HNH-00015911 IP26-00006553
Master RITHAN SHAH (M)
10-12-2025 0 Y 6 M 1 D
Dr. PRITESH NAGAR

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	21			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	extray	6			
	Total No. of Pages	28			

Signature and Date : [signature] 11/06/2026

Doc. No. : RCH/ FRM / GENERAL / 126

(P.T.O)

DISCHARGE SUMMARY

Name	Master RITHAN SHAH	**UHID**	HNH-00015911
Father/Guardian	Mr SRINATH M SHAH	**Age/Gender**	0 Y 6 M 0 D/ Male
Address	2-4-67/16 VILLA 16 SUNRISE HOME, Attapur, Hyderabad, Telangana, INDIA, 500048		
IP No	IP26-00006553	**Admission Date**	10-06-2026
Ref Doctor	SELF		
Discharge Date	11.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ACYTE BRONCHIOLITIS WITH RESPIRATORY DISTRESS	

History: Master RITHAN SHAH, 0 Y 6 M 0 D , old boy presented to ER (Referred from Fernandez Hospital) with complain of of cough, cold and fever since 1 day, Decreased acceptance of feeds and dull activity 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 156/min and Respiratory Rate - 38/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration and decreased air entry noted

Name	Master RITHAN SHAH	UHID	HNH-00015911
IP No	IP26-00006553	Admission Date	10-06-2026

in post lung fields and conducted sounds 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, 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: 7.4 kilo grams.

Investigations: Enclosed reports.

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

VBG showed pH of 7.41, pCO2 of 33 mmHg, pO2 of 49 mmHg, HCO3 of 21.5 mmol/L and BE of -3.2 mmol/L.

Initial hemogram showed Hemoglobin of 11.3 gm%, White Blood Cell count of 12120 cells/cumm, platelet count of 4.36 lakhs/cumm and C-Reactive Protein of 9 mg/l.

Management: He was admitted in the ward and was started on Intra Venous fluids . He was treated symptomatically with antipyretics. In view of chest signs, he was frequently nebulised with Levolin and 3 % NS. In view of nose block, Nasoclear purehale was added.

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

He remained hemodynamically stable during the hospital stay. He improved

Name	Master RITHAN SHAH	**UHID**	HNH-00015911
IP No	IP26-00006553	**Admission Date**	10-06-2026

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:
Nebulisation 3 % Ns
Nasoclear nasal drops
Pure hale mist spray
Nebulisation Levolin

Advice:
* Diet as advised.

S.No	**MEDICATION**	**DOSE**	**TIMINGS**	**DURATION**
1	NEB WITH 3% NS	1 Respule	6am - 2pm-10pm	Till further advice
2	NASOCLEAR PUREHALE	Inhalation	8am-8pm	Till further advice
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Crocin drops (Paracetamol - 1ml/100mg) 1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

Name	Master RITHAN SHAH	UHID	HNH-00015911
IP No	IP26-00006553	Admission Date	10-06-2026

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR on 13/6/26 (Saturday) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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 : IP26-00006553 **Admit Date** : 10-Jun-2026 **Admit Time** : 02:12 PM **UHID** : HNH-00015911

Patient Details :

Patient Name	: Master RITHAN SHAH	**Age**	: 0 Y 6 M 0 D
Guardian	: Mr SRINATH M SHAH	**DOB**	: 10-12-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-4-67/16 VILLA 16 SUNRISE HOME Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 9030504363/ 7207309582
		E-mail	: SREINATHSHAH007@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: ER02	**Ward Name**	: GF -EMERGENCY
Room No	: ER02	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SRINATH M SHAH	**Relationship**	: Father
Contact Address	: 2-4-67/16 VILLA 16 SUNRISE HOME Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 9030504363

Signature

Doctor Details :

Doctor Name	: Dr. PRITESH NAGAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.

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ACTIVITY RECORD FOR BILLING

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Name: --

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

Date of Admission : ---------------- Time : -------------- Date of Discharge : ----------------- Time: -----------

Room / Bed No : --------------- Ward : ----------------- Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	2:40pm	ER	ward	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	CBP CRP Respiratory panel	9612	[signature]
	VBG	9611	
		Cross Checked done by	
		Amrutha	
	cwk Pl		
		10/6/26	

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6	Infusion pum	3pm	9AM 11/6/26	5828	[illegible]
			Cross checked done by Amrutha		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	IV placement	1	5817	[illegible]
10/6/26 (3:00pm)	NHA	1	5831	[illegible]
		Cross	checked done by	
			Amruth	

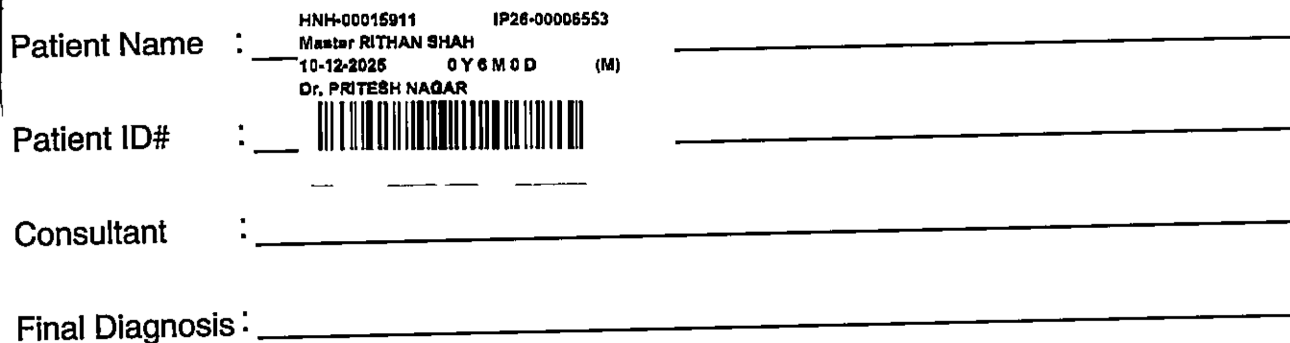
ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD


Patient Name : HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2026 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

c/o cough & cold since yesterday.
c/o fever. since morning
c/o decreased acceptance of feeds.

History of present illness :

- Child presented to ER (Rajendra Fernandez) c̄ c/o cough & cold since yesterday a/w nasal discharge & a/w fast breathing a/c to mother
- c/o fever since morning high grade Intermittent not a/w rigor & rash.
- c/o decreased acceptance of feed & dull activity.

Pediatric Multiorgan History & Physical Examination

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Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

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

—

Birth & Neonatal History :

OT B
D.

Birth & Socio Economic History :

About Father :

About Mother : Not Significant

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.4kg. (Centile ________)

On Examination :

Temperature : 99°F Pulse Rate: 156. Description ________

B.P. ________ SPO2 99% RA at ________

Resp. rate and type of breathing : RR = 38/min.

Sign of dehydration (+).

Rash ________

Lymphadenopathy ________

Oedema : ________

Respiratory system :

Inspection (any s/o distress) : ________

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

Any addes sounds : decreased air entry noted

Relevant data from outside (Chest X-Ray, ABG, etc.,) in post lung fields.

conduct sound (+).

Cardiovasclular System :

Inspection of procordium : ________

Heart Sounds : S1 S2 (+)

Any murmur : No murm.

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

Per Abdomen :

Inspection ________

Palpation : Soft, Not distended.

Ausculation : No organomegaly

Spine: ________ External Genitelia : ________

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

Pediatric Multiorgan History & Physical Examination

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Master RITHAN SHAH
10-12-2026 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : (N) Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars (N)

Sensory System :

(N).

Bladder / Bowel :

Clinical Summary & Diagnostic :

? LRTI c̄ dehydration.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment : prevent respiratory panel

Desired goals of the treatment :

Planned Labs :

CBP
CRP.
Resp.panel.
VBG
Noted By Prabir

Planned Management :

- NEB 3% NS
- Nasoclear Nasal drops.
- NEB c Levolin
- CROSIN DS drops
- Norm(SOS).
- RR, SpO_2 - Monitoring.

Noted By Prabir

Please fill up the following details

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

Doctor's Signature Name ____ Date ____ Time ____

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

19th hrly 3% NS

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
10/6/26	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00	Hypernub 3% NS (1)	Vaishy	Nodi
	17.00			
	18.00		~~882~~ (2)	
	19.00	(2)		
	20.00	3% NS	Vaishy	Nodi
	21.00	Levolin (1) (3)	(4)	
	22.00			
	23.00			

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

3% NS 4th hourly
Levolin 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	3% NS (2) (8)	[signature]	
	01.00			
	02.00			
	03.00	Levolin (3) (8)		
	04.00	3% NS	[signature] (4)	
	05.00		5925	
11/6/26	06.00			
	07.00			
	08.00	3% NS (4) (6)	[signature]	
	09.00	Levolin		
	10.00			
Levolin stop	11.00			
	12.00	~~3% NS~~ Not given (6)	[signature]	
	13.00			
	14.00			
	15.00	~~Levolin~~		
	16.00	~~3% NS~~		
3% NS 8th hourly	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/12. 2:15 pm	c/s/by Dr. Anusha.	
	LRTI c̄ dehydration.	
	dull look (+).	
	Temp 99°F	
	HR = 164/min (crying).	
	CFT <3sec.	
	SpO2 = 99°F	
	(RS)	Plan
	B/L AE (+)	
	↓ AE.	– send samples.
	conduct sound (+)	– IV fluids.
		– NEB c̄ 3% Q6Hly
		Nasal nail drops Q4hly.
		– Monitor vitals (CRR, SpO2).
		– Enhance orally.
		Noted by Vaishnavi

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5pm	c/s/by. Dr Pritesh	
	LRTI c dehydration.	
	fever - since mng	
	cough/cold - since yesterday	
	vital stable.	
	RR - (N) mild Tachypn.	Plan
	SpO2 = 99%.	- ct IV fluids.
	Nasal discharge (+) blockage (+)	C/f oral Intake Improve. change 1/2 M)
		- ct NEB 3% NS Doubly
	P/s - B/L AE (+) conducted sound (+)	- Monitor vitals. RR, SpO2
	[If any chest sign/ crepts/ distress] plan CXR repeat USG chest	- If CRP (+) / Amoxyclav. add (or) high grade fever.
		- If Bronchospasm NEB (or) tachypnea levolin. (SOS)
	Strict RR, SpO2 Monitoring	
	- (T) Reports	

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

Noted by Vaishy

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

(P.T.O)

HNH-00015911 IP26-00006553
Master RITHAN SHAH (M)
10-12-2025 0 Y 6 M 0 D
Dr. PRITESH NAGAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 8 pm	c/s/b Dr. Pritesh Sir	
	LRTI c̄ Dehydration	(Bronchiolitis)
	- Fever (+)	Rx
	- Running nose (+)	1) IVF - 10 ml/h
	On DBF	
		2) Neb c̄ Levolin - Q6H
	O/E	
	No RD	3) Neb c̄ 3% NaCl - Q4H
	R-S - B/L AE (B)	
	Wheeze (+)	4) Nasoclear drops
	? Bronchospasm	Parehale Mist Spray
	P/A - Soft.	5) Reassess after 2 hrs
		6) Monitor vitals
		Pranav
		Noted by Vaishnavi

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

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11PM	S/B Dr. Sayhan	Plan
	DLRTI ē dehydration	
		– Neb ē Levolin 6thC
	CVS – S1S2 ⊕	– Neb ē 3% NaCl 4th
	M – BLL – AEE ⊕	
	BLL – conducted sound ⊕	– Cf NASOCLEAR
	P/A – Soft	Purehole spray
	Con/Cious	– Monitor RR/SpO2
		[signature]
11/6/26 9:00AM	S/D Dr Pritesh	
	DLRTI ē dehydration Plan	
	Δ Acute Bronchiolitis	
	CVS – S1S2 ⊕	– Neb ē 3% NS 8th hly
	P/L – BLL – AEE ⊕	
		– Cf NASOCLEAR
		purehole spray
	P/A – soft	
	sleepy	– Monitor RR/SpO2
		– Stop IV fluids
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	Stop LEVOLIN
		NB – Montush @10AM

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

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RESULT SHEET

Date	10/6/26					
Time	3pm					
Hb	11.3					
PCV	31.0					
RBC	4.40					
WBC	12.12					
N/L	64.9/28.8					
Platelets	436					
CRP	9.0					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Respiratory panel:-						
Flu A						
B	Negative (verbal)					
RSV						
Adenovirus - awaited						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

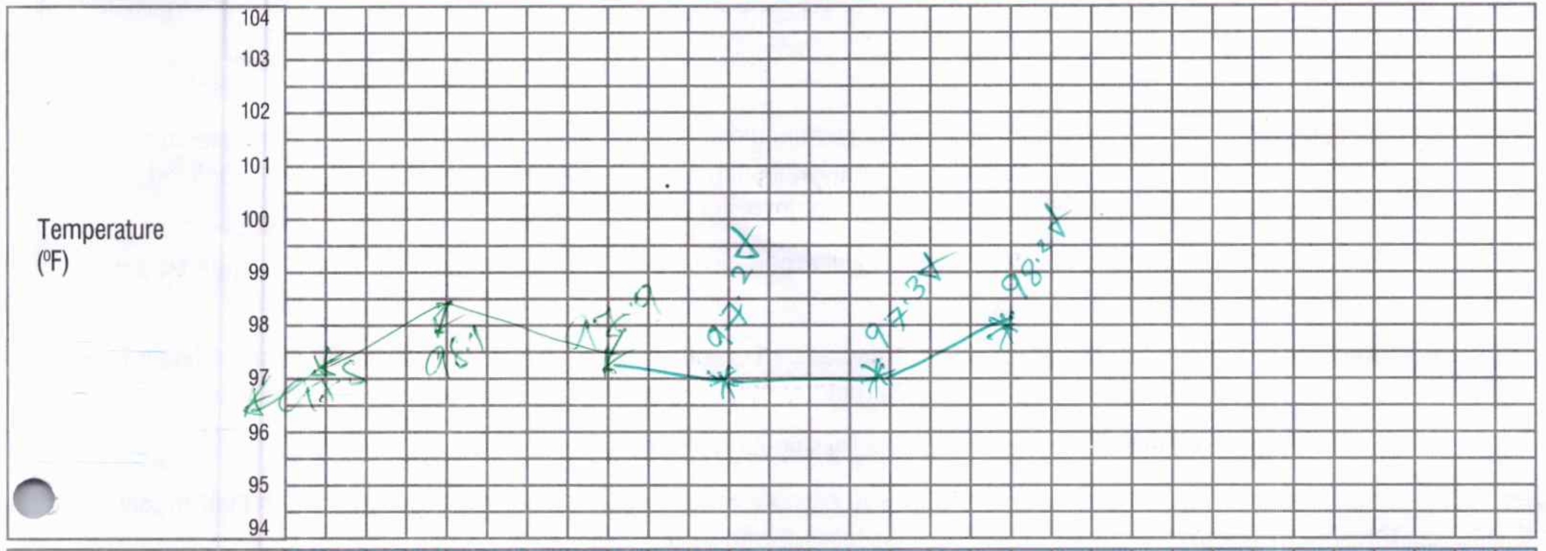
... / CLINICAL / 124

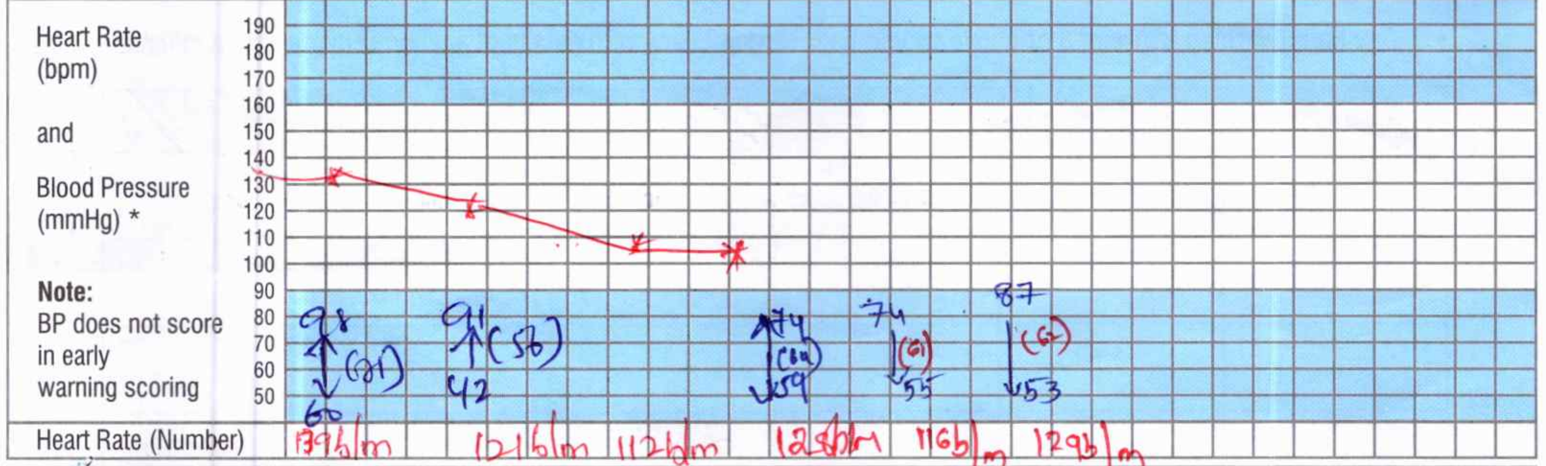
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

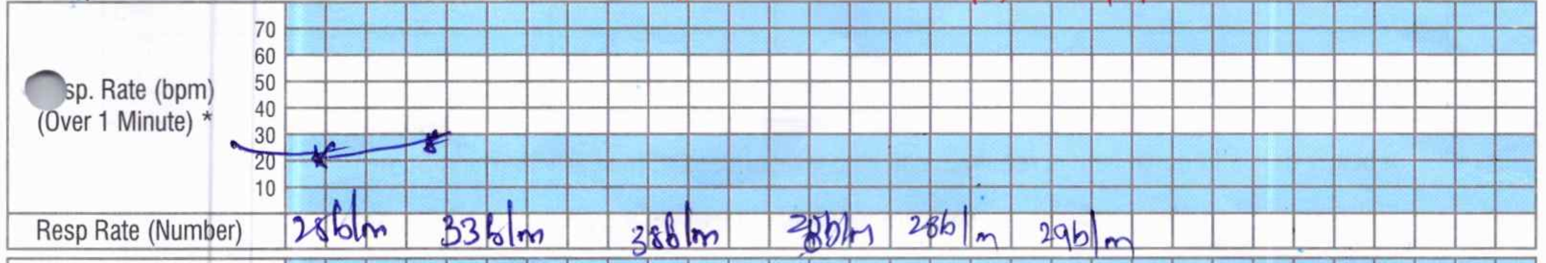
... WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26 ......

Time:	2pm	6pm	8pm	10 PM	2Am	6Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	97.5	98.1	97.9	97.2	97.3	98.2
Blood Pressure (mmHg) *	98/60 (71)	91/42 (56)		74/59 (64)	74/55 (61)	87/53 (62)
Heart Rate (Number)	139 b/m	121 b/m	112 b/m	128 b/m	116 b/m	129 b/m
Resp Rate (Number)	28 b/m	33 b/m	38 b/m	28 b/m	28 b/m	29 b/m
Resp Distress: Mod/ Severe; None / Mild						
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	98%	98%	99%	100%	98%
Conscious Level: Normal / 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]







ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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 incharge and PICU /NICU fellow or PICU/NICU 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)

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Patient S

LINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Scale	
Date: 11/6/26 Time:		10 AM
Doctor/Nurse/Family Concern?		
Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
Note: BP does not score in early warning scoring	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
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 incharge and PICU /NICU fellow or PICU/NICU 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.
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FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
amelyte 400ml + 100ml 25% D 9/6	02:00 pm	Nil	Nil			NA		NA			0	[signature]
	03:00 pm			21ml								
	04:00 pm			21ml								
	05:00 pm			18ml								
	06:00 pm			18ml								
	07:00 pm			18ml								
Total Intake :						Total Output :						
10/6	08:00 pm	Electrolyte	OBF + ++	10ml		NA		NA			0	[signature]
	09:00 pm			10ml						✓	0	
	10:00 pm			10ml			✓				0	
	11:00 pm			10ml							0	
	12:00 am			10ml						✓	0	
	01:00 am			10ml							0	
Total Intake : Taken						Total Output : M-1					U-2	
11/6	02:00 am	plasmalyte	OBF + ++	10ml		NA		NA			0	[signature]
	03:00 am			10ml			✓				0	
	04:00 am			10ml						✓	0	
	05:00 am			10ml							0	
	06:00 am			10ml							0	
	07:00 am			10ml							0	
Total Intake : Taken						Total Output : M-1					U-1	

Total 24 hrs. Intake		Total 24 hrs. Output	

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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 :						
	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	

Docu. No. : RCH /FRM / CLINICAL / 092

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Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

Date: 10/6/26

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							
Afternoon	2pm – 8pm	Assess the pt condition Monitor vital Administer medication as per doctor advice I/O chart main	2pm – 8pm	Assessed Baby general condition Monitored vitals Administered medications as per doctor advised I/O chart maintained	Baby is stable	Rechecked vitals	[signature]
Night	8pm – 8Am	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8pm – 8pm	→ Assessed the pt condition → monitoring vitals → Administration & medication given as per doctor order's	→ Baby is stable	→ Re-checked vitals	[signature] Amrutha

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Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Patient

NURSING CARE RECORD

Date: 11/6/26

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 / 2PM	→ Assess the general condition of pt. →					
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LRTI c dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	10/6/26 E2	10/6/26 N1	11/6/26 M6			
	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:	98.5 F	98.2 F	98.4 F			
	Res:	22b/m	28b/m	32b/m			
	SpO2:	100%	98%	99%			
	Pulse:	121b/m	121b/m	124b/m			
	BP:	91/42(58)	91/42(57)	92/41			
	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:		NA	NA				
Handed Over By Name :		Vaishy	Amrutha	Mouttuk			
Signature / ID :			[signature]	[signature]			
Date:		10/6/26	11/6/26	11/6/26			
Time:		8pm	8Am	2pm			
Taken Over By Name :		Amrutha	Mouttuk				
Signature / ID :		[signature]	[signature]				
Date:		10/6/26	11/6/26				
Time:		8pm	8Am				

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 10/6			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							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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							
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							
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							
			Signature of the Nurse	[signature]		[signature]							

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

Signature of Shift In Charge :

Signature : [signature] Name : Rani

Signature of Ward In Charge :

Signature : [signature] Name : Bahani

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

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BRADEN 'Q' SCALE

				Date :	9/6	10/6		
				Time :	8am	N1		
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	[signature]	[signature]		

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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				M	E	N (circled)	M	E	N	M	E	N	
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3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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							
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							
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							
			Signature of the Nurse			[signature]							

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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 : ....

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 : CROSIN drops				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
1ml	po	sos.	10/6	
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions: (100mg/1ml)				

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

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

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

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 7.4kg Ward. ....

DRUG : NEB c̄ 3% NS				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
1 respul	NEB	Q6 hly	10/6.	See the Chart
Name & Signature of the Doctor Starting the Drugs: Af.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Nasoclear nasal drops				Date ▸ / Time ▾	10/6	11/6
Dose	Route	Frequency	Start Date	12am		
2° B/N	nasal	Q4hly	10/6.	4am	3:40pm	
Name & Signature of the Doctor Starting the Drugs: Af				8am		
				12pm		
				4pm	6pm	
Additional Instructions:				8pm		
				12am		
Daily Doctor's Endorsement by a Sign						

DRUG : Rosehale mist spray				Date ▸ / Time ▾	10/6	11/6
Dose	Route	Frequency	Start Date			
1 spray	Inhalah	BD	10/6	6am	3:40pm	
Name & Signature of the Doctor Starting the Drugs: Af						
Additional Instructions:				6pm		
Daily Doctor's Endorsement by a Sign						

DRUG : NEB 3% NS				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
1 respul	NEB	Q4h	10/6	See the chart
Name & Signature of the Doctor Starting the Drugs: Af				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : NEB c LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31mg	NEB	Q6H	10/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 0.31mg

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾ : See the chart. STOP 11/6

DRUG : Neb c 3% NS.

Dose	Route	Frequency	Start Dt.
1 respule	neb	Q8H	11/6.

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾ : See the chart

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

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

VERIFIED Name .... Signature ....

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 7.4kg. 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
10/6/26	3pm	IV fluid plasmalyt 400ml + 25% D100ml	iv.	21ml/h	Af	Vishu / Ravi	10/6	P	Ravi / Vaishu
10/6/26	530pm	(2/3). IV fluid.	iv.	15ml/h	Af	Vaishu / Ravi	10/6	P	Ravi / Vaishu
10/6	8:30pm	IV Fluid PLASMALYTE (400ml) + 25% D (100ml)	IV	10 ml/h	Pm	Vaishu / Ravi			

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

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0Y6M0D (M)
Dr. PRITESH NAGAR

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 3 pm

Weight: 7.4 Kg Centile: 10th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 98 Kcal /Kg /day Protein: 1.6 gms/Kg /day

Diet Recommendations: Nanpro stage 1

Re-Assesment: No Cold items, Spicy, Junk food

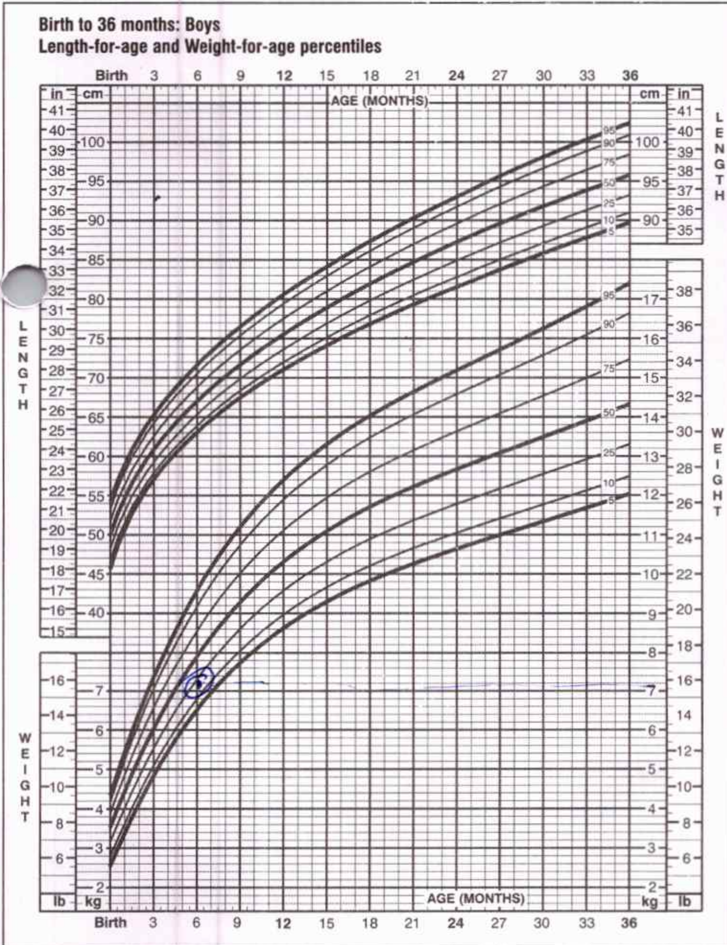
Food Allergies: NO Veg/~~Non-veg~~ Veg

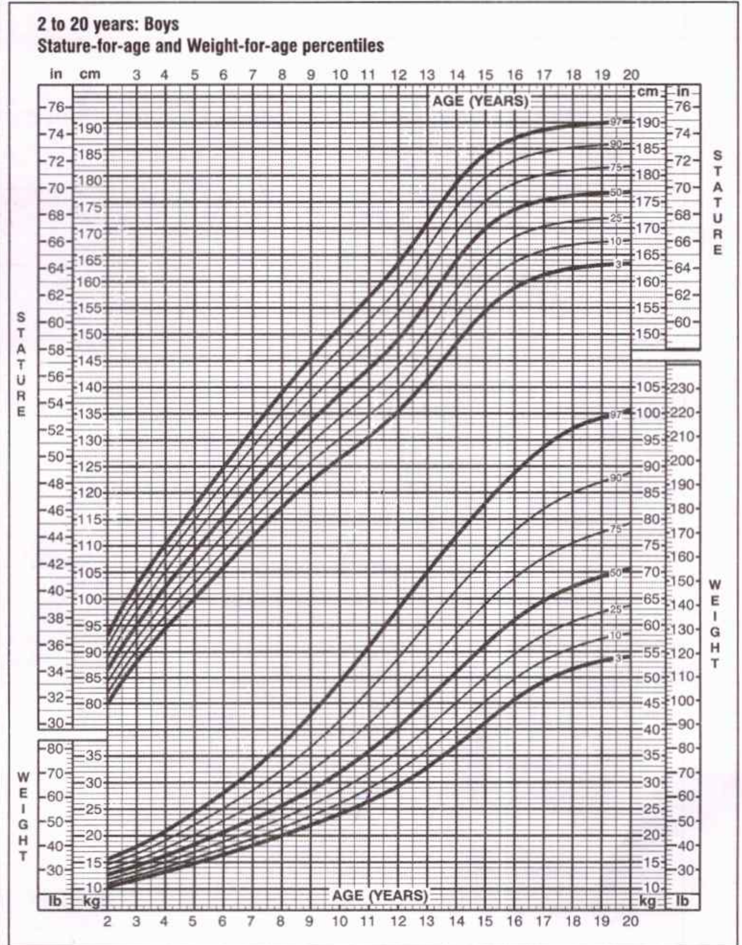
Diagnosis: LRTI with dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name: Syeda Sobiya Zaheer

Dietician's Signature: Sobiya

Docu. No. : RCH /FRM / CLINICAL / 160

(P.T.O.)

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

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

Shifting From: EP 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. Anusha

Date & Time : 10/6/26 @ 2:40 pm

Nurse Name & Signature: Prabha

Date & Time : 10/6/26 @ 2:40 pm

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

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PATIENT TRANSFER FORM

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	10/6/26 @ 2:12 Pm	10/6/26 @ 2:40 Pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Pritesh	Dr. Anusha	Admission
From Unit	**To Unit**	**Information to Attendant**
GR	Ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		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
Prabir	Dr. Anusha

Patient & Clinical Records Received by :

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00015911 IP26-00006553
Master RITHAN SHAH
10-12-2025 0 Y 6 M 0 D (M)
Dr. PRITESH NAGAR

Wt - 7.4 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : .... Age : .... **Gender:** ☐ Male ☐ Female

Date : 10/06/26 Time of Arrival : 1:46 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: 98.8F PR: 156b/m BP: .... RR: 38b/m SpO2: 99%

Chief Complaints: c/o cough cold since 1 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian
Triage Completion Time : 1:48 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 : Prabin

Signature of Triage Nurse : ....

Date & Time : 10/6/26 @ 1:48 Pm

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

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10-12-2025 0 Y 6 M 0 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 1:46 Pm

Chief Complaints: c/o cold cough since a day RBS: ...

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

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

If yes , identify ...

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/ 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

	Yes	No
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 : 1:48 Pm

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

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

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 156 b/m BP: .... CFT: 2sec	Shift - out from ER to: ward
RR: 38 b/m SPO_2: 99%	Time of Shift - out: 2:30 pm
GCS: 15/15 Temperature : 98 °F	Handover given to: .... (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

....

Name of the Nurse : Prabir Signature of the Nurse : [signature]

Date & Time : 16/6/26 @ 1:48 pm