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DISCHARGE SUMMARY

Name	Master MOSIGANTI ISAAC PRAKASH	**UHID**	BAH-00483633
Father/Guardian	Mr MOSIGANTI JOSEPH PRAKASH	**Age/Gender**	7 Y 6 M 0 D/ Male
Address	H.NO:1-2-25/ B DEVI GARDENS FLAT NUMBER 201 BADAM GALLY GAGHAN MAHAL ROAD ROAD NUMBER 16 DOMALGUDA HIMAYATHNAGAR, Domalguda, Hyderabad, INDIA, 500001		
IP No	IP26-00006494	**Admission Date**	04-06-2026
Ref Doctor	Self.		
Discharge Date	06.06.2026		

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

DIAGNOSIS	ICD CODE
LOWER RESPIRATORY TRACT INFECTION WITH DEHYDRATION	
ADENOVIRAL ILLNESS	

History: Master MOSIGANTI ISAAC PRAKASH, 7 Y 6 M 0 D , old boy presented with history of high grade fever on and off associated with cough since 8 days, poor oral intake since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Name	Master MOSIGANTI ISAAC PRAKASH	UHID	BAH-00483633
IP No	IP26-00006494	Admission Date	04-06-2026

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 120/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 such as dry lips, dry oral mucosa, sunken eyes were present. On auscultation, air entry was bilaterally equal with bilateral conducted sounds were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 22 kilo grams.

Investigations: Enclosed reports.

Adenovirus PCR was detected.
Myco plasma - IGM - Non reactive

VBG showed pH of 7.38, pCO2 of 38.2 mmHg, pO2 of 37 mmHg, HCO3 of 22 mmol/L and BE of -2.4 mmol/L.

Blood culture shows : No growth after 24 hrs of incubation

Initial hemogram showed Hemoglobin of 12.3 gm%, White Blood Cell count of 6520 cells/cumm, platelet count of 2.22 lakhs/cumm and C-Reactive Protein of 22 mg/l. Complete urine examination shows 6-8 pus cells, 5-7 epithelial cells.

Ultrasound chest show
Multiple confluent B lines noted in the left antero lateral segments in the mid and lower zones with small subpleural consolidations with air bronchograms -

Name	Master MOSIGANTI ISAAC PRAKASH	UHID	BAH-00483633
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likely infective etiology.
Few B lines noted are noted in bilateral lung fields, predominantly in the anterior segments - suggestive subpleural septal congestion.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of chest signs, she was nebulised with 3% NaCl. Resp.panel was sent which was positive for Adenovirus.

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

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

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

Medication during hospital stay:
Injection. Ceftriaxone
Tablet. Azithromycin
Syrup. Fluvir
Nebulisation Levolin
Nebulisation 3% NS
Syp. Relent Plus

Advice:
* Diet as advised.

Name	Master MOSIGANTI ISAAC PRAKASH	UHID	BAH-00483633
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. CEFOPROX-100 (CEFPODOXIME - 5ml/100mg)	6 ml (mix with honey or sugar water)	8am - 8pm (after food)	For 5 days.
2	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	5 ml	8am-8pm (1 hour before food)	For 3 days.
3	NEBULISATION with 3% NS	1 respule	8th hourly	For 3 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 7 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 (09.06.2026) Tuesday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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Name	Master MOSIGANTI ISAAC PRAKASH	**UHID**	BAH-00483633
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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 **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** / dial just one toll free number **18002122**.
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00	Levolin + 3% NS (1)		
	03.00			
	04.00	4642		
	05.00			
	06.00			
	07.00			
6/12/18	08.00	Levolin + 3% NS. (2)		
	09.00			
	10.00	Cross checked by Sister		
	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			

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Levolin 6th hourly
3% NS

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00	Levolin + 3% NS		
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
5/6/26	08.00	Levolin + 3% NS.		
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00	Levolin + 3% NS		
	15.00	4158		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00	Levolint 3% NS		
	21.00			
	22.00	4662		
	23.00			

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Levolin - 6th
3% NS (0.63) - 6th

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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			
4/6/26	12.00			
	13.00			
	14.00	Nebulisation Levolin + 3% NS		
	15.00			
	16.00	4662		
	17.00			
	18.00			
	19.00			
	20.00	levolin + 3% 4662		
	21.00			
	22.00			
	23.00			

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

Birthright by Rainbow

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 : IP26-00006494 **Admit Date** : 04-Jun-2026 **Admit Time** : 10:42 AM **UHID** : BAH-00483633

Patient Details :

Patient Name	: Master MOSIGANTI ISAAC PRAKASH	**Age**	: 7 Y 6 M 0 D
Guardian	: Mr MOSIGANTI JOSEPH PRAKASH	**DOB**	: 04-12-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO:1-2-25/ B DEVI GARDENS FLAT NUMBER 201 BADAM GALLY GAGHAN MAHAL ROAD ROAD NUMBER 16 DOMALGUDA HIMAYATHNAGAR Domalguda Hyderabad INDIA 500001	**Phone No**	: 9849482182/ 9866104982
		E-mail	: mjosephp7@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr MOSIGANTI JOSEPH PRAKASH **Relationship** : Father

Contact Address : H.NO:1-2-25/ B DEVI GARDENS FLAT NUMBER 201 BADAM GALLY GAGHAN MAHAL ROAD ROAD NUMBER 16 DOMALGUDA HIMAYATHNAGAR Domalguda Hyderabad INDIA 500001 **Phone No** : 9849482182

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : ICICI ICICI LOMBARD GENERAL INSURANCE

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BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP 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
4/6/26	12:30 pm	ER	216	A.Z

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
4/6/26	CBP, CRP, blood C/S, myeloPhuma IGem, Adenovirus PCR	9306	A.M
4/6/26	USOC chest	6709	M.
4/6/26	CVE	9323	M

Cross checked done by Smile

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/6	Infusion pum	2pm	5/6/26 @ 6pm	4190	R

[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	Iv cannula.	1	4108	A.t
4/6/26	NHA	(1)	4189	

Cross checked done by SN

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : ISAAC PRAKASH

Patient ID# :

Consultant :

Final Diagnosis : BILATERAL LOWER LOBE PNEUMONIA.

Pediatric [obscured by label] al Examination

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

Name : Isaac.

Age/Sex 7 yrs.

Informant Mother

Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

fever on & off x 8 days.
Cough x 8 days.
poor oral intake x ~~today~~ 1 day.

History of present illness :

- fever on & off x 8 days, low grade, intermittent in nature, relieved on taking oral PCM.

- wet cough since 8 days, not assoc. c̄ post tussive vomiting, present throughout the day & increasing at night time after lying down.

- No c/o cold, vomiting, loose stools, pain abdomen, burning micturition.

- c/o poor oral intake since yesterday.

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

c Multiorgan History & Physical Examination

Past ... (including details of any previous investigation or treatment)

Influenza A +ve → 31-05-26. [CRP - 5. / TLC - 2.12K. / plt. - 1.22 K cs.
↓
on flu vir medication.

Birth & Neonatal History :

Term / AGA / Male.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally (N).

Immunization History :

As per NIS.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs)_____(Centile _____)

On Examination :

Temperature : 99.5°F. Pulse Rate: 120/min. Description _____

B.P. _____ SPO2 100% at RA

Resp. rate and type of breathing : _____

- 24/min.

Rash _____ - Dry lips.

Lymphadenopathy _____ - Pale mucosa.

Oedema : _____ - Skin turgor > 2sec.

Respiratory system :

Inspection (any s/o distress) : - Air entry ↓ over B/L basal regions.

Air entry & breath sounds : _____

Any addes sounds : - B/L crepts (+).

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

Cardiovasclular System :

Inspection of procordium : S1, S2 (+).

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection : SNT, NT.

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

iatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15. (N) somnolent.

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power 5/5.

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

BILATERAL LOWER LOBE PNEUMONIA WITH DEHYDRATION.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
Adenovirus PCR
Blood c/s
Mycoplasma IgM
CUE
USG chest.

Dr. Anupam

Planned Management :

- Inj. Ceftriaxone OD.
- Syp. Azee OD.
- IVF 1/2 M.
- Fluvir syp. x 2 days.
- Neb Levolin
- Neb 3%. NS
- Crocin DS syp. (240/5) SOS.

Dr. Anupam

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

Dr. Sindhura Munukuntla Consultant Pediatrician Reg. 66...0

Doctor's Signature Name Date Time

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 10:30AM	c/s/b Dr. Sindhura	
	fever :- 9 days	
	high grade	
	o/e - child alert	
	dehydrated	
	cvs - S1S2	
	Inv. BAL ⊕	
	Blood culture ⊕	
	↓ activity	
		Adv
		- Inj. cefixime
	N/b Amfam	- Inj. Amikacin
		- Rest as needed
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970 [signature]

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7Y6M0D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 3pm	C/B Dr. Prabhath.	
	∆ B/L Lower Lobe Pneumonia c Dehydration	
	No fever spikes since admission	CRP-22
	Cough - (+)	
	Oral intake - fair	CBP -
	Child active	TLC 6500
	no fresh c/o	N: 71%
	O/E GC - fair	L: 20%
	Vitals stable	
		Adv
	RBS - AE ↓ on B/L Basal regions.	
	B/L Crepts +.	(1) Ct. ceftriaxone OD
		(2) Syp. Azee OD
		(3) Syp Fluvir
		(4) Neb. levolin Neb 8th NS
		(5) Grocin syp SOS

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

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 5 30pm	c/i/by Ds. Sindhu	
	B/L lower lobe Pneu (RSL) dehydrati	
	fever Spike (+) cough (+)	
	No distress.	
		Plan
	G/c fair	
	R/S B/L AE (+)	- Ct CEFTRIAXONE
	BA Crepts (+) Basal. Lt > Rt	A3EE
		fluvis.
	-	Ct NEB.
	-	Hform SOS
	-	[RR, SpO2] Monitoring
	(T)	Myopl Adio CUE

Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

[signatures]

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

(P.T.O)

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8 AM	c/s/by. Dr Anush / Dr Srighan	
	B/L Lower lobe pneum ē dehydr	
		Adenoviral illn (+)
	fever spike (+)	
	Activity hydration	
	vital stable	Plan
	No distress.	
	S/E R/S	– Ct CEFTRIAXONE
	B/L AC (+)	A3EE
	B/L Basal Crepts (+) ↓	flu.
		– ct NEB.
		– (T) mycoplasma. B/c/p.
	[signature]	– Hform SOS
		– Enhance orally
		Noted by Swetha 5/6/26 @ 8 Am

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6	C/S/B - Dr. Sindhura	
10 AM	D/C L. L pneumonia c̄ dehydration	
	fever spike +	Plan
		✓ Enhance oral feeds
	Vitals	✓ ct. Ceftriaxone / AZEE
	stable. No distress	✓ ct. Neb. ↑ oral
	S/E	F/UP mycoplasm BC/S
	B/L creps +	Noted by Divya 5/6/26

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6 2:00pm.	C/S/13 for · Naipuya	
	LRTI · c̄ dehydration Adenoviral illness	
	No fever.	plan
	Vitals - stable.	- Cont cefixime Azithromycin
	R/S - B/L AE (+)	
	P/A - soft, NT	- Cont Neb levolin @ 6H 3% NS @ 6H
		- (T) mycoplasma IgM B/C/s
		- Encourage orally
		Noted by Divya 5/6/26 02PM

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Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/O Dr. Sindhura	
5/6/26 6PM	LRTI C dehydration. Admitted illness.	
	-Afebrile; Cough better.	
	-Oral intake - food.	
	O/E - Vitals stable.	Plan
	A/E - R/S - BAE (+)	1) - Ct. Ceftriaxone.
		2) Azee - STOP.
	Myeloplasma → NR.	3) - Ct. Neb. Levolin + Hypertonic Q 6H.
		4) - Encourage oral fly.
		5) - Trace Blood cls - Stop Azee.
		6) STOP IVF

Dr. Sindhura Munukuntla
Consultant Pediatrician,
Reg. No: 66970

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

(P.T.O)

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	C/V/B re-Dharani	
7AM	Adenoviral illness	
	- fever spikes : ⊖	
	- cough : settle.	
	- oral intake good	
		Plan
	O/E	1) ct. ceftriaxone
	vitals : stable	2) ct. neb's
	S/E – RS : BAE (+)	3) trace blood c/s
		4) Rest ct. as per Rx chart.
		NB Sueetha
	[signature]	

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH (M)
04-12-2018 7 Y 6 M 1 D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 9:30 AM	S/B Dr. Sindhura	
	Δ Adenoviral Illness	
	Afebrile	Plan
	Vitals stable	
		– Discharge
	Blood C/S – 48h no growth	– R/v on ~~Monday~~ Tuesday
	℞ – B/L – Air-entry	– CEFPODOXIME x 5 days
	B/L – creps.	
		– Neb c 3% NS 8th hr x 3 days
		– Syp RELENT PLUS 3 days
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 65970	[signature]

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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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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Master MOSIGANTI ISAAC PRAKASH
04-12-2016 7Y6M0D (M)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ 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: 216

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. Naveen

Date & Time : 4/6/26 @ 4:30 Am

Nurse Name & Signature: Amulya

Date & Time : 4/6/26 @ 11:30 Am

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

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
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DRUG CHART

Date of Admission: 4/6/26 ..... 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)

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:				

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

Signa

VERIFIED BY : Name .....

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS Weight. 22kgs. Ward. .....

Verified by Dr. Dhakshayani

DRUG: Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	BD	4/6

Date/Time: 4/6 5/6 6/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : SYP. AZITHROMYCIN

Dose	Route	Frequency	Start Date

Date/Time:

STOP 5/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (200mg/5ml)

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Tab. AZITHROMYCIN

Dose	Route	Frequency	Start Date
500mg	PO	OD	4/6.

Date/Time: 4/6 5/6 6/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : SYP. FLUVIR

Dose	Route	Frequency	Start Date
4ml	PO	BD	4/6

Date/Time: 4/6 5/6 6/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Move (OSELTAMIVIR) X 2 days

Daily Doctor's Endorsement by a Sign

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DRUG CHART

Date of Admission: 4/6/26 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)

DRUG : Syp. CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	
7ml	PO	SOS	4/6	
Doctor's Signature	Valid Period	Pharm.		
		@		
Additional Instructions: (240/5)				

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

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Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS Weight. 22kgs. Ward. .....

Verified by Dr. Dhakshayani

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Date
43mg	Neb.	Q6H	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

See Dr's Chart

Daily Doctor's Endorsement by a Sign

Date / Time

Verified by Dr. Dhakshayani

DRUG : Neb. 3% NS

Dose	Route	Frequency	Start Date
1	Neb.	Q6H	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

See Dr's Chart

Daily Doctor's Endorsement by a Sign

Date / Time

Verified by Dr. Dhakshayani

DRUG : RELENT PLUS Syp

Dose	Route	Frequency	Start Date
5ml	p.o	BD	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (30mg/5ml) Ambroxol 5mg CETRIZINE

Daily Doctor's Endorsement by a Sign

Date / Time 4/6 5/6 6/6

8Am ✗ ✓ ✓

8Pm ✓ ✓ ✓

6Y

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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

VAR...	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

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Master MOSIGANTI ISAAC PRAKASH

04-12-2018 7 Y 6 M 0 D (M)

Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 22 kgs. 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
4/12/18	2pm	PLASMALYTE 400ml + 100ml 25% Dx	IV	30ml			5/12		

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

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04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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RESULT SHEET

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Date	4/6/26					
Time						
Hb	12.3					
PCV	34.9					
RBC	4.90					
WBC	6.52					
N/L	71.4/20.7					
Platelets	222					
CRP	22					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

P.T.O.

Date	4/6					
Time						
CUE-Alb						
CUE-Sugar	NIL					
CUE - Ketones	present					
CUE-PUS Cells	6-8					
CUE - RBC Cells	NIL					
CUE – Epithelial	5-7					
Nitrite –	Negative.					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Adenovirus –	Detected					
Mycoplasma	IgM :– neg					

Culture and Sensitivities : Blood c/s :–

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26

Time:	2 Pm	6pm	7pm	10pm	2pm	6AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.2°F	97.9°F	101.5°F (Given crocin syrup)	98.2°F	98.2°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		95/53 (66)	119/72 (88)		107/73	
Heart Rate (Number)	110b/m	118b/m	126b/m	118b/m	120b/m	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	20b/m	20b/m	20b/m	20b/m	22b/m	
Resp Distress: Mod/Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	100%	100%	100%	100%	
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Temperature scale: 94–104. Heart Rate / BP scale: 50–190.

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

/ CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/12/18 Time: 10 am | 2 pm | 5:30 pm | 6 pm | 10 pm | 2 am | 6 am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.5°F | 98.5°F | 97.6°F | 102.1°F Ibuprofen 6:1 ml | 98.5°F | 98.2°F | 98.5°F

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

Note: BP does not score in early warning scoring

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

102 / 73 | 111 / (81) / 69 | 100 / 68 | 68 | 116 / (88) / 78 | 89

Heart Rate (Number)	110 b/m	83 b/m	112 b/m	130 b/m	117 b/m	120 b/m	122 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	26 b/m	25 b/m	25 b/m	28 b/m	25 b/m	26 b/m	22 b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	100%	100%	100%	100%	99%
Conscious Level (Normal / Altered)							
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Record Details when EARLY WARNING SCORE >3			**Record Time of Review and Plan**		
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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)

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7Y6M0D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	Plasmolyte 25%D				NA	0	NA	NA	✓	0	JD
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
4/6/26	02:00 pm	Plasmolyte 25% Dex	Chapati	30ml		NA		NA			0	
	03:00 pm			30ml						✓	0	
	04:00 pm			30ml							0	
	05:00 pm			30ml							0	
	06:00 pm			30ml						✓	0	
	07:00 pm			30ml							0	
Total Intake :						**Total Output :**						
4/6/26	08:00 pm	Plasmolyte 25%D	R.O + H2O	30ml		NA		NA			0	
	09:00 pm			30ml								
	10:00 pm			30ml						✓		
	11:00 pm			30ml								
	12:00 am			30ml								[illegible]
	01:00 am			30ml								
Total Intake :						**Total Output :**						
4/6/26	02:00 am	Plasmolyte 25%D		30ml		NA		NA		✓		
	03:00 am			80ml								
	04:00 am			30ml								
	05:00 am			30ml							0	[illegible]
	06:00 am			30ml						✓		
	07:00 am			30ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7Y6M1D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
5/6/26	08:00 am	plasmalyte 25% dextrose		30ml			✓					
	09:00 am		Paddy	30ml				NA		✓	0	[signature]
	10:00 am		+ H2O	30ml		NA						
	11:00 am			—						✓		
	12:00 pm		Rice	—								
	01:00 pm			30ml								
Total Intake : taken						**Total Output :** U-2 M-1						
5/6/26	02:00 pm	plasmalyte		30 ml								
	03:00 pm			30ml						✓		
	04:00 pm		Rice	30ml			0				0	[signature]
	05:00 pm		+	30ml		NA		NA		✓		
	06:00 pm		H2O	30ml								
	07:00 pm			30ml						✓		
Total Intake :						**Total Output :** U-3 M-0						
5/6/26	08:00 pm	plasmalyte		30ml								
	09:00 pm		Rice	30ml								
	10:00 pm		+	30ml						✓		
	11:00 pm		H2O	30ml		NA		NA			0	[signature]
	12:00 am			30ml						✓		
	01:00 am			30ml								
Total Intake :						**Total Output :**						
6/6/26	02:00 am											
	03:00 am											
	04:00 am		H2O								0	[signature]
	05:00 am					NA		NA		✓		
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date: 4/6/26

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	12Pm to 2Pm	→ Assess the Pt condition → monitor vitals → maintain I/O chart → Pt IV cannula present → Ct medication → medication as per drug chart	12Pm to 2Pm	→ Assessed the Pt condition → monitored vitals recorded → maintained I/O chart → Administer medication as per drug chart	→ Pt is Stable	→ rechecked Vitals	[signature]
Afternoon	2Pm to 8pm	Assess the pt condition. Monitor vitals 4 hr Maintain I/O chart Provide the comfortable position. Medication give as per as doctor order.	2Pm to 8Pm	Assessed the pt condition. Monitored vitals well Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order	Pt is stable. Vitals normal	Monitor vitals Maintain I/O chart.	Sneha [signature]
Night	8pm to 8AM	→ Assess the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medication as per drug chart	8pm to 8Am	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart	→ pt is stable	→ rechecked vitals	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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Patient Sticker

NURSING CARE RECORD

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Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	→ Assess the pt condition → maintain I/O chart → Monitor vitals & recorded → IV cannula present → pt on soft diet → ct IV fluid → ct antibiotics	8am – 2pm	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → IV cannula presented → pt on soft diet → ct IV fluids	→ Pt is stable	→ rechecked vitals	[signature]
Afternoon	2pm to 8pm	⇒ pt is stable ⇒ maintain I/O chart ⇒ IV cannula present ⇒ ct antibiotics	2pm to 8pm	⇒ Assess the pt condition. ⇒ maintained I/O chart ⇒ IV cannula present ⇒ pt on soft diet	pt is a stable	re-check the vitals	[signature]
Night	8pm to 8AM	→ Assess the pt condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart	8pm to 8AM	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart	→ Pt is stable	→ Rechecked vitals	[signature]

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Pneumonia

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	4/6/26 E	5/6/26 N	5/6/26 M	5/6/26 E	5/6/26 N	
BACKGROUND	Medical Condition (Any special condition to be noted):	Pneumonia	Pneumonia	Pneumonia			
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.5°F	98.4°F	98°F	98.5°F	
	Res:	26b/m	20b/m	20b/m	22b/m	20b/m	
	SpO_2:	99%	99%	99%	98%	99%	
	Pulse:	100	100b/m	100b/m	100b/m	100b/m	
	BP:	99/62	99/60	0	99%	99	
	LOC:	A	A	A	A	A	
	Fall Risk Score:	0	0	0	0	0	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NA	NA	NA	NA	NA	
	Critical Lab Test / Values:	NA	NA	NA	NA	NA	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Sneha	Suvetha	Divya	Madhu	Suvetha	
Signature / ID :		4/6/26					
Date:		4/6	4/6/26	5/6/26	5/6/26	6/6/26	
Time:		9PM	8AM	12PM	8PM	8AM	
Taken Over By Name :		Suvetha	Divya	Madhu	Suvetha		
Signature / ID :							
Date:		4/6/26	5/6/26	5/6/26	5/6/26		
Time:		8PM	8AM	8PM	8PM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non-Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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BRADEN 'Q' SCALE

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

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

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

BRADEN 'Q' SCALE

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				Date :	5/6			
				Time :	E2			
Mobility	1. **Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	2. **Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. **Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	4. **No limitations:** Makes major and frequent changes in position without assistance.	4			
"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			
Sensory Perception	1. **Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. **Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. **Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. **No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	1. **Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. **Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. **Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	4. **Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	1. **Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. **Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. **Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. **No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	1. **Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. **Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. **Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. **Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	28			
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balaram Name : Balaram

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PAIN ASSESSMENT FORM

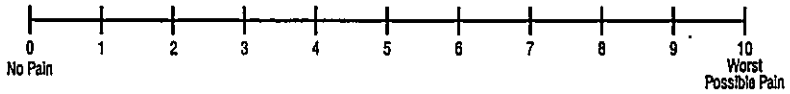
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/6/20	9Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	10 Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/6/20	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
5/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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

BAH-00483633 IP26-00006494
Master MOSIGANTI ISAAC PRAKASH
04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 4/6/20	DATE 5/6/20	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	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	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	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			
	Total		9	9			

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		X	X		
	Other Intervention(s) Specify		X	X		
	Nurse's Name:					
	Signature:					
	Date:		4/6	5/6/20		
	Time:			5/6/20		

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

PATIENT TRANSFER FORM

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04-12-2018 7 Y 6 M 0 D (M)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
	4/6/26 10:30 AM	4/6/26 12:25 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. varun	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	216	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	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
Anupam	Dr varun.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 4/6/26 @ 12:54 PM

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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04-12-2018 7 Y 6 M 0 D (M)
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wt - 22.1 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Prakash Age : 7Y **Gender:** ☑ Male ☐ Female

Date : 04/06/26 Time of Arrival : 10:10AM

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

Source of Information : ☐ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.4°F PR: 115 BP: 91/60 RR: SpO$_2$: 98%

Chief Complaints: C/O fever since 8 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : Anu

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 : Anupam Signature of Triage Nurse : Anu

Date & Time : 4/6/26

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04-12-2018 7Y6M0D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 04/06/26 Time of arrival : 10:10am

Chief Complaints: c/o Fever since 8 days.

Height : ..... Weight : 22.1kg 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 ..N/A..... ☐ Location ..N/A..... ☐ Frequency ..N/A..... ☐ Duration ..N/A.....

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?) ..2 younger Sisters.....

Time of Initial assessment completed by ER Nurse : ..10:15 Am.....

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

Time	Nursing Notes
	Assessed the patient condition
	vital checked.

Samples collected by: /

Samples sent by : / Sujanda.

Time: /

Time: / 12:AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 103 BP: 92/69 CFT: ✓ RR: 21 SPO2 at FiO2: 99 GCS: ✓ Temperature : 99 Pain Score: 0 Repeat RBS (if applicable): N/A	Shift - out from ER to: 216 Time of Shift - out: 12:27 Am Handover given to: Divya (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

....

Name of the Nurse : Anupam

Signature of the Nurse : AU

Date & Time : 4/6/20