DISCHARGE SUMMARY

Name	Master RAGHAV TATER	**UHID**	HNH-00009697
Father/Guardian	Mr ARUN TATER	**Age/Gender**	0 Y 10 M 2 D/ Male
Address	FLAT NO 201,DEVAKINANDAN APRT,REDDY WOMENS COLL ROAD, Narayanguda, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006473	**Admission Date**	01-06-2026
Ref Doctor	SELF		
Discharge Date	08.06.2026		

Dr. PRITESH NAGAR **MBBS, MD** CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST Reg No. 47184	**Co Consultant** **Dr. SHRUTI SRIRAMPUR**

DIAGNOSIS	**ICD CODE**
ACUTE BRONCHIOLITIS WITH SEVERE RESPIRATORY DISTRESS	

History: Master RAGHAV TATER, 0 Y 10 M 2 D old boy presented with history of cough since 2 days, fever since 1 day, hurried breathing since 1 day, prior to admission. For the above complaints he was admitted to Rainbow Children's Hospital for further management.

Name	Master RAGHAV TATER	UHID	HNH-00009697
IP No	IP26-00006473	Admission Date	01-06-2026

Examination: He was afebrile, maintaining saturations / SpO2 of 88% at room air. Heart rate was 198/min and Respiratory Rate - 60/min, tachypnea present, sub-coastal and inter-coastal retractions were present. Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal with bilateral wheeze were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 9.01 kgs.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV were sent, which was negative.

Name	Master RAGHAV TATER	UHID	HNH-00009697
IP No	IP26-00006473	Admission Date	01-06-2026

Date	On 01.06.2026	On 03.06.2026
TEST	**Result**	**Result**
CBP: Hemoglobin	9.7 g/dl	9.1 g/dl
While blood cell	12020 cell/cmm	8030cell/cmm
Platelets	5.38 lakh/cmm	5.88 lakh/cmm
CRP	5.0 mg/L	8.3 mg/L
Magnesium	-	2.6 mg/dl
PROCALCITONIN	-	0.075 ng/ml
Myco Plasma IgM	-	Non reactive

VBG showed pH - 7.36, pCO2- 32.5 mmhg, pO2 - 51 mmhg, HCO3 - 18.4 mmol/l, BE: -7.0mmol/l.

VBG showed pH - 7.34, pCO2- 43.3mmhg, pO2 - 64mmhg, HCO3 - 23.3 mmol/l,

Name	Master RAGHAV TATER	UHID	HNH-00009697
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BE: - 2.5mmol/l.

Chest X-ray was normal.

Repeat chest xray shows Mildly increased perihilar and peribronchial markings.

ULTRASOUND CHEST shows:
Multiple B lines noted are noted in bilateral lung fields, predominantly in the upper and mid zones - Suggestive subpleural septal congestion.
Tiny subpleural consolidations noted involving the bilateral upper zones, antero laterally.
Both domes of diaphragm are moving normally with respiration.
No evidence of effusion noted on both sides.
No obvious focal mediastinal lesions.

2d Echo shows
Situs Solitus Levocardia
Structurally normal heart
Normal sized cardiac chambers
Good biventricular function
Left arch, No COA.

Management: He was admitted in PICU in view of severe respiratory distress and was started on HFNC with flow 16L, Fio2 at 30%, maintenance IV fluids and Nebulisations. In view of chest signs, he was frequently nebulised with Levolin and Ipravent .Flu panel (Influenza A, Influenza B and RSV) was done which was negative.
In view of persistent severe wheeze injection Magnesium sulphate and inj

Name	Master RAGHAV TATER	UHID	HNH-00009697
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methylprednisolone stat doses was given.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. On day 2 of admission as distress increased second dose of Inj MgSo4 and Inj methylprednisolone was given and oxygen flow and fio2 were adjusted accordingly. USG Chest done on 02.06.2026 showed Multiple B lines noted are noted in bilateral lung fields, predominantly in the upper and mid zones - Suggestive subpleural septal congestion. Hence antibiotics were added.

In view of severe bronchospasm adrenaline nebulization and IV aminophylline infusion were started. Paediatric pulmonologist consultation was taken on 03.06.2026 advised for IV methylprednisolone, syrup. Azithromycin and continue nebulisations. Repeat CBP,CRP were sent which were normal. Repeat chest x-ray was done which was showing hyperinflated picture(same as before) on the right side. Repeat VBG was done which was normal. Gradually HFNC was weaned and kept on oxygen support with nasal prongs on 06.06.2026 and shifted to ward.

During ward stay he was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually his oxygen support was tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

Medication during hospital stay:
Nebulisation Ipravent
Nebulisation Levolin
Nasoclear nasal drops

Name	Master RAGHAV TATER	UHID	HNH-00009697
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Injection. Ondensetron
Nebulisation 3% NS
Nexpro sachet
Domstal
Nebulisation. Adrenaline
Syrup. Azee
Pro GG drops
Injection. Amoxiclav

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. XYZAL (5ml/2.5 mg)	2.5 ml	once daily at bed time	For 3 Days
2	NEBULISATION with Levolin (0.31 mg)	1 respule	6th hourly 6am-12pm-6pm-12am	For 3 days
3	Nasoclear nasal drops, 2 drops in each nostril 4th hourly for 3 days			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with **Dr. SHRUTI SRIRAMPUR** at her OPD.

Name	Master RAGHAV TATER	UHID	HNH-00009697
IP No	IP26-00006473	Admission Date	01-06-2026

movements.

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. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00009697 IP26-00006473 Master RAGHAV TATER 01-08-2025 0 Y 10 M 5 D (M) Dr. PRITESH NAGAR	1/6/26 @ 1.33pm	6/6/26 at 6.40pm
	Transfer Ordered by	**Reason for Transfer**
	DR. pritesh Nagar	stable
From Unit	**To Unit**	**Information to Attendant**
PICU	213	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
84	VBG - 2 x-ray - 2 2D Echo - 1 USG chest - 1	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
Sunitha / [signature]	DR. pritesh Nagar.

Patient & Clinical Records Received by : [signature] 6/6/26 @ 6:58pm

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

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ACTIVITY

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

G

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 1/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	2'10pm	ER	PICU	Bhargavi
6/6/26	6.40pm	PICU	213	Sunitha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	~~Physiotherapy G. Sai Lakshmi prasanna~~	~~02/06/26~~	~~203743~~	~~Sunam~~
2.	Dr. Naveen Pillaiseth	3/6/26	3842	
3.	cross checked by Sujatha on 26/6/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

Date	Investigations	Order No.	Sign
1/6/26	CBP. CRP		
	Genexpert + flua + RSV	9165	
1/6/26	VBG (1)		
1/6/26	X-ray chest (1)	9164	
2/6/26	Ultrasound Chest	6599	
2/6/26	x-ray (2)	6636	
		6650	
	CROSS checked by Sunita 3/6/26 at 2 Am		
	VBG (2)		
3/6/26	CBP, CRP, PCT	9244	
	Sr. Magnisium		
	Mycoplasma Ig M	9243	
3/6/26	2D echo.		
		6686	Ramya
	Cross checked by Sujata on 6/6/26 at 11am		

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6/26	Invasive monitoring	2pm	6/6/26 @ 6.40pm	203561	
	HFNC		6/6/26 at 12pm		
	oxygen		7/6/26 @ 1pm		
	infusion pump.	3/6/26 at 10AM	4/6/26 8AM	3931	
	Cross checked by Supritha on 2/6/26 at 10a				

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/6/26	IV placement	01	3562	[illegible]
2/6/26	NHA	1	3807	[illegible]
2/6/26	Nebulization	20		[illegible]
2/6/26	physiotherapy	1	3743	[illegible]
3/6/26	Nebulization	8	3808	[illegible]
	Cross checked by smitha 3/6/26 at 2Am			
3/6/26	IV Placement	1	3869	[illegible]
3/6/26	IV Placement	1	3932	[illegible]
3/6/26	Nebulization	3	3974	Ramya
4/6/26	Nebulization	5	4043	[illegible]
4/6/26	Nebulization	2	4249	Ramya
5/6/26	Nebulization	3	4352	[illegible]
5/6/26	Nebulization	4	4534	[illegible]
6/6/26	Nebulization.	2	4625	Ramya
6/6/26	Nebulization	2	4719	[illegible]

Cross checked by Smitha on 6/6/26 at 11a

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

PATIENT NAME Raghav. Tafev.
UHID :
DATE / TIME 3/6/26

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	situs, solitus, levocardia
Systemic Veins	RA IVC collapsing
Pulmonary Veins	LA
Atrio ventricular connection	concordant
Ventricular arterial connection	concordant
Great artery relationship	N/RGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	lt Arch. no COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	Norm
PDA	No PDA
Pericardium	N/
Others	N/

PATIENT NAME Raghav
UHID :
DATE / TIME 3/6/26

DOPPLER / TISSUE VARIABLES	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow		
Pulmonary flow		

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	0.6		Tricuspid Annulus		
LA	0.8		Mitral Annulus		
IVSd	0.6		Aortic Annulus		
LVIDd	1.9		PA Annulus		
LVPWd	0.4		RPA		
IVSs	0.5		LPA		
IVIDS	1.0		MPA		
LVPWs	0.3		AO Isthmus		
EF	69 %		LV Mass		
FS	35 %		Others		

IMPRESSION:

- situs, solitus, levocardia
- structurally normal heart
- normal sized cardiac chambers
- good B/V function
- IA Arch, no COA

DR.NAGESWARA RAO KONETI
(CONSULTANT PEDIATRIC CARDIOLOGIST)

Echo Done by :

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 6 D (M)
Dr. PRITESH NAGAR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
8/6/26	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	levolin + 3% N.S (3) 5/9		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

00009697 IP26-00006473
r RAGHAV TATER
2025 0 Y 10 M 5 D (M)
RITESH NAGAR

3% NS 4 th
Levolin 8 th
Adrenaline 8 th

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
6/6/26	01.00			
	02.00	Adrenaline 0.5 + 2.5ml NS + Hypernab (3)		
	03.00			
	04.00			
	05.00			
	06.00	levolin + 3% NS (4) 4949		
	07.00			
	08.00			
	09.00			
7/6/26	10.00	Adrenaline 0.5+2.5ml+Hypernab (5) (1) 5190		
	11.00			
	12.00			
7/6/26	13.00			
	14.00	levolin + 3% NS (6) (2)		
	15.00			
	16.00			
	17.00			
	18.00	Adrenaline 0.5ml+2.5ml+Hypernab (2)		
	19.00			
	20.00			
	21.00		not given	
	22.00	Levolin + Hypernab. (3)		
	23.00			

levolin 0.31mg — 8 hrly hourly.
Adrenaline 0.5ml + 2.5ml — 8 hrly hourly.
Hypq Neb — 4 hrly hourly.

)009697 IP26-00006473
RAGHAV TATER
2025 0 Y 10 M 4 D (M)
RITESH NAGAR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/6/26.	00.00			
	01.00			
"	02.00	Adrenaline 0.5+2.5 ml + Hypq Neb.	(2) Ranjan 4625	
	03.00			
	04.00			
	05.00			
"	06.00	levolin 0.31mg + Hypq Neb.		
	07.00			
	08.00			
	09.00			
6/6/26	10.00	Adrenaline 0.5cc + 2cc NS + Hypernebs	(2) 204719	
	11.00			
	12.00			
	13.00			
	14.00	levolin 0.31mg + Hypernebs 3%		
	15.00			
	16.00			
	17.00			
	18.00	Adrenaline 0.5+2.5ml + Hypernebs (1)		
	19.00			
	20.00			
	21.00			
	22.00	~~Levolin + 3% NS~~		
	23.00	levolin + 3% NS (2)		

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

Adrenaline 1ml + 2ml NS - 8th hrs.
Neb - Levolin - 8th hrly
Neb Hypertoned - 8th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
4/6/26	00.00			
	01.00	Levolin		
"	02.00	Adrenaline + HyperNeb (2)		
	03.00			
	04.00		(15)	
	05.00		4043	
"	06.00	HyperNeb + Levolin 0.31mg (1)	(3)	
"	07.00	Levolin 0.63mg	Smita	
	08.00			
	09.00			
"	10.00	Adrenaline + HyperNeb (3)		
	11.00			
	12.00			
	13.00			
"	14.00	Levolin 0.31mg + HyperNeb	(2)	
	15.00		Renuka.	
	16.00			
	17.00		204249.	
"	18.00	HyperNeb + Adrenaline		
	19.00			
	20.00			
	21.00			
"	22.00	Levolin + HyperNeb	(1) 4352	
	23.00		Smita	

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

Neb - Adrenalin - 4th hrly 1 + 2ml NS.
Neb - Levolin - 4m hrly stop
Neb - 3% NS - 4th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
3/6/26	01.00	levolin 0.31mg (1)		
	02.00			
"	03.00	Adrenaline 1ml + 2ml NS (2)		
"	04.00	3% NS (3)		
"	05.00	levolin 0.31mg (4)	3808	
"	06.00			
"	07.00	Adrenaline 1ml + 2ml NS (6)	(8) (5)	
	08.00		Sister	
"	09.00	levolin 0.31mg (6)		
"	10.00	3% NS (7)		
"	11.00	~~Adrenaline 0.5ml + 2.5ml NS~~ (8)		
	12.00			
	13.00			
"	14.00	Hypej Neb.	(3)	
"	15.00	levolin 0.31mg + levolin 0.31mg back to back	3974.	
	16.00			
	17.00			
	18.00	Hypej Neb + Adrenaline 0.5ml + 2.5ml NS		
	19.00			
	20.00			
	21.00		4043	
	22.00	HypeeNeb (1)	Sister	
	23.00	levolin 0.31mg. (2)	(2)	

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

~~levolin 0.31mg – 2nd hourly.~~
3% NS 6th hourly.
Ipravent 1/2R – 6th hr
Inj Adrenalin 1ml + NS 2ml 3rd hrly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/6/26	00.00	levolin 0.31mg 6.		
"	01.00			
"	02.00	levolin 0.31mg (7)		
"	03.00			
"	04.00	Levolins 0.31mg (8)		
"	05.00	Ipravent 1/2 Resp. (9)		
"	06.00	Levolin 0.31mg. (10)		
"	07.00			
	08.00	levolin 0.31mg (11)		
	09.00			
"	10.00	Levolin 0.3mg + 3% NS (12)		
	11.00			
"	12.00	Levolin 0.3mg + Ipravent (13) 1/2 Resp		
	13.00			
"	14.00	Levolin 0.3mg (14)	(15)	(20)
	15.00			
"	16.00	Levolin 0.3mg + 3% NS (15)	Sister 3607	
"	17.00	Inj Adrenalin 1ml + NS 2ml 16		
	18.00			
	19.00			
"	20.00	Inj Adrenalin 1ml + 2ml NS (17)		
"	21.00	levolin 0.31mg		
"	22.00	3% NS 14 (18)		
"	23.00	Adrenaline 1ml + 2ml NS 20		

Doc. No. : RCH / FRM / CLINICAL / 170

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

Neb Levolin - 2nd baby
Ipravent - 6th baby

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
1/6/26	17.00	Ipravent 1/2 Resp. (1)		
"	18.00	Levolin 0.31mg (2)	3807	
"	19.00			
"	20.00	Levolin 0.31mg (3)	5	
	21.00		Swetha	
	22.00	Levolin 0.31mg (4)		
	23.00	Ipravent 1/2 Resp (5)		

Doc. No. : RCH / FRM / CLINICAL / 170

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006473 **Admit Date** : 01-Jun-2026 **Admit Time** : 01:33 PM **UHID** : HNH-00009697

Patient Details :

Patient Name	: Master RAGHAV TATER	**Age**	: 0 Y 10 M 0 D
Guardian	: Mr ARUN TATER	**DOB**	: 01-08-2025 10:25 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 201,DEVAKINANDAN APRT,REDDY WOMENS COLL ROAD Narayanguda Hyderabad Telangana INDIA 500029	**Phone No**	: 9030903379/ 9248253095
		E-mail	: PRTDADHICH@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 ARUN TATER **Relationship** : Father

Contact Address : FLAT NO 201,DEVAKINANDAN APRT,REDDY WOMENS COLL ROAD Narayanguda Hyderabad Telangana INDIA 500029 **Phone No** : 9030903379

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. SHRUTI SRIRAMPUR

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

Name :

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o Cough x 2 days.
c/o Fever x today
c/o Hurried breathing x today

History of present illness :

Child was apparently alright 2 days back then developed Cough. dry. Gradual onset. progressive dry with no. positional diurnal Variation

c/o Hurried breathing x today, Sudden Onset, progressive a/w Increased. work of breathing.

c/o fever x today. Low grade, Continuous in nature with no diurnal Variation.

HNH-00009697 IP26-00006473
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Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : Up to date

Immunization History : 9 Month Vaccination not done

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorgan History & Physical Exam

Anthropometry

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

Weight (kgs) 9.01kg (Centile _____)

On Examination :

Temperature : 98°F. Pulse Rate: 198/mi Description _____

B.P. _____ SPO2 88 % at RA

Resp. rate and type of breathing : Tachypnea + RR 60/mi.

Rash SCR (+)

Lymphadenopathy ICR (+)

Oedema : _____

Respiratory system : B/L. Wheeze +.

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System : S1 S2 +

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen : Soft.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

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Dr. PRITESH NAGAR

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Bronchiolitis c/o severe R D

Pediatric Multiorgan History & Physical Examination

HNH-00009897 IP26-00006473
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Preventive aspects of the treatment :

Prevent RF.

Desired goals of the treatment :

Treat underlying cycle

Planned Labs :

CBP
CRP
VBG
Respiratory panel (swab)
CXR.

Planned Management :

1. HHHFNC support < flow 14L, FiO2 30%
2. Inj Magnesium sulphate 1cc + 9cc NS over 30m
3. Neb c̄ Levolin 0.3/kg Q2H
4. Neb c̄ Ipravent 2 ml q 7½ regime. Q 6H.

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 1/6/26 Time 2:30pm

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 2:30pm	S/B Dr Prabhath.	
	△ Acute Bronchiolitis c Severe RD	
	Child shifted to PICU started on HHHFNC 14 L 30% FiO2	
	Back to back Nebs given in ER	
	Neb Levolin 0.3/kg F/B	
	Neb Ipracent 1/2 vial F/B	Adv
	Neb Levolin 0.3/kg	CT. HHHFNC
	Distress +	
	O/E HR 196/min RR 50/min SpO2 98%	W/F RD
		CT. Neb Levolin 8 2H Ipracent 8 6H.
	RS: B/L wheeze +	
		Trace reports.
		Noted by Senthil

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6	C/S/B Dr. pritesh	
4:00 pm.	Acute bronchiolitis c̄ severe RD	
	on HHHFNC	Plan
	FiO_2 - 35%	
	Flow - 16L/min	- Trace CBP, CRP
		Resp panel
	Vitals { HR - 142, RR - 42, SpO_2 - 97%	
		- ↓ FiO_2 - 30%
	R/S - B/L AE (+)	- Cont HFNC
	B/L wheeze (↓↓)	Flow - 16L/min
	B/L Conducted sounds (+)	FiO_2 - 30%
		- Cont
	P/A - soft, nontender.	Neb levalin Q2H
		Neb ipravel Q6H
		- Monitor RR, SpO2
		If CRP +ve,
		" ↑ Antibiotic
		pl.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 5pm	Counselled Lungs infection CXR, CBC — Likely VIRAL ✓ CRP, ✓ Flu Test — Late night Congestion → RD↑↑ → Feeding problem → Irritable Support → O_2 → HFNC Support → Neb — Main Rx Stable Wheezing slightly better ✓ 48-72h → Breathing Response → HFNC Reduce ✓ Cough, Congestion — Long time ✓	3 days Cough + Breathing issue last night Not feeding

Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/R Dr. Shenkti (for Dr. Sanjay)	
1/6/26 9:45pm	Acute Bronchiolitis	
	- no fever spikes	
	- cough (+).	
	- on HFNC	
	L FI: 16 L/min	
	FiO2 : 25%.	16m
		1) Send flu panel
	vitals	2) Rest it. as per
	HR : 119 bpm	Rx chart.
	RR : 42 cpm	
	SpO2 : 97%.	
		Noted by Nishmary

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01-08-2025 0 Y 10 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 6am	u/s/B Dr. Thanmi	
	Acute Bronchiolitis c severe RD	
	- no fever episodes	
	- RD (+)	
	- HFNC FiO2 - 25% → 35%	
	i/v/o desaturations	
	FL: 16L/min	
	vitals	
	HR: 115 bpm	
	RR: 54 cpm	
	SpO2: 90% c HFNC	
	RS : BAE (+)	Plan
	B/L wheeze (+)	1) inj methyl pred stat
	CVS : S1S2 (+)	2) tt. levolin - 2nd h.
		3) trace fever panel.
		4) tt. ipravent - 6th h
		5) no inter vitals.
	h	
		Noted by Sujatha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9am	CRB Dr. Prilesh	senee
	Acute bronchiolitis c̄ RD	
	- no fever spikes.	
	- on HFNC	
	L FL : 16 L/min	
	L FiO2 : 35%	
Screening USG B-lines L/UL Tiny Sub pleural Cons.		Plan
	vitals :	1) add amoxicilav.
	HR : 127 bpm	2) add 3% NS & nasal suctioning.
	RR : 54 cpm	3) ut. levolin 2h. ipratrent 6h.
	SpO2 : 100%.	
	RS : BAE (+)	
	B/L wheeze (+)	
	B/L crepitations (+)	4) try to taper FiO2 by monitoring keep FL same.
nasal report: flu negative		5) chest physiotherapy
		6) monitor vitals.
		7) USG chest now.
		Noted by Sonam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:45am	Counselled	
	Congestion ↑↑ More Fast	Irritate — ± Feed x, Spo2 ±
	Expected	
	Minimum — 72h Response to Rx	
	No Fever — Better	[HR better
	RD — Not Very Severe	
	HFNC — Not escalation	
	Viral panel — Flu → Negative	Progression [Keep watch
	CBC, CRP — Normal → Likely Viral	70% 30% can
	Screening USG — Pneumonia — Not seen on CXR	
	↳ official USG	
	Anti add on	O2, HFNC, Neb — Main Rx
	Cough (+)	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 10:30AM.	C/S/O Dr. Shruti. Bronchiolitis c RD.	
	- No fever spikes.	
	- on HFNC 1lit 35%.	
	O/E - HR - 130/min. RR - 54/min. SpO2 - 100% on HFNC	Plan - Ct. IV Abx. - Encourage oral feeding - Ct. Nebulizations.
	S/E - R/S - BAE(+), B/L wheeze(+), B/L crepts(+).	- USG by radiologist. - Chest physiotherapy - Monitor vitals.
		Noted by Vaishali

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/25	S/B Dr. Prabhath.	
9pm		
	△ Acute Bronchiolitis c̄ RD	
	ON HHHFNC: 18L flow.	
	35% FiO2	
	NO RD	
	accepts feed	Adv
	No fluids c/o	
		USG c̄ Radiologist
	O/E HR: 147/min	
	RR. 36/min	CT. IVF 1/2 M
	SpO2 100%	
		CT Amoxyclav.
	P/A: BAE +	
	Wheeze +	Chest PT.
	Crepts +	
		Monitor vitals
		Alerted by Sugathy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8	CB/D Dr Pranav / Dr Sushanth	
3:30pm	Acute Bronchiolitis c̄ RD	
	Desaturation (+)	Plan
	RD (+)	1) Neb c̄ Levolin - 0-31
	on HFNC { 18 lit	Back to Back - Now
	35 %	Neb c̄ 3% Nacl - 6th hr
		2) CT - Levolin - Q2H
	SCR (+)	Ipratropium - Stop
	Vitals	
	HR - 152 bm	3) Inj Amoxyclav
	SpO_2 - 89-91%	
	RR - 50/min	4) Chest Physio
	R-S - B/L AE (↓AE on L>R)	5) Monitor Vitals
	Bl wheeze (+) (2 Bronchospasm)	Inj Lasix SOS
	P/A - Soft	
		Noted by Sai Sree
		Prama

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01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5 pm	S/B Dr. Pritesh Δ Acute Bronchiolitis c̄ RD	
	Tachypnea (+)	Plan
	HR - 150/min SpO2 - 94% on HFNC	- ct HFNC - flow - 18 L/min FiO2 - 30%
		- ct Neb c̄ levolin 2nd L - STOP c̄ 3% NS GHL
	CVS - S1 S2 (+) RS - BL - AE (+)	
	B/L - crepts (+) Gridcefed sound (+)	- ct AMOXYCLAV
	A/E ↓ on rt side (+) conscious	- Neb c̄ Adrenalin 1st 2 hr ~~AEs~~ Steps ↓ Reassess.
Differential A/E Severe Bronchospasm B/L crepst		- Monitor RR, SpO2
		- ct chest physiotherapy
Trial of adrenaline		- Nasal suction SOS
D/W Dr Aniket Decide Aminophylline		(Pr) - Neb c̄ Adrenalin 3rd hr
		- SOS - Melatonin - 2-5 mt @ night

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:10pm 2/6/26	Counselled	
	Similar as morning	
	USG – (+) minimal pneumonia	
	Viral lung-infection → BRONCHIOLITIS	
	[wait & Respond Neb minor change	
	Cough → useful / More the cough better] ✓	
	(24hrs) → May take some time	
	If needed CXR Repeat	
	Fever ✗	Resp Rest → will help.
	O_2 same need	Food Feeding] ✓
	(Nw)	Preeti

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

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sruthi	
2/6 8:00pm	Acute bronchiolitis c̄ RD.	
	on HFNC	Plan
	flow - 18L/min	
	FiO_2 - 35%	- Cont HFNC
	Vitals - HR - 122.	
	- RR - 42	- Cont Amoxiclav
	- SpO_2 - 95%	
		- Neb c̄ Adrenline
	R/S - B/L AE (+)	Neb c̄ 3% NS
	B/L crepts.	
		- ~~Tab Ambrovine~~
		- Monitor RR, SpO_2
		Noted by Sunitha

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01-08-2025 0 Y 10 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:15pm	c/s/B Dr. Pritesh / Dr. Anikel	
	Acute Bronchiolitis c̄ RD	
	RD (+)	
	Tachypnea (+)	Plan
		1) Cont HFNC
	on HFNC 18 lt, 30% F_iO_2	2) Neb c̄ Adrenaline - 3rd hrly → 4th hrly
		Neb c̄ Levolin - 4th hrly
	Vitals	3) Neb c̄ Levolin - Stat
	HR - 155/min	
	RR - 46/min	4) Chest X-ray - Now
	SpO_2 - 96%	
		5) Ct. Inj Amoxyclav
	O/E - SCR (-)	
	R-S - B/L DE (-) (Differential)	6) Suction as per need
	↓AE on Rt	Chest Physio
	Wheeze (+) / Crepts (-)	7) Monitor Vitals
	Nose block (+)	
		8) If needed - Inj Ketorolac - 2-5d
		Noted by Vaishnavi

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B. Dr. Naipunya	Dr. Nazreen
3/6 2:00 AM.	Acute bronchiolitis c̄ RD.	
	on HHHFNC	Plan
	Flow - 16 L/min	
	FiO_2 - 35%	- Cont HFNC.
	Vitals - HR - 162, RR - 44 bpm, SpO_2 - 96%	- Cont Neb Adrenaline Q4H
		Neb levolin Q4H
		Neb ~~[illegible]~~ 3% NS Q6H
	R/S - B/L AE (+)	
	B/L crepts (+)	- Cont Inj Amoxiclav
	B/L wheeze (+)	
	P/A - soft, NT.	- Chest physio.
		- Monitor vitals
		Cont
	- ~~Hold feeds~~	
	- ~~IV fluid~~	N/B Sunitha

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01-08-2025 0 Y 10 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B. Dr. Naipuya	Dr. Nazneen
3/6		
7:00 AM	Acute bronchiolitis c̄ RD	
	On HFNC	plan
	FiO2 - 35%	
	Flow - 16L/min.	- Cont HFNC
	Vitals - HR - 170 bpm	
	RR - 46 cpm	- Cont.
	SpO2 - 95%	Neb levolin Q4H
		Neb Adrenline Q4H
	R/S - B/L AE (+)	Neb 3% NS Q6H
	↓ AE Lt side.	
	B/L diffuse wheeze (+)	- Cont Amoxiclav
	B/L Crepts (+).	- Monitor RR, SpO2
	P/A - Soft, NT.	
	U/O/P - 3.2 ml/kg/hr	

Noted by Sarray

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. pritesh	
3/6 9:00 am		
	on HFNC	Plan
	FiO2 - 35%.	- Inj. Aminophyllin infusion
	Flow - 16L/min.	0.5 mg/kg [1:1 dilution].
		(0.5 ml/hr)
	Vitals - HR - 165, RR - 46, SpO2 - 96%	- Mycoplasma IgM
		- CBP, CRP, PCT, VBG — NOW.
	R/S - B/L AE (+)	
	↓ lt side AE (+)	
	B/L diffuse wheeze	- Cont 5% Mg Soy ~~Neb levelin Q4H~~
		Neb Adrenaline Q2H
		Neb 3% NS Q6H
Severe Bronchospasm		
		- stop levelin
		- Neb Adrenline Q2H.
	Hold feeds	- Cont Amoxiclav.
	½ Maint D NS @ 20 ml/h	
		Noted by Sonam

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01-08-2025 0 Y 10 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9:40 AM	c/s/by Dr Pritesh Sir.	
	USG chest Screening :-	
	Cardiac contractility - Good	- IV fluid (1/2 M)
	LV - Good.	- W/H feeds till full order.
	Multiple B lines (+) B/L.	- (T) Investigation.
	HR = 170/min.	- ct NEB.
	RR = 50/min	- ct AMINOPHILLINE Infusion.
	Suprasternal Retract (+)	
	Subcostal Retract (+).	
	distress (+)	- Monitor vitals.
	digh where (+)	
	Crepts (+).	
	↓ Air Entry.	
		Noted by Ranjit

Dr Naveen Consult

✓ 2D ECHO

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 10 AM	Counselled	
	Severe Bronchiolitis (30%)	Wheezing Congestion / Severe
		Neb < I A — No Response
	CXR – NORMAL 2 times	RD ↑↑
	VBG – NORMAL 2 times	CRP – Normal today due
	CBC – NORMAL 2 times	
	VIRAL INFECTION →	HFNC O_2
	→	Aminophylline Trial → To See response
	Time Taking Longer wait & watch	6h – Stop
	Fast Breathing → Tired	exhausted ↳ ?? Ventilation

Dr. Tolg

HNH-00009697 IP26-00006473
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01-08-2025 0 Y 10 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 11 30 AM	c/s/by Dr. Aniketh	
	Severe Acute Bronchiolitis c RD	
	HR = 187/min.	
	RR = 46/min	[NH] Adrenalin
	SpO2 - 98%	NEB
		- ct oth Mx
	* B/L AE ↓↓	
	Crepts (+)	- Pulmonologist Opinion
	wheeze (+)	
		- 2D Echo Pendig
		- Monitor vitals
		- Inj KETAMIN 5mg iv stat (SOS). (slow).
		- Secure 2nd Cannula.
		Noted by Sefali

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26. 1pm	c/s/by. Ds Pritesh	
	Acute Bronchitis c̄ SWL RD	
		Plan
		— NEB c̄ 3% NS Qwhly
	HR = 164/min (Sleeping)	— NEXPRO
	SpO2 = 96%	— DOMSTAL.
	RR = 45/min.	— pulmonologist 2D Echo.] Pending
		— Secure 2nd Cannula.
		— Monitor vitals.
	∴	— chest Physiotherapy.
		Noted by Sonam

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/6/26 2:20 pm	S/B Dr. Shruthi	
	D Acute Bronchiolitis	c̄ RD
		7 Day
	HR - 197/min	
	SpO2 - 96%	- Cf HFNC
	on HFNC	Flow - 16L/min
		FiO2 - 35%
	CVS - S1, S2 (+)	
	P/A - BLE - ACF (+)	- Neb c̄ 3% NS 6th hly
	BLE - crepts (+)	
		- Cf AMOXYCLAV
		- Monitor RR, SpO2
	Sleeping.	
		-

Noted by Dr Anany

Docu.

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2026	C/O/W Dr. Aniket	
4pm	A- Severe Acute Bronchiolitis RD	
		Plan
→	Cough +	
→	Last fever spike 3 Am.	- Supervised feeds only
→	U/O →	
		- Inj. methylpred 10mg IV Stat
	O/E - SpO_2 - 97% on HFNC 16 lit/min 30%	
	HR- 177/min	Hyper Neb 3+ & Levolin.
	RR- B/L CAE +, NVBS+	- Monitor vitals
	CVS - $S_1 S_2$ +	
	RS - clear.	
		Noted by Soibree

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31-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/25 5:40 PM	S/B Dr. Ankeeth	
	D Acute Bronchiolitis	c RD
		P4
	HR-160/m	
	SpO2-97%	c HFNC-7L/min
	on HFNC	FiO2-30%
		43%
	CVS-S1,S2 (+)	Neb c Levolin 8th h
	RS-BL-AE (+)	c Adrenal 8th
	BH-condeeted sounds	
	P/A-soft	Plan to restart
	sleeping	Aminophylline
		@0.5mg/kg
	RR-40/m	
	Target SpO2 >94%	9C HR >180/min
		Pause Aminophylline Hold
	Inj. Methyl Prednisolone	Allow Supervised feeds
	1mg/kg IV Tomorrow morning	+ Breast feed
	@ 4 am	
		c AMOXYCLAV
		Monitor RBS/SpO2
		Dr. Ankeeth

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01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 @ 5:30 pm	Counselling note.	
	Acute Bronchiolitis with severe Respiratory distress.	
	on HHHFNC support	
	Tachypnea (Breathing difficulty) & chest congestion continue.	
	No fever since morning.	
	Child still need oxygen support, frequent nebulizations.	
	All symptoms due to viral lower respiratory tract infection.	
	Breathing difficulty & chest congestion need 3-7 days generally to reduce.	
	Overall risk of worsening breathing difficulty, & need for escalation to ventilation.	
	Sign Dr. Ashish	Sign (Mother)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6 9:45pm	C/S/B Dr. Pranav / Dr. Thanvi	
	Acute Bronchiolitis c̄ RD	
		Plan
	On HFNC < 16 lt 30% FiO2	1) HFNC < 16 lt 30%
	RD (+)	2) Neb c̄ Adr - 0 8 H, Levolin - 0 8 H] Alternate
	Vitals MR - 142/h RR - 26/m SpO2 - 97%	3) Inj Methylpred @ 4 tpm
		3) Ct - Supportive care
	R-S ~ B/L ↓ BS (+) Wheez (+) Crepts (+)	4) Ct - Inj Amoxycillin
	PIA - Safe	5) Inform SOS
		Pranav
		Noted by Sunitha

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6 10:45pm	c/s/B Dr. Shruthi	
	Acute Bronchiolitis c̄ RD	
	On HFNC < 16 lpm 30% FiO_2	Plan 1) HFNC < 16 lpm 30% FiO_2
	RD ⊕ Accepting feeds	2) Neb c̄ Adr - 8 H, Levolin - 8 H] Attend
	Vitals HR - 142/min RR - 40/min SpO_2 - 100%	3) Inj Amoxycillin Syp Azee
		4) Inj Methylpred @ 4 Hrs
		5) Monitor Vitals
	R.S - B/L AE ⊕ (air entry bilat) Wheeze ⊕ > Crepts ⊕	6) Inform SOS
	P/A - Soft	

Noted by Smita

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01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6	c/o/B Dr Tejas	
10:45pm		
	Acute Bronchiolitis c̄ RD	
		Plan
	RD ⊕ – Both	1) HFNC ⟨ 16 lpm, 30%
	On HFNC ⟨ 16 lpm, 30% FiO_2	
		2) Neb c̄ ⟨ Adr – 8 ml, Levolin – 8 ml ⟩ Alb
	V/W	
	HR – 150/min	3) Inj Methylpred – @ 4 hrs
	RR – 38/min	Cont rest sami
	SpO_2 – 99%	4) Monitor Vitals
		5) Infusion SOS
	R·S – B/L AE ⊕, B/L Wheezes ⊕ Both	
	P/A – soft	
	Accepted OBF	
		Noted by Smith

Dr Tejas

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

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 3:30pm	CSB Dr Praveen / Dr Tharini	
	Acute Bronchiolitis c̄ RD	
	Child asleep	Plan
	RD - Better	1) Cont HFNC
	on HFNC < 18 / 25%	
		2) Neb c̄ Levolin / Adrenalin } alt
	Vital	Neb c̄ 3% NaCl
	HR - 122 bpm	
	SpO_2 - 97%	3) Inj Amoxycillin
	RR - 28/min	Syp Azee
		4) Inj Methylpred @ 6am
	R-S - B/L AE (+)	
	Wheeze (+)	5) Monitor Vitals
	P/A - soft	
		Noted by Sunita

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

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 7:30PM	C/S/B D Pranav / D. Thanu	
	Acute Severe Bronchiolitis c̄ RD	
		Pl
	On HFNC < 16 lt 30 → 25 %	1) Ct HFNC
	No Fever	2) Neb c̄ Levolin - 9 gtt Adrenalin - 8 gtt
	RD - Bett	Neb c̄ 3% Nacl - 4 ml
	Vitals	
	HR - 142 bpm	3) Inj Amoxycillin Syp Azee
	RR - 34/min	
	SpO2 - 99%	
		4) Ct - Supportive Care
	R-S - B/L AE ⊕	5) Monitor Vitals
	Occ Wheeze (+) expiratory + Crepts ⊕	6) Infor SOS
	P/A - Soft	
		Pranav
		Noted by Smith

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

/697 IP26-00006473
AGHAV TATER
25 0 Y 10 M 2 D (M)
ESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9am	U/B Dr. Pritesh	
	Acute severe Bronchiolitis c RD.	
	- no fever	
	- on HFNC → FiO2: 30%.	
	- accepting feeds well.	
	O/E	Plan
	HR: 119 bpm	1) ct the SAME HFNC settings for the next 24 h
	RR: 80 cpm	
	SpO2: 95%.	
	RS: BAE (+)	2) ct. Amoxyclav Azee
	crepts (+)	3) ct. nebs - levolin - 8th h, adrenaline - 8th h, 3% NS - 4th h
Distress + Rates < 50		
		4) chest physiotherapy
		5) Rest ct. as per Rx chart.
		Noted by Safety

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:25 am	Counselled	
4/6/26	Hold on / Maintain	
	No signs of worsening ✓	
	CRP, PCT — 2nd time (-ve)	— VIRAL
	— Mycoplasma	— NEGATIVE
ECHO →	NORMAL	
	Dr Shivaranjit → ✓ Azithromycin add	
	HFNC, O_2, Neb — Same	continue
	24-48hr — Stability	Then Reduce
	Deepti (Mother)	
(M)		

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 2pm	C/S/B Dr. Prashanti	
	Δ - Acute Severe Bronchiolitis c̄ RD	
	- ☆ distresst, no worsening of symptoms	
	- IVF stopped.	
	- Taking orally.	Plan
	- Urine	
	- Stool ✓	Continue
	O/E	- HFNC ↘ 30 l 1 lt/min
	HR - 120/min	
	RR - 35/min	- Cont Nebadre Jalt Cevolin 08h
	SpO_2 - 97% on RA	
	BP - 100/70 mmHg @ L.L.	- Syp. Azee
	PP well felt	
	CFT < 3sec	- Inj. Amopyclav
	S/E RS - B/L wheezes scattered (crepts ⅓ L lower)	- Supp measures.
	CVS	- Chest PT
	P/A WNL	
	CNS	- monitor V.O / vitals.

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

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Master RAGHAV TATER
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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. Pritesh	
4/6 11:30pm	Acute bronchiolitis c̄ RD	
		Plan
	On HHHFNC.	
	FiO2 - 30%	- Cont HFNC
	Flow - 14 L/min	Flow - 14L/min
	HR - 158bpm	FiO2 - 30% to continue
	Vitals - RR - 36cpm	overnight.
	- SpO2 - 98%	- Taper FiO2 to 25%
		tomorrow 6am
	R/S - B/L AE (+)	
	B/L wheeze ↓↓	- Stop Amoxiclav
	B/L Crepts (+).	
		- Cont Azithromycin
		- Cont Neb Levolin Q8H
		Neb Adrenaline Q8H.
		- Chest physiotherapy
		- Monitor U/O/P, vitals
	Noted by Security	

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	S/B Dr Shruti	
4:00	Acute Bronchiolitis c RD	
	on HHHFNC.	
	16L4.	
	30-1.	Adv
	Stable.	
		→ CT. HHHFNC
	Pt: B/L wheeze (+)	14L/min.
		30% FiO2
		Tapering FiO2 25-1 T/m
		6am.
		→ CT. Levolin 8Q4H
		Adr 8Q4H.
		→ chest PT
		Noted by Pankaj

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 12:30 AM	SB Dr. Sreyshan	
	Δ Acute Bronchiolitis c̄ severe RD	
	Tachypneic	Plan
	HR - 160/min	- IV HFNC Flow - 16L/min
	SpO2 - 97% on RA	FiO2 - 30%
		& Taper to
	CVS - S1S2 (+)	25% at 6AM
	RS - B/L - AE (+)	
	Blt - sw height	- Monitor RR/SpO2
		- cG NCB c̄ levolin 8hrly] Attendant
		c̄ Adrenaline 8hr]
	PB-Sign	
		Noted by Sister

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26. 2:30 AM	c/s/by. Dr. Anuch	
	Acute Bronchiolitis c Severe RD	
	RR = 30/min HR = 112/min.	
	Retract ↓ SpO2 = 98%.	
	distress (↓) No grunt, Active (+)	
	sleeping comfortable	
	on HFNC - Tm mng	tapering plan
		fio2 Plan
Ply	B/L AE (+)	
	Wheeze (↓)	- Ct HFNC
		- Ct NEB
	Af	- Inform SOS.
		Noted by Sunitha

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	c/s/by. Dr Anuch	
7 30 AM	Acute Bronchiolitis	& Severe RD
	RR = 29/min.	
	SpO2 = 96-97% on HFNC	- flow 16
		fio2 25%
	HR = 118/min.	
	CFT <3sec.	
	Activity - Improved	Ct HFNC - flow 16
		fio2 25%
	Acceptly feed well	
	tachypn (+)	Ct NEB levolin Adrenal alternate
	Sintrac - Improving.	
		Ct Antibiotics
	D/C B/c AC (+)	
	wheeze (+)	- Monitor vitals.
		Noted by Sister

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/09697 IP26-00006473
RAGHAV TATER
.025 0 Y 10 M 3 D (M)
ITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24	S/B Dr. Pritesh	
9AM	D Acute Bronchiolitis c̄ RD	
	HR - 116/min	PG
	SpO2 - 98%	- Ct HFNC - Flow - 14L/m
		FiO2 - 25% }
	CVS - S1S2 (+)	} taper flow
	RS - BL - AE (+)	2L every 4 hrs
	BL - wheeze (+)	
		- Ct Neb c̄ levolin 8th hrly] Alternate
	Tachypnea ↓	Achenek 8th h
	RR - 35/min	
		- Neb c̄ 3% NS 4th h
	Sleepy	
		- Monitor RR, SpO2
		- Ct AZITHROMYCIN

Noted by Saisi

(P.T.O)

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:15am 5/06/26	Counselled	
	Stable	
	Breathing – Comfortable	
	>24 – No up/down	
	HR / RR / SpO_2 – ok	
	Wheezing / Congestion +	FiO_2 ↓↓ Reduce 25%
	HFNC – Reduce] -	Slow
	once off & ok on Normal O_2	↳ Shift then
		Done Talk (Father)

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01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 10:48am	C/S/B- Dr Shruthi	
	Case of Severe bronchiolitis on HFNC	KIL 25% FiO2
	wheezing - better	
	feeding better.	
	O/E -	Advise
	No distress.	
		(i) Cease HFNC & stop today
	wheeze ↓ed	
	Vitals stable	(ii) Plan to SLIK at after stopping HFNC
		(iii) Continue Nebs.
		Noted by Saisai

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01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipunya.	
5/6 2:00pm	Acute bronchiolitis c̄ Severe RD	
	No fever.	Plan
	on HFNC	- Cont HFNC
	Flow - 12L/min.	Flow - 12L/min, FiO2 - 25%.
	FiO2 - 25%.	Taper flow 2L/min 4-1 hourly if maintaining
	R/S - B/L AE (+)	
	B/L diffuse wheeze (+)	- Cont Neb levulin Q8H
	P/A - soft, NT	Neb Adrenaline Q8H
		Neb 3% NS Q4H
	Oral intake - fair.	
		- Cont Chest Physiotherapy
	U/O/P - Adequate.	- Cont Syp. Azithromycin
		- Monitor RR, SpO2
		Dr.
		Noted by SR

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. pritesh	
5/6. 5:00pm	Acute bronchiolitis C̄ Severe RD.	
	No fever	Plan
	on HHHFNC Flow - 12L/min FiO_2 - 25%	- Cont HFNC Flow - 12/L · FiO_2 - 25%. - Don't taper Flow overnight
	R/S - B/L AE (+) B/L wheeze (+)	- Chest physiotherapy - Cont syp. Azithromycin
	(R) > (L)	
	Counselled	
	Fast ↑↑ Breathing Comfortable O_2 ok HR	(18) - (16) - (12) Early Morning Reduced
		Dr Pritesh (Fathers)

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr. Pritesh	
5/8/26 5:30PM	Δ- Bronchiolitis c severe RD.	
	- No fever.	
	- Maintaining sat. on HFNC 12 L 25%	
	O/E - HR - 110/min. RR - 32/min. SpO2 - 95% on HFNC.	Plan
	RIS - O/E - BAE (+), B/L wheeze better.	- Ct. Neb. Levolin Q8H - Adr Hypertonic neb. Q4H
		- Don't taper flow overnight
		- Ct. Chest physiotherapy.
		- Ct. Azithromycin.
		Noted by SaiSri

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

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/06/2026 @ 10.00PM	S/B Dr. Shanti.	
	Bronchiolitis c̄ severe RD	
	No fever.	
	Maintaing SpO2 >94% on FiO2 ≈ 35%	
	Accepting feeds well.	
	HR - 110/min.	
		Adv:
		Continue same Rx
	Noted by Sanjay	

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/26 12 AM	c/o 16- Dr. Sandhanth / Dr. Thenmozhi	
	D:- Bronchiolitis with severe RD	
	Afebrile	
	On HFNC (flow - 12 lpm, FiO2 - 25%)	
	O/E:- Temp: Gathering	
	HR:- 110/min	
	RR:- 30/min	
	SpO2:- 99% @ HFNC	
	S/E: RS: BLAE(+), B/L wheeze(+)	
		Adv
		- HFNC - flow 12 lpm, FiO2:- 25%
		- NGT ō Levolin & Ada Nebulisation
		- Syp Azee
		- Monitor vitals and Inform SR
		Sandhanth
		Noted by Sujatha

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/26 7AM	c/s/o - Dr. Sankalp / Dr. Thanvi	
	Dx: Bronchiolitis with severe RD	
	Afebrile	
	On HFNC (flow 10 lpm, FiO2: 25%)	
	O/E: vitals: Temp: afebrile	
	HR: 115/min	
	RR: 35/min	
	SpO2: 92% @ HFNC	
	S/E: RA, BLAE ⊕ B/L wheeze ⊕	
		Adv
		- HFNC (flow 10 lpm, FiO2: 25%)
		- NEB with Levolin SH, Adr SH
		- Syp. Azee
		- Monitor vitals and inform SOS
		Sankalp
		Noted by Deepthi

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 4 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:30am 6/6/26	S/B Dr Pritesh	
	Doing Better on HFNC 25% 10L	
	No RD	
	B/L wheeze +	
	Appears more	
		(Plan)
		- wean off HFNC
		- Inj Methyl Pred 10mg
	Wheeze weaning process	
		Noted by Sugathy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:50am 6/6/26	Counselled	
	Stable / Wheezing ↓	
	HFC 10 → 8	
	Fast Reducing →	12 - 2pm
		O2 Normal
	Lying down feed X	Plan
		Ref to Pulm. (father)

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 12pm	C/S/B - Dr. Shanti	
	A - Acute Severe Bronchiolitis	
	No fever spikes	
	O/E	
	Vitals	
	HR - 88/min RR - 28/min	Plan
	SpO2 - 100% on ~~RA~~ 2lit NP	- Con time O2 - NP 2lit/min
		- Stop HOME
	Rs - Cwhere +	Inj. methylPred 10mg
		Noted by Vasishwar

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01-08-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 5pm	S/B Dr Pritesh / Dr Aniket	
	Stable No RD Lungs better	
		Plan Shift Out
7/m	Wean to Ultra	

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

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01-08-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	S/B. Dr Prabhakar / Dr Varun.	
	△ Acute Severe bronchiolitis	
	on 2L/min O_2	
	fever spikes — None.	
	RD — ↓	Adv
	Tachypnea — ↓ 50/m	—
	No ISY breathing +	— CT. O_2 by NP 2L/m
	O/E G.C. fair, RR 50/m	Plan to ↓ to 1L after rounds
	Vitals stable	— CT. ~~inj Methylpred~~
	SpO2 98%.	Neb. Levolin 8Q
	Rhs — Occ. wheeze +.	Neb Adv Q8H.
		— CT. Syp Azee OD.
		noted by S. Sandhya 7/6/26

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01-08-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 10:30 am	S/B Dr. Pritesh	
	D Acute Bronchiolitis	PG
	CVS – S1S2 ⊕	
	RS – B/L-AE ⊕	Try to taper O2 by 1 pm
	B/L-crepts ⊕	
	wheeze ⊕	CT Neb ĉ Adrenalin 8th h
		Levolin 8th h
	Not passed stool since 1 day	CT AZITHROMYCIN
		HALLEM suppository 1 gm
		NB Sun @ 2 pm
7/06/2026 @ 2.58 pm	S/B Dr. Shruti	
	Acute Bronchiolitis	
	lungs → B/L-AE ⊕ wheezes	CT Neb ĉ Adrenalin 8th h ĉ Levolin 8th h
	Maintaining saturation on room air	Monitor RR, SpO2

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

(P.T.O)

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01-08-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 6pm	UVB Dr. Dharam	
	Acute Bronchiolitis	
	- off O_2 : 1pm	
	- no tachypnea	
	- no fever spike	
	- accepting feeds well	
	O/E	Plan
	HR : 126 bpm	1) IV access
	RR : 40 cpm	2) ct. nebulisations
	SpO_2 : 97% RA	levolin 8 th/h
		adrenaline 8 th/h
	SE	
	RS : BAE (+)	3) Rest IV as per
	? crepts (+)	Rx chart
	wheezes (+)	4) monitor RR, SpO_2 every 2 hours.
		NBS 2 6pm

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01-08-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/26 7:15 AM	S/B Dr-Sneyhas	
	Δ Acute Bronchiolitis ε RD	
	SpO2 - 93% on RA	Plg
		CF AZITHROMYCIN
	CVS - S1S2 ⊕	
	RS - B/L - ACF ⊕	CF Neb ε Adrenaline 8th hrly ε Levolin 8th hrly
		Monitor RR, SpO2
		NB Sunanda
8/8/26 9:20 AM	S/B Dr-Pritesh	
	Δ Acute Bronchiolitis ε Severe RD	
		Plg
	CVS - S1S2 ⊕	
	RS - B/L - ACF ⊕	- Discharge
		- Neb ε Levolin 6th hrly, 8th hrly, 12th hrly] 2 days
	SpO2 - 95-96% on Room air	
		- Follup on Wednesday ε Dr Shruthi
		- Pure hale mist spray 6th hrly x 3 days

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	S/D Dr. Shruthi	
		Plan
9:45 AM	D Acute Bronchiolitis ? RD	
	Sp O_2 - 98% on RA	- Discharge
		- Follow up on wednesday at my clinic
	CVS - S1S2 (+)	
	RS - B/L - AEFO	
		-
		- Neb = Levolin 6 hrly
		- Nasoclear Nasal drops 2 B/N Daily
		1/5 - Syp XYZOL 2.5 ml po H/S

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01-08-2025 0 Y 10 M 1 D (M)
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DRUG CHART

Date of Admission: 1/6/26 Drug Allergies: NPIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP CROCIN - DS				Date/Time	01/6	3/6											
Dose	Route	Frequency	Start Date														
3ML	PO	SOS T>100°F	1/6/26			3AM											
Doctor's Signature		Valid Period	Pharm.			4:30PM											
Additional Instructions: (240mg/5ml).																	

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

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

Verified by Dr. Dhakshayani
Signature
VERIFIED BY : Name

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 9.01kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : NEB LEVOLIN

Dose	Route	Frequency	Start Date
0.31mg	Neb	Q2H	1/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhat.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

See the chart

STOP

Verified by Dr. Dhakshayani

DRUG : NEB IPRAVENT

Dose	Route	Frequency	Start Date
1/2 ampule	Neb	Q6H	1/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

See the chart

STOP

CHANGED

DRUG : Nasoclear nasal drops

Dose	Route	Frequency	Start Date
2°/20	Nasal	Q4H	1/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	1/6	2/6
6AM		
12PM		
6PM		
12AM		

CHANGED

DRUG : Nasoclear Nasal spray

Dose	Route	Frequency	Start Date
2puffs	Nasal	BD	1/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	2/6
6AM	
6PM	

STOP

)9697 IP26-00006473
AGHAV TATER
5 0 Y 10 M 2 D (M)
ISH NAGAR

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REGULAR PRESCRIPTIONS

neet No: ..... Weight 9.01kg Ward .....

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	iv	TID	3/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date/Time	2/6
6am	
2pm	
10pm	

CHANGED

Chge

Doctor's Endorsement by a Sign

: NEB ĩ 3/. NS

	Route	Frequency	Start Dt.
	NEB	Quhly.	3/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

See the chart

Daily Doctor's Endorsement by a Sign

DRUG : NEXPRO SACHET

Dose	Route	Frequency	Start Dt.
10mg	PO	OD.	3/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date/Time	3/6	4/6	5/6	6/6	7/6
6pm	2pm	Ce Sister	Ce Sister		

Daily Doctor's Endorsement by a Sign

DRUG : DOMSTAL.

Dose	Route	Frequency	Start Dt.
2ml	PO.	TID	3/6

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: (1mg/1ml)

Date/Time	3/6	4/6	5/6	6/6	7/6	8/6
6pm	X	Sister	Ce Sister			
2pm	5pm					
10pm	Ce Sister	Ce Sister				

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED

Dr. Dhakshayani

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 9.0kg Ward .....

DRUG: Neb Levolin

Dose	Route	Frequency	Start Dt.
1 RESPULE	Neb	8h	3/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1 RESPULE = 0.31mg)

Date / Time												
6AM												
2PM												
6PM												

See the chest

Daily Doctor's Endorsement by a Sign

DRUG: Neb. Adr.

Dose	Route	Frequency	Start Dt.
0.5ml	Neb	Q8H	3/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
ADRENALINE = 0.5ml
0.5ml + 2.5ml NS

Date / Time												
2AM												
10AM												
6PM												

See the chest

Daily Doctor's Endorsement by a Sign

DRUG: SYP AZEE

Dose	Route	Frequency	Start Dt.
2.5ml	PO	OD	3/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(5ml = 200mg)
(AZITHROMYCIN)

Date / Time	3/6	4/6	5/6	6/6	7/6
6PM	7PM				

Daily Doctor's Endorsement by a Sign

DRUG: PRO GG DROPS

Dose	Route	Frequency	Start Dt.
15 DROPS	ORAL	BID	4/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Ankit

Additional Instructions:

Date / Time	4/6	5/6	6/6	7/6
6PM				
10PM	9:30PM			

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani
Signature
VERIFICATION

Docu. No. : RCH /FRM / CLINICAL / 108

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.01kg Ward .....

DRUG: INJ AMOXICLAV

Dose	Route	Frequency	Start Dt.
300mg	IV	TID	2/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6	4/6
6 AM			
2 PM			
10 PM			

STOP 4/6

DRUG: NEB c̄ 2% NS

Dose	Route	Frequency	Start Dt.
5ml	neb	Q.6 hrly	2/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

See the chart

DRUG: Nebulocort drops

Dose	Route	Frequency	Start Dt.
2	nebul	4 hrly	2/6

Name & Signature of the Doctor Starting the Drugs: B. Singh N

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6	4/6	5/6	6/6	7/6
2AM	X					
6AM	X					
10AM	X					
2PM	X					
6PM						
10PM						

DRUG: Neb c̄ Adrenaline

Dose	Route	Frequency	Start Dt.
	Neb	3 hrly	2/6

Name & Signature of the Doctor Starting the Drugs: B. Singh N

Additional Instructions: 1 ml Adrenaline + 2 ml NS.

Daily Doctor's Endorsement by a Sign

See the chart.

CHANGED

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Docu. No. : RCH /FRM / CLINICAL / 108

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.0kg Ward .....

DRUG : Neb c̄ LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	neb	Q4H	2/6

Name & Signature of the Doctor Starting the Drugs: (Dr Nazneen)

Additional Instructions: (alternate c̄ Adrenaline)

STOP 3/6 See the chart

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG : Neb c̄ ADRENALIN c̄

Dose	Route	Frequency	Start Dt.
	neb	Q4H	2/6

Name & Signature of the Doctor Starting the Drugs: (Dr Nazneen)

Additional Instructions: 1ml + 2ml NS (alternate c̄ levolin)

See the chart

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG : Neb c̄ ADRENALINE

Dose	Route	Frequency	Start Dt.
	Neb	Q2H	3/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1ml + 2ml NS.

CHANGED

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG : Neb c̄ Adrenalin

Dose	Route	Frequency	Start Dt.
	Neb	2ml L	3/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (0.5ml + 2.5ml NS)

Hold.

CHANGED

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

VERIFIED BY Pairing

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

Weight. 9.01kg Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6	2:30pm	Inj. Magnesium Sulphate	1ml + 9ml NS (over 30min)	IV		
1/6	1:40pm	NEB LEVOLIN	0.3 ml	Neb (Ch)		Lavu
1/6	1:50pm	NEB IPRAVENT	1/2 ampule	Neb (Ch)		Sarita
1/6	2:10pm	NEB LEVOLIN	0.3 ml	Neb (Ch)		
1/6	3:00pm	Inj. Methyl prednisolone	10mg	IV		Lavu
2/6	6am	inj methyl prednisolone	10mg	IV/stat		Sunitha vaishnavi
2/6	6:30am	inj MgSO4	1ml + 9ml NS (over 30 min)	IV		Sunitha vaishnavi
2/6	3:30pm	NEB c LEVOLIN	0.3 ml x3	Neb		Sonam Saibee
2/6	5pm	Neb c Adrenaline	1ml + 2ml NS	Neb		Sonam Saibee

Verified by Dr. Dhakshayani

HNH-00009897
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

IP26-00006473 HNH-00009897

I.V. FLUIDS CHART

Weight. 9.01kg ..... 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
1/6/26	2pm	IVF PLASMALYTE (2/3 Maintance)	IV	25	PY	Sonam / Saisree	1/6		
2/6/26	9:30AM	1/2 M	IV	18ml		Sujatha / Sonia	2/6		Saisree / Sonam
3/6/26	9 30AM.	IVF DNS (1/2 M)	iv	20ml	Af	Saisri / Sonia	3/6/26		
3/6/26	8 pm			10ml		Ramya / Sonam	3/6/26		

Signature
VERIFIED BY : Name

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 9.1 kgs

Sheet No: 2

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/6/2026	9pm	Inj MAGNESIUM SULFATE	0.5ml + 19.5ml NS	IV over 30m	[illegible]	Sunitha	Vaishnavi
2/6	9pm	NEB C BUDUN	0.3 mg	neb	[illegible]	Sunitha	Vaishnavi
2/6	2:00Am	Syp. Melatonin	2.5ml	P/O	[illegible]	[illegible]	[illegible]
2/6		Inj METHYLPRED					
3/6	~~11:30AM~~ 12pm	Inj KETAMINE	5mg iv (8/kg) stat	iv	[illegible]	WH	
3/6	12pm	Inj ONDANSETRON	2mg	iv	[illegible]	[illegible]	Saim
3/6	8pm	Inj. METHYLPREDNISOLONE	10mg	IV	[illegible]	[illegible]	[illegible]
4/6	4Am	Inj. METHYL PREDNISOLONE	10mg	IV	[illegible]	[illegible]	[illegible]
06/06	12pm	Inj METHYLPREDNISOLONE	10mg	IV	[illegible]	[illegible]	Sonia
7/6	6:40 Am	HALLEN Suppository	1gm	P/R	[illegible]	[illegible]	Saisri

Verified by Dr. Dhakshayani

HNH-00015817 IP26-00006512
Baby Of HEENA JAIN
05-06-2026 | 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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

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.

Name & Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00015817 IP26-00006512
Baby Of HEENA JAIN
05-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/6/26		IVF 10% Dextrose + 16.5 ml Inj Calcium Gluconate	IV	8.2 ml/hr	[signature]	[signature]			[signature]
						[signature]			[signature]

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

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

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I.V. FLUID CHART

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.
3/6.	9:00am	Inj. AMINOPHYLLINE 0.5mg/kg/hr. (1:1 dilution)	IV.	0.5ml/hr.	Daily	3/6			

HNH-00009897 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....NPIL.... ☑ 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: ....PICU....

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. prabhat....

Date & Time : ....1/6/26 @ 1:30pm....

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

Date & Time : ....1/6/26 @ 1:35pm....

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

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	1/6/26 E2	1/6/26 N2	2/6/26 M4	2/6/26 M5	2/6/26 N2	3/6/26 M5
	Medical Condition (Any special condition to be noted):	RD	RD	RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	99.9°F	98.5°F	98.4°F	98.6°F	98.1°F	98.6°F
	Res:	40b/m	33b/m	45b/m	40b/m	20b/m	32b/m
	SpO_2:	93%	99%	100%	100%	98%	97%
	Pulse:	140b/m	131b/m	125b/m	151b/m	155b/m	169 b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	—	—	—	—
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Sonam	Sunitha	Sujatha	Laxmi	Sunitha	Renuja
Signature :							
Date:		1/6/26	2/6/26	2/6/26	2/6/26	2/6/26	3/6/26
Time:		8pm	8pm	8pm	8pm	8pm	8 pm
Taken Over By Name :		Sunitha	Sujatha	Laxmi	Sunitha	Renuja	Sunitha
Signature :							
Date:		1/6/26	2/6/26	2/6/26	2/6/26	3/6/26	3/6/26
Time:		8pm	8am	8AM	8pm	8AM	8pm

HNH-00015746 IP26-00006477
Master HANEIESH SHOBANBABU
03-07-2017 8 Y 11 M 0 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pritish ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: Acute Bronchiolitis c RD				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	3/6/26 N1	4/6/26 M6	4/6/26 E2	5/6/26 N1	05/6/26 M4	5/6/26 E2
	Medical Condition (Any special condition to be noted):	RD	RD	RD	RD		RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.0 F	98.4°F	98.6°F	98.6°F	98.6°F	98.7°F
	Res:	36 b/m		27 b/m	26 b/m	29 b/m	30 b/m
	SpO_2:	98%		96%	97%	96%	98%
	Pulse:	124 b/m	150 b/m	137	130 b/m	109 b/m	110 b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	—	yes	yes	yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Sunita	Sonam	Ranuja	Sunita	Sujatha	Saisree
Signature :							
Date:		4/6/26	4/6/26	4/6/26	5/6/26	5/6/26	5/6/26
Time:		8pm	2pm	8pm	8AM	2pm	8PM
Taken Over By Name :		Sonam	Ranuja	Sunita	Sujatha	Saisree	Ranuja
Signature :							
Date:		4/6/26	4/6/26	4/6/26	5/6/26	5/6/26	5/6/26
Time:		8am	2pm	8pm	8am	2PM	8 pm

Docu. No. : RCH /FRM / CLINICAL / 097

HNH-00009897 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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				Date : 1/6/26		2/6/26	2/6/26
				Time : 8PM		4/4	M5
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.	3	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.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
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	3	3	3
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."	3	3	3	3
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.	3	3	3	3
				TOTAL SCORE	23	23	23	23
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

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				Date : 2/6	3/6/26		4/6/26
				Time : NN	MR	NN	MR
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.	5	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.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
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	3	3	3
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."	3	3	3	3
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	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	23	22	22	22
				Evaluator's Name	NR	NR	NR	NR

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

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 3 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date : 4/6/26	5/6/26	5/6/26	5/6/26
				Time : 62	M4	M1	M4
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	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
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	3	3	3
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."	3	3	3	3
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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	22	22	22	22
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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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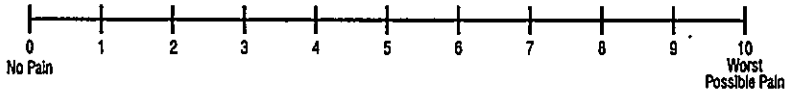
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/6/26	9pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	2PM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	8am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	10AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	4pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/6/26	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/6/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/6/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

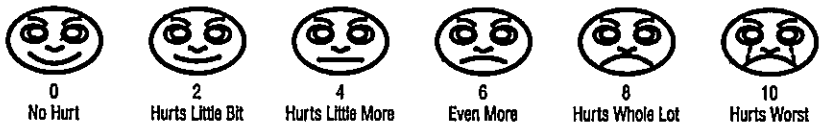
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 1/6/26			DAY-2 2/6/26			DAY-3 3/6/26			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	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 1/6/26	DATE 2/6/26	DATE 2/6/26	DATE 3/6/26	DATE 4/6/26
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	3
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	13	13	13

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Sai	Sejita	Lenio	Jem	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		1/6/26	2/6/26	2/6/26	3/6/26	4/6/26
Time:		8PM	8PM	8pm	8PM	10AM

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CROSS CONSULTATION FORM

Doctor Name : Dr. G. Sai lakshmi Prasanna. Date : Time :

Diagnosis : Acute bronchiolitis

Hospital :

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

c/o Acute bronchiolitis.

Rx → chest physio given
→ positioning.

Consultant :

Name : Dr. G. Sai lakshmi Prasanna Signature : Prasanna Date & Time : 2/6/25

Doc. No. : RCH / FRM / CLINICAL / 049

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: HNH-00009697 IP26-00006473 Master RAGHAV TATER 01-08-2025 0 Y 10 M 0 D (M) Dr. PRITESH NAGAR ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: 1/6/26

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

Respiratory distress
need for O2 support

The doctors have clearly explained to me that my patient Master / Baby ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : ..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: Preeti Dadhich Tater.

Relationship with Patient: Mother

Date & Time: 01/6/26 @ 3PM

Witness :

Signature: .....

Name: Saisri

Date & Time: 01/6/26 @ 3PM

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. Naipunya.

Date & Time: 1/6/26

Docu. No. : RCH /FRM / CLINICAL / 013

CONSENT FOR SPECIAL PROCEDURES

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Patient Name ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : ..... Date : 1/6/26

I ..... Preethi ..... S/D/W/O ..... Arun .....

Here by give consent for procedure of : .....

For my patient, Named : ..... Raghav. .....

The doctors have clearly explained to me that the procedure has following possible complications:

~~HFNC Support~~
Respiratory distress
bronchospasm.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

HFNC Support.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : Preeti Dadhich Tater.

Relationship with Patient: Mother.

Date & Time : 01/6/26 @ 3PM

Witness :

Signature : .....

Name : Saisri

Date & Time : 01/6/26 @ 3PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naipuya

Date & Time : 1/6/26

Docu. No. : RCH /FRM / CLINICAL / 019

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Explain the HFNC circuit and cost of opti flow Nasal cannula to the child parents.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 9:40am

Weight: 9.01kg Centile: 25th

Height: – Centile: –

Inference: WAIL child.

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

Diet Recommendations: DBF

Re-Assesment: Stage (3) weaning foods & HEE advised

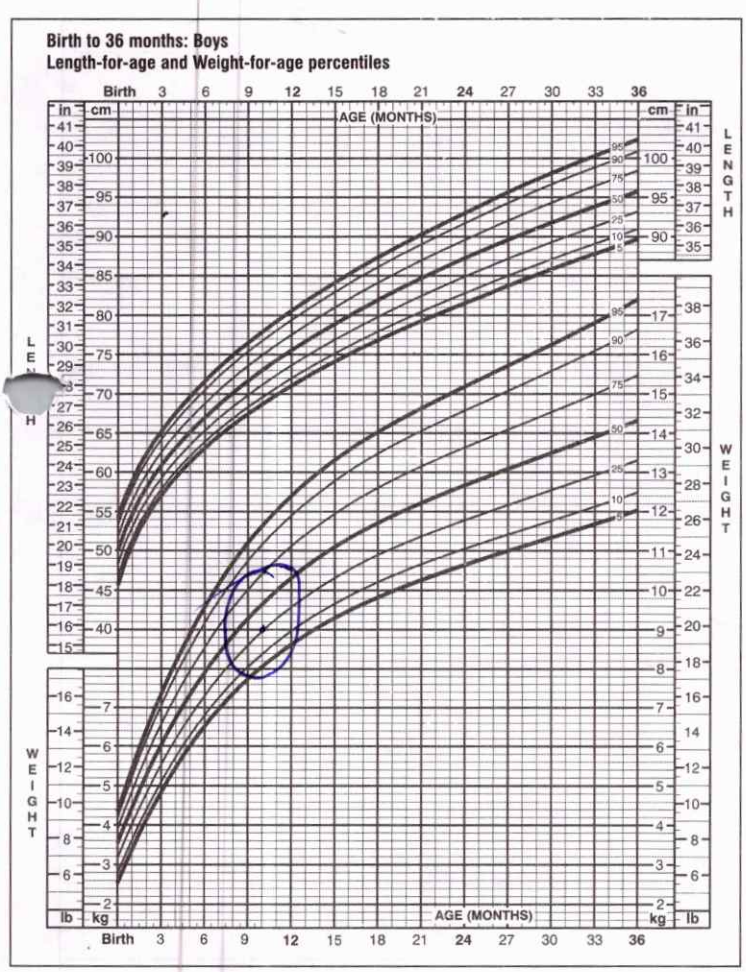
Food Allergies: NO Veg/Non-veg Veg

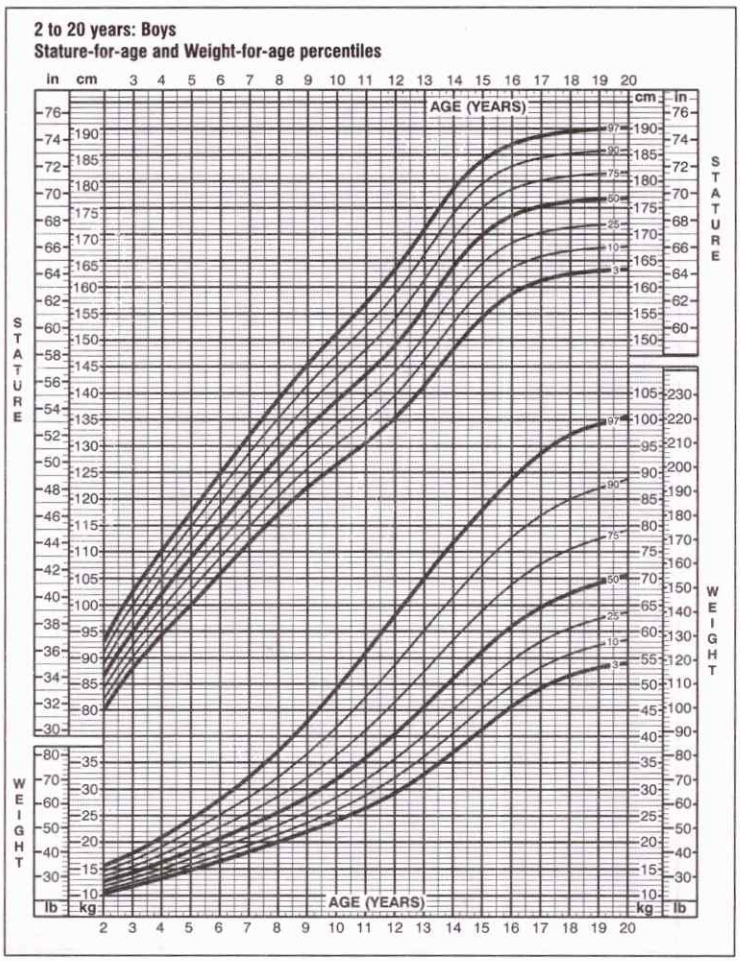
Diagnosis: Acute Bronchiolitis c̄ severe RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Dr. Pr

GROWTH CHART (BOYS)





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

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

3/6/26
10 Am child stable, oral intake poor
encourage orally with liquid diet
as advised. Sathwika

4/6/26
11 Am Child stable, oral intake improve
start with DBF (+) weaning foods as advised.

5/6/26
11:10 Am Child stable, oral intake better,
try with puree & khichidi past with sips of
water as advised.

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wt – 9.01 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : baby. Raghav Age : 10 month **Gender:** ☑ Male ☐ Female

Date : 1/6/26 Time of Arrival : 11:20pm

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: 98°F PR: ..... BP: ..... RR: ..... SpO_2: 97%

Chief Complaints: c/o cough since 2 days, fever since today

INITIAL PHYSIOLOGICAL CATEGORIZATION			**INITIAL PHYSIOLOGICAL STATUS**
Appearance	Circulation / Colour	Work of Breathing	☑ Stable
☑ Normal	☑ Normal ☐ Abnormal ☐ Bleeding	☑ Normal ☐ Increased	☐ Unstable :
☐ Sick Looking		☐ Decreased ☐ Gasping / Apnea	☐ 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 : .....

Date & Time : 1/6/26 @ 1:22pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/6/26 Time of arrival : 1:11pm

Chief Complaints: c/o cough since 2days fever since today

Height : ..... Weight : 9.01kg Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☑ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : .....

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

Time	Nursing Notes
11bpm	Assess the pt condition monitore the vitals

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1/6/26 1:30pm	levolen	Neb	0.3lmg	Dr. prabhat	
	Ipravent	Neb		Dr. prabhat	
	levolen	Neb	0.3lmg	Dr. prabhat	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ..... BP: ..... CFT:	Shift - out from ER to: PICU
RR: ..... SPO2 at FiO2:	Time of Shift - out: 2:10pm
GCS:..... Temperature :	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

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

Date & Time : 1/6/26

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PATIENT TRANSFER FORM

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	1/6/26 @ 1:33pm	1/6/26 @ 2:10pm
Treating Consultant Name	Transfer Ordered by: Dr. prabhat	Reason for Transfer: Admission
From Unit: ER	To Unit: PICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. prabhat

Patient & Clinical Records Received by : Sonitha 1/6/26 at 2:10pm.

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

Docu. No. : RCH /FRM / CLINICAL / 102

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master RAGHAV TATER**	**Age :**	**0 Y 10 M 0 D**
IP No:	**IP26-00006473**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned do consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 Have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....Kim Tater

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.
Kim Tater
Signature of Patient/Relative:

Name: Arun Tater
Relationship: Father.
Date: 01/06/26 Time:
Wittness Name:
Wittness Signature: Puja

Patient Address:
FLAT NO 201,DEVAKINANDAN APRT,
REDDY WOMENS COLL ROAD
Narayanguda Hyderabad Telangana
INDIA 500029

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Amr Tal. Amr Tal.

Name & signature of Patient/Attendant

Puja

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 1 D (M)
Dr. PRITESH NAGAR

ATIENT OR PATIENT ATTENDANT (TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)

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Date: .....

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, Instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: Raghav Tater Date & Time of Admission: 01/8/26

Name of the Parent / Guardian: Arun Tater Mobile Number: 9030903379

Parent Aadhaar Card Number: 8131 1326 6607

Arun Tater.

Signature & Relation Father.

Docu. No. : RCHBH /FRM / GENERAL / 476

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006473 **Admit Date** : 01-Jun-2026 **Admit Time** : 01:33 PM **UHID** : HNH-00009697

Patient Details :

Patient Name	: Master RAGHAV TATER	**Age**	: 0 Y 10 M 0 D
Guardian	: Mr ARUN TATER	**DOB**	: 01-08-2025 10:25 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 201,DEVAKINANDAN APRT,REDDY WOMENS COLL ROAD Narayanguda Hyderabad Telangana INDIA 500029	**Phone No**	: 9030903379/ 9248253095
		E-mail	: PRTDADHICH@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 ARUN TATER **Relationship** : Father

Contact Address : FLAT NO 201,DEVAKINANDAN APRT,REDDY WOMENS COLL ROAD Narayanguda Hyderabad Telangana INDIA 500029 **Phone No** : 9030903379

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 0 D (M)
Dr. PRITESH NAGAR

213

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RESULT SHEET

Date	01/6/26	03/6/26				
Time	3:28pm	9:16am				
Hb	9.7	9.1				
PCV	27.8	26.1				
RBC	4.81	4.49				
WBC	12.02	8.03				
N/L	52.6/39.8	67.4/19.5				
Platelets	538	588				
CRP	5.0	8.3				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	2.6					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

MNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

/ 124

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

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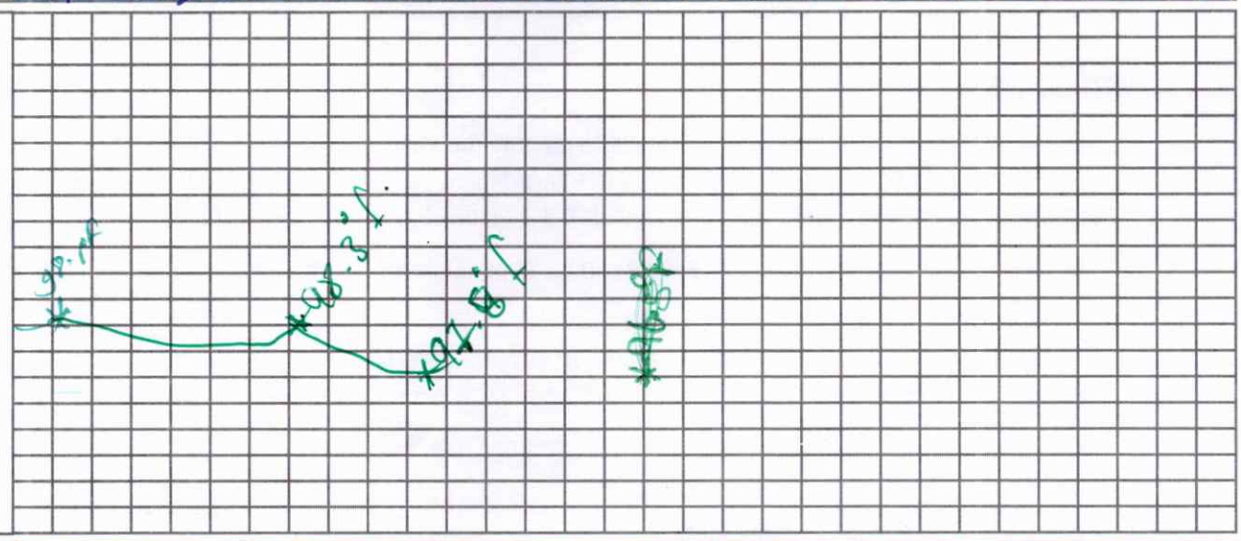
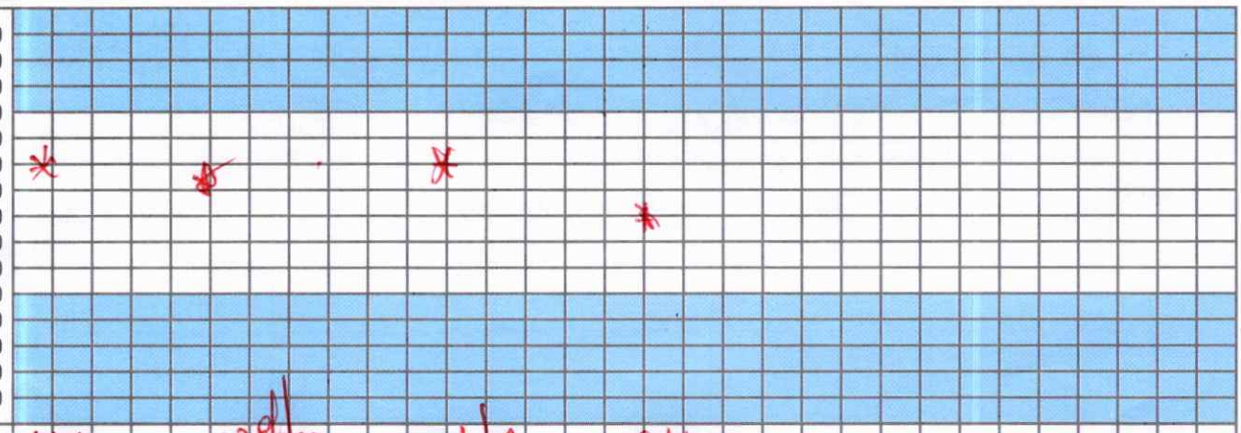
EARLY WARNING SCORE: CHILDREN'S UNIT

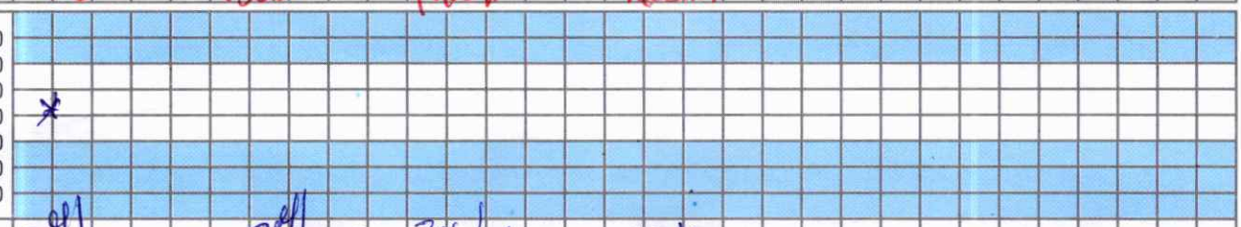
Date: 6/6/26 Time:	6 pm	10pm	2am	6am	Noon
Doctor/Nurse/Family Concern?					





Note: BP does not score in early warning scoring

Heart Rate (Number)	140bm	138bm	140bm	120bm



Resp Rate (Number)	38bm	28bm	30b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min)		CO_2		
O_2Saturations (%)	100	100%	99%	99%
Conscious Level: Normal / Altered				
GCS *	CO_2	CO_2		CO_2
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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)

Patient

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

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

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

Date: 7/6/26 Time:	10am			2pm			6 pm			10pm			2am			6am															
Doctor/Nurse/Family Concern?																															

Temperature (°F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

98.8°F, 98.4°F, 98.6°F, 97.3°F, 98.5°F, 97.4°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

99 (65) 85; 79 (65) 56

Heart Rate (Number)	130b/m			108b/m			118b/m			125b/m			130b/m			140b/m															

Resp. Rate (bpm) (over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number)	20b/m			20b/m			24b/m			28b/m			20b/m			35b/m															
Resp Distress: Mod/ Severe																															
Resp Distress: None / Mild																															
Receiving O_2(l/min)																															
O_2 Saturations (%)	99%			98%			99%			99%			99%			98%															
Conscious Level: Normal																															
Conscious Level: Altered	CO_2			CO_2																											
GCS *																															
TOTAL SCORE Number of shaded boxes	0			0			0			0			0			0															
Pain Score	0			0			0			0			0			0															
Observer's Initials	SA			SA			B			S			SA			S															

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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

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- 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)
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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)

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

Patient S

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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											
6/6/26	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U- M-						
	08:00 pm											
	09:00 pm											
	10:00 pm											
6/6/26	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-1 M-						
	02:00 am											
	03:00 am											
	04:00 am											
7/6/26	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-2 M-						

PICU

NA

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

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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							
7/6	08:00 am									✓		
	09:00 am		UMa					0				
	10:00 am	0			NA							
	11:00 am									✓		
	12:00 pm		UMa									
	01:00 pm											
Total Intake :						**Total Output :** U-✓ M-✓						
7/6	02:00 pm						✓				0	
	03:00 pm		Camul							✓	0	
	04:00 pm										0	
	05:00 pm	0	Pure		NA			NA			0	Sn
	06:00 pm		Milk							✓	0	
	07:00 pm										4	
Total Intake :						**Total Output :** U-2 M-1						
7/6/26	08:00 pm											
	09:00 pm		milk							✓		
	10:00 pm	0									0	
	11:00 pm									✓		
	12:00 am		Milk		NA			NA				
	01:00 am									✓		
Total Intake :						**Total Output :** U-3 M-						
8/6/26	02:00 am											
	03:00 am		Milk							✓		
	04:00 am	0									0	
	05:00 am											
	06:00 am		milk		NA			NA		✓		
	07:00 am											
Total Intake :						**Total Output :** U-2 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00009697 IP26-00006473
Master RAGHAV TATER
01-08-2025 0 Y 10 M 5 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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Date: 6/6/26

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				P/UV			
Afternoon	2pm to 8pm	Assess the P/condition. monitor vitals Energize of O2 2 litrs Cont	2pm to 8pm	Assessed the P/ O2 2 litrs cont nebulization Cont	Patient cont O2	Monitor O2 2ltr monitor vitals	[signature]
Night	8pm to 8am	→ Assess the patient general condition → monitor vitals → Administer medications as per doctor's order	8pm to 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[signature]

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Patient Sticker

NURSING CARE RECORD

Date: 7/6/26

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 2Pm	→Assessed the General Condition →checked the vital Sign →Maintain I/o Chart →Administer medication as per doctor order	8 am 2Pm	→Assessed the General Condition to the Patient. →checked the Sign vita →Maintain I/o chart →Administes medication as per doctor order. →O_2 2 lit	→Monitor vital signs	→Child is stable	[illegible]
Afternoon	2PM 8PM	Assessed the pt. condition monitor vitals Maintain I/o chart. Drug give as per drug chart.	2pm 8PM	Assessed the Pt. condition monitored vitals Maintained I/o chart. Drug given as per drug chart.	Patient is stable now	Rechecked vitals	Khushboo [illegible]
Night	8PM 8am	→ Assess the patient general condition → Monitor vitals → Administer medications as per doctor's orders.	8pm 8am	→ Assessed the patient general condition → monitor vitals → Administer medications as per doctor's orders	Patient is stable	Rechecked vitals	[illegible]

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
				5/6/26	5/6/26	6/6/26	7/6
Age	Less than 3 years old	4	✓	✓	✓	✓	✓
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	✓	✓	✓	✓	✓
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	✓	✓	✓	✓	✓
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	✓	✓	✓	✓	✓
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	✓	✓	✓	✓	✓
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	✓	✓	✓	✓	✓
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	✓	✓	✓	✓	✓
	Total		14	14	14	14	14

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	—	—	—	—
	Wheel chair support		—	—	—	—	—
	Other Intervention(s) Specify		—				
	Nurse's Name:		Sutha	Rajeshwari	Pooja	Rajesh	Sai
	Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:		5/5	5/6	6/6	6/6	7/7
	Time:		8AM	[illegible]	8PM		8AM

Docu. No. : RCH /FRM / CLINICAL / 005

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 2 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 4/6/26			5/6/26 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	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	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	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 : .....

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	7/6 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	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	0	0	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	0	0	0							
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							
			Signature of the Nurse	Sy	(K)	[illegible]							

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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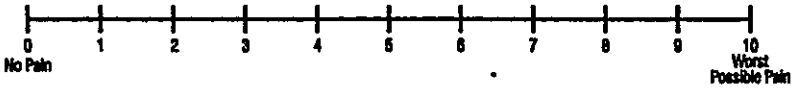
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/6/26	12 pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6/26	6 pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6/26	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6/26	10pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6/26	2AM	0/10	–	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
7/6/26	3PM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6/26	10PM	0/10	–	☐ 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		
				☐ 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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BRADEN 'Q' SCALE

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				Date : 6/6/26	6/6/26	7/6/26	
				Time : 8 E	N21	[illegible]	
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.	3	3	3	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	
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	3	3	
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."	3	3	3	
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.	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	
				TOTAL SCORE	22	22	22	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. pritesh Department: PICU Date of Admission: .....

SITUATION

Diagnosis: Acute and Bronchiolitis CRD

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

	Area / Shift Time	6/6/26 N1	6/6/26 M6	6/6/26 E2	6/6/26 N8	7/6/26 M6	7/6/26 E2
BACKGROUND	Medical Condition (Any special condition to be noted):	RD	RD	RD	RD	RD	RD
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	98.6°F	96.7F	96.3°F	97.8°F	98.1°F
	Res:	30b/m	25b/m	20b/m	22b/m	24b/m	25b/m
	SpO_2:	98%	100%	100%	99%	100%	100%
	Pulse:	145 b/m	111b/m	125b/m	120 b/m	124b/m	130b/m
	BP:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	–		–	–	–	–
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Ramya	Sujitha	Sunitha	Sandhya	Saisri	Sneha
Signature :							
Date:		6/6/26	6/6/26	6/6/26	7/6/26	7/6/26	7/6/26
Time:		8 AM	2pm	8pm	8am	2PM	8PM
Taken Over By Name :		Sujeetha	Sunitha	Sandhya	Saisri	Sneha	
Signature :							
Date:		06/6/26	6/6/26	6/6/26	7/6/26	7/6/26	
Time:		8am	8pm	8pm	8am	2PM	

Docu. No. : RCH/FRM / CLINICAL / 097

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Master RAGHAV TATER
01-08-2025 0 Y 10 M 6 D (M)
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RSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	7/6/26 N8					
	Medical Condition (Any special condition to be noted):	RD					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	23 b/m					
	SpO_2:	99%					
	Pulse:	125 b/m					
	BP:	–					
	Fall Risk Score:	–					
	Pain Score:	–					
Recommendations	Safety Needs:	✓					
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–					
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :		Sandhya					
Signature :		Sandhya					
Date:		8/6/26					
Time:		8 am					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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