

**ACTIVITY RECORD FOR BILLING**

VIH-00206606 IP-00060385  
Master ATHIRALA .SAI SATHVIK  
04-04-2009 17 Y 2 M 13 D (M)  
Dr. PREETHAM KUMAR

Name: -----  
UHID No : ---  ----- Consultant : ----- Dept : ER

Date of Admission : 12/6/26 Time : ----- Date of Discharge : ----- Time: -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>12/6/26</u>	<u>8pm</u>	<u>ER</u>	<u>PICU</u>	<u>[Signature]</u>
<u>19/6/26</u>	<u>5:30pm</u>	<u>PICU</u>	<u>III</u>	<u>[Signature]</u>

**Cross Consultation Visit**

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

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6/26	CBP, CRP, Electrolytes		
	Creatinine Urea	26020689 ✓	
	HIV test (card method)		
	PT/APTT		Kiran.
	✓ VBG	26020688 ✓	
	✓ X-ray chest. PA view	R26-009726 ✓	
	✓ X-Ray chest PA view	R26-009741 ✓	
	checked by 18/6/26 @ 9am Sjatta		
18/6/2026	X-ray chest PA view	R26-009787 ✓	Key
18/6/26	X-ray chest PA view	R26-009795 ✓	Lamuli.
19/6/26	X-ray chest. PA view	R26-009809 ✓	Bunli
19/6/26	X-ray chest PA view	R26-009812 ✓	Bunli
	checked by 19/6/26 @ 9am Sjatta		
20/6	CPR	26-009867 ✓	Sj
	C-XR.	26009930 ✓	Sj
	/		
	/		
	/		
	/		
	/		





Name	Master ATHIRALA .SAI SATHVIK	UHID	VIH-00206006
Father/Guardian	Mr PURUSHOTHAM	Age/Gender	17 Y 2 M 15 D/Male
Address	H.NO:18-137/3/5,HANUMAN PET,NEAR LILLY MODEL HIGH SCHOOL, HANUMAN PET,MALKAJGIRI,TELANGANA, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060385	Admission Date	17-06-2026
Ref Doctor	DR.MADHAVI PARISA	Discharge Date	21-06-2026

## DISCHARGE SUMMARY

### Consultant:

**Dr. PREETHAM KUMAR**

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY  
SENIOR CONSULTANT PEDIATRICS

### Diagnosis: Post Traumatic Left sided Pneumothorax

**History:** Master ATHIRALA .SAI SATHVIK is a 17 Y 2 M 15 D boy presented with history of blunt trauma 2 days back followed by pain over left side of chest for 1 day prior to admission. For the above complaints he was treated at referral center, but in view of persistence of symptoms he was referred to Rainbow Children's Hospital for further management.

**Outside Investigations:** Chest X-ray was suggestive of Left sided Pneumothorax

**Examination:** He was afebrile, maintaining saturations 98% at room air. Heart rate- 80/min, blood pressure - 117/79(90) mmHg and respiratory rate 20/min. Respiratory distress was present in the form of tachypnoea. On auscultation of chest, air entry was absent over left hemi-thorax with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Name

Master ATHIRALA .SAI  
SATHVIK

UHID

VIH-00206006

Weight on admission : 47.8 kgs.

**Investigations:** Enclosed.

**Management:** He was admitted in the Pediatric Intensive Care Unit and was started on IV fluids and IV antibiotics. He was treated symptomatically with antipyretics and antacids.

His serum electrolytes showed serum sodium - 148 mmol/L, serum potassium - 4 mmol/L and serum chloride - 105 mmol/L. Serum creatinine 0.8 mg/dl, blood urea 24.9 mg/dl.

**Course in Pediatric Intensive Care Unit:**

**CNS:** Child did not have any neurological issues during Pediatric Intensive Care Unit stay.

**CVS:** Child did not require any inotropic support during Pediatric Intensive Care Unit stay.

**RS:** Chest x-ray was done which was suggestive of left sided pneumothorax, so child was put on NRM . Venous blood gas showed pH -7.32 , pCO<sub>2</sub>-48.0 mmhg, pO<sub>2</sub> - 24mmhg, HCO<sub>3</sub> -24.5 mmol/l, BE: - -1.9 mmol/l.

In view of chest signs, ICD placement was done. As child's respiratory distress reduced, child was weaned off from NRM to room air. As the child distress improved, improvement of air entry on left side along with Chest xray suggestive of resolution of Pneumothorax, ICD was clamped.

**GIT:** Per abdomen examination was normal. Child was started on IV fluids as oral intake poor, later IV fluids gradually tapered and stopped as oral intake improved.

Name

Master ATHIRALA .SAI  
SATHVIK

UHID

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

  
**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**Infection:** On admission, complete blood picture showed hemoglobin 14.4 gm%, white blood cells count of 6.72 cells/cumm, platelet count of 1.95 lakhs/cumm and C. Reactive Protein 8 mg/l.

As he remained hemodynamically stable, maintaining saturations at room air with clamped ICD and accepting feeds well, he was shifted to ward for further management.

During the ward stay, his vitals were regularly monitored. He further improved gradually so ICD was removed and Chest Xray was repeated showing well aerated lung fields. Child remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

**Discharge Advice:**

1. Diet as advised.
2. Tablet Amoxicillin and potassium clavulanate (1 Tab=625mg) 1 Tablet twice daily for 1 day.
3. Kindly consult Preetham Kumar, Consultant Pediatric Intensivist & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).

**In case of Fever/Pain:**

Tablet Paracetamol (650mg), 1 tablet (if needed) if fever more than 99.6°F (maximum 4-6 hourly).

Tablet Ibuprofen (400mg), 1 tablet (if needed) (after food) for fever more than 101°F (maximum 8 hourly).

Name

Master ATHIRALA .SAI  
SATHVIK

UHID

VIH-00206006

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

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

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

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 to me.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Admitting Resident : Dr. Shivam

Summary prepared by: Dr. Sweety Ritwika / Dr. Vishwaja

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

*Dr. Preetham Kumar*  
**Dr. PREETHAM KUMAR**

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY

SENIOR CONSULTANT PEDIATRICS

39859

**Rainbow Children's Hospital - Secunderabad**

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



<b>PatientName</b>	: Master ATHIRALA .SAI SATHVIK	<b>Inpatient No.</b>	: IP-00060385
<b>Age/Gender</b>	: 17 Y 2 M 13 D/ Male	<b>Admit Date</b>	: 17-06-2026
<b>Ward/Bed</b>	: N 0 GF-EMERGENCY/ ER 101	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :17-06-2026 19:47	
HEMOGLOBIN (Colorimetry)	14.4	g/dL	13 - 16
RBC COUNT (DC detection method)	4.92	10 <sup>12</sup> /L	4.5 - 5.3
PCV/HCT (Calculated)	38.8	VOL%	36 - 51
MCV (Calculated)	<b>78.9</b>	<b>fL</b>	79 - 98
MCH (Calculated)	29.2	pg/cells	25 - 35
MCHC (Calculated)	<b>37.0</b>	<b>g/dL</b>	<b>H</b> 32 - 36
RDW-CV (Calculated)	13.2	%	11.5 - 14
PLATELET COUNT (DC Detection Method)	195	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	8.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.72	10 <sup>9</sup> /L	4.5 - 13
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	48	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	45	%	25 - 45
MONOCYTES (Microscopy, Leishman stain)	06	%	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
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :17-06-2026 19:47	
CRP (Immunoturbidimetry)	8.0	mg/L	<10

**Dr. SRUJANA SHYAMALA, MD, DNB**  
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>CREATININE (Specimen : SERUM)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :17-06-2026 19:47	
CREATININE (Enzymatic)	0.8	mg/dl	0.5 - 1.1

<b>PatientName</b>	: Master ATHIRALA .SAI SATHVIK	<b>Inpatient No.</b>	: IP-00060385
<b>Age/Gender</b>	: 17 Y 2 M 13 D/ Male	<b>Admit Date</b>	: 17-06-2026
<b>Ward/Bed</b>	: N 0 GF-EMERGENCY/ ER 101	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 19:47

SODIUM (Direct ISE)	148	mmol/L	H 134 - 143
POTASSIUM (Direct ISE)	4.0	mmol/L	3.5 - 5.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**HIV TEST ( CARD METHOD ) (Specimen : SERUM)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 19:47

HIV TEST ( CARD METHOD )	Non-reactive		
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)**

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 19:47

PT (Optical Clot Detection)	16.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.1		
APTT (Optical Clot Detection)	31.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 19:47

Rainbow Children's Hospital - Secunderabad

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



PatientName : Master ATHIRALA .SAI SATHVIK  
Age/Gender : 17 Y 2 M 13 D/ Male  
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060385  
Admit Date : 17-06-2026  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
UREA (Kinetic, Urease)	24.9	mg/dl	11 - 43



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Master ATHIRALA .SAI SATHVIK

17 Y 2 M 13 D

Male

IP-00060385

VIH-00206006

PREETHAM KUMAR

R26-009726

17-06-2026 07:43 PM

19-06-2026 04:42 PM

DRAFT

**X RAY - CHEST PA**

Cardiothoracic ratio within normal limits.

Ventricular configuration and aortic arch normal.

**Marked left pneumothorax with collapsed left upper and lower lobe.**

Domes of diaphragm are normal.

CP angles are clear.

Bones and soft tissues normal.

No subdiaphragmatic pathology.

Print Date/Time : 19-06-2026 04:42 PM

Printed By : A HARISH  
CHANDRA KALYAN

Page: 1 of 1

Master ATHIRALA .SAI SATHVIK

17 Y 2 M 14 D

Male

IP-00060385

VIH-00206006

PREETHAM KUMAR

R26-009741

18-06-2026 05:05 AM

19-06-2026 04:45 PM

DRAFT

**X-RAY CHEST AP VIEW**

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

Clavicle and shoulder girdle normal.

**Marked left pneumothorax with prominent lateral costophrenic angle.**

**Collapse of left lung.**

**Mild haziness in right lung.**

CP angles are clear.

Domes of diaphragm are normal.

Print Date/Time : 19-06-2026 04:45 PM

Printed By : A HARISH  
CHANDRA KALYAN

Page: 1 of 1

Master ATHIRALA .SAI SATHVIK

17 Y 2 M 15 D

Male

IP-00060385

VIH-00206006

PREETHAM KUMAR

R26-009809

19-06-2026 05:23 AM

20-06-2026 04:13 PM

DRAFT

### X RAY - CHEST PA

Cardiothoracic ratio within normal limits.

Ventricular configuration and aortic arch normal.

**Mild haziness in left lung.**

**Left ICD insitu.**

**Mild haziness in right perihilar region.**

Domes of diaphragm are normal.

CP angles are clear.

Bones and soft tissues normal.

No subdiaphragmatic pathology.

Print Date/Time : 20-06-2026 04:13 PM

Printed By : A HARISH  
CHANDRA KALYAN

Page: 1 of 1

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206006 IP-00060385

Master ATHIRALA .SAI SATHVIK  
04-04-2009 17 Y 2 M 17 D (M)  
Dr. PREETHAM KUMAR



Patient Name :

IP.No:

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	04	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	08	-	-	
7	Nurses Progress notes	07	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	02	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test	01	-	-	
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	03	-	-	
26	Intake and Output chart (fluid Chart)	02	-	-	
27	Drug Chart (Regular prescription)	02	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	humpy dimpty	03	-	-	
	Pain Assesment	02	-	-	
	checklist for thrombo	02	-	-	
	boarder & scal	02	-	-	
	others	26			
	Total No. of Pages	75			

Noted by  
Manasa Sridhar

Signature and Date :

## ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**Rainbow  
Children's  
Hospital**



## Check List for ICU Shift Outs

**CASH / TPA**

*run respnd*  
monitor

VIH-00206006 IP-00060385  
Master ATHIRALA .SAI SATHVIK  
04-04-2009 17 Y 2 M 15 D (M)  
Dr. PREETHAM KUMAR



*PM / III.*

Special remarks

S.No	Parameters	Responsibility	Signature
1	Due clearance from IP Billing & Financial Counselling for the accomodation to be shifted	BILLING STAFF	<i>[Signature]</i>
2	Room Ready to Occupy - Checking done for A/C , Lighting , Plumbing, Cleaning & Bedsheets	FLOOR COORDINATOR / MOD	<i>[Signature]</i>
3	Shift summary is prepared or not Whether any Pharmacy Consumables are to be Replaced /Returns / Indent required Pharmacy Clearance	NURSING STAFF	<i>Br. Rms</i>

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060385

Admit Date : 17-Jun-2026

Admit Time : 07:24 PM UHID : VIH-00206006

### Patient Details :

Patient Name : Master ATHIRALA .SAI SATHVIK

Age : 17 Y 2 M 13 D

Guardian : Mr PURUSHOTHAM

DOB : 04-04-2009

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H.NO:18-137/3/5,HANUMAN PET,NEAR LILLY  
MODEL HIGH SCHOOL, HANUMAN PET,  
MALKAJGIRI,TELANGANA Malkajgiri  
Hyderabad Telangana INDIA 500047

Phone No : 8309054556

E-mail : na@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 PURUSHOTHAM

Relationship : S/O

Contact Address : H.NO:18-137/3/5,HANUMAN PET,NEAR LILLY  
MODEL HIGH SCHOOL, HANUMAN  
PET,MALKAJGIRI,TELANGANA Malkajgiri  
Hyderabad Telangana INDIA 500047

Phone No : 8309054556

Signature

### Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR.MADHAVI PARISA

Phone No :

Co-Consultant :



### Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 15000.00

Payor Name : NIVA BUPA HEALTH INSURANCE  
COMPANY LIMITED


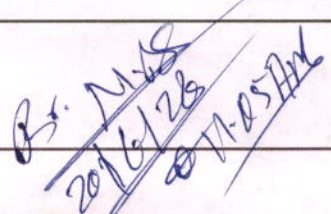
# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00206006 IP-00060385 Master ATHIRALA .SAI SATHVIK 04-04-2009 17 Y 2 M 16 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission  17/6/20 7.24 PM	Date & Time of Transfer Order  20/6/20 1 PM
Transfer Ordered by  Dr. Preetham Kumar		Reason for Transfer  Stable IcS remove	
From Unit  PICU	To Unit  1st floor - 111	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  (62)	Number of Imaging Films  8 xray 1 VBG	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	100ml NS	2	
2.	Intactrix	1	
3.	5cc	2	
4.	2cc	2	
5.	FNS - Amoxicillin 1.2gm	①	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Dr. Nandhanwar		Name of Person Ordered Transfer  Dr. Preetham Kumar	
Patient & Clinical Records Received by :  			
Date & Time of Patient Received :  20/6/20			

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 TRANSFER FORM

Patient Name & UHID No. VH-00206006 IP-00060385 Master ATHIRALA .SAI SATHVIK 04-04-2009 17 Y 2 M 16 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 20/6/2026 @ 11:05 AM	Date & Time of Transfer Order 20/6/2026 @ 11:05 AM
		Transfer Ordered by Dr. Vishwaja	Reason for Transfer ICD Removed
From Unit 1st floor	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (61)	Number of Imaging Films 8-X-ray 1-UBG	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Steekanth / free		Name of Person Ordered Transfer Dr. Vishwaja	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 20/6/2026 @ 11:05 AM			

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

## NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 17/6/2026  
 Source of Admission:  OPD  Ward  Other: ER  
 Reason for Admission: Pain while Breathing x 2 days  
 Admission Diagnosis: Left Pneumothorax  
 Accompanied By:  Parent  Guardian  Other Name: \_\_\_\_\_  
 Primary Language:  Telugu  English  Hindi  Other Specify \_\_\_\_\_  
 Do you require an interpreter?  Yes  No  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

Source of Information : <input checked="" type="checkbox"/> Family <input type="checkbox"/> Patient <input type="checkbox"/> Others, Specify _____			
<b>SIGNIFICANT HISTORY</b>	Past Medical History	Past Surgical History	Last Hospital Admission
	Nil	Nil	Nil
	Family History: _____ _____		
	Has the child or close family member had recent contact with a communicable disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please list, _____ Was the child's birth normal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe problems: _____ _____ Are the child's immunization up to date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CURRENT MEDICATIONS</b>	Taking Medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Fill the reconciliation form Medicine brought to the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Observations: Weight: <u>47.8 kg</u> Length: <u>171 CM</u> Head Circumference (< 2 years): _____ Temp.: <u>98.6°f</u> HR: <u>76 b/m</u> RR: <u>20 b/m</u> BP: <u>126/70 (86) mmHg</u> Pain Score: <u>1</u> Specify Site: <u>Left chest</u> (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Score: <u>11</u> (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score <u>28</u> ) (Document in the Braden Q Assessment Sheet)			



Sleeping  Crying  Calm  Distressed/Console  Drowsy

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

Mobility problem  Walking Problem  No Abnormality Detected  
 Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**

Underweight  Overweight  Special Feeding Method  
 Feeding Problem  Special diet  No Abnormality Detected

Inform consultant for positive criteria

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: ..... (Date/Time): .....

**Social History:** Lives With family

Siblings in household  Yes  No (if yes How Many?) 1 Sister

Orientation has been given regarding the following aspects:

- ID Band in situ
- Bedside safety explained
- PICU Routine: Doctor's rounds/Medication time
- Visiting policy explained

Orientation given to:  Family  Others specify .....

Name of Person Orientation was given to: Mother

Orientation not given Reason: .....

Nurse Name: Konkhi

Nurse Signature: [Signature]

Date & Time: 17/6/16 @ 8:02 PM

**DISCHARGE PLAN**

Source of Information:  Family  Friend

Will patient require transportation arrangements to go home:  Yes  No

Will Physiotherapy require at home:  Yes  No

Is home medical equipment anticipated:  Yes  No

Is home oxygen therapy anticipated:  Yes  No

Are dressing needs at home anticipated:  Yes  No

Any other needs anticipated:  Yes  No If Yes Specify .....

Discharge Medications:  Yes  No

Details: .....

Final Diagnosis: Left PNEUMOTHORAX

Nurse Name: Sr. Konkhi

Nurse Signature: [Signature]

Date & Time: 17/6/16 @ 8:05 PM

Patient Name : Mast. ATHIRALA .SAI SATHVIK UHID : VIH-00206006 IPD : IP-00060385 Gender : Male Age : 17 Y 2 M 13 D

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 17/6/26 Time of arrival : 7:14 pm

Chief Complaints: NO pain while taking the 13 breath RBS: —

Height : 171cm Weight : 47.8kg BMI : — Head Circumference (<2 years) —

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: —

If yes, identify —

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

Character painful  Location —  Frequency Intermittent  Duration 3 days

**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 (sister)

Time of Initial assessment completed by ER Nurse : 7:18 pm

Patient Name : Mast. ATHIRALA .SAI SATHVIK UHID : VIH-00206006 IPD : IP-00060385 Gender : Male Age : 17 Y 2 M 13 D

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

Time	Nursing Notes
7:08 PM *	patient came to ER
7:10 PM *	Vitals checked & Recorded
7:12 PM *	Dr. Shivam Seen the patient & advised admission
7:24 PM *	Admission process Done
6:55 PM *	IV placement Done
7:00 PM *	collected the Samples & Send to lab
	x Patient shifted to PICU

Samples collected by: } Sr. Hema  
 Samples sent by: }

Time: } 6:55 PM  
 Time: } 7:00 PM

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 83 b/min RR: 22 b/min GCS: 15/15 Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: PICU Time of Shift - out: 17/6/26 @ Handover given to: Sr. Kunti (Nurse's Name) by Achithy

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

IV placement Done

Name of the Nurse : Achithy Signature of the Nurse : AS

Date & Time : 17/6/26 @ 6 PM

Patient Name : Mast. ATHIRALA .SAI SATHVIK UHID : VIH-00206006 IPD : IP-00060385 Gender : Male Age : 17 Y 2 M 13 D

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



Wt: 47.8 kg

### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Sai Sathvik Age : 17 y 1 Gender:  Male  Female

Date : 17/6/26 Time of Arrival : 7:02 PM

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

Source of Information :  Parents  Others (Specify):

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 97.3 PR: 80b/m BP: 117/79(90)61mm SpO<sub>2</sub>: 98.1

Chief Complaints: C/O pain while Breathing x 2 days

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

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

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

\* CTAS - Canadian Triage and Acuity Scale

huelthe  
 Signature of Parent / Guardian  
 Triage Completion Time : 7:12 PM

### Communicable Disease Triage Screening

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

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

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

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

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


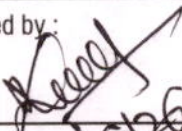
Name of Triage Nurse : Aec Luethe

Signature of Triage Nurse : AS

Date & Time : 17/6/26 @ 7:12 PM

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

# PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206006 IP-00080385 Master ATHIRALA .SAI BATHVIK 04-04-2009 17 Y 2 M 13 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 12/6/26 @ 7:24 pm	Date & Time of Transfer Order Adm. 12/6/26 @ 8pm
		Transfer Ordered by Dr. Shikam	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (21)	Number of Imaging Films X-rays - 10	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Shikam @		Name of Person Ordered Transfer Dr. Shikam	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 12/6/26 @ 8pm			


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 TRANSFER FORM

Patient Name & UHID No. VIH-00206006      IP-00060385 Master ATHIRALA .SAI SATHVIK 04-04-2009      17 Y 2 M 15 D      (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 17/6/26 at 7:24 AM	Date & Time of Transfer Order 19/6/26 at 4 PM
		Transfer Ordered by Dr. Preetham	Reason for Transfer stable
From Unit PICU	To Unit First floor.		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 57 pages.	Number of Imaging Films 7 - chest xray.	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	10cc Syring	2	
2.	sterile water 10ml	1	
3.	Mouth wash	1	
4.	1mg Amoxicilline	1	
5.	Body wash		
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Rajeshwar		Name of Person Ordered Transfer Dr. Preetham.	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

- Unavailable Bed     
  Nurse not Available     
  Available Bed not ready



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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

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

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

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

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

VIH-00206006 IP-00060385  
Master ATHIRALA.SAI SATHVIK  
04-04-2009 17 Y 2 M 13 D (M)  
Dr. PREETHAM KUMAR





### paediatric Multiorgan History & Physical Examination

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

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

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

Child referred with Xray s/o Left pneumothorax  
had H/O Blunt trauma to chest 2 days back

#### History of present illness :

Child had sudden Blow to chest while  
play by friend Anterior side 2 days back

Child was At risk

Yesterday started Complains of Pain

Xray done s/o pneumothorax

CT done

↓  
Referred here

↓  
Chest xray repeated at RCH

↓  
Pneumothorax present on right side



**Pediatric Multiorgan History & Physical Examination**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

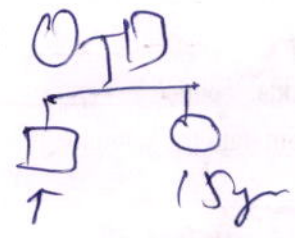
\_\_\_\_\_

Not significant

**Birth & Neonatal History:**

FT / NVD / CAB / 34

NO H/O NICU adm



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

**Developmental History :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

normal for age

**Immunization History :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

vaccines due for age

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 47.81g (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.3<sup>o</sup>F Pulse Rate: 80/6 B.P. 117/79/40 SPO2 98%  
Resp. rate and type of breathing : 20/m

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : B/LAE ↓ ↓ L > R  
Any addes sounds : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S1S2  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : \_\_\_\_\_  
Ausculation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

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

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor System:**

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

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

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

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

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

**Reflexes :**

(N)

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

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

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

(N)

**Clinical Summary & Diagnostic:**

Left pneumothorax  
\_\_\_\_\_  
\_\_\_\_\_

**Pediatric Multiorgan History & Physical Examination**

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

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

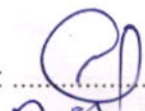
**Planned Labs:**


CBP, CRP ✓, S/E ✓  
Sr CReck ✓, Sr urea ✓  
VBC ✓  
PT/ATT INR ✓  
CK/Key ✓

**Planned Management**

CDKO Ar Vishnu  
- NRM  
- IV fluid  
- In Aupmali  
- ICD placement

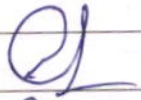
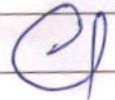
Noted by sthleran a/c  
18/6/20 2:40 pm

Signature of the Doctor:   
Name of the Doctor: Athira  
Date & Time: \_\_\_\_\_

Signature of the Consultant:   
Name of the Consultant: Dr. Preetham  
Date & Time: 18/6/20 3 pm

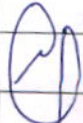


**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>17/6/26</u> <u>19:50</u>	<p><u>Cl/w Dr Preetham K</u></p> <p><u>Adm</u></p> <ul style="list-style-type: none"> <li>- Hold ICD placement</li> <li>- Continue on NRM oxygen</li> <li>- Needle Thoraco cathesis</li> <li>- Review T/M</li> <li>- Chk T/M</li> </ul>	<p style="text-align: right;">             Dr. Preetham K         </p>
<p>Noted by            Dr. Bhandari            17/6/26            7:50P</p>		
<u>17/6/26</u> <u>20:15</u>	<p><u>Needle Thoracocathesis</u></p> <p>Procedure done under all aseptic precautions.            Cleaned with Betadine &amp; Bacloper            Needle NO. 20 inserted in 2nd ICS            Connected to under water seal.            Bubbly present            Removed when bubbly stopped</p> <p>Tolerant procedure well</p>	<p style="text-align: right;">             Dr. Preetham K (P.T.O)         </p>
<p>Noted by            Dr. Bhandari            17/6/26            8P</p>		



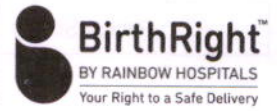
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18/1/26</u> <u>8AM</u>	<p><u>CL/B Resident</u></p> <p><u>Left Pneumothorax</u></p>	
	<p><u>Current Status</u></p>	
	<ul style="list-style-type: none"> <li>- on NRM <del>now</del></li> <li>- NO Respiratory distress</li> <li>- vit stable</li> <li>- Chest xray showing minimal residual.</li> </ul>	
	<p><u>Plan</u></p>	
	<ul style="list-style-type: none"> <li>- Continue NRM</li> <li>- Repeat Xray</li> </ul>	
 Dr. Preetham	<p><u>Noted by</u>  <u>SB-NR</u>  <u>18/1/26</u>  <u>@ 8AM</u></p>	

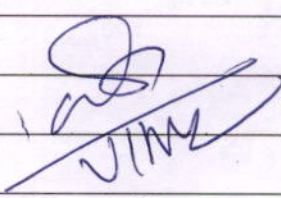
VIH-00206006 IP-00060385  
 Master ATHIRALA.SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



2



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
18/6/20 10 AM	<p><u>Cl/B Dr Vishnu</u></p> <p>Left pneumothorax</p> <p><u>Current status</u></p> <p>- on NBM            - Vtx Stable</p>	
	<p><u>Plan</u></p> <p>→ Check for features of Meigs's            → W/O worsened Respiratory status            → CT reporting of            any evidence of            size of            Pneumothorax</p>	
	<p>- NBM from <u>9 AM</u></p>	
	<p>- Rep Movement @ <u>3 PM</u></p>	
	<p>Noted by            SS-NIS            18/6/20            10 AM</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/2016 10:16 PM	counseling notes [Dr. Vishnu]	
	<p>History reviewed</p> <p>Chilney see like balloon, repetitive leads to leakage of air into pleural spaces, causing pneumothorax and it causes decrease in lung size due to compression of lung.</p> <p>This causes decreased air exchange causing alveolar Medecy needle decompression done, but there is no increase in lung size</p> <p>Hence planned for 2nd drainage</p> <p>For 2nd drainage, there may be pulmonary edema due to capillary damage; this may cause need of mechanical ventilation post 2nd drainage.</p> <p>If there is no improvement further lung repair to be done surgically</p>	
		<p>2/3/16 Vishnu</p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 9.30PM		
	<u>Call by Mr. Preetham Kumar</u>	
	<u>Left pneumothorax</u>	
	→ ↓ Area entry on left side	
	- Peds	
	→ ICP placed	
Noted by Sis. [unclear] 18/6/2026 @ 2:30pm		
18/6/26	<u>Counseling by Mr. Preetham Kumar</u>	
Sis. [unclear]	<p>Explained about X-ray &amp; there is still decreased air entry on left side due to injury there might be leak of air into pleural space which is leading so we will keep tube to drain the air - so that he could heal faster &amp; recovery will be fast</p>	
18/6/26	Spm	
[unclear]	[unclear]	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>Anthropometry</u>	
	Height - 117.1 cm	} all these <span style="border: 1px solid black; padding: 2px;">13.3 cm</span>
	Arm span - 172.3 cm	
	Upper segment - 76.3 cm	
	- lower segment - 94 cm.	
	US: L:S → Ratio - 0.81. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">H/S</span>	
	<u>Referred</u>	
18/07/26 3:30 PM	<u>ICD Plekernand Notes</u>	
	Systemic score <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">127</span> points significant for Marfan	
	Myopia	
	③ wrist @ Thumbs sign ①	
	① wrist (all) thumbs sign ①	
	② pectus excavatum ①	
	① pectus excavatum / chest asymmetry ①	① Myopia > 3D ①
	② Handfoot deformity ①	① MVP + ①
	① Flat foot deformity ①	
	② Spontaneous pneumothorax ① (Barro index)	
	② Dural ectasia (need MRI) *	
	② Protrusio acetabuli ① (need X-ray Bk hip) *	
	① ↓ VL/LS ratio (or MAmp/ht) ①	
	① Scoliosis / kyphosis ①	
	① Reduced elbow extension ①	
	① Characteristic facial features ①	
	① Skin signs ①	

(Aortic hypoplasia, Retardation, Dolichocephaly, enophthalmos, Downward slant, Ruptured aortic)



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 3:00 PM	ICD notes	
	Indication of placement of ICP	
	↓ Trauma induced pneumothorax (large)	
	• (CT)	
	Under aseptic precautions, after obtaining informed consent: General sedation & local Anesthesia administered patient positioned semi-recumbent with arm abducted incision made 2-3 cm, above saddle of rib, blunt dissection performed. Tube 12 Fr. Trocar was directed apically and medially.	
	Tube was connected to underwater seal for drainage. Tube secured with sutures and sterile dressing applied	
	E (F)	
	<u>Post procedure</u>	
	Chest xray taken to position confirmation	
	Atelectasis movement present	
	NO immediate complications.	
	<u>Vitals</u>	Ma
	HR - 72/min	A Repeat chest xray
	SpO2 - 100% on 2 L/min	@ 9 AM
	RR - 28/min	Direct NPO
	No ↓ kcal air entry on (L) side	ni pry



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/2016		
9:30 AM	O/S/B next follow	
	D'S - Pneuma induced (P) pneumonia	C Sec 2ed instn.
	ON main mainting station	
	Dolyma (P) (Pain (P))	
	No Air pushing	
	No Air column movement (P)	N/A
	Pul (P)	
	Mr (P)	1) To use w/ft sudden
	BP > 5M cardiac	D.MO, cough, chest pain
	N-to (P) side air only	
	improved	2) To make sure % moisture
	AVS - SIS (P)	if accept only
	P/S (P) BS (P)	3) 2M - Pneumo-dol/sty
		4) use Repu decel pump
		on P/M
	Noted by	
	Dr. Ramesh	
	18/6/2016	
	9:20 PM	



□ (5)

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>20/06/2026</del> 19/06/2026		
7 AM	cls/B New fellow	
	D's - Trauma induced (C) pneumothorax c Bed inside (2) at Bed (3) at hospital admission	
	on ARM, maintaining intubation Pkyp, res (1) Arcolamin maxmer (1)	Plan
	Pc (2) Pr (2) Sp > 5 cm water	1) Remove ECG WRM w/ distress / Deatracheal P2dy ma
	Chest xray - Suprad sup expansion	2) CR for new knave
	re-Bact, clear on S/L (1) Pk resist, B (2)	
	M P P	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>09/08/2020</del>	<u>clsb</u> Dr. Vishnu Sir	
<del>9:50 AM</del>	Dr. (U) Pneumothorax (Post Anesth) & Resp. Distress	
	Air entry on (U) side impeded	
	<u>Plan</u>	
	1) To clamp red now	
	2) To repeat chest X-ray @ 4 PM	
	3) S Auscultation	
	4) Stop O <sub>2</sub>	
		<del>Dr. Vishnu</del>
		<del>noted by</del>
		<del>Dr. Vishnu</del>
		<del>19/6</del>
		<del>@ 10 AM</del>

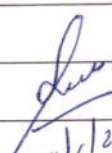






7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 5.00PM.	SHIFTING NOTE	
	<p>The child presented with H/o Blunt trauma over chest followed by pain over left chest leading to (L) sided Pneumothorax. On presentation, child had mild respiratory distress with absent lung sound over (L) hemithorax. Needle thoracostomy followed by (L) ICD placement was done. As air entry improved, the child's ICD was clamped at 10AM today.</p> <p>-The child did not had any respiratory distress during PKU stay.</p>	
	<p>Adv: ① Shift to room          ② Confirm clamped ICD          ③ Watch for sign of respiratory distress          ④ Repeat CXR (T/M) and decide on Removal of ICD.</p>	
		<p style="text-align: right;">             19/6/2026         </p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B <u>Dr. Ushnumir</u>	
20/6/2026 9am.	(1) pneumothorax (post trauma) $\bar{o}$ Resp distress	
	<u>olt</u>	
	child alert	
	Further	
	Vitals stable	
	NO Resp distress	Plan
	1)	Remove ICD on p/w
		Observe for 2-3 hours
		↓
		Plan for o/s
		after okay to ward
		2) Watch for signs of RO
	NO	
	<del>Vital</del>	
		<u>ICD Removal Notes</u>
	Under (aseptic conditions)	removed ICD after
	removing Sutures, nil adverse events	
		d. Gungy



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/20 2:45 PM	S/B. <u>Resistant</u>	
	① pneumothorax (post trauma) b/t	Resp distress Dec-removed
	Child alert	
	Euthermic	
	Vital stable	
	CVR-S/S (+)	
	Mx- RAE (+)	
		<u>Plan</u>
		1) Repeat CXR T/m
		2) Dec removal done
		3) plan for d/c T/m
		4) watch for signs of respiratory distress.

Handwritten notes in left margin:  
 20/6/20  
 2:45 PM  
 S/B  
 Resistant

Handwritten note: Dr. Preetham

Handwritten notes in bottom right:  
 Done by Endo  
 @ 8:30 PM  
 20/6/20





1

## NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 17/6	Diagnosis: left pneumothorax	Surgery / Procedures:		
	Allergies: Nil		Post OP Day: -		
	Date: 17/6/26				
	Area	ICU	PICU	PICU	
	Shift Time	8:00 PM	Evening	Night	
	Diet:		-	soft diet	
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA	
	1.		IV cannula	IV cannula	
	2.		-	-	
	3.		-	-	
	4.		-	-	
ASSESSMENT	Infusions / Transfusions	Nil	DNS @ 55ml/hr	DNS @ 55ml/hr	
	PU Prophylaxis	-	Nil	Nil	
	DVT Prophylaxis	-	Nil	Nil	
	Vitals	BP	113/82 (81)	121/82 (94) mmHg	126/84 (96) mmHg
		PR	83 bpm	76 bpm	72 bpm
		RR	22 bpm	24 bpm	20 bpm
		SpO <sub>2</sub>	99%	99%	100%
		Temp	97.3° F	98.6° F	98.0° F
	Pain Score	0	1	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	
	Restraints If any	Physical	-	Nil	Nil
		Chemical	-	-	-
Fall Risk (Vulnerable Y/N) if yes score	0	1	1		
(Ambulation, walking, moving with assistance, bed ridden)		walking	walking		
ADL (Dependent / Non-Dependent)	Non-dependent	Non-dependent	Non-dependent		
Critical Lab Test / Values (If any)	-	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date:	17/6		
		Area		Picu Evening	Picu Night
		Shift Time			
		Ordered / Planned	Nil	Nil	→ T/II x-ray C-ST
		Due	Nil	Nil	Nil
		Reports Pending	Nil	Nil	Nil
Referrals (if any)	Nil	Nil	Nil		
Remarks (Special Interventions like, Drainage tube flushing etc.)			Needle drainage		
Handed Over By Name :		Architha	Kunthi	Ramulu	
Signature :		AS	KS	RS	
Date:		17/6	17/6/26	18/6/26	
Time:		@ 8:05 PM	@ 8:10 PM	@ 8 AM	
Taken Over By Name :		Kunthi	Ramulu	Manojkumar	
Signature :		KS	RS	Manoj	
Date:		17/6/26	17/6/26	18/6/26	
Time:		@ 8:05 PM	@ 8:10 PM		



2

## NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 17/6	Diagnosis: left Pneumo-thorax	Surgery / Procedures: -		
	Allergies: Nil		Post OP Day: -		
	Date: 18/6/26				
	Area	PIU 8Am - 2Pm	PIU 2pm - 8 Pm	PIU 8pm - 8AM	
	Shift Time				
	Diet:	Soft diet	NBM	SOFT diet	
Ventilation (RA, NP, NIV, VENTI)	NRM mask	NRM	NRM		
INVASIVE LINES	1.	Pv cannula	Cannula ⊕	Cannula-1	
	2.		-	-	
	3.		-	-	
	4.		-	-	
ASSESSMENT	Infusions / Transfusions	DNS @ 55 ml/h	DNE - cannula	DNG @ 55ml/hr	
	PU Prophylaxis	Nil	Nil	Nil	
	DVT Prophylaxis	Nil	Nil	Nil	
	Vitals	BP			116/72 (86) mmHg
		PR	94 bpm	72 bpm	70 bpm
		RR	33 bpm	30 bpm	27 bpm
		SpO <sub>2</sub>	100%	100%	100%
		Temp	98.6°F	98.6°F	98.6°F
	Pain Score	0	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	
	Restraints If any	Physical	Nil	Nil	Nil
		Chemical	Nil	Nil	Nil
Fall Risk (Vulnerable Y/N) if yes score	11	11	11		
(Ambulation, walking, moving with assistance, bed ridden)	working	walking	walking		
ADL (Dependent / Non-Dependent)	Non-dependent	dependent	Dependent		
Critical Lab Test / Values (If any)	-	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	18/6/26	18/6/26	
	Area	PIU	PUO	PIU
	Shift Time	8am-2pm	2pm-8pm	8pm-8am
	Ordered / Planned		⇒ A flight ⇒ NRM ⇒ Tep. du	→ C.S.T → x-ray done
	Due	N/U	N/U	N/U
	Reports Pending	N/U	N/U	N/U
	Referrals (If any)	N/U	N/U	N/U
Remarks (Special Interventions like, Drainage tube flushing etc.)	N/U	N/U	N/U	
Handed Over By Name :	<i>[Signature]</i>	<i>[Signature]</i>	Ramulu	
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	18/6/26	18/6/26	19/6/26	
Time:	@ 2pm	8pm	@ 8AM	
Taken Over By Name :	<i>[Signature]</i>	Ramulu	<i>[Signature]</i>	
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	18/6/26	18/6/26	<del>18/6/26</del>	
Time:	2pm	@ 8pm	<del>@ 8AM</del>	

3

## NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 17/6	Diagnosis: left pneumothorax	Surgery / Procedures:	
	Allergies: nil		Post OP Day:	
	Date: 19/6			
	Area	PICU 8am-2pm	PICU 2pm-8pm	
	Shift Time			
	Diet:	Soft diet	soft diet	
Ventilation (RA, NP, NIV, VENTI)	Room air	Room air		
INVASIVE LINES	1.	IV Cannula	IV cannula	
	2.		-	
	3.		-	
	4.		-	
ASSESSMENT	Infusions / Transfusions	DNS 44ml	nil	
	PU Prophylaxis	nil	-	
	DVT Prophylaxis	nil	-	
	Vitals	BP		107/62 (at) normal
		PR	71 bpm	72 bpm
		RR	26	22 bpm
		SpO <sub>2</sub>	100	100%
		Temp	98.6 F	98.6 F
	Pain Score	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	
	Restraints If any	Physical	nil	nil
Chemical				
Fall Risk (Vulnerable Y/N) if yes score	11	-		
(Ambulation, walking, moving with assistance, bed ridden)	walking	walking		
ADL (Dependent / Non-Dependent)	Non-Dependent	Dependent		
Critical Lab Test / Values (If any)	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	19/6/26	19/6	
	Area	DICU	PICU	
	Shift Time	8am-2pm	2pm-8pm	
	Ordered / Planned	nil	nil	
	Due	nil	nil	
	Reports Pending	nil	nil	
	Referrals (If any)	nil	-	
Remarks (Special Interventions like, Drainage tube flushing etc.)	ICD <del>nil</del> Drainage	ICD Drain		
Handed Over By Name :	<u>Alexander</u>	Pujesh		
Signature :	<u>Alex</u>	Puj		
Date:	19/6/26	19/6/26		
Time:	2pm	5:30pm		
Taken Over By Name :	Pujesh	Amita		
Signature :	Puj	Amita		
Date:	19/6	19/6		
Time:	2pm	5:40pm		



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Left pneumonia</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure: <u>-</u>		If Yes Specify: .....					
BACKGROUND	Date	19/6 E	19/6 N	20/6/25 M	20/6 E	20/6/26 N		
	Shift							
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
	Diet:	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>		
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.4 F</u>	<u>98.6 F</u>	<u>98.6 F</u>	<u>98.6 F</u>	<u>98.1 F</u>	
		Res:	<u>20 blm</u>	<u>20 blm</u>	<u>22 blm</u>	<u>23 blm</u>	<u>21 blm</u>	
		SpO <sub>2</sub> :	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>98%</u>	
		Pulse:	<u>90 blm</u>	<u>72 blm</u>	<u>82 blm</u>	<u>88 blm</u>	<u>99 blm</u>	<u>103 blm</u>
		BP:	<u>100/72 mmHg</u>	<u>106/64/75</u>	<u>108/61/75</u>	<u>104/66/75</u>	<u>99/74</u>	<u>101/63/74</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
	Others Specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:	<u>ICD Drain</u>	<u>ICD Drain</u>	<u>ICD Drain</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
Handed Over By Name :	<u>Anil</u>	<u>Suban</u>	<u>Sreekanth</u>	<u>Pradeep</u>	<u>Manisha</u>	<u>Manasa</u>		
Signature / ID :	<u>ANIL</u>	<u>SUBAN</u>	<u>SREEKANTH</u>	<u>PRADHEEP</u>	<u>MANISHA</u>	<u>MANASA</u>		
Date:	<u>19/6</u>	<u>20/6</u>	<u>20/6/25</u>	<u>20/6/25</u>	<u>21/6/26</u>	<u>21/6</u>		
Time:	<u>@8pm</u>	<u>@8AM</u>	<u>@2pm</u>	<u>@8pm</u>	<u>@8AM</u>	<u>@2pm</u>		
Taken Over By Name :	<u>Suban</u>	<u>Sreekanth</u>	<u>Pradeep</u>	<u>Manisha</u>	<u>Manasa</u>			
Signature / ID :	<u>SUBAN</u>	<u>SREEKANTH</u>	<u>PRADHEEP</u>	<u>MANISHA</u>	<u>MANASA</u>			
Date:	<u>19/6</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>21/6</u>			
Time:	<u>8pm</u>	<u>@8AM</u>	<u>@2pm</u>	<u>@8pm</u>	<u>@8AM</u>			

Manasa noted by  
 21/6  
 24/10/25

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 16 D (M)  
 Dr. PREETHAM KUMAR



## NURSING SHIFT HAND OVER FORM

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

①

# NURSING CARE RECORD

Date: 18/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	18/6 10 AM	<ul style="list-style-type: none"> <li>→ Assess the Patient general condition</li> <li>→ vitals checked &amp; Recorded</li> <li>→ Maintain fluid Balance</li> </ul>		<ul style="list-style-type: none"> <li>→ Assessed the patient general condition</li> <li>→ vitals checked &amp; Recorded.</li> <li>→ maintain fluid Balance</li> </ul>	<ul style="list-style-type: none"> <li>→ Assessed the patient general condition</li> <li>→ vitals are stable.</li> <li>→ Allow orally.</li> </ul>	<ul style="list-style-type: none"> <li>→ Assessed the patient general condition</li> <li>→ vitals are stable</li> <li>→ Allow orally.</li> </ul>	<p>Mandor 18/6/26</p>
Afternoon	2PM	<ul style="list-style-type: none"> <li>Assessment</li> <li>vitals monitoring</li> </ul>	2PM	<ul style="list-style-type: none"> <li>Assessed child general condition</li> <li>vitals monitored</li> </ul>	<ul style="list-style-type: none"> <li>child condition is stable</li> </ul>	<ul style="list-style-type: none"> <li>child is hemodynamically stable</li> </ul>	<p>Kanj 18/6/26 @ 8pm</p>
Night	8PM	<ul style="list-style-type: none"> <li>→ Assessment</li> <li>→ vital signs</li> <li>→ Maintain good nutritional status</li> </ul>	8PM	<ul style="list-style-type: none"> <li>→ Assessed the child condition</li> <li>→ vitals are checked &amp; Recorded</li> <li>→ maintained good nutritional status</li> </ul>	<ul style="list-style-type: none"> <li>→ child is active</li> <li>→ vitals are normal</li> <li>→ soft diet</li> </ul>	<ul style="list-style-type: none"> <li>→ Now child is stable</li> </ul>	<p>Renuka 19/6/26 @ 8pm</p>

# NURSING CARE RECORD



Date: 17/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	7:30 PM	→ Assessment → maintain airway & oxygenation	7:30 PM	→ Assessed the child condition → maintained airway & oxygenation	→ child is active → child on NRM milk 10Hz	→ now child is stable	<u>Runkh</u>
Night	9 PM	→ Assessment → maintain good nutritional status → maintain airway & oxygenation	9 PM	→ Assessed the child condition → maintained good nutritional status → maintained airway & oxygenation	→ child is active → soft diet → NRM 10Hz	→ now child is stable	<u>Ramuday</u>

2

# NURSING CARE RECORD

Date: 19/06/26

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	7am	→ Assessment → vitals		→ Assessed the child condition → provided comfortable position → Maintain soft diet	→ Assessed the child condition → child is active → vitals are stable	→ vitals checked and recorded	Nandh 19/6/26 @ 2PM
Afternoon	2pm	* Assess the patient condition vitals signs	2pm	* Assessed the baby condition vitals monitored and recorded	* patient is a stable and active	* I/O chart maintained hourly	Prajitha 19/6 @ 2PM
Night	8pm	→ Assessment → vital signs	8pm	→ Assess the child condition → vitals are checked & recorded	→ child is active → vitals are normal	→ Now child is stable	Sudhan 20/6 @ 8PM

# NURSING CARE RECORD

Date: 20/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	monitor vitals		- Monitored vitals hourly	-> To know the status of the pt.	-> Patient is stable	Sreelath 20/6/26 @
	10AM	prevent infection		- provided Hand Hygiene	->		
Afternoon	3:00	maintain aseptic technique	3:00	- maintained aseptic technique	- prevent from Infection	- patient is stable	Rndy 3:30pm 20/6/26
	7:00	- ensure safety	7:30	side rails kept up	- prevent from falls risk	- no fresh complaints	
Night	9AM	- maintain aseptic technique		- maintained Aseptic technique	- prevent from infection	- patient is Stable	manisha 21/6/26 @8AM

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 16 D (M)  
 Dr. PREETHAM KUMAR

# NURSING CARE RECORD



Date: 21/6/21

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	Discharge notes :-		Doctor came advice for	Fos sounds and discharge		
Afternoon							noted by nurse 21/6 9 AM
Night							

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 16 D (M)  
 Dr. PREETHAM KUMAR



# NURSING CARE RECORD



Date: .....

Goals

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

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



1

### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4		17/6	17/6	18/6	18/6
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	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		3	3	3	3
	Within 48 hours	2	2				
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None	1	1	1	1	1	1
<b>Total</b>			4	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	✓	X	X	X	X
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✓	X	X	X	X
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Asst. Dir.	Kunthi	Ranaku	Ab	Kee
Signature:	As	PK	PK	Q	Kee
Date:	17/6	17/6	18/6	18/6	18/6
Time:	2:30 PM	8 PM	4 AM	12 PM	8 PM



2

### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/6	DATE 19/6	DATE 19/6	DATE 20/6	DATE 20/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	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	3	3	3	3	3
	Within 48 hours	2					
	More than 48 hours / None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			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		X	X	X	X	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Ramesh	Nash	Devi	Sibhen	Sreekanth
Signature:		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date:		19/6	19/6	19/6	20/6	20/6
Time:		4 AM	12:58 PM	4 AM	9 AM	9 AM



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			20/6	2016	21/6		
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1		
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3		
	Within 48 hours	2					
	More than 48 hours / None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
<b>Total</b>			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		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		✗	✗	✗		
Other Intervention(s) Specify		✓	✓	✓		
Nurse's Name:		Indu	manisha	kanasa		
Signature:		[Signature]	[Signature]	[Signature]		
Date:		20/6	20/6	21/6		
Time:		4pm	11pm	[Signature]		



①

# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6	7:30 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	As
17/6	8 PM	1	chest	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	needle thoracocentesis done	Muthu
18/6	4 AM	0	chest	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	changing position	Ramaku
18/6	12 PM	0	chest	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	change in position	dash
18/6	9 PM	0	chest	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		Karey
19/6	4 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Ramaku
19/6	12 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	As
19/6	5:30 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Quji
20/6	4 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Subham
20/6	9 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Subham

**Re-assessment Frequency:**

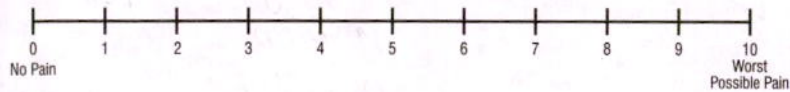
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 - 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

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

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	4PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Indel
20/6/26	11pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	manishy
21/6	9AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	@
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

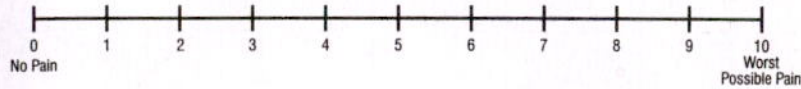
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

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

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

## Numerical Pain Scale (Obstetric and Gynecology)



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

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

## Wong - Baker (Pediatrics) Above 7 Years





13

# CHECKLIST FOR THROMBOPHLEBITIS

18/6/26 18/6/26 19/6/26

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		-	-	-	-	-	-	-	0	
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		-	-	-	-	-	-	0	-	
Signature of the Nurse					<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	

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

Signature of Shift In Charge :

Signature : *[Signature]* Name : *Kagan*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *[Signature]*

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 16 D (M)  
 Dr. PREETHAM KUMAR



# CHECKLIST FOR THROMBOPHLEBITIS

20/6/2026



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

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

Signature of Shift In Charge :

Signature : *[Signature]* Name : *Sudha*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *Elisabeth*

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



1

# BRADEN 'Q' SCALE



					Date :	12/6	17/6	18/6	18/6
					Time :	2:30 PM	8 PM	4 AM	12 PM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	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
<b>TOTAL SCORE</b>						22	28	28	28
<b>Evaluator's Name</b>						PK	PK	Preetha	Nandha

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

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



# BRADEN 'Q' SCALE

				Date :	18/6	19/6	19/6	19/6
				Time :	8pm	4AM	12pm	9pm
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				<b>TOTAL SCORE</b>	28	28	28	28
				<b>Evaluator's Name</b>	[Signature]	[Signature]	[Signature]	[Signature]

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

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



1

## 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:	Date:	Date:	Date:	Date:	Date:
			17/6	18/6	19/6	20/6		
			Time:	Time:	Time:	Time:	Time:	Time:
			8pm	8pm	8pm	8pm		
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0		
2	Bedridden recently >3 days or major surgery within four weeks	1	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		
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0		
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0		
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0		
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0		
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0		
9	Previously documented DVT (Assess for both legs)	1	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		
Total Score			0	0	0	0		
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		

Intervention: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



## PRISM SCORE FORM

Variable	Age Restriction				Score Appointed	Score
	Neonate	Infant	Child	Adolescent		
Systolic Blood Pressure (mmHg)	40-55 <40	44-65 <45	55-75 <55	65-85 <65	3 7	0
Temperature	All ages <33°C OR > 40 °C				3	0
Mental Status	All ages stupor or coma (GCS<8)				5	0
Heart Rate	215-225 <225	215-225 <225	185-205 <205	145-155 <155	3 4	0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm				7 11	0
Acidosis (pH) or total CO <sub>2</sub> (mmol/L)	All ages = pH 7.0 - 7.28 or total CO <sub>2</sub> 5 - 16.9 All ages = pH < 7.0 or total CO <sub>2</sub> < 5				2 6	0
pH	All ages = 7.48 - 7.55 All ages > 7.55				2 3	0
PCO <sub>2</sub> (mmHg)	All ages = 50.0 - 0 All ages > 75.0				1 3	0
Total CO <sub>2</sub> (mmol/L)	All ages > 34.0				4	0
Arterial Pao <sub>2</sub> (mmHg)	All ages = 42.0 - 49.9 All ages = 42.0				3 6	0
Glucose	All ages > 200mg/dl				2	0
Potassium	All ages > 6.9mmol/L				3	0
Creatinine (mg/dl)	Neonate >0.84mg/dl	Infant >0.9mg/dl	Child >0.9mg/dl	Adolescent >1.3mg/dl	3	0
Urea (mg/dl)	Neonate 725.9	All other ages 32.5			3	0
White blood cells	All ages < 3000 cells/mm <sup>3</sup>				4	0
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	Neonate PT > 22.0 sec or PTT > 85.0 sec	All other ages PT > 22.0 sec or PTT > 57.0 sec			3	0
Platelets (cells/mm <sup>3</sup> )	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000				2 4 5	0
<b>Total PRISM III - 24 hours.</b>						

Name of the Doctor: Dr. Sreelax

Signature of the Doctor: [Signature]

Date & Time: 19/6/2026, 4.00pm

# CONSENT FOR SPECIAL PROCEDURES

Patient Name : ..... A-Sai Sathvik ..... Gender:  Male  Female  
UHID No : 000206006 ..... Department : Dicu ..... Date : 18/6/2026  
I ..... Purustham ..... S/D/W/O ..... Kappaya .....  
Here by give consent for procedure of : ICD Placement.

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:  
- mild pain & irritation.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :  
nil.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: .....

**Patient Attendant :**  
Signature : [Signature]  
Name : A-Purushotham  
Relationship with Patient: Father  
Date & Time : 18/6/2026 3pm

**Witness :**  
Signature : .....  
Name : .....  
Date & Time : .....

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : CH. GANESH  
Date & Time : 18/6/2026 3pm

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా ఇంకొకరి పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

## సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

## సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

# CONSENT FOR SPECIAL SEDATION

Patient Name: A. Sai Sadhvik Gender:  Male  Female  
UHID No: 00206006 Department: Plw Date: 18/6/2026

I Purustham S/D/W/O Kuppayya  
Here by give consent for procedure for my patient: JCD Placement

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation: Intravenous
- Possible complications from the procedure of sedation:  
- drowsiness  
- Nausea

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

**Patient Attendant :**

Signature: [Signature]  
Name: A. Purustham  
Relationship with Patient: Father  
Date & Time: 18/6/2026 3pm

**Witness :**

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

**Doctor (who is taking the consent) :**

Signature: [Signature]  
Name: CH. GANESH  
Date & Time: 18/6/2026 3pm

# PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: A. Sai sathvik Gender:  Male  Female UHID. No: VIH-00206006 Age: 17y 2m

Date: 18/06/2026 In-Time: 3pm Out-Time: 3:30pm

Doctor Performing Procedure: Dr. Suresh Doctor Giving Sedation: Dr. Jayaraj Assisting Nurse: Kulthi

SIGN IN	TIME OUT	SIGN OUT																																																																																																																				
Time: <u>3pm</u> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Patient is verified using two identifiers (Name &amp; UHID)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>All required documents, images, studies are available</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>NPO Status Checked from Patient / Patient Attendant</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Consent is Signed</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Any need for blood products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>If Yes Comment: .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any Risk of Hemodynamic Compromise</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>If Yes Comment: .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any drug or food allergy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>If Yes Comment: .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Correct Site of Procedure Marked</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>All resources required are correct, available and functioning</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Signature of the Doctor: <u>[Signature]</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of the Doctor: <u>Dr. Jayaraj</u></td> <td></td> <td></td> <td></td> </tr> </table>		Yes	No	NA	Patient is verified using two identifiers (Name & UHID)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required documents, images, studies are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NPO Status Checked from Patient / Patient Attendant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consent is Signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any need for blood products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes Comment: .....				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**Any Adverse / Unexpected Events**

.....

No adverse events post procedure

.....

.....



## Moderate Sedation Flow-Sheet

### Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO <sub>2</sub>	Pain Score	Weight
108/60	72b/min	22b/min	98.5°F	100%	0	17.8 kg

Diagnosis: Trauma induced placement

Procedure: Sed tube placement

Comorbidities: Nil

Risk, benefits & alternatives discussed;  
 Patient understand & elects to proceed  
 Consents for procedure and sedation signed and dated

**ASA Physical Status**

ASA PS 1: Healthy Patient  
 ASA PS 2: Mild Systemic Disease, no functional limitations  
 ASA PS 3: Severe Systemic Disease, functional limitations  
 ASA PS 4: Severe Systemic Disease, constant threat to life  
 ASA PS 5: Moribund Patient unlikely to survive 24 hrs.  
 ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes

E: Emergency procedure

GCS: E 4 M 6 V 5

IV Site: 20g Gauge:

Sedation Plan: general sedation

Allergies: Nil

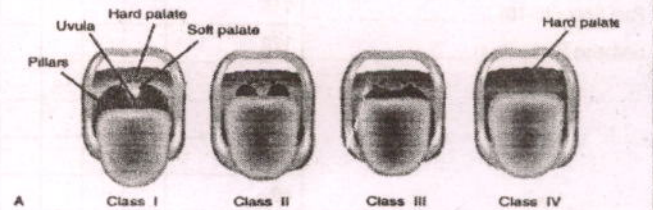
### AIRWAY EVALUATION

**Mouth:**

Normal  
 Loose Teeth  
 Small Mouth  
 Protruding Incisors  
 Receding Lower Jaw  
 Dentures

**Neck:**

Normal  
 Decreased ROM  
 Thyromental Distance Less Than 6 cm  
 Short Neck



Mallampati Class:  I  II  III  IV

### Monitoring of Patient Intra - Procedure

#### Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O<sub>2</sub> Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

#### Level of Consciousness (LoC):

A - Alert  
 V - Verbally Responsive  
 P - Painfully Responsive  
 U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O <sub>2</sub> Sat%	O <sub>2</sub> Supplementation	Comments / Initials
Baseline						
3pm	108/60	78	24	100%	NRM	-
3:10pm	110/58	64	28	100%	NRM	-
3:15pm	120/60	72	16	100%	NRM	-

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
2ml ketamine	IV	30 ug	3pm	
25ml propofol	IV	30mg	3:05pm	

Doctor Notes: hemodynamically stable

.....

.....

Time of transportation to post sedation care room: ..... LOC: .....

Doctor Name: Dr Jayase Signature: [Signature]

**Post Sedation Care Room**

Time																		
Monitoring ECG NBP Oximeter Pain Score (0-10) ..... Sedation Score (0-4).....	180																	
	160																	
	140																	
	120																	
	100																	
	80																	
	60																	
	40																	

**TOTAL ALDRETTE SCORE AT DISCHARGE =**  
(If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O <sub>2</sub> > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O <sub>2</sub> > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time: .....

Nurse Name: .....

Signature: .....

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

Consultant Name: .....

Signature: .....

Stamp

# PROCEDURE CHECK LIST

VIH-00206006 IP-00060385  
Master ATHIRALA .SAI SATHVIK  
04-04-2009 17 Y 2 M 14 D (M)  
Dr. PREETHAM KUMAR



Date: 18/06/2023

Ward

PICU     NICU     ER     Other: \_\_\_\_\_

Procedure Name: TCD tube placement

Diagnosis: Trauma induced pneumothorax

Procedure done by: Dr Sureshby

Assisted by: Dr. Deepak

### PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions	
Hand wash	<input checked="" type="checkbox"/> Y/N _____
Gown	<input checked="" type="checkbox"/> Y/N _____
Mask & cap	<input checked="" type="checkbox"/> Y/N _____
Gloves	<input checked="" type="checkbox"/> Y/N _____
Eye protection	<input checked="" type="checkbox"/> Y/N _____

Skin preparation done using:

1. Bactiprep

2. Betadine

### Procedure related equipment check list (as per procedure)

Airway/ Nasal prongs	<input checked="" type="checkbox"/> Y/N _____	Monitor: QRS volume audible	<input checked="" type="checkbox"/> Y/N _____
Oxygenation: Ambu/Bains	<input checked="" type="checkbox"/> Y/N _____	BP autocycling	<input checked="" type="checkbox"/> Y/N _____
Mask (appropriate size)	<input checked="" type="checkbox"/> Y/N _____	SpO2	<input checked="" type="checkbox"/> Y/N _____
Laryngoscope with blade	<input checked="" type="checkbox"/> Y/N _____	Medication: Sedation/Analgesia	1. <u>ketamine</u>
			2. <u>propofol</u>
ET tube/LMA (appropriate size)	<input checked="" type="checkbox"/> Y/N _____	Paralysis	<input checked="" type="checkbox"/> Y/N _____
Oxygen connectors	<input checked="" type="checkbox"/> Y/N _____	Adrenaline	<input checked="" type="checkbox"/> Y/N _____
Suction apparatus	<input checked="" type="checkbox"/> Y/N _____	Atropine	<input checked="" type="checkbox"/> Y/N _____

### Post procedure care bundle compliance

Have all the sharps been disposed?  Y/N \_\_\_\_\_

Was the sterile field maintained?  Y/N \_\_\_\_\_

Has the procedure been documented?  Y/N \_\_\_\_\_

### Monitoring after procedure

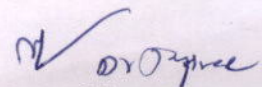
Haemodynamically stable

### Adverse events - Y / N

If yes, details N/A

### Position check required - Y / N

If yes, details yes, ray done to confirm position

  
Signature of Doctor

Please attach this to the patient file)

# CONSENT FOR SPECIAL SEDATION



Patient Name: Sei Sathvik Gender:  Male  Female

UHID No: VH-00206006 Department: ICU Date: 17/6/20

I, Purushotham s/o/w/o Kuppiah

Here by give consent for procedure for my patient : Sei Sathvik

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : I.V
- Possible complications from the procedure of sedation:  
Bradycardia

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant : [Signature]  
Signature : .....

Name : Purushotham

Relationship with Patient: Father

Date & Time : 17/6/20 19:30

Witness :  
Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :  
Signature : [Signature]

Name : Dr. Shyam

Date & Time : 17/6/20 19:30

# ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

యు.హెచ్.ఐ.డి. .... విభాగము .....

తేదీ .....

నేను ..... కుమారుడు / కుమార్తె / భార్య .....

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం .....

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....

# CONSENT FOR SPECIAL PROCEDURES

Patient Name : Sai Sathvik Gender:  Male  Female

UHID No : V111-00206006 Department : ICU Date : 17/6/26

I Purushotham S/D/W/O Kupiah

Here by give consent for procedure of : ICU placement / Needle Thoracocentesis

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:

Trauma

Bleeding

Bradycardia

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Shivam

**Patient Attendant :**  
Signature : [Signature]

Name : Purushotham

Relationship with Patient: father

Date & Time : 17/6/26 19:30

**Witness :**  
Signature : .....

Name : .....

Date & Time : .....

**Doctor (who is taking the consent) :**  
Signature : [Signature]

Name : Dr Shivam

Date & Time : 17/6/26 19:30

# ప్రత్యేక బిఠానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు. హెచ్.ఐ.డి ..... బిభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక బిఠానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా నోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....  
.....  
.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు (అటొనెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

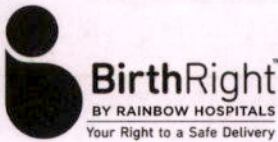
పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



# CONSENT FORM FOR HIV

Patient Name : Mast. Sai Rathvik Age : 17yrs  
 Gender :  M  F - IP No : 60385 Marital Status : -  
 Ward / Bed No. : PICU IP/OP No. : 206006 Date : 17/6/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

**Patient Attendant :**  
 Signature : [Signature]  
 Name : Dr. Prashanth  
 Relationship with Patient : father  
 Date & Time : 17/6/26 10:20

**Parent (when patient is minor) :**  
 Signature : .....  
 Name : .....  
 Relation : .....  
 Date & Time : .....

**OR (Next to kin in case of unconscious patient) :**

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

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling [s] ensured by me and my team.

**Doctor :**  
 Signature : [Signature]  
 Name : Arshini  
 Date & Time : 17/6/26 19:50

## హెచ్.ఐ.వి పరీక్ష అంగీకార పత్రం

రోగి పేరు ..... వయస్సు ..... లింగం పు  స్త్రీ

వివాహస్థితి ..... వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి	సాక్షి
సంతకము: .....	సంతకము: .....
పేరు: .....	పేరు: .....
బంధము: .....	బంధము: .....
తేదీ మరియు సంతకము: .....	తేదీ మరియు సమయము: .....
(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)	
పేరు:.....	సంతకము: .....
సంబంధము : .....	తేదీ మరియు సంతకము: .....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

**CONSENT FOR ADMISSION  
IN PEDIATRIC INTENSIVE CARE UNIT**



Name: Master Sai Sathvik Age: 17y Gender: Male  Female

UHID.No: 206006 Date: 17/6/26

I Perushatan S/o, D/o, W/o, Leppiah hereby declare that our patient Master/Baby Sai Sathvik who is related to me as son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 17/6/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Pneumonia

The doctors have clearly explained to me that my patient Master / Baby Sai Sathvik during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Sai Sathvik in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**

Signature: [Signature]

Name: Perushatan

Relationship with Patient: Father

Date & Time: 17/6/26 19:30

**Witness :**

Signature: .....

Name: .....

Date & Time: .....

**Doctor (who is taking the consent) :**

Signature: [Signature]

Name: Dr. [Name]

Date & Time: 17/6/26 19:30

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో  
అడ్మిషన్ కొరకు సమ్మతి



రోగి పేరు ..... వయస్సు ..... లింగం  పు  స్త్రీ

యు.పా.ఐ.డి .....  
నేను ..... s/o. d/o. w/o. ....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫోర్స్ పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి \_\_\_\_\_ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్మ్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్మ్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్) ..... సంతకము ..... పేరు .....  
సంతకము ..... పేరు .....  
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) ..... సంతకము ..... పేరు .....  
సంతకము ..... పేరు .....

**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Master ATHIRALA .SAI SATHVIK      **Age :** 17 Y 2 M 13 D  
**IP No:** IP-00060385      **Sex:** Male  
**Consultant:** Dr. PREETHAM KUMAR      **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 care 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 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: *preetham kumar*

Relationship: *Father*

Date: *17/6/26*

Witness Name:  
 Witness Signature: *[Signature]*

Time: *7:24 pm.*

Patient Address:  
 H.NO:18-137/3/5,HANUMAN PET,NEAR  
 LILLY MODEL HIGH SCHOOL,  
 HANUMAN PET,MALKAJGIRI,  
 TELANGANA Malkajgiri Hyderabad  
 Telangana INDIA 500047

VIH-00206006 IP-00060385  
 Maester ATHIRALA . SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



BBH/ FRM / CLINICAL / 127

**TEENAGE (12 + years)**  
 Children's Observation &  
 Early Warning Scoring Chart



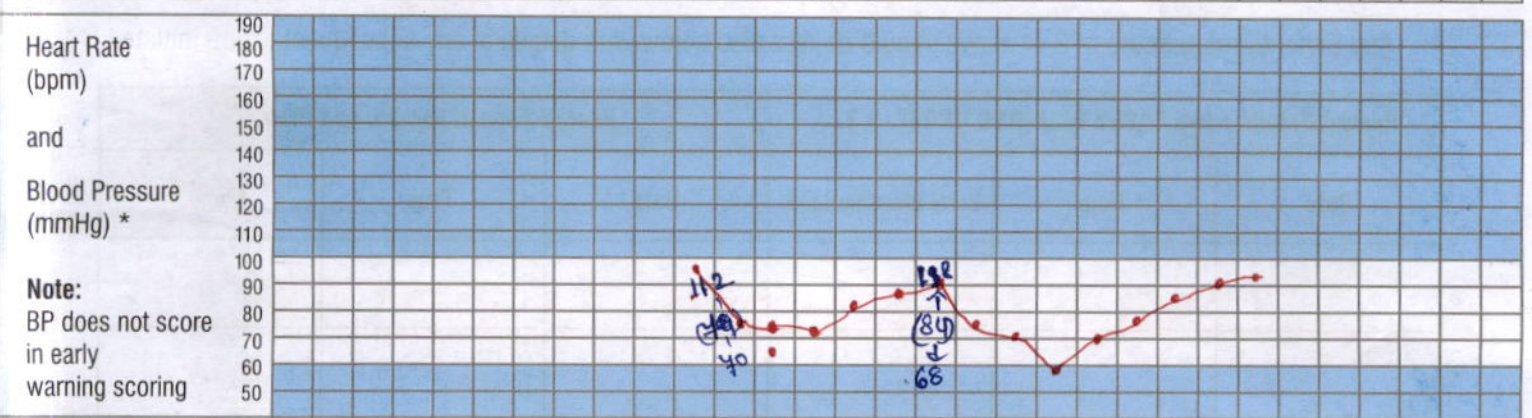
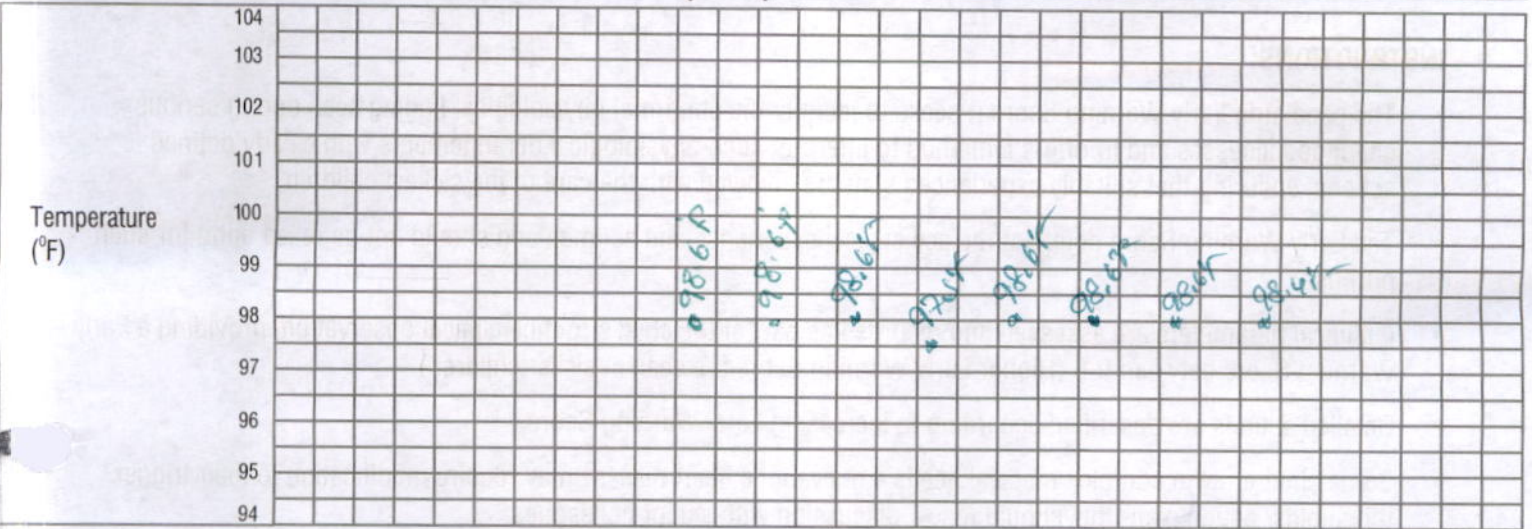
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 19/6/26 Time: 

6	8	10	12	2	4	6	8
---	---	----	----	---	---	---	---

Doctor / Nurse / Family Concern? 

pm	pm	pm	am	am	am	am	am
----	----	----	----	----	----	----	----



Heart Rate (Number) 98 84 96 71 81 88 90 76 70 59 70 79 85 90 91



Resp Rate (Number) 19 20 20 19 20 22 18

Resp Mod/ Severe Distress None / Mild N N N

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 98 99 100 100 99 98 96 97 98 98 99 97 96 95 90

Conscious Level Normal / Altered N N N N N N N N N

GCS \* 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  
 Pain Score 0 0 0 0 0 0 0 0 0 0  
 Observer's Initials AA Ad SK SK SK SK SK SK

**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.

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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

VIH-00206006 IP-00060385  
 Master ATHIRALA .SAI SATHVIK  
 04-04-2009 17 Y 2 M 15 D (M)  
 Dr. PREETHAM KUMAR



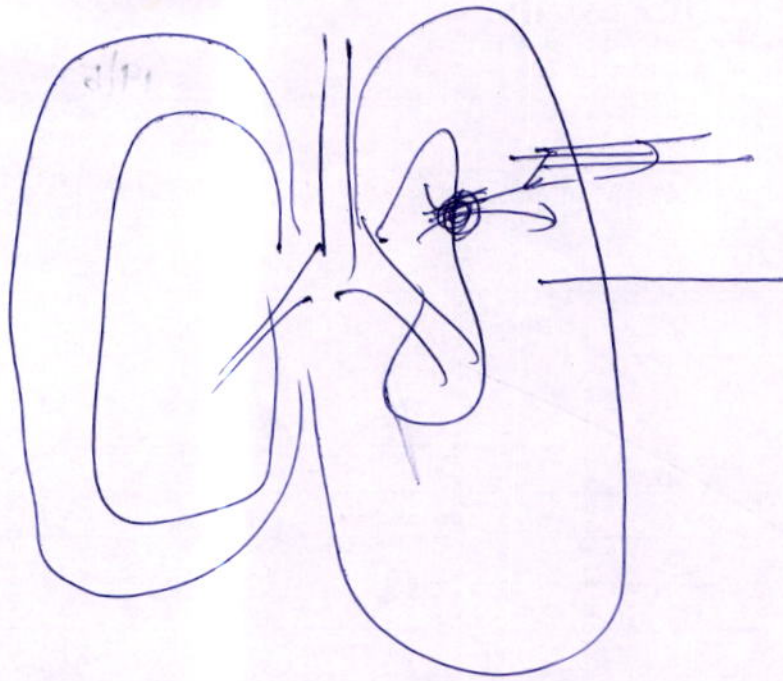
# FLUID CHART

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

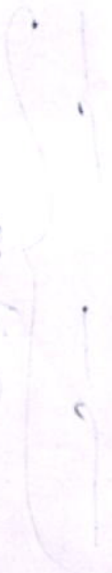
19/6

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					IV Site Thrombo-phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G									
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
19/6	06:00 pm		Snaks									! ? Anitha 19/6 @ 4 pm		
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm		Rice											
	10:00 pm		water											
	11:00 pm													
	12:00 am													
	01:00 am													
19/6												Subher 20/6 @ 8 AM		
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am		water											
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>												<b>Total 24 hrs. Output</b>		2 times



Handwritten notes, possibly "dorsal" and "ventral", written vertically on the left side of the page.



Handwritten notes, possibly "dorsal" and "ventral", written vertically on the left side of the page, below the first set of notes.

Handwritten word "dorsal" in the middle-right section of the page.

Handwritten words "dorsal" and "ventral" in the middle-right section of the page.

Handwritten word "dorsal" on the right side of the page.

Handwritten word "dorsal" in the lower-middle section of the page.

Handwritten word "dorsal" on the right side of the page, below the previous one.



# FLUID CHART

Sheet No. : 2

20/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/6/26	08:00 am										0	} Manojibasan 20/6/26 @ 2pm	
	09:00 am										0		
	10:00 am		Sandy uphams + water							✓	0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm									500ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>							
20/6/26	02:00 pm										10	} Endu @ 8pm 20/6/26	
	03:00 pm		Rice + water								0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm									280ml	1		
	07:00 pm										1		
<b>Total Intake :</b>						<b>Total Output :</b>							
20/6/26	08:00 pm		Rice + water								1	} Manisha	
	09:00 pm										1		
	10:00 pm										0		
	11:00 pm									200ml	1		
	12:00 am										1		
	01:00 am										1		
<b>Total Intake :</b>						<b>Total Output :</b>							
20/6/26	02:00 am		water								1	} Manisha 20/6/26 @ 8am	
	03:00 am										1		
	04:00 am										0		
	05:00 am										1		
	06:00 am										1		
	07:00 am									310ml	1		
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/6	08:00 am	milk + water										[Signature]	Manasa 21/6
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



## MEDICATION RECONCILIATION FORM

Drug Allergies: NPI  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: ICU Shifted to: First floor

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	INJ AMOXICILLIN + CAVOLUMATE	1.2gm.	IV	8 Hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PANTOPRAZOLE	40mg	IV	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sreeby, Dr.

Date & Time: 19/6/2026 4.00PM

Nurse Name & Signature: Dr. Rajeshwari

Date & Time: 19/6/26 9.30PM

VIH-00206006 IP-00060385  
 Master ATHIRALA. SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ICU ..... Shifted to: ..... PICU .....

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Shivam .....

Date & Time : ..... 12/6/20 @ 7:30 PM .....

Nurse Name & Signature: ..... Shikha .....

Date & Time : ..... 12/6/20 @ 7:30 PM .....

VIH-00206006 IP-00060385  
 Master ATHIRALA . SAI SATHVIK  
 04-04-2009 17 Y 2 M 13 D (M)  
 Dr. PREETHAM KUMAR



# DRUG CHART

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

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

VERIFIED BY : Name .....  
 As per doctor advice  
 18/6/26 at 11:17  
 6/4  
 Dr. Sway

<b>DRUG :</b> INJ. PARACETAMOL				Date Time	18/6															
Dose	Route	Frequency	Start Date		epn															
500 mg	IV	8 hrly	18/06																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Preetham			Dr. Preetham																	
Additional Instructions:																				
10-15 mg/lept dose																				

<b>DRUG :</b> TAB IBUPROFEN				Date Time																
Dose	Route	Frequency	Start Date																	
1 TAB	PO	8 hourly	19/6/2																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Sway			Dr. Preetham																	
Additional Instructions:																				
1 TAB = 400mg																				

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				





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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	3pm	INJ KETAMINE	30mg	IV	[Signature]	Keer [Signature]
18/6/26	3:05pm	INJ PROPOFOL	30mg	IV	[Signature]	Keer [Signature]
18/6/26	10pm	INJ TRAMADOL	50 mg Dilute in 20ml give over 1 hour	IV	[Signature]	Jagan [Signature]
19/6/26	12:40 pm	INJ TRAMADOL	50mg dilute in 20ml give over 1 hour	IV	[Signature]	Rus Nant

Signature  
Name  
VERIFIED

18/06/26  
3pm  
18/6/26  
at  
11

