
10-4-5 PM	issues - persistent fever spike	101-103 (29 infant 20 hr)
	e/s - Low MTRB PC.	
	USG minimal diffuse collection	inter-loop, pelvis. (no stone)
	- if/US no drainable collections.	and low MTRB +ve - plan to centri lumbar drainage wpt.
		at present no surgical intervention planned
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	<u>Counselled</u>	
	Likely \leftarrow [Cecum x perit] Biopsy	(TB) ✓
		Antib [inj] No Response
		<u>Comfortable despite</u>
	① STOP anti	
	② Start TB &	
	③ Send home / Flup OPD	
	④ Fever 2-4 weeks]	
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Mob: 47184
		(Signature)

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 25 D (F)
 Dr. PRITESH NAGAR

211



RESULT SHEET

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	31/8/26	4/6/26	7/6/26		
Time					
Hb	8.7	8.0	7.5		
PCV	26.1	23.1	21.4		
RBC	3.25	3.44	3.22		
WBC	9.41	11.01	9.67		
N/L	80/14	77.6/15	81.7/13.8		
Platelets	843.	786	670		
CRP	41	69	81		
ESR					
PCT		0.628			
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					

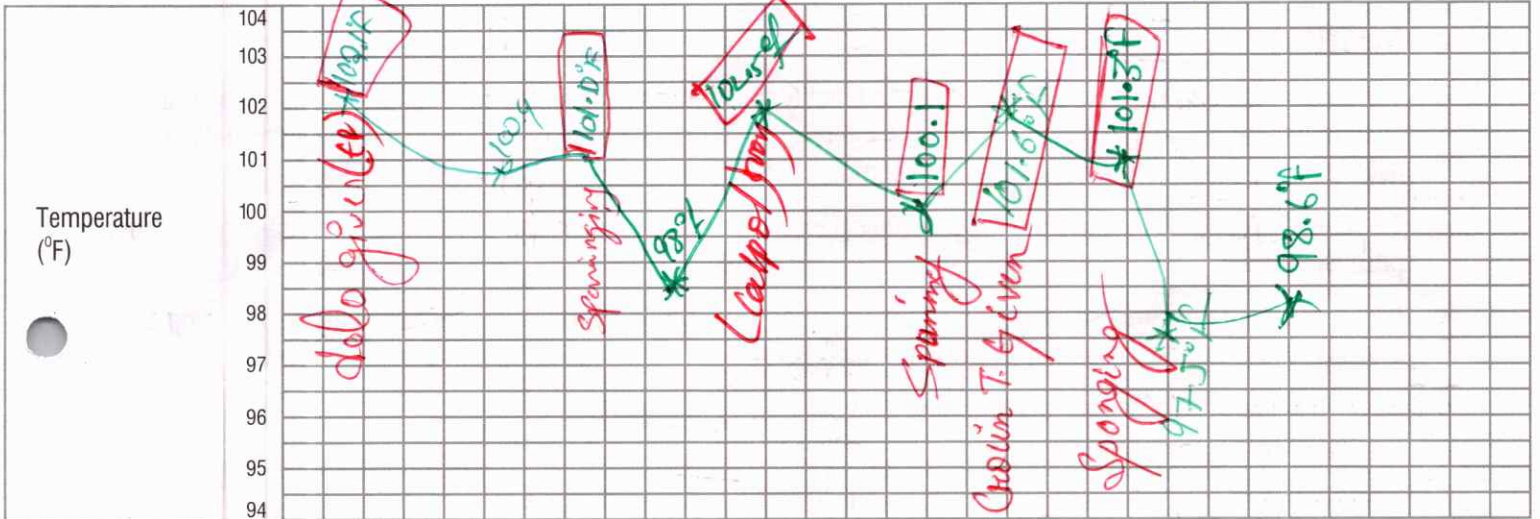
Date	31/5/20				
Time					
CUE-Alb					
CUE-Sugar	Nil				
CUE - Ketones	Negative				
CUE-PUS Cells	0-5				
CUE - RBC Cells	0-2				
CUE Epithelial	0-5				
Stool Pus Cell					
OVA/Cyst					
Occult Blood					

Culture and Sensitivities : Blood C/S - 24hr No Growth
 Urine C/S - 24hrs no Growth

Radiology: USG :
 X-Ray:
 ECHO:
 CT:
 MRI
 Others (ECG, Contrast Studies etc.) :

WARNING SCORE: CHILDREN'S UNIT

Date: 3/6/26	Time: 1:30pm	2:30	3:30	4:30pm	5:30pm	6:30 AM	7:30 AM	8:30 AM	9:30 AM
Doctor / Nurse / Family Concern?									



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

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

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

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

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	BACKGROUND : 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)

NH-00011347
 IP26-00006487
 by TIMMAGI MAHITA
 0-12-2008 17 Y 5 M 24 D (F)
 P. PRITESH NAGAR

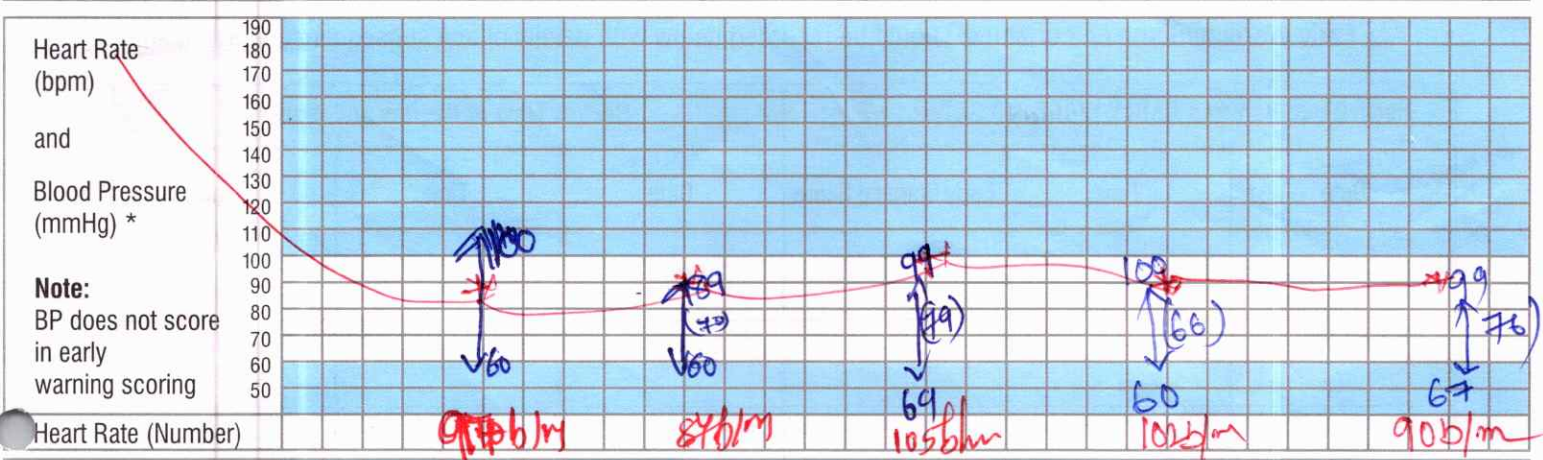
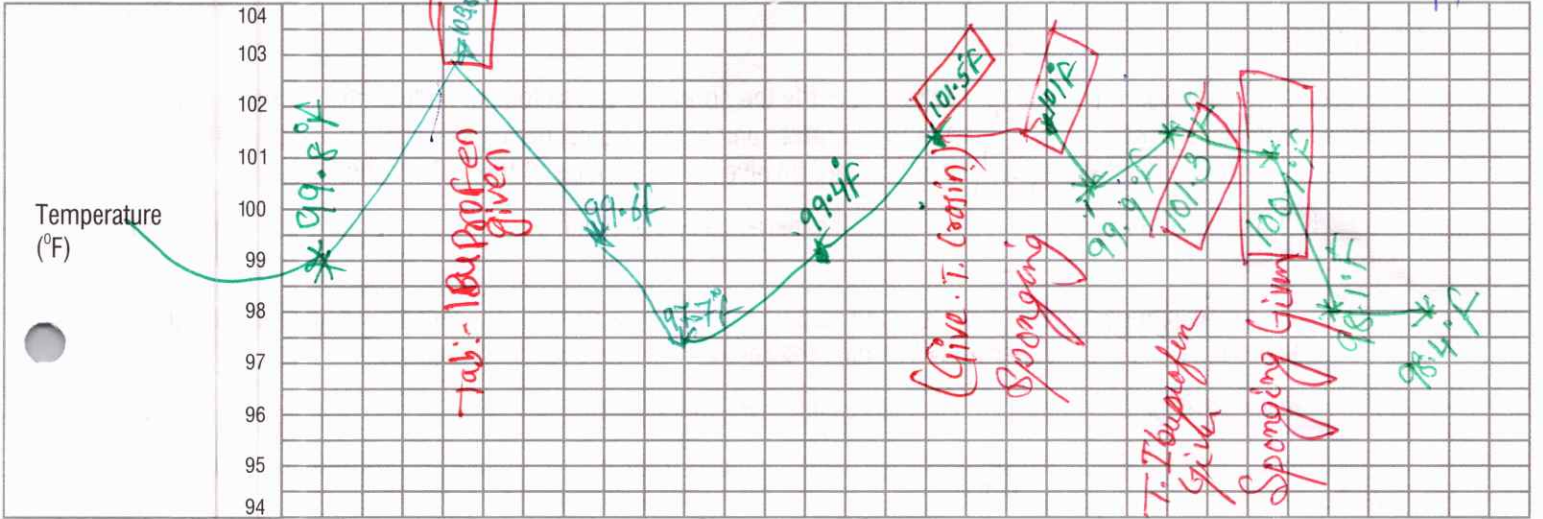
FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



Y WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/20 Time: 8:49 AM
 Doctor / Nurse / Family Concern? Pro



Resp Mod/ Severe Distress	None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	99% 100% 99% 100% 99%
Conscious Level	Normal / Altered
GCS *	15/15 15/15
TOTAL SCORE	
Number of shaded boxes	0 0 0 0 0
Pain Score	0 0 0 0 0
Observer's Initials	Pro Pro Pro Pro Pro

- 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: Scores 3 should be recorded overleaf
 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.
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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!
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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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

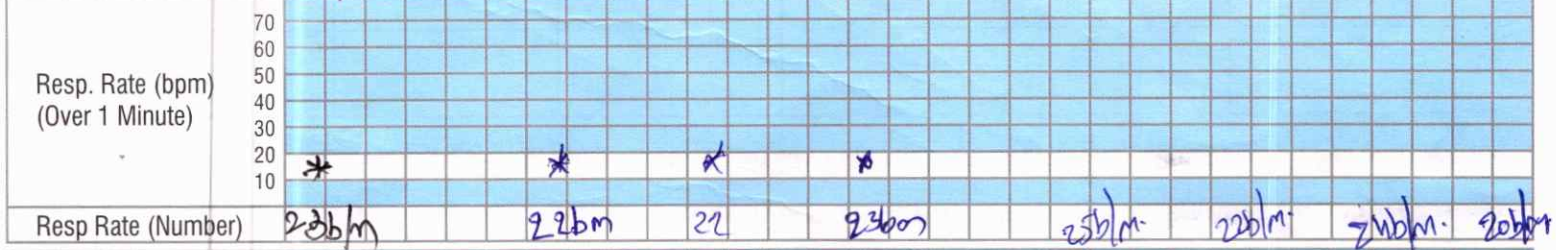
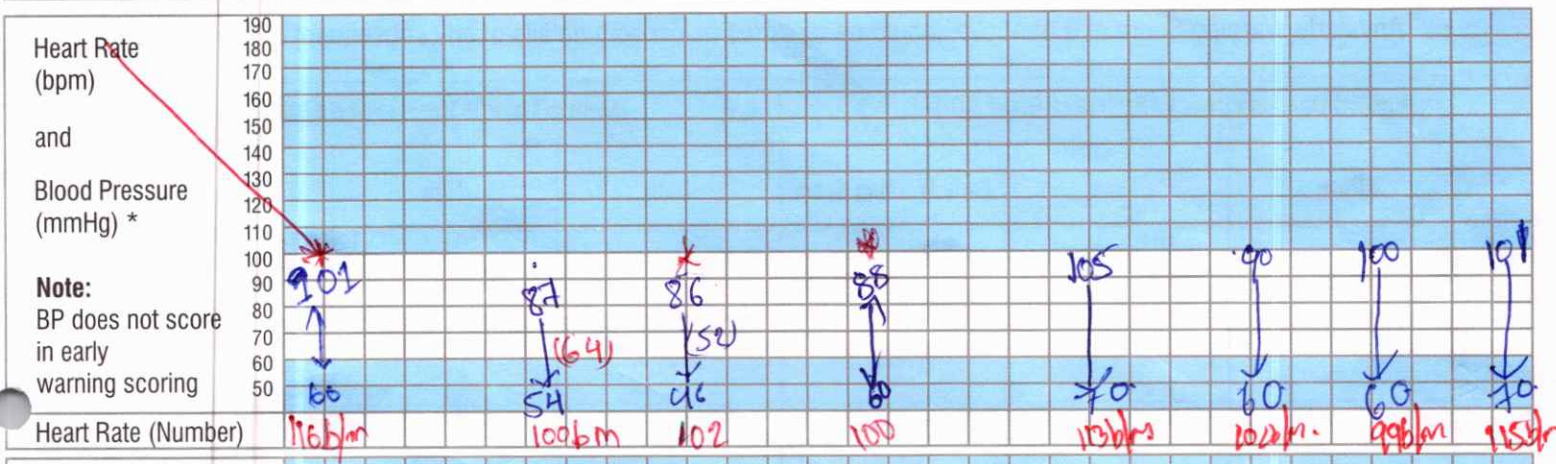
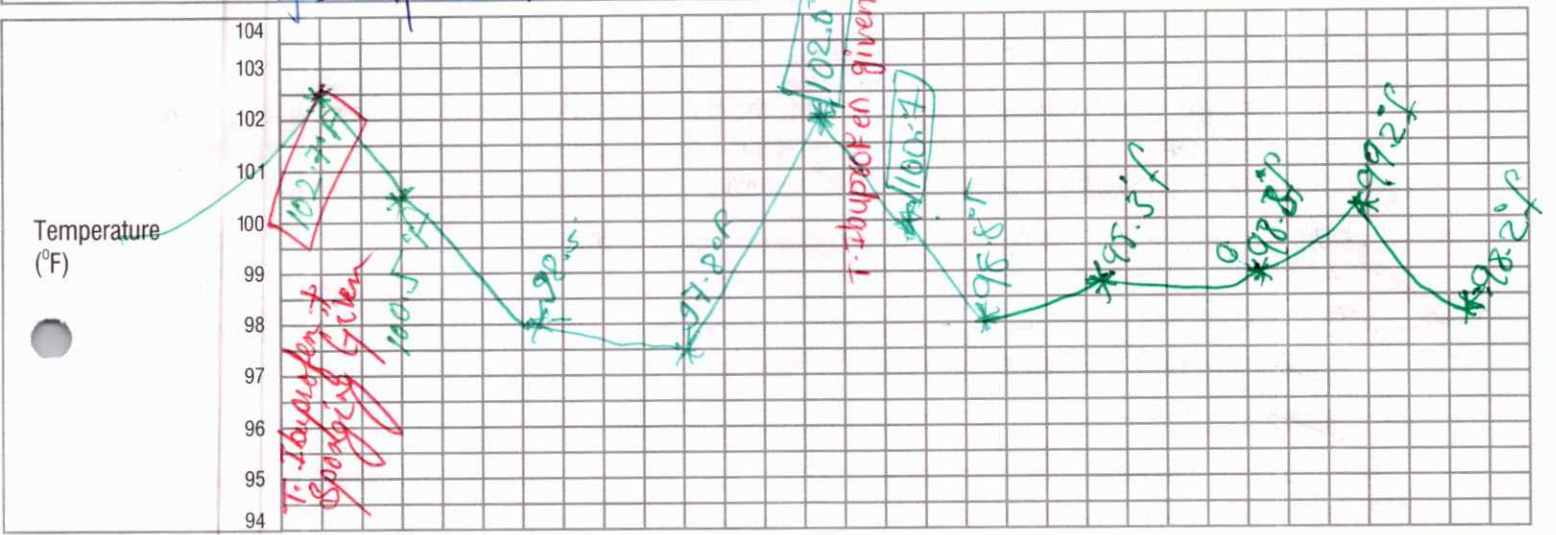
/ CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 Time: 7 AM 8:30 AM 10 AM 2 PM 5 PM 8 PM 10 PM 2 AM 3 AM 6 AM
 Doctor / Nurse / Family Concern? AM AM AM PM PM PM PM PM PM PM



Resp Distress	Mod/ Severe None / Mild								
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	100%	100%	100%	100%	99%	99%	100%
Conscious Level	Normal / Altered								
GCS *									

TOTAL SCORE									
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	P	K	K	P	P	S	S	S	S

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:

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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

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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

Patient Sticker

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/6/20	Time: 10:30am	12pm	1pm	2pm	6pm	7:55pm	10pm	2am	6:30am	
Doctor / Nurse / Family Concern?										
Temperature (F)	102.25	102.35	97.4	97.8	99.4	102.75	101.6	98.8	98.5	
Heart Rate (bpm) and Blood Pressure (mmHg) *	94/74/24		85/68/56		101/80/72		91/63/51		103/60/70	100/70/70
Heart Rate (Number)	109b/m		92b/m		101b/m		107b/m		93b/m	100b/m
Resp. Rate (bpm) (Over 1 Minute) *	22		22		22		22		23	28
Resp Rate (Number)	22b/m		22b/m		22b/m		22b/m		23b/m	28b/m
Resp Mod/ Severe Distress None / Mild										
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%		99%		100%		99%		99%	99%
Conscious Level Normal / Altered										
GCS *										
TOTAL SCORE	0		0		0		0		0	0
Number of shaded boxes	0		0		0		0		0	0
Pain Score	0		0		0		0		0	0
Observer's Initials	(K)		(K)		(K)		(K)		(K)	(K)
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

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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!
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

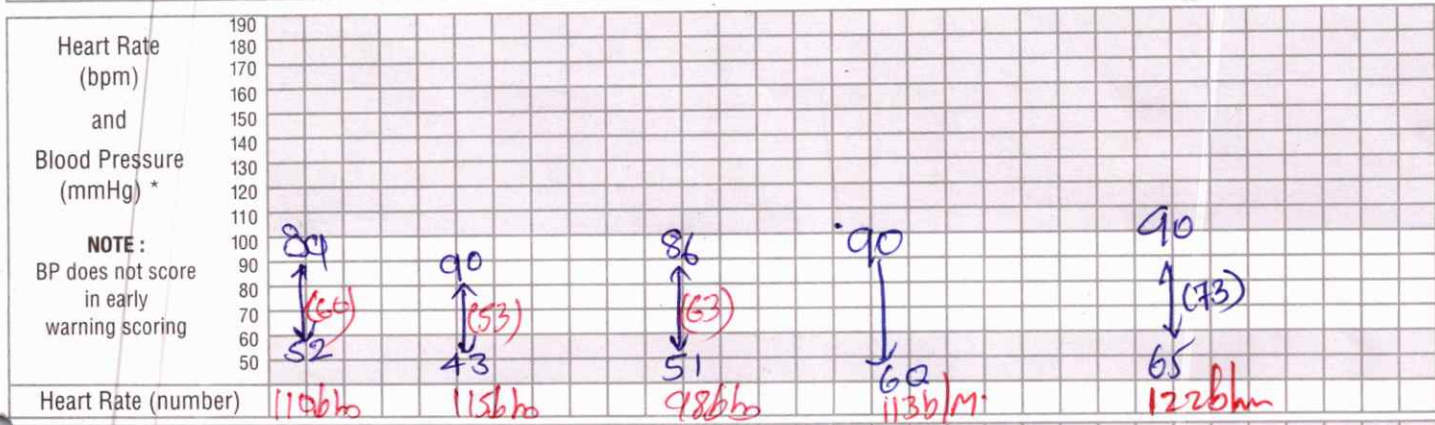
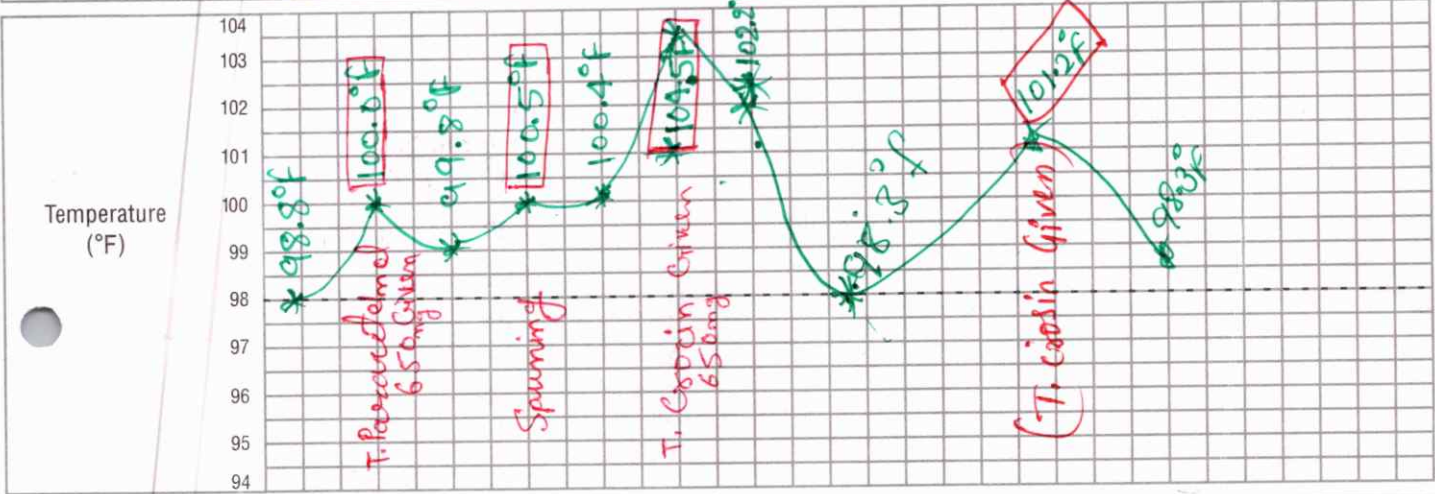
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

INH-00011347 IP26-00006487
 Patient Name: **Jaby TIMMAGI MAHITA**
 0-12-2008 17 Y 5 M 28 D (F)
 Date of Birth: **Dr. PRITESH NAGAR**



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/6/26 Time: 10 | 1 | 2 | 3 | 5 | 7 | 8 | 10PM | 2am | 6AM
 Doctor / Nurse / Family Concern? Am | pro | pro | pro | pro | pro | pro | pro | pro | pro | pro



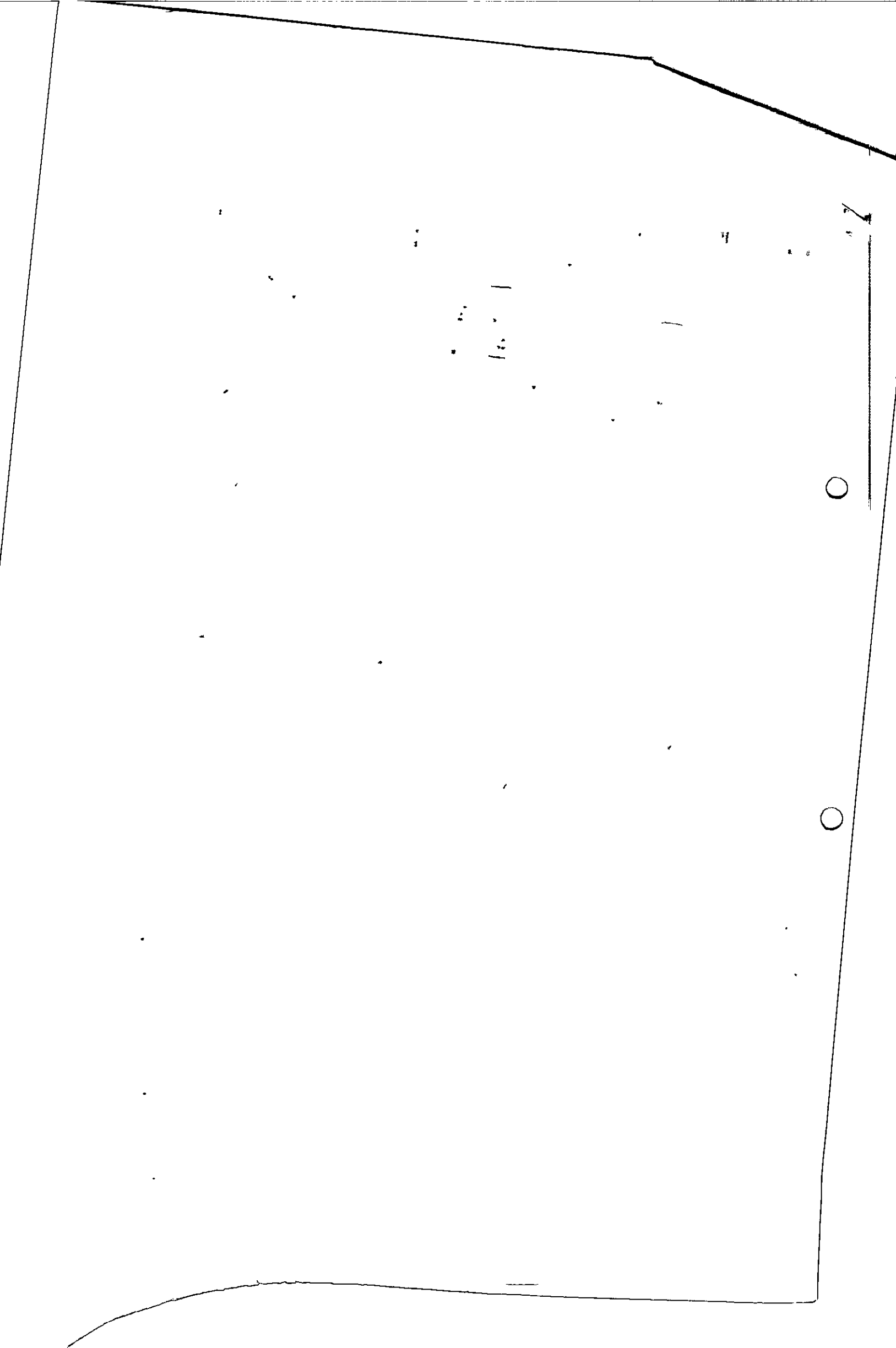
Heart Rate (number) | 110b/m | 115b/m | 98b/m | 113b/m | 122b/m
 Resp Rate (bpm) (over 1 minute) | 25b/m | 20b/m | 22b/m | 20b/m | 20b/m
 Resp Rate (number) | 25b/m | 20b/m | 22b/m | 20b/m | 20b/m

Resp. Mod/Severe Distress None/Mild
 Receiving O2 (L/min) O2 saturations (%) | 99% | 99% | 100% | 99% | 99%
 Conscious Normal Level Decreased
 GCS *

TOTAL SCORE
 Number of shaded boxes | 0 | 0 | 0 | 0 | 0
 Observer's initials | B | B | B | B | B

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
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EARLY WARNING SCORE: CHILDREN'S UNIT

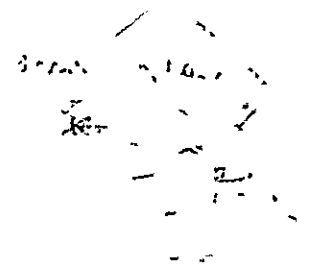
Date :	8/6/26	Time:	10 AM	1 PM	6 PM	8 PM	10 PM	11 PM	12 AM	2 AM	4:30 AM	6 AM
Doctor / Nurse / Family Concern?												
Temperature (°F)	101.4°F	101.2°F	99.8°F	103.4°F	100.0°F	97.9°F	98.3°F	97.5°F	100.4°F	97.1°F		
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 (75) / 64	101 (76) / 64	96 (69) / 58	88 (82) / 60	92 (80) / 64							
Heart Rate (number)	113b/m	102b/m	100b/m	80b/m	83b/m							
Resp Rate (bpm) (over 1 minute)	22	24	23	23	23							
Resp Rate (number)	22b/m	24b/m	23b/m	23b/m	23b/m							
Resp. Mod/Severe Distress None/Mild												
Receiving O2 (L/min) O2 saturations (%)	3g+ / 99%	100%	100%	100%	100%							
Conscious Normal Level Decreased												
GCS *												
TOTAL SCORE	0	0	0	0	0							
Number of shaded boxes	0	0	0	0	0							
Observer's initials	R	R	d	d	d							
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: Scores 3 should be recorded overleaf												

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

101

101

10



INH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 Pa-0-12-2008 17 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



FLUID CHART

Sheet No. : A

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			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 : Taken						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake : Taken						Total Output : U-200ml m=0							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output : U-350ml m=0							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. : ②

- 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							
4/30/20	08:00 am								340ml			
	09:00 am		Sdly									
	10:00 am		T									
	11:00 am		Mo									
	12:00 pm								200ml			
	01:00 pm											
Total Intake : <u>taken</u>					Total Output : <u>U - M</u>							
5/1/20	02:00 pm											
	03:00 pm		Rice									
	04:00 pm		Flw									
	05:00 pm											
	06:00 pm								200ml			
	07:00 pm											
Total Intake :					Total Output :							
4/30/20	08:00 pm		Rice						215ml			
	09:00 pm											
	10:00 pm		Flw									
	11:00 pm											
	12:00 am											
	01:00 am								270ml			
Total Intake :					Total Output : <u>U - M</u>							
5/6/20	02:00 am											
	03:00 am											
	04:00 am		H2O									
	05:00 am								500ml			
	06:00 am											
	07:00 am											
Total Intake :					Total Output : <u>U - M</u>							

New cannula done by 2:30pm

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
5/6/26	08:00 am					/				✓		A
	09:00 am					/	✓			✓		
	10:00 am	o	Pongal			/				✓		
	11:00 am					/				✓		
	12:00 pm					/				✓		
	01:00 pm					/				✓		
Total Intake :						Total Output : 2-2 M-0						
5/6/26	02:00 pm					/						A
	03:00 pm					/				✓		
	04:00 pm	o	Rice H2O			/				✓		
	05:00 pm					/				✓		
	06:00 pm					/						
	07:00 pm					/						
Total Intake :						Total Output : 0-						
5/6/26	08:00 pm					/						A
	09:00 pm					/				✓		
	10:00 pm	o	H2O			/				✓		
	11:00 pm					/				✓		
	12:00 am					/				✓		
	01:00 am					/				✓		
Total Intake :						Total Output : 4-3 M-0						
6/6/26	02:00 am					/						A
	03:00 am					/				✓		
	04:00 am	o	H2O			/				✓		
	05:00 am					/				✓		
	06:00 am					/				✓		
	07:00 am					/				✓		
Total Intake :						Total Output : 4-2 M-0						

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011347
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 26 D (F)
 Dr. PRITESH NAGAR

IP26-00006487



FLUID CHART

Sheet No. : 4

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	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
6/6/26	08:00 am						✓			✓	}	}
	09:00 am											
	10:00 am	0										
	11:00 am		Jolly		NA				NA	✓		
	12:00 pm						✓			✓		
	01:00 pm									✓		
Total Intake :			Taken			Total Output :			U-3 M-2			
6/6/26	02:00 pm									✓	}	}
	03:00 pm									✓		
	04:00 pm	0	Rice		NA					✓		
	05:00 pm		egg						NA	✓		
	06:00 pm									✓		
	07:00 pm									✓		
Total Intake :						Total Output :			U-3 M-0			
6/6/26	08:00 pm									✓	}	}
	09:00 pm									✓		
	10:00 pm	0	Rice		NA					✓		
	11:00 pm		H2O						NA	✓		
	12:00 am									✓		
	01:00 am									✓		
Total Intake :						Total Output :			U-3 M-0			
7/6/26	02:00 am									✓	}	}
	03:00 am									✓		
	04:00 am	0			NA					✓		
	05:00 am								NA	✓		
	06:00 am									✓		
	07:00 am									✓		
Total Intake :						Total Output :			U-2 M-0			

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 26 D (F)
 Dr. PRITESH NAGAR



FLUID CHART

Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
7/6/26	08:00 am													
	09:00 am		Wtly											
	10:00 am	0	H2O		NA			NA			0			
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :		Taken			Total Output :								U-1	M-1
7/6/26	02:00 pm													
	03:00 pm		Rice											
	04:00 pm	0			NA			NA			0			
	05:00 pm										0			
	06:00 pm										0			
	07:00 pm										0			
Total Intake :		Taken			Total Output :								U-2	M-2
7/6/26	08:00 pm													
	09:00 pm		Rice											
	10:00 pm	0	H2O		NA			NA			0			
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :		Taken			Total Output :								U-2	M-2
8/6/26	02:00 am													
	03:00 am													
	04:00 am	0												
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :					Total Output :								U-2	M-
Total 24 hrs. Intake												Total 24 hrs. Output		

HNH-00011347
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 28 D (F)
 Dr. PRITESH NAGAR



FLUID CHART

Sheet No. : 16

- 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			
8/5/26			Mouth	I.V	N.G							
	08:00 am				/			/				
	09:00 am				/	✓			✓			
	10:00 am		Pongal		/			/				(K)
	11:00 am				/			/				
	12:00 pm				/			/	✓			
01:00 pm				/			/					
Total Intake :		Taken			Total Output : U-2 M-1							
8/6/26	02:00 pm				/			/				
	03:00 pm				/			/				
	04:00 pm				/			/				
	05:00 pm		Rice		/			/				
	06:00 pm				/			/	✓			
	07:00 pm				/			/				
Total Intake :		Taken			Total Output : U-1 M-x							
9/6	08:00 pm				/			/				
	09:00 pm				/			/				
	10:00 pm		Recu		/			/				
	11:00 pm		tho		/			/	✓			
	12:00 am				/			/				
	01:00 am				/			/				
Total Intake :					Total Output :							
9/6	02:00 am				/			/				
	03:00 am				/			/				
	04:00 am				/			/				
	05:00 am				/			/	✓			
	06:00 am		tho		/			/	✓			
	07:00 am				/			/				
Total Intake :					Total Output : U-3 M-1							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD



Date: 3/1/09

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	→ Assess the pt condition. → monitor the vitals. → Next prick CBP, CRP plan. → drugs give as per drug chart.	8Am	→ Assessed the pt condition. → monitored the vitals. → Next prick RBP, CRP planed. → drugs as per chest return.	pt is stable now	→ Reassessed vitals	<i>[Signature]</i>
Afternoon	2pm	Assess the baby Monitor the vitals continue antibiotic observe the chest	2pm	Assessed the baby Monitored vitals antibiotic cont Monitor the chest	Maintain S/O chest	Reassess vitals well	<i>[Signature]</i>
Night	8pm	- Assess the pt condition - monitor vitals - maintain S/O chest - medication given as per doctor order	8pm	- Assessed the pt condition - monitored vitals - maintain S/O chest - medication given as per doctor order	pt is stable	Rechecked vitals	<i>[Signature]</i>

Patient



NURSING CARE RECORD



Date: 4/6/26

- 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	→ plan to change IV cannula → plan to continue IV antibiotic. → plan Abdomen Today.	8Am	→ planned to changed IV cannula → planned to continued IV antibiotic → planned to clay abdomen.	→ pt is stable now.	→ Re assessed the vitals	
Afternoon	2pm	Assess the pt condition. Monitor vitals & record. maintain TPOckaw provide the comfortable position. medication give as per order on ord.	2pm	Assessed the pt condition. monitored vitals & record W attained TPOckaw Provided the comfortable position. medication given as per order on ord.	→ pt is stable.	→ monitor vitals	
	8pm		8pm		→ vitals norm.	→ maintaining TPOckaw.	
Night	8pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart	8pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart strictly	→ Patient is stable now → IV cannula is present	→ Re-checked the vitals → I/O	
	8Am	→ I/O chart strictly	8Am				



NURSING CARE RECORD

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the Baby condition	8PM	Assessed the Patient condition.	→ PT is stable	rechecked vitals	[Signature]
	2PM	monitor vitals Maintain I/O chart Drug give as per Drug chart.	2PM	monitored vitals Maintain I/O chart → medication as per drug chart			
Afternoon	2pm	→ Assess the Baby condition	8pm	→ Assess the patient condition	pt is a stable	re-checked vitals	[Signature]
	7D	→ monitor vitals → maintain I/O chart → drugs clear	to	→ monitored vitals → maintain I/O chart - drugs clear			
Night	8pm	→ Assess the patient general condition	8pm	→ Assessed the patient general condition	Patient is stable	Rechecked vitals	[Signature]
	8am	→ monitor vitals → Administer medication as per doctor's orders	8am	→ monitored vitals → Administered medication as per doctor's orders			

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 28 D (F)
 Dr. PRITESH NAGAR

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 29 D (F)
 Dr. PRITESH NAGAR

NURSING CARE RECORD



Date: 8/6/26

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	- Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per drug chart	8Am	- Assessed the condition - monitored vitals - maintain I/O chart - medication given as per drug chart	pt is stable	Rechecked vitals	manish
Afternoon	2pm	- Assess the pt condition - monitor vitals - maintain I/O chart	2pm	- Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per doctor	pt is stable	Re-checked the vitals	Manish
Night	8pm	- Assess the pt condition - monitor vitals & records - maintain I/O chart - Give medication as prescribed by doctor	8pm	- Assessed the pt condition - Monitored vitals & records - maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	Manish



NURSING CARE RECORD



Date: 7/6/26

- 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 to 12pm	Assess the pt condition Monitor the v/s Maintain the I/O Drug as per chart	8am to 2pm	Assess the pt condition Monitor the v/s Maintain the I/O Drug as per chart	Now baby is stable	Rechecked the v/s	[Signature]
	2pm to 8pm	Assess the pt condition. Monitor vitals as per chart. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor's order.	2pm to 8pm	Assessed the condition. Monitored vitals. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor's order.	pt is stable vitals normal.	monitor vitals maintain I/O chart.	[Signature]
Night	8pm to 8am	Assess the patient general condition Monitor vitals Administer medication as per doctor's orders.	8pm to 8am	Assessed the patient general condition Monitored vitals Administered medication as per doctor's orders.	Patient is stable.	Rechecked vitals	[Signature]

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 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 29 D (F)
 Dr. PRITESH NAGAR

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 29 D (F)
 Dr. PRITESH NAGAR



NURSING CARE RECORD

Date: 08/15/16

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	Assess the Pt. condition monit to vitals Maintain I/O chart Plan for USG Abdomen Drug given as per drug chart.	8AM 2pm	Assessed the Pt. condition monitored vitals Maintained I/O chart USG Abdomen done Drug given as per drug chart.	Patient is stable now	Vitals is Normal	Khushboo (Signature)
Afternoon	2pm 8pm	- Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per drug chart	2pm 8pm	- Assessed the pt condition - monitored vitals - maintain I/O chart - medication given as per drug chart	Pt is stable	Rechecked vitals	manish (Signature)
Night	8pm 8pm	Assess the pain Administer med Maintain I/O chart	8pm 8pm	Assess the pain Administer med Maintain I/O chart	Administered	Rechecked the pain	all (Signature)

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA 17 Y 5 M 29 D (F)
 10-12-2008
 Dr. PRITESH NAGAR

NURSING CARE RECORD



Date: 9/6/36

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the pt condition Monitor vitals & record maintain I/O chart provide the comfortable position. medication give as per as doctor order	8AM	Assessed the condition. monitored vitals & record. maintained I/O chart. provided the comfortable position.	Pt is stable.	Monitor vitals.	
	10AM		provided the comfortable position.	vitals normal.	maintain I/O chart.		
	2PM		medication given as per as doctor.				
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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



BRADEN 'Q' SCALE

					Date :	3/6/26	4/6/26	5/6	
					Time :	M	N	M	J
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
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."		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 of 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.		3	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	3	4
					TOTAL SCORE	22	28	20	27
					Evaluator's Name	PN	PN	PN	PN

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

					Date :	4/6/26	5/6/26	5/6	8/6/26
					Time :	N ₁	m6	E ₂	lom
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.	3	3	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
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."	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 of 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	
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					27	28	28	28	
Evaluator's Name					<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	

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

HNH-00011347 IP26-00006487

Baby **TIMMAGI MAHITA**
 10-12-2008 17 Y 5 M 27 D (F)
 Dr. **PRITESH NAGAR**



BRADEN 'Q' SCALE



Date : 11/12/20 8/12/20
 Time : MG EL NI MG

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

TOTAL SCORE	28	24	28	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)
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

Patient ID

					Date:	8/6/2016	9/6	
					Time:	8:30 AM	7:00 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	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	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
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."		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 of 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
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						28	28	27
Evaluator's Name						B	⓪	⓪

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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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

H-00011347 IP26-00006487
 by TIMMAGI MAHITA
 12-2008 17 Y 5 M 24 D (F)
 C PRITESH NAGAR



PAIN ASSESSMENT FORM



Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6/26	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
3/6	8pm	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
3/6/26	10pm	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	[Signature]
4/6/26	6Am	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	[Signature]
4/6/26	12pm	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	[Signature]
4/6	6pm	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	[Signature]
4/6	8pm	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	[Signature]
4/6/26	10pm	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	[Signature]
5/6/26	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	[Signature]
5/6/26	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	[Signature]

Re-assessment Frequency:
 Every eight hours for all hospitalized patients.
 Surgical patients, patients with chronic pain, patient with severe pain:
 At least every 2 hours for the first 24 hours
 Prior to pain pain-relieving intervention.

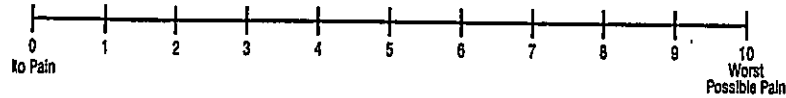
a) Every 2 hours
 b) Then every 4 hours.
 c) Then every 8 hours.
 d) Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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		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 - Out of sync fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Age (w/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/6	2pm	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	
5/6	8pm	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	
5/6/26	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	
6/6/26	10pm	0/0	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	
6/6/26	9pm	0/0	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	
6/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
7/6/26	2Am	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
7/6/26	6AM	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
7/6/26	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	
7/6	2Pm	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:

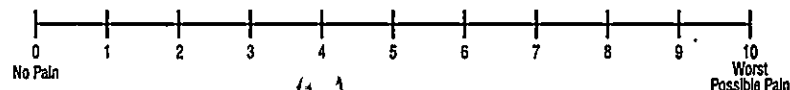
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

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' brawn 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

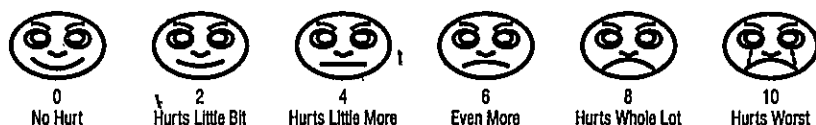
Numerical Pain Scale (Obstetric and Gynecology)



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 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





CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	3/6/24 DAY-1			4/6/24 DAY-2			5/6/24 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	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	0	0	-	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	-	0	0	-	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	-	0	0	-	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	-	0	0	-	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	-	0	0	-	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 :

Handwritten notes in the top right corner, including the number '1' and some illegible characters.





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	6/12/26 DAY-1			7/16 DAY-2			8/16 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	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	0		
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	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	0		
Signature of the Nurse				<i>[Signature]</i>			<i>[Signature]</i>			<i>[Signature]</i>			

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

Signature of Shift In Charge : *Balanani*
 Signature : Name : *Balanani*

Signature of Ward In Charge :
 Signature : *Balanani* Name : *Balanani*

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	UTI / Abscess						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:
	Surgery / Procedure:							Post OP Day:
BACKGROUND	Date	3/6/26	3/6/26	3/6/26	4/6/26	4/6/26	4/6/26	
	Shift	Mc	Spn	Ni	Mc	Fr	Ni	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Diet:	-	-	-	-	-	Soft	
	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:	98.6 F	98.5 F	98.6 F	99.1 F	98.2 F	98.4 F
		Res:	28b/m	20b	24b/m	24b/m	24b/m	26b/m
		SpO ₂ :	100%	99%	100%	100%	99%	100%
		Pulse:	91b/m	72	95b/m	91b/m	95b/m	96b/m
		BP:	-	100/72	95/69	-	106/59	100/61
		LOC:	-	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	0	0	0	0		
Skin Integrity	Good	-	Good	Good	Good	Good		
Recommendations	Safety Needs:	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	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 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	
	Special Diet:	-	-	-	-	-	Soft	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	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 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	
	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 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	
	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 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	
ADL (Dependent / Non Dependent):	-	-	-	-	-	-		
Post Operative Procedure Special Orders:	-	U/o Smct	-	-	-	-		
Handed Over By Name :	mahi	Supriya	Supriya	mahi	Supriya	Supriya		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	3/6/26	3/6/26	4/6/26	4/6/26	4/6/26	5/6/26		
Time:	2pm	8pm	8am	2pm	8pm	8am		
Taken Over By Name :	Supriya	Supriya	mahi	Supriya	Supriya	Supriya		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	3/6/26	3/6/26	4/6/26	4/6/26	4/6/26	5/6/26		
Time:	2pm	8pm	9am	2pm	3pm	8am		

Patient S

HNH-00011347 IP26-00006487
Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 25 D (F)
 Dr. PRITESH NAGAR



HIFT HAND OVER FORM

SITUATION								
Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	5/6/20	5/6/20	5/6/20	6/6/20	6/6/20	6/6/20	
	Shift	M6	E2	N8	M6	E2	N1	
Medical Condition (Any special condition to be noted):		-						
Diet:		soft diet						
ASSESSMENT	Allergy:	<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						
	Vital Signs:	Temp:	98.2f	98.3	98.3f	98.6f	98.8	97.8f
		Res:	28b/m	28b	29b/m	28b/m	29b	30b/m
		SpO ₂ :	99%	99%	99%	99%	99	100%
		Pulse:	88	85	83b/m	87b/m	87b/m	86b/m
		BP:	110/60	112/60	110/70	108/37	109/69	118/72
		LOC:	-					
	Fall Risk Score:	-						
Pain Score:	-							
Skin Integrity	-							
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Physiotherapy:	-						
	Others Specify:	<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						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
ADL (Dependent / Non Dependent):	-							
Post Operative Procedure Special Orders:		-						
Handed Over By Name :		Divya	Madhu	Sandhya	Sunanda	Madhu	Priyanka	
Signature / ID :		D	MA	SA	SA	MA	PA	
Date:		5/6/20	5/6/20	6/6/20	6/6/20	6/6/20	7/6/20	
Time:		2pm	8pm	8am	2pm	8pm	8am	
Taken Over By Name :		Madhu	Sandhya	Sunanda	Madhu	Priyanka	Sunanda	
Signature / ID :		MA	SA	SA	MA	PA	SA	
Date:		5/6/20	5/6/20	6/6/20	6/6/20	6/6/20	7/6/20	
Time:		8pm	8pm	8am	2pm	8pm	8am	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	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	7/6	7/6	7/6/26	8/6/26	9/6	
	Shift	MB	MB	MB	MB	MB	
	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	
	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	
	Vital Signs:	Temp:	98.1 F	98.2 F	98.3 F	98.3 F	98.1 F
		Res:	20b/m	20b/m	20b/m	20b/m	20
		SpO ₂ :	99%	98%	99%	98%	99%
		Pulse:	124b/m	122b/m	121b/m	120b/m	121
		BP:	-	-	-	-	-
		LOC:	-	-	-	-	-
	Fall Risk Score:	40	0	-	-	-	
Pain Score:	40	0	-	40	-		
Skin Integrity	Good	Good	Good	Good	-		
Recommendations	Safety Needs:	<input checked="" 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 checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 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	
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	-	-	-	-	-		
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Suganda, Sneh, Sandhya, Suganda, Sneh					
Signature / ID :		[Signatures]					
Date:		7/6/26, 7/6, 8/6/26, 8/6/26, 9/6					
Time:		2pm, 8pm, 8am, 8pm, 5pm					
Taken Over By Name :		Sneh, Sandhya, Suganda, Sneh, Sneh					
Signature / ID :		[Signatures]					
Date:		7/6, 7/6/26, 8/6/26, 8/6, 9/6					
Time:		2pm, 8am, 8pm, 8am, 5pm					

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	Shift					
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter: - -	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non-Dependent):							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



DRUG CHART

Date of Admission: 3/6/26 Drug Allergies: N/A Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: IPB CROCI-650mg				Date/Time
Dose	Route	Frequency	Start Date	4/6
650mg	PO	80.5 6-8hly	3/6	11:10 AM
Doctor's Signature		Valid Period	Pharm.	11:20 PM
Additional Instructions:		5/6/26 @ 4pm		

DRUG: IG TAB DOLO				Date/Time
Dose	Route	Frequency	Start Date	3/6
650mg	PO	SOS	3/6	11:20 PM
Doctor's Signature		Valid Period	Pharm.	11:20 PM
Additional Instructions:		DONT GIVE FOR CHILLS		

DRUG: Tab IBUPROFEN				Date/Time
Dose	Route	Frequency	Start Date	4/6
200mg	PO	80.5 8hly	4/6	4/6 5/6 6/6 7/6
Doctor's Signature		Valid Period	Pharm.	9 PM
Additional Instructions:		DONT GIVE FOR CHILLS		

Verified by Dr. Dhakshaya

Verified by Dr. Dhakshayani

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 25 D (F)
 Dr. PRITESH NAGAR



REGULAR PRESCRIPTIONS

Sheet No:

Weight 40.7kg Ward

Verified by Dr. D. K. Shayani

DRUG :				Date Time
TAB PANTOP				5/6 6/6 7/6 8/6 9/6
Dose	Route	Frequency	Start Dt.	
40mg	PO	OD	5/6/20	
Name & Signature of the Doctor Starting the Drugs:				
 				
Additional Instructions:				
(PANTOPRAZOLE)				
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

VERIFIED BY

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12/4 40

2 . . . 2/2

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DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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 : TAB. DOLO				Date/Time																	
Dose	Route	Frequency	Start Date																		
650mg	PO	SOS	5/6																		
Doctor's Signature		Valid Period	Pharm.																		
[Signature]																					
Additional Instructions:																					
PARACETAMOL.																					

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:																					

HNH-00011347 IP28-0006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 6 M 24 D (F)
 Dr. PRITESH NAGAR

Weight Ward



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature
VERIFIED BY :

HNH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 10-12-2008 17 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



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: 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

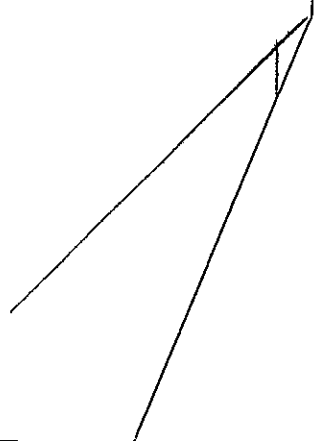
Doctor Name & Signature : Dr. Alekya

Date & Time : 3/6/26 @ 11 pm

Nurse Name & Signature: [Signature]

Date & Time : 3/6/26 @ 11 am

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



INH-00011347 IP26-00006487
 Baby TIMMAGI MAHITA
 0-12-2008 17 Y 5 M 24 D (F)
 Jr. PRITESH NAGAR

306



NATIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/6/26 Time: 3pm

Weight: 40.7 kg Centile: 210th

Height: Centile:

Inference: underweight child

RDA: Calories: 1900 kcal/d Protein: 32 gms/d

Diet Recommendations: Normal soft diet with more liquids

Re-Assessment: Avoid spicy, chilled & outside foods

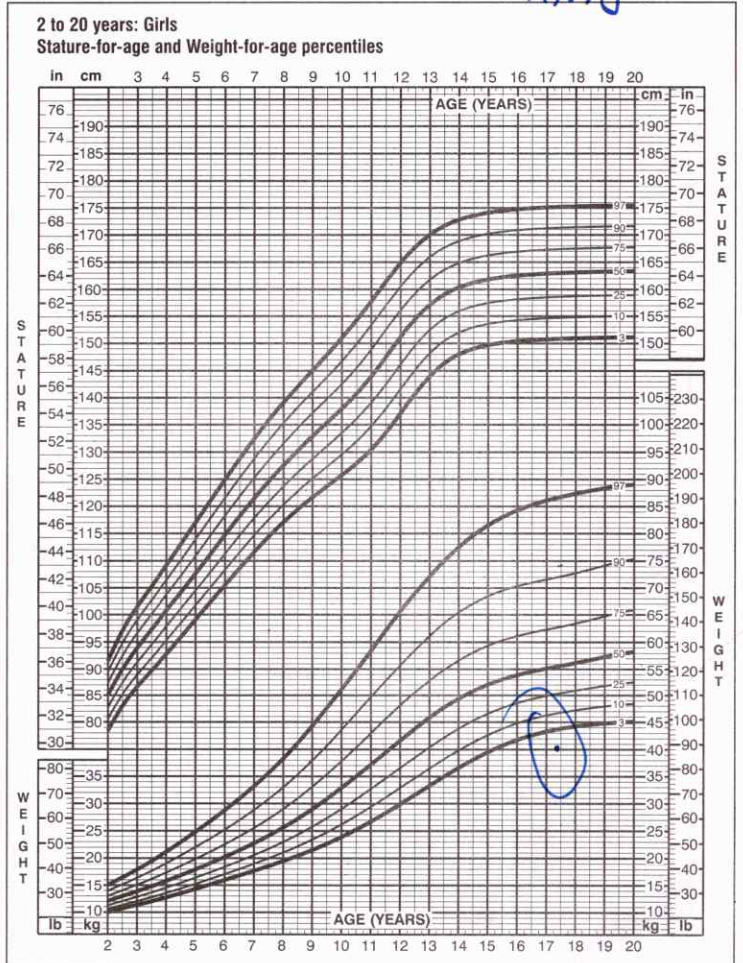
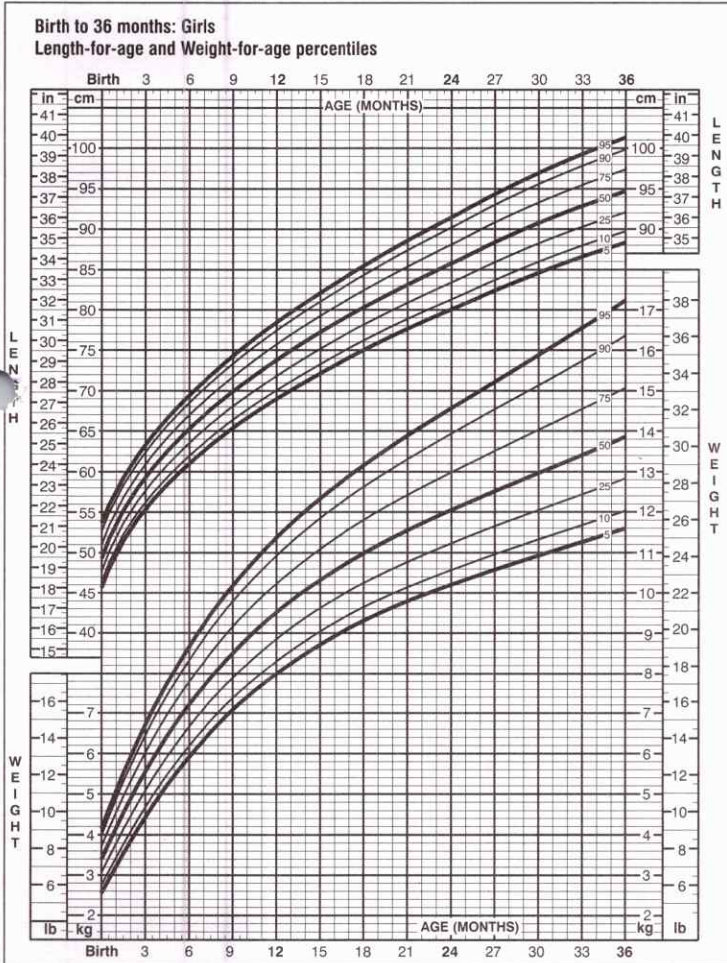
Food Allergies: no Veg/Non-veg: veg

Diagnosis: Appendicitis Abscess with ? UTI

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [parent's not willing to sign don't charge for NHA]


GROWTH CHART (GIRLS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]


PATIENT TRANSFER FORM

HNH-00011347 IP26-00006487 Baby TIMMAGI MAHITA 10-12-2008 17 Y 5 M 24 D (F) Dr. PRITESH NAGAR 		Date & Time of Admission <i>3/6/26 @ 12:55pm</i>	Date & Time of Transfer Order <i>3/6/26 @ 4:30pm</i>
		Transfer Ordered by <i>Dr. Alekya</i>	Reason for Transfer <i>Admission</i>
From Unit <i>3rd Floor (306)</i>	To Unit <i>2nd Floor (211)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>DS</i>	Number of Imaging Films <i>will</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>Tj: Azetromam</i>	<i>2</i>	
2.	<i>Tj: zaviceftu</i>	<i>1</i>	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sypriya</i>		Name of Person Ordered Transfer <i>Dr. Alekya</i>	
Patient & Clinical Records Received by : <i>Mounika 3/6/26 @ 4:30pm</i>			
Date & Time of Patient Received :			

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

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011347 IP26-00006487 Baby TIMMAGI MAHITA 10-12-2008 17 Y 5 M 24 D (F) Dr. PRITESH NAGAR		Date & Time of Admission 3/6/26 @ 12:55pm	Date & Time of Transfer Order 3/6/26 @ 1:30pm
		Transfer Ordered by Dr. Alekya	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 DS	Number of Imaging Films NIL	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 Sis Syon / Jyoti		Name of Person Ordered Transfer Dr. Alekya	
Patient & Clinical Records Received by : Suranda @ 1.40pm			
Date & Time of Patient Received : 3/6/26			

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

- Unavailable Bed Nurse not Available Available Bed not ready



w + 40.7 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : *Baby Timmagi mahita* Age : *17 Y* Gender: Male Female

Date : *3/6/26* Time of Arrival : *1:15 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: *102°F* PR: *110/1m* BP: *104/66/6* RR: SpO₂: *99%*

Chief Complaints: *C/O fever since 2 days*

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

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

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

* CTAS - Canadian Triage and Acuity Scale

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 : *Jyoti*

Signature of Triage Nurse : *Jyoti*

Date & Time : *3/6/26 1:02 PM*





NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/26 Time of arrival : 1:04pm
 Chief Complaints: C/O fever since 2 days
 Height : Weight : 110.7kg 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 n/a Location Frequency Duration

<p>RISK FOR FALL: If patient is < 6 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' tick below fall risk intervention directly If Patient is > 6 years If 'Yes' Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input type="checkbox"/> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> Educate patient and family on fall precautions/prevention</p>	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality</p> <p>Inform consultant for positive criteria</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method</p> <p>Inform consultant for positive criteria</p>
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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?) n/a
 Time of Initial assessment completed by ER Nurse : 1:06pm

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

Time	Nursing Notes
	- Assess the pt condition
	- monitor vitals
	IV placement of basic pane

Samples collected by: NIA
 Samples sent by: NIA

Time: NIA
 Time: NIA

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	1:10pm Tabs paracetamol	P/O	500mg	Dr Alakya J JGA	

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>111b/m</u> BP: <u>104/66</u> CFT: RR: <u>22b/m</u> SPO2 at FiO2: <u>99%</u> GCS: <u>15/15</u> Temperature: <u>102°F</u> Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: <u>2nd floor</u> Time of Shift - out: <u>1:30pm</u> Handover given to: <u>Sunita</u> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

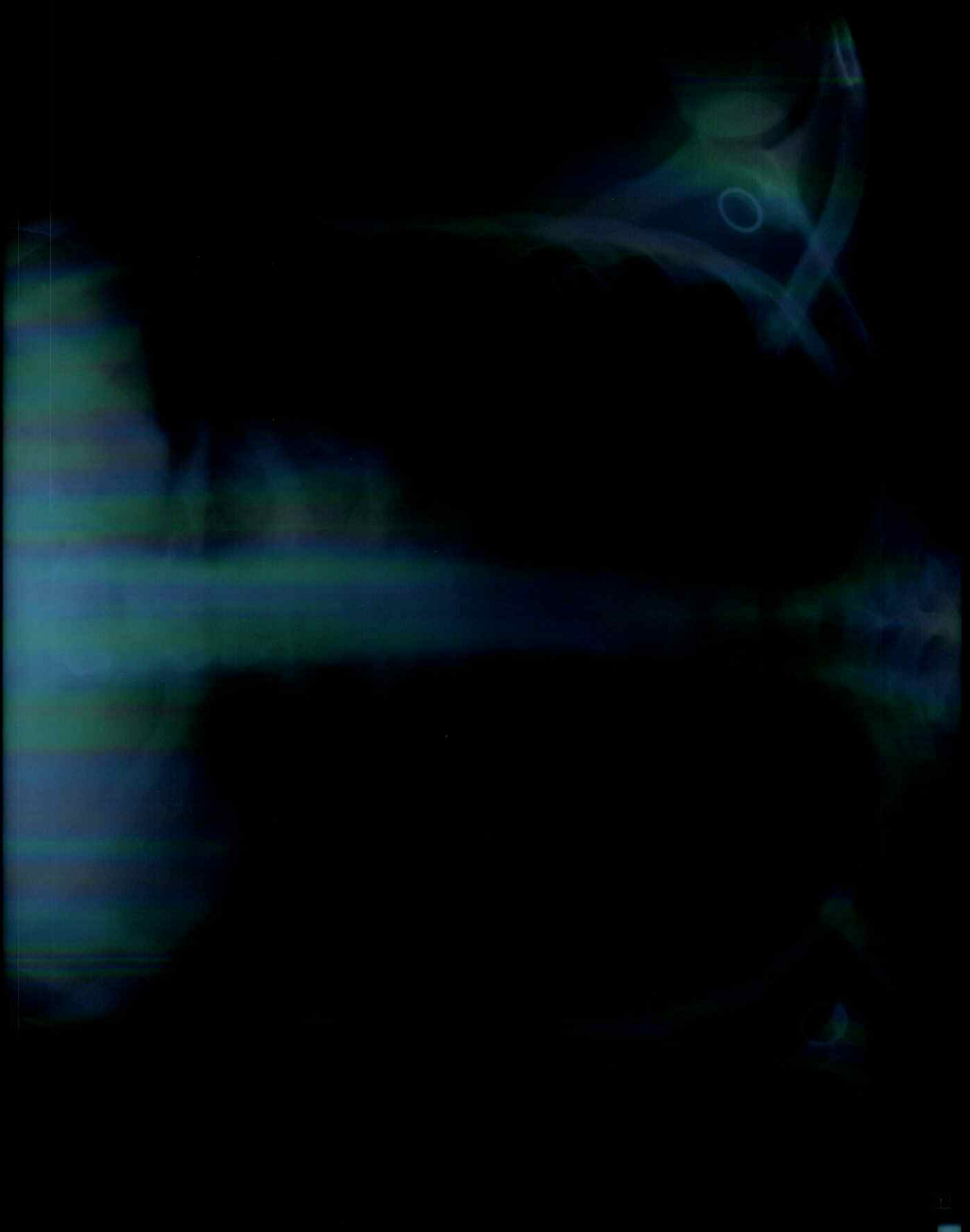
Procedures done with details (if any): NIA

Name of the Nurse: Sunita Signature of the Nurse: [Signature]

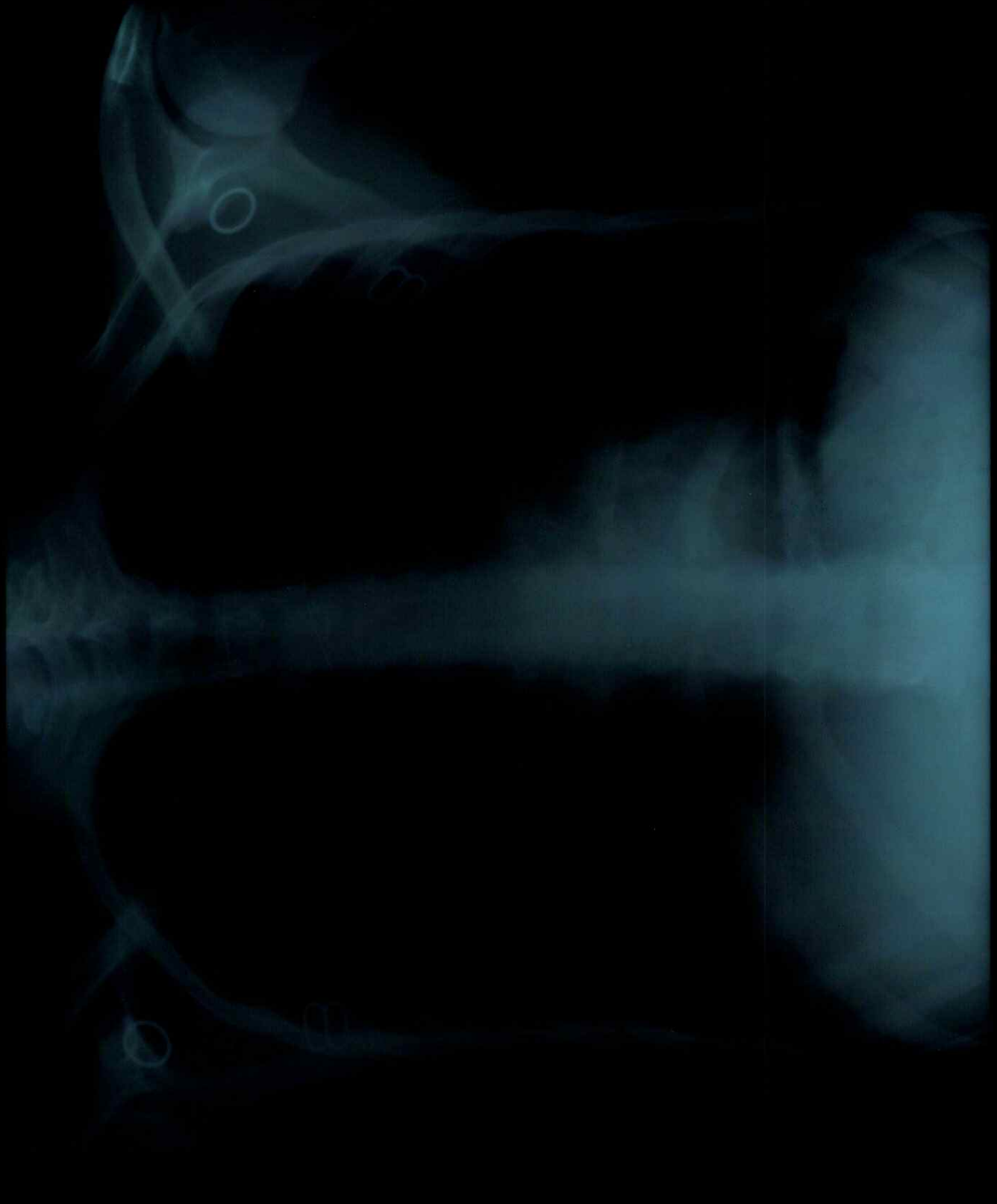
Date & Time: 3/6/26 @ 1:07pm

РАДАН ПЛАКОВИЋ АТРОН ШИШО МИШИЋ

1911. 10. 20. 1911. 10. 20. 1911. 10. 20. 1911. 10. 20. 1911. 10. 20. 1911. 10. 20. 1911. 10. 20.



R



PIMMAGE MAHITA 17Y 5M 24D F HNH 00011347 CHEST PA 08 JUN 26 5 55 PM
RAINBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR