

**DISCHARGE SUMMARY**

<b>Name</b>	Baby GANDLA AARADHYA	<b>UHID</b>	HNH-00016167
<b>Father/Guardian</b>	Mr G PAVAN KUMAR	<b>Age/Gender</b>	8 Y 1 M 24 D/ Female
<b>Address</b>	1731.1/V/52, SAIDABAD, Saidabad, Hyderabad, Telangana, INDIA, 500059		
<b>IP No</b>	IP26-00006646	<b>Admission Date</b>	25-06-2026
<b>Ref Doctor</b>	DR. MADHAVI N		
<b>Discharge Date</b>	28.06.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
DENGUE FEVER (Ig M positive ) WITH NO WARNING SIGNS	
ADENOVIRUS ILLNESS	

**History:** Baby GANDLA AARADHYA , 8 Y 1 M 24 D , old girl presented with the history of fever since 4-5 days, headache and generalised body pains since 3 days, vomitings, abdominal pain and noisy breathing since 2 days, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

**Examination:** She was afebrile, maintaining saturations at room air. Her heart rate was 132/min and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of dehydration were present, dry lips, delayed skin turgor, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal with

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bilateral conducted sounds were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 22.8 kilo grams.

**Investigations:** Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus was **detected**.

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 4160 cells/cumm, platelet count of 2.34 lakhs/cumm and C-Reactive Protein of 31 mg/l. Blood culture and sensitivity shows no growth after 48 hours of incubation.

Liver function test showed total SBR of 0.3 mg/dl with indirect fraction of 0.2 mg/dl, SGOT - 23 U/L, SGPT - 10 U/L, ALP -113 U/L, protein - 5.9 gm/dl, albumin - 3.2 gm/dl, globulin -2.7 gm/dl, A/G ratio of 1.1.

Dengue NS1 - Negative

**Dengue IgM : REACTIVE ( 28.6 PANBIO UNITS )**

Repeat Hemoglobin of 11 gm%, White Blood Cell count of 4100 cells/cumm, platelet count of 2.36 lakhs/cumm and C-Reactive Protein of 32 mg/l.

Repeat Hemoglobin of 12.7 gm%, White Blood Cell count of 4980 cells/cumm, platelet count of 2.65 lakhs/cumm

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### Nasopharynx x-ray shows:

Lobulated soft tissue along posterior nasopharyngeal wall causing severe narrowing of nasopharyngeal air way - Likely enlarged adenoid.

### Ultrasound abdomen shows

- \* Mild fecal loading of ascending colon.
- \* Few non specific mesentery nodes.

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

In view of fever with chills , base line investigations were sent showed high infective markers , started on iv antibiotics after sending blood culture and respiratory panel was sent in which **adenovirus** was detected.

In view of fever with abdominal pain and body aches - dengue NS1 antigen / IgG antibody and IgM antibody were sent. . **Dengue IgM** was positive ( 28.6 panbio units). Dengue NS1 antigen / IgG antibody was negative.

In view of dengue fever, her blood counts were serially monitored, which showed normal . As final blood culture showed no growth iv antibiotics were stopped .

In view of significant snoring at sleep , and noisy breathing X ray nasopharynx was done , showed significant **adenoid hypertrophy** hence started on METATOP nasal spray

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

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

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

**Medication during hospital stay:**

Injection. Augmentin  
Injection. Ondansetron  
Injection. Esmoprazole  
Muout powder.  
Syp. Relent Plus  
Metatop nasal spray

**Advice:**

\* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Metatop nasal spray	1 puff	twice daily	For 1 month.
2	Syrup. SMUTH	15 ml	10pm (after food)	For 1 month.
3	MUOUT POWDER	mix 4 Scoops in 200 ml of water	10pm (after food) bed time	For 3 months
4	Syrup. RELENT PLUS (Cetirizine 5mg, Ambroxol 30mg/5ml)	5 ml	8am-8pm (1 hour before food)	For 3 days.
5	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

**Plan: To collect thyroid profile, 25 (OH) vitamin D reports on followup.**

### Fever Management

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 7.5 ml after food as and whenever required, if temperature > 100 \*F (maximum 4 times a day at 6 hour intervals).

\* Tepid sponging if fever > 101 \*F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Tuesday(30.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Regular followup with DR. MADHAVI N, Primary Pediatrician.

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**Food instructions while taking medications:**

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

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

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

Parent/ Attender

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

You can also take appointments at any time by going **online** to our website **[www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

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*Anish*  
Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA  
MBBS, DCH, DNB PEDIATRICS  
66970



AFE + Dehydration

BABY SANDLA AARADH RA 01/01/2007 HNO 000161967 NASOPHARYNX LATERAL 20/06/2017 05 AM  
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR


HN/ 02-01-2017

ಕವಿಯ ಸಂಪುಟದ ಹೆಸರು, ನಿವಾಸದ ವಿವರಗಳು  
ಕವಿಯ ಹೆಸರು, ಪುಸ್ತಕದ ಹೆಸರು, ಮುದ್ರಣದ ವಿವರಗಳು

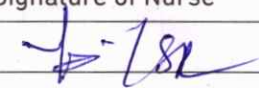
4-00016167 IP26-00006646  
y GANDLA AARADHYA  
05-2018 8 Y 1 M 25 D (F)  
BINDHURA MUNUKUNTLA



**ACTIVITY RECORD FOR BILLING**

Name: ----- **HNH-00016167 IP26-00006646**  
**Baby GANDLA AARADHYA**  
**02-05-2018 8 Y 1 M 23 D (F)**  
**Dr. SINDHURA MUNUKUNTLA** -----  
 UHID No: ---  ----- Consultant : ----- Dept : -----  
 Date of Admission : ----- Time: ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
25/6/26	5:50pm	ER	Ward	



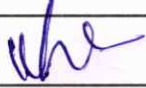
**Cross Consultation Visit**

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





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
25/6/26	IV Placement	①	208196	
26/6/26 (7PM)	N/A	①	8206	
Cross checked by Hospital @ 2 AM, 25/6/26				
28/6/26	IV Placement	①	208537	
Cross checked done.				

**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

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



## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Aaradhy

Patient ID# : \_\_\_\_\_

Consultant : \_\_\_\_\_

Final Diagnosis : \_\_\_\_\_

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Baby GANDLA AARADHYA  
02-05-2018 8 Y 1 M 23 D (F)  
Dr. SINDHURA MUNUKUNTLA



Pediatric Multiorgan History & Physical Examination

Name: Haradhyn Age/Sex 2y/10

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 4-5 days

c/o Headache & generalized body pain :: 3 days

c/o Vomiting :: 2 days

c/o Abdominal pain :: 2 days

History of present illness:

c/o ~~the~~ Noisy breathing :: 2 days

child brought with

c/o Fever :: 5 days

Intermittent, onset high grade - 103°F

Recurring 4-5 hours, associated with chills.

Associated with headache & body pain

c/o ~~the~~ Vomiting :: 2 days

Multiple episodes, non bilious

c/o Abdominal pain :: 2 days

Diffuse, generalized, more periumbilical pain

Worsens on passing stool

c/o Noisy breathing / Mouth breathing :: 2 days

Outside Lab (25/6)

CRP - 14.4 / WBC - 5200  $\left\{ \begin{array}{l} N - 73 \\ L - 20 \end{array} \right.$  / pH - 7.18

CRP - 38.5

CVE - (+) / MP - Negative

Na<sup>+</sup> - 123 / K<sup>+</sup> - 2.8 / Cl<sup>-</sup> - 106 / Urea - 18

Creat - 0.8 mg/dl



Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_ ) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_ )

Weight (kgs) 22.8 kg (Centile \_\_\_\_\_ )

**On Examination :**

Temperature : 101.5 °F Pulse Rate: 132/min Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 98% at \_\_\_\_\_

Resp. rate and type of breathing : 24/min

Rash \_\_\_\_\_ Sign of Dehydration (+) → sunken eyes, dry lips & mucous

Lymphadenopathy \_\_\_\_\_ Delayed skin turgor

Oedema : \_\_\_\_\_ Cervical LN (+) (L > R)

**Respiratory system :**

ENS - (+) , Throat - B/L enlarged & congested tonsil (R > L) Grade 2-3

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : B/L AEC (+)

Any addes sounds : B/L conducted sound

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

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_

Heart Sounds : S1 S2 (+)

Any murmur : \_\_\_\_\_

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : soft

Ausculation : \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

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

Cranial Nerves : for

**Motor System :**

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : 6

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

6

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic :**

Acute Febrile Illness - Dehydration - DS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

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Baby GANDLA AARADHYA

02-05-2018 8 Y 1 M 23 D (F)

Dr. SINDHURA MUNUKUNTLA



Preventive aspects of the treatment :

Desired goals of the treatment :

**Planned Labs :**

CBP, CRP  
Blood C/S  
+ 2 plain enter

5 Virus Respiratory Panel

(Xray after rounds)

Noted By Prabir

**Planned Management :**

IV Fluid

IV Ceftinax  
Nasimex - P

Augmentin  
Tygandem / Tyg Esomylaz  
Syp Cocin / Ibuprofen - Sas

Noted By Prabir

**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

*Dr. Sindhura Munukuntla*  
Consultant Pediatrician  
Reg. No. 66970

Date

26/6/20

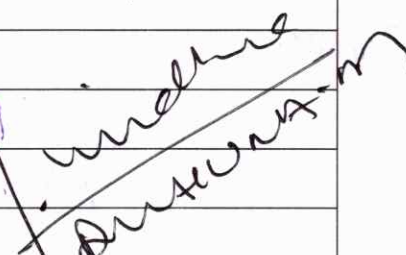

Time

8:45 pm

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 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/18 8:40 PM	S/B Dr. Sindhura DAFI - dehydration Flu	
	Signs of dehydration	- CF CEFTRIAZONE
	CNS - S <sub>4</sub> S <sub>1</sub> R-BU-ALC	- CF OXANDANSETRON ESMOPRAZOLE
	PIA soft conscious	- CF IV fluids
	B/C - upper cervical Lymphadenopathy	- ADD MUOUT powder - Trace reports
		- Send Dengue NS 2 & IgM Sera sample
		 



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 7:20 AM	SIB Due Sneezing Δ AFI = dehydration	Plan
	Fever spike (+)	<del>CE</del> CEFTRIAXONE
	CNS - S <sub>1</sub> , S <sub>2</sub> (+) H- BLE - ACE (+)	<del>CE</del> OMDANS ET RON ESMO PRAZOLE
	PIA to all conscious	<del>CE</del> IV fluids
		Trace Resp. point Dengue M I S <sub>2</sub> NB Mouthwash @ 8 AM
26/6/26 10 AM	c/s/by Dr Sindhura AFI = dehydration	
	Fever spike (+) Noisy breathing	<del>(+) Adeno, culture Dengue.</del>
	vital stable	<del>CE</del> CEFTRIAXONE
	s/e NAD	ESMO.
		<del>CE</del> IV fluids. Monitor vital.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<p>As per chart</p> <p><del>Dr. Bindhura Munukuntla</del>                      Consultant Pediatrician                      Reg. No. 66970</p> <p>X Ray NP</p> <p>Amoxicillin</p> <p>Antic (A.O)</p> <p>N.B Amoxicillin @ 10Am.</p>
26/6/26 2pm	<p>Dr. Archana</p> <p>AFI - dehydration</p> <p>fever spikes ⊕ 100.3°F @ 2pm                      100.5°F @ 11 AM</p> <p>Adenoid hypertrophy ⊕ on Xray NP</p> <p>No fresh complaints</p> <p>OE vitally stable</p> <p>SE</p> <p>RS: ASBE, B/L clear</p>	<p>Advice</p> <ul style="list-style-type: none"> <li>- Trace Labs</li> <li>- Ct Ceftriaxone</li> <li>- Ct Metatop nasal spray</li> <li>- Ct symptomatic Rx</li> </ul> <p>Dr. Archana 26/6/26</p>



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 6pm	slb Dr. Archana clbt Dr. Sindhura	
	Dengue 2gm (+ve) 3 fever spikes (+)	<u>Advice</u> USG abdomen now if 2hr out
	ok HR - 80 bpm	Next prick → send CBP, CRP, LFT, PT-INR,
	de P/A - soft	apTT, (take extra sample for ferritin). HR on CBP.
		LA Dr. Archana

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
26/6/26 9:15 PM	<p>qs/b Dr. Sindhura</p> <p><u>Dengue fever /</u> adenoviral illness</p>	
	<p>- fever spikes (persistent)</p>	
	<p>- Oral intake - good.</p>	
	<p>PE - vitals stable.</p> <p>PE - NNL.</p>	<p><u>Plan</u></p> <p>- U. 1/2 M.</p> <p>- Strict I/O charting.</p> <p>- BP monitoring Q4H.</p>
	<p><del>Next pack CBP, CRP / IV line change.</del></p> <p><del>Send CBP, CRP, LFT, now.</del></p>	
		<p>N/B <i>[Signature]</i>  <i>[Signature]</i>  <i>[Signature]</i></p> <p>Sindhura Munukuntala        Consultant Pediatrician        Reg. No. 66970</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/6/26	C/S/b Dr. Varun / Dr. Praveer.	
<del>8 AM</del>	<del>Δ - Dengue-fever /</del>	<del>Adenoviral illness.</del>
	- fever spikes - 1st at 6pm (101.9°F) 26/6/26	
	- No fresh c/o.	Plan - Ct. 1/2 Maint.
	E - vitals stable. HR - 87/min. BP - 84/50 mmHg.	- Ct. Ceftriaxone, MU-OUT / Hctatop NS.
	E - WNL.	- Ct. Other meds as per Rx chart.
	O - 1000ml in 1st 24hrs (1.9ml/kg/hr)	- strict I/O charting. - BP monitoring Q4H.
		NIB available



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10 Am	c/s/by <u>Dr. Sindhu M</u>  Dengue fever / Admitted illness.	
⇒	Gsa II <u>Tonillitis</u>	
	fever <u>Lpile (+)</u>	<sup>Orally</sup> [Bp, U/O] <u>strict</u>
	<u>vital stable.</u>	monitoring
(S/E)		- <u>IV fluid 15ml/hr</u>
(R/S)	Bk AC (+) NIVBS (+)	- <u>stop IV by evening after rounds.</u>
		- <u>Enhance orally</u>
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
		<del>Dr. Sindhura Munukuntla</del>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 2pm	S/B Dr. Archana Δ <sup>310</sup> - Dengue fever / Adenoviral illness	Adria
	No fever spikes ∴ 20 hours generalised weakness ⊕ ↓ myalgia ⊕ ↓ No fresh complaints oral acceptance - improved o/e BP: 102/60 mm Hg ste wnl	- BP, v/o → strict monitoring - Ct IVF @ 15cc/hr - Ct Ceftriaxone f metatop nls - Ct symptomatic R Dr. Archana
27/6/26 8pm	S/B Dr. Sindhu - M ms by for i Admitted 11/2	
	Child alert nls skin	Del An pendu CBP Thyroid profile 25(OH) vit D 7hr Sme 8:30pm Dr. Sindhu 27/6/26

Dr. Sindhura Munukuntla  
 Consultant Pediatrician  
 Reg. No: 66970

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6 7:00 AM	<p><del>CLIB Dr. Naipunya / Dr. Parashathi</del></p> <p>Dengue fever Adenoviral illness</p>	
	<p>No fever Vitals - stable Myalgia (↓) Generalised weakness (↓)</p> <p>RIS - BIL AEP PA - soft, NT</p>	<p>Plan</p> <p>= Trace CBP Thyroid profile 25(OH) Vit D</p> <p>- Cont. Ceftriaxone - Stop IV F - Monitor vitals</p>
28/6 10:45 AM	<p>S/B Dr. Sindhura</p> <p>Dengue fever, Adenoviral illness</p> <p>No fever spikes myalgia (-) No fresh complaints Constipation history (+)</p> <p>St vitally stable St wnl</p>	<p>Adv:</p> <ul style="list-style-type: none"> <li>MUCYT → 1/2 scoops x 3 months powder plus</li> <li>Relent symp x 1 month</li> <li>25ml of (syr: smuth) PO HS</li> <li>(+) Thyroid profile &amp; Ab with Vit D3 levels reports</li> <li>metatop x 1 month</li> <li>Discharge</li> <li>Stop Ceftriaxone</li> </ul> <p>Sindhura Munukuntla    Consultant Pediatrician    Reg. No. 16970</p> <p><del>Wadhwa    02-05-2018</del></p>



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Baby GANDLA AARADHYA  
02-05-2018 8 Y 1 M 23 D (F)  
Dr. SINDHURA MUNUKUNTLA



218 219

Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### RESULT SHEET

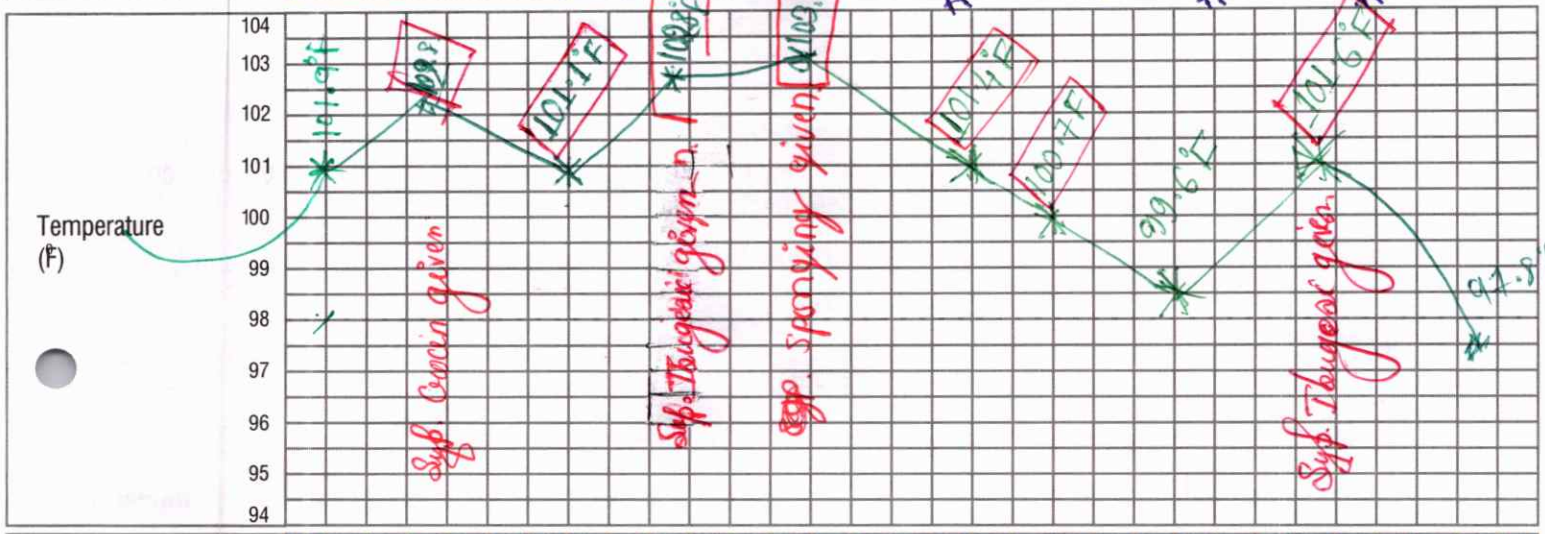
Date	25/6/26	26/6	28/6		
Time					
Hb	12.4	11.0	12.7		
PCV	34.7	31.0	35.1		
RBC	4.72	4.25	4.81		
WBC	4.16	4.10	4.98		
N/L	58.6/33.6	37.5/64.4	30.3/59.4		
Platelets	234	236	265		
CRP	31	32.5			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT		10.			
SGOT	26	23			
T.Bill/Conj	0.1/0.1	0.3/0.1			
T.Protein	5.9	5.9			
S.Albumin	3.1	3.2			
S.Globulin	2.74	2.7			
A/G Ratio		1.1			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					





**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 25/6/26 Time: 6 9:40 11:30 1Am 2:30Am 3 3:30 4 5 7 8Am  
 Doctor / Nurse / Family Concern? PN PN PN AM AM AM AM AM AM AM



Heart Rate (bpm)	Blood Pressure (mmHg) *
124bpm	96/75
127bpm	119/70
126bpm	100/75
120bpm	113/76

Note: BP does not score in early warning scoring

Resp Rate (bpm) (Over 1 Minute) *
24bpm
25bpm
27bpm
28bpm

Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	100%	100%
		98%
Conscious Level	Normal	Altered
GCS *		

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

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

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

## 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

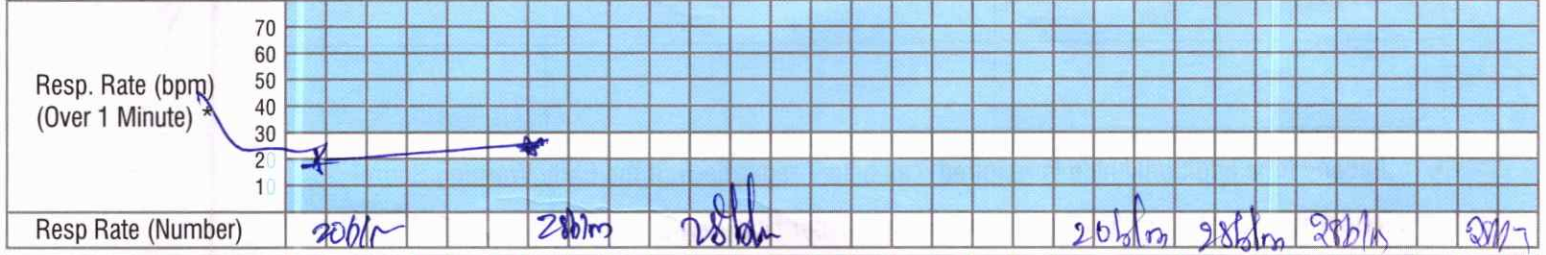
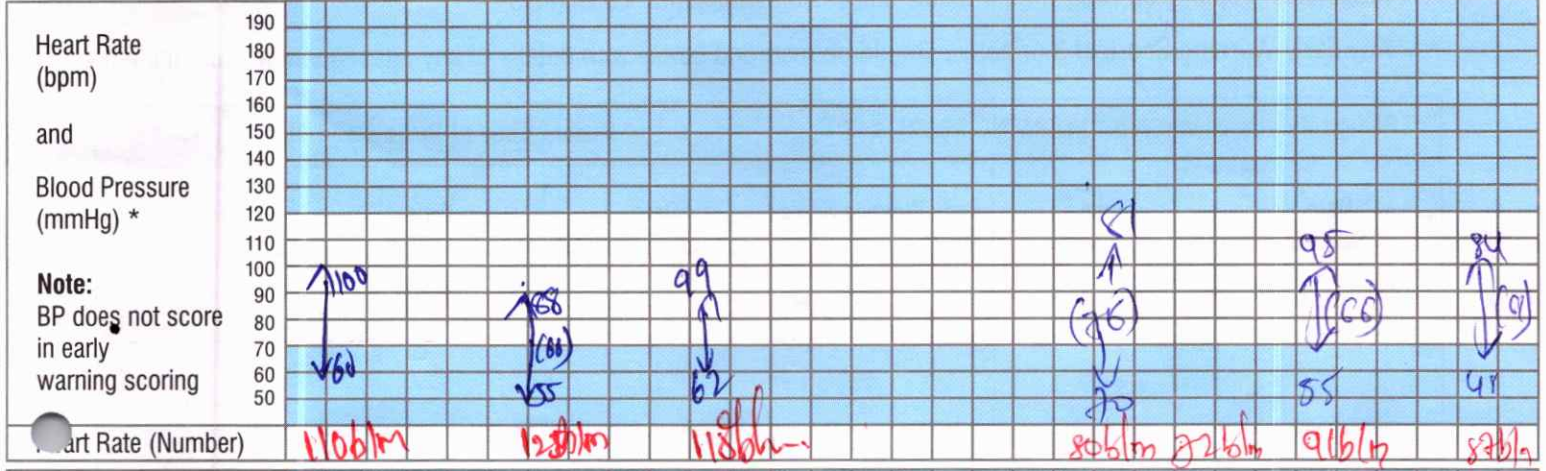
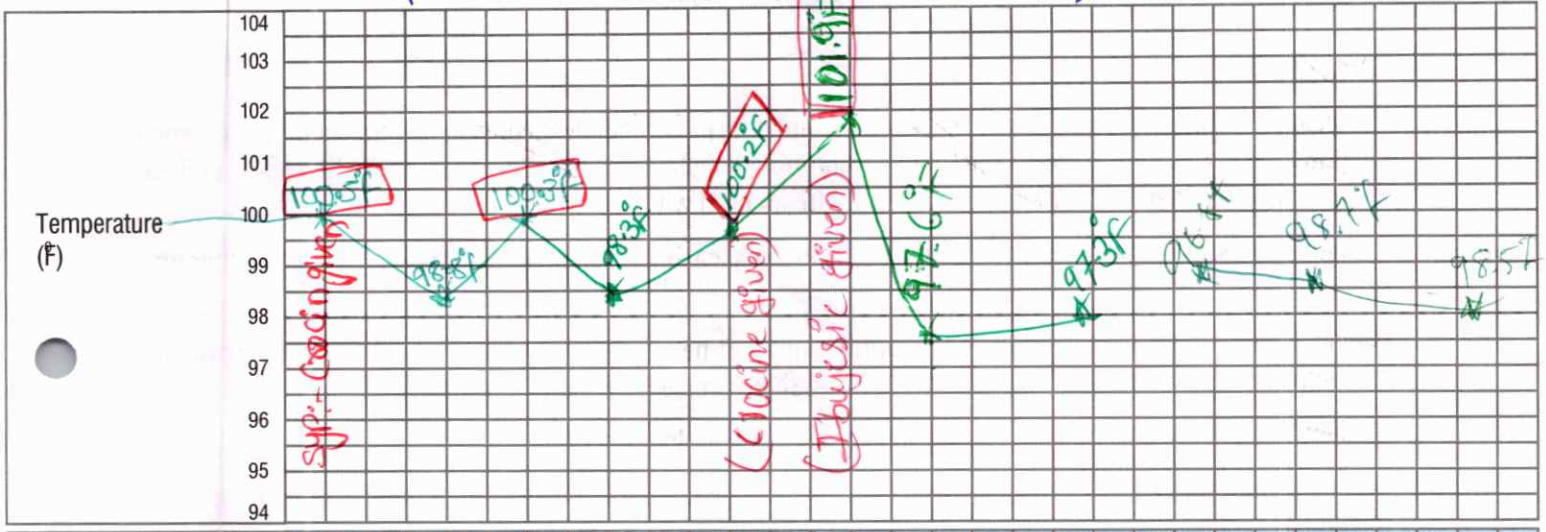
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACKGROUND:</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 26/6/25 Time: 11:30 12 2 3pm 5pm 6pm 1:30 PM 8:30pm 10pm 2Am 6Am  
 Doctor / Nurse / Family Concern? Am PO PO PO PO PM PM PM PM PM PM



Resp Distress	None / Mild						
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)	98%	99%	100%		100%	100%	99%
Conscious Level	Normal						
GCS *							

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	Am	PO	PO	PO	PM	PM	PM

**ACTIONS**

Score 1 : Continue normal observation by staff nurse  
 Score 2 : Shift in charge nurse to be informed and continue hourly observations  
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.  
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## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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

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Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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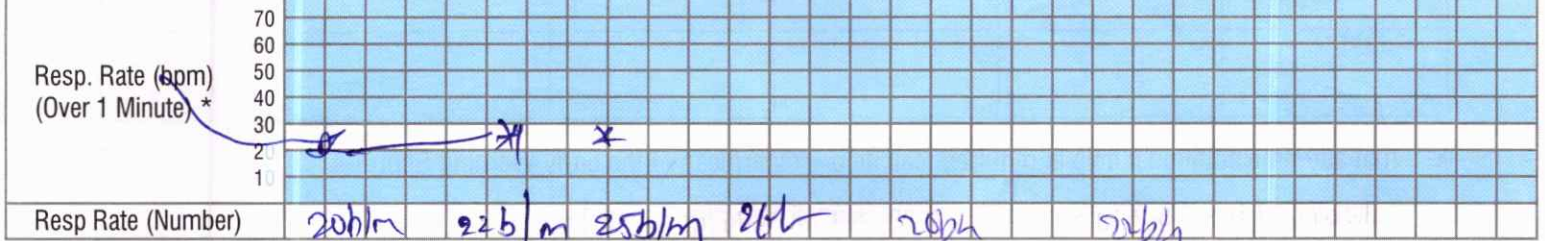
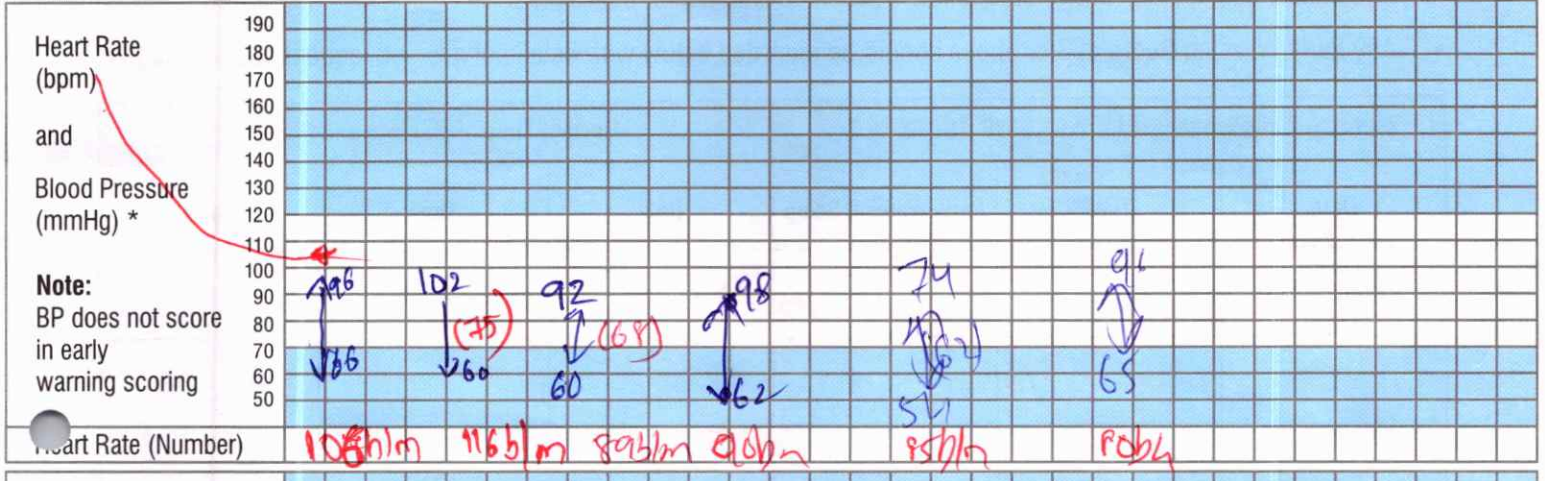
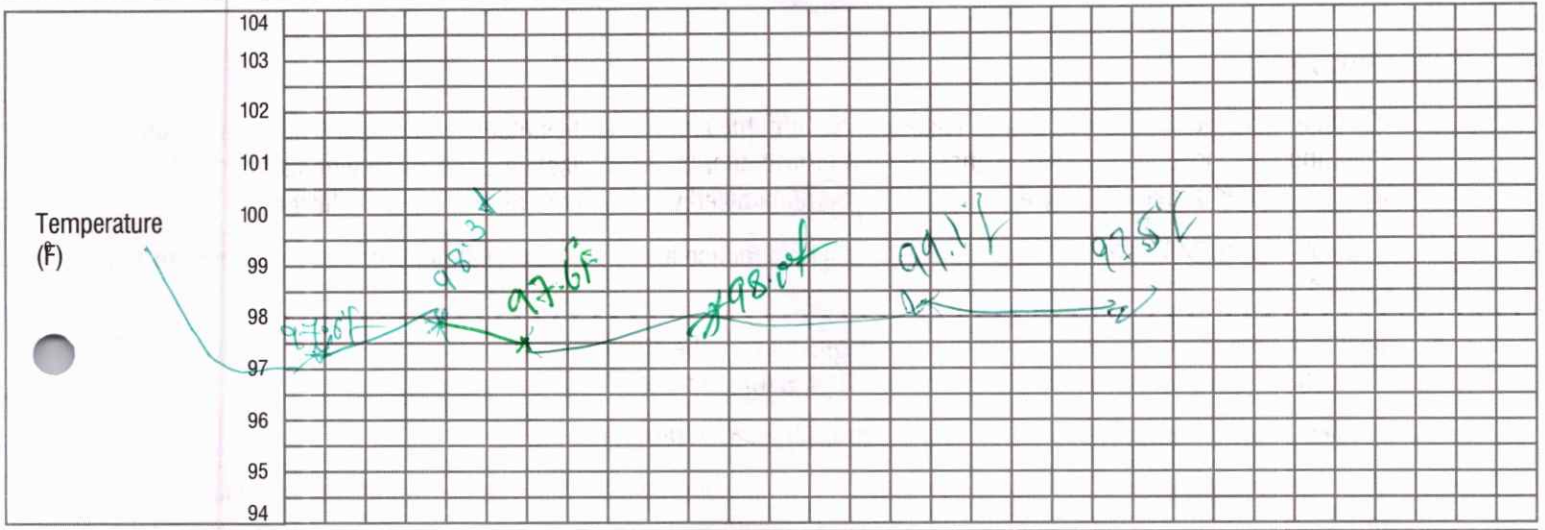
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 02/01/20 Time: 10 1pm 6pm 10pm 2Am 6Am  
 Doctor / Nurse / Family Concern? Am



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

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

**ACTIONS**

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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm	DNS		40 ml									
	07:00 pm	DNS		40 ml									
<b>Total Intake :</b> Taken						<b>Total Output :</b> U- M-							
	08:00 pm	DNS		40ml									
	09:00 pm	DNS		40ml									
	10:00 pm	DNS		40ml									
	11:00 pm	DNS	Rice	40ml									
	12:00 am	DNS	M.O.	40ml									
	01:00 am	DNS		40ml									
<b>Total Intake :</b>						<b>Total Output :</b> U- M							
	02:00 am	DNS		40ml									
	03:00 am	DNS		40ml									
	04:00 am	DNS		40ml									
	05:00 am	DNS		40ml									
	06:00 am	DNS		40ml									
	07:00 am	DNS		40ml									
<b>Total Intake :</b>						<b>Total Output :</b> U- M-							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/6/26	08:00 am			40ml								
	09:00 am			40ml								
	10:00 am	DNS		40ml								
	11:00 am			40ml								
	12:00 pm			40ml								
	01:00 pm			40ml								
<b>Total Intake :</b> taken					<b>Total Output :</b> U-2M-0							
26/6	02:00 pm			30ml								
	03:00 pm			30ml								
	04:00 pm	DNS		30ml								
	05:00 pm			30ml								
	06:00 pm			30ml								
	07:00 pm			30ml								
<b>Total Intake :</b>					<b>Total Output :</b>							
26/6/26	08:00 pm			30ml								
	09:00 pm			30ml								
	10:00 pm	DNS	chopathi	30ml								
	11:00 pm		Rice	30ml								
	12:00 am			30ml								
	01:00 am			30ml								
<b>Total Intake :</b>					<b>Total Output :</b>							
27/6/26	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am	DNS	H <sub>2</sub> O	30ml								
	06:00 am			30ml								
	07:00 am			30ml								
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
24/6/26	08:00 am	ONLS		30ml						✓		
	09:00 am		30ml							✓		
	10:00 am		30ml							✓		
	11:00 am		30ml							✓		
	12:00 pm		30ml							✓		
	01:00 pm		30ml							✓		
<b>Total Intake :</b> 180ml					<b>Total Output :</b> 0							
28/6	02:00 pm			15ml						✓		
	03:00 pm			15ml						✓		
	04:00 pm	Dns Rice		15ml						✓		
	05:00 pm			15ml						✓		
	06:00 pm			15ml						✓		
	07:00 pm			15ml						✓		
<b>Total Intake :</b> 75ml					<b>Total Output :</b> 0							
29/6	08:00 pm									✓		
	09:00 pm									✓		
	10:00 pm									✓		
	11:00 pm									✓		
	12:00 am									✓		
	01:00 am									✓		
<b>Total Intake :</b> 0					<b>Total Output :</b> 0							
30/6	02:00 am									✓		
	03:00 am									✓		
	04:00 am									✓		
	05:00 am									✓		
	06:00 am									✓		
	07:00 am									✓		
<b>Total Intake :</b> 0					<b>Total Output :</b> 0							

**Total 24 hrs. Intake** : 255ml

**Total 24 hrs. Output** : 0

Patient Sticker



# FLUID CHART

Sheet No. : .....

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

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

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--



# NURSING CARE RECORD

Date: 25/6/25

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NR			
Afternoon	2pm	- Assess the pt condition - Monitor vitals - maintain I/O chart - medication given as per drug chart	2pm	- Assessed the pt condition - Monitor vitals - maintained I/O chart - medication given as per drug chart	pt is stable	re checked vitals	Mainsha
Night	8pm	Assess the pt condition monitor vital maintain I/O chart medication given as per drug chart	8pm	Assessed the pt condition monitor vital maintain I/O chart medication given as per doctor chart	pt is stable	re checked vital	Mainsha



# NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the pt condition → Monitor vitals → Maintain I/O chart → Administer medication as per drug chart	8am	→ Assessed the pt condition → Monitored vitals & recorded → Maintained I/O chart → PVCannula Present → ct IV fluids	→ pt is stable	→ rechecked vitals	
	2pm	→ IV Cannula Present	2pm	→ medication as per drug chart			
Afternoon	2pm	→ Assess the pt condition. → Monitor vitals & record → Maintain I/O chart → Give medication as prescribed by doctor.	2pm	→ Assessed the pt condition → Monitored vitals & recorded → Maintained I/O chart → Given medication as prescribed by doctor	Patient is stable now	Re-checked vitals	
	8pm		8pm				
Night	8pm	→ plan strict I/O chart. → plan to BP monitor with h. → plan to send CBP, CRP, LFT now.	8pm	→ planned to strict I/O chart → planned to BP monitored with h. → planned to send CBP, CRP, LFT now.	→ pt is stable now.	→ Re assessed the vitals	
	8AM	→ monitor fever spikes.	8AM	→ monitored fever spikes.			

# NURSING CARE RECORD

Date: 27/6/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the pt condition monitor vitals maintain Glucof Administer medication as per doctor order	8am	Assessed the pt condition monitored vitals & recorded maintained Glucof medication as per doctor order	pt is stable	checked vitals	Jee
	2pm	stop w fluids in evening	2pm				
Afternoon	2pm	Assess the pt condition. Monitor vitals & record Maintain Trochan. provide the comfortable position.	2pm	Assessed the pt condition. monitored vitals & record maintained Trochan. provided the comfortable position.	pt is stable.	monitored vitals.	Sree
	8pm	medication given as per as doctor order.	8pm	medication given as per as doctor order.	vitals normal.	Maintain Trochan.	J
Night	8pm	Assess the baby Administer the medicine Maintain the Glucof	8pm	Assessed the baby Administered the medicine Maintained the Glucof	Administered medicine	Recorded the pain	Ch

Patient Sticker

# NURSING CARE RECORD



Date: .....

**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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							



# CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	23/6 DAY-1			26/6/26 DAY-2			27/6/26 DAY-3			Remarks	
				M	E	N	M	E	N	M	E	N		
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		NA	NA	NA	NA	NA	NA	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA	NA	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	0	0	
Signature of the Nurse				[Signature]			[Signature]			[Signature]				

**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 : Rami Name : Rami

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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HNH-00016167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# BRADEN 'Q' SCALE



Date: 23/6/2018 26/6/18 26/6  
 Time: 5:20 AM 11:16 AM 12:00 PM

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
<b>FRICION-SHEAR Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

<b>TOTAL SCORE</b>	22	22	28	28
<b>Evaluator's Name</b>	[Signature]	[Signature]	[Signature]	[Signature]

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

Risk Score	Category	Action	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# BRADEN 'Q' SCALE

					Date:	26/5/20	26/5	26/5
					Time:	10:15	12:00	10:15
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	4	
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be > 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	4	
<b>TOTAL SCORE</b>					27	27	27	
<b>Evaluator's Name</b>					SR	SR	SR	

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

Risk Score	Category	Action	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00018167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



### RSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AFI &amp; dehydration</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	25/6/26	25/6/26	26/6/26	26/6/26	26/6/26	24/6/26	
	Shift	E2	MC	MO	E2	N1	MO	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Diet:	-	-	-	-	-	-	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.2°F	98.6°F	97.8°F	97.7°F	97.7°F
		Res:	20b/min	22b/min	20b/min	20b/min	24b/min	20b/min
		SpO <sub>2</sub> :	100%	100%	99%	100%	100%	99%
		Pulse:	118b/min	120b/min	121b/min	128b/min	128b/min	112b/min
		BP:	99/66	95/70	98/54	98/62	98/61	96/60
		LOC:	-	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Skin Integrity	-	-	-	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	-	-	-	-	-	-	
Post Operative Procedure Special Orders:	-	-	-	-	-	-		
Handed Over By Name :	Sreetha	Manthini	Aravathi	Priyanka	manjika	Aravathi		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	25/6/26	26/6/26	26/6/26	26/6/26	27/6/26	24/6/26		
Time:	8pm	8pm	2pm	8pm	8AM	2pm		
Taken Over By Name :	Manthini	Priyanka	manjika	Aravathi	Sreetha	Sreetha		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	25/6/26	26/6/26	26/6/26	25/6/26	24/6/26	27/6/26		
Time:	8pm	2pm	2pm	8pm	8pm	2pm		



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>Dengue (Fve)</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date	<u>28/6</u>					
	Shift	<u>6000</u>					
	Medical Condition (Any special condition to be noted):	<u>-</u>					
	Diet:						
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <u>98.24</u>					
		Res: <u>20</u>					
		SpO <sub>2</sub> : <u>100%</u>					
		Pulse: <u>102</u>					
		BP: <u>100/62</u>					
		LOC: <u>-</u>					
		Fall Risk Score: <u>-</u>					
	Pain Score: <u>-</u>						
	Skin Integrity: <u>-</u>						
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Critical Lab Test / Values:	<u>-</u>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	<u>Ret</u>						
Handed Over By Name :	<u>Paul</u>						
Signature / ID :	<u>[Signature]</u>						
Date:	<u>28/6</u>						
Time:	<u>5:00</u>						
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-06-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



# DRUG CHART

Date of Admission: 25/6/26 Drug Allergies:  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical 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)

22.8 by

<b>DRUG :</b> <u>Syr CROCIN-DS</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>7.5ml</u>	<u>PO</u>	<u>SOS</u> <u>6 hrly</u>	<u>25/6</u>																
Doctor's Signature <u>Pram</u>		Valid Period	Pharm.																
Additional Instructions: <u>Srd = 240mg</u> <u>if T &gt; 100°F</u>																			

<b>DRUG :</b> <u>Syr IBUGESIC</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>7.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>25/6</u>																
Doctor's Signature <u>Pram</u>		Valid Period	Pharm.																
Additional Instructions: <u>if T &gt; 102°F</u>																			

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

Verified by  
Dr. Dhakshayani

VERIFIED BY Nurse

REGULAR PRESCRIPTIONS

Weight. 22.8 kg Ward. ....

Verified by Dr. Dhakshayani

<b>DRUG :</b> Ij CEFTRIAXONE				Date Time	25/6	26/6	27/6													
Dose	Route	Frequency	Start Date																	
2 gm	IV	once Daily	25/6																	
Name & Signature of the Doctor Starting the Drugs: Pranu																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b> <del>Ij</del> <del>XXXXXX</del>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b> NASIVION - P NASAL Dm				Date Time	25/6	26/6	27/6	28/6												
Dose	Route	Frequency	Start Date																	
2°	P/N	TID	25/6																	
Name & Signature of the Doctor Starting the Drugs: Pranu																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b> Ij ONDANSETRON				Date Time	25/6	26/6	27/6	28/6												
Dose	Route	Frequency	Start Date																	
4 mg	IV	TID	25/6																	
Name & Signature of the Doctor Starting the Drugs: Pranu																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani



HNH-00016167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> <i>MV OUT powder</i>				Date Time	<i>27/6</i>															
Dose	Route	Frequency	Start Dt.																	
<i>3 scoops</i>	<i>PO</i>	<i>Bed time</i>	<i>27/6</i>																	
Name & Signature of the Doctor Starting the Drugs:				<i>[Signature]</i>																
Additional Instructions:				<i>3 scoops in 150ml water.</i>																
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

VERIFIED BY : MAMA ..... SIGNATURE .....



HNH-00018167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



I.V. FLUIDS CHART

Weight ... 22.5 kg ... Ward .....

		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
25/6	Spm	IVF - DNS (2/3rd m)	IV	40	<i>[Signature]</i>	<i>[Signature]</i>	25/6		<i>[Signature]</i>
26/6	10Am	 (1/2M)	iv	30 ml/h	<i>[Signature]</i>	<i>[Signature]</i>			<i>[Signature]</i>
27/6				↓ 15ml/h	<i>[Signature]</i>	<i>[Signature]</i>			

Signature  
VERIFIED BY - Name

HNH-00016167 IP26-00006646  
 Baby GANDLA AARADHYA  
 02-05-2018 8 Y 1 M 23 D (F)  
 Dr. SINDHURA MUNUKUNTLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....

Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.**

**(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)**

Shifting From: ER .....

Shifted to: ward .....

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Pranav .....

Date & Time: 25/6/26 @ 5 PM .....

Nurse Name & Signature: Prabir .....


Date & Time: 25/6/26 @ 5 PM .....

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



11.

# PATIENT TRANSFER FORM

HNH-00018187      IP26-00006646 Baby GANDLA AARADHYA 02-05-2018      8 Y 1 M 23 D      (F) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 25/6/26 @ 5:59pm	Date & Time of Transfer Order 25/6/26 @ 6pm
Transfer Ordered by Dr. Branav		Reason for Transfer Admission	
From Unit ER	To Unit Ward 6	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Beabin		Name of Person Ordered Transfer Dr. Branav	
Patient & Clinical Records Received by : Sreetha			
Date & Time of Patient Received : 25/6/26 @ 6pm			

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

1000

1000

1000



219

Patient Sticker 8YIM



# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 25/6/26 Time: 6:50pm

Weight: 22.8kg Centile: 70th

Height: - Centile: -

Inference: underweight child

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

Diet Recommendations: Normal Diet

Re-Assesment: Avoid spicy, chilled & outside foods

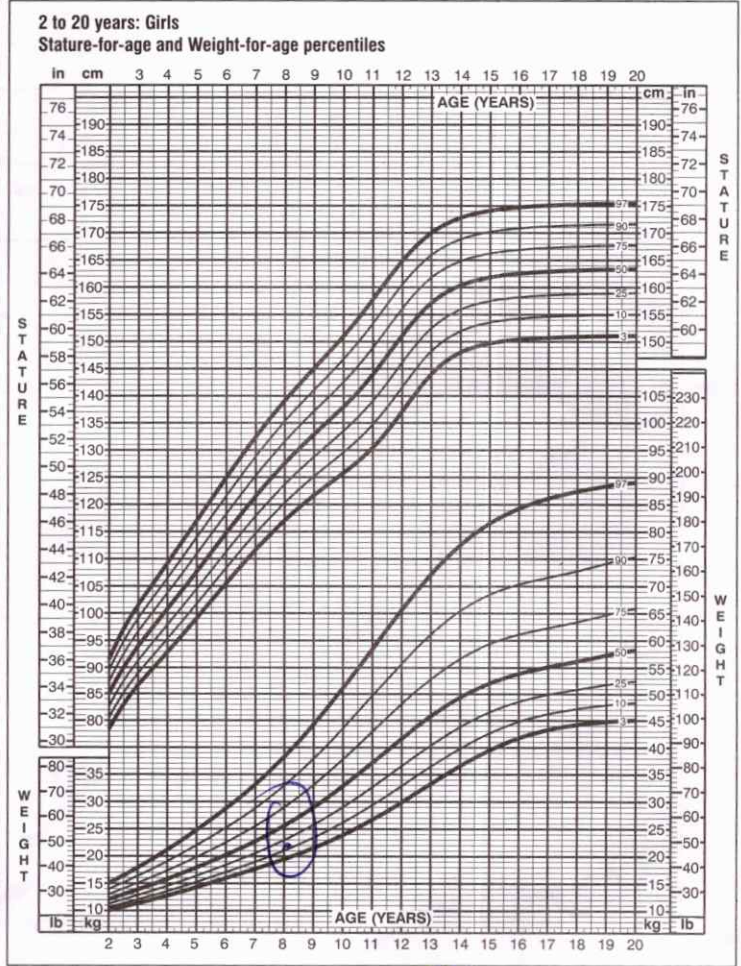
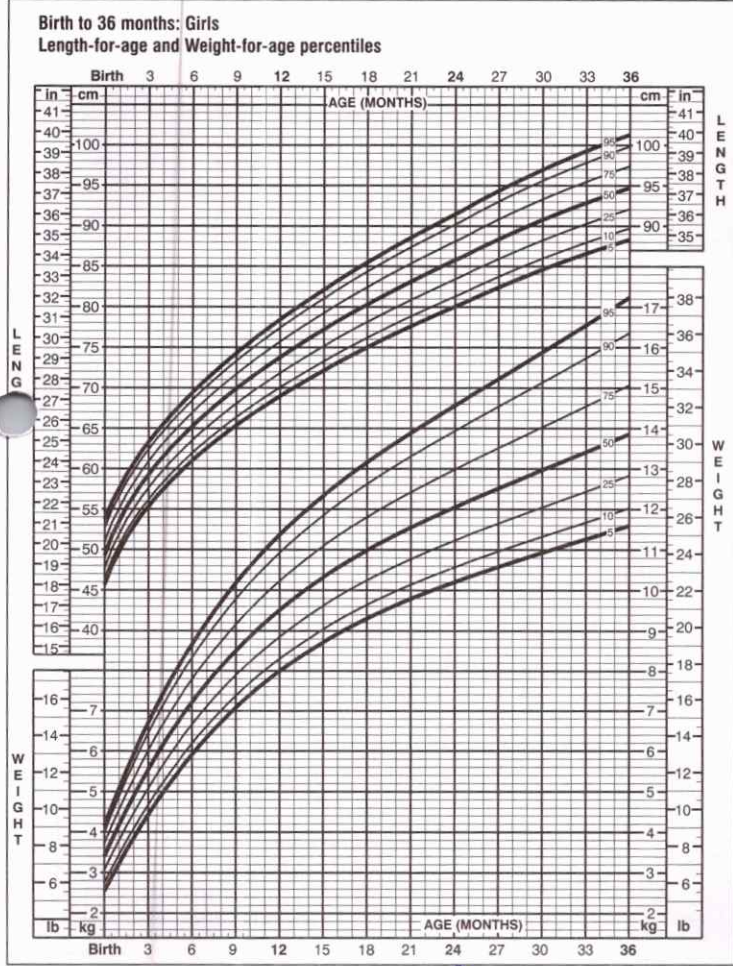
Food Allergies: NO Veg/Non-veg: NON-VEG

Diagnosis: AFI

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (GIRLS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]



wt - 22.8 kg

# EMERGENCY ROOM TRIAGE FORM

Patient's Name : GT Aaradhya Age : 8 years Gender:  Male  Female

Date : 25/6/26 Time of Arrival : 4:35 PM

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

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

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 101.4 F PR: 131b/m BP: ..... RR: ..... SpO<sub>2</sub>: 100%

Chief Complaints: e/o Fever, Headache since 3 days

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

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

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

\* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 4:37 PM

## Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: .....
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

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

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

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

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

Name of Triage Nurse : Prabin

Signature of Triage Nurse : [Signature]

Date & Time : 25/6/26 @ 2:37 PM

Handwritten text at the top of the page, possibly a title or header, including the word "Handwritten" and other illegible characters.

Handwritten text in the middle section of the page, appearing as a list or series of entries.

Handwritten text on the left side of the page, possibly a date or a specific reference.

Handwritten text on the right side of the page, possibly a page number or a small note.

Handwritten text at the bottom of the page, possibly a signature or a concluding note.





### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/6/26 Time of arrival : 4:35 pm

Chief Complaints: c/o Fever, Headache since 3 days RBS: .....

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

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

If yes, identify .....

Pain Screening:  Yes  No If Yes, Pain Score: 10/1 Pain Tool Used:  N Pass  FLACC  Wong Baker

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

**RISK FOR FALL:**

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

History of Falling: within past 3 months  Yes  No

**Ambulatory Aids:**

- Wheelchair  Yes  No
- Uses furniture for support  Yes  No

**Gait/Transferring:**

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

**Mental Status:** Forgets limitations  Yes  No

**IF YES FOR ANY CATEGORY = RISK FOR FALLING**

**Fall Risk Intervention:**

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

**Functional Screening:**  No Abnormalities Detected

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

**Inform consultant for positive criteria**

**Nutritional Screening:**  No Abnormalities Detected

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

**Inform consultant for positive criteria**

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

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

**Social History:** Lives With Family .....

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

Time of Initial assessment completed by ER Nurse : 4:37 pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ given medicine

Samples collected by: *Rabin*

Time: *6:00pm*

Samples sent by:

Time:

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:40pm	Fbugosic	PO	7 ml		<i>[Signature]</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: ..... BP: ..... CFT: .....	Shift - out from ER to: <i>218</i>
RR: ..... SPO <sub>2</sub> : .....	Time of Shift - out: <i>5:50pm</i>
GCS:..... Temperature : .....	Handover given to: <i>[Signature]</i>
Pain Score: .....	(Nurse's Name)
Repeat RBS (if applicable): .....	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse: *Rabin* Signature of the Nurse: *[Signature]*

Date & Time: *25/6/26 @ 4:37pm*