

**DISCHARGE SUMMARY**

<b>Name</b>	Baby ARADHYA BIDHANIYA	<b>UHID</b>	BAH-00596541
<b>Father/Guardian</b>	Mr B.PRATIK KUMAR	<b>Age/Gender</b>	3 Y 4 M 22 D/ Female
<b>Address</b>	14-10-356 ,lower Dhoolpet , Jumerat bazar, Dhoolpet, Hyderabad, Telangana, INDIA, 500006		
<b>IP No</b>	IP26-00006608	<b>Admission Date</b>	18-06-2026
<b>Ref Doctor</b>	DR. VINAY KUMAR MANTHATI		
<b>Date</b>	23.06.2026		

**Consultant:**

**Dr. VINAY KUMAR MANTHATI**

MBBS DNB (Pediatrics)

Reg No:91733

**Co-Consultant:**

**Dr. ANIKET ANIL PARASHAR**

MBBS - MD

TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
CULTURE POSITIVE URINARY TRACT INFECTION (E. COLI)	
ADENOVIRAL ILLNESS WITH DEHYDRATION	
INFECTIVE COLITIS	

**History:** Baby ARADHYA BIDHANIYA, 3 Y 4 M 22 D , old girl presented with the history of fever since 4 days, loose stools and vomitings since 3 days, abdominal pain since 2 days, dull activity and reduced urine output since 1 day. For the above complaints, she was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

**Examination:** She was febrile (102°F). Her heart rate was 146/min and Respiratory Rate - 24 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Signs of dehydration were present. On examination sunken eyes, dry lips, dry oral mucosa, delayed skin turgor were present. Perioral skin lesions were present (Impetigo). On auscultation, air entry was

Name	Baby ARADHYA BIDHANIYA	UHID	BAH-00596541
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bilaterally equal. 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: 12 kilo grams.

**Investigations:** Enclosed reports

VBG showed pH of 7.41, pCO<sub>2</sub> of 29.8 mmHg, pO<sub>2</sub> of 55 mmHg, HCO<sub>3</sub> of 18.9 mmol/L and BE of -5.7 mmol/L.

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

**Adenovirus PCR was detected.**

Initial hemogram showed Hemoglobin of 9.9 gm%, White Blood Cell count of 8730 cells/cumm, platelet count of 2.74 lakhs/cumm and C-Reactive Protein of 33 mg/l. Serum Creatinine was 0.4 mg/dl. Serum Procalcitonin was 0.68 ng/ml. Complete urine examination shows 25-30 pus cells, 6-8 epithelial cells. Blood culture and sensitivity shows no growth after 48 hours of incubation.

**Ultrasound KUB shows**

- \* Few internal echoes in urinary bladder, suggestive of cystitis.
- \* Subtle submucosal wall thickening of ascending colon with no evidence of increased echogenicity of the adjacent mesentery - likely mild colitis (? infective etiology).

Repeat hemogram showed Hemoglobin of 9.8 gm%, White Blood Cell count of 4790 cells/cumm, platelet count of 2.48 lakhs/cumm and C-Reactive Protein of 32 mg/l. Serum Creatinine was 0.3 mg/dl. Serum electrolytes showed sodium of 136 mmol/L, potassium of 4.3 mmol/L & Chloride of 102 mmol/L.

Blood Urea was 12 mg/dl.

**Urine culture and sensitivity shows**

**Gross examination :** Pale yellow in colour, clear.

**Gram stained smear** - Shows no polymorphs or organisms.

**Colony count:** - >10<sup>5</sup>cfu/ml

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

**Susceptible to -**

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Cephalexin, Cefotaxime, Ceftriaxone, Cefpodoxime, Cefixime, Tazobactam-Piperacillin, Gentamicin, Amikacin, Tobramycin and Nitrofurantoin.

**Management:** She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. Initial hemogram showed White Blood Cell count of 8730 cells/cumm (N/L 71/22), platelet count of 2.74 lakhs/cumm and C-Reactive Protein of 33 mg/l. She was treated symptomatically with antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

In view of fever, noisy breathing, loose stools and vomitings necessary investigations sent, in which ADENOVIRUS detected and symptomatic management continued

Complete urine examination shows 25-30 pus cells, 6-8 epithelial cells. Hence, Inj. Amikacin was added. Ultrasound KUB suggestive of cystitis and mild colitis. Urine culture and sensitivity showed **E. coli growth**, sensitive antibiotics were continued.

Blood culture and sensitivity shows no growth after 48 hours of incubation. Repeat CRP done was 32 mg/l and WBC count 4790 (N/L 54/36)

She was regularly monitored for fever spikes, hemodynamic status and frequency of loose stools, hydration status. Currently child afebrile, hemodynamically stable, loose stools and vomitings subsided, hence child is being discharged with following advice.

**Medication during hospital stay:**

- Injection. Ceftriaxone
- Injection. Amikacin
- Injection. Ondansetron
- Injection. Esomeprazole
- Pro GG sachet
- Z and D drops
- Mupirocin ointment.
- Nasivion P nasal drops
- Syrup. Histafree
- Nasoclear mist spray

**Advice:**

- \* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. NITROFURANTOIN (25MG/5ML)	4 ml	6TH HOURLY	For 5 days.
2	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 9 days
3	Nasoclear nasal drops, 2 drops in each nostril <b>SOS</b> for nose block			

### Fever Management

\* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 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.

### Food instructions while taking medications:

\* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours**.

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.

Review consultation with Dr. VINAY KUMAR M on THURSDAY (25.06.2026) at his clinic.

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**

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**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)**

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

**Consultant:**

**Dr. VINAY KUMAR MANTHATI**

MBBS DNB (Pediatrics)

Reg No:91733

### ADMISSION SHEET

#### Registration Details :



Admission No : IP26-00006608      Admit Date : 18-Jun-2026      Admit Time : 11:34 PM      UHID : BAH-00596541

#### Patient Details :

Patient Name : Baby ARADHYA BIDHANIYA      Age : 3 Y 4 M 21 D  
Guardian : Mr B.PRATIK KUMAR      DOB : 28-01-2023  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : 14-10-356 ,lower Dhoolpet , Jumerat bazar      Phone No : 9948911911/ 9951911911  
Dhoolpet Hyderabad Telangana INDIA      E-mail : pratikbidhaniya@gmail.com  
500006

#### Admission Details :

Bed Type : DAY CARE      Bed No : ER01      Ward Name : GF -EMERGENCY  
Room No : ER01      Admission Type : First Visit

#### Contact Details :

Name : Mr B.PRATIK KUMAR      Relationship : Father  
Contact Address : 14-10-356 ,lower Dhoolpet , Jumerat bazar      Phone No : 9948911911  
Dhoolpet Hyderabad Telangana INDIA 500006



Signature

#### Doctor Details :

Doctor Name : Dr. VINAY KUMAR M      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : DR. VINAY KUMAR MANTHATI      Phone No : 8639024469  
Co-Consultant : Dr. ANIKET ANIL PARASHAR

#### Payment Details :

Payment Mode : Cash      Deposit Amount : 5000.00  
Payor Name : FAMILY HEALTH PLAN INSURANCE  
TPA LTD

**ACTIVITY LOG**

BAH-00596541 IP26-00006608

Baby ARADHYA BIDHANIYA  
28-01-2023 3 Y 4 M 22 D (F)

Name: Dr. VINAY KUMAR M



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
18/6/26	11:40PM	ER	Ward	[Signature]

**Cross Consultation Visit**

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





BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



**PROCEEDURE**

Date	Procedure	Quantity	Order No.	Signature
19/6/26	IV placement	①	207345	[Signature]
				<i>Cross checked done</i>
19/6/26 (10-30am)	NHA	①	7443	[Signature]
				<i>Cross checked done by [Signature]</i>
				<i>Cross</i>
20/6/26	IV placement	①	7585	[Signature]
				<i>Cross checked done by [Signature]</i>

**ANY OTHER INFORMATION**

.....  
 .....  
 .....  
 .....  
 .....

Date :

Time :

Prepared By :

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



**Rainbow<sup>®</sup>  
Children's  
Hospital**

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : Aradhya

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

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

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Baby ARADHYA BIDHANIYA  
28-01-2023 3 Y 4 M 22 D (F)  
Dr. VINAY KUMAR M

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





Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

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

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 4 day  
c/o Loose stool & vomiting 3 day  
c/o Abdominal pain :: 2 day  
c/o Dull activity & reduced urine output :: 1 day

History of present illness :

child brought with

c/o Fever :: 4 days  
High grade, persistent fever, every 3-4 hrs  
103°F, ass c̄ chills

c/o Vomiting :: 3 days, multiple episodes / non bilious

c/o Loose stool :: 3 day  
Multiple episodes, watery loose stool  
Non blood stained

c/o Abdominal pain :: 2 days

c/o Dull activity & reduced urine output :: 1 day  
No c/o bounding nicturition

No outside food intake

Parent Name

Parent ID

Consent

First Doctor

Pediatric Multiorgan History & Physical Examination

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Baby ARADHYA BIDHANIYA  
28-01-2023 3 Y 4 M 22 D (F)  
Dr. VINAY KUMAR M



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

Multiple horizontal lines for writing past history.

Birth & Neonatal History :

FT / 2SCS / CIAB / 2-8 1/2



Birth & Socio Economic History :

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

Developmental History :

Handwritten circled 'N' with a slash: / (N)

Immunization History :

Vpts 2yr



**Paediatric Multiorgan History & Physical Examination**

**Anthropometry**

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

Weight (kgs) 12 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 102.2° F Pulse Rate: 146/min Description \_\_\_\_\_

B.P. 105/72 (79) SPO2 97% at \_\_\_\_\_

Resp. rate and type of breathing : 24/min

Rash Sign of Dehydration ⊕ - Sunken eyes, dry lips & oral mucosa

Lymphadenopathy Dehydrated skin turgor

Oedema : \_\_\_\_\_

**Respiratory system :** Skin lesion over ⊕ lower jaw - Impetigo

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

Air entry & breath sounds : B/LAE ⊕

Any added sounds : \_\_\_\_\_

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

**Cardiovascular System :**

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

Heart Sounds : S1S2 ⊕

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

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : Soft

Auscultation : \_\_\_\_\_

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 : /

**Motor System :**

Nutrition : /

Tone : / Power /

Co-ordinator : /

Posture : /

Involuntary Movements : /

**Reflexes :**

DTR

Superficials :

Plantars /

**Sensory System :**

/  
/  
/

Bladder / Bowel : /

**Clinical Summary & Diagnostic :**

Acute Febrile Illness - Dehydration - D4  
- Acute ? Infection

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

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Baby ARADHYA BIDHANIYA  
28-01-2023 3 Y 4 M 22 D (F)  
Dr. VINAY KUMAR M



Desired goals of the treatment :

**Planned Labs :**

VBS  
CBP, CRP, Blood CU  
Procalcitonin, Creatinine  
CUE & Urin CU  
\* 1 extra plain  
Respiratory Panel

**Planned Management :**

IVF  
Inj ceftioxone - after c/s  
Inj order  
Inj Esomeprazole  
Pre SS sachet  
~~ZAD drops~~

USS Abdomi

N.B Potabiot  
C 11:50 AM

**Please fill up the following details**

1. Name of the Referring Doctor : \_\_\_\_\_

2. Name of the Referring Hospital : \_\_\_\_\_  
(Including the name of City)

3. Contact number of the Referring Doctor : \_\_\_\_\_  
(Preferring Mobile #)

4. Name of the doctor in Rainbow Team Dr. Vinay / Dr. Anket on  
whose name the patient is being referred

Doctor's Signature Name [Signature] Date 19/06/26 Time \_\_\_\_\_



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/1 7 AM	<p>CBIB Dr. Prannu / Dr. Prashanti</p>	
	<p>Acute Febrile Illness &amp; Dehydration                  ? Infective aetiology</p>	<p>Plan</p>
	<p>Fever ⊕ (High grade)</p>	<p>1) IVF - 2/2<sup>nd</sup> D</p>
	<p>Loose stools ⊕ (4 times overnight)</p>	<p>2) 2g ceftriaxone                  3) 2g Ondans</p>
	<p>child askep</p>	<p>4) Esomeprazole</p>
	<p>Vitals stable</p>	<p>5) Pro GS</p>
	<p>Febrile</p>	<p>6) 2A D drug</p>
	<p>R-S-B/LAE ⊕</p>	<p>7) Tense Respiratory panel</p>
	<p>PIA - soft</p>	<p>8) Send CPE &amp; urine C/S</p>
		<p>9) USS Abdomen - Today</p>
		<p>10) Monitor Vitals</p>
		<p>11) Inj 505</p>
		<p>12) B Amoxicillin                  C7AM.</p>
		<p>Prannu</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
19/6/26 11 AM	<p><u>c/s/by</u> <u>Dr Aniket</u></p> <p>AFI <math>\bar{c}</math> delay duct</p> <p><math>\rightarrow</math> <u>lytic colitis</u></p> <p><u>2UTI.</u></p>	
	<p>Loom-took (+)</p> <p>- <u>few</u> (+)</p>	<p>- ct <u>lytic</u>.</p> <p>- ct <u>antibiotic</u>.</p>
	<p>Pain abdo (+)</p>	<p>- <u>USG Abdomen</u> / <u>POB</u> today.</p>
	<p><u>P/A</u> soft</p> <p>Not distnd</p>	<p>- Enhanc orally</p> <p>- (+) <u>u/c/p</u>.</p>
		<p>- ct <u>ODAN</u></p> <p>Esmo</p> <p>Psog G.</p>
		<p>- <u>ores</u> adlib.</p>
		<p><u>Dr. Aniket</u></p>
	<p>Dr. Aniket Anil Parashar          Consultant Pediatrician &amp; Intensivist          Reg. No. 8568</p>	<p>noted by <u>Sr. Sandhya</u>          19/6/26          11 AM</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 2pm.	<p>c/s/by. Dr. Annuke</p> <p>→ AFI <math>\bar{c}</math> dehydrated / colitis            UTI</p>	
	<p>few spike (+)</p>	
	<p>USG - cystitis            colitis.</p>	<p>Plan.</p>
	<p>vitals stable.</p>	<p>✓ ct IV fluids.            CEFTRIAXONE</p>
	<p>PIA soft            not distended.</p>	<p>✓ Enhance orally.</p>
		<p>✓ (+) v/c/p.</p>
		<p>✓ ct other Mx as per chart</p>
		<p>✓ Monitor vitals.</p>
	<p><u>AP</u></p>	<p>NB Sunanda</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/01/26	SIB Dr. Vinay Kumar	
5:30 PM	Δ 2 VTE	Plg,
	? Cystitis	
	Fem spikes ⊕	✓ CF CEFTRIAXONE
		- Add AMIKACIN
	CVB - S <sub>11</sub> S <sub>12</sub> ⊕	✓ CF 2 AD
	M-BL - ACE ⊕	Po-6h s.
	Plasol	alter creatinine report
	Co-sticy	Encourage oral
		✓ send Serum Creatinine
		Expression
		✓ Next pack K-CBP, CRP
		⊗ RFT.
		✓ Trace Urea < C
		Blood < C
		S
		✓ CF IV fluids
		NB Sample

*(Signature)*



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/26 8 AM	<p>10/6 Dr. Sankar / Dr. Masurya</p>	
	<p>Di: AFI (Cephalic) 2 UTI          Adenoviral illness.</p>	
	<p>fever ⊕          No focal wheezes</p>	
	<p>O/E: GC-fair          vitals stable          Hydration - good</p>	
	<p>S/E: PA: soft NT</p>	
		<p>Adm          - I.V fluids (2/3m)          - Cont. Tab Ceftriaxone          Tab Amikacin</p>
		<p>- CBP, CRP, RFT - Next prock          - Tissue cultures</p>
		<p>NB          Sankar          Masurya</p>

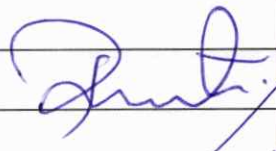


**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
20/6 11am	<p>CS/B Dr Aniket</p>	
	<p>AFI C Dehydration C Adenoidal Enlargement Cystitis</p>	<p>Colitis</p>
	<p>Febr spikes (101.3°F) Oral intake - 6oz Child alert Vital stable R-S - B/L O/S P/A - soft</p>	<p>Pls</p> <ol style="list-style-type: none"> <li>1) IV K 2/4 M - Stop</li> <li>2) Inj Ceftriaxone</li> <li>3) Inj Amikacin</li> <li>4) Inj Ondansetron</li> <li>5) P/A G/L</li> <li>6) ZAC D drop</li> <li>7) CBP, CRP, UA, Creat, Urine C/S</li> <li>8) Monitor Vitals</li> <li>9) Trans Blood C/S</li> <li>10) Urine C/S</li> </ol>
	<p>Dr. Aniket Anil Parashar Consultant Pediatrician &amp; Intensivist Reg. No. 8998</p>	<p>Dr. Aniket P Param</p>
		<p>Noted by Sr. Sanchhya 20/6/23 11am</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6	C/S/B - Dr. Ashamli	
2:10 pm	A - AFI $\bar{c}$ Dehydration $\bar{c}$ colitis Adenoviral illness.	
	<u>Cystitis</u>	<u>Plan</u>
	last fever spike 6 AM 10/17	1) IVF stopped
	oral Intake } Urine } fast stool }	2) [IN]- CEFTRIAXONE } D2 AMIKACIN } ↓
	o/e	3) CBC, CRP, Urea } Next creat } prick
	vitals stable	4) UC/S } To BC/S } Trace
	<del>SE</del>	5) monitor vitals & U-O
	AS - clear P/A - soft, Nontender. CVS } wnl CNS } wnl	 Noted by Dr. Sarada 2:10 pm



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
20/1/23 4pm	<p><u>CLS/RS Dr. Vinay</u></p> <p>Adenoviral Illness &amp; Dehydration            Cystitis  <u>Infectious Colitis</u></p> <p>- Fever - 102° F            - Loose stool - 8eths            - Occ Abdominal pain</p> <p><u>O/E</u>            Child alert            Peri orbital puffiness</p> <p>R-S-B/2 ASB            PLA - soft</p> <p>Oral intake - improving</p>	<p>Ph</p> <p>2) Sig Ceftriaxone            Sig Amikacin            Sig Onden</p> <p>3) R/O SS            Z &amp; D</p> <p>3) Send CBP, CRP,            Urea, Creat, Si Electrolyte</p> <p>4) Urine Blood CLS            Urine CLS</p> <p>5) Monitor Vitals</p>
		<p><i>(Signature)</i></p> <p>P.B Amourth            e 6pm</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/23	C/SB-	
21/6/23	S/B Dr. Sreeghar / Dr. Anurag P. Jay	
7:40 AM	<p>Δ Adenoviral illness</p> <p>± dehydration</p> <p>± cystitis</p>	<p>CE CEFTRIAXONE</p> <p>AMIKACIN</p>
	Fever spikes	<p>CE Z&amp;D</p> <p>Pro-GC</p>
	C/S - S/S	
	R/C - B/C - A/C	<p>Blood C<sup>c</sup></p> <p>Urine C<sup>c</sup></p>
	Plasma	
	conscious	<p>Encourage oral</p>
		<p>NB Suckle 14.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	3/B Dr. Aniket	
10 AM	<p>Δ UTI          2 Adenovirus</p>	<p>Pln</p>
	<p>No Smoily</p>	<p><del>IVF DM</del>          @ 25ml</p>
	<p>WS - S<sub>4</sub> S<sub>10</sub> @          R - BU - AIE @</p>	<p><del>CF CEFTRIAXONE          AMIKACIN</del></p>
	<p>PIA - soc  <del>same sleep</del></p>	<p><del>NASIVION P          2° nose BD</del></p>
	<p>Repeat = CRP (0.33)</p>	<p><del>NASOCCAR          2° QTD</del></p>
		<p><del>Nasoclear mist spray          2 spray 6<sup>h</sup> by</del></p>
		<p><del>Syr HISTAKEE 2.5ml BD</del></p>
		<p>Dr. Aniket P</p>
		<p>noted by sr. Sandhya          21/6/26          @ 10:00 AM</p>

Dr. Aniket Anil Parashar  
 Consultant, Pediatrician & Intensivist  
 Reg. No: 8568



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 3:30pm	<p>CLSB Dr Pranan / Dr. Nazneen</p>	
	<p>Δ - Adenoviral illness &amp; Dehydration                      Culture type VTI</p>	
	<p>Fever ⊕ - 100.3°F                      Sneezing ⊕</p>	<p>Pln                      1) IVF</p>
	<p>oral intake - less</p>	<p>2) Dn Ceftriaxone                      Dn Amikacin</p>
	<p>child alert                      vital stable                      R-S - B/LAE ⊕</p>	<p>3) Nasim - P                      Nasothen</p>
	<p>PIA - soft</p>	<p>4) Syp Mistakee                      5) Monitor Vital</p>
		<p>N.B Amantak                      24pm.                      Pranan</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 7PM	S/O Dr. Pravar / Dr. Nameen	
	Adenoidal thers. = dehydration Culture +ve UTI	
	<ul style="list-style-type: none"> <li>- Fever spikes ⊕ (last 1 AM)</li> <li>- oral intake better</li> <li>activity - both</li> <li>hemodynamically stable.</li> <li>Acuss (N)</li> <li>Ps clear</li> <li>PIA - soft</li> </ul>	<p>Plan</p> <ol style="list-style-type: none"> <li>1) ct IV fluids - Stop</li> <li>2) Suj Cephazone Amikacin</li> <li>3) ct nasoclear; nasion-P</li> <li>4) Monitor vitals</li> <li>5) Trace urine c/s</li> </ol>
	3 episodes mod loose stools Post which accepted food.	<p>W.B sneke OTAN</p> <p>Pran</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9:15 AM	SIB Dr. Aniketh	Plan
	D Adrenal gland illness, = dehydration - Further the VIT	
	Fever spikes @	Pln 1) Ziy Ceftriaxone Ziy Amikacin
	CVS - S <sub>1</sub> , S <sub>2</sub> @	2) Cont Supportive Care
	PI - BLU ACE @	3) Trace Urine c/c
		4) Monitor Vitals
	PIA - sole	Taper Sol
	CONCLION	5) Stop Order

Dr. Aniket Anil Parashar  
 Consultant Pediatrician & Intensivist  
 Reg. No. 8568

*Dr. Aniket*



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>22/6/26</u>	<u>c/s/by. Dr. Anurag</u>	
	<u>Δ:-</u> Adenoviral illness & dehydration.	
	cultures +ve UTI.	
	last juice & yester 9:30pm	
	<u>RLS</u> B/LAE (+) NIVBS (+)	
	<u>CVS</u> S/L (+) No murmurs	Antibiotic Ceftriaxone Amikacin
	<u>vital</u> stable	c/s (+) Monitor vitals
	<u>AJ</u>	N.B Anurag e2pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	S/B Dr Prabhat / Dr Vaeru	
7 AM	Q UTI / Adenoviral illness / Colitis culture + UTI	
	Fever spikes - None	
	Oral intake - fair	
	IV - out, redness (+) at the site	<u>Adv</u>
	o/e GC	
	fair	<del>Stop of the oral</del>
	Vitals stable	<del>Amoxicillin</del>
	PA off	
		✓ Change to oral Cefixime 25ml BD
		✓ Nitrofurantoin (25mg/5ml) 4ml QID.
		NB Sinanda



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/22 9 AM	S/B Dr. Aniket P	
	B culture positive Unlabeled - E. coli Adenoviral Illness	
	Afebrile CVS - S4S6 P1 - 911 - ATEB	Syp. MITROFURANTOIN (5m/25g) 4m QID x 5 days
	R/A - ok conscious	- Plan discharge after discussion with Dr. Vinay
		N/B. Suradha @ 23/6/22 9:45 AM Dr. Aniket P
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568



LH-00598541 IP26-00006608  
 by ARADHYA BIDHANIYA  
 -01-2023 3 Y 4 M 21 D (F)  
 VINAY KUMAR M



208      2.11

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

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 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

Date	19/6/26		20/6/26		
Time					
Hb	9.9		9.8		
PCV	28.5		28.1		
RBC	4.63		4.57		
WBC	8.73		4.79		
N/L	70.7/22.0		53.8/36.2		
Platelets	274		248		
CRP	33		32		
ESR					
PCT	0.68				
RBS					
Na			136		
K			4.3		
Cl			102		
Ca/Mg					
Phosphate					
Urea			12		
Creatinine	0.4	0.4	0.3		
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	19/6/26				
Time					
CUE - Alb	Nil				
CUE - Sugar Protein.	Trace				
CUE - Ketones	Negative				
CUE - PUS Cells	25-30				
CUE - RBC Cells	nil				
CUE nitrites	negative				
epithelial cells	6-8				
Leucocytes	Present(+)				
pH	6.0				
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Respiratory panel	⊖ve				
Adenovirus	+ve				

Culture and Sensitivities : Blood c/s :- NO growth after 48 hrs  
 24hrs.  
 Urine c/s :- S. Coli isolated

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

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M

**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
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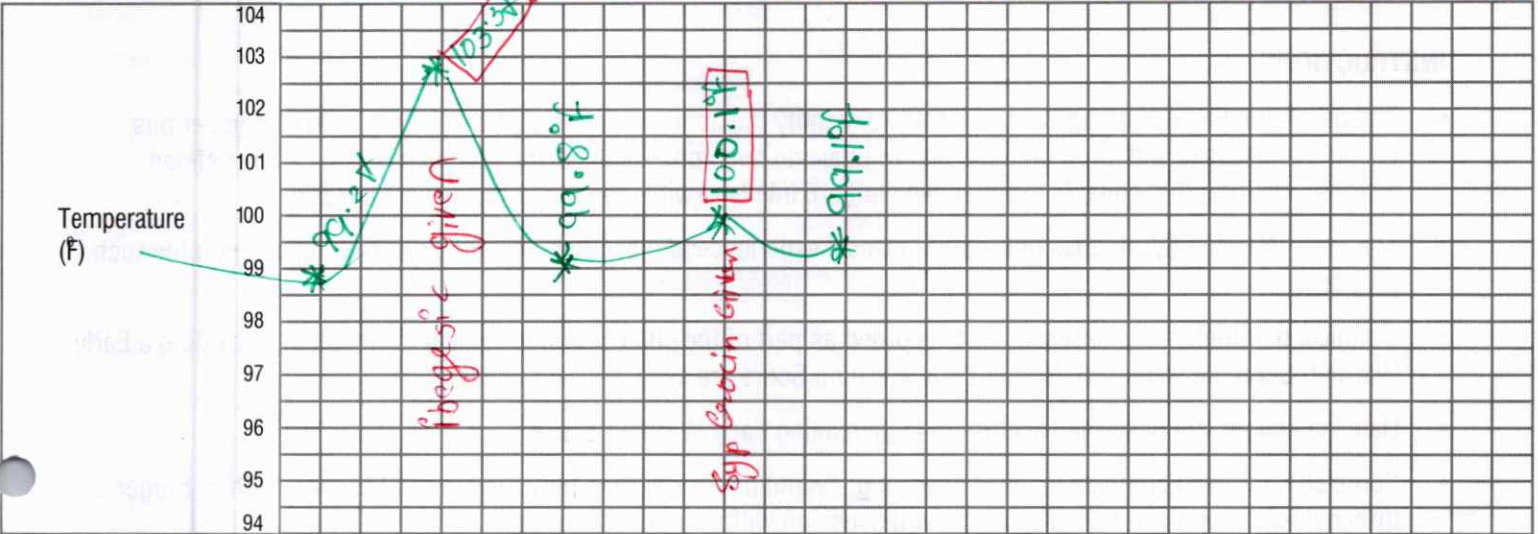
Patient Stick

L / 125

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

Date : 10/6/26 Time: 12Am 2Am 3:30 6:30 8 9Am

Doctor / Nurse / Family Concern? No No No No No



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	
<b>Note:</b> BP does not score in early warning scoring	

Heart Rate (Number) 126b/m 126b/m

Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	28b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 99% 99%

Conscious Level Normal / Altered

GCS \*

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

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

<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>BACK GROUND:</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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<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)

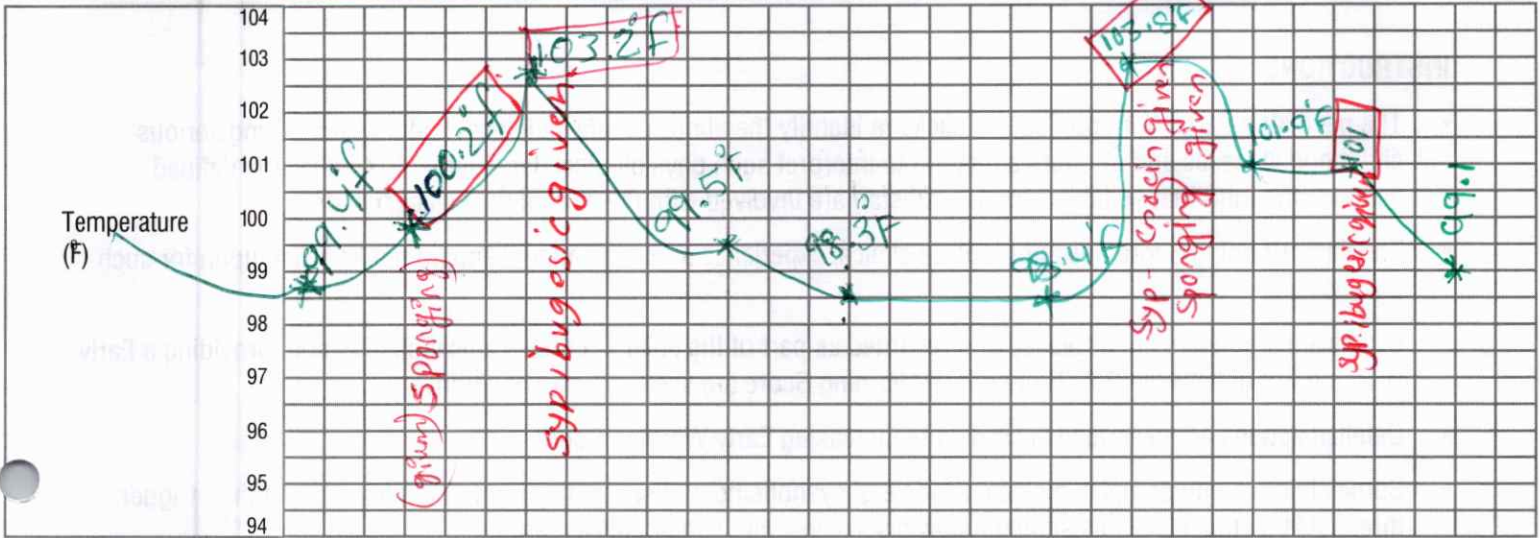
Patient Stick



4L / 125

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

Date : 19/01/26	Time: 9am	10am	11am	12pm	1pm	4pm	5pm	6pm	8pm	10pm
Doctor / Nurse / Family Concern?										



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *															
Heart Rate (Number)		118b/m			120b/m		125b/m		126b/m	124b/m					

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)		28b/m		25b/m		28b/m	27b/m, 28b/m

Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	100%	100%
Conscious Level	Normal	Altered
GCS *		
TOTAL SCORE		
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	D	T

<b>ACTIONS</b> 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
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Patient



CLINICAL / 125

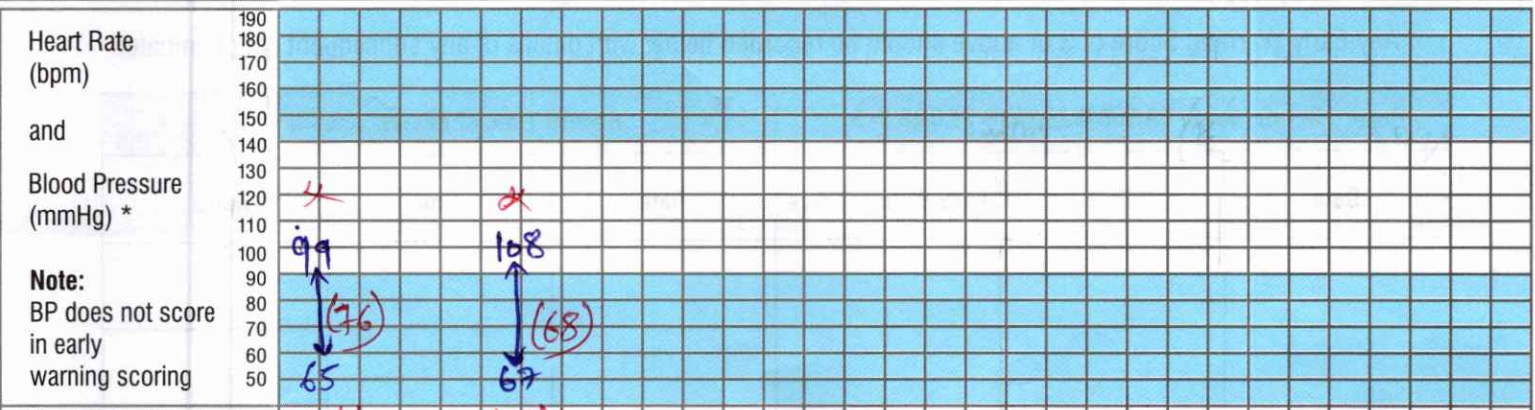
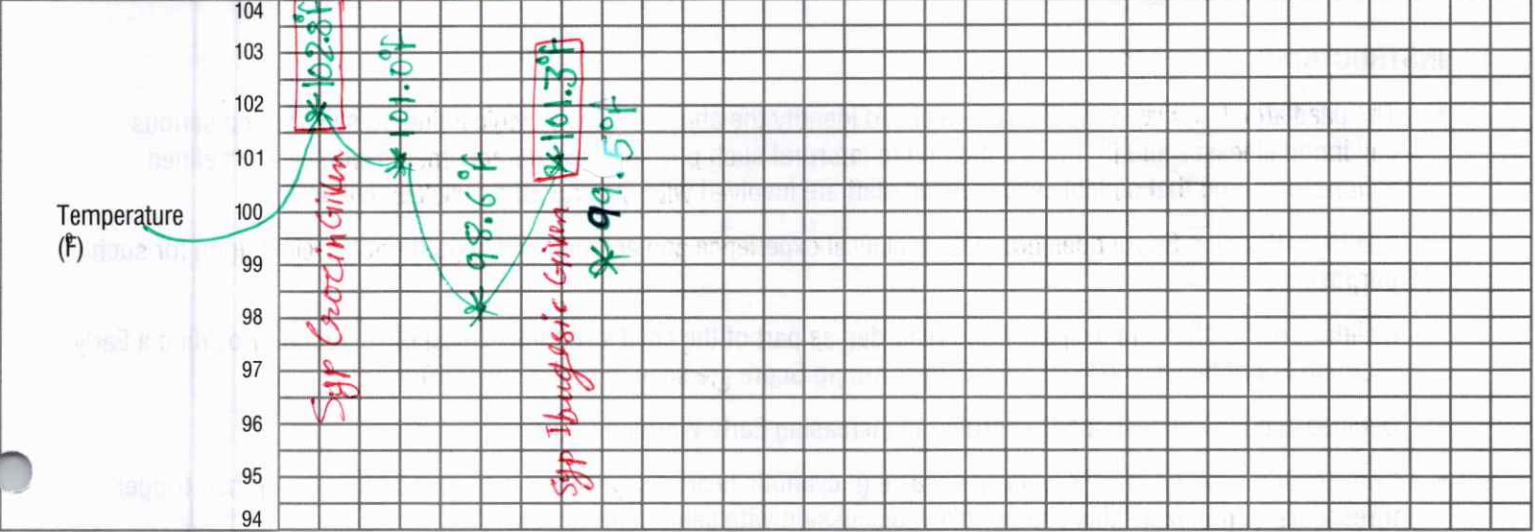
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : ~~10/6/26~~ 19/6/26 Time: 2 3 4 6 8

Doctor / Nurse / Family Concern? Am Am Am Am Am



Heart Rate (Number) 128bbs 118bbs

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

Resp Rate (Number) 28bbs 28bbs

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 100% 100%

Conscious Level Normal / Altered

GCS \*

**TOTAL SCORE**

Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials Am Am

**ACTIONS**

NB: Scores 3 should be recorded overleaf

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IM-00596541 IP26-00006608  
 by ARADHYA BIDHANIYA  
 -01-2023 3 Y 4 M 21 D (F)  
 VINAY KUMAR M



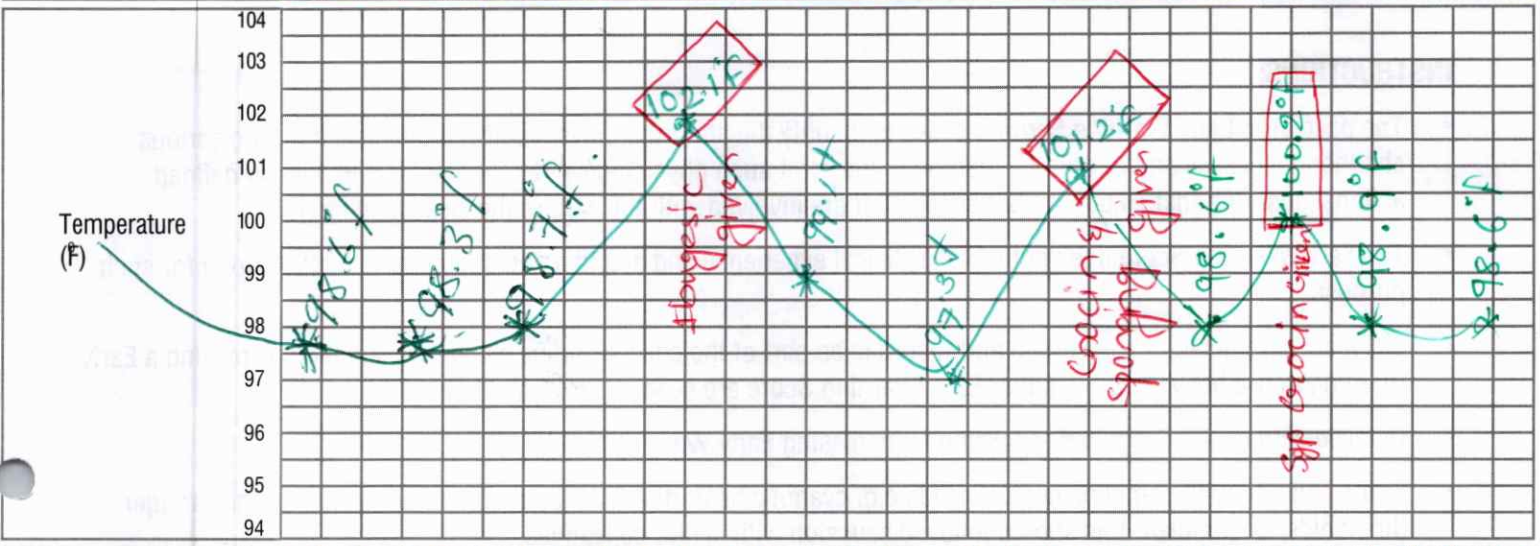
/ FRM / CLINICAL / 125

**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date: 20/6/26 Time: 9am 11am 2pm 3:30 PM 4:30pm 6pm 8pm 10 11Am 2:30 6  
 Doctor / Nurse / Family Concern? PM PM Am Am



Heart Rate (bpm)	190								
and	180								
Blood Pressure (mmHg) *	170								
	160								
	150								
	140								
	130								
	120	99		102		106		102	
	110								
	100								
	90								
	80								
	70								
	60								
	50	60		70		71		66	
Heart Rate (Number)		117b/m		110b/m		117b/m		110b/m	

Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
Resp Rate (Number)		28b/m		29b/m		29b/m		30b/m	

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

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

**ACTIONS**

Score 1 : Continue normal observation by staff nurse  
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ICH/ FRM / CLINICAL / 125

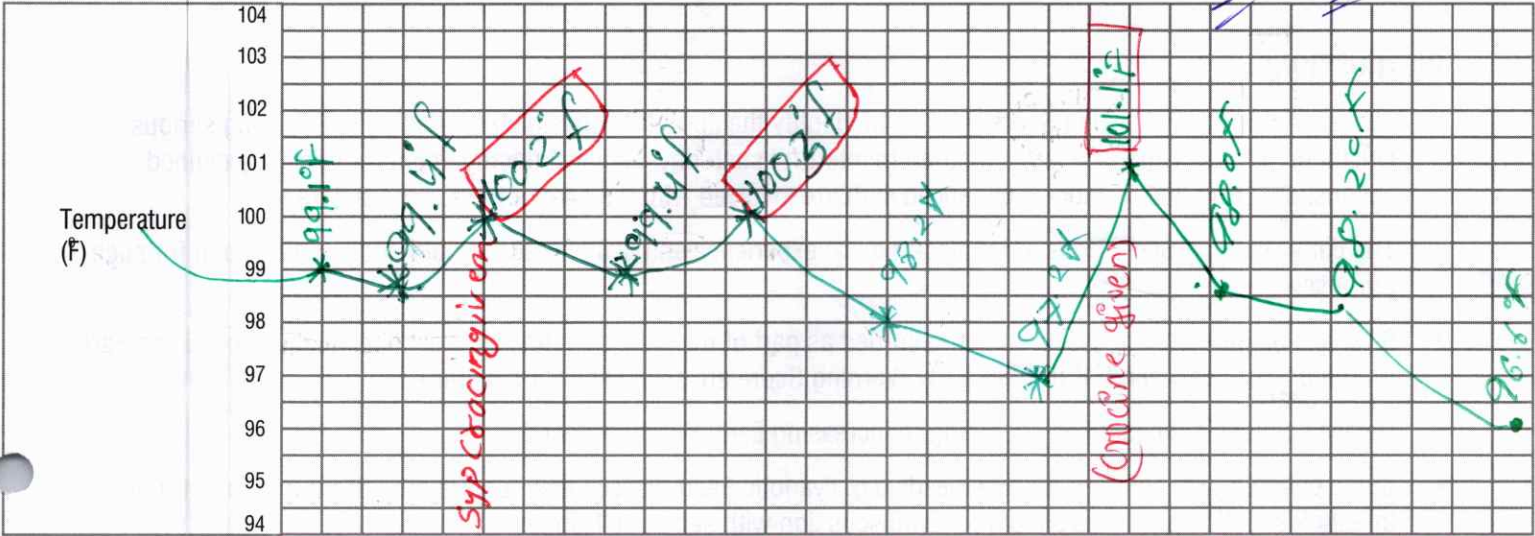
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

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

Date : 2/1/23	Time: 8 AM	10 AM	11 AM	12 PM	2 PM	4 PM	6 PM	9:30 PM	10:30 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?	Am							PM	PM	AM	AM



Heart Rate (bpm)											
and											
Blood Pressure (mmHg) *		102/70		109/60		100/61	100/70		100/62		98/61
Note: BP does not score in early warning scoring											
Heart Rate (Number)		116b/m		121b/m		117b/m	120b/m		117b/m		116b/m

Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)		25b/m		29b/m		29b/m	28b/m		25b/m		22b/m

Resp Mod/ Severe Distress None / Mild											
Receiving O <sub>2</sub> (l/min)											
O <sub>2</sub> Saturations (%)		99%		99%		100%	100%		99%		97%
Conscious Level Normal / Altered											
GCS *									14		

<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		AV		AV		AV	AV		AV		AV

**ACTIONS**

- Score 1 : Continue normal observation by staff nurse
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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.

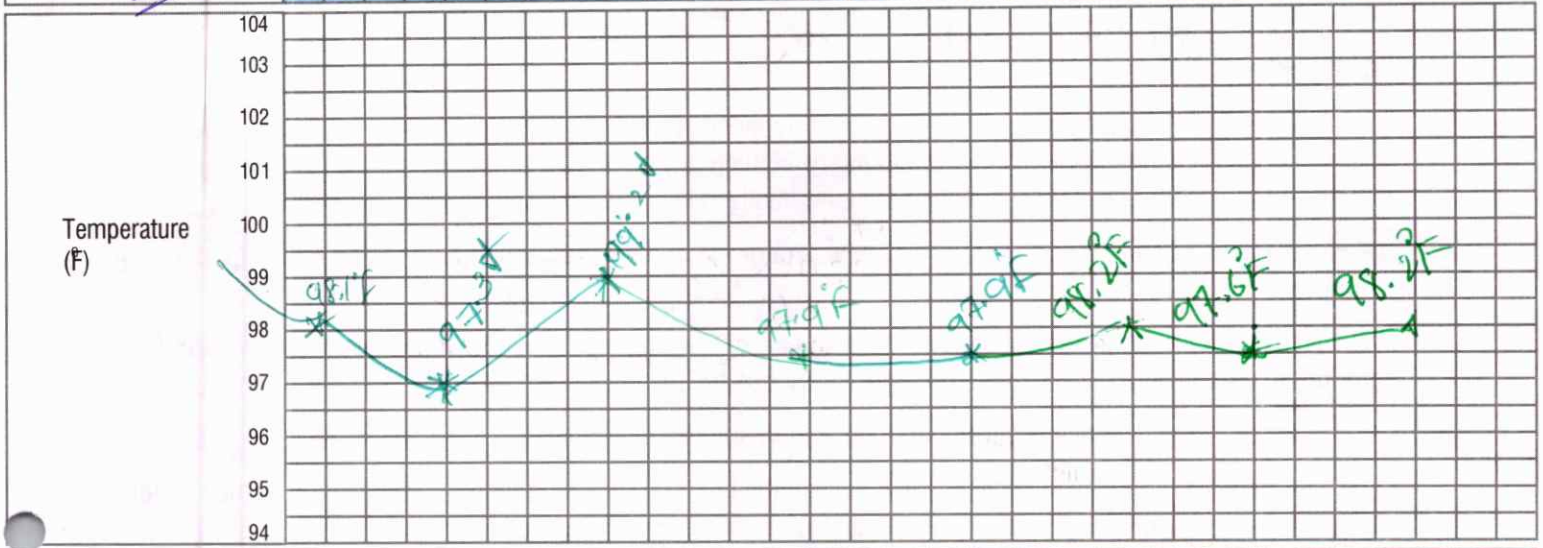
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<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)

Patient



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

Date : 22/6	Time: 10am	11am	1140pm	3 PM	6 PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?								



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	101	101	102	112	100	112									
Note: BP does not score in early warning scoring	75	66	83	78	72	68									
Heart Rate (Number)	117b/m	118b/m	115b/m	118b/m	100b/m	110b/m									

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	28b/m	29b/m	28b/m	25b/m	28b/m	30b/m	

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

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

<b>ACTIONS</b> 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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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- 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.

<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>BACK GROUND:</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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<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)

BAH-00598541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



# 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 Thrombophlebitis 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												
	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	Plasma											
	01:00 am				30ml								
<b>Total Intake :</b> Taken						<b>Total Output :</b>							
	02:00 am				30ml								
	03:00 am				30ml								
	04:00 am				30ml								
	05:00 am	Plasma			30ml								
	06:00 am				30ml								
	07:00 am				30ml								
<b>Total Intake :</b> Taken						<b>Total Output :</b> m-4 u-3							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
19/6/20	08:00 am			30 ml								
	09:00 am	PlasmaLyte Belly		30 ml								
	10:00 am			30 ml								
	11:00 am			30 ml								
	12:00 pm			30 ml								
	01:00 pm			30 ml								
				30 ml								
Total Intake : Taken			Total Output : U-1 M-2									
19/6/20	02:00 pm											
	03:00 pm	PlasmaLyte		30 ml								
	04:00 pm			30 ml								
	05:00 pm			30 ml								
	06:00 pm			30 ml								
	07:00 pm			30 ml								
				30 ml								
Total Intake :			Total Output : U-2 M-1									
19/6/20	08:00 pm			30 ml								
	09:00 pm	Plasm Rice	Chapati	30 ml								
	10:00 pm			30 ml								
	11:00 pm			30 ml								
	12:00 am			30 ml								
	01:00 am			30 ml								
				30 ml								
Total Intake : Taken			Total Output : U-1 M-X									
20/6/20	02:00 am			30 ml								
	03:00 am	Plasm		30 ml								
	04:00 am			30 ml								
	05:00 am			30 ml								
	06:00 am			30 ml								
	07:00 am			30 ml								
				30 ml								
Total Intake : Taken			Total Output : U-1 M-X									

Total 24 hrs. Intake

Total 24 hrs. Output U-5 M-3

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/6	08:00 am			30ml									
	09:00 am	Plasmalyte	Bdly	30ml						✓			
	10:00 am		+ H2O	30ml									
	11:00 am												
	12:00 pm										✓		
	01:00 pm												
Total Intake : Taken			Total Output : U-2 M-										
20/6/20	02:00 pm												
	03:00 pm												
	04:00 pm	IRF stop	water on										
	05:00 pm		milk										
	06:00 pm		+ H2O										
	07:00 pm												
Total Intake : Taken			Total Output : U-2 M-1										
20/6	08:00 pm												
	09:00 pm	Plasmalyte	water							✓			
	10:00 pm		milk										
	11:00 pm												
	12:00 am				30ml						✓		
	01:00 am				30ml								
Total Intake : Taken			Total Output : U-2 M-0										
21/6	02:00 am			30ml									
	03:00 am	Plasmalyte		30ml						✓			
	04:00 am			30ml									
	05:00 am			30ml									
	06:00 am			30ml							✓		
	07:00 am			30ml									
Total Intake : Taken			Total Output : U-2 M-0										



# FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
21/6	08:00 am			25ml		/		/	/	✓	0	/
	09:00 am			25ml								
	10:00 am			25ml								
	11:00 am	DNS		25ml								
	12:00 pm			25ml								
	01:00 pm			25ml								
Total Intake : Taken						Total Output : U-3 M-						
21/6	02:00 pm			25ml		/		/	/	✓	0	/
	03:00 pm		10ly	25ml								
	04:00 pm			20ml								
	05:00 pm	DNS		20ml								
	06:00 pm		H <sub>2</sub> O	20ml								
	07:00 pm			20ml								
Total Intake : Taken						Total Output : M-0 U-2						
21/6	08:00 pm			20ml		/		/	/	✓	0	/
	09:00 pm			20ml								
	10:00 pm		Pice	20ml								
	11:00 pm	DNS		20ml								
	12:00 am		H <sub>2</sub> O	20ml								
	01:00 am			20ml								
Total Intake :						Total Output : U-U-						
22/6	02:00 am			-		/		/	/	✓	0	/
	03:00 am			-								
	04:00 am			-								
	05:00 am	DNS		-								
	06:00 am			-								
	07:00 am			-								
Total Intake :						Total Output : U-2 U-						

Total 24 hrs. Intake

Total 24 hrs. Output U-U-

Patient: VINAY KUMAR M



# FLUID CHART

Sheet No. :     W    

- 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		
22/6	08:00 am	DNS		20ml						✓		
	09:00 am	DNS	Jelly	20ml			✓					
	10:00 am	DNS	H <sub>2</sub> O	20ml								
	11:00 am	DNS		20ml						✓		
	12:00 pm	DNS		20ml								
	01:00 pm	DNS		20ml								
<b>Total Intake :</b> Taken			<b>Total Output :</b> M-2 U-2									
22/6/26	02:00 pm											
	03:00 pm		khichdi									
	04:00 pm	0	soup							✓		
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>			<b>Total Output :</b>									
22/8/26	08:00 pm											
	09:00 pm									✓		
	10:00 pm	0	Rice									
	11:00 pm											
	12:00 am		H <sub>2</sub> O							✓		
	01:00 am											
<b>Total Intake :</b>			<b>Total Output :</b> U-2 M									
23/6/26	02:00 am											
	03:00 am											
	04:00 am	0	H <sub>2</sub> O									
	05:00 am									✓		
	06:00 am											
	07:00 am											
<b>Total Intake :</b>			<b>Total Output :</b> U-1 M									

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

BAH-00598541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 23 D (F)  
 Dr. VINAY KUMAR M



# 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	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												
	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>	
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# NURSING CARE RECORD



Date: 18/01/26

- 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							
Afternoon							
Night	8pm	→ Assess the pt condition → monitoring vitals checked and recorded	8pm	→ Assessed the pt condition → Administration of medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	Ammy
	8Am	→ sfo chart maintn.	8Am				

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



Patient S



# NURSING CARE RECORD

Date: 19/6/21

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess Baby general condition	8am	Assessed Baby general condition	Baby is stable	Rechecked vital	Vishy
	2pm	<ul style="list-style-type: none"> <li>- checked vital &amp; recorded</li> <li>- Administer medication as per doctor advice</li> <li>- I/O chart maintained</li> </ul>	2pm	<ul style="list-style-type: none"> <li>- checked vital &amp; recorded</li> <li>- Administered medication as per doctor advice</li> <li>- I/O chart maintained</li> </ul>			
Afternoon	2pm	Assess the pt condition	2pm	Assessed the baby condition	Now baby is stable	Rechecked the v/s	Sb
	8pm	<ul style="list-style-type: none"> <li>- Monitor the v/s</li> <li>- maintain the I/O</li> <li>- Drug as per chart</li> </ul>	8pm	<ul style="list-style-type: none"> <li>- Monitor the v/s</li> <li>- maintain the I/O</li> <li>- Drug as per chart</li> </ul>			
Night	8pm	Assess the condition	8pm	Assessed the condition	Pt is stable	Monitor v/s	SN
	8am	<ul style="list-style-type: none"> <li>Monitor vitals &amp; record</li> <li>Maintain I/O chart</li> <li>Provide the comfortable position</li> <li>Medication given as per as doctor order</li> </ul>	8am	<ul style="list-style-type: none"> <li>Monitor vitals &amp; record</li> <li>Maintained I/O chart</li> <li>Provided the comfortable position</li> <li>medication given as per as doctor order.</li> </ul>			



# NURSING CARE RECORD



Date: 20/6/26

**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 patient general condition → monitor vitals → PlasmaLyte 30ml/hr to cont. → Administer medication as per doctor's orders.	8am	Assessed the patient general condition → monitor vitals → Administered medication as per doctor's orders.	Patient is stable	Rechecked vitals	
	2pm		2pm				
Afternoon	2pm	Assess the patient condition	2pm	Assess the pt condition	Now patient is stable	Rechecked the v/s	
	4pm	Monitor the v/s	4pm	Monitor the v/s			
	8pm	Maintain the I/O Drug as per chart	8pm	Maintain the I/O Drug as per chart			
Night	8pm	Assess the pt condition Monitor vitals Maintain I/O chart Provide the comfortable position	8pm	Assessed the pt condition Monitored vitals Maintained I/O chart Provided the comfortable position	Pt is stable vital's normal	Monitor vitals Maintain I/O chart	
	8am	Medication give as per doctor	8am	Medication given as per doctor			

Patient

J0596541 IP26-00006608  
 Baby ARADHYA BIGHANIYA  
 28-01-2023 3 Y 4 M 23 D (F)  
 Dr. VINAY KUMAR M

# NURSING CARE RECORD



Date: 21/6/26

- 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 patient general condition → monitor vitals → Administer medications as per doctor's orders.	8am   2pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[Signature]
Afternoon	2pm   3pm	→ Assess the Pt condition → monitoring vitals checked and recorded → I/O chart maintain.	2pm   3pm	→ Assessed the Pt condition → Administration of medication given as per doctor's orders	→ Pt is stable	→ Re-checked vitals	[Signature]
Night	8pm   no   8pm	Assess the Pt condition Monitor vitals maintain I/O chart Provide the comfortable position medication given as per doctor's order.	8pm   no   8pm	Assessed the Pt condition monitored vitals maintained I/O chart provided the comfortable position medication given as per doctor's order.	→ Pt is stable  → vitals normal.	→ monitoring vitals  → maintaining I/O chart	[Signature]



# NURSING CARE RECORD



Date: 28/6/22

- 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	<ul style="list-style-type: none"> <li>-&gt; plan to trace urine c/s.</li> <li>-&gt; plan to stop ondem.</li> <li>-&gt; Give supportive care.</li> <li>-&gt; drugs give as per drug chart.</li> </ul>	8Am	<ul style="list-style-type: none"> <li>-&gt; planned to trace urine c/s.</li> <li>-&gt; planned to stop ondem.</li> <li>-&gt; Given supportive care.</li> <li>-&gt; drugs given as per drug chart.</li> </ul>	-> pt is stable now	-> Re assessed the vitals	
Afternoon	2pm	<ul style="list-style-type: none"> <li>- Assess the pt. condition</li> <li>- Monitor vitals &amp; records</li> <li>- Maintain I/O chart</li> <li>- Give medication as prescribed by doctor.</li> </ul>	2pm	<ul style="list-style-type: none"> <li>- Assessed the pt. condition</li> <li>- Monitor vitals &amp; records</li> <li>- Maintained I/O chart</li> <li>- Given medication as prescribed by doctor</li> </ul>	patient is stable now	Re-checked vitals	
Night	8pm to 8am	<ul style="list-style-type: none"> <li>-&gt; Assess pt condition</li> <li>-&gt; Monitor the vitals</li> <li>-&gt; Maintain I/O chart</li> <li>-&gt; Administer medication as per drug chart</li> </ul>	8pm to 8am	<ul style="list-style-type: none"> <li>-&gt; Assessed pt condition</li> <li>-&gt; monitor the vitals</li> <li>-&gt; Maintained I/O chart</li> <li>-&gt; Administered medication as per drug chart</li> </ul>	patient is stable now	Re-checked vitals	

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
Morning							
Afternoon							
Night							

Patient :



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AGE</b>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure: <b>X</b>		If Yes Specify: .....					
BACKGROUND	Date	18/6/26 N1	19/6/26 M6	19/6/26 E2	19/6/26 N1	20/6/26 MNG	20/6/26 E2	
	Shift							
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
	Diet:	-	-	-	-	-	-	
RECOMMENDATIONS	Allergy:	<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 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.2F	99.1F	98.5F	98.2F	98.3F	98.4F
		Res:	28b/m	25b/m	22b/m	25b/m	22b/m	22b/m
		SpO <sub>2</sub> :	98%	99%	99%	99%	99%	99%
		Pulse:	112b/m	115b/m	126b/m	115b/m	115b/m	126b/m
		BP:	90/60	100/50	-	-	-	-
		LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	-		
Skin Integrity	-	-	-	-	-	-		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	-	-	-	-	-	-		
Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	NA	NA	-	-	-	-		
Post Operative Procedure Special Orders:	NA	NA	-	-	-	-		
Handed Over By Name :	Amanth	sandhya	Sarada	Sru	sandhya	Sarada		
Signature / ID :								
Date:	19/6	19/6/26	19/6/26	20/6	20/6/26	20/6/26		
Time:	8Am	2pm	8pm	8pm	Aradhya	8pm		
Taken Over By Name :	sandhya	Sarada	Sru	sandhya	Sru	Sru		
Signature / ID :								
Date:	19/6/26	19/6/26	19/6	20/6/26	20/6	20/6		
Time:	8am	2pm	8pm	8am	2pm	8pm		

### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AFT + UTI</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:						
BACKGROUND	Date	<u>20/6/26</u>	<u>21/6/26</u>	<u>21/6</u>	<u>22/6</u>	<u>22/6</u>	<u>22/6</u>	
	Shift	<u>N1</u>	<u>nmng</u>	<u>E2</u>	<u>N1</u>	<u>M2</u>	<u>E2</u>	
	Medical Condition (Any special condition to be noted):	<u>AFT + UTI</u>	<u>AFT + UTI</u>	-	-	<u>AFT + UTI</u>	-	
Diet:	<u>soft</u>	<u>soft</u>	-	-	<u>soft</u>	-		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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:	<u>98.2°f</u>	<u>98.3°f</u>	<u>98.2°f</u>	<u>98.2°f</u>	<u>98.1°f</u>	<u>97.8°f</u>
		Res:	<u>24b/m</u>	<u>25b/m</u>	<u>26b/m</u>	<u>20b/m</u>	<u>24b/m</u>	<u>20b/m</u>
		SpO <sub>2</sub> :	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>110</u>	<u>100</u>	<u>112b/m</u>	<u>112b/m</u>	<u>116b/m</u>	<u>118b/m</u>
		BP:	<u>99/69</u>	<u>100/70</u>	<u>101/60</u>	<u>102/62</u>	<u>100/60</u>	<u>112/68</u>
		LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	<u>0</u>	-	-	-	<u>0</u>	-		
Skin Integrity:	-	-	-	-	<u>Good</u>	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	-	-	<u>NA</u>	-	-	-		
Post Operative Procedure Special Orders:	-	-	<u>NA</u>	-	-	-		
Handed Over By Name :	<u>Sun</u>	<u>Sandhya</u>	<u>Amrutha</u>	<u>Sun</u>	<u>Amrutha</u>	<u>Priyanka</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>21/6</u>	<u>21/6/26</u>	<u>21/6</u>	<u>22/6</u>	<u>22/6/26</u>	<u>22/6/26</u>		
Time:	<u>8pm</u>	<u>12pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>Sandhya</u>	<u>Amrutha</u>	<u>Sun</u>	<u>Amrutha</u>	<u>Priyanka</u>	<u>Amrutha</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>21/6/26</u>	<u>21/6</u>	<u>21/6</u>	<u>22/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>		



### CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6 DAY-1			20/6 DAY-2			21/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA		
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Sandhya Name : Sandhya

Signature of Ward In Charge :

Signature : Babli Name : Babli

H-00596541 1P26-00006608  
 by ARADHYA BISHANIYA  
 01-2023 3 Y 4 M 21 D (F)  
 Patient S VINAY KUMAR M



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula.	2										
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										
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										
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										
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 of Ward In Charge :

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

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



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6	12Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
19/6	8Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
19/6/23	12pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
19/6/23	4pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	8
19/6	10Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
20/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
20/6	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
20/6/23	10am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
20/6/23	2pm	0/0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
20/6/23	6pm	0/0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)

**Re-assessment Frequency:**

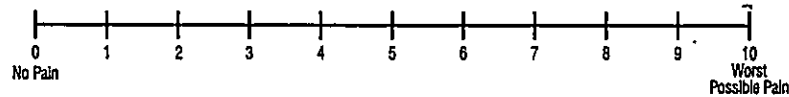
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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




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

## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt      2 Hurts Little Bit      4 Hurts Little More      6 Even More      8 Hurts Whole Lot      10 Hurts Worst

# PAIN ASSESSMENT FORM

Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	12pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22/6/26	10pm	0/10	PA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
23/6/26	6am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

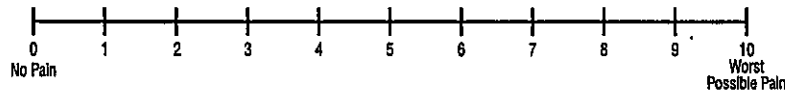
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain pain-relieving intervention.
  - d) Within 30 – 60 minutes after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

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt      2 Hurts Little Bit      4 Hurts Little More      6 Even More      8 Hurts Whole Lot      10 Hurts Worst



# BRADEN 'Q' SCALE

					Date :	19/6	20/6	21/6	22/6
					Time :	10:30 AM	10:30 AM	10:30 AM	10:30 AM
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	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	4	4	3
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</b> Friction Occurs when Skin moves against support surfaces Shear 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 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 mean 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>						28	28	28	27
<b>Evaluator's Name</b>						R	SC	R	R

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

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 Dr. VINAY KUMAR M



# BRADEN 'Q' SCALE



					Date :	21/6	21/6	22/6	22/6
					Time :	EL	N1	MG	EL
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	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	3	3
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
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<b>FRICION-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	4
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Tissue Perfusio & 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>	28	27	27	27
					<b>Evaluator's Name</b>				

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
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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



## DRUG CHART

Date of Admission: 18/6/26 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 : <u>Syp CROCIN-DS</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>4ml</u>	<u>PO</u>	<u>SOS</u> <u>6<sup>th</sup> hr</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>
Doctor's Signature				Pharm.	
<u>Pannu</u>				<u>@</u>	
Additional Instructions:					
<u>If T &gt; 100° F</u>					

DRUG : <u>Syp IBUGESIC</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>5ml</u>	<u>PO</u>	<u>SOS</u> <u>8<sup>th</sup> hr</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>
Doctor's Signature				Pharm.	
<u>Pannu</u>				<u>@</u>	
Additional Instructions:					
<u>If T &gt; 102° F</u>					

DRUG : <u>Procto ORS</u>				Date	Time
Dose	Route	Frequency	Start Date		
	<u>PO</u>	<u>ad lib</u>	<u>19/6</u>		
Doctor's Signature				Pharm.	
<u>A</u>					
Additional Instructions:					
<u>100ml after every stool</u>					

Verified by  
Dr. Dhakshayani

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight. 12kg Ward. ....

Verified by Dr. Dhakshayani

<b>DRUG :</b> In CEFTRIAZONE				Date Time	19/6	20/6	21/6	22/6	23/6
Dose	Route	Frequency	Start Date						
1.2g	IV	once daily	18/6						
Name & Signature of the Doctor Starting the Drugs: Prann				6am [Signature]					
Additional Instructions:									
<b>Daily Doctor's Endorsement by a Sign</b>				[Signature]					

<b>DRUG :</b> In ONDANSETRON				Date Time	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Date					
2mg	IV	TID	18/6					
Name & Signature of the Doctor Starting the Drugs: Prann				6am [Signature]				
Additional Instructions:				2pm [Signature] 505 10pm [Signature] 22/6				
<b>Daily Doctor's Endorsement by a Sign</b>				[Signature]				

<b>DRUG :</b> In ESOMEPRAZOLE				Date Time	19/6
Dose	Route	Frequency	Start Date		
10mg	IV	OD	18/6		
Name & Signature of the Doctor Starting the Drugs: Prann				6am [Signature]	
Additional Instructions:				STOP	
<b>Daily Doctor's Endorsement by a Sign</b>				[Signature]	

<b>DRUG :</b> PRO-SS SACHET				Date Time	19/6	20/6	21/6	22/6	23/6
Dose	Route	Frequency	Start Date						
1sachet	PO	BD	18/6						
Name & Signature of the Doctor Starting the Drugs: Prann				6am [Signature]					
Additional Instructions:				6pm [Signature]					
<b>Daily Doctor's Endorsement by a Sign</b>				[Signature]					

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 Dr. VINAY KUMAR M



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 12kg Ward .....

DRUG : <u>Zk D Drops</u>				Date				
Dose				Time				
<u>1ml</u>	<u>PO</u>	<u>OD</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>	<u>23/6</u>
Name & Signature of the Doctor				<u>2Am</u>				
Starting the Drugs: <u>Pharm</u>				<u>10Am</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <u>MUPIROCIN oint</u>				Date				
Dose				Time				
<u>1/4</u>	<u>around lips</u>	<u>QID</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>	<u>23/6</u>
Name & Signature of the Doctor				<u>12Am</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Starting the Drugs: <u>Dr. L.</u>				<u>6Am</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Instructions:				<u>12pm</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Daily Doctor's Endorsement by a Sign				<u>6pm</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DRUG : <u>Inj. AMIKACIN</u>				Date				
Dose				Time				
<u>180mg</u>	<u>IV</u>	<u>OD</u>	<u>19/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>	
Name & Signature of the Doctor								
Starting the Drugs: <u>B. Srinivasan M</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <u>MASIVION-P</u>				Date				
Dose				Time				
<u>20</u>	<u>nasal</u>	<u>BD</u>	<u>21/6</u>	<u>21/6</u>	<u>22/6</u>	<u>23/6</u>		
Name & Signature of the Doctor				<u>10Am</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Starting the Drugs: <u>B. Srinivasan M</u>				<u>5Pm</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

Verified by  
Dr. Dhakshayani

Verified by  
Dr. Dhakshayani

Verified by  
Dr. Dhakshayani

Verified by  
Dr. L.

Signature  
Name

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
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 Dr. VINAY KUMAR M



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 12kg Ward .....

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
<del>NASOCLEAR</del>				
<del>1 spray 6 times a day</del>				
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syr HISTAFREE</u>				Date
Dose	Route	Frequency	Start Dt.	Time
<u>2.5ml</u>	<u>oral</u>	<u>BD</u>	<u>21/6</u>	<u>10am</u>
Name & Signature of the Doctor Starting the Drugs:				<u>11am</u>
Additional Instructions:				<u>10am</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>NASOCLEAR mist spray</u>				Date
Dose	Route	Frequency	Start Dt.	Time
<u>1 spray</u>	<u>Nasal</u>	<u>6 times a day</u>	<u>21/6</u>	<u>12pm</u>
Name & Signature of the Doctor Starting the Drugs:				<u>6am</u>
Additional Instructions:				<u>12pm</u>
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by  
 Dr. Dhakshayani  
 Dr. Dhakshayani  
 VERIFIED BY : Name

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 26 D (F)  
 Dr. VINAY KUMAR M



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> 84P CEFIXIME				Date Time
Dose	Route	Frequency	Start Dt.	
2.5mL	PO	BD	23/6/23	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				<b>STOP</b>
Additional Instructions: (100mg/mL).				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> 54P NITROFURANTOIN				Date Time
Dose	Route	Frequency	Start Dt.	
7mL	PO	Q6H	23/6/23	12am
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				6am 10am 2pm 6pm
Additional Instructions: (25mg/5mL)				
Daily Doctor's Endorsement by a Sign				

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

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

VERIFIED BY: Name: Signature

Patient Sticker



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight .....

Ward .....

VERIFIED BY Name Signature

<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>																			

<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>																			

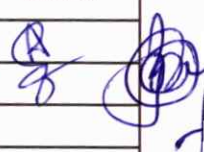
Patient: Sticket

Weight: 21kg Ward: .....

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/9	7:30 p	Syp CYCLOPAM	5ml	PO	<u>Pram</u>	

Signature  
VERIFIED BY : N

I.V. FLUIDS CHART

Weight. 12 kg Ward. ....



Signature

VERIFIED BY - Name

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
18/6	11:50am	IVF - PLASMAALYTE (2/3 M)	IV	30	P	[Signature]	20/6	P	[Signature]
						[Signature]			[Signature]
20/6	11 AM	IVF - PLASMAALYTE (1/2 M)	IV	20	P	[Signature]	20/6	P	[Signature]
						[Signature]			[Signature]
				↓ Stop		[Signature]			
21/6	12:30 AM	PLASMAALYTE	IV	30 ml	P	[Signature]	21/6	P	[Signature]
						[Signature]			[Signature]
21/6	10 AM	DM	IV	25 ml	P	[Signature]	21/6	P	[Signature]
						[Signature]			[Signature]
21/6	4 PM	DNS	IV	20 ml/h	P	[Signature]			[Signature]
						[Signature]			[Signature]

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



## .....ICATION 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: ICU ..... 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 : 18/6/26 @ 11:35 PM .....

Nurse Name & Signature: Prabir .....

Date & Time : 18/6/26 @ 11:35 PM .....

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

# PATIENT TRANSFER FORM

BAH-00596541 IP26-00006608

Baby ARADHYA BIDHANIYA  
28-01-2023 3 Y 4 M 22 D (F)  
Dr. VINAY KUMAR M



Date & Time of Admission 18/6/26 @ 11:34 pm		Date & Time of Transfer Order 18/6/26 @ 11:30 pm
Treating Consultant Name	Transfer Ordered by Dr. Branav	Reason for Transfer Admission
From Unit ER	To Unit WOOD	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  No

Name & Signature of Person who is Transferring Babin	Name of Person Ordered Transfer Dr. Branav
---	---

Patient & Clinical Records Received by :

Amrutika

Date & Time of Patient Received :

18/6/26 @ 12:40 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

211

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/6/26 Time: 10:30 Am

Weight: 12 kg Centile: 10<sup>th</sup>

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1300 kcal/day Protein: 22 gms/day

Diet Recommendations: Soft Iron rich diet with more liquids

Re-Assessment: Avoid spicy, chilled & outside foods

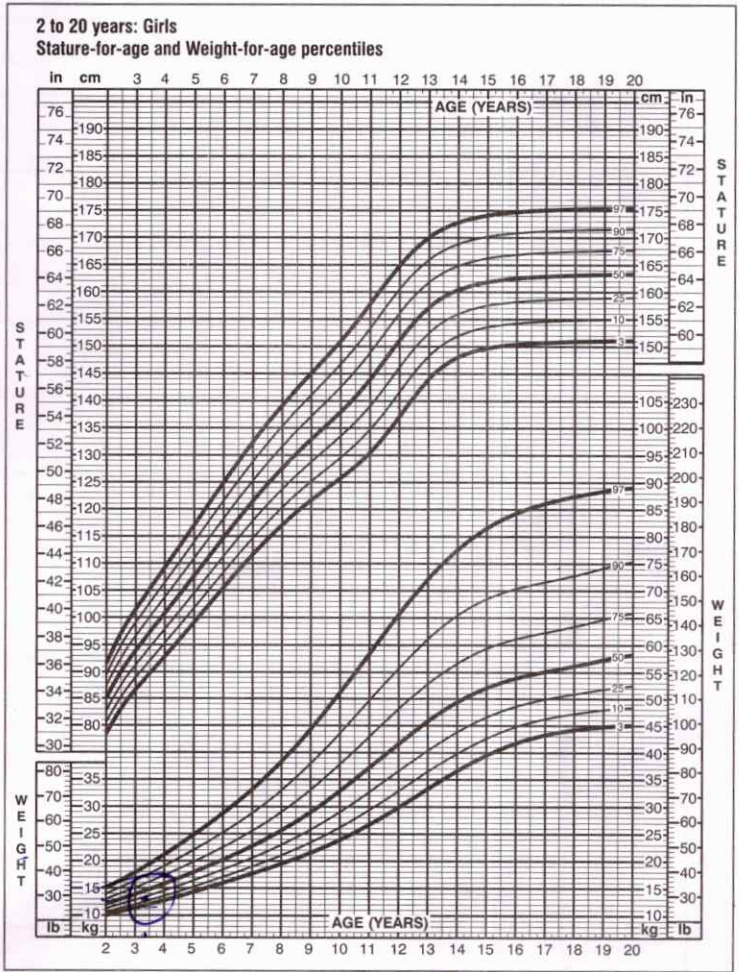
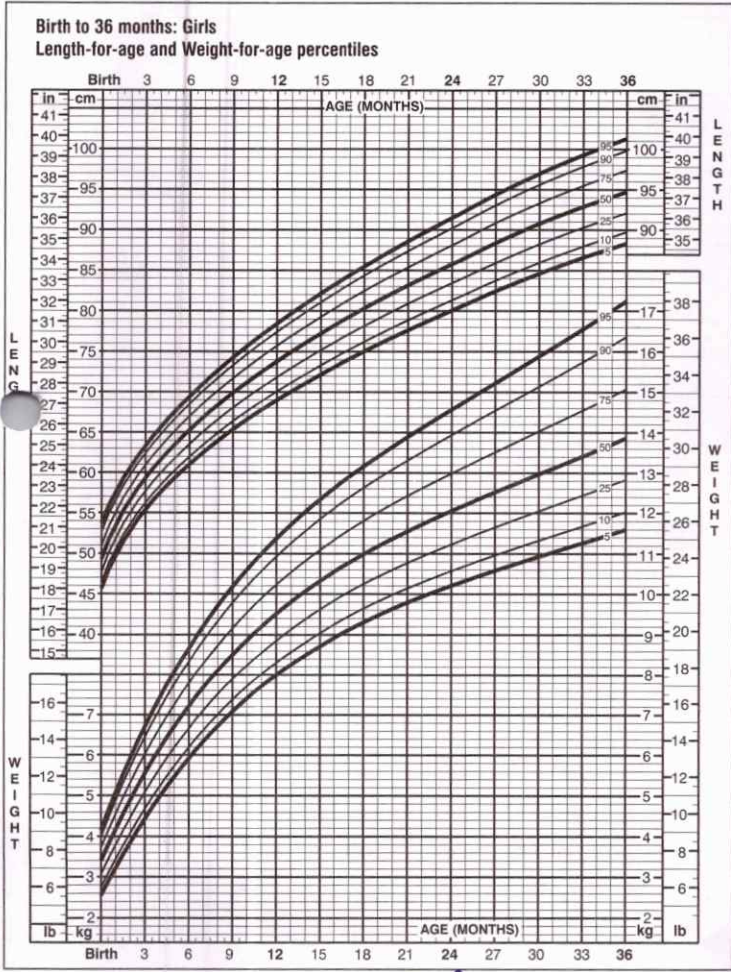
Food Allergies: No Veg/Non-veg Non Veg

Diagnosis: AFI with dehydration ? Infective colitis

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *[Signature]*

## GROWTH CHART (GIRLS)



Dietician's Name: Sathwika G

Dietician's Signature: *[Signature]*



wt - 12 kg



### TRIAGE FORM

Patient's Name : Aradhya Age : 3 years Gender:  Male  Female  
 Date : 18/6/26 Time of Arrival : 11:20 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: 101.2°F PR: 136b/m BP: 105/72(73) RR: ..... SpO<sub>2</sub>: 98%  
 Chief Complaints: C/O Fever since 3 days

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gaspings / Apnea Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <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 : 11:22 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 : 18/6/26 @ 11:22 PM

BAH-00596541 IP26-00006608  
 Baby ARADHYA BIDHANIYA  
 28-01-2023 3 Y 4 M 22 D (F)  
 Dr. VINAY KUMAR M



**INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 18/6/26 Time of arrival : 11:20 pm

Chief Complaints : @/o High grade Fever since 2 d/yr 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: 0/1 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 : 11:22 pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ Checked the pt vitals
	→

Samples collected by: /  
 Samples sent by: /

Time: /  
 Time: /

**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: 141b/m    BP: .....    CFT: 2>ce RR: .....    SPO <sub>2</sub> : 98% GCS: 15/15    Temperature: ..... Pain Score: 0 Repeat RBS (if applicable): .....	Shift - out from ER to: Wored Time of Shift - out: 12:30 p.m. Handover given to: Amrutha (Nurse's Name)

Tick as applicable:     MLC     LAMA     BROUGHT DEAD

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

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

Date & Time: 18/6/26 @ 11:22 PM