

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



**ACTIVITY RECORD FOR BILLING**

Name: -----

UHID No : ----- IP No : ----- Consultant : ----- Dept : ICU

Date of Admission: 2/6 Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : 111 Ward : ICU Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>2/6</u>	<u>7.40pm</u>	<u>ICU</u>	<u>111</u>	<u>[Signature]</u>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	<u>Dr. Prajakata Nirgija</u>	<u>24/6/26</u>	<u>3094005</u>	<u>[Signature]</u>
2.	<u>Dr. Pappula Sindhu</u>	<u>24/6/26</u>	<u>3093887</u>	<u>[Signature]</u>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				







<b>Name</b>	Master MALYALA AVANEESH	<b>UHID</b>	LBH-00134552
<b>Father/Guardian</b>	Mr YAKAMBRA CHARY MALYALA	<b>Age/Gender</b>	9 Y 8 M 20 D/Male
<b>Address</b>	H.NO:12-7-77/1/A,GROUND FLOOR,UMA MAHESWARA MARKET, METTUGUDA, SECUNDERABAD,LALLAGUDA,HYDERABAD,TELANGANA., INDIA, 500017		
<b>IP No</b>	IP-00060431	<b>Admission Date</b>	21-06-2026
<b>Ref Doctor</b>		<b>Discharge Date</b>	25-06-2026

### CLINICALSUMMARY

#### **Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY**

MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)  
Fellow in Pediatric and Cardiac Intensive Care  
(RCPCH Birmingham Children's Hospital UK)  
Fellow in Pediatric Retrieval Medicine (KIDS-NTS UK)  
APMC/FMR/79982

#### **Diagnosis: Acute Febrile Illness ? Viral Myositis**

**History:** Master MALYALA AVANEESH is a 9 Y 8 M 20 D boy presented with history of moderate to high grade intermittent fever, severe leg pain, difficulty in walking since 5 days, dry cough since 1 day prior to admission. For the above complaints, he was investigated and treated on OPD basis, but in view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for further management.

**OPD basis investigations:** Complete blood picture done on 20.06.2026 showed hemoglobin 10.4 gm%, platelet count of 5.03 lakhs/cumm and C-reactive protein was 160 mg/l. ESR 94 mm/1st hour. CPK was 36u/L.

**Examination:** He was afebrile, maintaining saturations at room air. Heart rate-98/min, blood pressure - 100/60 mmHg and respiratory rate 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds

Name

Master MALYALA  
AVANEESH

UHID

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and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Musculoskeletal examination revealed difficulty in walking with bilateral calf tenderness. Upper limbs and spine examination were normal. Examination of other systems was unremarkable.

Weight on admission : 25 kgs.

### **Hospital Course:**

He was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antacids and analgesic.

Child was evaluated for fever along with difficulty in walking. Blood investigations were sent accordingly.

**Laboratory Evaluation:** On 20/06/2026, complete blood picture( done outside) showed hemoglobin 10.4 gm%, white blood cells count of 8000 cells/cumm, platelet count of 5.03 lakhs/cumm ,C- Reactive Protein 160mg/l and ESR-94 mm/1st Hour.

His serum electrolytes, creatinine and liver function tests were normal. CUE was normal and Urine myoglobin was negative. Blood culture was sterile after 48 hours of incubation. Urine culture was sterile. Serum calcium and magnesium were normal.

Vitamin-D(10.4 ng/ml) showed Insufficient level, hence Vitamin-D and calcium supplementation was added.

Thyroid profile was normal.

**Imaging:** Ultrasound abdomen was normal. Ultrasound of bilateral lower limbs showed no evidence of deep vein thrombosis. Chest X-ray was normal.

**Cardiology Evaluation:** In view of persistent fever spike with high inflammatory markers, Dr. Bhargavi, Pediatric Cardiologist opinion was sought, 2D echo was done to rule out Kawasaki disease or any other cardiac etiology.

Name

Master MALYALA  
AVANEESH

UHID

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

 BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

2D echo was normal. She advised to do ESR (68mm/1<sup>st</sup> Hour), CPK (CPK 41 UL) and ECG was normal.

**Rheumatology:** In view of persistent fever spikes with difficulty in walking and high inflammatory markers, Dr. Prajakta, Rheumatologist, opinion was taken to rule out inflammatory causes of fever. She advised to continue conservative management and to consider MRI if clinical improvement plateau or inflammatory markers worsen.

**Neurology Evaluation:** In view of persistent weakness and difficulty in walking, child was seen by Dr. P. Sindhura, Consultant Pediatric Neurologist who opined that neurological examination was normal and to continue same line of management.

**Parental Counselling:** Parents were counselled in detail regarding the current clinical status and need for evaluation for finding the exact etiology of the febrile illness with elevated inflammatory markers and gait difficulty. The possibility of a post-infectious inflammatory process/viral myositis was discussed. Parents were also counselled about the plan to do next level investigations like bone marrow aspiration & biopsy, PET CT scan, if symptoms like persistent fever, worsening leg pain, inability to walk, joint swelling, weakness, or any new neurological symptoms reoccurs.

**Plan:** To do bone marrow aspiration & biopsy, whole body PET CT if symptoms persists.

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

**Advice:**

1. Diet as advised.
2. Syrup Ziprax (5ml=100mg) 6ml, 12<sup>th</sup> hourly till 30.06.2026 evening dose (refrigerate after reconstitution).
3. Capsule Doxycycline (100mg) Dilute 1 capsule in 5ml of water and give 2.5ml, 12<sup>th</sup> hourly till 30.06.2026 morning dose.

Name	Master MALYALA AVANEESH	UHID	LBH-00134552
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4. Tablet Naproxen (250mg) 1 tablet, 8th hourly for 3 days (after food). Plan to taper the dose on follow up.
5. Tablet Pantoprazole (20mg) 1 tablet once daily (30 minutes before breakfast) for 5 days.
6. Syrup Sucral (5ml=1gram) 5ml 8<sup>th</sup> hourly for 5 days (30 minutes before food).
7. Syrup Calcimax plus, 5ml, 12<sup>th</sup> hourly for 1 month.
8. Capsule Vitamin-D 60K, 1 capsule weekly once on (Tuesday) for 5 weeks.
9. Plan to do CBP, CRP after 3 days.
10. Kindly consult with Dr. Kodicherla Vishnu Vardhan Reddy, Consultant Pediatric Intensivist & Pediatrician, after 3 days in OPD with prior appointment (This consultation will be charged).
11. Kindly consult with Dr. Prajakta, Consultant Rheumatologist, on 26.06.2026 in OPD (This consultation will be charged).

**In case of Fever:**

Syrup Paracetamol (5ml=240mg), 8ml for fever more than 99.6°F (maximum 4-6 hourly).

**To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to [www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

**Now booking appointments is much easy, download Rainbow Application for Free from Google play store.**

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

**If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).**

Name

Master MALYALA  
AVANEESH

UHID



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 the language that I understand and I have understood the same.

Name: *M. Yalamba chry*

Signature: *M. Yalamba chry*

Relationship with patient: *Father*

This summary has been explained by :

Summary prepared by: Dr. Sweety / Dr. Sameera  
DEO : MD Younus Pasha

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

**Dr. KODICHERLA VISHNU VARDHAN REDDY**  
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)  
Fellow in Pediatric and Cardiac Intensive Care  
(RCPCH Birmingham Children's Hospital UK)  
Fellow in Pediatric Retrieval Medicine (KIDS-NTS UK)  
APMC/FMR/79982

**PatientName** : Master MALYALA AVANEESH  
**Age/Gender** : 9 Y 8 M 17 D/ Male  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101

**Inpatient No.** : IP-00060431  
**Admit Date** : 21-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 19:21
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	35	U/L	10 - 60
SGPT (ALT) (Kinetic with P5P)	33	U/L	10 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer) 194		U/L	140 - 560
PROTEIN (Biuret method)	7.5	g/dL	6.3 - 8.6
ALBUMIN (Bromocresol Green)	4.0	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	3.5	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.1	L	1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COVID ANTIGEN RAPID TEST (Specimen : SWAB)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 19:23
COVID ANTIGEN RAPID TEST	negative		


Investigation	Result	Unit	Biological Reference Interval
<b>CREATININE (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 19:25
CREATININE (Enzymatic)	0.5	mg/dl	0.5 - 1



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 19:25
SODIUM (Direct ISE)	143	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	101	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

PatientName : Master MALYALA AVANEESH Inpatient No. : IP-00060431  
 Age/Gender : 9 Y 8 M 17 D/ Male Admit Date : 21-06-2026  
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**COMPLETE URINE EXAMINATION (Specimen : URINE)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :22-06-2026 08:25

**PHYSICAL**

COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.025		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL

**CHEMICAL**

PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE

BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE

**MICROSCOPY**

PUS CELLS	2 - 4	HPF	L	0 - 5
EPITHELIAL CELLS	2 - 3	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2



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Investigation	Result	Unit	Biological Reference Interval
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**CALCIUM (Specimen : SERUM)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :23-06-2026 07:19

CALCIUM (Arsenazo dye)	10.2	mg/dl	H	8.9 - 10.1
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**COMPLETE BLOOD PICTURE (Specimen : BLOOD)**

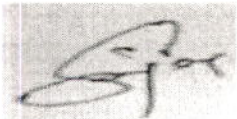
TEST RESULT STATUS : REPORT AUTHORISED

Order Date :23-06-2026 07:19

**PatientName** : Master MALYALA AVANEESH  
**Age/Gender** : 9 Y 8 M 19 D/ Male  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101

**Inpatient No.** : IP-00060431  
**Admit Date** : 21-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
HEMOGLOBIN (Colorimetry)	11.4	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	4.47	10 <sup>12</sup> /L	4 - 5.2
PCV/HCT (Calculated)	32.0	VOL%	L 35 - 45
MCV (Calculated)	71.6	fL	L 77 - 95
MCH (Calculated)	25.6	pg/cells	25 - 33
MCHC (Calculated)	35.7	g/dL	32 - 36
RDW-CV (Calculated)	12.7	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	609	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	6.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.07	10 <sup>9</sup> /L	4.5 - 13.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	61	%	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	33	%	28 - 48
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC, MICROCYTES(+) WBC : MORPHOLOGY NORMAL PLATELETS : INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



**Rainbow Children's Hospital - Secunderabad**

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040-42462200, Ext 2000,2001,2002,

MC-7373

<b>PatientName</b>	: Master MALYALA AVANEESH	<b>Inpatient No.</b>	: IP-00060431
<b>Age/Gender</b>	: 9 Y 8 M 19 D/ Male	<b>Admit Date</b>	: 21-06-2026
<b>Ward/Bed</b>	: N 0 GF-EMERGENCY/ ER 101	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
CPK (CREATINE PHOSPHOKINASE) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 07:19
CPK (CREATINE KINASE) (Rosalki, Other modified-Vitros)	41	U/L	6 - 217

*Hafsa*

Dr. HAFSA AHMAD, MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY, Reg No : 36473

**Rainbow Children's Hospital - Secunderabad**

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**PatientName** : Master MALYALA AVANEESH **Inpatient No.** : IP-00060431  
**Age/Gender** : 9 Y 8 M 19 D/ Male **Admit Date** : 21-06-2026  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 07:19	
CRP (Immunoturbidimetry)	142	mg/L	H <10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>ERYTHROCYTE SEDIMENTATION RATE (Specimen : BLOOD)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 07:19	
ESR	68	mm/1st hour	H UPTO 10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>FERRITIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 07:19	
FERRITIN (CLIA)	177	ng/ml	H 14 - 124

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

**Rainbow Children's Hospital - Secunderabad**

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040-42462200, Ext 2000,2001,2002,

MC-7373

<b>PatientName</b> :	Master MALYALA AVANEESH	<b>Inpatient No.</b> :	IP-00060431
<b>Age/Gender</b> :	9 Y 8 M 19 D/ Male	<b>Admit Date</b> :	21-06-2026
<b>Ward/Bed</b> :	N 0 GF-EMERGENCY/ ER 101	<b>Discharge Date</b> :	

Investigation	Result	Unit	Biological Reference Interval
<b>LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)</b>			<b>TEST RESULT STATUS : REPORT AUTHORISED</b> Order Date :23-06-2026 07:19
LDH (L to P-IFCC Ref. PROC.,Calibrated)	281	U/L	120 - 330

*Hafsa*

Dr. HAFSA AHMAD, MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY, Reg No : 36473

Investigation	Result	Unit	Biological Reference Interval
<b>THYROID FUNCTION TEST (Specimen : SERUM)</b>			<b>TEST RESULT STATUS : REPORT AUTHORISED</b> Order Date :23-06-2026 07:19
TRIIODOTHYRONINE (T3) (Eclia)	165.8	ng/dL	93 - 231
THYROXINE (T4) (Eclia)	14.86	µg/dl	H 5.99 - 13.8
THYROID STIMULATING HORMONE (TSH) (Eclia)	5.10	µIU/ml	H 0.6 - 4.84

*Rashida*

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009. 040-42462200, Ext 2000,2001,2002.



**PatientName** : Master MALYALA AVANEESH **Inpatient No.** : IP-00060431  
**Age/Gender** : 9 Y 8 M 19 D/ Male **Admit Date** : 21-06-2026  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>VITAMIN D (25 HYDROXY) (Specimen : SERUM)</b> TEST RESULT STATUS : REPORT AUTHORISED			
VITAMIN D (25 HYDROXY) (CLIA)	10.4	ng/ml	Order Date :23-06-2026 08:54 Below 10: Deficient 10-30 : Insufficient 30-76 : Normal

*Rashida*

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
<b>PROCALCITONIN (Specimen : SERUM)</b> TEST RESULT STATUS : REPORT AUTHORISED			
PROCALCITONIN	0.127	ng/ml	Order Date :23-06-2026 12:37 <0.5

*Rashida*

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
<b>MAGNESIUM (Specimen : SERUM)</b> TEST RESULT STATUS : REPORT AUTHORISED			
MAGNESIUM (Formazon dye)	2.2	mg/dl	Order Date :23-06-2026 17:42 1.6 - 2.3

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b> TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :25-06-2026 06:15			
HEMOGLOBIN (Colorimetry)	10.5	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	4.16	10 <sup>12</sup> /L	4 - 5.2
PCV/HCT (Calculated)	29.7	VOL%	L 35 - 45
MCV (Calculated)	71.5	fL	L 77 - 95
MCH (Calculated)	25.2	pg/cells	25 - 33
MCHC (Calculated)	35.3	g/dL	32 - 36
RDW-CV (Calculated)	12.7	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	596	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	6.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.06	10 <sup>9</sup> /L	4.5 - 13.5

PatientName	: Master MALYALA AVANEESH	Inpatient No.	: IP-00060431
Age/Gender	: 9 Y 8 M 21 D/ Male	Admit Date	: 21-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	50	%	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	42	%	28 - 48
MONOCYTES (Microscopy, Leishman stain)	07	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(+) WBC : MORPHOLOGY NORMAL PLATELETS :INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 06:15			
CRP (Immunoturbidimetry)	121	mg/L	H <10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report



Master MALYALA AVANEESH

9 Y 8 M 19 D

Male

IP-00060431

LBH-00134552

Dr. JARJAPU KIREETI

VI26021100

21-06-2026 07:26 PM

21-06-2026 07:31 PM

N 0 GF-EMERGENCY / ER 101

**BLOOD CULTURE AND SENSITIVITY ( Specimen :BLOOD )**

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture :-

Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

Master MALYALA AVANEESH

9959145014

9 Y 8 M 19 D

VI26021149

Male

22-06-2026 08:31 AM

IP-00060431

22-06-2026 08:57 AM

LBH-00134552

23-06-2026 06:22 PM

KODICHERLA VISHNU VARDHAN REDDY

N 1F-FIRST FLOOR / TSH 111

## **URINE CULTURE AND SENSITIVITY (Specimen :URINE)**

### **RESULT**


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

**Gram stained smear:** Shows no polymorphs or organisms

**Culture:** No growth after 24 hrs of incubation

\*\*\*\*\* End of report \*\*\*\*\*

**Dr. RANGANATHAN N. IYER MD FRCPATH DNB  
DPB**  
(CONSULTANT MICROBIOLOGIST)

  
**Dr. VIJENDRA KAWLE  
MD DNB  
CONSULTANT MICROBIOLOGIST  
Reg No :68234**

SRF ID: LBH00134552

Visit ID	: YOD1402785	UHID/MR No	: YOD.0001343372
Patient Name	: Master.MALYALA AVANEESH LBH00134552	Client Code	: YOD-TS-0281
Age/Gender	: 9 Y 8 M 18 D/M	Barcode No	: YD17062
DOB	:	Registration	: 2026-06-22 18:35
Ref Doctor	: KODICHERLA VISHNU VARDHAN REDDY	Collected	: 2026-06-22 21:58
Client Name	: RAINBOW CHILDREN HOSPITAL VIKR	Received	: 2026-06-22 22:38
Client Add	: Plot.No:C16&17, Vikrampuri, Ka	Reported	: 2026-06-23 04:35
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>MYOGLOBIN URINE</b>				
Sample Type : Urine				
Urine Myoglobin	Negative		Negative	Ammonium Sulphate Solubility Test

**INTERPRETATION:**

It is a screening test for Myoglobinuria

Causes or Myoglobinuria includes

- \* Skeletal / Cardiac Muscle injury
- \* Severe Electric shock
- \* Thermal burns
- \* Crush Injury

**ASSOCIATED TEST:** Serum myoglobin, serum creatine phosphokinase (CPK).

\*\*\* End Of Report \*\*\*

Verified By :  
SHAIK MUKHEEDH

Approved By :



*poornima*  
DR K POORNIMA  
MBBS, DNB, PATHOLOGY  
CONSULTANT PATHOLOGIST

Master MALYALA AVANEESH

9 Y 8 M 18 D

Male

IP-00060431

LBH-00134552

KODICHERLA VISHNU VARDHAN REDDY

9959145014

R26-009964

22-06-2026 11:43 AM

22-06-2026 02:23 PM

DRAFT

## ULTRASOUND SMALL PARTS

### FINDINGS & IMPRESSION

1. No focal lesions
  2. Visualized muscles are normal
  3. No evidence of DVT
- Normal doppler and compressibility of the popliteal calf, ATV ad PTV

Print Date/Time : 22-06-2026 02:23 PM

Printed By : YOUNUS PASHA  
MOHAMMAD

Page: 1 of 1

Master MALYALA AVANEESH

9959145014

9 Y 8 M 18 D

R26-009964

Male

22-06-2026 11:43 AM

IP-00060431

22-06-2026 02:19 PM

LBH-00134552

KODICHERLA VISHNU VARDHAN REDDY

DRAFT

### ULTRASOUND ABDOMEN

**LIVER :** Normal in size 10.5 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

**GALL BLADDER :** Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

**SPLEEN :** Normal in size 8.8 cm and echotexture, No obvious focal lesions.

**PANCREAS :** Normal in size and echotexture. MPD not dilated. No calcification noted.

#### **KIDNEYS :**

Right kidney : 91 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 86mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

**URINARY BLADDER :** Distended well and appears normal.

No ascites / lymphadenopathy. No evidence bowel wall thickening / edema.

#### **Impression**

**No obvious sonological abnormality in abdomen.**

#### **Suggested clinical correlation.**

Print Date/Time : 22-06-2026 02:19 PM

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MOHAMMAD

Page: 1 of 1

Master MALYALA AVANEESH

9 Y 8 M 19 D

Male

IP-00060431

LBH-00134552

KODICHERLA VISHNU VARDHAN REDDY

R26-010026

23-06-2026 12:36 PM

23-06-2026 06:24 PM

DRAFT

**PEDIATRIC ECHOCARDIOGRAM REPORT**

Situs & Cardiac Looping	Situs Solitus Levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	Concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Left Arch / No COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	LMCA 2.4mm (0.29) LAD 1.8mm (0.38) RCA 1.7mm (1.26)
PDA	Normal
Pericardium	Nil
Others	Nil

Print Date/Time : 23-06-2026 06:24 PM

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MOHAMMAD

Page: 1 of 3

Master MALYALA AVANEESH

9959145014

9 Y 8 M 19 D

R26-010026

Male

23-06-2026 12:36 PM

IP-00060431

23-06-2026 06:24 PM

LBH-00134552

KODICHERLA VISHNU VARDHAN REDDY

DOPPLER / TISSUE Variables		Gradients	Regurgitation
Mitral flow			
Tricuspid flow			
Aortic flow		0.8	
Pulmonary flow		1.0	
Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

**MEASUREMENTS:**

Master MALYALA AVANEESH

9959145014

9 Y 8 M 19 D

R26-010026

Male

23-06-2026 12:36 PM

IP-00060431

23-06-2026 06:24 PM

LBH-00134552

KODICHERLA VISHNU VARDHAN REDDY

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	13		Tricuspid Annulus		
LA	21		Mitral Annulus		
IVSd	0.6		Aortic Annulus		
LVIDd	3.7		PA Annulus		
LVPWd	0.6		RPA		
IVSs	1.0		LPA		
LVIDS	2.0		MPA		
LVPWs	0.8		AO Isthmus		
EF	61 %		LV Mass		
FS	33 %		Others		

### Impression

Situs solitus levocardia.

Normal cardiac chambers.

Normal biventricular function.

Normal coronaries / no aneurysm.

Normal arch / no CoA.

Print Date/Time : 23-06-2026 06:24 PM

Printed By : YOUNUS PASHA  
MOHAMMAD

Page: 3 of 3

**DEFICIENCY CHECK LIST CASE SHEET**



Patient Name :

IP.No:

Ward:

DOA:

IP-00060431  
 LBH-00134552  
 Master MALYALA AVANEESH  
 9 Y 6 M 21 D (M)  
 04-10-2016  
 Dr. KODICHERLA VISHNU VARDHAN

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	07			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	08			
7	Nurses Progress notes	05			
8	Consultation Sheets	04			
9	General Consent for Treatment	01			
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	05			
26	Intake and Output chart (fluid Chart)	05			
	Drug Chart (Regular prescription)	04			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Empty	03			
	Empty	02			
	Number	07			
	Pain Assessment	10			
	Others	04			
	Billing				
	Total No. of Pages	66			

*Noted by Indu*  
*04/10/16*  
*[Signature]*

Signature and Date :

# ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060431

Admit Date : 21-Jun-2026

Admit Time : 07:05 PM UHID : LBH-00134552

### Patient Details :

Patient Name : Master MALYALA AVANEESH

Age : 9 Y 8 M 17 D

Guardian : Mr YAKAMBRA CHARY MALYALA

DOB : 04-10-2016

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H.NO:12-7-77/1/A,GROUND FLOOR,UMA  
MAHESWARA MARKET,METTUGUDA,  
SECUNDERABAD,LALLAGUDA,HYDERABAD,  
TELANGANA. Mettu Guda Hyderabad  
Telangana INDIA 500017

Phone No : 9959145014/

E-mail : CHARYMALYALA@gmail.com

### Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

### Contact Details :

Name : Mr YAKAMBRA CHARY MALYALA

Relationship : Father

Contact Address : H.NO:12-7-77/1/A,GROUND FLOOR,UMA  
MAHESWARA  
MARKET,METTUGUDA,SECUNDERABAD,LALL  
AGUDA,HYDERABAD,TELANGANA. Mettu  
Guda Hyderabad Telangana INDIA 500017

Phone No : 9959145014 / 7989747622

Signature

### Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN  
REDDY

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

### Payment Details :


Deposit Amount : 10000.00

Payment Mode : DC/CC Card

Payor Name : NIVA BUPA HEALTH INSURANCE  
COMPANY LIMITED

# PATIENT TRANSFER FORM

It has

Patient Name & IHDIN No. LBH-00134552 IP-00060431 Master MALYALA AVANEESH 04-10-2016 9 Y 8 M 17 D (M) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 21/6/26 07.05pm	Date 21/6/26
		Transfer Ordered by Dr. Ganesh	Reason for Transfer Admission
From Unit ER	To Unit III	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films CXR = 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? oppiregiverito	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Nagi Suel / ne		Name of Person Ordered Transfer Dr. Ganesh	
Patient & Clinical Records Received by : Anitha			
Date & Time of Patient Received : 07.05pm 21/6/26			

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

Patient Name : Mast. MALYALA AVANEESH UHID : LBH-00134552 IPD : IP-00060431 Gender : Male Age : 9 Y 8 M 17 D

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



wt - 25.16 kg  
H - 134 cm



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. Avaneesh Age : 9y/8m Gender :  Male  Female

Date : 21/6/26 Time of Arrival : 6.38 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: 99.4 F PR: 100b/m BP: 105/60 RR: 22b/m SpO<sub>2</sub>: 98%

Chief Complaints: 10 Fever since 5 days

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
---	--	---	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

\* CTAS - Canadian Triage and Acuity Scale

[Signature]  
Signature of Parent / Guardian  
Triage Completion Time : 6.42 PM

### Communicable Disease Triage Screening

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

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

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

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

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

- Any patient with Fever / Rash / Vesicles / Discharge and Cough
- Any patient with fever and respiratory symptoms  
"YES" to any of the questions on epidemiology in "PART B" of the triage screening above

**PART D. ACTION / INTERVENTION:** (for patients with positive triage screening)

- Patients should be immediately moved to a single room (as appropriate)
- The patient should be given appropriate PPE already wearing one.
- Both patient and triage nurse should wear appropriate PPE
- The staff should wear appropriate PPE

Name of Triage Nurse : BPO. Sanjay

Date & Time : 21/6/26 @ 6.42 PM

is  
two

... from Eyes  
... who answered  
... risk factors in

... positive suspected  
... (screening)  
... isolated in a negative pressure  
... (appropriate) for pending evaluation.  
... a surgical mask immediately, if not  
... staff should perform hand hygiene.  
... PPE (as appropriate).

of Triage Nurse : .....  
*Sandy*

Patient Name : Mast. MALYALA AVANEESH UHID : LBH-00134552 IPD : IP-00060431 Gender : Male Age : 9 Y 8 M 17 D

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/6/2016 Time of arrival : 6.43 PM

Chief Complaints : Fever since 5 days. RBS: -

Height : 134cm Weight : 25.16kg BMI : - Head Circumference (<2 years) : -

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: -

If yes, identify \_\_\_\_\_

Pain Screening:  Yes  No If Yes, Pain Score: 1 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character \_\_\_\_\_  Location \_\_\_\_\_  Frequency \_\_\_\_\_  Duration Decade

#### 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 : 6.47 PM

Patient Name : Mast. MALYALA AVANEESH UHID : LBH-00134552 IPD : IP-00060431 Gender : Male Age : 9 Y 8 M 17 D

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

Time	Nursing Notes
6:30 PM	PT come to ER.
6:45 PM	PT vitals checked and received Dr. Dr. D. S. Kiran
6:45 PM	Dr. S. Kiran seen thru pt advice admission.
7:00 PM	PT Admission process done.
7:00 PM	PT IV placement done and sample sent to lab.
7:10 PM	PT Swift ER to (111)
7:25 PM	Im. ceftriaxone test case given.
	* COVID 19 Negative.

Samples collected by:

Time: 7:15 PM

Samples sent by:

S.S. Kiran

Time: 7:20 PM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 160b/m BP: 107/60 (125) RR: 22b/m SPO <sub>2</sub> : 98% GCS: 15/15 Temperature: 99.4°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: U1 Time of Shift - out: 21.6.12.6 Handover given to: S.S. Kiran (Nurse's Name) by Sr. Sanjay

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

IV cannulation done.

Name of the Nurse:

Sr. Sanjay

Signature of the Nurse:

Sanjay

Date & Time:

21.6.12.6

## General Admission Assessment Form For Pediatrics

**Diagnosis:** Afl of myoglobin dehydrate  
**Arrival Time:** 2:40pm **Mode of Arrival:** walking **Admitting From:**  ER  OPD  Direct  
**Allergy / Adverse Reaction:** ..... **Body Weight:** 25 Kg  
 ..... nil ..... **Height:** 134 cm

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>nil</u>

**Family History:** .....  
 ..... nil .....

Has the child or close family member had recent contact with a communicable disease?  Yes  No  
 If yes please list, .....  
 Was the child's birth normal?  Yes  No If No, please describe problems: .....  
 Are the child's immunization up to date?  Yes  No

**Current Medication:**  None  Yes, If Yes, fill reconciliation form  
**Observations:** Weight: 25 Length: 134 Head Circumference (< 2 years): .....  
 Temp.: 98.6° HR: 110b/m RR: 25b/m BP: 108/60/60mm  
**Pain Score:** 0 Specify Site: nil (Follow Pain Assessment Sheet & Document)  
**Fall Risk Assessment:**  Yes  No Score: 10 (Document in the Humpty Dumpty Sheet)  
**Risk of Pressure Sore (Braden Q Score)** 29 (Document in the Braden Q Assessment Sheet)  
**Pain Screening:**  Yes  No If Yes, Pain Score: 0 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character of Pain ..... Location ..... Frequency ..... Duration .....

**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  Special Feeding Method  
 Feeding Problem  Special diet  No Abnormality Detected

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?) 1 .....

All Information Obtained From  Patient  Mother  Father  Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach:  Yes  No

Waste Disposal Explained:  Yes  No

Infusion Pump:  Yes  No

Hand hygiene Explained:  Yes  No

Others

Patient Rights & Responsibilities:  Yes  No

Information given to Mother .....

Nurse's Name: Indu .....

Date: 9/16/20 .....

Time: 7:55pm .....

Indu  
Signature



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : Intact

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

#### Superficials:

Plantars +2 in all 4 limbs.

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

AFI c myalgia ↓ evaluation

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

**Planned Labs:**

- Blood c/s - ✓
- Urine c/s - ✓
- C/E ✓
- LFT ✓
- CXR ✓
- Sr. sb. (traly + hb) Sr. Creatine ✓
- CRP
- CRP
- CPK } on opd basis.
- ESR }

**Planned Management**

- IV F
- IV Ceftriaxone
- Antidiuretics
- Esomeprazole.

S/B Dr. Kireeti @ opd.

No feed by  
 necessary  
 n/b

Signature of the Doctor: \_\_\_\_\_

Name of the Doctor: CH. GANESH

Date & Time: 21/6/2026

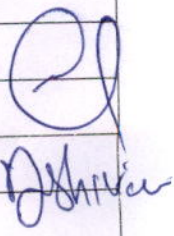
Signature of the Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/16/26 20:45	<p><u>Chloko or Vishnu</u>            ? Viral myalgia</p>	
	<p>NO fever with BL calf muscle pain since 5 days</p> <p><del>CRP</del>, CRP, ESR ↑↑            CPKMB (N)</p>	<p><u>Adv</u></p>
	<p>O/E Calf            Abdom            Calf /            B / N/A            PA /</p>	<p>- 7y Clindamycin            - Syp Paro            - Send CUB            urine for Myoglobin</p>
	<p>NO Hsme, py            NO lymphadenopathy            NO trauma            NO signs of compartment            syndrome</p>	<p>- USG of calf part with            (calf muscle) Doppler T/M</p> <p>- Allow cradle</p>
	<p>Noted By            manisha            22/6/26            @ 8AM</p>	<p></p>



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/PB Dr. Vishnuvardhan	
22/6/20	o/a child alert	ASL - AFI ? Myopathy
	Autonomic	No hearing problem.
	difficulty in walking (+)	↓ On hearing aid
	weakness (+)	since 4 yrs of age
- ACM	Body ache (+)	↓
Bilateral	NO H/O TB in family	
development 2	NO H/O wt loss.	
speech delay	NO H/O Thyroid disorders	plan
* chronic illness		- Check peripheral smear
fever delays		↳ to look for Abnormal cells.
↓		- Rheumatology c/o
Subacute		- Stop pain ↓ make it PDC
↓		R/O muscle weakness.
Started with		- T/M CRP, CRP, ESR, CPK
Body aches		- TET, UST D after c/o
fever since		↓ SOS - Endocrine c/o.
17/6/20.		
		- EKG, Smear pacts + doppler - lower limb
		- USG Abdomen
		- allow orally

*[Handwritten signature]*  
 V/MS

Noted by  
 Bevonika  
 22/6/20  
 @ 2pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 12:30pm	<p>D/w <u>Dr. prajakta mam</u>            (Rheumatologist)            informed case            and reports</p>	
		<p>adu</p> <p>1) To do            USG Hip, knees            ankle</p>
		<p>2) Review reports            3) To send TFT, Veto,            Calcium, LDH,            Procal, B/c/s</p>
Dr. Ushwaja	<p>collect &amp; keep</p>	<p>4) Add NSAID 30            Antacid on.</p> <p>Noted by            Benrika            22/6/26            @ 3pm</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/w Dr. Vishnu sir	
		AFI $\bar{c}$ Myosites.
27/6/26 2:30pm	o/e Child alert Eutermic Vitals Stable CVS - F12 (+) RPI - RAE (+) PLA - RHT	Measles (+) difficulty in walking (+). oral intake - good
		<u>Plan</u>
	fever spike - 3.20pm 100.4 $^{\circ}$ C	1) CBP, CRP, ESR, CPK TFT, U&D, Calcium, LDH, ferritin. - send T/m procalcitonin - collect and keep.
Dr. Vishnu sir		2) Add. <del>opp.</del> Ibuprofen. oral pantop.
		3) Allow orally
		4) Check prep work smear ↓
	20/6/26 →	Anisocytosis macrocytic / } rbc hypochromic } WBC - Morphology (N) plt - thrombocytosis.

noted by  
 Benjina  
 27/6  
 (P.T.O.)  
 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	S/B Resident	
9 AM	Aem - AFI C Myocytes	
	3 fever spikes - yesterday	
	c/o BLE (left) region pain	
	difficulty in walking	
	weakness (+)	
	O/E	
	child alert	
	Euthermic	
	Vitals stable	
	Cvs - h2 (+)	
	Rfs - BAE (+)	
	P/A - soft	
		plan
	B/c/o - No growth after 24 hours	1) Trace reports
	CRP - 142	2) Pyl ceftriaxone
	Ca <sup>2+</sup> - 10.2	3) Inj clindamycin
		4) Syp. Phenylerol
		5) Tab. pantop.

Mullikumar

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/12/16	Cgls to Abdominal Dissection	
12/14/16	oral exam → (N) Persisted fast (1)	
	<u>Pdx</u> 1) Pso fibres 2) throat scrub → coly 3) PCT 4) 2 Deka → Pdx Coverage to look for Pdx Coverage	
SM		
A. Divan		
1130		2 m...

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	As discussed with Dr. Ushara Sw	
23/6/26	1) Sed magnesium in some Sytle 2) <del>sed</del> stop Clindamycin, Phenytoin-rop. 3) Do nystatin to add. 4) Tab. Naproxen i) Calceos plus 5) VC + 60,000 IU stat dose. Once weekly for 6 weeks 6) Rheumatology c/n → T/m Mng 9am. 7) S/S ANA workup. → Trace p/ct reports 8) To continue VC + 6 week regimen.	Trace p/ct reports Dr. Ushara Sw
Note by Pude @ 8pm 2/10 6:40pm	Clindamycin Phenytoin 1) acid for next 24 hrs 2) Start on Naproxen 3) VC T/m	I H/T/m







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

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name: \_\_\_\_\_

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

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

### Pediatric Multiorgan History & Physical Examination

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

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Fever x 5 days  
+ Abdomen Muscle pain

#### History of present illness :

Fever x 5 days.  
Mod-high grade.  
(102-103°F)  
Cough - dry - 1 day.

Severe leg aches (+)  
c 5 days.  
difficulty in walking.

managed on opd basis.

→ antipyretics

→ antibiotics.

1 day.

(20/10/26) LB nager.

CRP - 160

Hb - 10.4

W/L - 64/31.

PIT - 503.

RBC - 4.13

No other localizing signs

(GI symptoms Headache,

Snoring - doubtful)

ESR - 94.

Rough

CPK - 36.

Patier

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



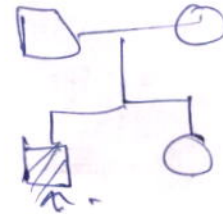
### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
1st admission.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birth & Neonatal History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : class III  
\_\_\_\_\_

**Developmental History :**

\_\_\_\_\_  
(N) in all 4 domains  
\_\_\_\_\_

**Immunization History :**

\_\_\_\_\_  
upto date.  
\_\_\_\_\_

LBH-00134552 IP-00060431  
Master MALYALA AVANEESH  
04-10-2016 9 Y 8 M 17 D (M)  
Dr. KODICHERLA VISHNU VARDHAN

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 25 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98 F Pulse Rate : 98/min B.P. 100/60 SPO2 98%

Resp.rate and type of breathing : \_\_\_\_\_  
24 /min

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

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

Allergies (if any): \_\_\_\_\_

Throat to be checked  
Not cooperative.

#### Respiratory System :

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

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : clear

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S1 S2

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

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : Soft NAD.

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

Relevant data from outside (CT, USG etc..) \_\_\_\_\_

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B Resident</u>	
21/10/26 8:00 AM	<p>Dr's: Ascitic myobis.</p> <p>2 temp spikes yesterday at 1:35pm &amp; 6pm.            (100.3f)(100.6f).</p> <p>Body aches - Better.</p> <p>weakness (ent) . call tenderness (4).</p> <p>L improved.</p>	
	<p>O/I - Better.</p> <p>Y/O - Adherence.</p>	
	<p><u>O/E</u></p> <p>Chud plant</p> <p>Vitamin table</p> <p>CU 4g @</p> <p>M: B/LA E @</p> <p>PIA: soft</p> <p>CU - 2AD .</p>	
	Dr. Prachin -	<p><u>Plan</u></p> <p>- Chemotherapy q/w - today.</p> <p>- Inj. ceftriaxone - D3</p> <p>- Inj. Doxycycline - D1</p> <p>- Tab. Naproxen</p> <p>- Tab. pantoprazole</p> <p>- Calcein</p>

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH (M)  
 04-10-2016 9 Y 8 M 19 D  
 Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/20 9:30 AM	C/S/B Dr. Vishnuvardhan	
	O/E	
	Child Alert & Active.	
	Able to walk well, say more tendence - Better.	
	O/I - Better.	
	Explained parent about the condition.	
	This looks more like a viral infection.	
	We need to watch for fevers spikes. And decide further	
	if no improvement in symptom.	<u>Adv</u>
	If fevers spikes - need for Bone marrow	- encourage oral feeds
	Aspiration's Biopsy.	- continue vitD - weekly once.
	Gait disturbance	- repeat esp. crp
	Do formal power count	Vlm.
	motor/ent	- plan to do vlm
	system	if improve (fnt).
	examination	- <del>Bone</del>
		- Neurological Evaluation.
		Neuro clw.

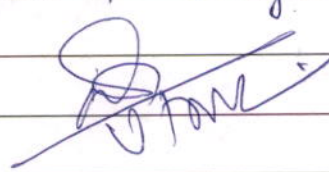
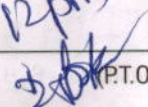
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/S on admission	
29/6/20	No fever spikes	
	Child alert, euthymic	
	able to walk better	
	oral intake better	
	Calf tenderness (L)	
	Other - (N)	
	No other concerns	
		Plan
		1) CRP, CRP T/m
		ESR, CRP - collect sample and keep.
		2) D/c T/m if no fever spikes
		noted by
		manasa
		24/6
		07 PM

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
2016/20 8:00 AM	<p>S/B Resident</p> <p>Ash - AFI ? Myocarditis.</p> <p>↓ fever spike 9:40pm @ 100°F</p> <p>able to walk better</p> <p>oral intake - good</p> <p>urine ?</p> <p>stools (N)</p> <p>CVs - h/o (+)</p> <p>4s - TRAC (+)</p>	
		<p>Plan</p> <p>1) Rheumatology of N.</p> <p>2) plan discharge after 4N</p> <p>3) Drg ceftriaxone D4</p> <p>4) Drg Doxycycline D2</p> <p>5) Exp. calcimex +</p> <p>6) Tab. Naproxen</p> <p>7) Exp. meropenem</p> <p>8) Tab pantop D0.</p>
@MURUGAN		

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/12/16 10:30 AM	S/R <u>Dr. Vishnu Var</u>	
	o/a child active	1 fever spike - 9:40pm @ 101.2°F
	Antibiotics	
	Calf tenderness (↓)	
	able to walk better	
	activity - good	
	oral intake - better	
	USG - (10)	
	<u>on discharge</u>	
⇒	Ceftriaxone - total 2 week	Plan → continue till every dose
⇒	Doxycycline - total 1d	1) <del>Plan</del> Inj ceftriaxone - <del>stop</del>
⇒	reflexive - total 1d changes to →	oral doxycycline
		2) Allow orals
	<p>Child may require Bone marrow biopsy for further evaluation if fever persists. May require whole body PET scan to look for tumor related changes. Child not started on any steroids. We will change to oral antibiotics today. As child is able to walk better and calf tenderness reduced - child can be discharged only on antibiotics. If fever persists - may require further investigation. Child require monitoring by parents even after discharge.</p>	
	<p>Noted by <u>Dr. Sudh</u>          @ 12pm   (P.T.O)</p>	





## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <b>AFI → Evaluation</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure: _____	Post OP Day: _____						
<b>BACKGROUND</b>	Date	21/6/26 140 E	21/6/26 E	21/6 140 N	22/6 80	22/6 E	22/6 N	
	Shift							
	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil	Nil	Nil	
Diet:	Normal	N. diet	N. diet	N. diet	N. diet	N. diet		
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	99.4°F	99.2°F	98.6°F	98.6°F	99.9°F	98.6°F
		Res:	22 blm	22 blm	24 blm	20 blm	22 blm	24 blm
		SpO <sub>2</sub> :	98%	99%	99%	98%	100%	97%
		Pulse:	100 blm	110 blm	104 blm	105 blm	108 blm	103 blm
		BP:	105/169	104/161	109/178	104/168	108/162	103/169
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact	
	<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physiotherapy:		—	Nil	Nil	Nil	Nil	Nil	
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		Normal	Normal	N. diet	N. diet	N. diet	N. diet	
Critical Lab Test / Values:		—	—	Nil	Nil	Nil	Nil	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:	—	Nil	Nil	—	Nil	—		
Handed Over By Name :	Bro Sany	Anitha	manisha	Anitha	Subham	manisha		
Signature / ID :	SK	Acl	ms	29050140	202444	4050145		
Date:	21/6/26	21/6	22/6	22/6/26	22/6	23/6		
Time:	7:40pm	@ 8pm	@ 8pm	@ 2pm	8pm	8A		
Taken Over By Name :	Anitha	manisha	Anitha	subham	manisha	Subham		
Signature / ID :	Acl	ms	29050140	202444	4050145	202444		
Date:	21/6	21/6	22/6	22/6	22/6/26	23/6/26		
Time:	@ 7:45pm	@ 8pm	@ 8AM	@ 2pm	8A	@ 8AM		

### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AFI E myotidias</b>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure: <b>nil</b>	Post OP Day: <b>nil</b>						
BACKGROUND	Date	<b>23/6</b>	<b>23/6</b>	<b>23/6/26</b>	<b>24/6</b>	<b>24/6</b>	<b>24/6/26</b>	
	Shift	<b>morning</b>	<b>E</b>	<b>N</b>	<b>morning</b>	<b>E</b>	<b>N</b>	
	Medical Condition (Any special condition to be noted):	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>N9</b>	<b>nil</b>	
	Diet:	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<b>RA</b>	<b>RA</b>	<b>RA</b>	<b>RA</b>	<b>RA</b>	<b>RA</b>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<b>99.6°f</b>	<b>98.6°f</b>	<b>98.4°f</b>	<b>98.9°f</b>	<b>98.7°f</b>	<b>98.6°f</b>
		Res:	<b>22b/m</b>	<b>23b/m</b>	<b>25b/m</b>	<b>22b/m</b>	<b>22b/m</b>	<b>24b/m</b>
	SpO <sub>2</sub> :	<b>99%</b>	<b>98%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>	<b>98%</b>	
	Pulse:	<b>103b/m</b>	<b>106b/m</b>	<b>104b/m</b>	<b>113b/m</b>	<b>102b/m</b>	<b>103b/m</b>	
	BP:	<b>105/63(89)</b>	<b>110/65(85)</b>	<b>107/78(62)</b>	<b>98/65(74)</b>	<b>96/60(70)</b>	<b>99/63(84)</b>	
	LOC:	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>	
	Fall Risk Score:	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	
Pain Score:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
Skin Integrity	<b>intact</b>	<b>intact</b>	<b>intact</b>	<b>intact</b>	<b>intact</b>	<b>intact</b>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	<b>s.diet</b>	
	Critical Lab Test / Values:	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<b>dependent</b>	<b>dependent</b>	<b>dependent</b>	<b>dependent</b>	<b>dependent</b>	<b>dependent</b>		
Post Operative Procedure Special Orders:		<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	<b>nil</b>	
Handed Over By Name :		<b>Subham</b>	<b>Arde</b>	<b>manisha</b>	<b>subham</b>	<b>manisha</b>	<b>Beconika</b>	
Signature / ID :								
Date:		<b>23/6</b>	<b>23/6/26</b>	<b>24/6/26</b>	<b>24/6/26</b>	<b>24/6</b>	<b>25/6/26</b>	
Time:		<b>@ 8pm</b>	<b>@ 8pm</b>	<b>@ 8am</b>	<b>@ 8pm</b>	<b>@ 8pm</b>	<b>@ 8pm</b>	
Taken Over By Name :		<b>Arde</b>	<b>manisha</b>	<b>Subham</b>	<b>manisha</b>	<b>Beconika</b>	<b>Arde</b>	
Signature / ID :								
Date:		<b>23/6/26</b>	<b>23/6/26</b>	<b>24/6/26</b>	<b>24/6</b>	<b>24/6</b>	<b>24/6</b>	
Time:		<b>@ 9pm</b>	<b>@ 9pm</b>	<b>@ 8am</b>	<b>@ 8pm</b>	<b>@ 8pm</b>	<b>@ 8pm</b>	

### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>ASD C mouth</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>5</i>						
	Surgery / Procedure: <i>nil</i>	Post OP Day: <i>nil</i>						
BACKGROUND	Date	<i>14/10/20</i>						
	Shift	<i>M</i>						
	Medical Condition (Any special condition to be noted):	<i>nil</i>						
	Diet:	<i>solid</i>						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>nil</i>						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6</i>					
		Res:	<i>20/1m</i>					
		SpO <sub>2</sub> :	<i>98</i>					
		Pulse:	<i>110/1m</i>					
		BP:	<i>101/62</i>					
		LOC:	<i>conscious</i>					
		Fall Risk Score:	<i>10</i>					
Pain Score:	<i>0</i>							
Skin Integrity	<i>intact</i>							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>nil</i>						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>solid</i>						
	Critical Lab Test / Values:	<i>nil</i>						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>as per</i>							
Post Operative Procedure Special Orders:	<i>nil</i>							
Handed Over By Name :	<i>Prade</i>							
Signature / ID :	<i>(Signature)</i>							
Date:	<i>25/10</i>							
Time:	<i>2:20 PM</i>							
Taken Over By Name :								
Signature / ID :								
Date:								

*Noted by ASD*  
*2:20 PM*  
*25/10*

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 21 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):							
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 17 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

# NURSING CARE RECORD



Date: 21/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	8pm	→ maintain fluid balance		→ Administered IV fluid DNS 42ml/hr	→ To maintain hydration	→ patient is stable	Anthea 21/6 @8pm
Night	9pm	→ maintain Good nutritional status		→ To oral intake is Good	→ provided normal diet	→ patient is stable	manisha 22/6 @2am

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 17 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



# NURSING CARE RECORD

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date: 22/6/26

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
- N/A
- 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	10am	→ Maintain fluid Balance		→ Administered IV fluid Balance 42 ml/hr	→ To maintain Hydration	→ patient is Stable	Anitha 22/6 @ 2pm
Afternoon	4pm	→ Maintain good Nutritional status		→ To oral Intake is good	→ To provided Soft diet.	Patient is Stable	Subham 22/6 @ 8pm
	6pm	→ Relieve pain & discomfort.		→ To provided Analgesis	to Reduce Pain		
Night	10pm	→ To maintain fluid Balance		→ Administered ONS 32 ml/hr	→ To maintain Hydration	→ child is Stable & Hydrated	manisha 23/6 PT
	2A	vitals		→ vitals checked for fever spikes	→ fever frequency reduced		

# NURSING CARE RECORD

Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	maintain good nutritional status		provided by soft diet	oral intake is good	patient is stable	Subra 23/6 @2pm
Afternoon	3:00	2D Echo done	3:15	2D Echo done	Echo is normal	patient is stable.	Indu @ 4pm 23/6/26
Night	2:30	- maintain aseptic technique		maintained aseptic technique	prevent from infection		
Night	4pm	- maintain fluid balance - Ensure safety		- Administered IV fluid DNS 32 ml/hr - side rail kept up	- to maintain hydration - prevent from fall risk	- patient is stable	manisha 24/6/26 @8am

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



# NURSING CARE RECORD

Date: 24/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	→ maintain personal hygiene	9am	→ Provided hand washing & hand hygiene	→ To prevent infection	→ patient is stable	Subhen 24/6 @ 2pm
	10am	→ Ensure safety	10am	→ Side rails kept up	→ Prevent from fall risk		
Afternoon	3 pm	→ maintain good nutritional status	3:30 pm	→ Advice the patient to take more oral intake	→ To maintain oral intake	→ patient is stable	Murasa
Night	8pm	- Ensure safety - Maintain personal hygiene	8pm	- Maintaining I/O chart - orally intake is good	- vitals are normal	- patient is stable	Besovika 25/6/26 @ 8pm



# NURSING CARE RECORD

Date: 25/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		discharge notes		as came for discharge			
Afternoon		stable advice for discharge					
Night						12pm 25/6/20	

# NURSING CARE RECORD

Date: .....

**Goals**

Patient ID: IP-00060431  
 LBH-00134552  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 6 M 21 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

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

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



## THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			21/6	22/6	22/6	22/6	23/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None ✓	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None ✓	1	1	1	1	1	1
<b>Total</b>			10	10	10	10	10

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair occupant		X	X	X	X	X
Other Intervention(s) Specify		X	X	X	✓	✓
Nurse's Name:		Naga	Manish	Anitha	Beena	Manisha
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		21/6	22/6	22/6	23/6	23/6
Time:		7:15 pm	2 AM	10 AM	8 pm	CA



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			23/6	23/6	23/6	24/6	24/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2	0				
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4	0				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			10	10	10	10	10

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✗	✓	✓	✗	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair up		✗	✓	✗	✗	✗
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Subha	Mansi	Rishi	Subh	Pracuse
Signature:		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date:		23/6	23/6	23/6	24/6	24/6
Time:		1PM	5PM	11PM	10AM	4PM



## THE HUMPTY DUMPTY SCALE

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

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair sup.		X	X	✓		
Other Intervention(s) Specify		✓	✓	✓		
Nurse's Name:		Belovita Belovita Bay				
Signature:		Bay Bay Bay				
Date:		25/6 25/6 25/6				
Time:		12Am 8Am 10P				

## CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :  Name : Neel

Signature of Ward In Charge :  Name : Elizabeth



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	24/6 DAY-1			26/ DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
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				Subh		Reson							

**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 : Sadiya

Signature of Ward In Charge :

Signature : Name : Elizabeth

## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6	7:15 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	nee
22/6	2am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	nee
22/6	10AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Anil
22/6	8pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Beronica
23/6	4AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Manisha
23/6	12pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subham
23/6	5pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	ma
23/6/26	11pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manisha
24/6/26	10am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subham
24/6	4pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	et

**Re-assessment Frequency:**

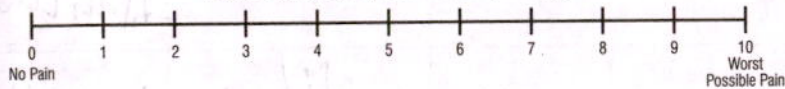
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 - 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

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

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years





## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/6/26	12AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Belonika
25/6/26	8AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Belonika
26/8	1000	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

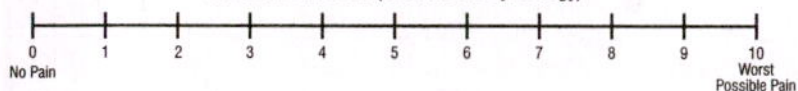
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
  - a) At least every 2 hours for the first 24 hours
  - b) Then every 4 hours.
  - c) Prior to pain relieving intervention.
  - d) Within 30 – 60 minutes after pain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

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## Wong - Baker (Pediatrics) Above 7 Years



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst

LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 17 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

# BRADEN 'Q' SCALE



					Date :	21/6	22/6	23/6	23/6
					Time :		3AM	10AM	4AM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICTION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					<b>TOTAL SCORE</b>	28	28	28	28
					<b>Evaluator's Name</b>	Mee	me	Aan	manisha

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	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for <b>“At Risk”</b> Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for <b>“Moderate Risk”</b> Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for <b>“High Risk”</b> Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



## GENERAL CONSENT FOR TREATMENT

Patient Name: Master MALYALA AVANEESH Age : 9 Y 8 M 17 D  
IP No: IP-00060431 Sex: Male  
Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY Ward/Bed No: N 0 GF-EMERGENCY/ER 101

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Y. Chary. Mahala.

Relationship:

Father.

Date:

21/6/2026

Time: 7:05 pm.

Witness Name:

Witness Signature:



Patient Address:

H.NO:12-7-77/1/A,GROUND FLOOR,  
UMA MAHESWARA MARKET,  
METTUGUDA,SECUNDERABAD,  
LALLAGUDA,HYDERABAD,TELANGANA.  
Mettu Guda Hyderabad Telangana  
INDIA 500017

SRF ID: LBH00134552

Visit ID	: YOD1402785	UHID/MR No	: YOD.0001343372
Patient Name	: Master.MALYALA AVANEESH LBH00134552	Client Code	: YOD-TS-0281
Age/Gender	: 9 Y 8 M 18 D/M	Barcode No	: YD17062
DOB	:	Registration	: 2026-06-22 18:35
Ref Doctor	: KODICHERLA VISHNU VARDHAN REDDY	Collected	: 2026-06-22 21:58
Client Name	: RAINBOW CHILDREN HOSPITAL VIKR	Received	: 2026-06-22 22:38
Client Add	: Plot.No:C16&17, Vikrampuri, Ka	Reported	: 2026-06-23 04:35
Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**MYOGLOBIN URINE**

Sample Type : Urine

Urine Myoglobin	Negative		Negative	Ammonium Sulphate Solubility Test
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**INTERPRETATION:**

It is a screening test for Myoglobinuria

Causes of Myoglobinuria includes

- \* Skeletal / Cardiac Muscle injury
- \* Severe Electric shock
- \* Thermal burns
- \* Crush Injury


**ASSOCIATED TEST:** Serum myoglobin, serum creatine phosphokinase (CPK).

\*\*\* End Of Report \*\*\*

Verified By :  
SHAIK MUKHEEDH

Approved By :



  
**DR K POORNIMA**  
 MBBS, DNB, PATHOLOGY  
 CONSULTANT PATHOLOGIST

# CONSULTATION FORM



Doctor Name : Dr. Sindhuva

Date : 21/06/26 Hour : .....

Hospital : R.C.H.

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Referred for :  Opinion  Co-Management

Date : ..... Time : ..... By : .....

Transfer of care

**Reason for Consultant** • If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

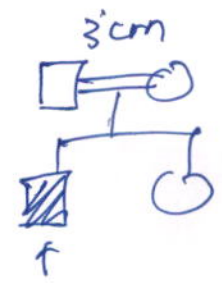
LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



Signature: \_\_\_\_\_ M.D.

**Report of Findings and Recommendations :**

<sup>cpo</sup>  
 fever, intermittent mild-moderate pain x 4 days  
 difficulty in walking with pain in calf x 5 days



amblyopia after giving  
 ketorolac  
 ↓  
 walking difficulty resolved  
 as no response of postural/dental  
 waxness in PAH  
Diagnosis - [con. for] appropriate  
 for age  
 speech - delayed  
 currently speaking in  
 sentences

no hearing loss  
 [ using  
 hearing aids since  
 4 years

No difficulty in ~~with~~ swallowing, chewing, breathing

**Consultant :**  
 Name : Dr. P. Sindhuva Signature : [Signature] Date & Time : 24/6/26

**NOTE :** If more space is required use another consultation sheet as continuation

④ UC - STERN  
 PUPILS - equal, reacting  
 EOM - full  
 NO FACIAL BULBAR WEAKNESSES

⑤ PNR

FORM	R	L
OL	5/5	4/5
CL	5/5	4/5

STR → +2  
 PLANTAR REFLEX

gait - normal

⑥ Adv - get old BEBA report

⑦ - CPK - (M)  
 ECR - 72  
 CRP - 140

→ BEBA testing SOS

→ SOS APACT temporal bone to identify cause of hearing loss

⑧ power

	(R)
neck flexors	5/5
Shoulder flexors	5/5
Shoulder abductors	5/5
Elbow flexors	5/5
Wrist extensors	5/5
Wrist flexors	5/5
Hand extensors	5/5
Hand flexors	5/5
Knee flexors	5/5
Knee extensors	5/5
Ankle plantar flexors	5/5

⑨

5/5
5/5
4/5
4/5
5/5
5/5
5/5
5/5
5/5
5/5
5/5
5/5

and not be missed dit formula

# CONSULTATION FORM



Doctor Name : Dr. Prajakta.

Date : ..... Hour : .....

Hospital : Dr. KODICHERLA VISHNU VARDHAN (M)  
 LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D



Referred for : ..... ment  
 Transfer of care

Type of Referral :  Emergency (within one hr.)  
 Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Date : 24/6/26 Time : 9:40 AM By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

? Viral myositis.

Signature: ..... M.D.

### Report of Findings and Recommendations :

V/c done.

- child clinically improved : Admission.

fever trend improving with only 2 spikes - yesterday

last spike @ 6pm.

- calf pain significantly better (pain score reduced from 8/10 - 1-2/10 as per parents)

Child comfortable, alert & Active.

#### on video examination:

Child able to sit & stand independently,

Walk normally & stand on tiptoes w/out difficulty.

No obvious gait abnormality or heel weariness appreciated.

- Investigation reviewed.

### Consultant :

Name : ..... Signature : ..... Date & Time : .....

**NOTE :** If more space is required use another consultation sheet as continuation

CRP decreased from 160 to 142 mg/L.

EKT

WBC (N)

Platelet - 6.09 lakhs (likely reactive)

CPK (N)

B/Cr → -ve so far

EUS & UH (N)

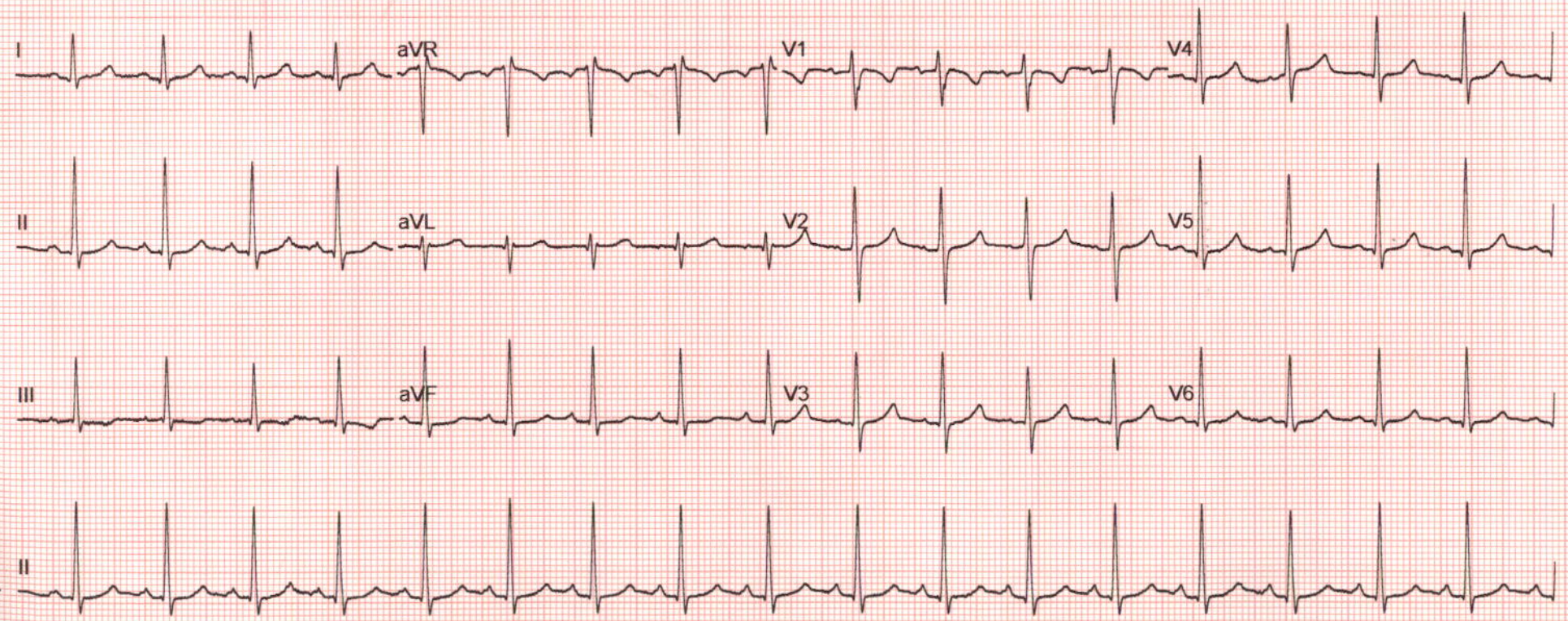
Overall clinical picture suggests improvement.

Adv:

- Continue current management
- Monitor levels of inflammatory markers.
- Consider MRI if clinical improvement plateau or inflammatory markers worsen.

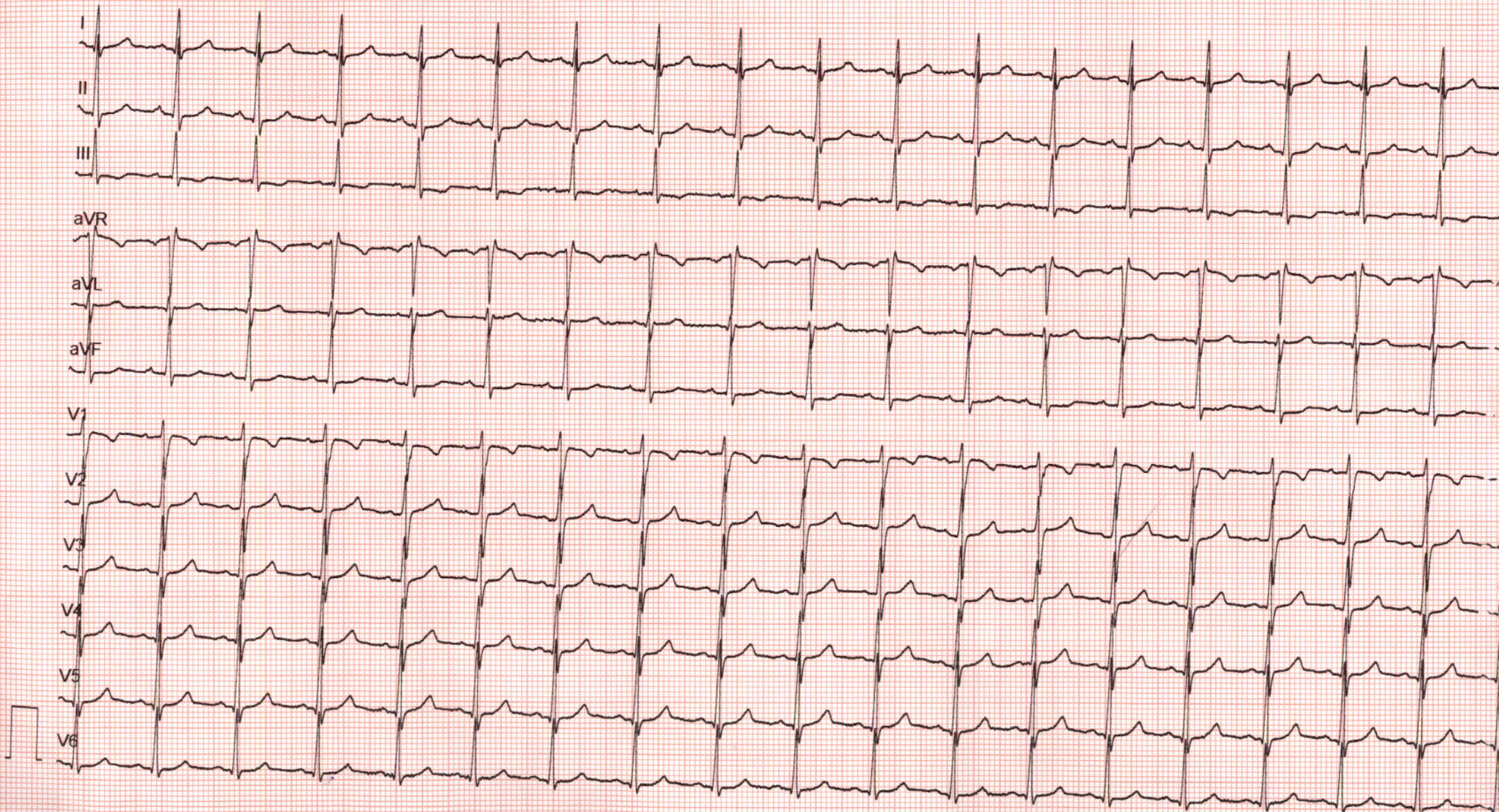
QRS : 86 ms  
QT / QTcBaz : 342 / 454 ms  
PR : 136 ms  
P : 84 ms  
RR / PP : 566 / 566 ms  
P / QRS / T : 53 / 70 / 19 degrees

\*\*\* Pediatric ECG analysis \*\*\*  
Normal sinus rhythm  
Normal ECG



9 Years

Male



# CONSULTATION FORM



LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 20 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

Doctor Name : .....

Date : .....



Hospital : .....

Type of Referral :  Emergency (within one hr.)

Referred for :  Opinion  Co-Management

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Transfer of care

Date : ..... Time : ..... By : .....

Reason for diagnosis: LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN

ent care specify the particular need, especially in the absence of a second



Signature: \_\_\_\_\_

M.D.

**Report of Findings and Recommendations :** H10 fever x 1 week  
 NO H10 rash, conjunctivitis, strawberry tongue, oral  
 ulcers, fingers redness/peeling of skin.

investigations

2D Echo Situs solitus levocardia  
 Normal size cardiac chambers.

Hb - 11.4

LMCA = 2.4 mm (-0.29)

WBC - 9000

LAD = 1.8 mm (-0.38)

PLT - 6.09 lak

RCA = 1.7 mm (-1.26)

CRP - 142

Urin P/M PC - 2-4

O/E - NO rash

conjunctivitis

red tongue

NO LNP

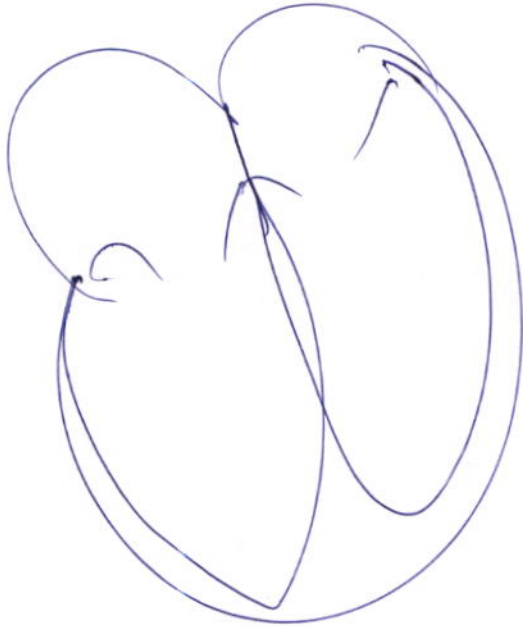
CVS - S.S<sub>2</sub> (N) NO murmur.

**Consultant :**

Name : ..... Signature : ..... Date & Time : .....

**NOTE :** If more space is required use another consultation sheet as continuation

day tenderness (+)



Adu

1. ESR | CPK levels | ECG.

2. R/v - 2 days (if fever persists).

---

Dr. Bhanu  
(Dr. Bhanu)



LBH-00134552 IP-00060431  
 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 19 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN  
 PATIE: .....  
 AGE: .....  
 DONE BY: ..... DATE: .....

**PEDIATRIC ECHOCARDIOGRAM REPORT**

Situs	
Cardiac Position	
Systemic Veins	
Pulmonary Veins	
Atrio ventricular connection	
Ventricular arterial connection	
Great artery relationship	
Right atrium	
Left atrium	
Inter atrial septum	
Mitral Valve	
Tricuspid Valve	
Right ventricle	
Left ventricle	
Interventricular septum	
Aorta and aortic arch	
Pulmonary artery and branch PA	
Aortic Valve	
Pulmonary valve	
Coronaries	LMCA = 24mm (0.29) LAD. 1.8 (0.138)
PDA	RSA 1.2 (0.126)
Pericardium	
Others	

**Doppler**

	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow	0-8	
Pulmonary flow	10	

Mitral flow	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid flow	E'	A'	S'
Time Intervals	IVRT	IVCT	DT
Others			

**MEASUREMENTS**

Position	Absolute (cm)	Z Score	Position	Absolute (cm)	Z Score
AO	1.3		Tricuspid Annulus		
LA	2.1		Mitral Annulus		
IVSd	0.5		Aortic Annulus		
LVIDd	3.7		PA Annulus		
LVPWd	0.6		RPA		
IVSs	1.0		LPA		
IVIDS	2.0		MPA		
LVPWsMA	0.8		AO Isthmus		
EF	61		LV Mass		
FS	30		Others		

**IMPRESSION :**

S. 20 coronary @ Heart  
 (N) Cardiac chamber  
 (N) Bvst  
 (N) Coronary / No Aneurysm  
 (N) No MCo

**Performed by :**

23/06/2024

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

  
BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

To.

Rainbow children heart institute,  
Banjara Hills  
Hyderabad.

Respected Sir/mam.

This is a case of 9 year old child with history of fever since 2 week and muscle pain (more in B/L calf region of lower limb). Child had difficulty in walking. On evaluation, child has high inflammatory markers (CRP - 142) with thrombocytosis (Platelet - 6.09). On screening echo found to have mild-dilatation of Coronaries.

Kindly do echo with cardiac consultation for this child and do the needful.

(Reports enclosed)

Thank you,

yours sincerely  
RCH, Vikramপুর  
Dr. Uthwaj.

Pat



/ CLINICAL / 126

**SCHOOL AGE (5-12 years)**

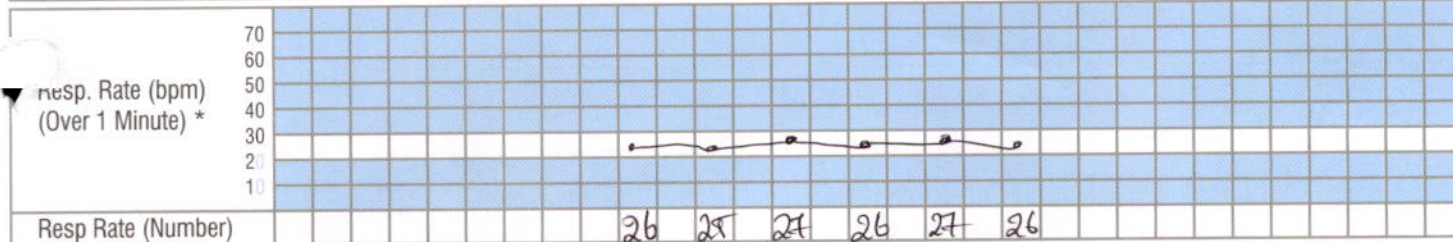
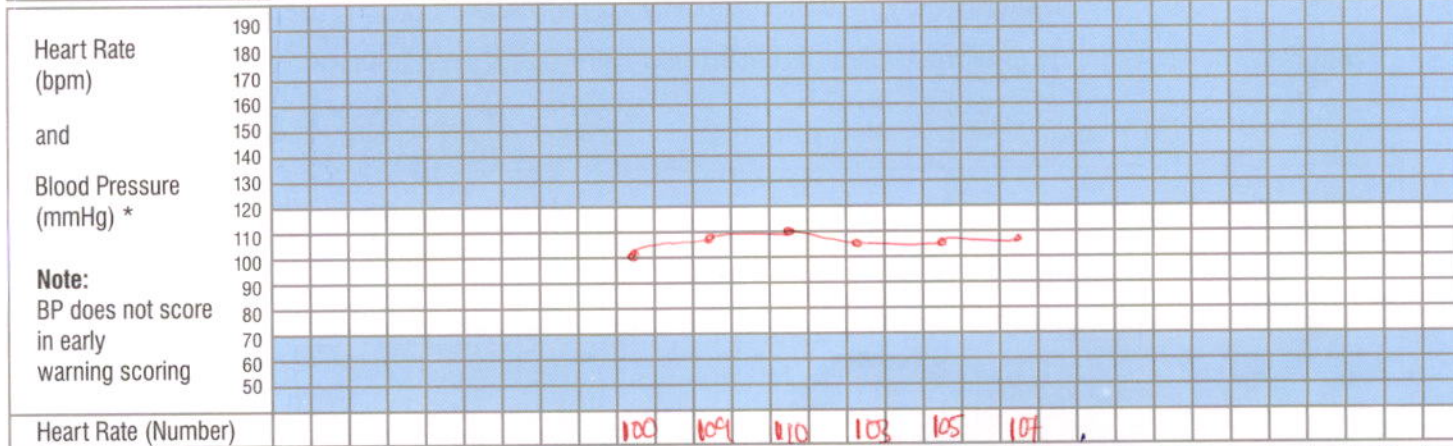
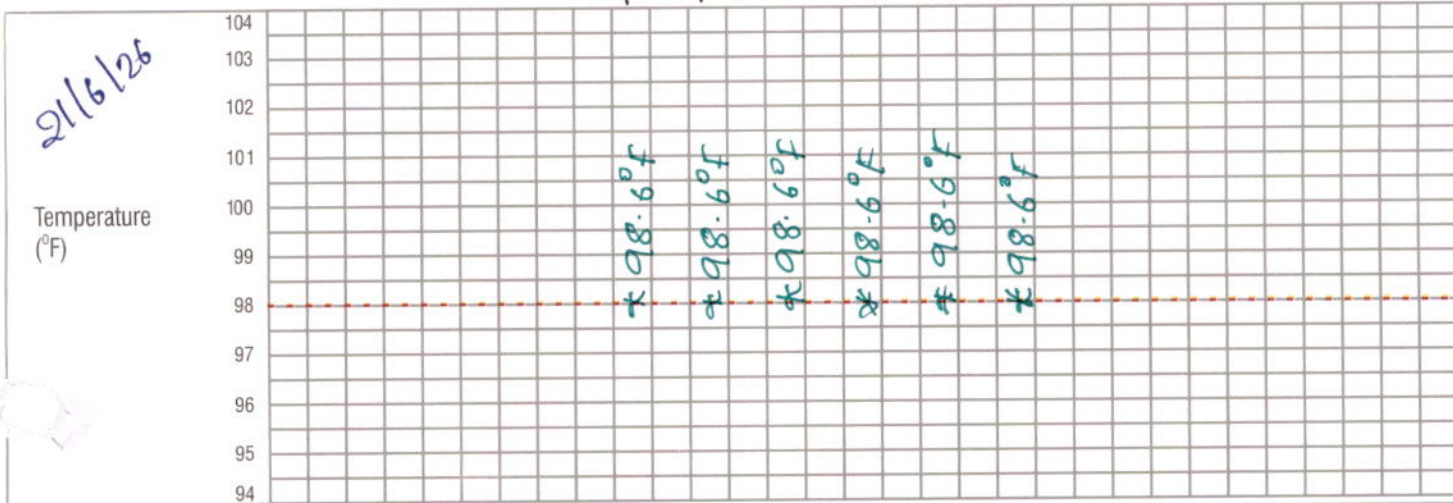
**Children's Observation & Early Warning Scoring Chart**



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

Date : ..... Time: 9 11 1 3 5 7

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



Resp Distress	Mod/ Severe					
	None / Mild	N	N	N	N	N
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)		98	99	98	97	99
Conscious Level	Normal / Altered	N	N	N	N	N
GCS *		15	15	15	15	15

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

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- 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)
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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

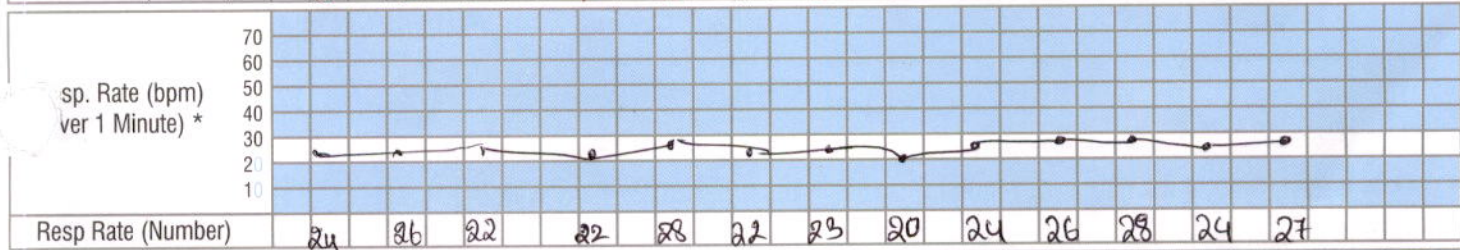
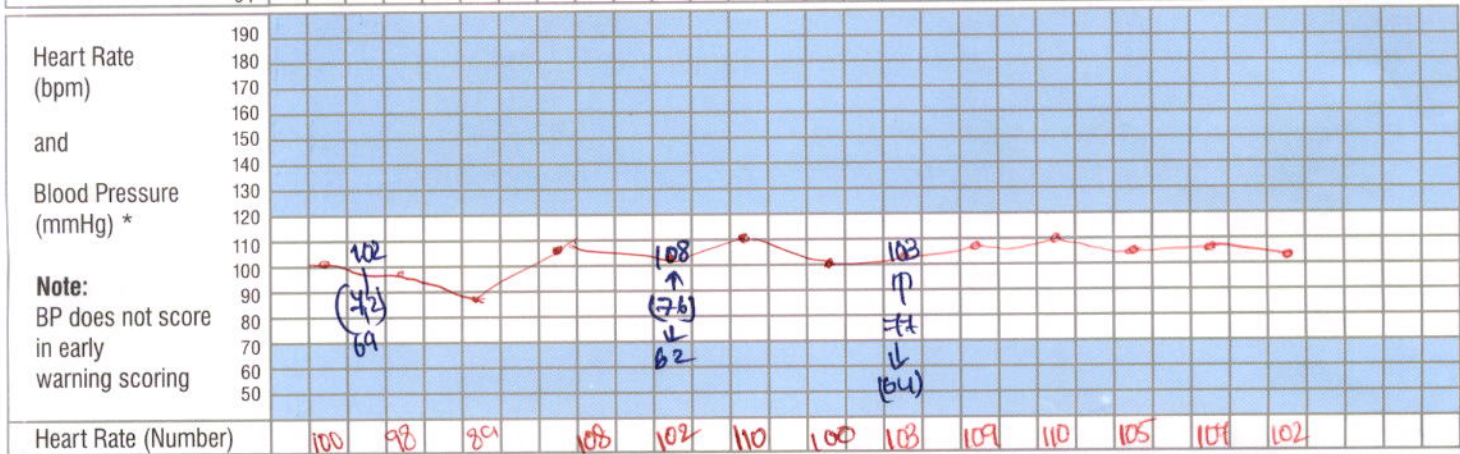
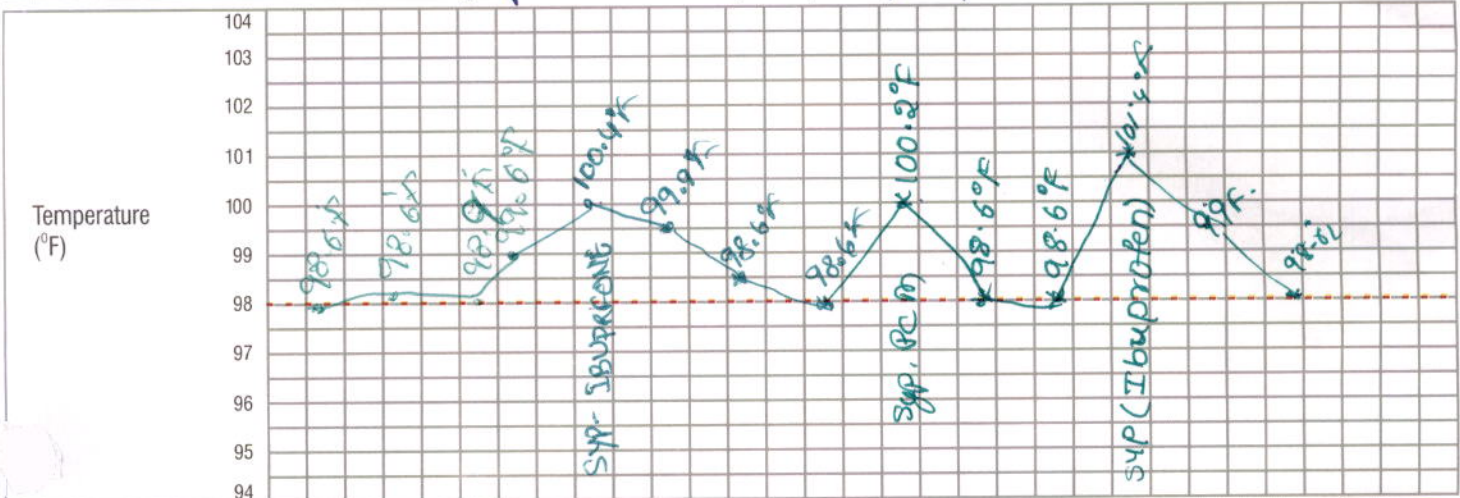
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/20	Time: 9	11	1	2:35	3:20	4:40	6	8	9:50	11	1	4	6	8
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	M	M	M	N	N
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	99	98	97	100	98	95	97	99	98	100	97	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	M	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15	15

<b>TOTAL SCORE</b>		0	0	0	1	1	0	0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		A	A	A	SK	SK	SK	SK	M	M	M	M	M	M

<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse
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	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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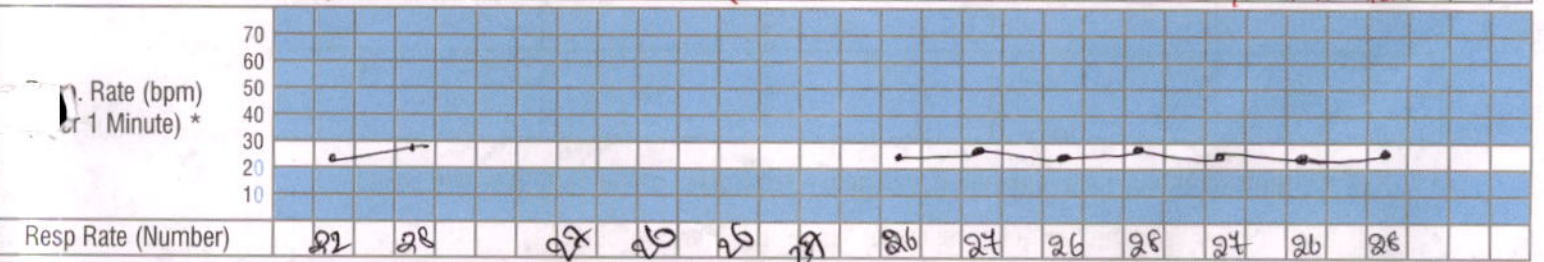
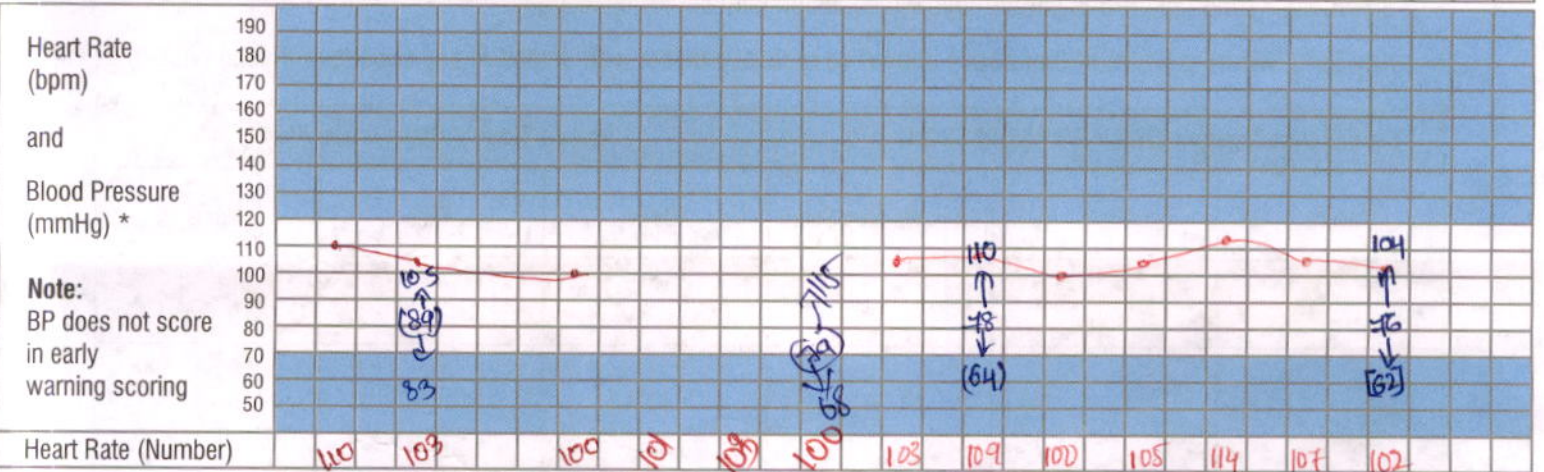
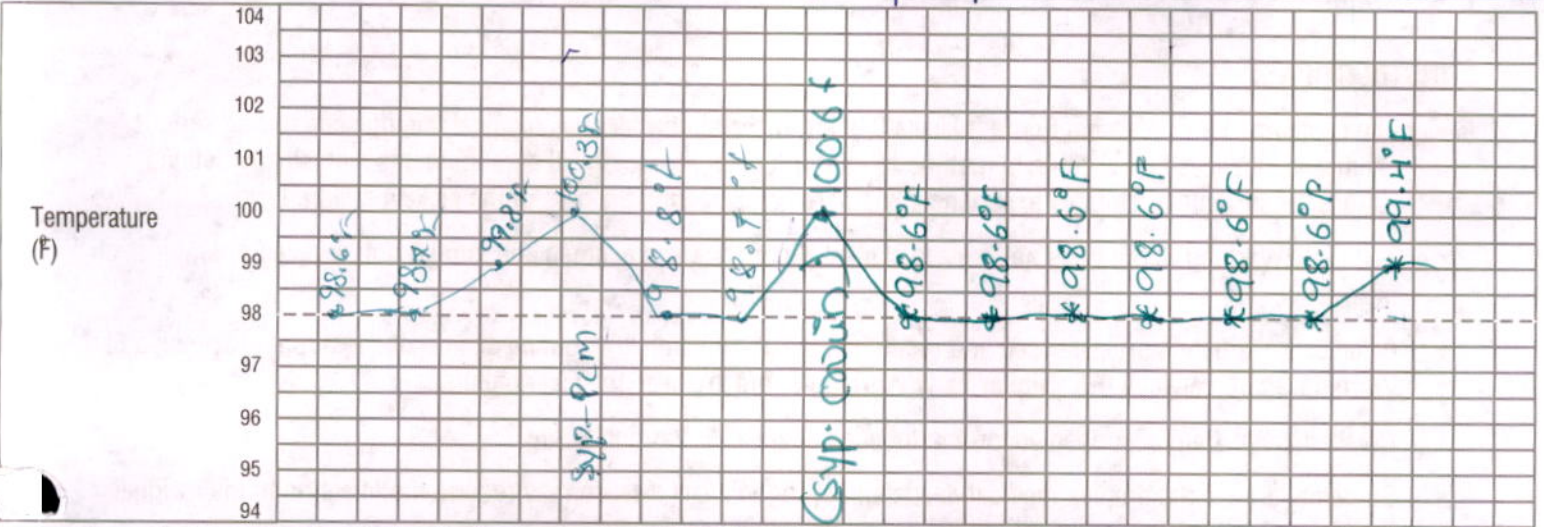
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6/26	Time: 9	11	1	1.35	3	5	6	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Pm				



Resp Distress	Mod/ Severe None / Mild	
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99 97 99 98 98 97 98 99 98 99 100 99 98 99
Conscious Level	Normal / Altered	N N N N N N N N N N N N N N N
GCS *		15 15 15 15 15 15 15 15 15 15 15 15 15 15

<b>TOTAL SCORE</b>	
Number of shaded boxes	0 0 1 1 1 0 1 0 0 0 0 0 0 0
Pain Score	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Observer's Initials	SP SK SK SK SK SK SK M M M M M M M

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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IP-00060431  
 LBH-00134552  
 Master MALYALA AVANEESH (M)  
 04-10-2016 9 Y 8 M 19 D  
 Dr. KODICHERLA VISHNU VARDHAN

Doc. No. : RCHBH/ FRM / CLINICAL / 126

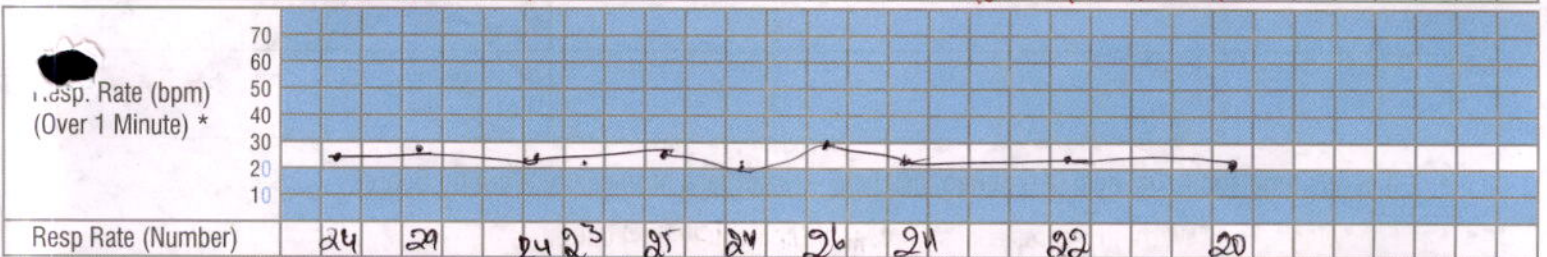
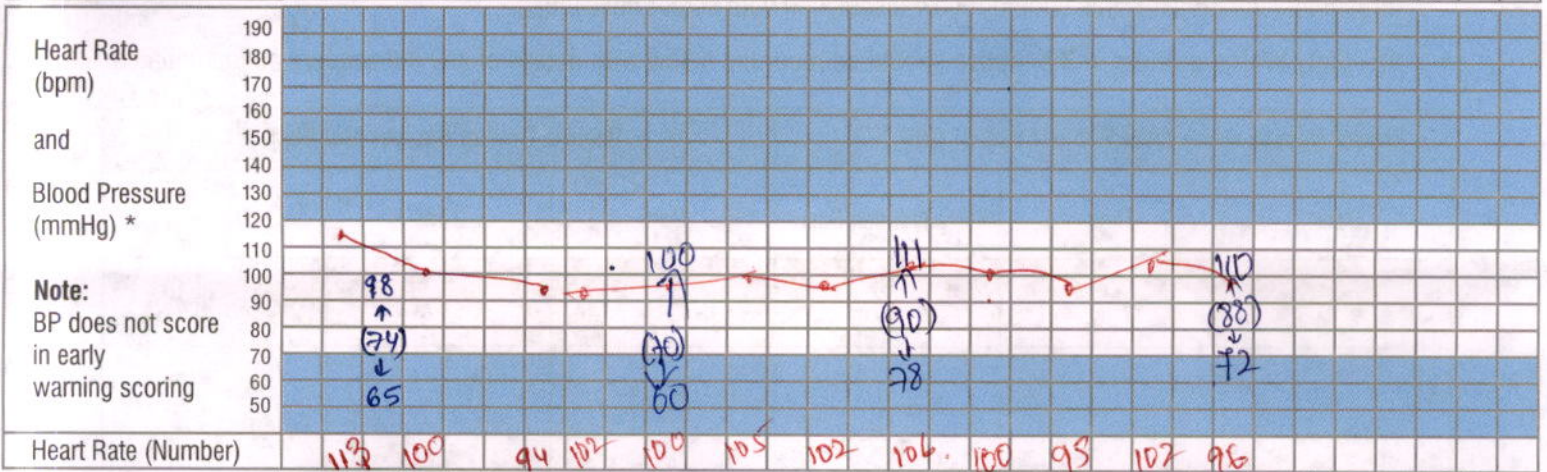
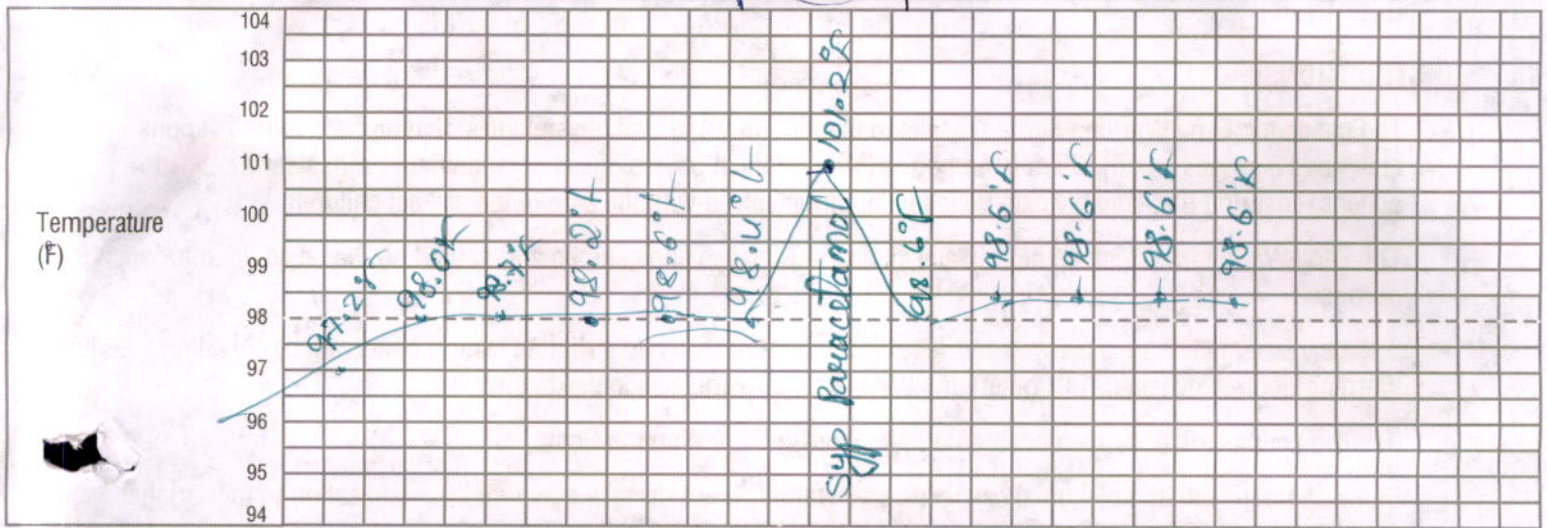
**SCHOOL AGE (5-12 years)**

**Children's Observation & Early Warning Scoring Chart**



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

Date : 24/6/26	Time: 10	12	2	4	6	8	9.45	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM



Resp Distress	Mod/ Severe None / Mild	
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100 99 92 98 97 98 99 98 100 99 98
Conscious Level	Normal Altered	N N N N N N N N N N N
GCS *		15 15 15 15 15 15 15 15 15 15 15

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

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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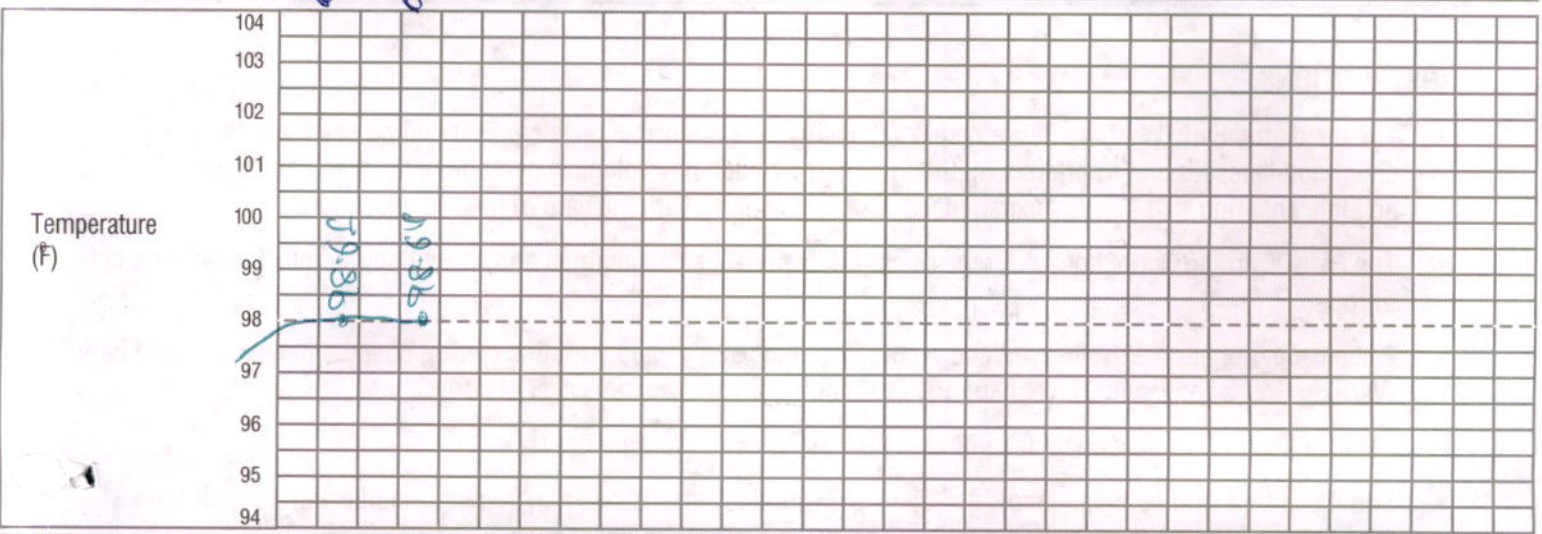
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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 04/10/2016 Time: 9:15

Doctor / Nurse / Family Concern? [Handwritten initials]



Heart Rate (bpm)	190	
and	180	
Blood Pressure (mmHg) *	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)	110	112

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)	24	16

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	98	98

Conscious Level	Normal	2	2
	Altered		
GCS *	15	15	

TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	[Handwritten initials]

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

Noted by [Handwritten signature]  
 07/10/16  
 11:16 hrs

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

# FLUID CHART

Sheet No. : ..... 1.....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/6	08:00 pm												
	09:00 pm			42ml									
	10:00 pm			42ml									
	11:00 pm			42ml									
	12:00 am			42ml									
	01:00 am			42ml									
<b>Total Intake : 210 ml</b>						<b>Total Output :</b>							
22/6	02:00 am			42ml									
	03:00 am			42ml									
	04:00 am			42ml									
	05:00 am			42ml									
	06:00 am												
	07:00 am												
<b>Total Intake : 168 ml</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>			378ml			<b>Total 24 hrs. Output</b>							

# FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/6/26	08:00 am									✓		Anitha 22/6/26 @2pm
	09:00 am	Idly water										
	10:00 am			42 ml								
	11:00 am			42 ml						✓		
	12:00 pm											
	01:00 pm											

**Total Intake :** 84 ml      **Total Output :**

22/6/26	02:00 pm											Subham 22/6 @7 pm
	03:00 pm	Rice water										
	04:00 pm											
	05:00 pm			30ml						✓		
	06:00 pm			32ml								
	07:00 pm			39ml								

**Total Intake :** 96 ml      **Total Output :**

22/6	08:00 pm	Rice water										manisha
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am											

**Total Intake :**      **Total Output :**

23/6/26	02:00 am	water										manisha 23/6/26 @8AM
	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**      24 times

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 Master MALYALA AVANEESH  
 04-10-2016 9 Y 8 M 18 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



# FLUID CHART

Sheet No. : ..... 3 .....

23/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/6	08:00 am										<div style="font-size: 2em;">}</div>		
	09:00 am	Sally water							✓				
	10:00 am												
	11:00 am												
	12:00 pm						✓			✓			
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
23/6	02:00 pm										<div style="font-size: 2em;">}</div>		
	03:00 pm	Rice water							✓				
	04:00 pm												
	05:00 pm												
	06:00 pm									✓			
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
23/6/26	08:00 pm		Rice water								<div style="font-size: 2em;">}</div>		
	09:00 pm			32ml					✓				
	10:00 pm			32ml									
	11:00 pm			32ml									
	12:00 am			32ml					✓				
	01:00 am			32ml									
<b>Total Intake : 160ml</b>						<b>Total Output :</b>							
24/6/26	02:00 am										<div style="font-size: 2em;">}</div>		
	03:00 am												
	04:00 am								✓				
	05:00 am												
	06:00 am												
	07:00 am								✓				
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**      160ml

**Total 24 hrs. Output**      4 times

# FLUID CHART

Sheet No. : 9

24/6/20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/6	08:00 am											Subhan 24/6 APM
	09:00 am	salty water										
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
24/6	02:00 pm											MADHU 24/6 PPM
	03:00 pm	Rice water										
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											Benuka 25/6 @7AM
	09:00 pm	Rice water										
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
25/6	02:00 am											Benuka 25/6 @7AM
	03:00 am	water										
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

Total 24 hrs. Intake

Total 24 hrs. Output



# FLUID CHART

Sheet No. : .....

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am								✓			
	09:00 am	200 ml + 200 ml										
	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** \_\_\_\_\_

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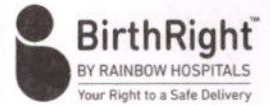
# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

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 Master MALYALA AVANEESH  
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 Dr. KODICHERLA VISHNU VARDHAN



## 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: ..... *III* .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4		<i>nil</i>				<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Dr. Ganesh / d. Ganesh*

Date & Time : *21/6/26 @ 7:15 AM*

Nurse Name & Signature : *Nargisul Haq*

Date & Time : *21/6/26 @ 7:15 AM*



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 25kg Ward .....

**DRUG:** SYP PARACETAMOL  
 Date/Time: 21/6 02:16  
 Dose: 7.5ml Route: PO Frequency: 6<sup>th</sup> hourly Start Dt.: 21/6  
 Name & Signature of the Doctor Starting the Drugs: Dr. Shivam  
 Additional Instructions: 10-15mg/kg/dose  
 5ml = 240mg  
 Daily Doctor's Endorsement by a Sign

**DRUG:** SYP. IBUPROFEN.  
 Date/Time: 22/6 06:00  
 Dose: 12.5ml Route: PO Frequency: 12<sup>th</sup> hourly Start Dt.: 22/6  
 Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja  
 Additional Instructions: 10mg/kg/dose  
 5ml = 100mg  
 Daily Doctor's Endorsement by a Sign

**DRUG:** Tab. PANTOPRAZOLE  
 Date/Time: 23/6 06:00  
 Dose: 1tab Route: PO Frequency: once daily Start Dt.: 22/6  
 Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja  
 Additional Instructions: 1mg/kg/dose  
 1tab = 20mg  
 Daily Doctor's Endorsement by a Sign

**DRUG:** TAB DOXYCYCLINE  
 Date/Time: 23/6 06:00  
 Dose: 50mg Route: IV Frequency: 12<sup>th</sup> hourly Start Dt.: 23/6  
 Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja  
 Additional Instructions: 2.2mg/kg/dose  
 Daily Doctor's Endorsement by a Sign

As per doctor's order  
 21/6/2026 at 2pm

Dr. Shivam  
 Signature

Dr. Vishwaja  
 Signature

As per Dr. Vishnu vardhan  
 advice  
 Chikna 23/6/26

Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG : TAB NAPROXEN</b>				Date Time
Dose 1 tab	Route PO	Frequency 12th hourly	Start Dt. 23/6/16	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				change to 8th hourly Call @ 23/6/16
Additional Instructions: 1 tab = 250mg 5-10mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

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

<b>DRUG : SYP CALCALMAX PLUS</b>				Date Time
Dose 5ml	Route PO	Frequency once daily	Start Dt. 23/6/16	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				change frequency 6 PM to 8 AM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

<b>DRUG : TAB NAPROXEN</b>				Date Time
Dose 1 tab	Route PO	Frequency 8th hourly	Start Dt. 23/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				6 AM 2 PM 10 PM ESW ESW ESW
Additional Instructions: 1 tab = 250mg 5-10mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

Signature .....  
 VERIFIED NAME 23/6/16  
 As per doctor advice  
 Chitt 23/6/16

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 Master MALYALA AVANEESH  
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 Dr. KODICHERLA VISHNU VARDHAN



Patient N

I.P. No.

Sheet No.

Wards

Weight (kg)

25kg

REGULAR PRESCRIPTIONS

DRUG : Tab. PANTOPRAZOLE				Date	23/6/2016														
Dose	Route	Frequency	Start Dt.	Time	6 AM	6 PM	6 AM	6 PM											
Tab	PO	12thly	23/6/2016																
Name & Signature of the Doctor starting the Drugs:				Dr. Prachank															
Additional Instructions:				Hch = 20mg															
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP SUCRALFATE				Date	24/6/2016														
Dose	Route	Frequency	Start Dt.	Time	6 AM	6 PM	6 AM	6 PM											
5ml	PO	8hourly	24/6/2016																
Name & Signature of the Doctor starting the Drugs:				Dr. Swathy															
Additional Instructions:				5ml = 1gm															
Daily Doctor's Endorsement by a Sign.																			

DRUG : Syb-CALIMAX PLUS				Date	28/6														
Dose	Route	Frequency	Start Dt.	Time	6 AM	6 PM	6 AM	6 PM											
5ml	PO	12th hourly	29/6																
Name & Signature of the Doctor starting the Drugs:				Dr. Vishwaja															
Additional Instructions:				600-800mg/day															
Daily Doctor's Endorsement by a Sign.																			

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

AS per Dr. Advise  
 Neoqigine 23/6  
 AS per doctor advice  
 Chith 24/6/2016  
 advic.  
 Chith 24/6/2016  
 AS per doctor

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 Dr. KODICHERLA VISHNU VARDHAN  


P	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

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

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

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

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









REGULAR PRESCRIPTIONS

Weight: 25 kg. Ward: .....

Nagappa 21/6

<b>DRUG:</b> INJ. CEFTRIAXONE				Date	21/6	22/6	23/6	24/6	25/6	26	27	28	29	30
Dose	Route	Frequency	Start Date	Time	AM	PM	PM	PM	PM					
1g	IV	12 <sup>th</sup> AM	21/6	6										
Name & Signature of the Doctor Starting the Drugs:														
Additional Instructions:														
25-50 mg / kg / dose				6 AM 12 PM 12 PM 12 PM 12 PM										
Daily Doctor's Endorsement by a Sign														

Nagappa 22/6

<b>DRUG:</b> INJ. PANTAPRAZOL				Date	21/6	22/6
Dose	Route	Frequency	Start Date	Time		
30mg	IV	2 <sup>nd</sup> AM	21/6	6		
Name & Signature of the Doctor Starting the Drugs:				6 AM		
Additional Instructions:				T O P		
1mg / kg / dose				22/6		
Daily Doctor's Endorsement by a Sign						

S. macykerrale 21/6/26

<b>DRUG:</b> INJ CLINDAMYCIN				Date	21/6	22/6	23/6
Dose	Route	Frequency	Start Date	Time	AM	PM	PM
250mg	IV	8 <sup>th</sup> AM	21/6	6			
Name & Signature of the Doctor Starting the Drugs:				2 PM			
Additional Instructions:				10 PM			
10 mg / kg / dose				23/6/26			
Daily Doctor's Endorsement by a Sign							

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