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ACTIVITY REC

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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

UHID No : -------- -- Consultant : ---------- Dept : ~~pediatrics~~

Date of Admission : 6/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : IIS Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	2:15 PM	ER	IIS	Sam

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Poushya. Sri	10/6/26	3088369	
2.	Dr. sindhura	11/6/26	3089072	
3.	cross checked by Gadgone 11/6 @ 2pm			
4.	Dr. Akhila	11/6/26	3089806.	
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/6/26	CBP, CRP, S/E, S.Cr	26019529	Lan
	UBC	26019530	Lan
	RBS - 86mg/dl	26019533	Lan
7/6	CXE	26019601	
	Blood cly	26019609	
8/6	Amylase, LFT	26019681	
	x-ray Erect Abd	26-009189	
	USG Abd	26-009131	
	Cross checked by 9/6/26		
9/6	CBP CRP	26019778	
11/6	USG Neele	26009357	
	cross checked by 11/6 @ 8pm.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6	Infusion pump	7:15pm	11/6 @ 12pm	3087552	Sadiya?
	Cross checked by			[signature] 9/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	IV placement	(1)	3087551	
7/6	IV placement.	(1)	3087843	
8/6	IV placement	(1)	3088020	
	Cross checked by		9/6/26	
10/6	IV placement	1	3088689	

ANY OTHER INFORMATION

7/6/26 one good child is taking food but paid directly to canteen 7/6/26

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

INSURANCE COPY

Name	Master D CHERITH RUDRA	**UHID**	VIH-00167802
Father/Guardian	Mr D KIRAN	**Age/Gender**	8 Y 0 M 25 D/Male
Address	16-1-553/12/A, Nagarjuna Sagar Road, Hyderabad, Telangana, INDIA, 500059		
IP No	IP-00060250	**Admission Date**	06-06-2026
Ref Doctor	Self	**Discharge Date**	11-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS

Diagnosis: Acute Febrile Illness with Acute gastritis

History: Master D. CHERITH RUDRA is a 8 Y 25 D boy presented with history of multiple episodes of non bilious non projectile vomitings, nausea, decreased oral intake since 1 day prior to admission. For the above complaints, he was treated on OPD basis, but in view of persistence of symptoms, he was admitted to Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturation at room air. HR-100/min, BP- 110/70 mmHg and RR 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 32 kgs

Investigations: Enclosed.

Management: He was admitted in ward and was started on intravenous antibiotics and intravenous fluids. During the ward stay, he had ongoing fever spikes. He was treated symptomatically with antacids, antiemetics and antipyretics.

His venous blood gas showed pH 7.41, pCO2 37.3 mmHg, pO2 53 mmHg, HCO3 23.7 mmol/L, BE - 0.8 mmol/L. Complete blood picture showed hemoglobin 12.3 gm%, white blood cells count of 10,610 celis/cumm, platelet count of 2.43 lakhs/cumm and C-reactive protein was 7.0 mg/l. Serum electrolytes, creatinine and liver function test were normal. Serum amylase 62 U/L. Blood culture was sterile after 48 hours of incubation. Ultrasound abdomen showed bowel gas in peripheral and central abdomen, normal wall thickness of visualised bowel loops. X-ray erect abdomen showed fecal loaded colon.

Child was seen by Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, who advised high fiber diet, laxatives.

Child developed headache, neck pain and photophobia for which he was seen by Dr. Sindhura.P, Consultant Pediatric Neurologist who opined that his neurological examination is normal and advised Tablet Myospas.

His vitals were regularly monitored. His symptoms gradually settled. His repeat hemogram done on 09.06.2026 showed Hb 12.1 gm%, WBC count of 8,000 cells/cumm, platelet count of 2.31 lakhs/cumm and CRP 8.0 mg/l. Ultrasound neck done was suggestive of Cervical lymphadenoptahy - likely infective. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Advice:

1. High fiber diet as advised.
2. MuOut powder, 4 scoops in 240ml of water once daily at bedtime for 3 months.
3. Syrup Smuth, 15ml once daily at bedtime for 2 weeks
   Followed by 7.5ml once daily at bed time for 2 weeks and stop (to stop if loose stools).
4. Kindly consult Dr. Preetham Kumar, Consultant Pediatrician & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).
5. Kindly consult M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, after 1 week in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Tablet Paracetamol (500mg), 1 tablet for fever >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

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

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

Name	Master D CHERITH RUDRA	UHID	VIH-00167802

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 :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.Sameera
Typist : Kalyan

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

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INSURANCE COPY

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PatientName	: Master D CHERITH RUDRA	Inpatient No.	: IP-00060250
Age/Gender	: 8 Y 0 M 24 D/ Male	Admit Date	: 06-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-06-2026 18:29
HEMOGLOBIN (Colorimetry)	12.3	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.47	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**33.6**	**VOL%**	L	35 - 45
MCV (Calculated)	**75.1**	**fL**	L	77 - 95
MCH (Calculated)	27.6	pg/cells		25 - 33
MCHC (Calculated)	**36.7**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.4	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	243	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.61	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	56	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	38	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	5	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-06-2026 18:29
CRP (Immunoturbidimetry)	7.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-06-2026 18:29
CREATININE (Enzymatic)	0.6	mg/dl	0.2 - 0.6

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master D CHERITH RUDRA	Inpatient No.	: IP-00060250
Age/Gender	: 8 Y 0 M 24 D/ Male	Admit Date	: 06-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :06-06-2026 18:29
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	5.0	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	99	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :06-06-2026 18:51
RANDOM BLOOD GLUCOSE (GOD/POD)	86	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-06-2026 16:05
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015		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)	POSITIVE(++)		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	**3 - 4**	**HPF** L	0 - 5
EPITHELIAL CELLS	**2 - 4**	**HPF** L	0 - 5

PatientName	: Master D CHERITH RUDRA	Inpatient No.	: IP-00060250
Age/Gender	: 8 Y 0 M 25 D/ Male	Admit Date	: 06-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
RBCS.	NIL	HPF	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
AMYLASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-06-2026 13:54
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	62	U/L	30 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-06-2026 13:54
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)	26	U/L	15 - 40
SGPT (ALT) (Kinetic with P5P)	27	U/L	10 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	226	U/L	145 - 420
PROTEIN (Biuret method)	7.5	g/dL	6.2 - 8.1
ALBUMIN (Bromocresol Green)	4.3	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	3.2	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.3	L	1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 07:40

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master D CHERITH RUDRA	**Inpatient No.**	: IP-00060250
Age/Gender	: 8 Y 0 M 27 D/ Male	**Admit Date**	: 06-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	12.1	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.42	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**33.3**	**VOL%**	L	35 - 45
MCV (Calculated)	**75.3**	**fL**	L	77 - 95
MCH (Calculated)	27.4	pg/cells		25 - 33
MCHC (Calculated)	**36.4**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.3	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	231	10^9/L		150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.00	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	50	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	40	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 07:40
CRP (Immunoturbidimetry)	8.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Rainbow Children's Hospital - Secunderabad

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PatientName	: Master D CHERITH RUDRA	Inpatient No.	: IP-00060250
Age/Gender	: 8 Y 0 M 27 D/ Male	Admit Date	: 07-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Order Date : 07-06-2026 18:52:23

Culture : -

Second Report - No growth after 48 hrs of incubation

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

Master D CHERITH RUDRA 9966931438

8 Y 0 M 26 D

Male

IP-00060250

VIH-00167802

PREETHAM KUMAR

R26-009131

08-06-2026 10:24 AM

08-06-2026 05:10 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 11.5 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 10 cm and echotexture.

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

KIDNEYS :
Right kidney : 79 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 85 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Master D CHERITH RUDRA	9966931438
8 Y 0 M 26 D	R26-009131
Male	08-06-2026 10:24 AM
IP-00060250	08-06-2026 05:10 PM
VIH-00167802	
PREETHAM KUMAR	

Impression

1. Bowel gas in peripheral and central abdomen.
2. Normal wall thickness of visualised bowel loops.

Suggested clinical correlation.

Master D CHERITH RUDRA

8 Y 0 M 29 D

Male

IP-00060250

VIH-00167802

PREETHAM KUMAR

R26-009357

11-06-2026 11:37 AM

11-06-2026 01:42 PM

DRAFT

ULTRASOUND- NECK

FINDINGS

Both lobes of thyroid are normal in size, shape and echogenicity.

Right lobe of thyroid gland measures normal.

Left lobe of thyroid gland measures normal.

Isthmus is normal in size and echogenicity.

Isthmus measures.

No focal or diffuse mass lesions.

No evidence of cervical lymphadenopathy.

Great vessels of neck appears normal.

Bilateral parotid and submandibular glands appear normal.

Multiple enlarged lymphnodes noted in bilateral jugulodigastric and carotid regions, largest measuring 18x10mm on right and 20x7mm on left

Impression

1. Cervical lymphadenoptahy - likely infective

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00167802 IP-00060250
Master D CHERITH RUDRA
Patient Name : 13-05-2018 8 Y 0 M 29 D (M) IP.No:
Dr. PREETHAM KUMAR

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	02	-	-	
4	Patient Trasfer Forms	02	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	06	-	-	
7	Nurses Progress notes	05	-	-	
8	Consultation Sheets				
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)	04	-	-	
	Drug Chart (Regular prescription)	03	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	humpty dumpty	04	-	-	
	others	21			
	Total No. of Pages	60			

Signature and Date : Srikanth 08/6/18

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 28 D (M)
Dr. PREETHAM KUMAR

	TIME	BP
9/06/26	10 PM →	123/76(91)
		117/91(100)
10/06/26	12:40 AM →	120/94(104)
		123/90(100)
10/06/26	3 AM →	126/90(101)
	→	128/94(104
10/06/26	5 AM →	114/81(92)
10/06/26	7 AM →	124/81(94)
		111/82(93)
10/6/26	9 AM →	120/80(90)
	11 AM →	122/82(92)
	1 PM →	121/81(93)
	3 PM →	122/87(97)
	5 PM →	118/83(95)
	7 PM →	122/86(98)
	10 PM -	128/89(100)
11/6/26	1 AM -	111/94(101)
	3 AM -	123/75(89)
	5 AM -	118/81(92)
	7 AM -	116/82(93)
	9 AM -	119/77(90)
	11 AM -	123/90(104)
	1 PM -	

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060250 **Admit Date** : 06-Jun-2026 **Admit Time** : 06:14 PM **UHID** : VIH-00167802

Patient Details :

Patient Name	: Master D CHERITH RUDRA	**Age**	: 8 Y 0 M 24 D
Guardian	: Mr D KIRAN	**DOB**	: 13-05-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-1-553/12/A Nagarjuna Sagar Road Hyderabad Telangana INDIA 500059	**Phone No**	: 9966931438/ 7075082171
		E-mail	: na123@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 D KIRAN **Relationship** : Father

Contact Address : 16-1-553/12/A Nagarjuna Sagar Road Hyderabad Telangana INDIA 500059 **Phone No** : 9966931438

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00167802 IP-00060250 Master D CHERITH RUDRA 13-05-2018 8 Y 0 M 26 D (M) Dr. PREETHAM KUMAR	6/6/26 @ 6:14 PM	6/6/26 @ 7:15 PM
	Transfer Ordered by Dr. Ganesh	Reason for Transfer Admission
From Unit ER	To Unit 115	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 8	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Samuel Jon	Dr. Ganesh

Patient & Clinical Records Received by : Sudu

Date & Time of Patient Received : 06/6/26 @ 7:15 pm.

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

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

Patient Name : Mast. D CHERITH RUDRA UHID : VIH-00167802 IPD : IP-00060250 Gender : Male Age : 8 Y 0 M 24 D

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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Wt : 32kg
Ht : 134 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Cherith Age : 8y Gender: ☑ Male ☐ Female

Date : 6/6/26 Time of Arrival : 5:55pm

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: 99.7°F PR: 113 b/m BP: 111/74 (85) RR: 24 L/m SpO2: 99%

Chief Complaints: c/o Nausea x Yesterday Night, vomitings (10-15 episodes) x Today

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time : 5:58pm

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: ...

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : Architha

Signature of Triage Nurse : [signature]

Date & Time : 6/6/26 @ 5:58PM

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

Patient Name : Mast. D CHERITH RUDRA UHID : VIH-00167802 IPD : IP-00060250 Gender : Male Age : 8 Y 0 M 24 D

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/6/26 Time of arrival : 6:00 pm

Chief Complaints: c/o vomitings x Today morning RBS: 86 mg/dl

Height : 134 cm Weight : 32 kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify .....

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☒ If Patient is > 6 years
Assess the below parameters

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?) 1 (Brother)

Time of Initial assessment completed by ER Nurse : 6:03 pm

Patient Name : Mast. D CHERITH RUDRA UHID : VIH-00167802 IPD : IP-00060250 Gender : Male Age : 8 Y 0 M 24 D

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

Time	Nursing Notes
5:55pm	* patient came to ER
5:57pm	* vitals checked and Recorded
6:00pm	* Dr. Ganesh Seen the patient and advised admission
6:14pm	* Admission process Done
6:40pm	* IV cannulation Done
	* Collected the Samples & Send to lab
7:15pm	* patient Shifted to ward

Samples collected by: Sr. Samuel Time: 6:40pm

Samples sent by : Sr: Rajyalakshmi Time: 6:42pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6/6 3:15pm	inj. ondem	IM	6mg	Dr Sameera	AS

Condition of patient at time of shift - out:

HR: 112 6/m BP: 110/74 (85) CFT: <2sec

RR: 24 6/m SPO_2 : 99%

GCS: 15/15 Temperature : 98°F

Pain Score: 0

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 115

Time of Shift - out: 6/6/26 @ 7:15 pm

Handover given to: Sr. Manisha (Nurse's Name) by Ambulance

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation Done

Name of the Nurse : Archi Hrg Signature of the Nurse : AS

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE

Arrival Time: 7.15pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 32 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
Nil	Nil	Nil

Family History: .....

Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, Nil

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: 32kg Length: 134cm Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 110b/m RR: 26b/m BP: 100/60mmHg

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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: Nil (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 father & mother

Nurse's Name: Linda Date: 6/6/16 Time: 7'30pm Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

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Dr. PREETHAM KUMAR

UHID ID: _____

Department: _____

Consultant: _____

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13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Tejavathi Relationship mother

Chief Presenting Complaints & Duration (Chronologically)

Nausea - Vomitings x 1day.
- ↓ intake x 1day.

History of present illness :

- Vomitings x 15 episodes
NB, NP: Containg mucus
A/w Nausea.
- H/O outside food Consumption
- No H/O travel, fever.
- No H/O loose motions

Managed c Inj. ondansetron

↓

Persistent vomitings

↓

Hence admitted

- Urine - (N)
- ↓ intake.

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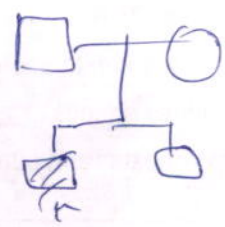
Pediatric Multiorgan History & Physical Examination

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

1st – AFI
2nd – AGE
3rd – } AFI c AGE
4th – }
5th – Now

Birth & Neonatal History:

3.5 kg / NVD /
No perinatal insult



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) in all 4 domains.

Immunization History :

up to date.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_32 kg___(Centile _____)

On Examination :

Temperature : 98°F Pulse Rate :102/min B.P. 110/77 (90) SPO2 100%

Resp.rate and type of breathing : 24/min

Rash

Lymphadenopathy

Oedema : No

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : Clear, B/L NVBS

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : B/L $S_1 S_2$

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.,)

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15 - GCS

Cranial Nerves : ①

Motor System:

Nutriton :

Tone: Power.

Co-ordinator :

Posture : ②

Involuntary Movements :

Reflexes :

DTR +2 in all 4 limbs **Superficials:**

Plantars

Sensory System :

③

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Gastritis & some dehydration

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To treat the underlying cause

Planned Labs:

VBG, Sr. electrolytes
Sr. Creatinine CBP, CRP.

Planned Management

C/S/B Dr. Shiva @ OPD
- IVF (fail)
- Inj ceftriaxone
- Inj Zofer
- Inj Pantop
- BP 6th hrly
- Inform SO

Alerted by Archith
6/6/26 @ 9:10 pm

Signature of the Doctor: .....
Name of the Doctor: CH. GANESH
Date & Time: 6/6/2026

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: 7/6/26 9 A

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13-05-2018 8 Y 0 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/2026 9:00am	C/S/B Dr. Ganesh	
	Acute Gastritis	
	– ↑ fever spike	
	– 2-3 episodes of vomitings :: Admission.	
	– No pain abdomen.	
	– oral intake	
	CVS – S_1S_2	
	CNS, RS, PA – NAD	Plan
		– (IVF taper) at 1:00pm
		– if intake – good
	CUE: NOW.	– Continue ceftriaxone, ondansetron
		– antipyretics SOS
		– vitals 4th hrly
	Dr. [illegible] 7/6/26 10 AM	– Inform SOS
		– N/PO till 6:00pm.

Noted By Manisha 7/6/26 @2pm

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

(P.T.O)

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13-05-2018 8 Y 0 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	c/s/B Resident	
	A/S: Acute Gastritis.	
	1 fever spike @ 11.50 Am (100.4°f)	
	No episode of vomiting :: morning.	
	O/E	Plan
	Child Alert & Active	- NPO till 6:00pm
Dr. prashanth	Vitals stable	- Allow oral tips
	CVS: S1S2 (+)	after 6pm.
	RS: B/L AE (+)	
	P/A: Soft	
	CNS: NAD	- Continue IVF.
		- Inj. ceftriaxone - D2
	Noted by manisha 7/6/26 @ 1PM	- Inj. pantoprazole - D1
		- Inform (SOS)
		- Send cue.

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13-05-2018 8 Y 0 M 25 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/U/B Dr. Vishnu Kr	
7/6/26 6:50pm		
	Diag:- Acute Gastritis with mild dehydration.	
	Parents counselled regarding the nature of illness.	Plan
		- Continue IVF - full (m)
	And the need for continuing IVF - to	
	Improve the dehydration.	- Inj. ondansetron - stat
	And to encourage ORS. Parents complained	
	about headache. Parents were reassured.	- ORS, plenty of oral fluids.
	→ Child is stable, Alert, Awake.	- parents counselled
	CRT <3sec	
	- Signs of dehydration tnt -	VM
	dry oral mucosa.	
	- O/E	
	CVS: S1S2(+).	
	RS: Bl. AE(+).	
	P/A: soft.	
		noted by Sushila 7/6/26 at 7pm

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13-05-2018 8 Y 0 M 25 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/20 9:00 Am	C/S/B Resident	
	Diag: Acute Gastritis c mild dehydration.	
	3 fever spikes @ 9:30pm, 3Am, 8Am. (100.3°F).	
u/o → Adequate.	1 episode of vomiting overnight	
	O/E	
	Child Alert & Active	
	Vitals stable	Adv
	CVS: S1S2 (+)	LFT, S. Amylase
	RS: BLAE (+)	USG abd
8/6/20 SR [signature]	P/A = Soft	
	CNS - NAD.	Allow orally.
	Noted by Manisha 8/6 @ 1PM	Continue IVF.
		Inj Ceftriaxone - D2
		Inj. Ondansetron - IV - SOS
		Inform (SOS).

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Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 25 D
Dr. PREETHAM KUMAR (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	C/s/B Dr Kundana	
5pm	Acute gastritis c mild dehydration	
	One fever spike	
	O/E	Plan
	Consc	
	CBP, CRP] [illegible] Afebrile	- Xray Abdomen erect
	CVS / RS / P/A / NAD	
	Dr. Kundana. 8/6/26 5pm.	[illegible]
	Noted by Manisha 8/6/26 @7pm	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
9/6/26 8Am		
	Ass – Acute Gastritis c̄ Some dehydration	
	2 fever spikes – 100°F, 101°F (8pm, 1Am)	
	Vomiting – 2 episodes – on force feeding	
	Urine (N).	
	stools – not yet passed (after enema)	
	Oral intake – low, activity (↓).	
	O/E	
	child alert	
	euthermic	
	vitals stable	
	CVS S1S2 (+)	
	RS – BAE (+)	
	P/A – soft	
	Noted by manasa 9/6 8AM	Plan
		1) Inj Ceftriaxone D3
		2) Syp Smooth
		3) ... powder
		4) Inj Pantop
		5) Inj Ondansetron
		— Give enema – NOW.
	[signature]	

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13-05-2018 8 Y 0 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/20 4:00pm	C/L/B Resident	
	Diag: Acute Gastritis c̄ some dehydration.	
	No fever spikes since mrng.	
	No vomitings.	
	Not passed stools - today after enema.	
	Oral Intake (↓)	
Dr [illegible] 9/6/20 4pm	O/E	
	Child Alert & Active	
	Euthermic	
	Hemodynamically stable	Plan
	CVS: S1S2 (+)	
	RS: B/L AE (+)	- Inj. ceftriaxone - OD.
	P/A: soft	
		- Syp. [illegible] - p/o - once daily
		- [illegible] powder.
		- Dulcoflex suppository
		Noted by Sreekanth 9/6 7pm

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Master D CHERITH RUDRA (M)
13-05-2018 8 Y 0 M 28 D
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 7:20 PM	C/S/B PRW fellow	
	C/O Neck pain (Torticollis)	
	Head acne on d off (+)	
	poor oral acceptance (+)	Plan
	HR - 112/min	1) Inj PCM / stat
	SpO2 - 98% RA	2) To review with after
	BP - 122/86 (98)	(2) hours &
	[>99th centile]	SOS

	SBP	DBP
5	90	51
50	101	62
90	111	90
95	114	73
99	120	77

noted by
Subham
10/6/26
07AM

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13-05-2018 8 Y 0 M 28 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/r/B Resident	
10/6/20 9:00AM		
	Δ his: AGE c̄ dehydration c̄ constipation.	
	c/o Neckpain.	
↓ oral Intake.	Headache ↓ improved.	
4/o - Adequate.	No fever spikes - last spike - yesterday @1am.	
	O/E	
	Child Alert & Active	
Dr. prashanth.	Vitals stable	Plan
	CVS: S1S2 ⊕	
	RS: B/L AE ⊕	- Inj. ceftriaxone - D4.
B/U → Nogramapy	P/A: soft	
	CNS: NAD.	- Inj. pantoprazole.
10/6/20 9A Dr Preeth	noted by Manasa 10/6 @12:50PM	- Syp. [illegible] - once daily
		- Mucoot powder - once daily
		- PR enema - 12 hrly - P/a
		- Monitor vitals
		- Inform (PO)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/21 4:00pm.	C/S/B Resident	
	D/s: AGE c dehydration c constipation.	
	No fever spikes >24hrs. No c/o vomitings.	
O/I → (I)		
Y/o - Adequate.	O/E Child Alert vitals stable CVS: S1S2 (+) RS: B/L AE (+) P/A: soft CNS: NAD.	Plan
Dr. prashanthi		1) Continue enema - 12th hourly
		2) Inj. ceftriaxone - D5
		3) Syp. smooth - p/o
Dr. [illegible] A 10/6/20 8pm		4) mucoot powder - p/o
	noted by sai kanth 10/6 @7PM	- Monitor vitals - Inform (S)

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 28 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/B Resident	
11/6/26 8:00 am.	DH: AGE c̄ dehydration c̄ constipation.	
	C/o photophobia tnt, Neck pain tnt. Mo fever spikes >48hrs. No c/o vomitings.	
	Refused small meals. Not passed stools after enema.	
	O/E	
	Child Alert	
	Vitals stable	Plan
	CVS: S1S2+	
	RS: B/L AE+	- Inj. Ceftriaxone - D5
	P/A: soft	
	CNS: NAD.	- Inj. pantoprazole - p/o once day.
11/6/26	D/c today	
		- PG ENEMA twice daily.
		- Monitor vitals
		- Inform (SOS)
Noted by [illegible] 11/6		- Pediatric neuro consultation
		- Neuro consultation.
		- Physician Consultation
		- USG-Neck

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Gastritis c̄ some dehydration

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: —

Surgery / Procedure: Nil

Post OP Day:

Date / Shift	6/6/26 ER	6/6/26 E	6/6 N	7/6/26 M	7/6/26 E	8/6/26 N
BACKGROUND						
Medical Condition (Any special condition to be noted):	Nil	Nil.	Nil	NPO	nil	Nil
Diet:		Gastro diet	S-diet	NPO	NPO (6PM)	NPO
ASSESSMENT						
Allergy:	No	No	No	No	No	No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	No	No	No	No	No	No
Vital Signs: Temp:	98°F	98.0°F	98.6°F	98.6°F	98.6F	101.0°F
Res:	24 b/m	22 b/m	39 b/m	25 b/m	26 b/m	25 b/m
SpO_2:	99%	99%	99%	100%	99%	100%
Pulse:	112 b/m	113 b/m	120 b/m	110 b/m	99 b/m	96 b/m
BP:	110/74 (85)	-	-	100/77 (62)	101/69 (76)	117/81 (9[illegible])
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	'0'	'0'	0	11	11	11
Pain Score:	'0'	'0'	0	0	0	0
Skin Integrity	Intact	Intact	intact	Intact	Intact	Intact
Recommendations						
Safety Needs:	No	Yes	Yes	Yes	Yes	Yes
Physiotherapy:	Nil	Nil	Nil	Nil	nil	Nil
Others Specify:	No	No	No	No	No	No
Special Diet:		Gastro diet	S-diet	NPO	NPO	S.diet
Critical Lab Test / Values:	Nil	—	—	-	nil	Nil
Other Special Orders / Medications:	No	No	No	No	No	No
PU Prophylaxis:	No	No	No	No	No	No
DVT Prophylaxis:	No	No	No	No	No	No
ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	dependent	Dependent
Post Operative Procedure Special Orders:	Nil	-	-	Nil	nil	Nil
Handed Over By Name :	Architha	Indu	Srikanth	Manisha	Sushila	Sreekanth
Signature / ID :	[illegible] 020612	606608	[illegible]	M9050145	816993	607317
Date:	6/6/26	6/6/26	7/6/26	7/6/26	7/6/26	8/6/26
Time:	@ 7:15pm	@8pm	8am	@2pm	8pm	@ 8Am
Taken Over By Name :	Indu	Nikhitha	Manisha	Sushila	Sreekanth	Manasa
Signature / ID :	606608	[illegible]	M9050145	816993	607317	[illegible]
Date:	6/6/26	6/6/26	7/6/26	7/6/26	7/6/26	9/6
Time:	@8pm	8pm	@8Am	2pm	@ 8pm	@8AM

Docu. No. : RCH /FRM / CLINICAL / 097

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Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Gastritis & Some Dehydration.

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: —

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations	Date / Shift	8/6/26 M	8/6/26 E	9/6/26 N	9/6/26 M	9/6/26 E	9/6/26 Night
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	Gastro diet	Gastro diet	G. diet	G diet	Gr diet	Gr. diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.4°F	97.3°F	98.6°F	98.2°F	98.6°F	97.6°F
	Res:	34/m	38/m	38/m	35 b/m	26b/m	22b/mt
	SpO_2:	99%	98%	98.6°F	99%	99%	100%
	Pulse:	96/m	92/m	98 b/m	98 b/m	109b/m	85 PM
	BP:	99/60	112/64	114/63(72)	115/72	118/72(87)	123/76(91)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	—	—	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Gastro diet	Gastro diet	G. diet	Gr. diet	Gr diet	Gr. diet
	Critical Lab Test / Values:	—	—	—	—	—	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	Nil
Handed Over By Name :		Manitha	Manitha	Anitha	Nanaya	Sreelakshmi	Subhan
Signature / ID :		9050145	9050145	Anitha	Nanaya	607317	Subhan
Date:		8/6/26	8/6/26	9/6/26	9/6/2026	9/6/2026	10/6/26
Time:		@2pm	@8pm	@8am	@2pm	@8pm	@8AM
Taken Over By Name :		Manitha	Anitha	Nanaya	Sreelakshmi	Subhan	Nanaya
Signature / ID :		8/6/26	Anitha	Nanaya	607317	Subhan	Nanaya
Date:		8/6/26	8/6/26	9/6/26	9/6/26	9/6/26	10/6/26
Time:		2pm	8pm	8AM	@2pm	@8PM	@8AM

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 28 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Gastritis c Some Dehydration

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: Nil

Post OP Day: Nil

Section	Item						
BACKGROUND	Date / Shift	10/6 M	10/6/26 E	10/6 Night	11/6/26 M		
	Medical Condition (Any special condition to be noted):	Nil	Nill	Nil	Nill		
	Diet:	S.diet	S.diet	S.diet	S.diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.7°F	97.6°F	98.6°F		
	Res:	24b/m	23b/m	28b/mt	25b/m		
	SpO_2:	98%	99%	98%	99%		
	Pulse:	96b/m	95b/m	85b/mt	96 b/m		
	BP:	120/80(93)	118/83(95)	128/89(100)	119/77(90)		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	11	11	11	11		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nill	Nil	Nill		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet	S.diet	S.diet	S.diet		
	Critical Lab Test / Values:	Nil	Nill	Nil	Nill		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent		
Post Operative Procedure Special Orders:		Nil	Nill	Nil	Nil		
Handed Over By Name :		Manasa	Sreekanth	Subham	Sreekanth		
Signature / ID :		4019(?)	67317	17444	[illegible]		
Date:		10/6	10/6/26	11/6/26	11/6/26		
Time:		@2pm	@8pm	@8Am	@2pm		
Taken Over By Name :		Sreekanth	Subham	Sreekanth			
Signature / ID :		67317	17444	67317			
Date:		10/6/26	10/6/26	11/6/26			
Time:		2pm	@8pm	@8Am			

Noted by Sreekanth 11/6 2pm

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 6/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Nil			
Afternoon	7:10 pm	* Maintain fluid Balance.	7:30 pm	* Ivfluids Administration. Sp Encouraged pt to take plenty of fluids	* Prevented Dehydration	* Re-Assessment Done. Vitals uth hourly	Keerthi 6/6/26 @8pm
Night	8pm	Assess the patient General condition	8pm	Assessed the patient General condition	* I/o chart maintain 6th hrly	* maintain intake and output chart	Srikanth 7/6/26 8pm

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
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Date: 7/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	-Maintain Fluid Balance		-Administered IV Fluid NS 70ml/hr	-To maintain Hydration	-patient is stable	Manisha 7/6/26 @2pm
	11Am	- Ensure Safety		-Side rail kept up	-prevent from fall risk	-No fresh complaints	
Afternoon	4;Pm	prevent Infection	4:10 pm	To maintain Hand Hygiene	To prevented Infection	patient is stable	Sushila 7/6/26 8Pm
	6Pm	Ensure Safety	6:16 pm	side rail kept up	To prevent From Fall Risk		
Night	10pm	- Maintain good ~~nutritional status~~ fluid balance		~~-provided soft diet~~ -provided INF DNS @ 70ml/hr	- ~~To~~ To maintain ~~nutritional~~ fluid status	- Patient is stable	Sreekala Priya 8/6/2026 @ 5Am

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 25 D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 08/6/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 Am	* maintain fluid Balance. * Ensure Safety	10 Am	* Encouraged pt to take plenty of fluids. * Provided Side Rails upside.	* Prevented Dehydration * Prevented falls Risk.	* Re-Assessment Done. pt condition is Stable.	manisha 8/6/26
Afternoon	4 pm	* maintain personal Hygiene. * Ensure Safety	5 pm	* Bedsheets changed and maintained Hand Hygiene. * Provided side Rails upside.	* Prevented cross Infections. * Reduced falls Risk.	* Re-Assessment Done. pt condition is stable.	manisha 8/6/26 @ 6pm.
Night	8pm 8Am	- Assess the general condition - monitor vitals & Recorded		- Assessed the general condition - monitored vitals & Recorded.	- vitals are normal	- Bo patient is stable.	Anitha 8/6/26 @ 8pm

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NURSING CARE RECORD

Date: 9/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	→ ensure safety → maintain fluid balance		→ provide side rails → maintain good nutrinal status	→ prevent infection & dehydration	→ Re-assessment done every 4th hourly vitals checked	
Afternoon	3pm	→ Maintain good nutritional status		→ Maintain good nutritional status	→ provided normal diet	→ patient is stable	Preetham [signature] 9/6/26 @ 8pm
Night	9pm 10pm	→ maintain fluid balance → Ensure safety	9Pm 10pm	→ Administered IV fluid DNS 70ml/hr → side rails kept up	→ maintain Hydration → Prevent from fall	→ Patient is stable	Subhan 10/6 @ 8AM

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Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00 - 7:00	- maintain aseptic technique - Ensure safety	9:30 - 1:30	- maintained aseptic technique - side rails kept up	- prevent from Infection - prevent from falls risk	- patient is stable - No fresh	Sr nurse
Afternoon	3pm	- Maintain fluid balance		Administered IVF D/S 45 ml/hr	To prevent dehydration	- Patient is stable	Sreekanth Sr 10/6/2026 @ 8pm
Night	9pm	→ maintain good nutritional status	9pm	→ Provided by staff diet	→ oral intake is good	→ Patient is Stable	subha 11/6 @ 8am

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NURSING CARE RECORD

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	→ Maintain Good nutritional status		- Provided soft diet to the pt.	- To maintain health status	- Patient is stable	sreelakshmi 1/6/2026 @ 2pm
Afternoon	2 pm	Discharge noted :-		doctor came for rounds for discharge	& advice	noted by Srikanth 1/6 @2PM	
Night							

Rainbow Children's Hospital

BirthRight by Rainbow

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.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master D CHERITH RUDRA**	**Age :**	**8 Y 0 M 24 D**
IP No:	**IP-00060250**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**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: D. Kiran

Relationship: Father

Date: 06-06-26 Time:

Witness Name:

Witness Signature:

Patient Address:

16-1-553/12/A Nagarjuna Sagar Road
Hyderabad Telangana INDIA 500059

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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wELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 6/6/26 Time: 7:35pm	Date: 7/6/26 Time: 7:35pm	Date: 8/6/26 Time: 7:35pm	Date: 9/6/ Time: 7:35pm	Date: 10/6 Time: 7:35p	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0	0	
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0	0	
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0	0	
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0	0	
	Total Score		0	0	0	0	0	
	Signature of the Nurse		Sushila	Sushila				

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 6/6/26	DATE 7/6/26	DATE 7/6	DATE 7/6	DATE 8/6/26
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	2	2	2	2	2
	Oriented to own ability	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
	Total		11	11	11	11	11

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	X		X	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair support	X		X	X	X	✓
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Architha		Sripath	Manisha	Sushila	Sreekanth
	Signature:	AS		SV	MS	SG	Shree
	Date:	6/6/26		7/6	7/6	7/6	8/6/26
	Time:	6:30pm		8:30am	11am	6 PM	7 AM

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13-05-2018 8 Y 0 M 26 D
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/6	DATE 8/6	DATE 8/6	DATE 9/6	DATE 9/6
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
	Total		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 used		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✗	✓	✓	✓	✓
	Nurse's Name:						
	Signature:						
	Date:		8/6/26	8/6	8/6	9/6	9/6/26
	Time:		2pm	3pm	11pm	7pm	2pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/6/26	DATE 9/6	DATE 10/6	DATE 10/6/26	DATE 10/6/26
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
	Total		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 cup		✗	✗	✓	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Sreelatha	Suhr	Naso	Sreelatha	Sreelatha
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		9/6/26	10/6	10/6	10/6/26	10/6/26
	Time:		7pm	1AM	8am	3pm	7pm

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13-05-2018 8 Y 0 M 29 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 11/6/18	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2				
	13 years old and above	1					
Gender	Male	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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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				
	Total		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 support		✗				
	Other Intervention(s) Specify		✓				
	Nurse's Name:		Preetha				
	Signature:						
	Date:		11/6/18				
	Time:		10AM				

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

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13-05-2018 8 Y 0 M 26 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			7/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		~	~	-	~	~	~	~	-	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Rajya lakshmi

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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13-05-2018 8 Y 0 M 27 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

9/6/26 10/6 11/6/26

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			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—	—	—	—	—	—	—			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—	—	—	—	—	—	—			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—	—	—	—	—	—	—			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—	—	—	—	—	—	—			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—	—	—	—	—	—	—			
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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

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PAIN ASSESSMENT FORM

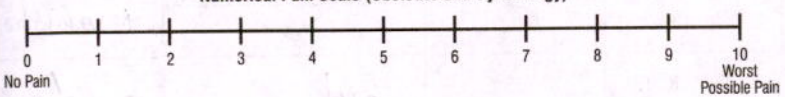
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/6/26	6:30 PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/6	8AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	Sri keerthi
7/6/26	11AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manisha
7/6/26	6PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sujith
8/6/26	7AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Sreekanth
8/6/26	11PM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	Rajesh
8/6/26	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	
9/6/26	3AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	
9/6/26	11AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	
9/6/26	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	Sreekanth

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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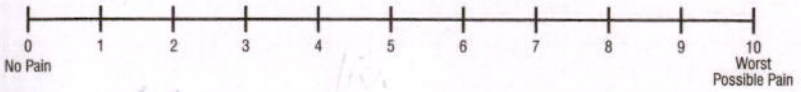
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Sreeja
10/6/26	12Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
10/6/26	6Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
10/6	12pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manasa
10/6/26	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Sreekanth
10/6/26	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Sreekanth
10/6	1Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
11/6/26	9Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Sreelaja
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 6/6/26	7/6/26	7/6/26	8/6/26
					Time : 2G:30PM	4AM	6PM	7AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

115

ULTRA SOUND ABDOMEN REQUEST FORM

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 25 D (M)
Dr. PREETHAM KUMAR

UHID:

DATE: 8/6/16

11.5c

LIVER : Normal in size 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.

10c

SPLEEN : Normal in size and echotexture.

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

KIDNEYS : Right kidney : 79 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 85 mm. 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.~~

IMPRESSIONL:~~No obvious sonological abnormality in abdomen.~~

Rest unremarkable

Suggested clinical correlation.

(1) Bowel gas in peripheral and central abdomen

(2) Normal wall thickness of visualized bowel loops

DR MOHD ABDUL KHALID MD, DNB.

~~*DR V. MAHIDHAR (MD)*~~

~~*DR VAISHNAVI REDDY B (MD)*~~

(Consultant Radiologist)

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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

Doctor Name : Dr. MNV Poushya Sai

Date : 9/6/26 Hour : 12pm

Hospital : Rainbow Children's Hospital

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

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Date : 9/6/26 Time : 12pm By : ....

Reason for Consult... t care specify the particular need, especially in the absence of a second diagnosis

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 27 D (M)
Dr. PREETHAM KUMAR

Signature: M.D.

Report of Findings and Recommendations :

- 1 day H/O vomiting - non-bilious.
- Fever.
- vomiting better today
- CBP, CRP -ve.

Adv:

1. High fibre diet.
2. MUOUT 4 spoons + 240ml water once at night → 3 months
   3 + 180ml.
3. syp. SMUTH 15ml once at night → 2 weeks.
   7.5ml → stop.

R/W OPD 2 weeks.

Dulcoflex supp 10mg BD (P) 3 days

Consultant :

Name : Dr. Poushya Sai Signature : [signature] Date & Time : 9/6/26 / 2pm

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

CONSULTATION FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : .....

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

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

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

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

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 29 D (M)
Dr. PREETHAM KUMAR

Signature: M.D.

Report of Findings and Recommendations :

vomiting
fever
] x 6 days back

↓

- Neck pain
- headache
- photophobia
- Constipation
-

- No bladder disturbances

- intermittent hypertension

admitted 3 times in past due to febrile illness

Consultant :

Name : Dr. P. Sindhura ..... Signature : ..... Date & Time : 11/6/26

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

O/E

Vitals - (N)
photophobia +ve
pupil - B/L equal, reacting
EOM - full
(N) tone
power - 5/5 in all 4 limbs
DTR - +2, abdominal, Cremasteric reflex +ve
Kernig sign (-ve)
Brudzinski (-ve)

Neck rigidity +ve
} muscular
? meningeal

Adv

T. Flexon MR
½ tab stat

— Review in evening → If photophobia persists
↓
Imaging SOS

FIRST FLOOR
AFTERNOON

ULTRA SOUND NECK REQUEST FORM

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 29 D (M)
Dr. PREETHAM KUMAR

PATIENT NAME :

DATE-TIME 11/06/2026

TO BE FILLED BY DOCTOR ONLY

HISTORY :

IMPORTANT CLINICAL FINDING :

SIGNIFICANT LAB REPORTS :

WORKINGS DIAGNOSIS :

DOCTORS NAME & SIGNATURE

FINDINGS

Both lobes of thyroid are normal in size, shape and echogenicity.

Right lobe of thyroid gland measures } Noemal.

Left lobe of thyroid gland measures }

Isthmus is normal in size and echogenicity.

Isthmus measures

No focal or diffuse mass lesions.

No evidence of cervical lymphadenopathy.

Great vessels of neck appears normal

Bilateral parotid and submandibular glands appear normal.

IMPRESSION:~~Normal Study~~.

Multiple enlarged lymphnodes noted in bilateral jugulodigastric & Caeotid regions, largest measuring 18x10mm on right & 20x7mm on left

1) Cervical lymphadenopathy → likely infective

DR MOHD ABDUL KHALID MD, DNB.
(Consultant Radiologist)

DR V. MAHIDHAR (MD)
(Consultant Radiologist)

DR VAISHNAVI REDDY B (MD)
(Consultant Radiologist)

VIH-00167802 IP-0006
Master D CHERITH RUDRA (M)
13-05-2018 8 Y 0 M 26 D
Dr. PREETHAM KUMAR

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

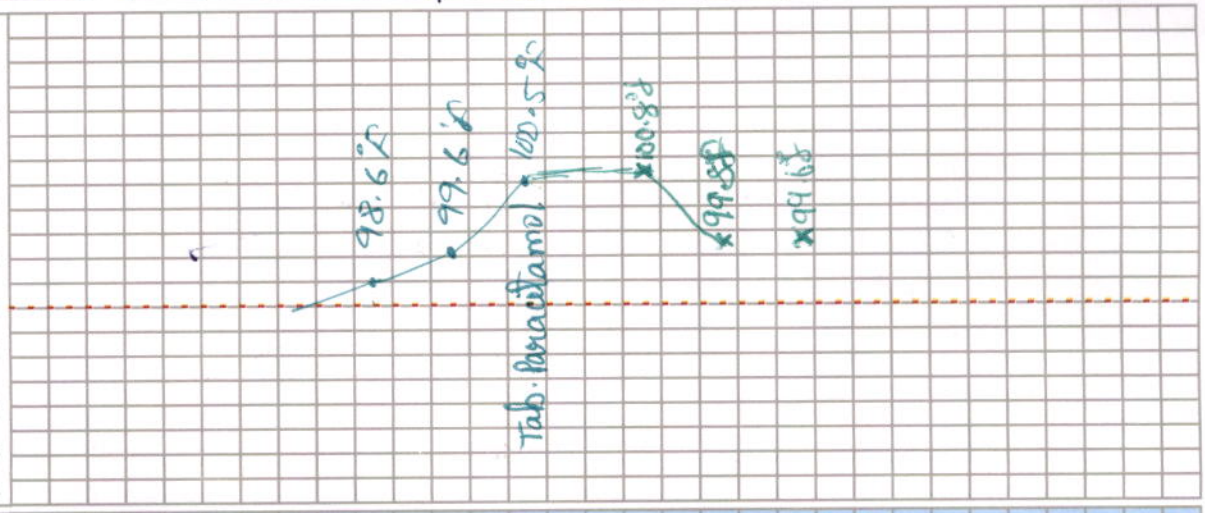
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:							
	8	10	12:30	2	4	6	
Doctor / Nurse / Family Concern?	PM	PM	PM	AM	AM	AM	

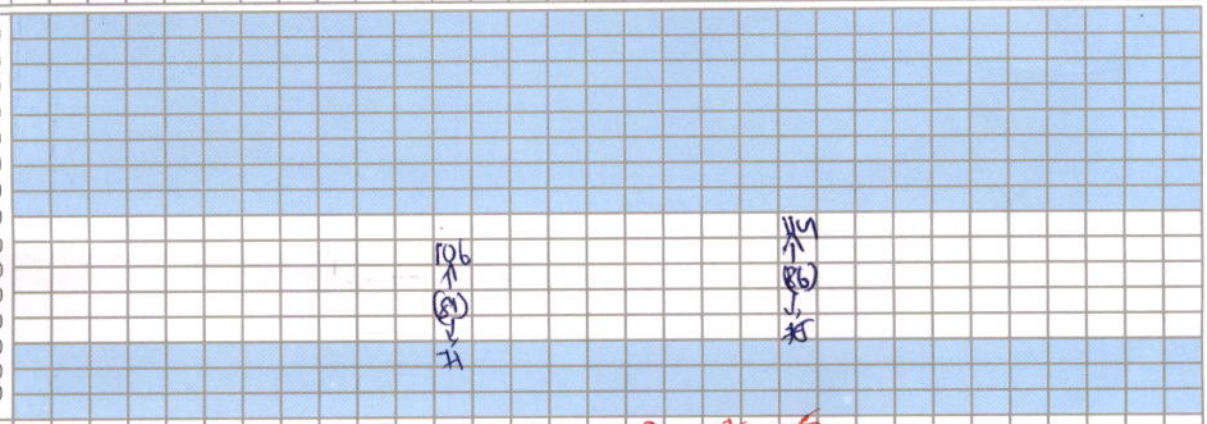
6/6/26

Temperature (°F)

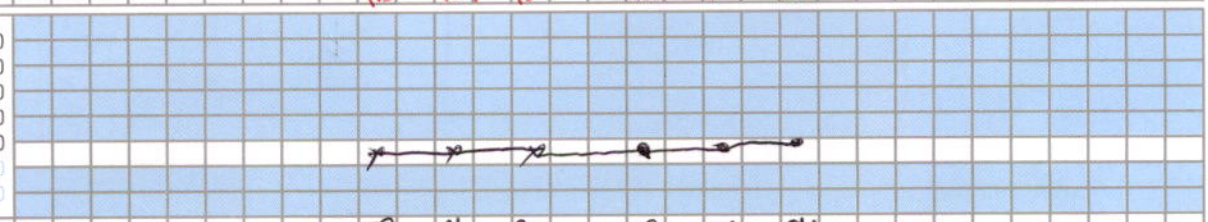


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	113	109	120	118	107	105



Resp. Rate (bpm) (over 1 Minute) *						
Resp Rate (Number)	23	26	24	23	26	24

Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2 (l/min)						
O_2 Saturations (%)	99	98	99	98	99	98
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

7/6/26

Date : .... Time:	9 AM	11:50 AM	1 pm	3 pm	5:40 pm	7 pm	8 pm	9:30 pm	12 AM	2 AM	3 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?													
Temperature (°F) (scale 94–104)	98.6°F	100.4°F Tab (paracetamol)	98.6°F	98.6F	100 F Tab Paracetamol (vomited)	99.2F	99.9F	101.9°F Inj paracetamol	98.6°F	98.6°F	100.5°F Inj PARACETAMOL	98.8°F	100.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	103 / (65) / 56				123 / (75) / 61			117 / (92) / 81				115 / (85) / 78	
Heart Rate (Number)	109	105	107	102	107	102		96	110	107	121	89	
Resp. Rate (bpm) over 1 Minute) * (scale 10–70)													
Resp Rate (Number)	27	26	27	28	29	26		24	26	25	24	26	
Resp Distress — Mod/ Severe													
Resp Distress — None / Mild	N	N	N	N	N	N		N	N	N	N	N	
Receiving O_2 (l/min)													
O_2 Saturations (%)	98	99	99	96	100	98		99	98	100	98	99	
Conscious Level — Normal	N	N	N	N	N	N		N	N	N	N	N	
Conscious Level — Altered													
GCS *	15	15	15	15	15	15		15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	1	0	0	1	0		[illegible]	0	0	[illegible]	0	
Pain Score	0	0	0	0	0	0		0	0	0	0	0	
Observer's Initials	My	My	My	8	8	8		8	8	8	8	8	

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	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.
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Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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BirthRight
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[illegible]ERVATION and EARLY WARNING SCORING TOOL

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

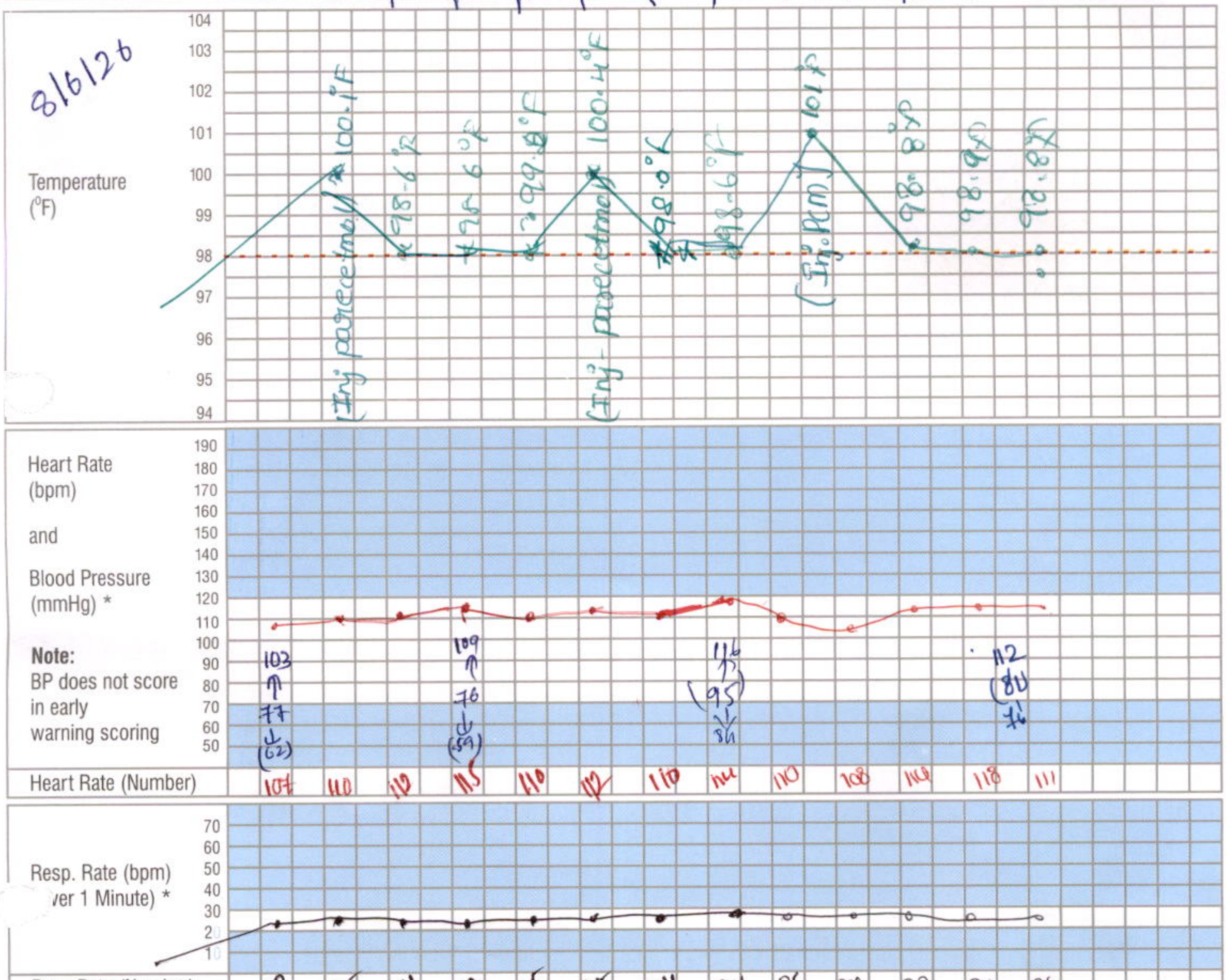
Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	9	10:30	1	3	5	6	8	10	12	2	4	6	8
Doctor / Nurse / Family Concern?	Am	Am	pm	pm	pm	pm	pm	pm	Am	Am	Am	Am	Am



	9	10:30	1	3	5	6	8	10	12	2	4	6	8
Heart Rate (Number)	107	110	112	115	110	112	110	114	110	108	110	118	111
Resp Rate (Number)	23	25	24	23	25	25	24	24	26	22	22	24	26
Resp Distress — Mod/ Severe													
Resp Distress — None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)													
O_2 Saturations (%)	98	99	98%	99%	98%	99%	98%	98%	98	99	98	98	97
Conscious Level — Normal	N	N	C	C	C	C	C	C	N	N	N	N	N
Conscious Level — Altered													
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE 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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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

VIH-00167802 IP-00060250
Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

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

SCHOOL AGE (5-12 years)
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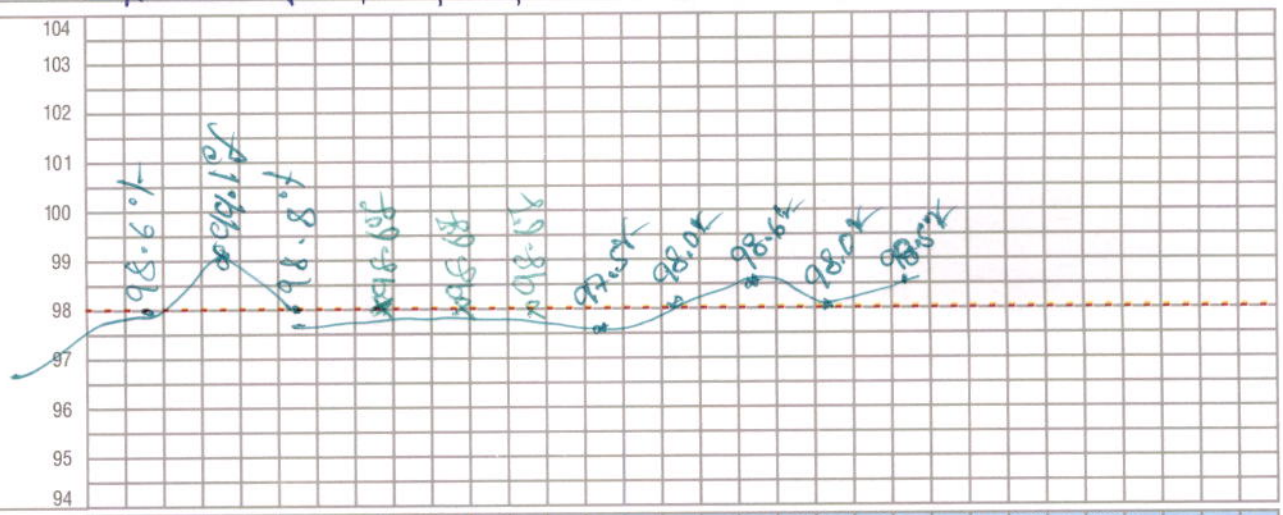
EARLY WARNING SCORE: CHILDREN'S UNIT

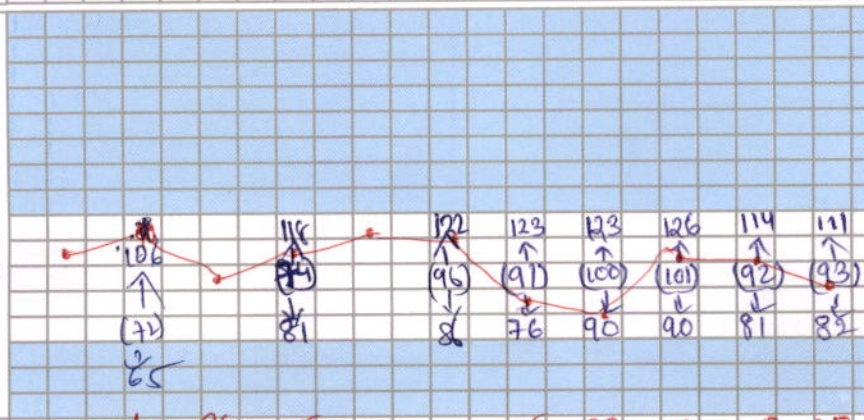
Date : 9/6/26 Time:	9 AM	10 AM	1 PM	2 PM	4 PM	6 PM	10 PM	12:30 AM	3 AM	5 AM	7 PM	
Doctor / Nurse / Family Concern?												

Temperature (°F)



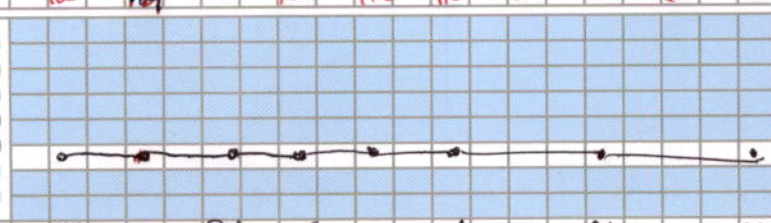
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	105	109	96	105	112	110	85	80	101	100	90

Resp. Rate (bpm over 1 Minute) *



Resp Rate (Number)	25	22	24	25	24	26		26		24	

Resp Distress	Mod/ Severe / None / Mild											
Receiving O_2 (l/min) O_2 Saturations (%)		97	98	98	99	100	99	100	96	100	96	97
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
TOTAL SCORE 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		MA	MA	MA	SK	SK	SK	SK	SK	SK	SK	SK

ACTIONS

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/26 Time:	9 Am	11 Am	1 Pm	3 pm	5 pm	7 pm	10 PM	01 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?											
Temperature (°F)	97.4°F	98.6°F	97.7°F	98.6°F	98.6°F	98.6°F	98.5°F	98.5°F	98.6°F		98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)	120 / (90) / 80	122 / (92) / 82	121 / (93) / 81	122 / (97) / 87	118 / (95) / 83	122 / (98) / 88	128 / (100) / 89	111 / (100) / 94	123 / (89) / 75	118 / (92) / 81	116 / (93) / 82
Heart Rate (Number)	98	103	100	112	107	101	83	92	88	101	94
Resp. Rate (bpm) (over 1 Minute) * / Resp Rate (Number)	24	22	24	25	24	26	30	29		28	
Resp Distress: Mod/ Severe											
Resp Distress: None / Mild											
Receiving O_2 (l/min)											
O_2 Saturations (%)	98	99	98	99	99	98	97	99	96	97	99
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered											
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	01	1	01	01	00	01	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	manasa	ma	ma	[illegible]	[illegible]	[illegible]	SK	SK	SK	SK	SK

ACTIONS	
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Patient Sticker

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/26 ..... Time:	9	11	01	3
Doctor / Nurse / Family Concern?	AM	AM	PM	PM
Temperature (°F) (scale 94–104)	98.6F	98.6F	98.6F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	119/77 (90)	123/90 (101)		
Heart Rate (Number)	96	97	101	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	●	●	●	
Resp Rate (Number)	25	24	26	
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild	N	N	N	
Receiving O_2 (l/min)				
O_2 Saturations (%)	98%	99	98	
Conscious Level: Normal	N	N	N	
Conscious Level: Altered				
GCS *	15	15	15	
TOTAL SCORE Number of shaded boxes	0	1	0	
Pain Score	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	

Noted by [illegible] 11/6 @2pm

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Date : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress | Mod/ Severe | None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%)

Conscious Level | Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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FLUID CHART

Sheet No. : 6/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/6/26	02:00 pm											Sindhu 06/6/26 @8pm
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm	DNS		70ml								
Total Intake : 70ml						**Total Output :**						
	08:00 pm	DNS		70ml								Sreelatha 07/6/26 @ 8Am
	09:00 pm	D		70ml						✓		
	10:00 pm			70ml								
	11:00 pm	N		70ml								
	12:00 am			70ml						✓		
	01:00 am											
Total Intake : 350ml						**Total Output :** 2 times						
	02:00 am	S										
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :** 1 time						

Total 24 hrs. Intake	420ml	Total 24 hrs. Output	3 times

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

11/06/26

T. ceftriaxone + PCM ½ tab parents refused to give around 12pm.

parents sign

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FLUID CHART

Sheet No. : 1

7/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26	08:00 am			70ml						✓		
	09:00 am		N	70ml				✓				
	10:00 am			70ml							0	
	11:00 am		P	70ml								manisha 7/6/26 @2pm
	12:00 pm			70ml				✓		✓		
	01:00 pm		0	70ml								
Total Intake : 420ml						**Total Output :** 2 times						
7/6/26	02:00 pm		P	70ml								
	03:00 pm		P	70ml						✓		
	04:00 pm			70ml								
	05:00 pm		0					✓			0	Sreelakshmi 7/6/26 @ 7 Pm
	06:00 pm											
	07:00 pm			60ml							1	
Total Intake : 270ml						**Total Output :** 1 time						
7/6/26	08:00 pm			60ml								
	09:00 pm			60ml						✓		
	10:00 pm			60ml								
	11:00 pm			60ml								
	12:00 am			60ml						✓		
	01:00 am			60ml								
Total Intake : 360 ml						**Total Output :** 2 times						
8/6/26	02:00 am			60ml								
	03:00 am			60ml						✓		
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml						✓		
	07:00 am			60ml								
Total Intake : 360ml						**Total Output :** 2 times						

Total 24 hrs. Intake	1410ml	Total 24 hrs. Output	7 times

Sreelakshmi 8/6/26 @ 8 Am

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FLUID CHART

Sheet No. : (2) 8/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
-			Mouth	I.V	N.G							
8/6/26	08:00 am		upma									
	09:00 am		+ water	70ml								
	10:00 am	D		70ml								
	11:00 am	N		70ml							0	
	12:00 pm	S		70ml								manish
	01:00 pm			70ml								8/6/26 @2pm
Total Intake :		350 ml				Total Output :						
8/6/26	02:00 pm			70ml								
	03:00 pm	D		70ml								
	04:00 pm	N		70ml							0	[illegible]
	05:00 pm	S		70ml								8/6/26
	06:00 pm			70ml								@8pm
	07:00 pm			70ml								
Total Intake :		420 ml				Total Output :						
8/6	08:00 pm			70 ml								
	09:00 pm		coconut water	70 ml						✓		Anitha
	10:00 pm			70 ml			✓					
	11:00 pm		ORS	70 ml							0	8/6
	12:00 am			70 ml				✓		✓		
	01:00 am											
Total Intake :		350ml				Total Output :						
9/6	02:00 am			70 ml								
	03:00 am			70ml								Anitha
	04:00 am			70ml						✓		
	05:00 am			70ml							0	9/6
	06:00 am			70ml								
	07:00 am			70ml								
Total Intake :		420 ml				Total Output :						

Total 24 hrs. Intake	1540 ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

9/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route Mouth	Intake: Route I.V	Intake: Route N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		Idly							✓	|	manasa
9/6	09:00 am		+								|	
	10:00 am		water	70ml							0	9/6
	11:00 am			70ml							|	@1PM
	12:00 pm			70ml						✓	|	
	01:00 pm			70ml							|	
Total Intake : 280 ml						**Total Output :**						
	02:00 pm			70ml							|	[illegible]
	03:00 pm			70ml						✓	|	
	04:00 pm			70ml							0	9/6/2026
	05:00 pm			70ml							|	@8pm
	06:00 pm			70ml						✓	|	
	07:00 pm			70ml							|	
Total Intake : 420ml						**Total Output :**						
	08:00 pm										|	
	09:00 pm									✓	|	
	10:00 pm		coconut	70ml							|	Subham
	11:00 pm		water	70ml							0	
	12:00 am			70ml			✓			✓	|	9/6
	01:00 am			70ml							|	
Total Intake : 280ml						**Total Output :**						
	02:00 am			70ml							|	
10/6/26	03:00 am			70ml			✓				|	
	04:00 am			70ml							0	Subham
	05:00 am			70ml							|	10/6
	06:00 am									✓	|	@7AM
	07:00 am										|	
Total Intake : 280ml						**Total Output :**						

Total 24 hrs. Intake	1,260ml	Total 24 hrs. Output	7 times

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

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FLUID CHART

Sheet No. : 01 10/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6	08:00 am						✓			✓	1	manoja
	09:00 am		Jelly + water								0	
	10:00 am			70ml			✓					
	11:00 am			70ml							1	
	12:00 pm			70ml			✓					
	01:00 pm											
Total Intake : 210ml						**Total Output :**						
	02:00 pm			45ml						✓		
	03:00 pm			45ml								
	04:00 pm			45ml							0	Seen by Dr on 10/6 @ 8pm
	05:00 pm			45ml								
	06:00 pm			45ml						✓		
	07:00 pm			45ml								
Total Intake : 270ml						**Total Output :** 2 times						
10/6	08:00 pm			45ml							1	
	09:00 pm		Rice water	45ml								
	10:00 pm			45ml							0	Subha 10/6
	11:00 pm			45ml								
	12:00 am			45ml						✓		
	01:00 am			45ml								
Total Intake : 270ml						**Total Output :**						
11/6	02:00 am			45ml							1	
	03:00 am			45ml								Subha 11/6 @ 7pm
	04:00 am			45ml							0	
	05:00 am			45ml						✓		
	06:00 am											
	07:00 am											
Total Intake : 180 ml						**Total Output :**						

Total 24 hrs. Intake	930ml

Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : 5

11/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6	08:00 am			45ml								
	09:00 am		Vada + water	45ml						✓		
	10:00 am			45ml								
	11:00 am			45ml								
	12:00 pm			45ml						✓		
	01:00 pm			45ml								
Total Intake : 270 ml						Total Output : 2 times						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: IIS

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ganesh

Date & Time : 6/6/26 @ 6:30pm

Nurse Name & Signature: Samuel / Jan

Date & Time : 6/6/26 @ 6:30pm

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DRUG CHART

Date of Admission: 6/6/26 Drug Allergies: ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

Cliph 6/6/26

DRUG: T. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	PO	Q6H	6/6

Doctor's Signature	Valid Period	Pharm.
[signature]		Dr [signature]

Additional Instructions: 1 tab 500mg 15mg/kg/dose.

Date / Time		
7/6/26 @12:30am		
[signature]		
[signature]		
6:40		
[signature]		
[signature]		

Rajyalakshmi 07/06/26

DRUG: Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	IV.	6-8th hly	7/6/26

Doctor's Signature	Valid Period	Pharm.
[signature]		Dr [signature]

Additional Instructions: 10-15mg/kg/dose

Date	7/6	8/6	9/6
Time	9:30Am	10:30 Am	11Am
	[signature]	[signature]	[signature]
	3Am	6PM	8pm
		[signature]	[signature]
	[signature]	1Am	
		[signature]	

DRUG:

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

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Master D CHERITH RUDRA (M)
13-05-2018 8 Y 0 M 26 D
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 32 kg Ward. ....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.5g	IV	12th hrly	6/6

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

Additional Instructions: (After test) 50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date ▸ Time	8/6	7/6	8/6	9/6	10/6	11/6
6 Am		/	ESW Kalpana	ESW	[sign]	[sign]
6 Pm	[sign]	ESW	[sign]	[sign]	Gayu	
Endorsement		✓	✓	✓		

Dr. [signature] 6/6/26 Chith

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	8th hrly	8/6

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

Additional Instructions: 0.2mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date ▸ Time	6/6	7/6	8/6	9/6
6 am	/	ESW Kalpana	ESW	[sign]
2 pm	/	/	[sign]	
10 pm	ESW Kalpana	[sign] 4pm	[sign]	

STOP [signature]

Dr. [signature] 6/6/26 Chith

DRUG : INJ. PANTAPRAZOLE

Dose	Route	Frequency	Start Date
30mg	IV	24th hrly	6/6

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

Additional Instructions: 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date ▸ Time	6/6	7/6	8/6	9/6	10/6	11/6
6 Am	[sign]	ESW Kalpana	ESW	[sign]	[sign]	[sign]

Dr. [signature] 6/6/26 Chith

DRUG : SYP SMUTH

Dose	Route	Frequency	Start Date
10ml	PO	8th hrly	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Shree

Additional Instructions: Laxative

Daily Doctor's Endorsement by a Sign

Date ▸ Time: Change frequency [signature] 8/6

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 32kgs Ward .....

DRUG : MUCOLT POWDER

Dose	Route	Frequency	Start Dt.
2 SCOOPS	PO	ONCE	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Shivam

Additional Instructions: 2 SCOOPS IN 80ML WATER

Daily Doctor's Endorsement by a Sign

Date/Time	8/6	9/6	10/6
10AM	X	X	

DRUG : SYP. SMUTH

Dose	Route	Frequency	Start Dt.
15ML	PO	12 HOURLY	8/6.

Name & Signature of the Doctor Starting the Drugs: Dr. Nishwaja

Additional Instructions: 1ML/KG/DAY

Daily Doctor's Endorsement by a Sign

Date/Time	8/6	
10AM		

STOP 9.6.26

DRUG : SYP. SMUTH

Dose	Route	Frequency	Start Dt.
15 ML	PO	ONCE DAILY	9/6

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera

Additional Instructions: BED TIME

Daily Doctor's Endorsement by a Sign

Date/Time	9/6	10/6
10 PM	X	X

DRUG : BISACODYL (DULOFLEX) SUPPOSITORY

Dose	Route	Frequency	Start Dt.
10 mg	P/N	IN 12 HRLY	9/6

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/6
9 AM	
9 PM	

STOP 10/6/26

(P.T.O.)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : PG ENEMA				Date ▸ / Time ▾	10/6
Dose	Route	Frequency	Start Dt.		
100ml	P/R	12Hhrly	9/6/22	10AM	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. prashanti				10pm	[illegible]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

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

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

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Master D CHERITH RUDRA
13-05-2018 8 Y 0 M 26 D (M)
Dr. PREETHAM KUMAR

Weight. ....32 kg.... Ward. .....

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6	6pm	PG ENEMA	100ml	PR		Sadiya
9/6	9:00pm.	PG ENEMA.	100ml	PR		Sadiya, Sowjanya
9.6.26	12pm	INJ. TRAMADOL	30 mg	IV OVER ½ hr		Sadiya
11.6.26	11.45am	CHLORZOXAZONE (250mg) + PARACETAMOL (500mg)	1½ tab	PO		

Signature

VERIFIED BY

VIH-00167802 IP-00080...
Master D CHERITH RUDRA (M)
13-05-2018 8 Y 0 M 26 D
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 32 kg Ward. ....

...te	Time	...position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/6.	7:20 pm	IV DNS (Full).	IV	70	[signature]	[signature] [signature]	10/6/2	[signature]	
10/6/26	2:10 pm	IVF-DNS (1/3rd) m	IV	45	[signature]				

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

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RESULT SHEET

Date	6/6	8/6	9/6			
Time	6:30pm					
Hb	12.3		12.1			
PCV	33.6		33.3			
RBC	4.47		4.42			
WBC	10610		8.000			
N/L	55.7/37.5		48.3/38.1			
Platelets	2.43		2.31			
CRP	7.0		8.0			
ESR						
PCT						
RBS						
Na	139					
K	5.0					
Cl	99					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
ALP		226				
SGPT		27				
SGOT		26				
T.Bill/Conj		0.4<0.1				
T.Protein		7.5				
S.Albumin		4.3				
S.Globulin		3.2				
A/G Ratio		1.3				
Uric Acid						
S.Amylase		62				
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	07/06/26					
Time	4.05pm					
CUE - Alb						
CUE - Sugar	Nil.					
CUE - Ketones	positive (++)					
CUE - PUS Cells	3-4 cells					
CUE - RBC Cells	Nil.					
CUE epithelial	2-4 cells					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood c/s - NO growth 48 hrs.

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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