DISCHARGE SUMMARY

Name	Baby DAMMANAPETA TRYAKSHYA	**UHID**	HNH-00009160
Father/Guardian	Mr RAKESH	**Age/Gender**	0 Y 11 M 5 D/ Female
Address	1-8-744/745 ,BRINDAMAN COLONY, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006544	**Admission Date**	09-06-2026
Ref Doctor	Self.		
Discharge Date			

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
CULTURE POSITIVE UTI (ECOLI)	

History: Baby DAMMANAPETA TRYAKSHYA , 0 Y 11 M 5 D , old girl presented with the history of fever, dull activity, decreased oral intake, decreased urine output since 3 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile(102*F), . Her heart rate was 118/min and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt.On examination Signs of dehydration were present, dry

Name	Baby DAMMANAPETA TRYAKSHYA	UHID	HNH-00009160
IP No	IP26-00006544	Admission Date	09-06-2026

lips, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 7.0 kilo grams.

Investigations: Enclosed reports

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 23960 cells/cumm, platelet count of 4.16 lakhs/cumm and C-Reactive Protein of 31 mg/l.Blood culture and sensitivity shows no growth after 48 hours of incubation.

Urine culture and sensitivity shows

Gross examination : Yellow in colour, clear.

Gram stained smear - Shows polymorphs with gram negative bacilli.

Colony count: - $>10^5$cfu/ml

Culture : - **E. coli isolated.**

Susceptible to –

Amoxycillin-Clavulanic acid, Cephalexin, Cefotaxime, Ceftriaxone, Cefpodoxime, Cefixime, Gentamicin, Amikacin, Tobramycin, Sulfamethoxazole-Trimethoprim, Trimethoprim and Nitrofurantoin.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics . She was treated symptomatically with antacids and antipyretics.

In view of urine routine showed significant pus cells USG abdomen was done

Name	Baby DAMMANAPETA TRYAKSHYA	UHID	HNH-00009160
IP No	IP26-00006544	Admission Date	09-06-2026

report suggestive of CYSTITIS and urine culture showed ECOLI growth for which susceptible antibiotics (Inj ceftriaxone and Inj amikacin) continued .

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with IV antibiotics.

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

Medication during hospital stay:
Injection. Esmoprazole
Injection. Amikacin
Injection. Ceftriaxone

Advice:
* Diet as advised.

Name	Baby DAMMANAPETA TRYAKSHYA	**UHID**	HNH-00009160
IP No	IP26-00006544	**Admission Date**	09-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	INJ CEFTRIAXONE	700MG IN 20ML NS OVER 2 HOURS	8am	TILL FURTHER ADVICE
2	INJ AMIKACIN	100MG	8am	TILL FURTHER ADVICE
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: TO REVIEW WITH CBP , CRP TOMORROW

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1.2 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on FRIDAY(12.06.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

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

Follow up immediately in Emergency Room if high grade fever, vomiting,

Name	Baby DAMMANAPETA TRYAKSHYA	**UHID**	HNH-00009160
IP No	IP26-00006544	**Admission Date**	09-06-2026

breathlessness or refusal to feed occurs.

If any Intra Venous antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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

Parent/ Attender

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006544 **Admit Date** : 09-Jun-2026 **Admit Time** : 12:32 AM **UHID** : HNH-00009160

Patient Details :

Patient Name	: Baby DAMMANAPETA TRYAKSHYA	**Age**	: 0 Y 11 M 5 D
Guardian	: Mr RAKESH	**DOB**	: 04-07-2025 02:26 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-8-744/745 ,BRINDAMAN COLONY Bagh Lingampally Hyderabad Telangana INDIA 500044	**Phone No**	: 9573004535/ 9703637778
		E-mail	: RAKESHDAMANAPETA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr RAKESH **Relationship** : Father

Contact Address : 1-8-744/745 ,BRINDAMAN COLONY Bagh Lingampally Hyderabad Telangana INDIA 500044 **Phone No** : 9573004535

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

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ACTIVITY

HNH-00009150 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pedeatric

Date of Admission : 9/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	1:40pm	ER	ward (2/4)	Bhargavi

Cross Consultation Visit

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

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/6/26	TBP, CRP Blood CLS Urine CLS	9562	Dye
9/6/26	USG Abd Adenovirus PCR	6931 9580	Sr Sr

Cross Checked done
↳ by Sujatha on 11/6/26

HNH-00009150 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2026 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/6/26	Infusion Pump	2pm	10/6/26 10am	5460	

Cross checked done by Sneha Sujatha on 11/6/26

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
~~11:30 AM~~ 9/6/26	Iv canula	1	5457	
9/6/26	NVHA	(1)	5592	

Cross checked done by Sw by Sujata on 11/6/26 staff nurse

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00009150 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2026 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ A_

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever x 3days
C/o dull activity x 3days
C/o decreased oral intake x 3days
C/o decreased urine output x 3days

History of present illness :

Pt was apparently alright 3days before then had fever of high type high degree, not relieved with medication.

C/o dull activity, decreased oral intake x 3days

C/o decreased passage of urine since 3days.

OPD

⇒ Urine routine.
Pus cells - 10-12 cells.
Leucocytes - present (2+)

Pediatric Multiorgan History & Physical Examination

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

Nothing significant

Birth & Neonatal History :

—

Birth & Socio Economic History :

About Father :

About Mother : —

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Upto date till 9 months

Pediatric Multiorgan History & Physical Examinatio

Anthropometry

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

Weight (kgs) 7.0 kg (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate: 118. Description _____

B.P. _____ SPO2 98% at RA

Resp. rate and type of breathing : 28cpm.

dry oral mucosa. Sunken eyes dry lips.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BL AE (+)

Any addes sounds : BL NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 heard

Any murmur : No murmur

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

Per Abdomen :

Inspection _____

Palpation : Soft, non-tender

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 : _____

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI c dehydration.
? UTI.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP
Blood C/s
Urine C/s (catheter sample)
CUE - done (OP basis)
1 extra plain sample.

NB Ofon
9/6/26

Planned Management :

Inj. ceftriaxone OD.
Inj. ondansetron SOS
USG Abdomen & Pelvis
Inj. Esmaprazole. 8mg

NB Ofon
9/6/26

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 Dr. Sindhura M on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura M Date 9/6/26 Time 10:20pm

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 8AM	C/s/o Dr. Naipuja | Dr. prashanth AFT c dehydration ? UTI	
	Fever (+)	plan
	oral intake - poor	- Cont ceftriaxone.
	Vitals - Stable.	- Cont IVF
	RIS - BILAE PA - Soft, NT	- Cont Crocin ibugesic } SOS
		- Monitor vitals - Trace Blood c/s urine c/s
		P/B opd.

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	9/6/26 SIB Dr. Sindhura	
	10:00 AM ΔAFI - dehydration Plan	
	? UTI	
	Fever spikes ⓑ	← IV CEFTRIAXONE
	CNS - S, S ⓑ	
	RS - BIL - AE ⓑ	→ Inj. AMIKACIN 100mg IV OD
	PSA - 50K	
	Convulsion	→ USG Abdomen pelvis today
		← Send Adenovirus PCR
		← Treat Urine ↓
		NB Sodium 10:20 AM

Dr. SINDHURA MUNUKUNTLA
Reg. No: 66970

HNH-00009150 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/06/26 2:30 PM	c/o c. Dr. Sankalp/ Dr. Shreeya	
	Dx: AFI with dehydration	
	Fever ⊗	
	- Noforeh cough	
	Oral intake - poor	USG Abdomen - Cystitis
	O/E: GC-fair	
	vitals stable	
	Hydration - good	
		Adv
		- Inj Ceftriaxone
		- Inj Amikacin
		- Trans Adenovirus PCR
		- Trans TSCord c/s e
		urine c/s
		- Monitor vitals and
		Inform SOS
		Sankalp
		noted by Sr. Sandhya
		9/6/26
		2:30 pm

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/06/26 21:00	C/O. D. Sindhura	
	Fever ⊖ No fast breathing	
	O/E: CC-free Hemodynamically Stable Hydration-good	
		Adv - Cont. IV Antibiotics - Trans Blood CC Urine Op - Monitor vitals & Inform L-T - IV Attach (1/2 N)

Dr. SINDHURA MUNUKUNTLA
No. 54979

noted by Sr. Sandhya
9/6/26
7 pm

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B. Pr Prathath. / Dr. Nasreen.	
7:30 AM	∆ AFI & Dehydration. ? UTI.	
	TLC: 23960 Fever spikes - last 8pm: yest 100.1°F N/L 58.6/34.8. fresh c/o - None. CRP 31.	Adv.
	d/s Gc. fav.	
	Vitals stable	- Ct. Antibiotics - Ceftriaxone - Amikacin
	PA: soft.	- IVF 1/2 M.
		- Trace Blood c/s
		Urine c/s
		N.B Amrutha 10/6/26 @ 8AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 10.50am	c/s/c Dr. Sindhura	
	Dois - AFI / 2 UTI	
	- 2 cs/- fever yesterday @ 8pm (100.10F).	
TLC-23.9k		
CRP-31	- fresh c/o - None.	
PC-10-12		
Blood c/s-24		
	O/E - Vitals stable.	Plan
		- Ct. Abx (c/t Meropenem + Amikacin)
	S/E - WNL.	
		- Trw blood c/s / urine c/s.
	Admissions - By afternoon.	- Stop IVF
		N/B Seizure precautions

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 2:00pm	c/s/by Dr Anush UTI (Ecoli culture +ve)	
	No fever Sinusy oral Intake ↑ vital stable S/E NAD	Rx - Adm awaited - BHB - T. - ct Antibiotic - Monit vital N/B Updates.

1NH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
)4-07-2026 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5pm	C/S/B- Dr. Dilnaaz Dx- E. coli +ve UTI. No fever. - No c/o vomiting. - Ord intake-fair. O/E- vitals stable. S/E- WNL.	Plan- - Trace blood cs. - Adenovirus f/u. - Ct Rx - Cefixime Amikacin - Monitor vitals. N/B updated. Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 7:30 AM	S/B Dr. Sreejan / Dr. Praneeth	Plan
	Δ Urolysis:	
	CE. Coli /	- St CEFTRIAXONE AMIKACIN
	Afebrile	
	CVS - S1, S2 (+)	Encourage orally
	RS - BL - AEB (+)	
		Plan discharge
	P/A - soft non tender.	NB - Amikacin @ 8 AM.
	d/s/by Dr. Sindhura. M	
11/6/26 10.30 AM	Δ UTI (E coli) +ve.	Ct CEFTRIAXONE Amikacin
	Afebrile.	- Enteorally.
	vitals stable	- monitor vitals
	Intake - good	- d/s today.
		- (T) B/ds.
	S/E P/A soft Not distended	- Tm [BP, CRP].

Dr. SINDHURA MUNUKUNTLA Reg. No: 66970

INH-00009160 IPZ6-00006544
Baby DAMMANAPETA TRYAKSHYA
14-07-2025 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

214 PIT 102 211

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RESULT SHEET

Date	9/6/26					
Time						
Hb	12.4					
PCV	34.2					
RBC	4.74					
WBC	23.96					
N/L	58.6/34.8					
Platelets	416.					
CRP	31					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	8/6					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells	10–12					
CUE - RBC Cells	4–6					
CUE						
Epi cells	8-10					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Adenovirus PCR : not detected						

Culture and Sensitivities : 9/6/26 Blood c/s → 24 hrs NO growth.

urine c/s : E. coli isolated

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

1 / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/6 Time: 2000 6AM 8:30PM 9 1 2 6 8PM 1AM 9AM 6AM

Doctor/Nurse/Family Concern? Dr Dr Dr PM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.4°F 97.6°F 99.2°F 103.8°F 98.6°F 98.5°F 100.1°F 98.5°F 99.1°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

79 (62) 50

Heart Rate (Number) 122bpm 115bpm 118bpm 132bpm 115bpm 113bpm 122bpm 120bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 35bpm 38bpm 34bpm 37bpm 30bpm 35bpm 30bpm 28bpm

Resp Distress	Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	100%	100%	99%	99% 99%	99%
Conscious Level	Normal / Altered							
GCS *		15						
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0 0	0
Pain Score		0	0	0	0	0	0 0	0
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

M / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..../6..... Time:	10		2		6pm			10		2Am			6Am											
Doctor/Nurse/Family Concern?	Am		pm					pm																

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.6°F 98.6°F 98.1°F 97.2°F 97.2°F 97.3°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

93 (86) 60 | 90 (78) 61 | 87 (55) 45 | 87 (62) 53

Heart Rate (Number)	140bm		137bm		114bm			115b/m		114b/m			115b/m											

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

70 60 50 40 30 20 10

Resp Rate (Number)	30bm		28bm		28bm			30b/m		28b/m			29b/m											

Resp Distress: Mod/ Severe / None / Mild																								
Receiving O_2(l/min) O_2Saturations (%)	100%		100%		100%			98%		100%			98%											
Conscious Level: Normal / Altered																								
GCS *					15/15			15/15																
TOTAL SCORE Number of shaded boxes	0		0		1			0		0			0											
Pain Score	0		0		0			0		0			0											
Observer's Initials																								

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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BirthRigh
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
9/6	02:00 am	1			18ml							
	03:00 am		Milk		18ml					–		
	04:00 am	DNS	Jelly		18ml							
	05:00 am		Milk		18ml					–		
	06:00 am	1			18ml							
	07:00 am		Nil		18ml					–		
Total Intake :						**Total Output :** U-3 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6	08:00 am		Feed	18 ml				8:30 AM		✓		
	09:00 am		Milk	18 ml								
	10:00 am	DNS		—			0					
	11:00 am			—	NA					✓	0	
	12:00 pm		Milk	—								
	01:00 pm											
Total Intake : Taken						**Total Output :** U - 2 M -						
9/6/26	02:00 pm		Rice kichadi Tomato soup	28 ml								
	03:00 pm			28 ml						✓		
	04:00 pm			18 ml								RW
	05:00 pm	DNS		18 ml		NA		NA			0	
	06:00 pm			18 ml						✓		
	07:00 pm			18 ml			✓					
Total Intake : Taken.						**Total Output :** U - 2 M - 0						
9/6/26	08:00 pm			18ml								
	09:00 pm			18ml					✓			
	10:00 pm		Rice kichadi	18ml								AY
	11:00 pm	DNS	+	18ml		NA	0	NA			0	
	12:00 am		H2O	18ml						✓		
	01:00 am			18ml		✓	✓	✓				
Total Intake :						**Total Output :**						
10/6/26	02:00 am			10ml								
	03:00 am			10ml								
	04:00 am			10ml								AY
	05:00 am	DNS	H2O	10ml		NA	0	NA		0	0	
	06:00 am			10ml								
	07:00 am			10ml		✓	✓	✓		✓	✓	
Total Intake : Taken						**Total Output :** U - 1 M - 0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6	08:00 am	1		10 ml							0	
	09:00 am	ONS	milk	10 ml							0	
	10:00 am			10 ml			0				0	
	11:00 am	1	milk	10 ml		NA	1		NP		0	
	12:00 pm		milk	10 ml						✓	0	
	01:00 pm			10 ml								
Total Intake : Taken						**Total Output :**						
	02:00 pm											
	03:00 pm	1	milk	IVF							1	
	04:00 pm	ONS										
	05:00 pm			Stop							0	
	06:00 pm	1	milk							✓		
	07:00 pm										1	
Total Intake :						**Total Output :**						
10/6	08:00 pm	1	milk				1			✓	1	
	09:00 pm											
	10:00 pm						0				0	
	11:00 pm	0				NA			NA			
	12:00 am		milk				1			✓	1	
	01:00 am	1										
Total Intake : Taken						**Total Output :** m-0					U-2	
11/6	02:00 am	1	milk				1			✓	1	
	03:00 am											
	04:00 am	0				NA	0		NA		0	
	05:00 am											
	06:00 am	1	milk				1			✓	1	
	07:00 am											
Total Intake : Taken						**Total Output :** m-0					U-2	

Total 24 hrs. Intake		Total 24 hrs. Output	

UNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2026 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 9/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	Assess the baby 8pm Assisted the baby Monitor the VIs Monitor VIs Administer Medicine Administer Medicine Reposte Report 8pm ct iv fluids 8pm ct iv fluids			Administered Medicine	learned the parent good	

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 9/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☑ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
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- ☐ 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 2pm	- Assess the pt Condition - Monitor vitals - Maintain I/O Chart - Medication Give as per drug chart	8Am to 2pm	- Assessed the pt condition - Monitored vitals - Maintained I/O chart - Medication Give as per drug chart	Pt is Stable	Re checked vitals	Manisha
Afternoon	2Pm to 8Pm	Assess the Pt condition monitor vitals Maintain I/O chart Drug Give at per Drug Chart.	2Pm to 8pm	Assessed the Patient condition monitored vitals Maintained I/O chart Drug given at per Drug chart	Patient is Stable now	Re checked vitals	Khushboo Tew
Night	8pm to 8Am	→ Assess pt condition → monitor the vitals → Maintain I/O chart → Administer medication as per drug chart.	8pm to 8Am	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	Anusha Dey

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 10/6/26

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 to 2pm	Assess the pt condition Monitor vitals & record Maintain I/o chart. Provide the comfortable position. Medication give as per as doctor order	8Am to 2pm	Assessed the pt condition Monitored vitals & recorded Maintained I/o chart. Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable. → vitals are normal	→ monitor vital. → Maintain I/o Chart.	Sm Sy
Afternoon	2pm to 8pm	Assess the baby Monitor the VS administer Medicine Maintain I/o Chart	2pm to 8pm	Assessed the baby Monitored VS administer them Maintain I/o Chart	Administer after	Reassess the pt	Sy
Night	8pm to 8pm	→ Assess the baby General Condition → Monitoring vitals Checked and Recorded.	8pm to 8Am	→ Assess the pt General Condition → Administration medication as for drug Chart	→ vitals Checked and Recorded	→ Stable vitals	Renuka

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2026 0 Y 11 M 6 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							

Patient St

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI & UTI

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

Surgery / Procedure: N/D

Post OP Day: N/D

BACKGROUND

Date / Shift	9/6 8pm	9/6/26 M	9/6/26 N	9/6/26 M	10/6 8pm	10/6 8pm
Medical Condition (Any special condition to be noted):	AFI & UTI	AFI & UTI	AFI & UTI	AFI & UTI	AFI & UTI	UTI
Diet:	Milk	–	–	–	–	–

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.7°F	98.6°F	98.3°F	98.2°F	98.2°F	98.2°F
Res:	32b/m	30b/m	32b/m	30b/m	30b/m	32b/m
SpO_2:	100%	100%	99%	99%	99%	100%
Pulse:	122b/m	120b/m	125b/m	122b/m	125b/m	122b/m
BP:	–	–	–	–	–	–
LOC:	–	–	–	–	–	–
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	–	–	–	–	–	–
Skin Integrity	–	–	–	–	–	–

Recommendations

Safety Needs:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
Physiotherapy:	–	–	–	–	–	–
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	–	–	–	–	–	–
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	–	–	–	–	–	–

Post Operative Procedure Special Orders:	USG 1 Post	–	–	–	–	–
Handed Over By Name :	[signature]	Sindhu	Sandhya	Anusha	Sneha	[signature]
Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:	9/6	9/6/26	9/6/26	10/6/26	10/6/26	10/6
Time:	8pm	8pm	8pm	8AM	2pm	8pm
Taken Over By Name :	Sindhu		Anusha	Sneha	[signature]	Pratyusha
Signature / ID :	[signature]		[signature]	[signature]	[signature]	[signature]
Date:	9/6/26		9/6/26	10/6/26	10/6	10/6/26
Time:	8AM		8pm	8AM	2pm	8pm

HNH-00009160 IP26-00006544
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	10/6/26 N					
	Medical Condition (Any special condition to be noted):	UTI					
	Diet:	–					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	20 b/m					
	SpO_2:	98%					
	Pulse:	105 b/m					
	BP:	–					
	LOC:	–					
	Fall Risk Score:	–					
	Pain Score:	–					
	Skin Integrity	–					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–					
	Critical Lab Test / Values:	–					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		RCA					
Handed Over By Name :		Anuradha					
Signature / ID :		A					
Date:		11/6/26					
Time:		8 pm.					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 9/6	9/6/26	9/6/26	10/6
					Time : 8AM	10AM	PM	8PM
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	3	3	3
"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.	1	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	24	26	26
					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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 6 D (F)
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BRADEN 'Q' SCALE

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				Date :	10/6/25			
				Time :	11			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	25			
				Evaluator's Name				

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

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

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Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			9/6/26 DAY-2			9/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0	0	0	NA	0	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	0	0	NA	0	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	0	0	NA	0	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	0	0	NA	0	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	0	0	NA	0	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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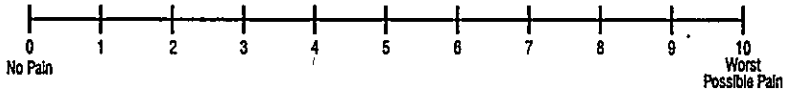
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA V	
9/6/26	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/6/26	3PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6.	8PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nill ..... ☑ 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 (9/14) .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Naipunya .....

Date & Time : ..... 9/6/26 @ 1:10 Am .....

Nurse Name & Signature: ..... Bhargavi .....

Date & Time : ..... 9/6/26 @ 1:12 Am .....

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

HNH-00009160 IP26-00006544
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DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. Crocin drops

Dose	Route	Frequency	Start Date
1.2ml	PO	SOS	8/6

Doctor's Signature: Dey | Valid Period: 7 100°F | Pharm.: @

Additional Instructions:

Date/Time: 9/6 9:34 @

Verified by Dr. Dhakshayani

DRUG : Syp. ibugesic

Dose	Route	Frequency	Start Date
2ml	PO	SOS	8/6

Doctor's Signature: Dey | Valid Period: > 102°F | Pharm.: @

Additional Instructions:

Date/Time: 9/6 9 Pm Sry

Verified by Dr. Dhakshayani

DRUG : Inj. ondensetron

Dose	Route	Frequency	Start Date
1mg	IV	SOS	8/6

Doctor's Signature: Dey | Valid Period: | Pharm.: @

Additional Instructions:

Date/Time: 9/6 12:20 Sry

Verified by Dr. Dhakshayani

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

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REGULAR PRESCRIPTIONS

Weight. 7 kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj. CEFTRIXONE

Dose	Route	Frequency	Start Date
700mg	IV	OD	8/6

Name & Signature of the Doctor
Starting the Drugs:

over 2 hours.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/6	10/6	11/6

Verified by Dr. Dhakshayani

DRUG : Inj. ESMAPRAZOLE

Dose	Route	Frequency	Start Date
8mg	IV	OD	8/6

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/6	10/6	11/6

Verified by Dr. Dhakshayani

DRUG : Inj. AMIKACIN

Dose	Route	Frequency	Start Date
100mg	IV	OD	9/6

Name & Signature of the Doctor
Starting the Drugs:

B. Sreyha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/6	10/6	11/6

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time			

04-07-2026 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY Name .....

I.V. FLUIDS CHART

Weight. 7.0 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6.	2PM	IVF DNS (2/3 M)	IV.	18ml/hr ↓			9/6		
09/06	8PM			10ml/hr			10/6		
				↓ Stop.					

HNH-00009160 IP26-00006544
Baby DAMMANAPETA TRYAKSHYA
04-07-2025 0 Y 11 M 5 D (F)
Dr. SINDHURA MUNUKUNTLA

wt – 7.02 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : baby. Tryakshya Age : 11 month Gender: ☐ Male ☑ Female

Date : 9/6/26 Time of Arrival : 12:~~10AM~~ 10Am

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: 106b/m BP: 36b/m RR: ..... SpO_2: 97%

Chief Complaints: c/o. fever since 3 days, dull activity 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

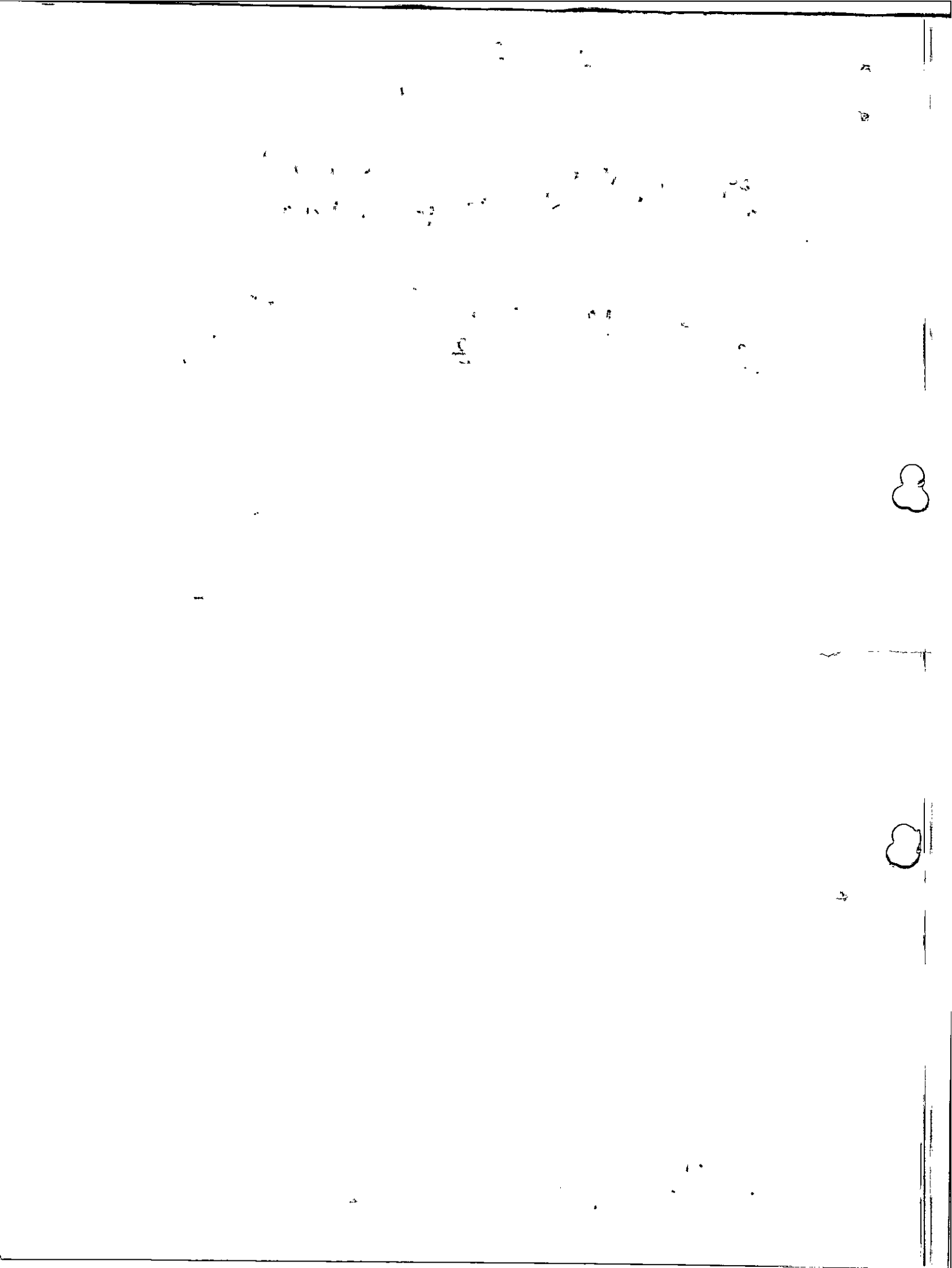
- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 9/6/26 @ 12:12 Am

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



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/6/26 Time of arrival : 12:14 AM

Chief Complaints: c/o. fever since 2days RBS: N/A

Height : N/A Weight : 7.02kg BMI : N/A Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : R @ 12:15pm

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

Time	Nursing Notes
12/17AM	Assess the pt condition monetore the vitals

Samples collected by: Jyothi Time:

Samples sent by : Time: 1:20AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9/6/26 12:20AM	CROCIN Syp	oral	2.5ml	Dr. Naipunya	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 106/m BP: - CFT: -	Shift - out from ER to: ward (2L4)
RR: 36/m SPO_2: 97%	Time of Shift - out: 1:20AM
GCS: - Temperature : 102°F	Handover given to: Aravind
Pain Score: NIL	(Nurse's Name)
Repeat RBS (if applicable): - 0 -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 9/6/26 @ 12:20AM

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	9/6/26 12:32 Am	9/6/26 1:40 Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. naipunnaya	Admission
From Unit	To Unit	Information to Attendant
ER	214	Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
25	NIL	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhanu	Dr naipunnaya,

Patient & Clinical Records Received by :

Date & Time of Patient Received : 9/6/26 @ 2am

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

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

HNH-00009160 IP26-00006544
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10 → 21.4

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/6/26 Time: 10 am

Weight: 7.0 Kg Centile: < 5th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 98 Kcal/Kg/day Protein: 1.6 gms/Kg/day

Diet Recommendations: DBF with Semi solid food.

Re-Assesment: No Spicy, Oily, Junk food.

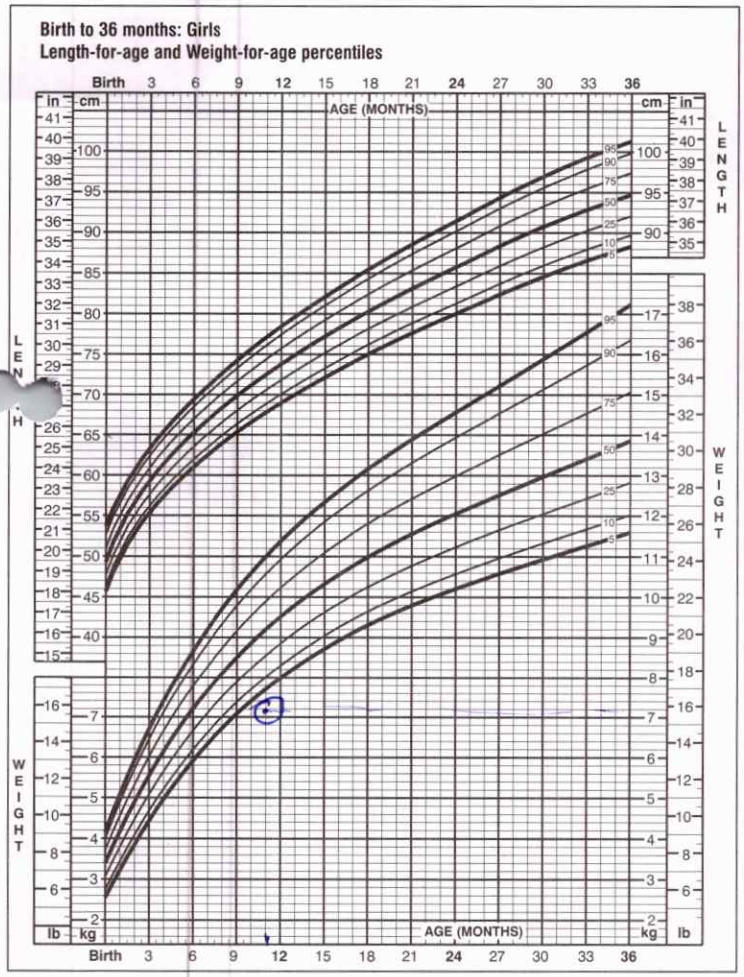
Food Allergies: NIL Veg/~~Non-veg~~ Non veg

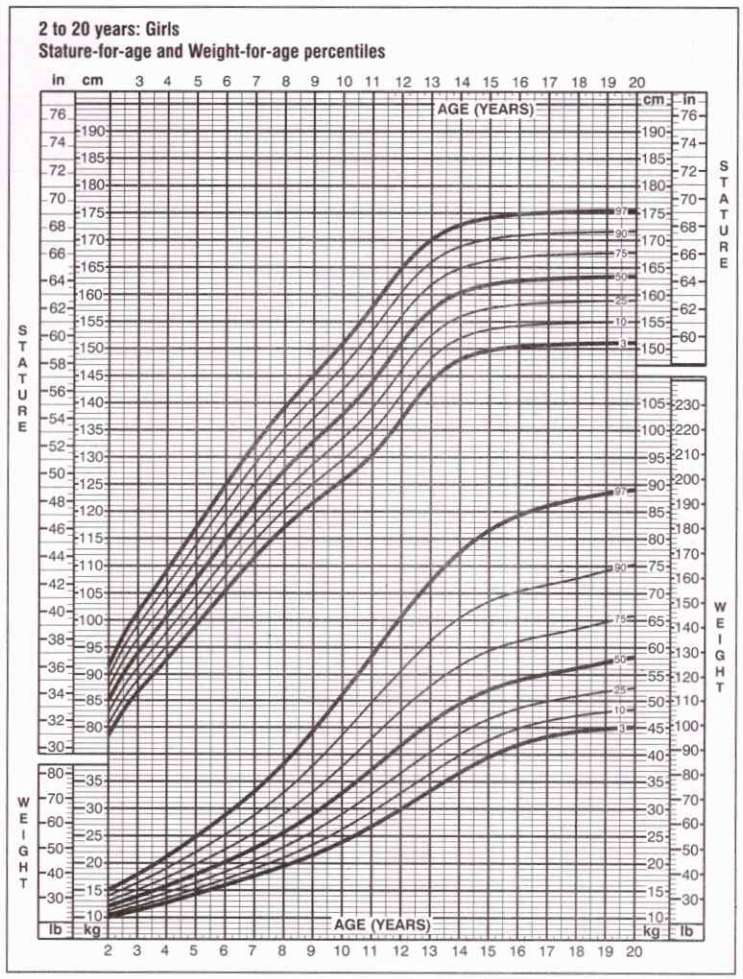
Diagnosis: AFI Dehydration ? UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Manasa

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

Daily Notes: