F.C 308

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby YERUPULA HANNVIKAA	**UHID**	HNH-00016064
Father/Guardian	Mr Y .PRAMOD KUMAR	**Age/Gender**	2 Y 1 M 17 D/ Female
Address	TILAK NAGAR, Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006613	**Admission Date**	19-06-2026
Ref Doctor	Self.		
Discharge Date	20.06.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS	
FEBRILE SEIZURE (1ST EPISODE)	

History: Baby YERUPULA HANNVIKAA, 2 Y 1 M 17 D , old girl presented with the history of fever since 1day, 1 episode of seizure in the form of uprolling of eyeballs and generalised tonic clonic movements of all four limbs lasting for 3 minutes followed by post ictal drowsiness on the day of admission. For the above complaints, she was admitted at Rainbow Children's Hospital -

Name	Baby YERUPULA HANNVIKAA	UHID	HNH-00016064
IP No	IP26-00006613	Admission Date	19-06-2026

Himayatnagar for further management.

Examination: She was febrile (101*F), maintaining saturations at room air. Her heart rate was 152/min and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of dehydration in form of dry lips, dry oral mucosa were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was dull and drowsy. 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 : 21 kilograms.

Investigations: Enclosed reports.

VBG showed pH of 7.46, pCO2 of 22.6 mmHg, pO2 of 53 mmHg, HCO3 of 18.9 mmol/L and BE of -7.9 mmol/L.

Initial hemogram showed Hemoglobin of 11.5 gm%, White Blood Cell count of 12390 cells/cumm, platelet count of 2.93 lakhs/cumm and C-Reactive Protein of 8 mg/l. Serum Calcium was 10 mg/dl. Magnesium was 1.9 mg/dl.

Management: She was admitted in the ward and started on Intra Venous fluids. She was treated symptomatically with antipyretics.
She was started on febrile seizure prophylaxis with Frisium.

She was regularly monitored for fever spikes, hemodynamic & neurological status. Her fever spikes gradually settled and she had no further seizure episodes during hospital stay.

Name	Baby YERUPULA HANNVIKAA	**UHID**	HNH-00016064
IP No	IP26-00006613	**Admission Date**	19-06-2026

She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Medication during hospital stay:
Syrup. Clobazam

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Clobazam (1ml/2.5mg)	2.5 ml	8am - 8pm (after food)	For 2 days.
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To followup with Dr. Leena (Paediatric endocrinologist) on Tuesday (23.06.2026).

Febrile Seizure Prophylaxis:

Name	Baby YERUPULA HANNVIKAA	UHID	HNH-00016064
IP No	IP26-00006613	Admission Date	19-06-2026

* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 7 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 2.5 ml twice daily for 3 days every time with fever.
* Medistat / Insed / Midacip - nasal spray (Midazolam = 1.25mg/puff), 2 puffs intranasal (into each nostril) for future seizures.

Review consultation with Dr. DILNAAZ FAROOQUI on (23.06.2026) Tuesday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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Name	Baby YERUPULA HANNVIKAA	**UHID**	HNH-00016064
IP No	IP26-00006613	**Admission Date**	19-06-2026

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

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 : IP26-00006613 **Admit Date** : 19-Jun-2026 **Admit Time** : 06:56 PM **UHID** : HNH-00016064

Patient Details :

Patient Name	: Baby YERUPULA HANNVIKAA	**Age**	: 2 Y 1 M 16 D
Guardian	: Mr Y .PRAMOD KUMAR	**DOB**	: 03-05-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: TILAK NAGAR Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9989937799
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr Y .PRAMOD KUMAR **Relationship** : Father

Contact Address : TILAK NAGAR Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 9989937799 / 6301324569

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

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

UHID No ---------- Consultant : ---------- Dept : pediatric C

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
19/6/26	7:44 pm	ER	307	Ramya/SN

Cross Consultation Visit

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

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6/26	CBP		
	CRP		
	Sr. Calcium	10038	
	Sr. Magnesium		
	FBG	10035	Kudiya

Cross checked done by Supriya

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/24	Infusion pump	8:10pm	20/6/24. 4pm	7481	[signature]

Cross checked done by Supriya

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	IV placement	1	7464	Supply
20/6/26	NHA	(1)	7551	

Cross checked done by Sysmy

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

Patient Name : INH-00018084 IP26-00005613
baby YERUPULA HANNVIKAA
3-05-2024 2 Y 1 M 16 D (F)
/r. DILNAAZ FAROOQUI

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age: ...

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 1 day.
C/o 1 episode of uprolling of eyes, fisting of both upper limbs & lower limbs

History of present illness : C/o drowsiness x today x today.

pt was apparently alright. 1 day before then had fever of ? off & on type. Modeate - high degree.

C/o 1 episode of upolling of eyes with fisting of both upper limbs & lower limbs. It lasted for 3 minutes associated with post ictal drowsiness present.

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

Nothing significant

Birth & Neonatal History :

NAD

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally normal acc to age

Immunization History :

Upto date till 18 months of age

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 21 kg. (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate: 152. Description _____

B.P. _____ SPO2 98%. at RA

Resp. rate and type of breathing : 24. cpm.

drowsiness (+)
dull activity (+)
dry oral mucosa (+).

Rash _____

Lymphadenopathy (-).

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard.

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, NT.

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Drowsiness (+).

Cranial Nerves : (N)

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : (N)

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI & dehydration,
simple febrile seizures
(1st episode)

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Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, CUE
VBG.
Sr. Calcium.
Sr. Magnesium

1 Extra plain.

Planned Management :

IVF DNS. 2/3 M.

Syp. Clobazam. BD

Syp. Crocin DS. SOS

Syp. ibugesic. SOS

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. Dilnaaz Farooqui Date 19/6/26 Time 8.30 pm

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No. 27476

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 8:30 pm	S/B Dr. Dilnaaz No fever spikes since admission No further seizure activity O/E Afebrile Active Vitals – stable Throat – (N) R/S – B/L air entry (+) P/A – soft, no tenderness	R Continue 2/3 maint IVF Syp CLOBAZAM Trace reports Dr Leena consultation regarding obesity NB. Montelukast 08:49PM Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S 16. Dr. Sruthi / Dr. Nagarya	
20/06/26 8AM	Afebrile after admission No fresh seizure activity Oral intake - good	
	O/E CC - fair Vitals stable Hydration - good	
		Adv IVF Thick Syp. Clobazam Monitor vitals and Inform SR. Noted by M. Supriya 20/6/26 @ 8AM Sruthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 9:00 am	S/B Dr Dilnaaz No fever spikes since admission No further seizures O/E Afebrile Active Vitals-stable Throat - ⓝ R/S - Bil. air entry ⊕ P/A - soft, no tenderness	
	Hb = 11.5 wBC = 12.39 Pl = 2.93 CRP = 6 Ca mg } ⓝ	℞ 1) ~~Send~~ CUE 2) Reduce th 1/2 main IVF 3) Dr Leena, Ped Endocrinologist referral on follow up on Tuesday. 4) Discharge by 7:30pm if no further fever spikes - Mention Febrile seizures prophylaxis in Discharge summary

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27496
Dilnaaz

N/B - Supriya 20/6/26 @ 9:30AM

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Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 2:30 PM	c/s/b Dr. Varun / Dr. Pranav.	
	ATH & dehydration.	
	- Afebrile since admission.	
	- No further e/o seizures.	
	G/E - vitals stable.	
	C/E - WNL.	Plan
		- Send UE.
		- R/v with Dr. Zeeva on Tuesday in OPD.
		- D/c by 7:30pm if afebrile.
		NB: Syrup @ 2.5ml

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

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DRUG CHART

Date of Admission: 19/6/26 Drug Allergies: No?? ☐ 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 narnes, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG : Syp. Crocin DS.

Dose	Route	Frequency	Start Date
7.5ml	PO	SOS	19/6

Doctor's Signature	Valid Period	Pharm.
Deep	>100F.	

Additional Instructions: (240/5)

Date / Time

DRUG : Syp. Ibugesic.

Dose	Route	Frequency	Start Date
5ml	PO	SOS	19/6

Doctor's Signature	Valid Period	Pharm.
Deep	>102F.	

Additional Instructions:

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

VERIFIED BY : Name ..... Sig ..... Date .....

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

REGULAR PRESCRIPTIONS

Weight. 21kg Ward. .....

DRUG : Syp. Clobazam

Dose	Route	Frequency	Start Date
5ml	PO	BD	19/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/6 10AM 20/6 10PM

DRUG : SYP. CLOBAZAM

Dose	Route	Frequency	Start Date
3ml	PO	12H	20/06

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1ml/2.5mg)

Daily Doctor's Endorsement by a Sign

Date / Time: 20/6 10AM Die Sunday 10PM

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

Dr. DILNAAZ FAROOQUI

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

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

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

Signature .....

VERIFIED BY : Nam

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

I.V. FLUIDS CHART

Weight. 22 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6	8:10pm	IVF DNS (2/3 M)	IV	40ml/hr			20/6		
20/06	8AM	IVF DNS (1/2 m)		30ml/hr			20/6		

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

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
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Dr. DILNAAZ FAROOQUI

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RESULT SHEET

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Date	19/6/26					
Time						
Hb	11.5					
PCV	32.3					
RBC	4.73					
WBC	12.39					
N/L	66.7/26.3					
Platelets	293					
CRP	8					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	10/1.9					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

Patient Stick

AL / 125

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

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

Date : 19/6/26 Time:	9 PM	1 AM	6 AM
Doctor / ~~Nurse~~ / Family Concern?			
Temperature (F)	99.5°F	99°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	95/59	99/60	96/61
Note: BP does not score in early warning scoring			
Heart Rate (Number)	132b/m	136b/m	132b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	38b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. DILNAAZ FAROOQUI

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 : 22/6/26 Time: 10 1 4pm

Doctor / Nurse / Family Concern? AM PM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F 97.5°F 97.5°F

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

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

100 (76) 63 | 98 (76) 61 | 96 (75) 62

Note: BP does not score in early warning scoring

Heart Rate (Number) 123b/m 126b/m 122b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 34b/m 32b/m 34b/m

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2(l/min) O_2Saturations (%)		100% 100% 100%
Conscious Level	Normal / Altered	
GCS *		15/15 15/15 15/15
TOTAL SCORE Number of shaded boxes		0 0 0
Pain Score		0 0 2
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
19/6/26	08:00 pm	1		40ml							1	
	09:00 pm			40ml								
	10:00 pm		Tdly	40ml							0	
	11:00 pm	RNS	+H20	40ml								
	12:00 am	1		40ml							1	
	01:00 am			40ml								
Total Intake :						**Total Output :**						
20/6/26	02:00 am	RNS		40ml							1	
	03:00 am	RNS		40ml								
	04:00 am	RNS		40ml							0	
	05:00 am	RNS		40ml								
	06:00 am	RNS		40ml							1	
	07:00 am	RNS		40								
Total Intake :						**Total Output :**						

NA

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
20/6/26	08:00 am	↑		40ml							0	
	09:00 am			30ml			✓			✓	0	
	10:00 am	DNS	Idly	30ml							0	
	11:00 am			30ml							0	
	12:00 pm	↓		30ml						✓	0	
	01:00 pm			30ml							0	
Total Intake :						**Total Output :** U-					M-	
20/6/26	02:00 pm			30								
	03:00 pm			30								
	04:00 pm	DNS		30				NA			0	
	05:00 pm			30	NA							
	06:00 pm			30							1	
	07:00 pm			30								
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**	

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BRADEN 'Q' SCALE

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					Date : 19/6/26	20/6/26		
					Time : 10PM	AM		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name				

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 (20/6)			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						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	0	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	0	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	–	–	0	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	–	–	0	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	–	–	0	NA						
		Signature of the Nurse		–	–								

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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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 cordpyrexia	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 : ..... Name : .....

Signature of Ward In Charge :

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

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03-05-2024 2 Y 1 M 16 D (F)
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NURSING CARE RECORD

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Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	~~Assess~~ the baby condition monitored vitals maintain I&O chart ~~Administer~~ medication as per drug chart IV cannula Presented No swelling cannula site CT medication	8am 2pm	Assessed the baby condition monitored vitals & recorded medication as per drug chart IV cannula Presented No swelling cannula site CT fluids	→ PT is stable	→ rechecked vitals	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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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							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dilnaaz Farooqui Department: ..... Date of Admission: .....

SITUATION

Diagnosis: AFI C Simple Febrile Seizure.

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

BACKGROUND	Area / Shift Time	19/6/26 N,	20/6/26 M6				
	Medical Condition (Any special condition to be noted):	-	-				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.5 F	98.1°F				
	Res:	40b/-	36 b/m				
	SpO_2:	100%	99%				
	Pulse:	142 b/-	136 b/m				
	BP:	99/59	99/60				
	Fall Risk Score:	(0)	-				
	Pain Score:	(0)	"0"				
Recommendations	Safety Needs:	-	Yes				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	-	-				
Post Operative Procedure Special Orders:		-	C.V.E				
Handed Over By Name :		Mautushi	Supriya				
Signature :							
Date:		20/6/26	20/6/26				
Time:		8AM	8PM				
Taken Over By Name :		Supriya					
Signature :							
Date:		20/6/26					
Time:		8AM					

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... ER ..... Shifted to: ..... ward .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Anupurya .....

Date & Time : ..... 19/6/26 @ 7:10pm .....

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

Date & Time : ..... 19/6/26 @ 7:15pm .....

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

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Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
Dr. DILNAAZ FAROOQUI

307

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/6/25 Time: 11:00 am

Weight: 21 Kg Centile: > 97th

Height: - Centile: -

Inference: Overweight child

RDA: Calories: 1250 Kcal/day Protein: 21 gms/day

Diet Recommendations: soft low calorie with high calcium diet

Re-Assesment: No Junk, Oily, Spicy food.

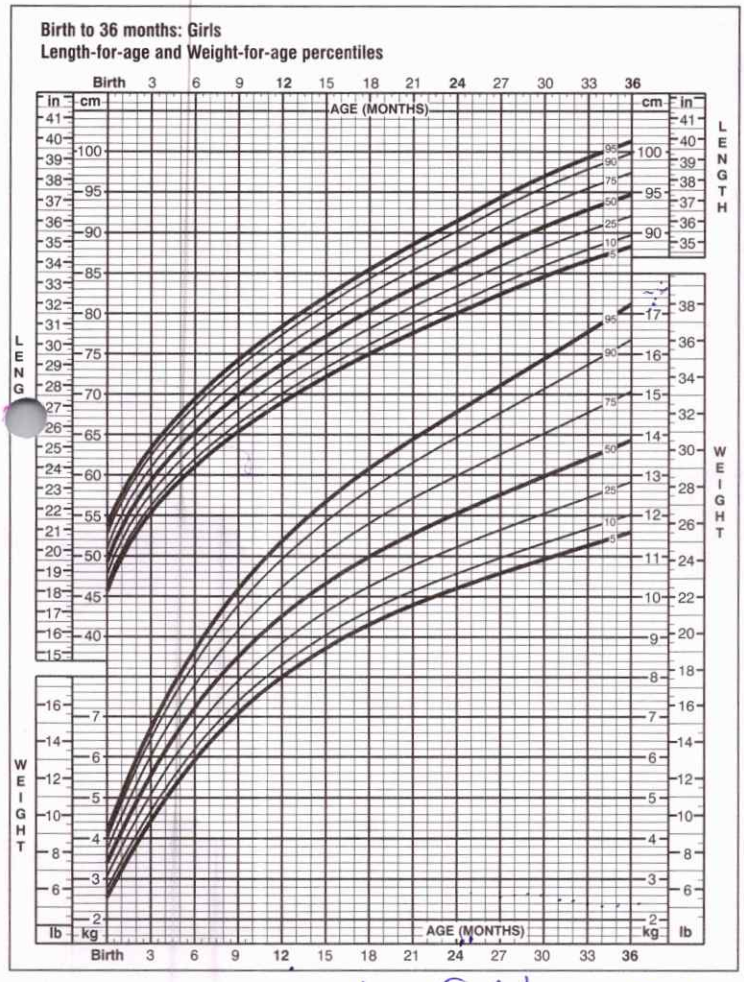
Food Allergies: No Veg/Non-veg Pure veg

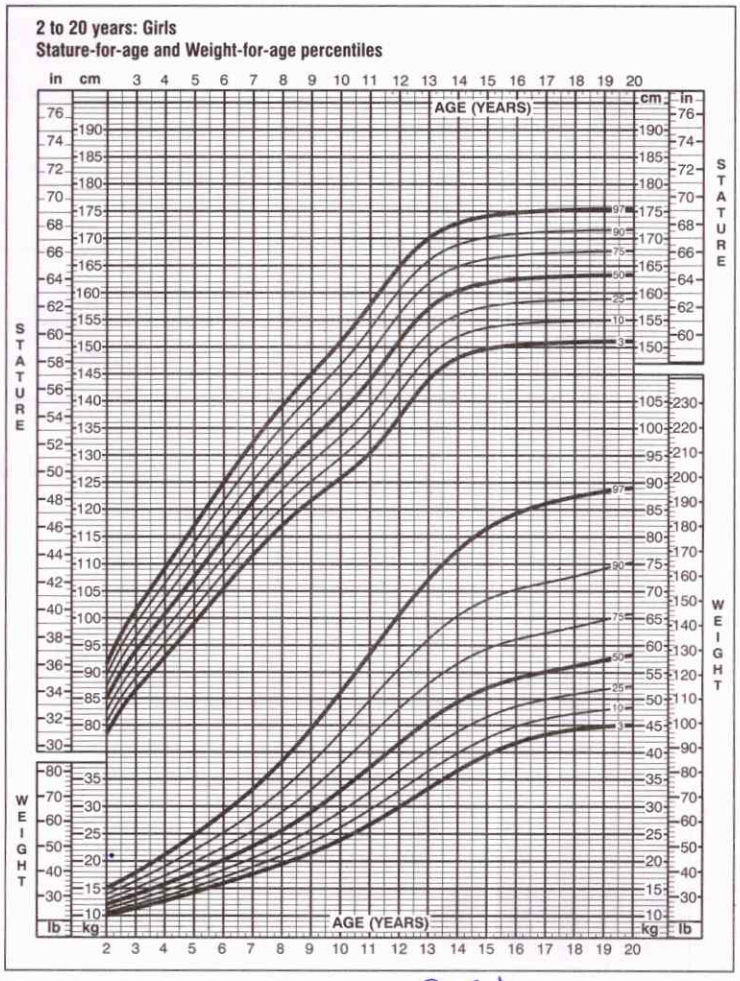
Diagnosis: AFIC dehydration Simple febrile seizure

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes:

HNH-00016064 IP26-00006613
Baby YERUPULA HANNVIKAA
03-05-2024 2 Y 1 M 16 D (F)
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wt - 21kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby HANVika. Age : 2 years **Gender:** ☐ Male ☐ Female

Date : 19/6/26 Time of Arrival : 6:30 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: 40.3°C PR: 109 bpm BP: ..... RR: 35 SpO_2: 94 % drowsiness

Chief Complaints: c/o. fever, since 1 day, vomiting, eyes

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

Signature of Parent / Guardian

Triage Completion Time : 6:35 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : B

Date & Time : 19/6/26 @ 6:32pm

INH-00016064 IP26-00006613
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/6/26 Time of arrival : 6:34pm

Chief Complaints: clo. fever since 1day. upnolling of eyes RBS: .....

Height : ..... Weight : 21kg 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 : .....

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

Time	Nursing Notes
6:37pm	Assess the pt Condition monitore ~~the~~ vitals

Samples collected by: / vijaya Time:

Samples sent by : Time: 7:30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
19/6/26	Inj Neomol Suppositary 250mg	p/r			Vijay

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 109b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO_2 : 97%	Time of Shift - out: 8pm
GCS:..... Temperature : 103°F	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Bhargavi Signature of the Nurse : .....

Date & Time : 19/6/26 @ 6:38pm

PATIENT TRANSFER FORM

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	Date & Time of Admission 19/6/26 @ ~~6:30~~ 7 pm	Date & Time of Transfer Order 19/6/26 @ 8pm
Treating Consultant Name	Transfer Ordered by Dr - Narpunya.	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 2 sl -	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr - Narpunya

Patient & Clinical Records Received by : Apsha @ 19/6/26 @ 8:10pm

Date & Time of Patient Received :

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

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