

INSURANCE COPY

Name	Baby B/O SAI SHRUTHI RANGA	UHID	VIH-00206044
Father/Guardian	Mr RAVI TEJA SAMUDRALA	Age/Gender	0 Y 0 M 4 D/Male
Address	12-1-4/24, indira nagar, above viswa sai k & g stores, Lalapet, Hyderabad, Telangana, INDIA, 500017		
IP No	IP-00060430	Admission Date	21-06-2026
Ref Doctor	DR.BHAVANA K	Discharge Date	22-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. JARJAPU KIREETI

MBBS MD (Paediatrics) DrNB (Neonatology)

Neonatal Fellow (Oxford, U.K) MRCPCH (UK)

CONSULTANT PEDIATRICIAN AND NEONATOLOGIST

Diagnosis: Neonatal Hyperbilirubinemia

History: Baby B/O SAI SHRUTHI RANGA is a 0 Y 0 M 4 D old baby boy delivered by NVD on 18.06.2026 at 04:10pm. Birth weight was 2.925 kgs. Baby cried immediately after birth. On day 3 of life, baby was found to have yellowish discoloration of skin and eyes. For the above complaints, he was investigated on OPD basis. In view of jaundice, he was admitted to Rainbow Children's Hospital for further management.

OPD basis investigations: Transcutaneous bilirubin done on 18.06.2026 was 14 mg/dl.

Examination: He was euthermic, euvolemic & maintaining saturations at room air. HR- 140/min and RR- 30/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Name	Baby B/O SAI SHRUTHI RANGA	UHID	VIH-00206044
------	-------------------------------	------	--------------

Weight on Admission : 2.77 kgs.
Weight on Discharge : 2.79 kgs.
Mother blood group : "A" Positive
Baby blood group : "A" Positive

Investigations: Enclosed.

Management: He was admitted in ward. He was started on double surface phototherapy. Baby was continued on demand breast feed + top-up formula feeding.

His serum bilirubin gradually decreased and repeat bilirubin at the time of discharge is 7.1 mg/dl with indirect fraction of 7.0 mg/dl, which does not come under phototherapy range, hence phototherapy was stopped. He is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

1. Warmth care.
2. Breast feeding + top-up formula feeding as advised.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5ml once daily till 1 year of age.
6. Cetafil moisturising lotion for local application over the body.
7. Kindly consult Dr. Jarjapu Kireeti, Consultant Pediatrician & Neonatologist, on Thursday (25.06.2026) in OPD with prior appointment (This consultation will be charged) Timings:12pm-2pm & 6pm-8pm.


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

Name	Baby B/O SAI SHRUTHI RANGA	UHID
------	-------------------------------	------

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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

Name : *Raviteja*

Signature : 

Relationship with patient : *Father*

This summary has been explained by :

Summary prepared by : Dr. Sameera
Typist : Kalyan

For Sameera

Dr. JARJAPU KIREETI

MBBS MD (Paediatrics) DrNB (Neonatology)
Neonatal Fellow (Oxford, U.K) MRCPCH (UK)
CONSULTANT PEDIATRICIAN AND NEONATOLOGIST
APMC/FMR/80261

Registrar/Resident/C.M.O

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 : Baby B/O SAI SHRUTHI RANGA
Age/Gender : 0 Y 0 M 4 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060430
Admit Date : 21-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :22-06-2026 07:27
TOTAL BILIRUBIN (Azobilirubin)	7.1	mg/dl	<11.7
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	7.0	mg/dl	0.6 - 10.5



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

ACTIVITY RECORD FOR BILLING

Name: -- VIH-00206044 IP-00060430
 Baby B/O SAI SHRUTHI RANGA
 18-06-2026 0 Y 0 M 3 D (M) -----
 UHID No Dr. JARJAPU KIREETI ----- Consultant : ----- Dept : -----
 Date of Adm. ----- Time : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : 202 ----- Ward : Second Floor Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060430

Admit Date : 21-Jun-2026

Admit Time : 01:15 PM UHID : VIH-00206044

Patient Details :

Patient Name : Baby B/O SAI SHRUTHI RANGA

Age : 0 Y 0 M 3 D

Guardian : Mr RAVI TEJA SAMUDRALA

DOB : 18-06-2026 04:10 PM

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : 12-1-4/24, indira nagar, above viswa sai k & g stores Lalapet Hyderabad Telangana INDIA 500017

Phone No : 7386331720/ 8686686870

E-mail : na@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : Mr RAVI TEJA SAMUDRALA

Relationship : Father

Contact Address : 12-1-4/24, indira nagar, above viswa sai k & g stores Lalapet Hyderabad Telangana INDIA 500017

Phone No : 7386331720 / 8686686870


Signature

Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR.BHAVANA K

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00206044 IP-00060430

Baby B/O SAI SHRUTHI RANGA

18-06-2026 0 Y 0 M 3 D (M)

UHID ID: _____

Dr. JARJAPU KIREETI



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : B/O Sai shruthi Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

clp yellowish discoloration
of skin

History of present illness :

Baby brought by parents
clp yellowish discoloration
of skin & eyes.

↓
On evaluation.
TcB - 14mg/dl.

DOB : 18/6/2024 M.Bg : A+ve
TcB - 4:10pm. B Gt : A+ve
CPAB.

↓
Abby R0 → CPAP
↓
shifted to NICU.



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / AGA / Boy / 2.92 kg / Nro /
RO - T-TNR - CPAP.

NLM
OT

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} -
class III

Developmental History :

Immunization History :

BG / OPV / Hep B - 20/6/26



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 2.7 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : _____ B.P. _____ SPO2 _____

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy ⊖

Oedema : ⊖

Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : BAG +

Any addees sounds : NO

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

Cardiovascular System :

Inspection of procordium : NO

Heart Sounds : S1S2 +

Any murmur : NO

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

Per Abdomen :

Inspection ⊖

Palpation : SOFT

Auscultation : R1 +

Spine : N External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : (S)

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power 3/4 all limbs

Co-ordinator : (A)

Posture : _____

Involuntary Movements : NO

Reflexes : - +

DTR +

Superficials:

Plantars Extensor

Sensory System : +

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNHB



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent Kernicterus

Desired goals of the treatment : ↓ Jaundice

Planned Labs:

Planned Management

- 1) DSPT
 - 2) DBF f/bp Burpey Astt
 - 3) Repeat ssk 1/m.
- _____

Signature of the Doctor: C.V

Name of the Doctor: Dr. Uichwaja

Date & Time: 21/6/26

Signature of the Consultant: J. Keed

Name of the Consultant: Dr. Kireeti KV

Date & Time: 21/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	<u>S/R Resident</u>	
4pm	NNHB	
	o/e	
	Baby warm	
	QT/A good	
	CRT C/SEC	
	CVS - SIS2 (P)	
	EKG RAE (P)	
		<u>Plan</u>
		1) Contue DSPT
		2) RF dby Bumping Q/LH
		3) Repeat SBR 7/m
		(SAM)
		Noted by Sonu
		22/6/26 @ 8AM

Dr. V. S. Chavhan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22.6.26 9:30am	S/S Registrar <u>Neonatal Hypochloremia</u>	
	On DSP7 o/f baby warm cng. tone } (N) activity } aus - S, S (H) RS - BAG (H), clear P/a - soft	Plan → Discharge today. → R/w on Thursday → Cetaphil moisturizing lotion.
Y.wt: 2.77 kg T.wt: 2.79 kg (↑20gm) SBR: 7.1 (0.1-D) 7.0-I		
	Sameera (Dr. Sameera)	Kireeti KIREETI 22/6/26
	Noted by padma 22/6/26 @ 11 AM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	NNHB		Any Infection:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known	
	Surgery / Procedure:			If Yes Specify:	Nil	
BACKGROUND	Date	21/6/26	21/6/26	22/6/26		
	Shift	E	N	M		
	Medical Condition (Any special condition to be noted):	-	-	Nil		
ASSESSMENT	Diet:	DBAFF	DBAFF	DBAFF		
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.1F	98.3F	
		Res:	46b/m	45b/m	39b/m	
		SpO ₂ :	99	99	99	
		Pulse:	146b/m	145b/m	150b/m	
		BP:	-	-	-	
		LOC:	conscious	conscious	conscious	
Fall Risk Score:		0	16	16		
Pain Score:	0	0	0			
Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	Nil		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	DBAFF	DBAFF	DBAFF		
	Critical Lab Test / Values:	-	-	Nil		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent			
Post Operative Procedure Special Orders:	DBP and husky	DBP and husky	SBR Done			
Handed Over By Name :	Vasish	Sony	padma			
Signature / ID :	9000142	9000143	606329			
Date:	21/6/26	22/6/26	22/6/26			
Time:	@ 8pm	@ 8AM	@ 11AM			
Taken Over By Name :	Sony	padma	send to the fill Billing			
Signature / ID :	9000143	606329				
Date:	21/6/26	22/6/26				
Time:	@ 8pm	@ 2AM				



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	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	
	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	
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
Pain Score:							
Skin Integrity							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	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	
	ADL (Dependent / Non Dependent):						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206044 IP-00060430
 Baby B/O SAI SHRUTHI RANGA
 18-06-2026 0 Y 0 M 3 D (M)
 Dr. JARJAPU KIREETI

NURSING CARE RECORD



Date: 21/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm	* Ensure safety * Maintain Good nutritional status	5pm	* Provided the side rails * Every 2nd hourly feeding & Burping given	* To prevent Risk of falls * To prevent dehydration	Reassessment done, Baby is stable & comfortable	Shashi 21/6/2026 @ 8pm
Night	10pm	* Ensure safety	10:15 pm	* provided only care & warm care	* To prevent dehydration	* Baby is safe & comfortable	Sony 22/6/26 Evan
	12:15 pm	* Maintain fluid balance	12:15 pm	* DBT 18.6 gmc hourly	* To prevent falls from Risk		



NURSING CARE RECORD

Date: 22/6/26

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				<p><u>Discharge Notes</u></p> <p>Doctor came for the Rounds, Baby is stable</p>			<p>padding 22/6/26 @11/24</p>
Afternoon				<p>Doctor advised Discharge</p>			
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O SAI SHRUTHI RANGA **Age :** 0 Y 0 M 3 D
IP No: IP-00060430 **Sex:** Male
Consultant: Dr. JARJAPU KIREETI **Ward/Bed No:** N 0 GF-EMERGENCY/ER 102

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.

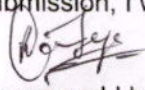
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality 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.

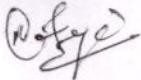
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal 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 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name: Ravi Teja Samudrala

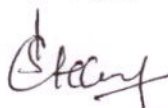
Relationship: Father

Date: 21/6/2026

Time: 1:15 pm.

Wittness Name:

Wittness Signature:



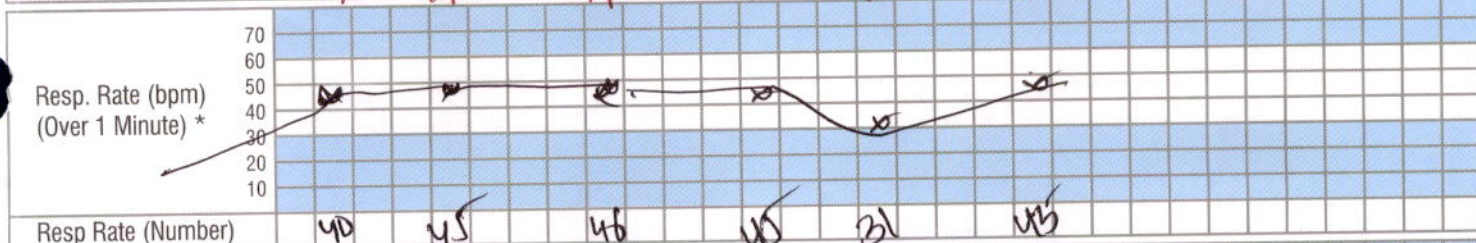
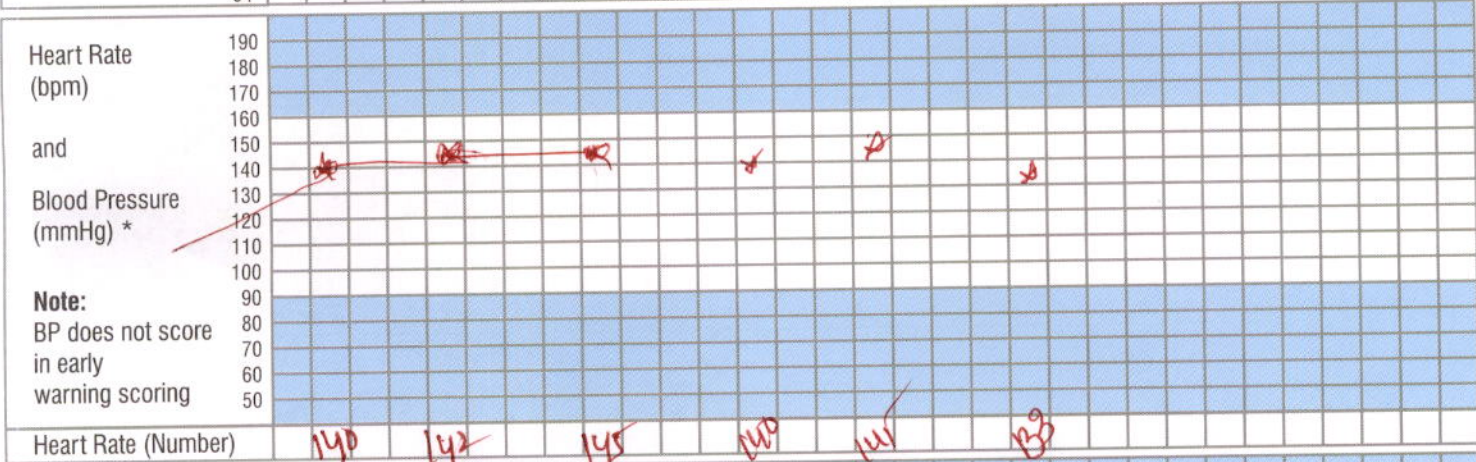
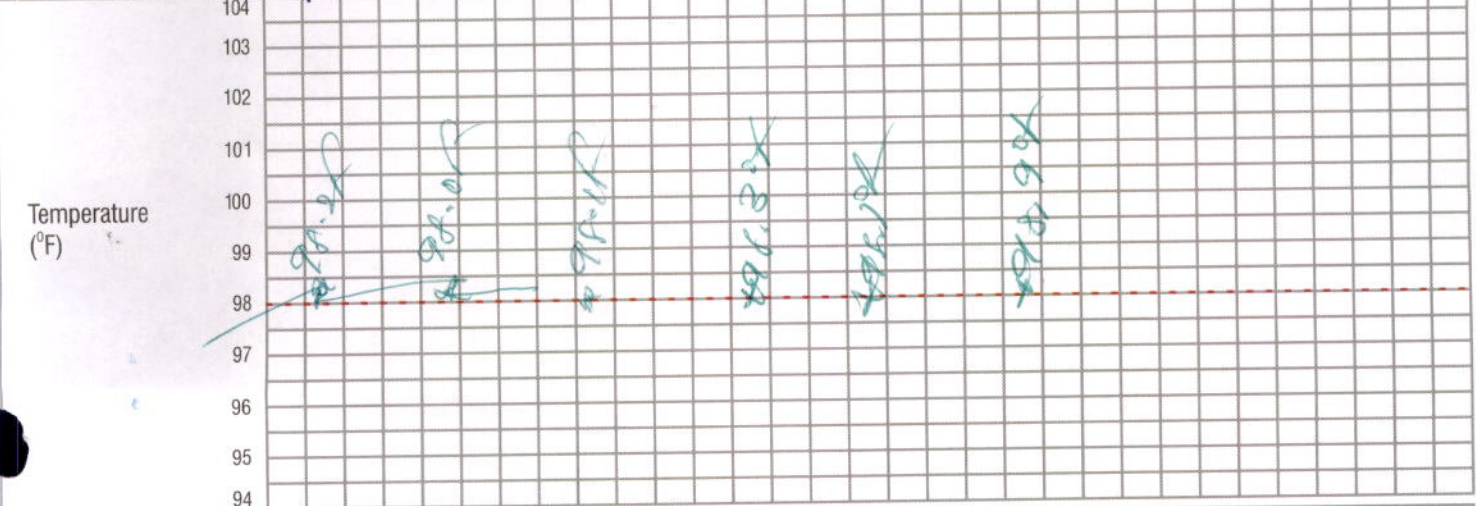
Patient Address:

12-1-4/24, indira nagar, above viswa sai k & g stores Lalapet Hyderabad Telangana INDIA 500017

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6/26 Time: 3 5 8 10 2 6

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



Heart Rate (Number)	140	142	145	140	141	139
Resp Rate (Number)	40	45	46	45	31	45
Resp Mod/ Severe Distress						
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99	99	99	99	99	99
Conscious Level	NA	NA	NA	NA	NA	NA
GCS *	NA	NA	NA	NA	NA	NA

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

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206044 IP-00060430
 Baby B/O SAI SHRUTHI RANGA
 18-06-2026 0 Y 0 M 3 D (M)
 Dr. JARJAPU KIREET

Doc. No. : RCH/ FRM / CLINICAL / 124

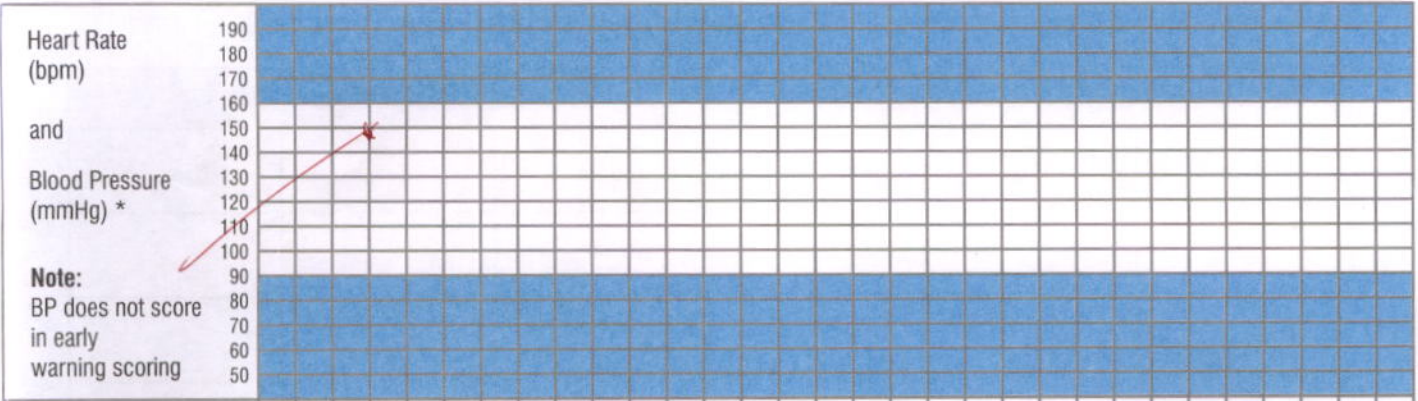
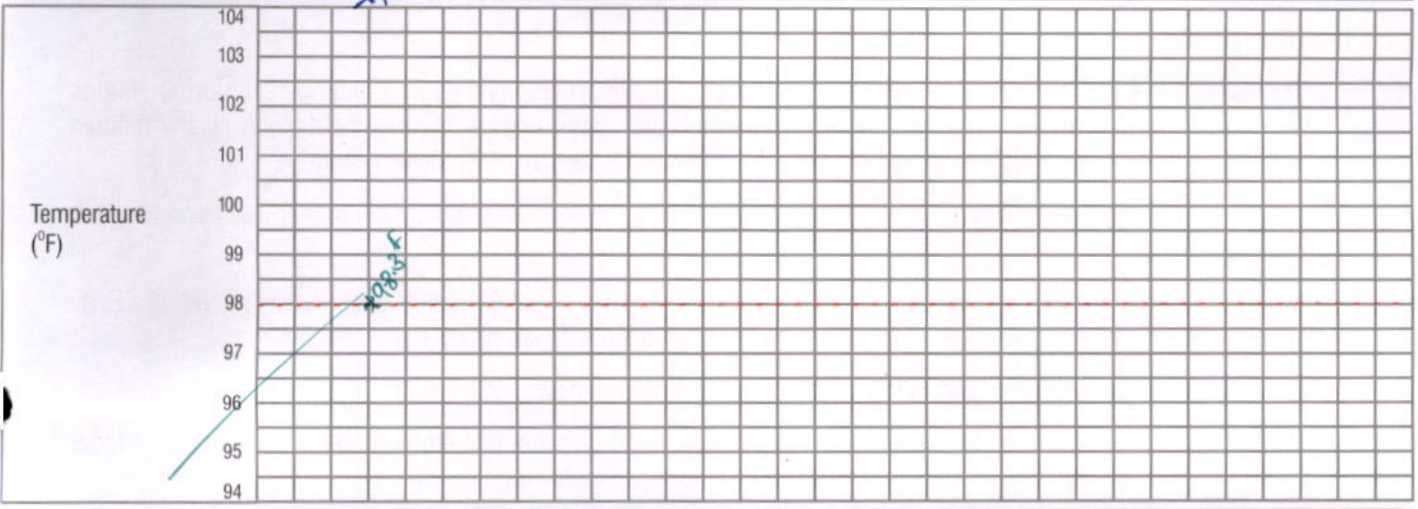
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/26 Time: 10:10 AM

Doctor/Nurse/Family Concern? *AM*



Heart Rate (Number) *149*



Resp Rate (Number) *38*

Resp Distress: Mod/ Severe / None / Mild

Receiving O₂ (l/min) / O₂ Saturations (%) *99*

Conscious Level: Normal / Altered *1*

GCS * *15*

TOTAL SCORE

Number of shaded boxes *0*

Pain Score *0*

Observer's Initials *JK*

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

Sheet No. :

21/6/26

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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
<i>21/6/26</i>	02:00 pm												
	03:00 pm	DBLFF											
	04:00 pm												
	05:00 pm	DBLFF											
	06:00 pm												
	07:00 pm	DBLFF											
Total Intake :						Total Output :							
<i>21/6</i>	08:00 pm												
	09:00 pm	DBLFF											
	10:00 pm												
	11:00 pm	DBLFF											
	12:00 am												
	01:00 am	DBLFF											
Total Intake :						Total Output :							
<i>22/6</i>	02:00 am												
	03:00 am	DBLFF											
	04:00 am												
	05:00 am	DBLFF											
	06:00 am												
	07:00 am	DBLFF											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

22/6/26

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
22/6	08:00 am											Pooling 22/6/26 @11 AM
	09:00 am	DBF										
	10:00 am	TFE										
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206044 IP-00080430
 Baby B/O SAI SHRUTHI RANGA
 18-06-2026 0 Y 0 M 3 D (M)
 Dr. JARJAPU KIREETI



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Neonatal / Infant Braden Q Scale

VIH-00206044 IP-00060430
 Pa: Baby B/O SAI SHRUTHI RANGA
 18-06-2026 0 Y 0 M 3 D (M)
 Ag: Dr. JARJAPU KIREETI

Ref. No.: F/HW/BRD-Q/NSG/04

F IP No. : 21/6/20 @ 4pm

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	1
Mobility : The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication	2. Very Limited: Makes occasional slight changes in body or extremity position.	3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another	1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	5
Tissue Perfusion and Oxygenation	1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown

24

Neonatal / Infant Braden Q Scale

VIH-00206044 IP-00060430
Baby B/O SAI SHRUTHI RANGA
18-06-2026 0 Y 0 M 3 D (M)
Dr. JARJAPU KIREETI



F IP No. :

22/6 @ 12:00m
Score

Intensity and Duration of Pressure					
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	Score
Mobility : The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication	2. Very Limited: Makes occasional slight changes in body or extremity position.	3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3
Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another	1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day / ≥ 2kg	3
Tissue Perfusion and Oxygenation	1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown

24

Neonatal / Infant Braden Q Scale

VIH-00206044 IP-00060430
Baby B/O SAI SHRUTHI RANGA
18-06-2026 0 Y 0 M 3 D (M)
Dr. JARJAPU KIREET

Ref. No.: F/HW/BRD-Q/NSG/04

F IP No. :

22/6 @ 8am

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
Mobility : The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication	2. Very Limited: Makes occasional slight changes in body or extremity position.	3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3
Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	3
Nutrition Usual food intake pattern	1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	4
Tissue Perfusion and Oxygenation	1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	3

Total: If < 20 at Risk for Skin Breakdown

23

Neonatal / Infant Braden Q Scale

Patient Name :

Age..... Gender : M F IP No. :

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
Mobility : The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication	2. Very Limited: Makes occasional slight changes in body or extremity position.	3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	
Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	
Nutrition Usual food intake pattern	1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	
Tissue Perfusion and Oxygenation	1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	
Total: If < 20 at Risk for Skin Breakdown					



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			21/6	21/6	22/6		
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	✓	✓		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
Total			16	16	16		

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		yes				
Room free of clutter						
Adequate lighting		yes				
Wheel chair sup.						
Other Intervention(s) Specify						
Nurse's Name:		Vandana				
Signature:		[Signature]				
Date:		21/6	21/6	22/6		
Time:		3pm	11pm	7am		



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	3pm	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	—	<i>[Signature]</i>
21/6	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	—	<i>Sony</i>
21/6	7am	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	—	<i>Sony</i>
				<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:

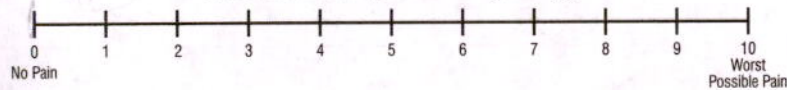
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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		1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years

