

VIH-00186514 IP-00060389
Master BITTLA YAKSHITH
04-03-2017 9 Y 3 M 13 D (M)
Dr. PREETHAM KUMAR

ACTIVITY RECORD FOR BILLING

Name: -----
UHID No : ----- IP No : ----- Consultant : ----- Dept : -----
Date of Admission : 12/6 Time : ----- Date of Discharge : ----- Time: -----
Room / Bed No : 132 Ward : CSTF Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6	11:30pm	ER	132	Ne

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sankar Lalit	19/6/16	3092155	✓
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6	RAT - Negative	26020703	me
	Urea, creat. electrolyte		
	Bicarbonate. Bloodus	26020701	me
	Urea cl	26020706	eg
19/6/76	Cp: CRP	26020919	cy
20/6/76	Cp: CRP	26020965	cy
	X-ray Abdomen	26009769	cy
	US abdomen	26009763	cy

Urea checked by Geigars

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060389

Admit Date : 17-Jun-2026

Admit Time : 10:35 PM UHID : VIH-00186514

Patient Details :

Patient Name : Master BITTLA YAKSHITH

Age : 9 Y 3 M 13 D

Guardian : Mr BITTLA VENKATESH

DOB : 04-03-2017

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 10-465 Malkajgiri Hyderabad Telangana
INDIA 500047

Phone No : 9441735376

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

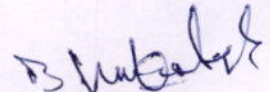
Contact Details :

Name : Mr BITTLA VENKATESH

Relationship : S/O

Contact Address : 10-465 Malkajgiri Hyderabad Telangana INDIA
500047

Phone No : 9441735376


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

Patient Name : Mast. BITTLA YAKSHITH UHID : VIH-00186514 IPD : IP-00060389 Gender : Male Age : 9 Y 3 M 13 D

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 13 D (M)
 Dr. PREETHAM KUMAR



wt: - 24.91 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. Yakshith Age : 9Y Gender: Male Female

Date : 17/6/26 Time of Arrival : 10:39pm

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

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 96b/m BP: 99/62/44 RR: 20b/m SpO₂: 100%

Chief Complaints: fever since x 3 days stomach pain today

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

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

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

* CTAS - Canadian Triage and Acuity Scale

B. Venkatesh
 Signature of Parent / Guardian
 Triage Completion Time : 10:43pm

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 : Swathi

Signature of Triage Nurse : *Swathi*

Date & Time : 17/6/26 @ 10:43pm

Patient Name : Mast. BITTLA YAKSHITH UHID : VIH-00186514 IPD : IP-00060389 Gender : Male Age : 9 Y 3 M 13 D

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Master BITTLA YAKSHITH
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Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/6/26 Time of arrival : 10:44pm
Chief Complaints : Fever, Stomach pain RBS: _____
Height : _____ Weight : 24.9kg 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 aching Location Abd Frequency Intermittent Duration _____

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none">Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NoUses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none">Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NoWeak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NoImpaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none">Escort while ambulating <input type="checkbox"/>Assist Patient <input type="checkbox"/>Educate patient and family on fall precautions/prevention <input type="checkbox"/>	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none">Mobility Problem <input type="checkbox"/>Walking Problem <input type="checkbox"/>Developmental Delay <input type="checkbox"/>Musculoskeletal Congenital Abnormality <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none">Underweight <input type="checkbox"/>Overweight <input type="checkbox"/>Feeding Problem <input type="checkbox"/>Special diet <input type="checkbox"/>Special feeding method <input type="checkbox"/> <p>Inform consultant for positive criteria</p>
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Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: _____ (Date/Time): _____
Social History: Lives With Parents
Siblings in household Yes No (if yes How Many?) _____
Time of Initial assessment completed by ER Nurse : 10:47pm

Patient Name : Mast. BITTLA YAKSHITH UHID : VIH-00186514 IPD : IP-00060389 Gender : Male Age : 9 Y 3 M 13 D

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

Time	Nursing Notes
10:43pm	* Vitals checked & recorded
10:45pm	* Doctor assessed the pt & advised admission * CBP, CAP, CUE, Dengue & LFT done in OP basis
10:55pm	* Admission done
11pm	* IV placement done
11:10pm	* samples collected & sent to lab
11:30pm	* pt shifted to ward

Samples collected by: Samuel
 Samples sent by: moghisha

Time: 11pm
 Time: 11:10pm

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: 100b/m BP: 99/62(74) CFT: 23sec	Shift - out from ER to: 132
RR: 22b/m SPO ₂ : 98% 97%	Time of Shift - out: 17/6/26 @ 11:30pm
GCS: - Temperature: 97%	Handover given to: SR - Sadiya
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Samuel Signature of the Nurse : Len

Date & Time : 17/6/26 @ 11:30pm



Humpty General Admission Assessment Form For Pediatrics

Diagnosis: Recurrent UTI
Arrival Time: 11:30pm **Mode of Arrival:** By walk **Admitting From:** ER OPD Direct

Allergy / Adverse Reaction: no **Body Weight:** 24.9 Kg
Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>yes</u>	<u>nil</u>	<u>no</u>

Family History:

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

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

Current Medication: None Yes, If Yes, fill reconciliation form

Observations: Weight: 24.9 kg Length: Head Circumference (< 2 years):

Temp.: 98.3°f HR: 98 bpm RR: 24 bpm BP: 103/63/72

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

Fall Risk Assessment: Yes No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score) 23 (Document in the Braden Q Assessment Sheet)

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

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With
nil family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach: Yes No Waste Disposal Explained: Yes No

Infusion Pump: Yes No Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No


Information given to
mother

Nurse's Name: *B.ubham* Date: *17/6/26* Time: *11:50pm*

[Signature]
Signature

PATIENT TRANSFER FORM



Patient Name & ID No. VIH-00186514 IP-00060389 Master BITTLA YAKSHITH 04-03-2017 9 Y 3 M 13 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 17/6/26 @	Date & Time of Transfer Order 17/6/26 @ 11:30 PM
		Transfer Ordered by Dr. Shriker	Reason for Transfer Admission
From Unit ER	To Unit 132	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 2	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? oppregimento.	
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 Preetham Kumar		Name of Person Ordered Transfer Dr. Shriker	
Patient & Clinical Records Received by : Subham			
Date & Time of Patient Received : 17/6/26 @ 11:30 PM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

VIH-00186514 IP-00060389
Master BITTLA YAKSHITH
04-03-2017 9 Y 3 M 13 D (M)
Dr. PREETHAM KUMAR

Patient Name: _____



UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o fever : 3 days

History of present illness :

→ C/o fever : 3 days
mod-high grade
Intermittent period
good response to Antipyretics
→ occasional burning micturition



Pediatric Multisystem History & Physical Examination

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

→ 1000 UUR → used Anti-Prophylaxis and
Stopped in Mar 2026
(UTI free for 1yr)

② 30% kidney scarring ②

Birth & Neonatal History:

② term

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

→ ②

Immunization History :

→ uph date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

On Examination :

Temperature : 100°F Pulse Rate : 110b/m B.P. _____ SPO2 98%ra.

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : PAE R

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : cr ①

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Pa

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Recurrent UTI

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Dr. PREETHAM KUMAR



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

ESR, CRP, WBC / Done on OPD Basis
(Dengue - LFT)
Rf ✓
BUN ✓
Urea ✓
Usg Abn. Tm A

Planned Management

- IV Piplex
- IV Pantop
- Antipyretic
- IV fluids

Att. Dr. Srikumar
S/B Dr. Kundanna Rao
@ OPD

Noted by
Nagesh
17/6

Signature of the Doctor: _____

Name of the Doctor: Dr. Srikanth

Date & Time: 17/6/26 10:45 am

Signature of the Consultant: _____

Name of the Consultant: P. Ramesh

Date & Time: 18/6/26 3 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/R Resident</u>	
<u>18/6/26</u> 8 AM.	<p>Adm. - Recurrent UTI</p> <p>& fever spikes - 101.2°F, 102.6°F</p> <p>Urine - Bumpy consistency while passing, ↓ frequency</p> <p>Stools - (N)</p> <p>Oral intake - good.</p> <p>etc.</p> <p>Child alert</p> <p>Euthymic</p> <p>Vital: Wt 12</p> <p>Cx - S12 (+)</p> <p>Ecg - BAE (+)</p> <p>HA - r/r</p>	
		Plan
	Dengue N12 negative	<ol style="list-style-type: none"> 1) Pus pertas 2) USG Abdomen Today 3) Trace B/c/s, U/c/c. 4) Trace dengue 5) <u>Add-Amikacin.</u> - HOLD. 6) Dr. Shrivastava (Nephro) c/o.
	<p>Dr. Sunny Jha</p> <p>18/6/26</p> <p>10 AM.</p>	<p>Dr. Shrivastava (+) Xray erect abdomen.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/w <u>an. ch. m. t. l. e. m. e. m.</u>	
	Performed Rpt II reports.	
		-ADW
		1) USG Abdomen
		2) Hold - Amoxicillin
		3) Rpt II Reports
		<u>Dr. Vishwanath</u>
18/6/26 3pm	<u>S/S Resident.</u> Recurrent UTI 2 fever spikes 3pm @ 107°F <u>O/E</u> clear a/c afebrile vitals stable CVs - S12 (+) Hs - BAE (+) P/A - soft	<u>Plan</u> 1) Penj Pipta 3 2) Penj Amoxicillin 3) Trace B/clo, u/clo 4) Dr. Snuteo c/w T/m (Nephro)
	<u>Dr. Vishwanath</u>	
	<u>Noted by ananda 18/6 3pm</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	<u>IB Resistent</u>	
9am	Recurrent UTI	
	fever spike	
	dit	
	child alert	
	Afebrile	
	Vitals stable	
	CRP - 6.5 ⊖	CRP ⊖
	P/A - 80/60 ⊕	Oral intake - good
	P/A - 80/60	
		Plan
		1) Day peptax
		2) Day Amoxicillin
		3) Trace B/c/e, u/c/f
		4) Dr. Shanthi c/m Today
		5) CRP, CRP T/m
	CRP T/m	
	CRP	
		Noted by
		Ananda
		19/6/26
		@ 12:20pm
	Dr. Ananda	
	19/6/26	
	10am	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
19.6.26		
3.00 PM	Recurrent UTI	(Urine c/s +ve for E. coli >10 ⁵)
	Fever spikes (+)	
	o/e child better	
	CRP < 35cc.	Plan
	aplastic	→ CRP, CRP, T/m
	H/L - NAID	→ Add Tab. Nitrofurantoin
	P/A - soft	→ Cont. Inf. Peflox +
		Inf. Amoxicillin
		→ Ketol 4 th day
	Sameera	
	(Dr. Sameera)	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 9 AM	S/B Resident	
	Recurrent UTI (Ecocle +ve)	
	afebrile > 24hrs.	
	●/e - child clear	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/C - RAE (+)	
	P/A - RPT	
Ivd/e TODAY		1) Def. peptab - 2 more days 2) Tab. Nitrofurantoin → (5 days) ↓ till - to decuss & dr. Shashi more
Dr. Preetham 20/6/26 9 AM	3) flap i Dr. Shashi } Wednesday Dr. Preetham CVT / (P/K/S) - Review on Friday scheduled on Wednesday	
		noted by Manasa 20/6 2:30

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Recurrent UTI	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: NIL	Post OP Day: NIL						
BACKGROUND	Date	17/6 11:30pm	18/6/20 NIGHT	18/6 NIM	18/6 E	18/6 NIGHT	19/6 M	
	Shift							
	Medical Condition (Any special condition to be noted):	-	-	NIL	NIL	NIL	NIL	
Diet:	Soft	s-diet	s-diet	s-diet	s-diet	s-diet	s-diet	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98°F	98.6°F	98.6	98.1	99.0	98.6
		Res:	22b/m	20b/m	28b/m	27b/m	20b/m	21b/m
		SpO ₂ :	98%	100%	98%	99%	99%	99%
		Pulse:	100b/m	119b/m	110b/m	115b/m	96b/m	108b/m
		BP:	99/64(74)	116/73(81)	107/63(74)	105/63(74)	111/71(83)	108/71(83)
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	10	10	10	10	10	10	
Pain Score:	0	0	0	0	0	10		
Skin Integrity	Intact	Intact	Intact	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	
	Physiotherapy:	-	NIL	NIL	NIL	NIL		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	s-diet	s-diet	s-diet	s-diet	s-Diet	
	Critical Lab Test / Values:	-	NIL	NIL	NIL	NIL	NIL	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	-	NIL	NIL	NIL	NIL	NIL		
Handed Over By Name :	Samuel	Subbar	Manasa	Manasa	Subbar	Manasa		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	17/6	18/6	18/6	18/6	19/6	19/6		
Time:	11:30pm	@ 8pm	2pm	8pm	8pm	2pm		
Taken Over By Name :	Subbar	Manasa	Manasa	Subbar	Manasa	Subbar		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	17/6/20	18/6	18/6	18/6/20	19/6	19/6/20		
Time:	@ 11:30pm	8AM	@ 2pm	@ 8pm	8AM	@ 2pm		

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Recurrent O/A</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <u>Nil</u>	Post OP Day:						
BACKGROUND	Date	<u>19/6/2016</u>	<u>19/6/2016</u>	<u>20/6</u>				
	Shift	<u>e</u>	<u>NIGHT</u>	<u>M</u>				
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>				
	Diet:	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6</u>	<u>99.2</u>	<u>98.2</u>			
		Res:	<u>23b/m</u>	<u>22b/m</u>	<u>20b/m</u>			
		SpO ₂ :	<u>98%</u>	<u>100%</u>	<u>98%</u>			
		Pulse:	<u>81b/m</u>	<u>92b/m</u>	<u>113b/m</u>			
		BP:	<u>106/71(84)</u>	<u>103/71(85)</u>	<u>100/60(70)</u>			
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>			
		Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>			
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>					
Skin Integrity	<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 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>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>Nil</u>	<u>s-diet</u>	<u>s-diet</u>				
	Critical Lab Test / Values:	<u>-</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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>Dependent</u>					
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>Nil</u>	<u>Nil</u>				
Handed Over By Name :		<u>Preetham</u>	<u>Subhan</u>	<u>Manasa</u>				
Signature / ID :		<u>607317</u>	<u>17444</u>	<u>01954</u>				
Date:		<u>19/6/2016</u>	<u>20/6/2016</u>	<u>20/6</u>				
Time:		<u>09:30 PM</u>	<u>08:30 AM</u>	<u>09:30 AM</u>				
Taken Over By Name :		<u>Subhan</u>	<u>Manasa</u>					
Signature / ID :		<u>17444</u>	<u>01954</u>					
Date:		<u>19/6/2016</u>	<u>20/6</u>					
Time:		<u>08 PM</u>	<u>08 AM</u>					

NURSING CARE RECORD

Date: 1.8/14

- 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	9:00	maintain fluid balance	9:30	maintained fluid balance.	- maintain Hydration	- patient is stable	Zindu 02pm 18/14
	11:00	maintain aseptic techniques	11:00	maintained aseptic technique	- prevent from Infection	- no fresh complaints	
Afternoon	3:00 pm	→ Hypothermia	3:30 pm	→ patient have 103.9°F temperature syb. antibiotic given	→ to reduce temperature	→ patient is stable	A. Nandan
Night	9pm	→ maintain good nutrition status	9pm	→ oral intake is good	→ maintain hydration	→ Patient is stable	Subh 19/6 @8pm

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 14 D (M)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 17/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	12AM	→ maintain fluid balance	12AM	→ Administered IV fluid DNS 45ml/hr	→ maintain hydration	→ patient is stable	<i>Sulbha</i> 18/6 @8AM

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 14 D (M)
 Dr. PREETHAM KUMAR

NURSING CARE RECORD



Date: 19/6/2016

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00	Maintain Fluid Balance	9:30	Maintained Fluid Balance	- Maintain Hydration	- patient is stable	Mamasa 2pm 19/6
	11:00	Maintain Aseptic technique	11:30	Maintained aseptic technique	- prevent from infections	- No fresh complaints	
Afternoon	4pm	- Maintain fluid balance		Administered IV DNS 45ml/hr	→ To maintain hydration	- Patient is stable	Sreedhar 19/6/16 4pm
Night	9pm	→ maintain fluid balance	9pm	Administered IV DNS 45ml/hr	→ maintain hydration	→ patient is stable	
	10pm	→ Ensure safety	10pm	→ Side rails kept up	→ prevent from fall risk		Suhra 20/6 @ 8am

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 15 D (M)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 2016

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge notes		doctor came for rounds and advice for discharge			
Afternoon							
Night							

noted by
 Manasa
 2016
 9/30



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/6	DATE 19/6	DATE 18/6	DATE 19/6	DATE 19/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None ✓	1	1	1	1	1	0
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3		1	1	0	0
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None ✓	1	1	1	1	1	1
Total			10	10	10	10	10

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	x	x	x	x	x
Other Intervention(s) Specify					
Nurse's Name:	Megha	✓	Nancy	Subh	manasa
Signature:	Megha	✓	Nancy	Subh	manasa
Date:	18/6	19/6	18/6	19/6	19/6
Time:	10:50 AM	10:50 AM	11 AM	11 AM	11 AM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			19/11/16	20/16	20/16		
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2		
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2	1	1	1		
	Other Medications / None	1	1	1	1		
Total			10	10	10		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓		
Call device within reach		✓	x	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		x	x	✓		
Other Intervention(s) Specify		✓	✓	✓		
Nurse's Name:		S. Keerthi	Subh	Monica		
Signature:		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		19/11/16	20/16	20/16		
Time:		08:30 PM	1 AM	2 PM		



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6	10:50 AM	1	-	<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	-	me
18/6	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	Subh
18/6	10 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	Endre
18/6	4 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	Q
18/6	10 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	Subh
19/6	11 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	Manasa
19/6/20	5 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	-	She
19/6/20	11 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	Subh
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	nil	Q
				<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:

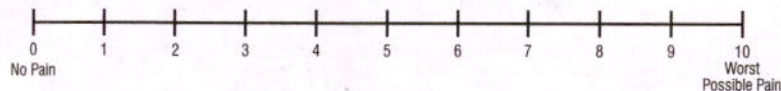
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

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 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	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, 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





CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 17/6			DAY-2 18/6			DAY-3 19/6			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		
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			1	1	1	1	1	1		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			1	1	1	1	1	1		
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			1	1	1	1	1	1		
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			1	1	1	1	1	1		
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			1	1	1	1	1	1		
Signature of the Nurse						nee	nee	nee	nee	nee	nee		

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 : *nee* Name : *Neelapriya*

Signature of Ward In Charge :

Signature : *elw* Name : *Elizabeth*

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 13 D (M)
 Dr. PREETHAM KUMAR



BRADEN 'Q' SCALE



					Date :	12/6	1/6	18/6	18/6
					Time :	11:30	11:00	11:00	11:00
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						28	28	27	27
Evaluator's Name						nee			

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

Master BITTLA YAKSHITH

9441735376

9 Y 3 M 15 D

VI26020706

Male

17-06-2026 11:48 PM

IP-00060389

17-06-2026 11:58 PM

VIH-00186514

PREETHAM KUMAR

N 1F-FIRST FLOOR / MSW 132

URINE CULTURE AND SENSITIVITY (Specimen :URINE)

RESULT

Gross examination : Pale yellow in colour, clear.

Gi stained smear - Shows no polymorphs or organisms.

Colony count: - $>10^5$ cfu/ml

Culture : - E. coli isolated.

Susceptible to -

Chloramphenicol and Nitrofurantoin.

Resistant to -

Ampicillin, Amoxicillin-Clavulanic acid, Ampicillin-sulbactam, Cephalexin, Cefuroxime, Cefotaxime, Ceftriaxone, Ceftazidime, Ceftizoxime, Cefoperazone, Cefpodoxime, Cefepime, Cefixime, Cefoxitin, Ticarcillin-Clavulanic Acid, Tazobactam- Piperacillin, Ciprofloxacin, Ofloxacin, Levofloxacin, Moxifloxacin, Norfloxacin, Nalidixic acid, Gentamicin, Amikacin, Tobramycin, Sulfamethoxazole-Trimethoprim, Imipenem, Meropenem, Ertapenem, Piperacillin, Aztreonam, Trimethoprim and Tetracycline.

Carbapenem resistant.

Significant colonizer in a 9 years child with VUR with renal scanning with past history of urinary tract infection with acute febrile illness.

Advised : Repeat Urine culture preferably with in and out catheter to exclude a contamination.

Interpretation by version 16. EUCAST standard for ABST testing January 2026.

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

INTERIM REPORT

Reg No :

CONSULTATION FORM



Doctor Name :

Date : Hour :

Hospital :

Type of Referral : Emergency (within one hr.)

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

Referred for : Opinion Co-Management

Date : Time : By :

Transfer of care

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

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH
 04-03-2017 9 Y 3 M 15 D (M)
 Dr. PREETHAM KUMAR



Signature: _____

M.D. _____

Report of Findings and recommendations .

epo Recurrent UTI.
 (K) Small
 beamed
 kidney

Adv

Now has forehead flu
 UTI .

1) Stop

IV Amikacin
 after 3 days'

U Cfs → E coli noted

2) Continue IV PipTaz
 x 5 days

USG - RU - 97, 9.5
 LU - 95, 6.7.
 UB - 2mm thick

3) To add
 F. Nitrofurantoin
 100mg (---) 5 days

Consultant :

Name : DR. PREETHAM KUMAR Signature : [Signature] Date & Time : 19/6/2016

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

2:15 pm

- IV order
(80s) if Vomiting (+)
- Continue IVF
today.
- Timed voiding to continue

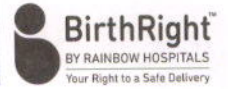
Smith

Patient Sticker

VIH-00186514 IP-00060389
 Master BITTLA YAKSHITH 26
 04-03-2017 9 Y 3 M 13 D (M)
 Dr. PREETHAM KUMAR

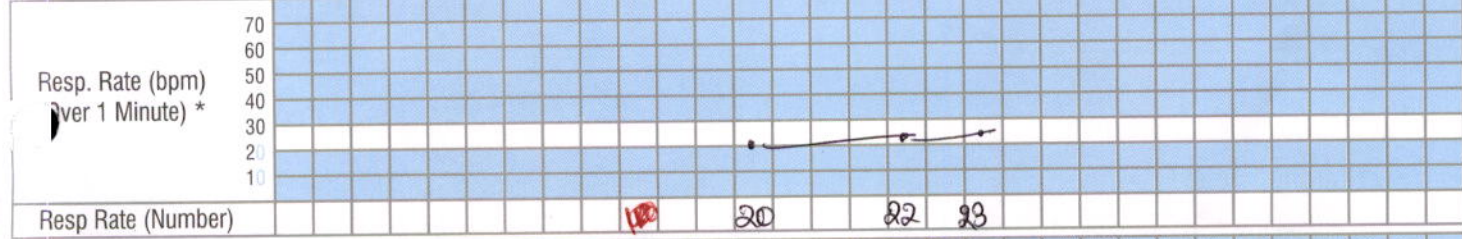
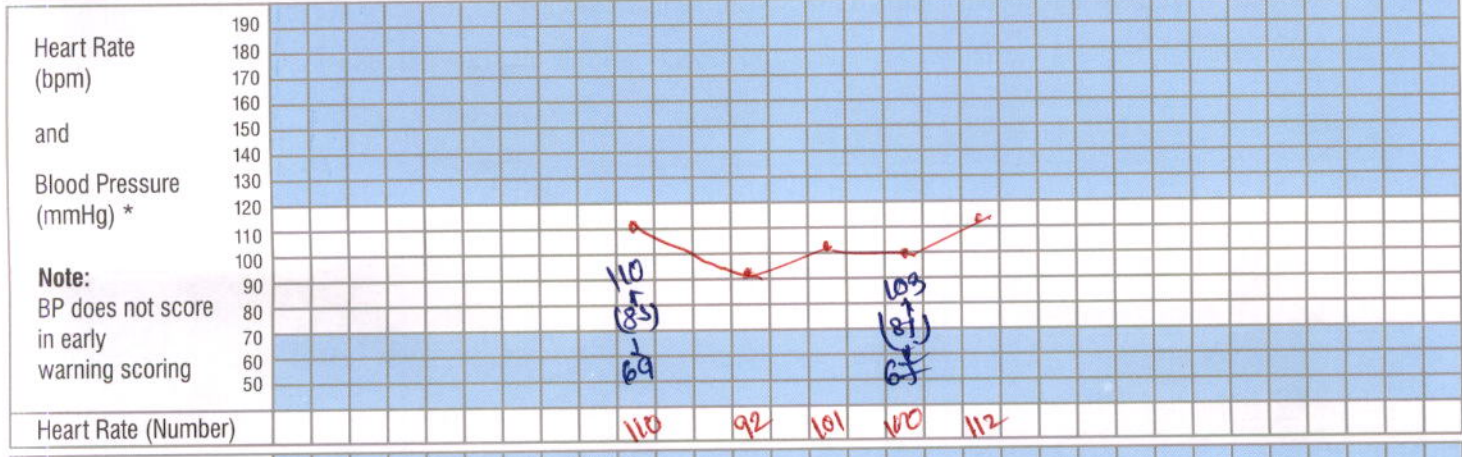
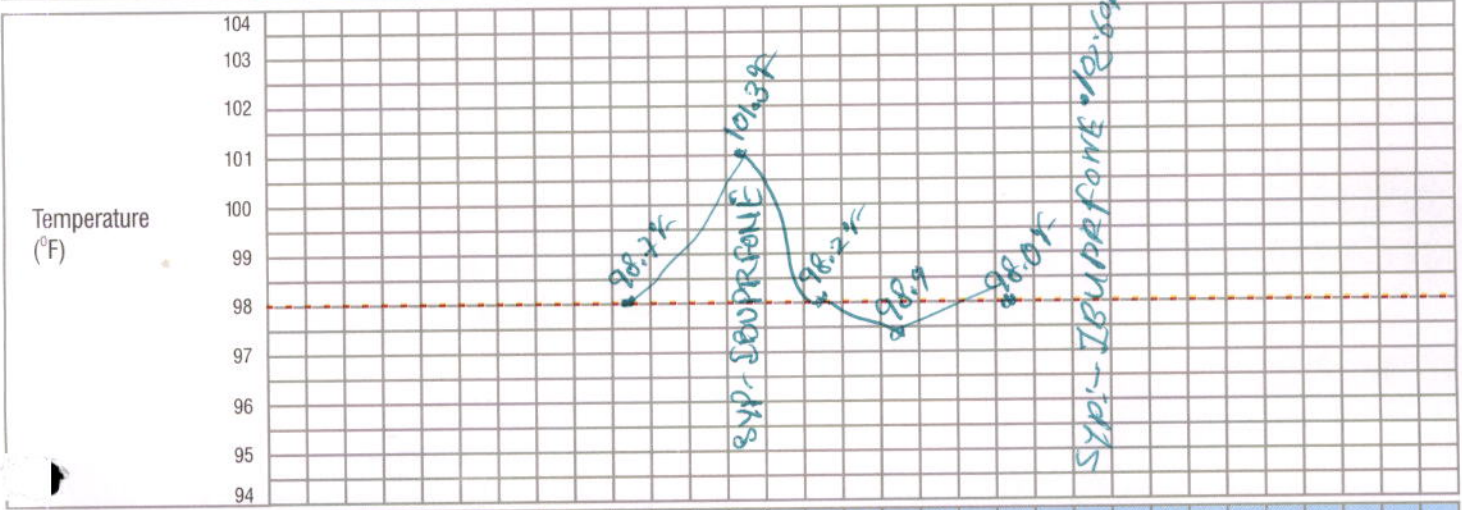


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



IG SCORE: CHILDREN'S UNIT

Date: 12/6/26 Time: 12:30 3:30 5 7 8
 Doctor / Nurse / Family Concern? Am Am Am Am Am Am



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

TOTAL SCORE					
Number of shaded boxes	0	1	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	SK	SK	SK	SK	SK

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

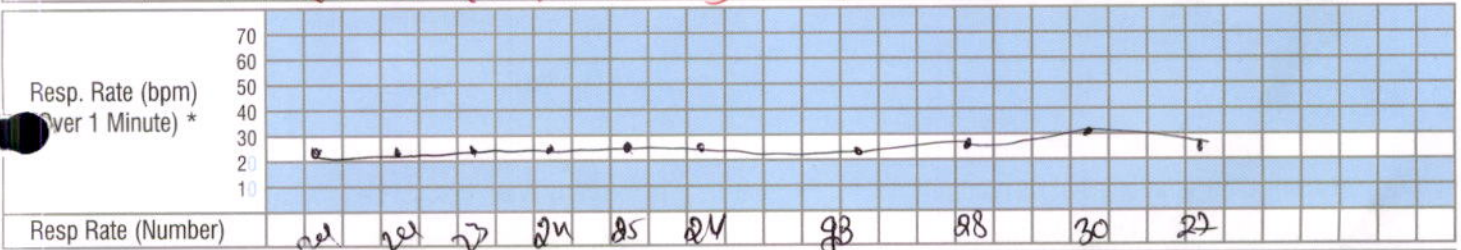
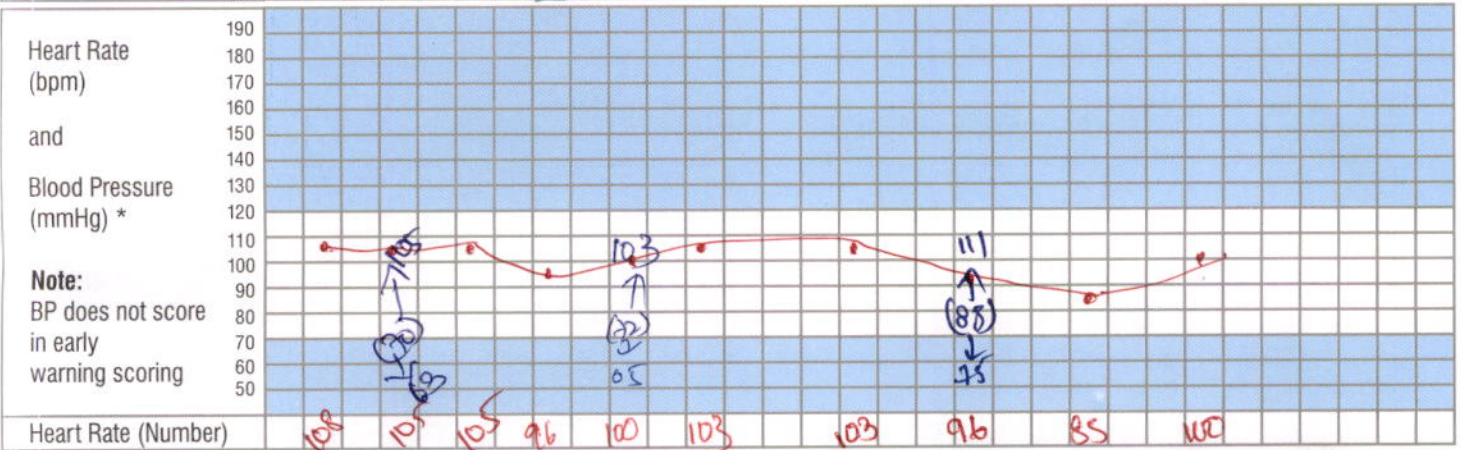
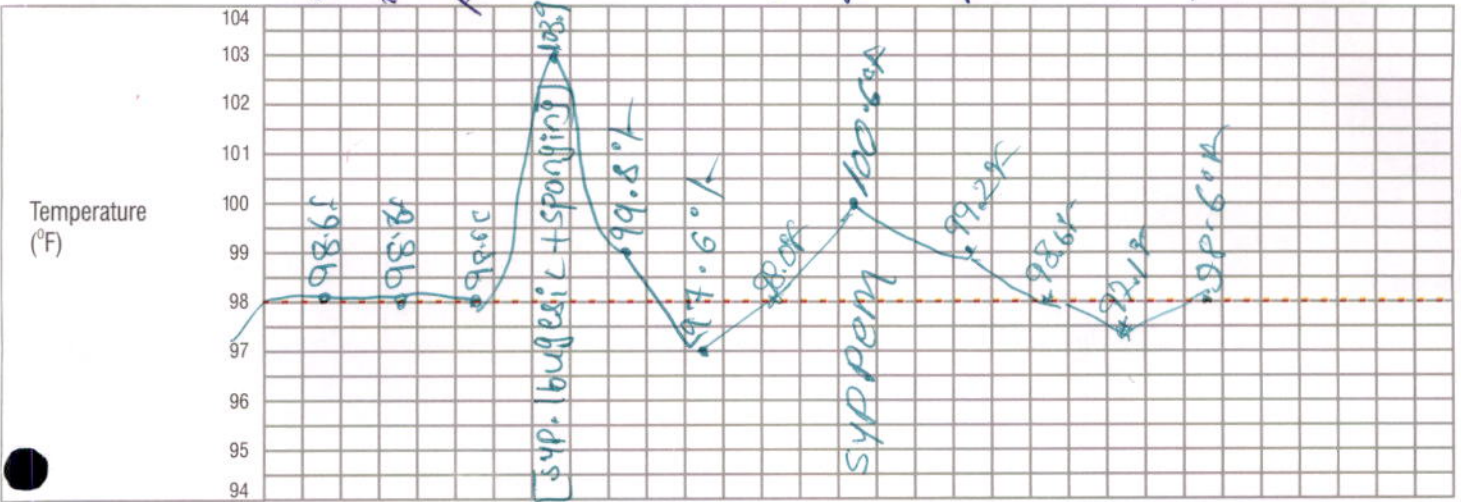
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- Following a Early Warning Score assessment, senior help may be required

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)
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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26	Time:	9	10	11	12:30	1	2	3	10:30	11:25	2	4	7
Doctor / Nurse / Family Concern?		PM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM



Resp Distress	Mod/ Severe None / Mild												
Receiving O ₂ (l/min)	O ₂ Saturations (%)	22	21	20	98	97	98	99	100	100	100	96	
Conscious Level	Normal / Altered	2	2	2	2	2	2	2	2	2	2	2	
GCS *		15	15	15	15	15	15	15	15	15	15	15	

TOTAL SCORE													
Number of shaded boxes	0	0	0	0	0	0	1	1	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	

ACTIONS	Score 1	: Continue normal observation by staff nurse
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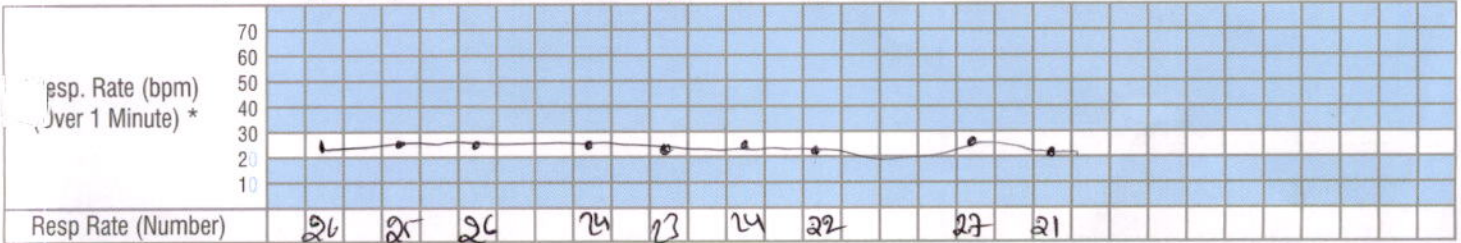
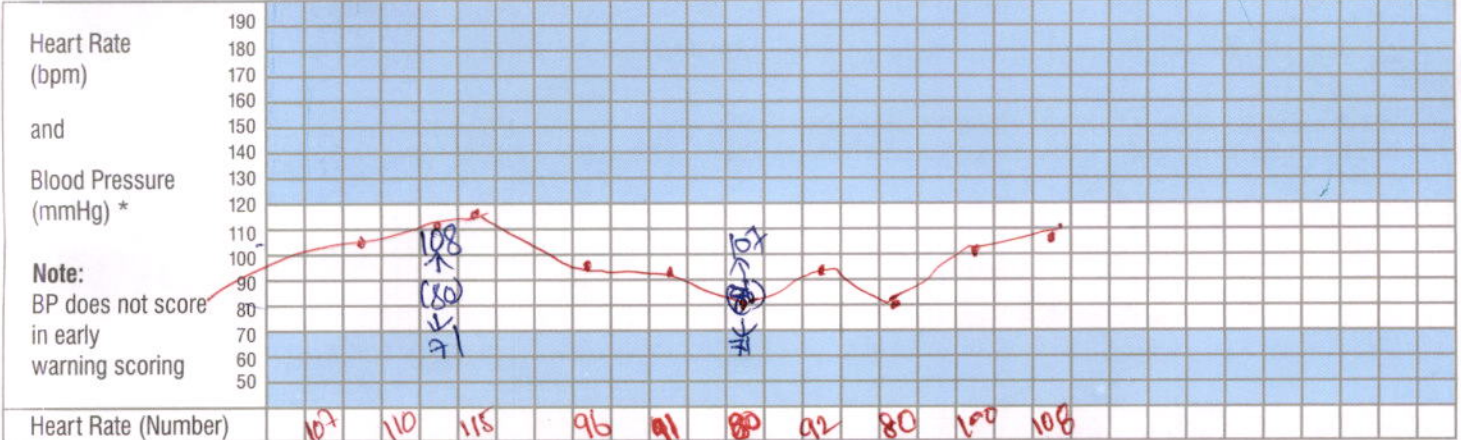
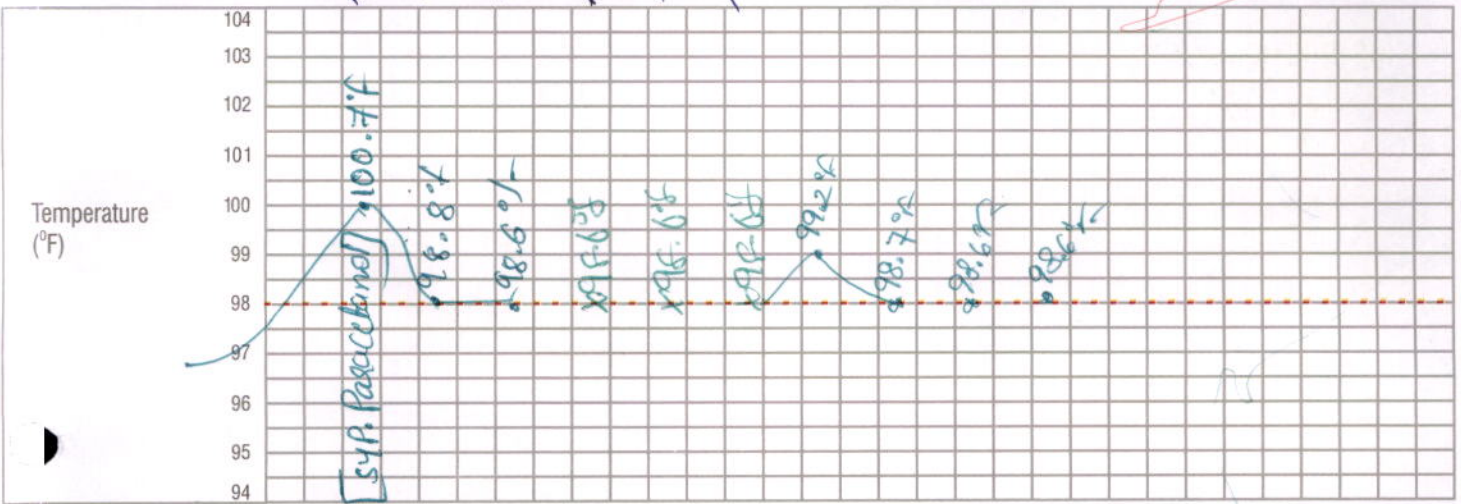
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: <u>19/6/20</u> Time: <u>9:37</u>										
Doctor / Nurse / Family Concern?	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am



Resp Distress	Mod/ Severe None / Mild										
Receiving O ₂ (l/min)	O ₂ Saturations (%)	97	98	97	98	99	100	97	99	98	96
Conscious Level	Normal / Altered	N	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	ma	ma	ma	S	S	S	SK	SK	SK	SK

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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.
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FLUID CHART

Sheet No. : 1

18/6/26

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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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			225 ml			Total 24 hrs. Output			24 ml				



FLUID CHART

Sheet No. : 2

18/6/20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6	08:00 am			45ml				✓	✓		18/6 Subhe @ 9pm	
	09:00 am		45ml					✓				
	10:00 am		45ml					✓				
	11:00 am		45ml					✓				
	12:00 pm		45ml					✓				
	01:00 pm		45ml									
Total Intake :			890ml			Total Output :						
18/6	02:00 pm			45ml							18/6 Subhe @ 2pm	
	03:00 pm		Rice	45ml								
	04:00 pm		water					✓	✓			
	05:00 pm											
	06:00 pm											
	07:00 pm								✓			
Total Intake :			90ml			Total Output :						
19/6	08:00 pm										19/6 Subhe @ 9AM	
	09:00 pm		Rice									
	10:00 pm		water									
	11:00 pm											
	12:00 am											
	01:00 am								✓			
Total Intake :						Total Output :						
19/6	02:00 am			30ml							19/6 Subhe @ 9AM	
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am											
	07:00 am								✓			
Total Intake :			120ml			Total Output :						

Total 24 hrs. Intake	480 ml
----------------------	--------

Total 24 hrs. Output	9 times
----------------------	---------

FLUID CHART

Sheet No. : 3

19/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
19/6	08:00 am	poly water										} marudh late @ 2pm
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm			45ml								} Subhan 19/6/26 @ 8pm
	03:00 pm	Rice		45ml								
	04:00 pm	water		45ml								
	05:00 pm			45ml								
	06:00 pm			45ml								
	07:00 pm	water		45ml								
Total Intake : 270ml						Total Output :						
	08:00 pm			45ml								} Subhan 20/6/26 @ 8AM
	09:00 pm	Rice		45ml								
	10:00 pm	water		45ml								
	11:00 pm			45ml								
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake : 270ml						Total Output :						
20/6/26	02:00 am			45ml								} Subhan 20/6/26 @ 8AM
	03:00 am			45ml								
	04:00 am			45ml								
	05:00 am			45ml								
	06:00 am											
	07:00 am											
Total Intake : 180ml						Total Output :						

Total 24 hrs. Intake : 720ml

Total 24 hrs. Output : 8 times



FLUID CHART

Sheet No. : 2.....

00/6/26

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	08:00 am	20/6 water										Mandga 20/6	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

No feed by
Mandga
20/6
09:30 AM

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis 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												
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-00186514 IP-00060389
 Master BITTLA YAKSHITH (M)
 04-03-2017 9 Y 3 M 13 D
 Dr. PREETHAM KUMAR



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: *ICU* Shifted to: *ICU*

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						<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. Shriker / [Signature]*

Date & Time : *17/6/26 @ 10:50am*

Nurse Name & Signature: *Nag. Suel / [Signature]*

Date & Time : *17/6/26 @ 10:50am*



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight 2.5 kg Ward

[Handwritten signature]

DRUG : TAB. NITROFURANTOIN				Date Time	19/6/2016														
Dose	Route	Frequency	Start Dt.	6	am														
100 mg	PO	12 th hrly	19/6																
Name & Signature of the Doctor Starting the Drugs:																			
Dr. Sameera <i>[Signature]</i>				6 Gmly Prncl.															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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

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

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

VERIFIED BY : Name Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

Signature
Name
VERIFIED BY : Name



DRUG CHART

Date of Admission: 17/6 Drug Allergies: N/D 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)

DRUG: SUP PARACETAMOL				Date Time																
Dose	Route	Frequency	Start Date																	
7.5ml	PO	Q6H	17/6																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Preetham			Dr. Preetham																	
Additional Instructions:																				
10-15mg/kg/dose (Dose = 240mg)																				

DRUG: Syd. ZEPHROLEN				Date Time																
Dose	Route	Frequency	Start Date																	
12ml	PO	Q6H	17/6																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Preetham			Dr. Preetham																	
Additional Instructions:																				
8-comp/1kg/dose (Dose = 100mg)																				

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

VERIFIED BY : Name
 Signature
 Date
 17/6/26
 ChKH



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/6/16		INS- ONDANSERTRON	4mg	Oral	[Signature]	[Signature]

SIGNED BY : Name

REGULAR PRESCRIPTIONS

Weight. 25 kg Ward.



PIAZOBRACIN

DRUG : INT. PIPERACILLIN				Date Time	17/6	18/6	19/6	20/6
Dose	Route	Frequency	Start Date					
2.5g	IV	8 th ly	17/6	6 AM	PP	PP	PP	
Name & Signature of the Doctor Starting the Drugs: Dr. Preetham								
Additional Instructions: 100mg/kg dose After test done								
Daily Doctor's Endorsement by a Sign								

Dr. Preetham
 Chik 17/6/26

DRUG : INT. PANTOPRAZOLE				Date Time	17/6	18/6	19/6	20/6
Dose	Route	Frequency	Start Date					
25mg	IV	once daily	17/6	6 AM	PP	PP	PP	
Name & Signature of the Doctor Starting the Drugs: Dr. Preetham								
Additional Instructions: 1mg/kg dose								
Daily Doctor's Endorsement by a Sign								

Dr. Preetham
 Chik 17/6/26

DRUG : INT. AMIKACIN				Date Time				
Dose	Route	Frequency	Start Date					
180mg	IV	12 th hourly	18/6					
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja								
Additional Instructions: 7.5mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

~~HOLD~~

Dr. Vishwaja

DRUG : INT. AMIKACIN				Date Time	18/6	19/6	20/6
Dose	Route	Frequency	Start Date				
180mg	IV	12 th hourly	18/6	6 AM	PP	PP	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja							
Additional Instructions: 7.5mg/kg/dose							
Daily Doctor's Endorsement by a Sign					D1	D2	D3