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

DISCHARGE SUMMARY

Name	Baby Of SHAIK VAHIDHA REHMAN	**UHID**	HNH-00012075
Father/Guardian	Mrs SHAIK VAHIDHA RAHMAN	**Age/Gender**	1 Y 0 M 5 D/ Male
Address	FLAT NO-303, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		
IP No	IP26-00006552	**Admission Date**	10-06-2026
Ref Doctor	Self.		
Discharge Date	13.06.2026		

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

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION (Culture positive E.Coli)	

History: Baby Of SHAIK VAHIDHA REHMAN, 1 Y 0 M 5 D , old boy presented with history of high grade fever, cold & cough since 2 days, dull activity and poor oral intake since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 142/min and Respiratory Rate - 38/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well

Name	Baby Of SHAIK VAHIDHA REHMAN	UHID	HNH-00012075
IP No	IP26-00006552	Admission Date	10-06-2026

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

Weight on admission: 9.27 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 10.3 gm%, White Blood Cell count of 22400 cells/cumm, platelet count of 4.41 lakhs/cumm and C-Reactive Protein of 141 mg/l.

Complete urine examination was 4-6 pus cells, 3-5 epithelial cells.
Blood culture was 48 hours sterile.

Chest X-ray was normal.

Ultrasound abdomen was showing Mild fecal loading of left colon and rectum.

Urine culture and sensitivity shows
Gross examination : Pale yellow in colour, clear.
Gram stained smear - Shows no polymorphs or organisms.
Colony count: - 10^2cfu/ml

Name	Baby Of SHAIK VAHIDHA REHMAN	**UHID**	HNH-00012075
IP No	IP26-00006552	**Admission Date**	10-06-2026

Culture : **- E. coli isolated.**
Susceptible to –
Amoxycillin-Clavulanic acid, Ampicillin-sulbactam, Cefoxitin, Gentamicin, Amikacin, Tobramycin, Chloramphenicol and Nitrofurantoin.

Repeat hemogram showed Hemoglobin of 10.3 gm%, White Blood Cell count of 11120 cells/cumm, platelet count of 4.15 lakhs/cumm and C-Reactive Protein of 45 mg/l.

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

In view of high CRP (141) and neutrophil predominant leucocytosis (22400 N/L 60/30), IV antibiotics were continued. Repeat CRP done on 12.06.2026 showed 45 and TLC was 11120 (N/L 23/68). Blood culture and sensitivity sent , which showed no growth after 48 hours.

In view of URTI, Respiratory panel sent which was negative. Chest X ray was normal

USG abdomen showed mild fecal loading of left colon and rectum.

CUE sent showed 4-6 pus cells, 4-6 epithelial cells and 2-5 RBC. Urine culture and sensitivity showed E. Coli growth. IV antibiotics were continued.

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

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

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

Medication during hospital stay:
Crocin drops
Injection. Ceftriaxone

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Augmentin DUO (Amoxicillin-200mg, clavulanate 28.5mg/5ml)	5 ml	8am - 8pm (after food)	For 6 days.
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To start haematinics on followup.

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1.5 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.

Name	Baby Of SHAIK VAHIDHA REHMAN	**UHID**	HNH-00012075
IP No	IP26-00006552	**Admission Date**	10-06-2026

Review consultation with Dr. SINDHURA MUNUKUNTLA on Thursday (18.06.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

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

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB Nagar** / dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Rainbow Children's Medicare Ltd. Himayathnagar 500029

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006552 **Admit Date** : 10-Jun-2026 **Admit Time** : 01:41 PM **UHID** : HNH-00012075

Patient Details :

Patient Name	: Baby Of SHAIK VAHIDHA REHMAN	**Age**	: 1 Y 0 M 5 D
Guardian	: Mrs SHAIK VAHIDHA RAHMAN	**DOB**	: 05-06-2025 06:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-303 Gandhi Nagar Hyderabad Telangana INDIA 500080	**Phone No**	: 8179313372/
		E-mail	: 8179313372@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mrs SHAIK VAHIDHA RAHMAN **Relationship** : Mother

Contact Address : FLAT NO-303 Gandhi Nagar Hyderabad Telangana INDIA 500080 **Phone No** : 8179313372

S K. Vahidha Rehman

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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

UHID No  ---------- Consultant : ---------- Dept : Pediatric

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
10/06/25	2:25 PM	ER	2nd Floor (209)	

Cross Consultation Visit

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	CBP / CRP, Blood cls / Respiratory panel	9609	
10/6	Cue	9616	
10/6.	Urine cls	9616	
10/6.	USh abdomen and Pelvis	6997	
11/6/26	X-ray chest	6998	
	Cross checked done by Amrutha		
12/6	CBP, CRP	9702.	

HNH-00012075 IP26-00006552
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05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6/26	Infusion Pump	2:46pm	10AM 11/6/26	5832	[signature]
			Cross checked done by Amrutha		

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05-06-2025 1 Y 0 M 5 D (M)
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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/29	IV placement	1	5809	Ranjuj
10/6/29 (5pm)	NHA	1	5883	M
			Cross checked done by Amrutha	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : Shaik Shayaan

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

B- 5/6/25

Pediatric Multiorgan History &

Name : Shaik Shayaan x 14 5days

Informant mother Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x yesterday
c/o cough] x yesterday.
cold]

History of present illness :

Fever - High grade (104-105F)
intermittent, subsided on taking medication.
a/w chills & rigor
Not a/w rash, dull activity during fever
H/o travel to Nellore
No h/o similar c/o in the family

Cough - a/w cry, dry type. no post-tussive vomiting
not a/w rapid breathing.

cold - a/w running Nose during cry
No nose block
not a/w sneezing.

weight & height - (N)
Dev - (N)

v/o ↓

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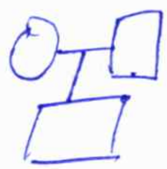
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

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

nil

Birth & Neonatal History : FTLSCS (cord around neck)
↓
CIAB
↓ 3.56kg
No NICU admission, NNJ PT for ↑. 3days.



Birth & Socio Economic History :

About Father : Software

About Mother : invoice [illegible].

Any additional Information :

Developmental History : GM - walks c̄ support
FM - scribbles, immature grasp.

Immunization History : immunised upto 9 months (IPV 3 not given
FLUVAC not given
VitA not given)

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 9.27 (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 _____ at _____

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : NVBS+1 B/L CAE+

Air entry & breath sounds : No added Sounds.

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : S1S2+, No murmurs

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Soft, Non tender.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System : irritable.

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : WNL

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : WNL

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System : WNL.

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

VIRAL Pyrexia & Rhinitis & dehydration

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05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP
Blood c/s
CUE → Respiratory pane
urine c/s & pus cells

NIB Shirisha

Planned Management :

- IVF
- Inj. Mone- after c/s.
- IBUGESIC SOS.
- CROCIN DS- SOS (QID)

NIB Shirisha

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital :
(Including the name of City)
3. Contact number of the Referring Doctor :
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team ______ on
whose name the patient is being referred

Doctor's Signature Name Dr. SINDHURA MUNUKUNTLA Reg. No: 66970 Date Time

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	Q8/B - Dr. Rashanti / dw Dr. Sindhura.	
3:30 pm	Δ - AFI (? [illegible]) c̄ dehydration. ? UTI.	
	child is irritable oral intake is reduced. U.O reduced.	Plan
	O/E febrile HR / RR / SpO2 - stable BP - cont. P Pwell felt	- Give Inj. XONE (CEFTRIAXONE) 1g OD after U c/s & blood c/s - collect CUE / & U c/s c̄ catheter (feeding tube). - et. supportive mgt
	S/E RS - clear P/A - soft, NT, No HSM. CNS - WNL CVS - S1 S2 +, No murmurs.	f/u/p Respiratory panel. & other reports.
		CUE - pus cells ↑ plan - Inj Amika (Add) USG Abdomen. NB

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05-06-2025 1 Y 0 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5:20pm	S/B Dr. Dilnaaz	
	Δ AFI Febrile Pty	Plan
		- C/t CEFTRIAXONE
	CVS - S1S2 ⊕	- Encourage orally
	RS - BLAE ⊕	- Trace reports
	P/A - soft	
	Conscious	
		N/B Dr. Dilnaaz
		~~USG Ab~~
10/6/26 6:40pm	D/W Dr. Sindhura	Dilnaaz
	CRP - 141	- USG Abdomen + pelvis
	CUE - Normal	NOO
		KBZ
		N/B Dr. Rumah
10/6 8:15pm	C/S/B Dr. Pranav	
	- Febrile ⊕	Plan
	- Activity - better	1) Chest X-ray - AP
	- RS - B/L AE ⊕	2) C/t - rest same
	P/A - Soft	3) Monitor vitals
		N/B Dr. Pranav
		Pranav

1NH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 7:15 AM	S/B Dr. Sreeja / Dr. Pranav	
		Plan
	ΔAFI c dehydration	
	CVS - S1S2 ⊕	- c/f CEFTRIAXONE
	RS - BL - AE ⊕	
		- CROCIN drops 6th h
	P/A - soft	
	Conscious.	- c/f IV fluids
		- Encourage orally
		NB - Amrutha @ 8AM.
11/6/26 10:15 AM	S/b - Dr Sindhura	
	AFI c dehydration	
	vital stable.	- c/t Antibiotic
	- fever spike ⊕.	- Enhance orals
	o/o - Good.	- CROSIN DS (SOS)
	s/E	- 1yorm sos.
	P/A - soft not distended.	- ⓣ Adeno
		ⓣ culture.

Dr. SINDHURA MUNUKUNTLA
Reg. No: 66970

1NH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
15-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 2:00pm.	C/S/13 Dr. Naipuya	
	AFI c̄ dehydration	
	No fever.	Plan
	Vitals – stable.	
	Oral intake – fair	– Cont Antibiotics
	R/s – B/L AE ⊕	– Trace Adeno. Blood C/s
	P/A – soft, NT	
		– Encourage orally
		. Monitor vitals
		[signature]
		noted by Sr. Sandhya 11/6/26 2:pm

1NH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
15-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/26 6PM	O/E/6- Dr. Sindhura	
	AFI with dehydration	
	Afebrile ⊕ No fresh concerns OA - fair O/E: GC - fair Haemodynamically stable Hydration - good S/E: NAD	Adv - Cont. Antibiotics - Trace Adenovirus PCR To Covid c/s - Monitor vitals and Inform S/U [signature] DAMAYANTHI-M
		noted by sr. sandhya 11/6/26 6:pM
		Dr. SINDHURA MUNUKUNTLA Reg. No: 66970

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26 7am	C/N/6 - D. Sashanth / D. Varun AFI with dehydration Fever (+) No fresh concern O/E: G.C - fair Vitals stable Hydration good S/E - NAD	Shepanel Adenovirus } (-) Adv - IV Fluids - Inj Ceftriaxone - Trace Blood c/s - Monitor vitals and Inform SOS Sashanth N.B Amrutha c 7AM

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 10:15 AM	c/s/b Dr. Sindhura	
	AFI c Dehydration	
	Fever (+) oral intake - fair	Plan 1) CBP CRP] Now / T/m
	Activity - better	2) Trace Urine c/s
	Vitals stable R.S - B/L AE (+) P/A - soft	3) Inj. Ceftriaxone 4) Based on Urine c/s decide Abx for discharge 5) ? On IV ceftriaxone till - T/m F/up - T/m
		Plan to start oral hematinics on f/u
		NB Sindhura MUNUKUNTA-M

Dr. SINDHURA MUNUKUNTLA
Reg. No: 66970

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 2:00pm.	C/S/B/S. Dr. Naipuya. AFI & dehydration	
	No fever. oral intake - fair. Vitals - stable RLS - B/L AE. P/A - Soft, NT	Plans - Trace Urine C/S - Cont ceftriaxone - Monitor vitals Diet.
12/6 4:30pm	C/S/B/S Dr. Sindhura UTI (E.coli Growth)	
	No fever. oral intake - fair. Vitals - stable P/A - soft, NT RLS - B/L A E U/C/S - E.coli positive.	Plan - Trace Urine C/S - Cont ceftriaxone - Monitor vitals - Change - If IV Cannula out ↓ Oral Amoxiclav

noted by Sr. Sandhya 12/6

Dr. SINDHURA MUNUKUNTLA
Reg No. 66970

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN (M)
05-06-2025 1 Y 0 M 5 D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7:15AM.	S/B · Dr Prabhath /	Dr Anusha.
	Δ UTI (E. coli)	
	fever spikes - Nil	
	Oral intake - fair.	Adv.
	n/o fresh c/o	
		→ CT. Ceftriaxone.
	O/E Vitals stable.	
		→ Monitor vitals
	PA: soft.	
		→ IV cannula out,
		oral Amoxyclav.
	AP 11426	
		~~Free flow~~
		W.B. Amruthla @ 7:15 AM

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 10:45 AM	C/S/B - Dr. Sindhura -	
	Culture Positive	
	Δ (E coli) UTI C	
		if recurrent UTI plan w/up
	nil fever spikes	
	Oral Intake fair	Plan - Discharge.
	O/E	Give 1) Ceftriaxone Dose E D/S
	vitals stable	
		2) Abs - total 10 days - oral Amoxicillin
	S/E	
		3) R/w on Thursday
	WNL	
	counselled.	4) Plan to start oral hematinics at R/W
		5) Bowel/Bladder training
	Dr. SINDHURA MUNUKUNTLA Reg. No: 66970 [signature] MUNUKUNTLA	6) FRONT & BACK Cleaning [illegible]

Patient Sticker

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: N/A ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP. IBUGESIC

Dose	Route	Frequency	Start Date
~~100~~ 2.5ml	PO	SOS	10/6/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (100mg/5ml)

Date / Time

DRUG : CROSIN drops

Dose	Route	Frequency	Start Date
1.5ml	PO	SOS	11/6

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (100mg/1ml)

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date / Time

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Signature

VERIFIED BY : Name

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 9.21kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1g	IV	OD	10/6

Date / Time: 10/6, 11/6, 12/6, 13/6

Name & Signature of the Doctor Starting the Drugs: [signature]

Inj. XONE

11:30 pm

Additional Instructions: 1gm in 20ml NS over 2 hour.

Daily Doctor's Endorsement by a Sign

DRUG : ~~CROCIN DS drops~~

Dose	Route	Frequency	Start Date
			10/6

Date / Time:

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (240/5 mg/ml) (100 mg)

Daily Doctor's Endorsement by a Sign

DRUG : CROCIN DS drops

Dose	Route	Frequency	Start Date
1.5ml	PO	QID	10/6

Date / Time:

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (100mg/ml)

Daily Doctor's Endorsement by a Sign

DRUG : CROCIN DROPS

Dose	Route	Frequency	Start Date
1.5ml	PO	6H	10/06

Date / Time: 10/6, 11/6

12:00, 9pm, 5am, 6:00, 3am, 12pm, 9pm, 6pm, 3am

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Sumanth (1ml/100mg)

Additional Instructions: (1ml/100mg)

Daily Doctor's Endorsement by a Sign

else SOS

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
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I.V. FLUIDS CHART

Weight. 9.2 kg Ward. .....

		position 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
10/6/26	2:05 pm	IVF PLASMALYTE	IV	25 ml/kg			11/6		

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

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RESULT SHEET

Date	10/6/26	12/6/26				
Time						
Hb	10.3	10.3				
PCV	28.4	29.5				
RBC	3.92	4.04				
WBC	22.40	11.12				
N/L	59/30	22.5/69				
Platelets	441	415				
CRP	14	45				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	10/6/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	~~P~~ present ++					
CUE - PUS Cells	4-6					
CUE - RBC Cells	4-6					
~~CUE~~ nitrite	Neg					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Respiratory	Pannel:-					
	flu pannel	- Negative (Verbal)				
	Adenovirus:-					

Culture and Sensitivities : Urine c/s:-

Blood c/s:- 24 hrs NO growth

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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05-06-2025 1 Y 0 M 5 D (M)
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Patie

RM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/26

Time:	6PM	10 pm	2Am	4Am	6Am
Doctor / Nurse / Family Concern?					
Temperature (F)	97.0F	98.3F	98.2F	99.2F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) *	79/43 (55)	80/59 (?)	72/50 (57)		80/52 (63)
Heart Rate (Number)	112b/m	113b/m	114b/m		112b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	31b/m	30b/m	31b/m		30b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) / O_2Saturations (%)	100%	100%	98%		100%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15		
TOTAL SCORE Number of shaded boxes	1	0	0		0
Pain Score	0	0	0		0
Observer's Initials					

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate and Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Pat

FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/26.....

Time:	10 Am	6pm	7pm	10 Pm	2Am	6Am
Doctor / Nurse / Family Concern?						
Temperature (F) (104–94)	97.8F	98.3F	102.2F	97.6F	98F	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)					84/56 (30)	
Heart Rate (Number)	118b/m	130b/m	138b/m	129b/m	121b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	38b/m	35b/m	40b/m	40b/m	40b/m	40b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	99%	99	99%	100%	98%	100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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!
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S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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1NH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patie

RM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21.6.26 Time:	10	2	6 pm	10	2	6
Doctor / Nurse / Family Concern?	Am	Pm		Pm	Am	Am
Temperature (F)	98.6F	98.6F	98.7F	97.4F	97.8F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	137 b/m	132 b/m	127 b/m	128 b/m	114 b/m	129 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	38 b/m	37 b/m	35 b/m	20 b/m	20 b/m	20 b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	100%	100%	99%	99%	100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. rate scale: 70, 60, 50, 40, 30, 20, 10

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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HBH / FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/6/25 Time:	10
Doctor / Nurse / Family Concern?	Abs
Temperature (°F) (scale 104–94)	98.8
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring	[illegible]
Heart Rate (Number)	128bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)	
Resp Rate (Number)	20bpm
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level: Normal	
Conscious Level: Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	Continue normal observation by staff nurse
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
10/6/26	02:00 pm	Plasmalyte		25ml		NA	P	NA			0	
	03:00 pm			25ml								
	04:00 pm			25ml								
	05:00 pm			25ml								
	06:00 pm			25ml								
	07:00 pm			25ml								
Total Intake :						**Total Output :**						
10/6	08:00 pm	Plasmalyte		25 ml		NA	✓	NA		✓	0	
	09:00 pm			25 ml								
	10:00 pm			25 ml								
	11:00 pm			25 ml								
	12:00 am			25 ml								
	01:00 am			25 ml								
Total Intake :	Taken					**Total Output :**		m-1			V-2	
11/6	02:00 am	Plasmalyte		25 ml		NA	✓	NA		✓	1	
	03:00 am			25 ml								
	04:00 am			25 ml								
	05:00 am			25 ml								
	06:00 am			25 ml								
	07:00 am			25 ml								
Total Intake :	Taken					**Total Output :**		m-1			V-1	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 6 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6/26	08:00 am											
	09:00 am											
	10:00 am	0	Milk	NA				NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**		U –	M –	
11/6/26	02:00 pm											
	03:00 pm		milk									
	04:00 pm	0									0	
	05:00 pm											
	06:00 pm		milk	NA				NA				
	07:00 pm											
Total Intake :								**Total Output :**		U – 2	M –	
11/6/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm	2					0	NA			2	
	11:00 pm		Milk	NA								
	12:00 am											
	01:00 am											
Total Intake :		taken						**Total Output :**		U – 2	M – 0	
12/6/26	02:00 am											
	03:00 am		Milk									
	04:00 am	0					0	NA			0	
	05:00 am		Milk	NA								
	06:00 am											
	07:00 am											
Total Intake :		taken						**Total Output :**		U – 2	M – 0	

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
15-06-2025 1 Y 0 M 8 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
12/6/26												
	08:00 am	1	Milk									
	09:00 am						L			✓		
	10:00 am	0						NA				
	11:00 am	1	Milk		NA					✓		
	12:00 pm											
	01:00 pm									✓		
Total Intake : Taken						**Total Output :** U-3 M-1						
12/6/26	02:00 pm	1										
	03:00 pm		Milk				✓					
	04:00 pm	0			NA			NA		✓		
	05:00 pm	1	Soup + FW									
	06:00 pm									✓		
	07:00 pm											
Total Intake : Taken						**Total Output :** U-2 M-1						
12/6/26	08:00 pm	1										
	09:00 pm		Milk									
	10:00 pm									✓		
	11:00 pm	0	Milk		NA			NA				
	12:00 am	1										
	01:00 am											
Total Intake : Taken						**Total Output :** U-2 M-0						
13/6/26	02:00 am	1										
	03:00 am		Milk									
	04:00 am				NA		✓			✓		
	05:00 am	0	Milk					NA				
	06:00 am	1								✓		
	07:00 am											
Total Intake : Taken						**Total Output :** U-2M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 6 D (M)
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FLUID CHART

Sheet No. : .....

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
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NURSING CARE RECORD

Date: 10/6/26

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							
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	2pm to 8pm	→ Assessed the pt condition. → Monitored the vitals. → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable NOW	→ Re assessed the vital	
Night	8pm to 8am	→ Assess the baby General Condition → Monitoring vitals Clerked and Recorded.	8pm to 8pm	→ Assess the baby General Condition → Administration medication as for drug Chart	→ pt is stable vitals	→ vitals Clerked and Recorded	

MNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital — it takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 11/6/06

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2PM	→ Assess the general Condition of pt. → Monitor vitals → Maintain I/O chart. → Administer medication	8AM – 2PM	→ Assessed the general Condition of pt. → Monitored vitals → Maintained I/O chart. → Administered medication	Pt is stable.	Re-assess vitals.	
Afternoon	2PM – 8PM	→ Assess the patient general condition → monitor vitals → Administer medications as Per doctor's orders	2PM – 8PM	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable.	Rechecked vitals	
Night	8PM – 8am	→ Assess the Pt condition → monitor vitals → maintain I/O chart → Administer medication as Per drug chart → IV cannula present	8PM – 8am	→ ~~Assess the Pt condition~~ → monitored vitals recorded → maintain I/O chart → medication as per drug chart	→ Patient is stable	→ rechecked vitals	

HNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 12/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8Pm ↓ 8am	→ ~~Assess the~~ Pt condition → maintain vitals → maintain Blochart → Pt is stable → medication as per drug chart → stop IV fluids	8Pm ↓ 8am	→ Assessed the Pt condition → monitored vitals & recorded → maintained Blochart → medication as per drug chart → IV cannula Prevented	→ Pt is stable	→ re checked vitals	

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00012075 IP26-00006552
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05-06-2025 1 Y 0 M 5 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	10/6/26 E	11/6/26 M1	11/6/26 M6	11/6/26 Evng	12/6/26 N1	12/6/26 E2
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	—	—	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.1°C	96 °F	96 °F	98.3°F	97.2°F	98.3°F
Res:	28b/m	30 b/m	30b/m	40b/m	28b/m	23b/m
SpO_2:	100%	98 %	98%	99%	99%	99%
Pulse:	90	101 b/m	116 b/m	105b/m	110b/m	100/80
BP:	—	—	—	—	—	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	0	—	—	—	—	—
Skin Integrity	Good	—	—	—	—	—

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	—	—	—	—	—	—
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	—	Dependent	Dependent	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	mounika	Anusha	Mouthuk	sandhya	Divya	Anusha
Signature / ID :						
Date:	10/6/26	11/6/26	11/6/26	11/6/26	12/6/26	12/6/26
Time:	9pm	8pm	2pm	8pm	8pm	8pm
Taken Over By Name :	Anusha	Mouthuk	sandhya	Anusha	Anusha	Anusha
Signature / ID :						
Date:	10/6/26	11/6/26	11/6/26	11/6/26	12/6/26	12/6
Time:	8pm	8pm	2pm	8pm	2pm	8pm

1NH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
15-06-2025 1 Y 0 M 6 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFT dehydration					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	12/6/26 N/I					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.4F					
	Res:	20b/m					
	SpO_2:	99%					
	Pulse:	120b/m					
	BP:	—					
	LOC:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
	Skin Integrity	—					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :		Divya					
Signature / ID :							
Date:		12/6/26					
Time:		8am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 10/6/25	DATE 11/6/25	DATE 12/6/25	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total						

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

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		—	—	—		
	Other Intervention(s) Specify		—	—	—		
	Nurse's Name:						
	Signature:						
	Date:		10/6/25	11/6/25	12/6/25		
	Time:						

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

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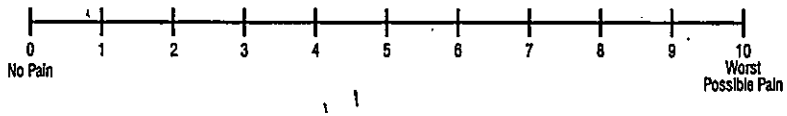
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	8PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

MNH-00012075 IP26-00006552
Baby Of SHAIK VAHIDHA REHMAN
05-06-2025 1 Y 0 M 5 D (M)
Dr. SINDHURA MUNUKUNTLA

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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		–	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	
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	
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	
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	
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	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : sneha

Signature of Ward In Charge :

Signature : ..... Name : Balarani

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... 2nd floor (209) .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... A Anusha .....

Date & Time : ..... 10/6/26 @ 1:20PM .....

Nurse Name & Signature: ..... Shirisha .....

Date & Time : ..... 10/6/26 @ 2:25PM .....

PATIENT TRANSFER FORM

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Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
	10/6/2026 1:41 pm	10/6/26/@ 2pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Sindhura.	DR. Anusha	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	2nd floor (209)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
154	— 0 —	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shirisha	DR. Anusha

Patient & Clinical Records Received by : Afroudeen

Date & Time of Patient Received : 10/6/26 @ 2:28pm

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

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

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wt - 9.27 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Shaik Sharyaan Age : 1 years **Gender:** ☐ Male ☐ Female

Date : 10/06/26 Time of Arrival : 1:20PM

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.9°F PR: 149 bpm BP: RR: 38 b/m SpO_2: 100%

Chief Complaints: c/o fever since yesterday cold since yesterday

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Sk. Vahidha Rehman
Signature of Parent / Guardian

Triage Completion Time : 1:30PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : shirisha

Signature of Triage Nurse :

Date & Time : 10/06/26 @ 1:22PM

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 1:24PM

Chief Complaints: c/o fever since yesterday cold since yesterday RBS: .....

Height : ..... Weight : 9.27kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

☐ If patient is < 6 years
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 : @ 1:26pm

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

Time	Nursing Notes
1:28 PM	Assess the patient condition monitor the vital sign

Samples collected by: / Surendra

Samples sent by :

Time:

Time: / 1:30 PM

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: 142 b/m BP: ..... CFT: N/A	Shift - out from ER to: ~~ICU~~ 2nd Floor ICU
RR: 38 b/m SPO_2: 98%	Time of Shift - out: 2:37 PM
GCS: 15/ Temperature : 98 F	Handover given to: Asuke
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Shisira Signature of the Nurse :

Date & Time : 10/6/26 @ 1:29 PM

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 5 pm

Weight: 9.27 kg Centile: 40th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1200 Kcal/day Protein: 20 gms/day

Diet Recommendations: Soft and bland diet with dehydration

Re-Assesment: No Junk, Oily, Spicy food

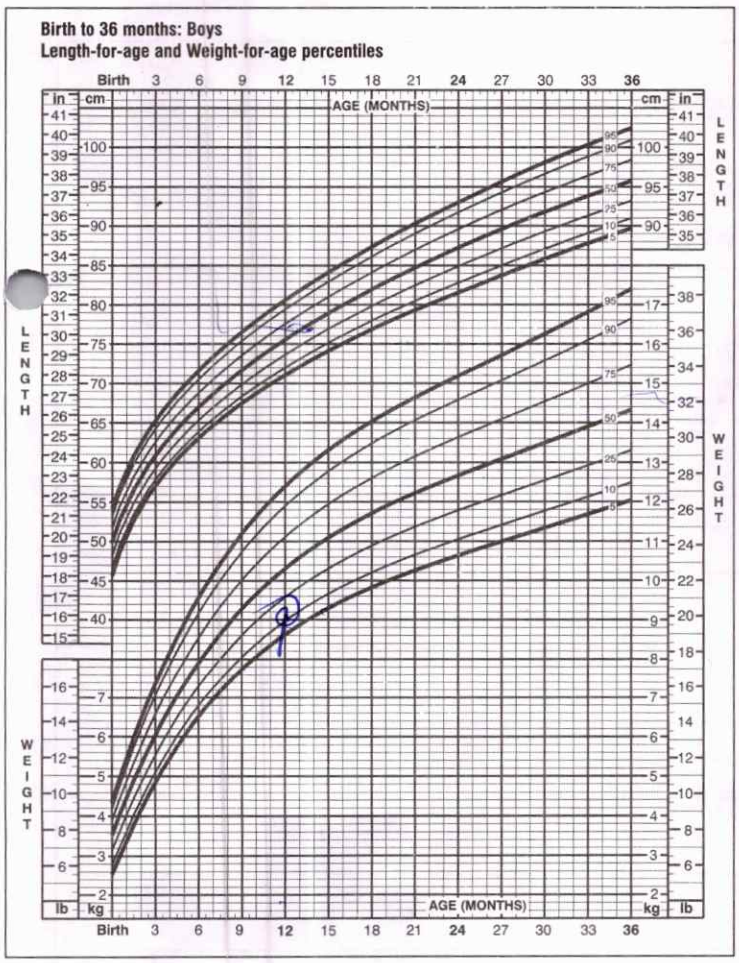
Food Allergies: No Veg/Non-veg Non veg

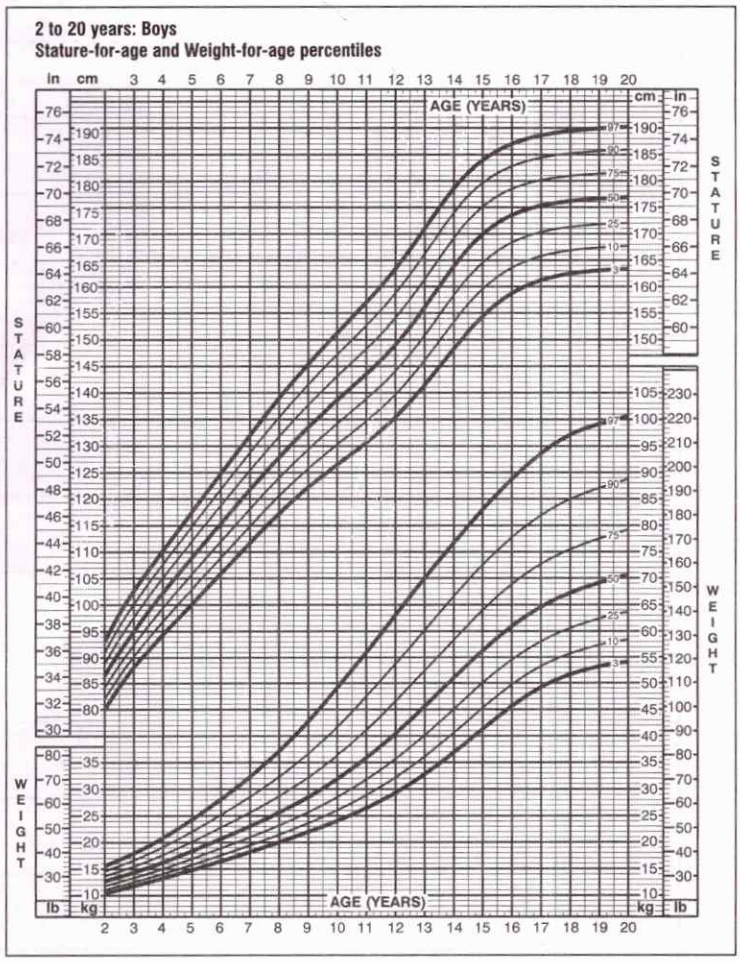
Diagnosis: Viral pyrexia c Rhinitis c dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sk. Vahidha Rehman

GROWTH CHART (BOYS)





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

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

Daily Notes: