

ACTIVITY: BAH-00316193 IP-00060262

Name: Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 20 D (F)
Dr. PREETHAM KUMAR



UHID No: _____ Consultant: _____ Dept: Pediatrics

Date of Admission: 7/6/20 Time: 11:11 pm Date of Discharge: _____ Time: _____

Room / Bed No: 105 Ward: 1st Floor Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>7/6/20</u>	<u>12:30 Am.</u>	<u>BR</u>	<u>105</u>	<u>[Signature]</u>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<u>Dr. Jyothi Sothar</u>	<u>8/6</u>	<u>3088152</u>	<u>[Signature]</u>
2.	<u>Dr. Poojya Sai</u>	<u>8/6</u>	<u>3088067</u>	<u>[Signature]</u>
3.	<u>Dr. Sneha Gulbarni</u>	<u>8/6</u>	<u>3088067</u>	<u>[Signature]</u>
4.	<u>Cross checked by Gulbarni 10/6 @ 9 AM</u>			
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	IV placement	2		Sr. Shantha
	done in out side.			Kumares
7/6/26	IV placement	1	3087895	Sr. Shantha
				Kumares
Cross checked by 9/6/26				
9/6	IV placement	1	3088085	[Signature]
cross checked by kalpana 10/6 @ 9 AM.				

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward [Signature] kalpana.	Billing Assistant	Billing Supervisor
-------------	---	-------------------	--------------------

Name	Baby SAANVI BONGIRI	UHID	BAH-00316193
Father/Guardian	Mr MR. SANTHOSH KUMAR BONGIRI	Age/Gender	10 Y 11 M 23 D/Female
Address	H NO 10-47A/C,HANUMAN NAGAR,, Husnabad, Karimnagar, Telangana, INDIA, 505467		
IP No	IP-00060262	Admission Date	07-06-2026
Ref Doctor	Dr J Mahesh Reddy	Discharge Date	10-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: ? Cyclical vomiting syndrome

History: Baby SAANVI BONGIRI is a 10 Y 11 M 23 D girl presented with the history of stomach pain, multiple episodes of bilious vomitings since 4 days, burning micturition, decreased urine output since 3 days prior to admission. For the above complaints, she was investigated and treated at referral center, in view of persistent symptoms, she was referred to Rainbow Children's Hospital for further management.

Outside Investigations: On 05.06.2026 - CRP was 5.4 mg/L, magnesium 2 mg/dl. CUE showed 2-3 pus cells, ketones (4+). On 06.06.2026 - Serum electrolytes were normal. PT 16.8 sec, IAPTT 34.2 sec. CECT showed mild hepatomegaly.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 65/min, blood pressure - 110/80 mmHg and respiratory rate - 24/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly.

Name

Baby SAANVI BONGIRI UHID

BAH-00316193

Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 36.6 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids and antiemetics.

Her venous blood gas showed pH 7.48, pCO₂ 28.8 mmHg, pO₂ 66 mmHg, HCO₃ 21.6 mmol/L, BE -1.9 mmol/L. Complete blood picture showed hemoglobin 12.6 gm%, white blood cells count of 12,170 cells/cumm, platelet count of 4.46 lakhs/cumm and C-reactive protein was 9 mg/l. Serum electrolytes, creatinine and liver function tests were normal. Serum amylase 100 U/L, lipase 395 U/L. X-ray erect abdomen showed dilated bowel loops. Ultrasound abdomen showed stomach is partially distended with relatively thickened antral wall 5.8mm, pancreas is normal, no evidence of malrotation.

Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, opinion was sought who advised antiemetics and laxatives, plan MRCP if required. If MRCP normal, then plan upper GI endoscopy.


In view of bilious vomitings, child was seen by Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urology, who advised SOS contrast swallow + follow through study to rule out partial malrotation.

Dr. Sneha Kulkarni, Psychologist opinion was sought who advised detailed evaluation and assessment once the child is stable. If in case of anxiety, to start Tablet Etilaam.

Name

Baby SAANVI BONGIRI UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Her vitals were regularly monitored. Ultrasound abdomen screening done on 09.06.2026 showed CBD is mildly dilated measures 5mm at the level of pancreatic head, no evidence of calculi, no IHBRD or MPD dilation. CECT done elsewhere on 04.06.2026 shows similar findings of prominent CBD, no evidence of malrotation, SMA-SMV axis is normal, D3 of duodenum is retroperitoneal and crossing midline. Advised MRCP but parents refused.

Her fever spikes and other symptoms gradually settled. As hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Tablet Cefixime (200mg) 1 tablet, 12th hourly (after food) for 3 days.
3. Tablet Domperidone (5mg) 1 tablet, 8th hourly (if required) for vomiting.
4. MuOut powder, 3 scoops in 180ml of water, once daily at bedtime for 2 weeks.
5. Tablet Etilaam (0.25mg) 1 tablet (if required) in case of anxiety.
6. Plan to do MRCP.
7. Follow up with Dr. J. Mahesh Reddy, Consultant Pediatrician.

In case of Fever:

Tablet Paracetamol (500mg), 1 tablet for fever more than 99.6°F (maximum 4-6 hourly).

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

Name

Baby SAANVI BONGIRI UHID

BAH-00316193

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

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

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name :

Signature :

Relationship with patient :

This summary has been explained by:

Summary prepared by: Dr. B. Prashanthi
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

PatientName : Baby SAANVI BONGIRI
Age/Gender : 10 Y 11 M 21 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060262
Admit Date : 07-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :07-06-2026 23:50
HEMOGLOBIN (Colorimetry)	12.6	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.21	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	34.6	VOL%	L 35 - 45
MCV (Calculated)	82.1	fL	77 - 95
MCH (Calculated)	30.0	pg/cells	25 - 33
MCHC (Calculated)	36.5	g/dL	H 32 - 36
RDW-CV (Calculated)	13.2	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	446	10 ⁹ /L	150 - 450
MPV (Calculated)	8.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.17	10 ⁹ /L	4.5 - 13.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	63	%	H 33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	27	%	L 28 - 48
MONOCYTES (Microscopy, Leishman stain)	08	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :07-06-2026 23:50
CRP (Immunoturbidimetry)	9.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :07-06-2026 23:50
CREATININE (Enzymatic)	0.4	mg/dl	L 0.5 - 1

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 SAANVI BONGIRI Inpatient No. : IP-00060262
Age/Gender : 10 Y 11 M 21 D/ Female Admit Date : 07-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :07-06-2026 23:50
SODIUM (Direct ISE)	138	mmol/L	134 - 143
POTASSIUM (Direct ISE)	3.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	100	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :07-06-2026 23:50
TOTAL BILIRUBIN (Azobilirubin)	0.6	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	32	U/L	10 - 40
SGPT (ALT) (Kinetic with P5P)	24	U/L	10 - 30
ALKALINE PHOSPHATASE (pNPP/AMP buffer)173		U/L	140 - 560
PROTEIN (Biuret method)	9.1	g/dL	H 6.3 - 8.6
ALBUMIN (Bromocresol Green)	4.7	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	4.4	g/dL	H 1.6 - 3.5
A/G RATIO (Calculated)	1		L 1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :07-06-2026 23:51
RANDOM BLOOD GLUCOSE (GOD/POD)	93	mg/dl	70 - 140

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 SAANVI BONGIRI
Age/Gender : 10 Y 11 M 21 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060262
Admit Date : 07-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED
 Order Date :08-06-2026 01:27

PHYSICAL

COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL

CHEMICAL

PROTEIN (Protein error of pH indicator)	Trace		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	POSITIVE (++++)		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE

MICROSCOPY

PUS CELLS	2 - 4	HPF	L	0 - 5
EPITHELIAL CELLS	4 - 6	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

AMYLASE (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
 Order Date :08-06-2026 13:06

AMYLASE (Enzymatic Colorimetric Assay - IFCC)	100	U/L	30 - 110
---	-----	-----	----------

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



MC-7373

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 SAANVI BONGIRI Inpatient No. : IP-00060262
Age/Gender : 10 Y 11 M 21 D/ Female Admit Date : 07-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-06-2026 13:06
LIPASE (Enzymatic with colipase-Vitros)	395	U/L	H 13 - 150

Rashida

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

DISCHARGE SUMMARY

Baby SAANVI BONGIRI

10 Y 11 M 21 D

Female

IP-00060262

BAH-00316193

PREETHAM KUMAR

R26-009132

08-06-2026 10:25 AM

08-06-2026 05:12 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 9.4 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN :Normal in size 6 cm and echotexture.

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

KIDNEYS :

Right kidney : 90 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 89 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Baby SAANVI BONGIRI

6305801143

10 Y 11 M 21 D

R26-009132

Female

08-06-2026 10:25 AM

IP-00060262

08-06-2026 05:12 PM

BAH-00316193

PREETHAM KUMAR

Impression

- 1. Stomach is partially distended with relatively thickened antral wall 5.8mm.**
 - 2. Pancreas is normal.**
- No evidence of malrotation.**

Suggested clinical correlation.

ADMISSION SHEET

Registration Details :



Admission No : IP-00060262

Admit Date : 07-Jun-2026

Admit Time : 11:11 PM UHID : BAH-00316193

Patient Details :

Patient Name : Baby SAANVI BONGIRI

Age : 10 Y 11 M 20 D

Guardian : Mr MR. SANTHOSH KUMAR BONGIRI

DOB : 18-06-2015

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Single

Address (H) : H NO 10-47A/C,HANUMAN NAGAR, Husnabad
Karimnagar Telangana INDIA 505467

Phone No : 6305801143

E-mail : OOHDNAS832@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr MR. SANTHOSH KUMAR BONGIRI

Relationship : D/O

Contact Address : H NO 10-47A/C,HANUMAN NAGAR,
Husnabad Karimnagar Telangana INDIA 505467

Phone No : 6305801143


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

ADMISSION SHEET

Registration Details :



Admission No : IP-00060262

Admit Date : 07-Jun-2026

Admit Time : 11:11 PM UHID : BAH-00316193

Patient Details :

Patient Name : Baby SAANVI BONGIRI Age : 10 Y 11 M 20 D
Guardian : Mr MR. SANTHOSH KUMAR BONGIRI DOB : 18-06-2015
Gender : Female Religion : Hindu
Occupation : Martial Status : Single
Address (H) : H NO 10-47A/C,HANUMAN NAGAR, Husnabad Phone No : 6305801143
Karimnagar Telangana INDIA 505467 E-mail : OOHNAS832@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : ER 101 Ward Name : N 0 GF-EMERGENCY
Room No : ER 101 Admission Type : First Visit

Contact Details :

Name : Mr MR. SANTHOSH KUMAR BONGIRI Relationship : D/O
Contact Address : H NO 10-47A/C,HANUMAN NAGAR, Phone No : 6305801143
Husnabad Karimnagar Telangana INDIA 505467

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr J Mahesh Reddy Phone No : 9533954598
Co-Consultant : Dr. JYOTI BOTHRA

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Baby. SAANVI BONGIRI UHID : BAH-00316193 IPD : IP-00060262 Gender : Female Age : 10 Y 11 M 20 D

BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 20 D (F)
Dr. PREETHAM KUMAR



BRUGS - 93mg/dl
wt - 36.60kgs.
checked out side.



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Saanvi Age : 10 yrs. Gender : Male Female
Date : 21/6/2015 Time of Arrival : 10:24 pm

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

Source of information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 97.8°F PR: 65 bpm BP: 116/85 (95) RR: 24 SpO₂: 98%

Chief Complaints: ab. stomach pain since 4 days, vomiting since 4 days

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 checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Sudya
Signature of Parent / Guardian

Triage Completion Time : 10:28 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sudya

Signature of Triage Nurse : _____

Date & Time : 21/6/2015 @ 10:28 pm

Patient Name : Baby. SAANVI BONGIRI UHID : BAH-00316193 IPD : IP-00060262 Gender : Female Age : 10 Y 11 M 20 D

BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 20 D (F)
Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/6/26 Time of arrival : @ 10:30 pm.
Chief Complaints : 10. Stomach pain, Vomiting Since 4 days BS : -
Height : - Weight : 36.60 kg Head Circumference (<2 years) : -
Allergies: Yes No Medications Blood Transfusion Food Other: -
If yes, identify _____

Pain Screening: Yes No If Yes, Pain Score: 2 Pain Tool Used: N Pass FLACC Wong Baker
 Character: Queating Location: Stomach Frequency: Continuous Duration: Since 4 days.

RISK FOR FALL: <input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly <input type="checkbox"/> If Patient is > 6 years Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input type="checkbox"/> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> Educate patient and family on fall precautions/prevention	Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality Inform consultant for positive criteria _____ _____ Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method Inform consultant for positive criteria
--	--

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: _____ (Date/Time): _____
Social History: Lives With Parents.
Siblings in household Yes No (if yes How Many?) 1 (Sister)
Time of Initial assessment completed by ER Nurse : @ 10:36 pm.

Patient Name : Baby. SAANVI BONGIRI UHID : BAH-00316193 IPD : IP-00060262 Gender : Female Age : 10 Y 11 M 20 D

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

Time	Nursing Notes
@ 10:24pm	* Patient came to ER, vitals checked & recorded.
10:29pm	* Dr. Prashanthi seen the patient.
11:38pm	* Doctor Advice for admission.
11:40pm	* Admission done, IV placement done. Sample collected & send to Lab.
11:40	* GIRMS - 98mg/dl
12:30am	* Patient shifted to ward (105)

Samples collected by: } Dr. Shantha K. Remani Time: } 11:38pm
 Samples sent by: } Dr. Swagatha. Time: } 11:40pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
NR 11					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 83bpm - BP: 112/82 (98) CFT: 28cc	Shift - out from ER to: 105
RR: 23.6l/m - SPO ₂ : 98%	Time of Shift - out: @ 12:30A.
GCS: 4, 5, 6 Temperature: 98.5°F	Handover given to: Dr. Remani
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: Devi Signature of the Nurse: Devi
 Date & Time: 8/6/20 @ 12:30Am



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: *Acute Abd. Pain c Bilious Vomiting w/ Evaluation*
Arrival Time: *12:40 Am* **Mode of Arrival:** *walking* **Admitting From:** ER OPD Direct
Allergy / Adverse Reaction: *Nil* **Body Weight:** *8.6:60* Kg
Height: *1.18* cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<i>(R) Thoraicopic deorsrtication was done on 24/09/2019</i>	<i>yes</i>	<i>Abd. pain, Vomiting</i>

Family History: *Nil*

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

If yes please list, *Nil*

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

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

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

Observations: Weight: *8.6:60 kgs* Length: *118 cm* Head Circumference (< 2 years):
 Temp.: *98.6 f* HR: *108 blm* RR: *25 blm* BP: *105/72/85*

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

Fall Risk Assessment: Yes No Score: *9* (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score *27*) (Document in the Braden Q Assessment Sheet)

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

Character of Pain **Location** **Frequency** **Duration**

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: Yes No


Information given to Mother, Father

Nurse's Name: Bernika Date: 3/6/26 Time: 1am

Bernika
Signature

PATIENT TRANSFER FORM



BAH-00316193 IP-00060262 Baby SAANVI BONGIRI 18-06-2015 10 Y 11 M 20 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission	Date & Time of Transfer Order
		7/6/2026 @ 11:11 pm	7/6/2026 @ 12:30 Am.
Transfer Ordered by		Reason for Transfer	
Dr. Prashanthi.		Admission.	
From Unit	To Unit	Information to Attendant	
ER	105	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant	
25	-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Bachya			
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		Name of Person Ordered Transfer	
Swagatika / [Signature]		Dr. Prashanthi.	
Patient & Clinical Records Received by : S. Bevarika			
Date & Time of Patient Received : 8/6/26 @ 12:40 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

Patient Name: _____

BAH-00316193 IP-00060262

Baby SAANVI BONGIRI

18-06-2015 10 Y 11 M 20 D (F)

Dr. PREETHAM KUMAR

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Saanvi Age/Sex 10Y / female

Information given by: mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

Clb stomach pain :- 4 days
Clb Vomiting :- 4 days.
Clb burning micturition :- 3 days.

History of present illness :

Child was apparently asymptomatic 4 days back
then started

Clb Abd. pain :- 4 days.
In the epigastric region.

Clb vomitings :- 4 days
Bilious vomitings
10-12 episodes/day.

Clb Burning micturition :- 3 days.
↓ urine output
Dark colored urine.

NO H/O fever.
No H/O outside food consumption.

04/06/26

(ECT) → mild hepatomegaly



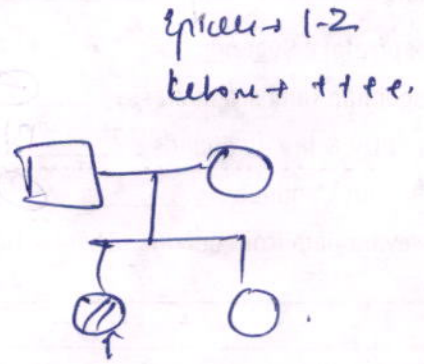
Pediatric Multiorgan History & Physical Examination

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

Right thoracoscopic debridement was done on 20/09/2019
 d/o right hydro-pneumothorax & collapsed lung.
 06/06/20
 Na → 142 PT → 16.8 sec
 K → 3.6 ApFT → 34.2 sec
 Cl → 108
 05/06/20
 CRP → 5.4
 Mg → 1.2
 Cu → 2-3 pieces

Birth & Neonatal History:

Term baby / Bwt: 2.35 kg / M
 CTAB, NICU Admission



Birth & Socio Economic History:

About Father : _____
 About Mother : _____
 Any additional Information : class III

Developmental History :

Development ahead as per age - In all 4 domains.

Immunization History :

Immunized as per age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 36.60kg (Centile _____)

GRBS → 93mg/dL.

On Examination :

Temperature : 97.8°f Pulse Rate : 65b/m B.P. 116/83 SPO2 98%

Resp. rate and type of breathing : 24B/m.

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/LAEP

Any addes sounds : (N)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2

Any murmur : (N)

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

Per Abdomen :

Inspection : (N)

Palpation : Pln: soft

Ausculation : (N)

Spine : (N) External Genitelia : (N)

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

BAH-00316193
Baby SAANVI BONGIRI IP-00060262
18-08-2015 10 Y 11 M 21 D (F)
Dr. PREETHAM KUMAR

Pediatric Multisystem History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutrition : _____

Tone : ly (N) Power (R) (L)
5/5 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : (N)

Reflexes :

DTR

Superficials: +nt

Plantars flexors.

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Acute Abd. pain ± Bilious vomitngs -I evacuation.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment: To treat the symptoms.

Planned Labs:

CBP, CRP, ure, s/e,
h-creatinine, LFT, vBU.

Xray Chest Abd ^{done} - ~~done~~
~~done~~

USG Abd - ~~done~~
done

Planned Management

- IVF.

- NPO.

- Inj. Ondansetron, Pthely

- Inj. paracetamol.

- Inj. cefixime.

Noted by - Sabhar

Signature of the Doctor: B

Name of the Doctor: Dr. B. Prabhakar

Date & Time: 11:30pm, 7/6/26.

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 8/6/26 12



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10:00 AM	<p>C/S/B Resident</p> <p>Ass: cyclical vomiting syndrome.</p> <p>No episodes of vomiting :- Admission.</p>	
<p>NG - Aspirate</p> <p>total - ITM.</p> <p>↓</p> <p>Yellowish.</p>	<p>o/e</p> <p>Child Alert & Active</p> <p>Vital stable</p> <p>CU - 8.11 ⊕</p> <p>M - B/LA ⊕</p> <p>P/A = Gut</p> <p>CV - WAD.</p>	
<p>8/6/26 SK I have</p>		<p><u>Plan</u></p> <p>- USG Abd - Today.</p> <p>- Dr. Tyoti mam Consultation - today</p>
		<p>- Ij. Cefixime - D.</p> <p>- Ij. Paracetamol</p> <p>- Ij. Ondansetron.</p>
		<p>Noted by Bevanika 8/6/26 @ 8pm (P.T.O)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/16/2026 12:30 pm		D/w Dr. Poushya
		- case history & labs informed.
		- imaging.
		- TO repeat Sr. amylase
		Sr. lipase in
		Some Sample.
		- Stat. T. dulcifica tong.

BAH-00316193
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR



IP-00060262

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/S Resident</u>	
9/6/26 8Am	Acute Cyclical vomiting syndrome	
	NO Vomiteus	
	<u>O/e</u>	
	Child alert	
	Furthermore	
	Vitals stable	
	Cvs - S1S2 (+)	
	R/e - BAE (+)	
	P/A - soft	
		<u>Plan</u>
		1) Or. clear liquid diet since yesterday
		2) Review of CECT by Radiologist
		↓
		f/hy vs - contrast swallow follow through study to 1/0 parietal malrotation
		3) Inj ceftriaxone D2
		4) Inj Ondansetron
		5) Tab domperidone
		6) Mucos powder.

Noted by
 Bevanika
 9/6/26
 @ 6pm

Dr. Venkatesh



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>9.6.26 10:00am</p>	<p>D/w <u>Dr. Tejas</u></p>	
	<p>CT films are not s/o malrotatio</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9.6.26 12.30 PM	D/w <u>Dr. Rousleya</u> / <u>Dr. Preetham</u> / <u>Dr. Tapani</u>	
	USG abdomen s/p CBP - 5mm.	
		<p><u>Plan</u> → MRCP today</p>
9.6.26 1.00 PM	D/w <u>Dr. Preetham</u>	
	<p>Parents were counselled about the renal current condition of the child & need to do MRCP today as CBP is mildly dilated. But parent refused due to their personal reasons.</p>	
		<p><u>Plan</u> → Start solids → If lateralizing, Taper IV fluids.</p>
	<p><u>Somani</u> (Dr. Somani)</p>	
		<p>Noted by Beonwike 9/6/26 @ 6pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>9/6/26 7:00pm</p>	<p><u>CL/B Resident</u> Dis: ? cyclical vomiting syndrome. started oral-bolids ↓ tolerating well. No vomiting & Abd. pain.</p>	
	<p><u>O/E</u> Check alert & Active Vitale stable CU: S/G @ M: B/LA @ P/A: fair CVS: NAD.</p>	<p><u>Plan</u> = Plan for MCP ↓ if pain as willing. - Tapir FVS if orally intake well. - Inj. cyprohe-D2 - Tab. Domperidone - ethery.</p>
<p>Dr. SUNANDA 9/6/26 3pm</p>		
		<p>Noted by Bevanika 9/6/26 @ 7pm (P.T.O)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>c/s/B Resident</u>	
<u>10/6/22</u> <u>8:30 AM.</u>	Atic: ? cerebral vomiting syndrome.	
	Tolerating orally well. No cl vomiting & thd. pain.	
		No new issues.
	Paused thols.	
	<u>o/e</u>	
	4/0 - Aderect.	child Alert & Active
		Vituable
		CV: r/s ⊕
		M: B/LAC ⊕
		p/A: soft
		CNC: NAD.
		<u>plan</u>
		- Inj. oxycodone - D2
		- Stop Inf.
		- Tab. Dexamethasone - Plo
		- muost powder - Plo
		- Monitor vitals
		- Infrm (Roi)
		- D/c today.

HG??

~~Dr. Praveen~~

10/6/22
 ↓ free

noted by Dr. ...
 10/6/22
 notes



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Abdominal pain & colic</u> <u>Vomiting & Evacuation.</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>NPI</u>						
	Surgery / Procedure: <u>Nil</u>	Post OP Day: <u>Nil</u>						
BACKGROUND	Date / Shift	<u>7/6/20</u> <u>N</u>	<u>7/6</u> <u>Night</u>	<u>8/6/20</u> <u>M</u>	<u>8/6/20</u> <u>E</u>	<u>8/6/20</u> <u>Night</u>	<u>9/6/20</u> <u>M</u>	
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:		<u>NPO</u>		<u>NPO</u>	<u>Clear liquid</u>	<u>S. diet</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter: <u>NG</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6F</u>	<u>98.6F</u>	<u>98.0F</u>	<u>98.6F</u>	<u>97.6F</u>	<u>98.6F</u>
		Res:	<u>20b/m</u>	<u>25b/m</u>	<u>23b/m</u>	<u>24b/m</u>	<u>22b/m</u>	<u>24b/m</u>
		SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>
		Pulse:	<u>60b/m</u>	<u>70b/m</u>	<u>65b/m</u>	<u>64b/m</u>	<u>85b/m</u>	<u>85b/m</u>
		BP:	<u>115/82</u>	<u>105/72</u>	<u>110/69(78)</u>	<u>121/64(75)</u>	<u>102/63</u>	<u>120/80</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	
Pain Score:	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		<u>NPO</u>		<u>NPO</u>	<u>clear liquid</u>	<u>S. diet</u>	
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:	<u>Nil</u>	<u>NG Aspirations 3rd hourly</u>	<u>NG Aspirations 3rd hourly</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
Handed Over By Name :	<u>Jyotsna Beonika</u>	<u>Indu</u>	<u>Indu</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Indu</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>8/6/20</u>	<u>8/6/20</u>	<u>8/6/20</u>	<u>8/6/20</u>	<u>9/6</u>	<u>9/6/20</u>		
Time:	<u>@ 12:30 AM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>8 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>		
Taken Over By Name :	<u>Beonika</u>	<u>Indu</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Indu</u>	<u>Beonika</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>8/6/20</u>	<u>8/6/20</u>	<u>8/6/20</u>	<u>8/6/20</u>	<u>8/6/20</u>	<u>9/6/20</u>		
Time:	<u>@ 12:40 PM</u>	<u>@ 8 AM</u>	<u>2 PM</u>	<u>@ 8 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Cyclical Vomiting Syndrome</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>Nil</i>						
	Surgery / Procedure: <i>Nil</i>	Post OP Day: <i>Nil</i>						
BACKGROUND	Date	<i>9/6/26</i>	<i>9/6/26</i>	<i>10/6</i>				
	Shift	<i>E</i>	<i>Night</i>	<i>M</i>				
	Medical Condition (Any special condition to be noted):	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>				
	Diet:	<i>S diet</i>	<i>s. diet</i>	<i>s diet</i>				
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):	<i>RA</i>	<i>RA</i>	<i>RA</i>				
	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:	<i>98.5 F</i>	<i>97.5 F</i>	<i>98.6 F</i>			
		Res:	<i>24 b/m</i>	<i>22 b/m</i>	<i>20 b/m</i>			
		SpO ₂ :	<i>99%</i>	<i>100%</i>	<i>98%</i>			
		Pulse:	<i>105 b/m</i>	<i>94 b/m</i>	<i>102 b/m</i>			
		BP:	<i>112/60 b/m</i>	<i>107/81/95</i>	<i>106/60/95</i>			
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>			
		Fall Risk Score:	<i>1</i>	<i>1</i>	<i>1</i>			
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>					
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>					
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:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>				
	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:	<i>S diet</i>	<i>s. diet</i>	<i>s. diet</i>				
	Critical Lab Test / Values:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>				
	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 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	
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>					
Post Operative Procedure Special Orders:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>					
Handed Over By Name :	<i>Beronica</i>	<i>Subham</i>	<i>Beronica</i>					
Signature / ID :	<i>B018724</i>	<i>S17444</i>	<i>B018724</i>					
Date:	<i>9/6/26</i>	<i>10/6/26</i>	<i>10/6/26</i>					
Time:	<i>@ 8pm</i>	<i>@ 8 AM</i>	<i>@ 9:30am</i>					
Taken Over By Name :	<i>Subham</i>	<i>Beronica</i>						
Signature / ID :	<i>S17444</i>	<i>B018724</i>						
Date:	<i>9/6/26</i>	<i>10/6/26</i>						
Time:	<i>@ 8pm</i>	<i>@ 8am</i>						

*Noted by
 BERONICA
 B018724
 09:30am*

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 7/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2am	→ Maintain fluid balance.		→ Administered 10 fluid OLS 75 ml/hr	→ maintain hydration	Patient is stable	Beevika 8/6/26 @8am

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 8/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* maintain fluid balance * Ensure safety	10 AM	* Dns 75ml/hr. continuous iv fluids * Provided side rails upside.	* prevented Dehydration. * Prevented falls Risk	* Re-Assessment Done - pt condition is stable	<i>[Signature]</i> 8/6/26 @ 2pm
Afternoon	4 PM	prevent infection	4:10 PM	To maintain Hand Hygiene	To prevented Infection	patient is stable	<i>[Signature]</i> 8/6/26 @ 4 PM
	6 PM	maintain fluid balance	7 PM	To maintain iv fluid Dns 75ml/hr	To maintain hydration		
Night	9 PM	→ Ensure safety	9 PM	→ side rails kept up	→ prevent from fall risk	→ Patient is stable	<i>[Signature]</i> 9/6 @ 8 PM
	10 PM	→ maintain fluid balance	10 PM	→ Administered iv fluid Dns 75ml/hr	→ maintain hydration		



NURSING CARE RECORD



Date: 9/6/25

- 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	Rudra @ 2pm 9/6/25
	1:00	maintain aseptic technique	1:30	maintained aseptic technique	prevent from infection	no fresh complaints	
Afternoon	4 pm	* Ensure Safety		* provided side rail to prevent fall risk	prevent fall risks	* Re assessment is done patient is safe	Benanka @ 4pm 9/6/25
	7pm	→ maintain fluid balance		→ Administered IV fluid 37ml/hr	→ Maintain Hydration		
Night	9pm	→ Ensure safety		→ side rails kept up	→ prevent from fall	→ Patient is stable	Subbar 10/6 @ 8am
	10pm	maintain good nutritional status	10pm	→ Provided by soft diet	→ oral intake is good		

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 10/6/26

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>→ Maintain good Nutritional Status</p> <p>→ Maintain Fluid Balance</p>	9:30 AM	<p>→ Advice patient to take nose oral intake</p> <p>Discharge notes! - doctor came for rounds & advice for discharge</p>	<p>→ To maintain oral intake</p>	<p>→ Patient is stable</p>	<p>Pa Bengeri</p>
Afternoon							
Night							

noted by
 Bengeri
 10/6
 Pa Bengeri



THE HUMPTY DUMPTY SCALE

21/6/20 8/6 8/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			8/6	8/6	8/6	8/6	8/6
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					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. ,	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None	1	1	1	1	1	1
Total			9	9	9	9	9

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		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Sabir	Beraha	+	Sushil	Sushan
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		21/6	8/6	8/6	8/6	9/6
Time:		11PM	3am	12pm	6pm	2am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	9/11	9/16	10/16	10/16
			DATE	DATE	DATE	DATE
Age	Less than 3 years old	4				
	3 to less than 7 years old	3				
	7 to less than 13 years old	2	✓	2	2	2
	13 years old and above	1				
Gender	Male	2				
	Female	1	1	1	1	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
Cognitive Impairments	Not aware of Limitations	3				
	Forget Limitations	2				
	Oriented to own ability	1	1	1	2	2
	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
	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
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3				
	Hypnotics	3				
	Barbiturates	3				
	Phenothiazines	3				
	Antidepressants	3				
	Laxatives/ Diuretics	3				
	Narcotics	3				
	One of the Meds listed above	2				
	Other Medications/ None	1	1	1	1	1
Total			9	9	9	9

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair cup	✓	✓	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Dr. D	Dr. D	Subh	Subh	Beenuka
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	9/11	9/16	10/16	10/16	10/16
Time:	9/16	9/16 @ 4pm	12am	8am	10am



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	7/16/2015 DAY-1			8/16 DAY-2			9/16 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
Signature of the Nurse						8/16	8/16	8/16	8/16	8/16	8/16	8/16	

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 : 8/16 Name : santhi

Signature of Ward In Charge :

Signature : 8/16 Name : Elizabeth



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/6 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-									
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-									
Signature of the Nurse				Bmjg									

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 : Kalpana Name : Kalpana

Signature of Ward In Charge :

Signature : alp Name : elizabeth



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/6/26	11pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subho
8/6/26	2am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subho
8/6/26	14am	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	-	Subho
8/6/26	6pm	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	Subho
8/6/26	11pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subho
9/6/26	10pm	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	Subho
9/6/26	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	nil	Subho
9/6/26	10pm	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	Subho
10/6	4am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subho
10/6	10am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subho

Re-assessment Frequency:

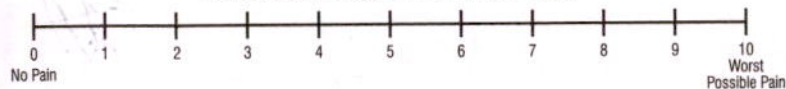
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain relieving intervention.
 - d) Within 30 - 60 minutes after pain relief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

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





BRADEN 'Q' SCALE

					Date :	7/6/15	8/6	8/6	8/6
					Time :	11P	3am	11A	6pm
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	3	3	3	
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.	3	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	3	3	3	
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	3	3	3	
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.	3	2	1	1	
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					26	21	21	21	
Evaluator's Name					PK	Brij	PK	PK	

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

GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby SAANVI BONGIRI** Age : **10 Y 11 M 20 D**
IP No: **IP-00060262** Sex: **Female**
Consultant: **Dr. PREETHAM KUMAR** Ward/Bed No: **N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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.

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:.....*Sadya*)

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: *Sadya*

Name: *Saathank Kumar, Bongiri*

Relationship: *Father*

Date: *7/6/26*

Time: *11:11 pm*

Wittness Name: *Nutkeshy*

Wittness Signature: *[Signature]*

Patient Address:

H NO 10-47A/C,HANUMAN NAGAR,
Husnabad Karimnagar Telangana
INDIA 505467

CONSULTATION FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. MNV Pouchya Sai
Date : 9/6/26 Hour :

Hospital : Rainbow Children's Hospital Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Referred for : Opinion Co-Management
 Transfer of care Date : 9/6/26 Time : 11 AM By :

Reason for Cor diagnosis: concurrent care specify the particular need, especially in the absence of a second
BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 22 D (F)
Dr. PREETHAM KUMAR



Signature:

M.D.

Report of Findings and Recommendations :

c/o vomiting - 10-12 episodes / day
yearly twice since 6m age.
occ. greenish vomits.
No growth disturbances.

U/s abd, CT abd → s/o dilated CBD.
Lipase - slightly high - 395.

Adv:

- ① U/s abdomen - CBD.
- ② To plan MRCP SOS.
- ③ If MRCP - (N), then plan UGIE.

Consultant :

Name : Dr. Pouchya Sai Signature : [Signature] Date & Time : 9/6/26 11 AM

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

CONSULTATION FORM



Doctor Name : Dr. Syati Botra
Date : 8/6/26 Hour : 5:30pm

Hospital : Rainbow Children's Hospital

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date 8/6/26 Time : 5:30pm By :

Referred for : Opinion Co-Management
 Transfer of care

Reason for Consultation: BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-08-2015 10 Y 11 M 21 D (F)
Dr. PREETHAM KUMAR

Specify the particular need, especially in the absence of a second diagnosis:



Signature: _____ M.D.

Report of Findings and Recommendations :

8/6/26 S/B Dr. Syati Botra
- Many thanks for ref.
- Case capsule noted
10yrs old FLC, +/o Cyclical
bilious vomiting 1-2 episodes / year.
USG - WNL, CECT - ? Clumping of
barium in centre.
Adv:
- R/w of CECT By Dr. Nikh
- 8/5 best Contrast swallow + follow
- through study to r/o Partial malrotation

Consultant : Dr. Syati Botra Signature : _____ Date & Time : 8/6/26 5:30pm

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

CONSULTATION FORM



Doctor Name : Dr. Sneha Kulkarni

Date : 8/6/26 Hour : 1 pm

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-08-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR

Hospital :



Referred for : Opinion Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
 Date : 8/6/26 Time : 1 pm By :

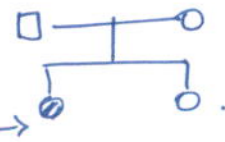
Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

cls/6 Dr. Sneha Kulkarni

- history noted.
 - vomitings → since thursday multiple episodes / day.
 - similar episodes in the past.
 - No multiple admissions.
 - triggers → healths issues like fever, cold, cough.
 - food allergies.
 - does not understand / like humor.
 - social & communication → to be evaluated.
- temperament
 ↳ anxious
 ↳ sensitive
 sleep → delayed onset
 appetite → good
 → no developmental delays.



Consultant :

Name : Dr. Sneha Signature : _____ Date & Time : 8/6/26 1 pm

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

- academically → above average.
- makes friends easily.
- child was not able to interact due to NY tube.

Advice

- Detailed evaluation and assessment once the child is stable.
- Review SOS / on OPD basis.
- Tab. ETILAM 0.25mg
↓
1 tab SOS.
↓
in/c/o anxiety.

Sueley.



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time :	1	9	5	7
Doctor / Nurse / Family Concern?		am	am	am	am
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	70	65	62	60
sp. Rate (bpm) (over 1 Minute) *	70 60 50 40 30 20 10	25	23	22	
Resp Distress	Mod/ Severe None / Mild	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)		99	98	99	97
Conscious Level	Normal Altered	N	N	N	N
GCS *		15	15	15	15
TOTAL SCORE		0	0	0	0
Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		B	B	B	B

7/6/26

Temperature (°F)

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

Heart Rate (Number)

sp. Rate (bpm) (over 1 Minute) *

Resp Rate (Number)

Resp Distress

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

Conscious Level

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



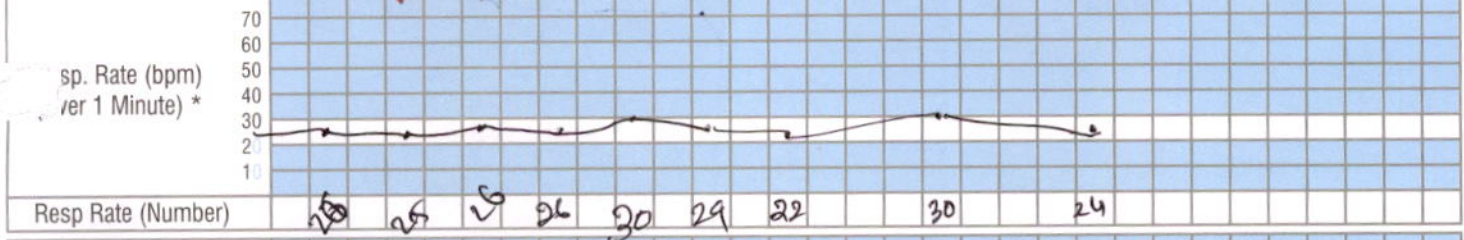
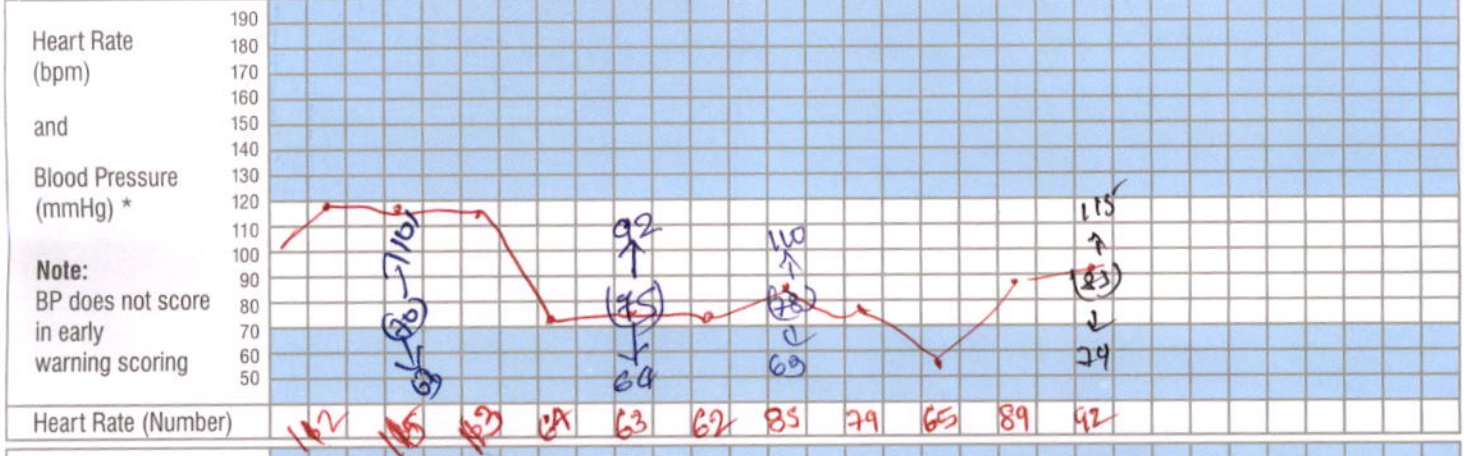
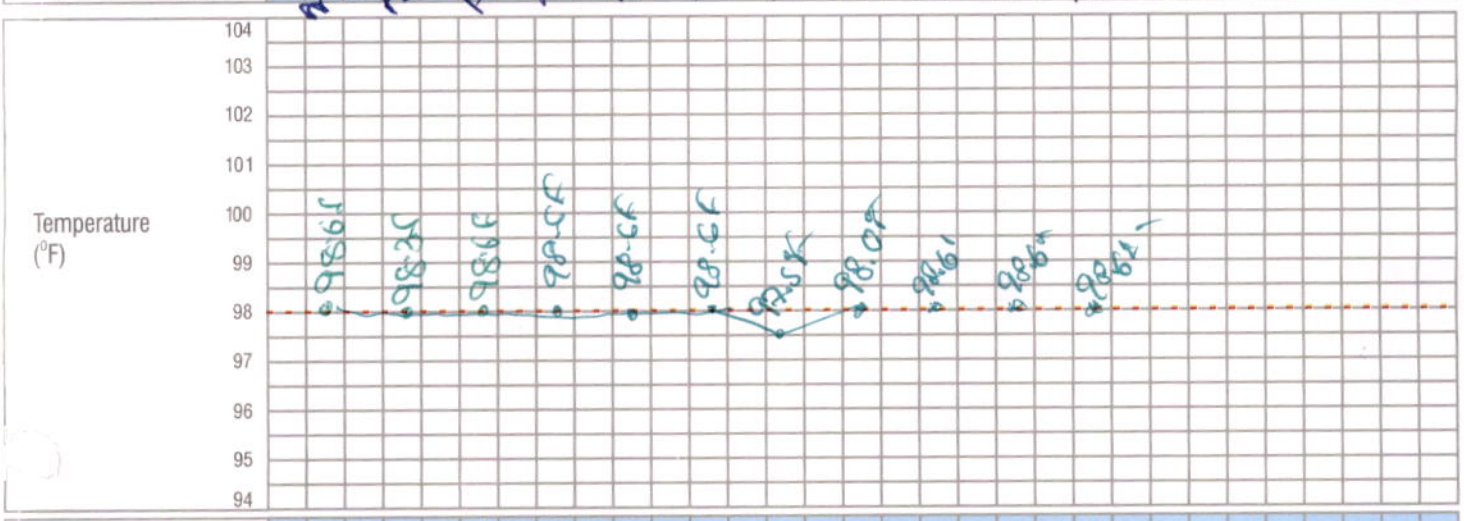
oc. No. : RCH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/8/15 Time: 9 AM 11 AM 1 PM 3 PM 5 PM 7 PM 10 PM 12 AM 2 AM 5 AM 7 AM
 Doctor / Nurse / Family Concern? Am Am Am Am Am Am Am Am Am Am Am Am



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

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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)

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 22 D (F)
 Dr. PREETHAM KUMAR



Patient Sticker

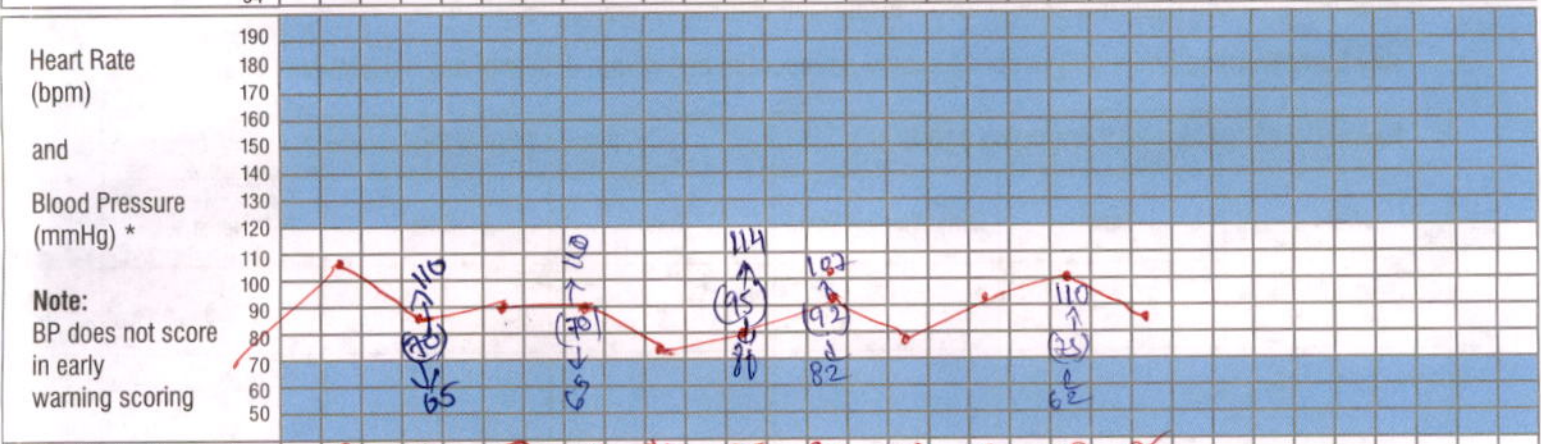
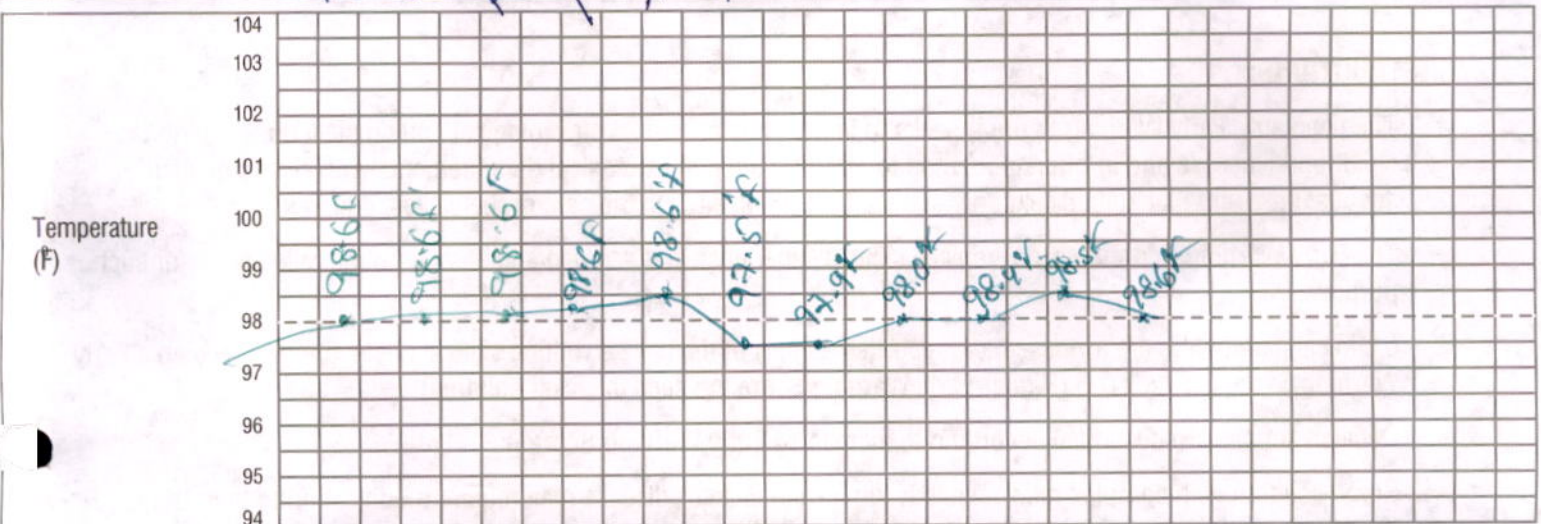
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

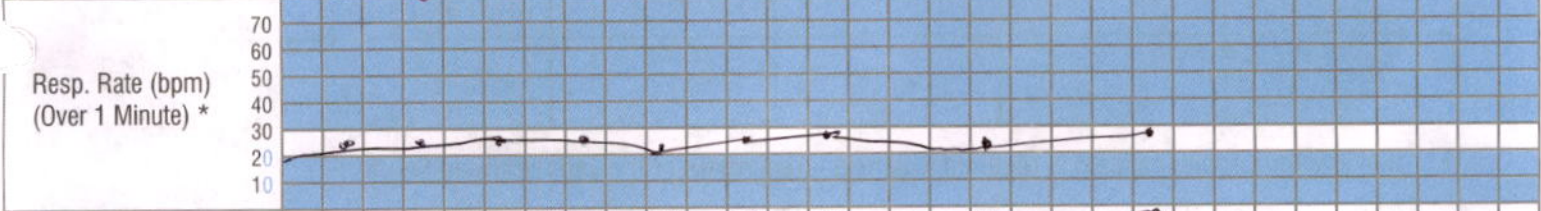
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 09/06/2015 Time: 9 10 1 3 5 7 10 12 3 5 7
 Doctor / Nurse / Family Concern? AM AM PM PM PM PM AM AM AM AM



Heart Rate (Number) 108 88 90 90 74 90 94 79 92 100 85



Resp Rate (Number) 23 24 24 24 22 25 28 23 23 29

Resp Distress Mod/ Severe None / Mild N N N N N N N N N N N

Receiving O₂ (l/min) O₂ Saturations (%) 98 97 98 98 99 99 99 100 99 100 96

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

GCS * 15 15 15 15 15 15 15 15 15 15 15

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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)

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)

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 20 D (F)
 Dr. PREETHAM KUMAR



①

FLUID CHART

Sheet No. : ①

8/6/26

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

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 :						
8/6/26	02:00 am	N	75ml			yellow	25ml					
	03:00 am		75ml									
	04:00 am	P	75ml									
	05:00 am		75ml									
	06:00 am	D	75ml			yellow	30ml					
	07:00 am											
Total Intake :			375 ml			Total Output :					55 ml	
Total 24 hrs. Intake		375 ml		Total 24 hrs. Output		2 times						



FLUID CHART

Sheet No. : 2

8/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
8/6/26	08:00 am			75ml								} Subh 9/6 @ 2AM
	09:00 am	N		75ml		35ml						
	10:00 am	P		75ml								
	11:00 am			75ml								
	12:00 pm	O		75ml								
	01:00 pm			75ml								
	Total Intake :			450ml			Total Output :					
8/6	02:00 pm			75ml		60ml						} Subh 8/6/26 at 7AM
	03:00 pm			75ml								
	04:00 pm	P		75ml								
	05:00 pm	O		75ml		45ml						
	06:00 pm			75ml								
	07:00 pm			75ml								
	Total Intake :			450ml			Total Output :					
8/6	08:00 pm			75ml								} Subh 9/6 @ 2AM
	09:00 pm	coconut		75ml								
	10:00 pm	water		75ml								
	11:00 pm			75ml								
	12:00 am	water		75ml								
	01:00 am			75ml								
	Total Intake :			450ml			Total Output :					
9/6/26	02:00 am			75ml								} Subh 9/6 @ 7AM
	03:00 am			75ml								
	04:00 am			75ml								
	05:00 am			75ml								
	06:00 am			75ml								
	07:00 am			75ml								
	Total Intake :			375ml			Total Output :					

Total 24 hrs. Intake	1,725ml
-----------------------------	---------

Total 24 hrs. Output	1,725ml
-----------------------------	---------



FLUID CHART

Sheet No. : (3)

9/6/26

- 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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
9/6	08:00 am			75ml							↓ ↓ ↓ ↓ ↓ ↓	9/6 @ 2pm
	09:00 am	water		75ml								
	10:00 am			75ml								
	11:00 am			75ml								
	12:00 pm											
	01:00 pm											
Total Intake : 300ml					Total Output :							
9/6	02:00 pm										↓ ↓ ↓ ↓ ↓ ↓	9/6 @ 3pm
	03:00 pm			37ml								
	04:00 pm	water		37ml								
	05:00 pm			37ml								
	06:00 pm	khichdi		37ml								
	07:00 pm			37ml								
Total Intake : 185					Total Output :							
9/6	08:00 pm			37ml							↓ ↓ ↓ ↓ ↓ ↓	9/6 Subhan
	09:00 pm	rice		37ml								
	10:00 pm	water		37ml								
	11:00 pm			37ml								
	12:00 am			37ml								
	01:00 am			37ml								
Total Intake : 222ml					Total Output :							
10/6	02:00 am			37ml							↓ ↓ ↓ ↓ ↓ ↓	10/6 @ 7AM Subhan
	03:00 am			37ml								
	04:00 am			37ml								
	05:00 am			37ml								
	06:00 am											
	07:00 am											
Total Intake : 148ml					Total Output :							

Total 24 hrs. Intake	855 ml
-----------------------------	--------

Total 24 hrs. Output	7 times
-----------------------------	---------



FLUID CHART

Sheet No. : 4

10/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am		Mouth <i>poly water</i>							✓			
	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							

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 22 D (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

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

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



REGULAR PRESCRIPTIONS

Weight. 36.60 kg Ward.

Dr. Prajwal Komar
16/6/26

DRUG : Inj. LEVIFLORONE				Date Time	8/6	9/6	10/6		
Dose	Route	Frequency	Start Date	6 AM	1:20 PM				
1-8 gm	IV	12 hourly	7/6/26						
Name & Signature of the Doctor Starting the Drugs: Dr. Prajwal Komar				6 PM					
Additional Instructions: ATTEN 25-50 mg/kg/dose. TIT DOIT									
Daily Doctor's Endorsement by a Sign									

Dr. Prajwal Komar
16/6/26

DRUG : Inj. PANTOPRAZOLE				Date Time	8/6	9/6	10/6		
Dose	Route	Frequency	Start Date	6 AM	1:20 PM				
36 mg	IV	ONCE DAILY	7/6/26						
Name & Signature of the Doctor Starting the Drugs: Dr. Prajwal Komar				6 AM					
Additional Instructions: 1 mg/kg/dose.									
Daily Doctor's Endorsement by a Sign									

Dr. Prajwal Komar
16/6/26

DRUG : Inj. ONDANSERON				Date Time	8/6	9/6			
Dose	Route	Frequency	Start Date	6 AM	1:20 PM				
4 mg	IV	PRN	7/6/26						
Name & Signature of the Doctor Starting the Drugs: Dr. Prajwal Komar				9 PM					
Additional Instructions: 0.1-0.2 ml/kg/dose.				10 PM					
Daily Doctor's Endorsement by a Sign									

Dr. Poushya madam G.M.
Chitambar 8/6/26

DRUG : TAB DOMPERIDONE				Date Time	8/6	9/6	10/6		
Dose	Route	Frequency	Start Date	6 AM	1:20 PM				
5 mg	PO	8 hrly	8/6/26						
Name & Signature of the Doctor Starting the Drugs: Dr. Poushya				2 PM					
Additional Instructions: Half hour before feed				10 PM					
Daily Doctor's Endorsement by a Sign									

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-06-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR

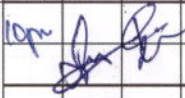
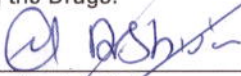


Chitra Dr. Poushy 02/06/16

REGULAR PRESCRIPTIONS

Sheet No:

Weight Ward

DRUG : MUOUT POWDER				Date Time	8/6	10/6														
Dose	Route	Frequency	Start Dt.																	
3 spoons	PO	once	8/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				3 spoons + 180ml water once at night																
Daily Doctor's Endorsement by a Sign																				
DRUG : INT RANTAC				Date Time																
Dose	Route	Frequency	Start Dt.																	
40mg	IV	once	8/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				1mg/kg/dose																
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
VERIFIED BY: N



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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

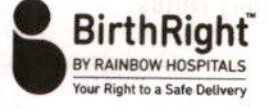
Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26		TAB DULCOFLEX	10mg (5mg x 2)	PO	al	
8/6/26	4pm	SUPP DULCOFLEX	10mg	PR	al	Subaya } Chik } 8/6/26

Signature
VERIFIED BY : Time

Saanvi
BAH

BAH-00316193
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 21 D (F)
Dr. PREETHAM KUMAR

105



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 8/6/26 Time: 10AM

Weight: 35.0kg Centile: < 75 centile

Height: Centile:

Inference: Well nourished child.

RDA: 1800kcal Calories: 1800kcal Protein: 36g/day

Diet Recommendations: None.

Re-Assesment:

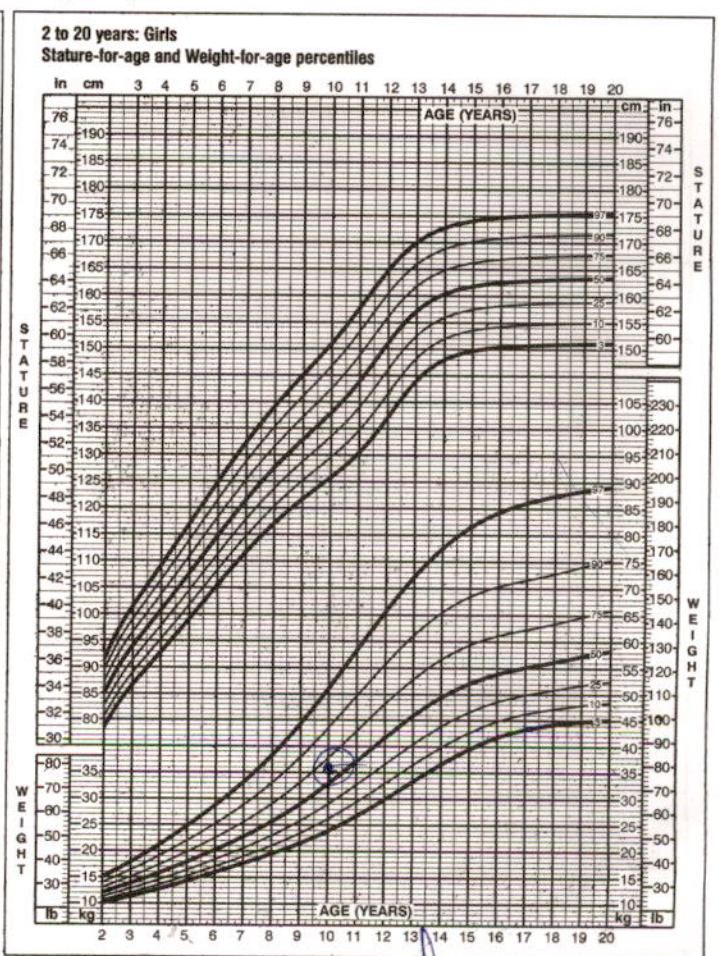
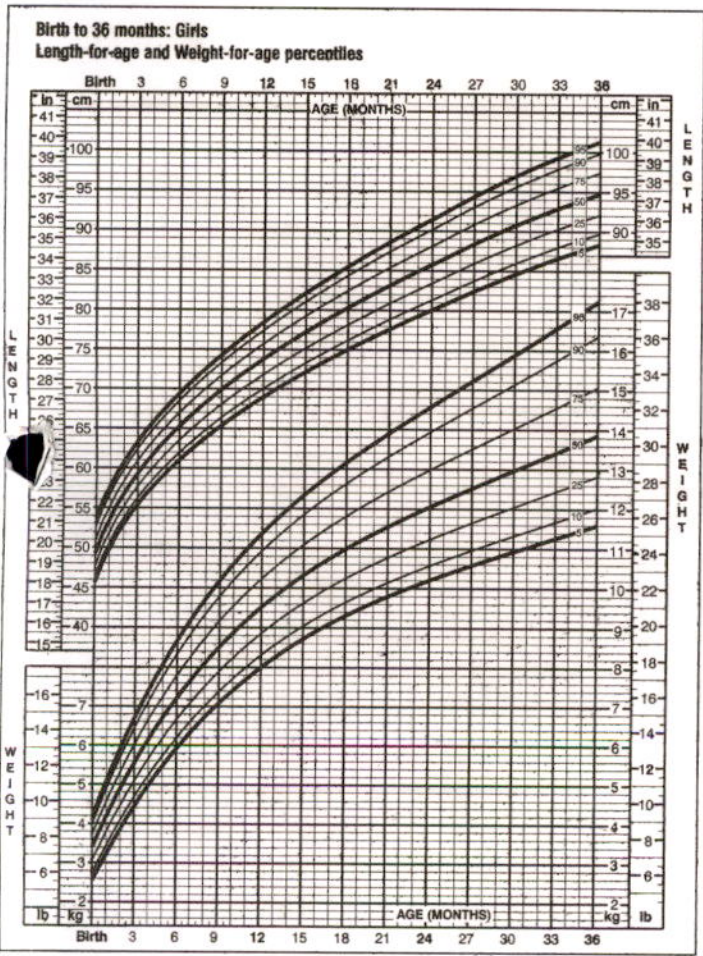
Food Allergies: shellfish, Prons. Veg/Non-veg:

Diagnosis: acute anemia & B12 deficiency

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

105'

Ref. No. F/INPR/12



Patient Name : -

BAH-00316193 IP-00060262
 Baby SAANVI BONGIRI
 18-08-2015 10 Y 11 M 21 D (F)
 Dr. PREETHAM KUMAR

Registration No.:



MEDICATION.
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
9/6.	00.00			
		6AM.		
	1.00	big - Ceftriaxone - 1.8gm.	} Pri	} Sadya
	2.00	big - Pantoprazole - 36mg.		
	3.00	big - Ondansetron - 4mg.		
	4.00	Tab - Domperidone - 5mg.		
	5.00			
		2pm.		
	6.00	big Ondansetron - 4mg.		
	7.00	Tab - Domperidone - 5mg.		
	8.00			
		6pm.		
	9.00	big - Ceftriaxone - 1.8gm.		
	10.00			
		10pm.		
	11.00	big - Ondansetron - 4mg.	} P	} Sadya
	12.00	Tab - Domperidone - 5mg.		
	13.00	powder - 3 scoops		
	14.00	(in 180ml water)		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

105

Patient Name : —

BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 21 D (F)
Dr. PREETHAM KUMAR

Registration No.:



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
8/6/26	00.00	6am		
	1.00	Inj Ceftriaxone 1.8gm (BD)	[Signature]	Bachya
	2.00	Inj Pantoprazole 36mg (OD)		Bachya
	3.00	Inj Ondansetron 4mg (TID)		Bachya
	4.00			
	5.00			
	6.00	8pm		
	7.00	Inj Ondansetron 4mg (TID)	[Signature]	
	8.00			
	9.00			
	10.00	6pm		
	11.00	Inj Ceftriaxone 1.8gm (BD)		
	12.00			
	13.00			
	14.00	10pm		
	15.00	Inj Ondansetron 4mg (TID)	[Signature]	
	16.00	Mucout - 3SCOPS (Bamburda)		
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

105

Ref. No. F/INPR/12

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : _____

BAH-00316193 IP-00060262
Baby SAANVI BONGIRI
18-06-2015 10 Y 11 M 22 D (F)
Dr. PREETHAM KUMAR

Registration No.: - _____



MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
10/6	00.00	6AM		Sadya
	1.00	inj-Ceftriaxone - 1.8gm.		
	2.00	inj-Pantoprazole - 36mg.		
	3.00	Tab-Domperidone - 5mg.		
	4.00	2pm.		
	5.00	Tab-Domperidone - 5mg.		
	6.00	6pm.		
	7.00	inj-Ceftriaxone - 1.8gm.		
	8.00	10pm.		
	9.00	Tab-Domperidone - 5mg.		
	10.00	sucralfate Powder - 3 scoops		
	11.00	(In 180ml water)		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			