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ACTIVITY RECORD

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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

UHID No : ---------- sultant : ---------- Dept : ---- ICU ----

Date of Admission : --- 17/6/26 Time : --- 5:55 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : --- 136 --- Ward : --- 1st floor --- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	7.45 pm	ICU	136	[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Akhila Vemaraju	18/6/26	30917 53	[illegible]
2.	Dr. Krisha Vemaraju	18/6/26	30917 70	[illegible]
3.	Dr. Madhuri K.	18/6/26	30917 86	[illegible]
4.	Dr. Poorna Dhyananandan	19/6/26	30922 83	[illegible]
5.				
6.				
7.	ICU Checked by Geigale			[illegible]
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6/26	Electrolytes	26020068	[illegible]
18/6/26	CSF Analysis	26020732	[illegible]
	RBS	26020742	[illegible]
	CSF Cs	26020772	[illegible]
19/6/26	Sodium	26020825	[illegible]
	Genexpert MTB/RIF	26020853	[illegible]
	Biofire meningitis panel	26020868	[illegible]
20/6/26	CBP, CRP	26020968	[illegible]
	Ultrasonogram	26020[illegible]	[illegible]
	Was checked by Registrar		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/6/26	Infusion pump	17/6/26 @ 7:20	18/6/26 7:00	309/399	6
	Was checked by Engineer				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV placement	(1)	3091/400	(4)
	Lumbar Puncture			
	Conscious sedation	1	30924468	
	was checked by Nirgale			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Nirgale		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name: [illegible]

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	04	–	–	
7	Nurses Progress notes	03	–	–	
8	Consultation Sheets	02			
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
[illegible]	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	04	–	–	
26	Intake and Output chart (fluid Chart)	03	–	–	
[illegible]	Drug Chart (Regular prescription)	04	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Others	18			
	Total No. of Pages	[illegible]			

Signature and Date : Noted by [illegible] 2016 @ 10:[illegible]

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060384 **Admit Date** : 17-Jun-2026 **Admit Time** : 05:55 PM **UHID** : VIH-00205990

Patient Details :

Patient Name	: Baby R IERA	**Age**	: 1 Y 1 M 23 D
Guardian	: Mr R MADHU	**DOB**	: 25-04-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: DUMALA, YELLAREDDYPET, RAJANNA, SIRICILLA DIST Kishandaspet Karimnagar Telangana INDIA 505303	**Phone No**	: 9494458944
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name	: Mr R MADHU	**Relationship**	: D/O
Contact Address	: DUMALA, YELLAREDDYPET, RAJANNA, SIRICILLA DIST Kishandaspet Karimnagar Telangana INDIA 505303	**Phone No**	: 9494458944

Signature

Doctor Details :

Doctor Name	: Dr. PAPPULA SINDHURA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

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CONSENT FOR SPECIAL SEDATION

Patient Name: R IREA Gender: ☐Male ☑Female

UHID No: VIH-00205990 Department: Ped. Neurology Date: 18/6/26.

I R. madhu S/D/W/O varsalaly

Here by give consent for procedure for my patient : R. IREA

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

- Type of Sedation : MIDAZOLAM, KETAMINE
- Possible complications from the procedure of sedation:
  ← ↓BP, ↓HR

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

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

Patient Attendant :

Signature : [signature]

Name : R. Madhu

Relationship with Patient: Father

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Smita

Date & Time : 18/6/26.

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : R. IREA Gender: ☐ Male ☑ Female

UHID No : ..... Department : Ped. Neurology Date : 18/6/26.

I R. Madhu S/D/W/O Narsaiah

Here by give consent for procedure of : LUMBAR TAP. / CSF TAP.

For my patient, Named : R IREA

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

Pain, Infection

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

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

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

Patient Attendant :

Signature : [signature]

Name : R. Madhu

Relationship with Patient: Father

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Shruti.

Date & Time : 18/6/26

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Baby R. Tera Age: 1Y Gender: Male ☑ Female ☐

UHID.No : 205990 Date: 18/06/26

I R. madhu S/o, D/o, W/o, Narsaiah hereby declare that our patient Master/Baby Tera. who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 17/06/26

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

Left MCA stroke
? metabolic to r/o TB meningitis

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

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

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

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

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

Patient Attendant :

Signature: [signature]

Name: R. madhu

Relationship with Patient: Father

Date & Time: 18/06/26 @ 12AM

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature: [signature]

Name: Dr Shruti

Date & Time: 18/6/26 @ 12AM

Docu. No. : RCH /FRM / CLINICAL / 013

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

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

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

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Docu. No. : RCH /FRM / CLINICAL / 013

Patient Name : Baby. R IERA UHID : VIH-00205990 IPD : IP-00060384 Gender : Female Age : 1 Y 1 M 23 D

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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Wt: 8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Iera Age : 1y 1M Gender: ☐ Male ☑ Female

Date : 17/6/26 Time of Arrival : 5:50 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: 98.8°F PR: 150 b/m BP: Crying RR: 26 b/m SpO₂: 99%

Chief Complaints: C/o Unable to move the left leg & Hand x 5 days, Seizures (1 episode) x Today Fever x To day morning

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 5:54 pM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : .....

Date & Time : 17/6/26 @ 5:54 pM

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

Patient Name : Baby. R IERA UHID : VIH-00205990 IPD : IP-00060384 Gender : Female Age : 1 Y 1 M 23 D

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/6/26 Time of arrival : 5:56 PM

Chief Complaints: c/o. unable to move the left leg & Hand, Seizures, Fever RBS: —

Height : — Weight : 8 kg BMI : — Head Circumference (<2 years) 45 cm

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 6:00 PM

Patient Name : Baby. R IERA UHID : VIH-00205990 IPD : IP-00060384 Gender : Female Age : 1 Y 1 M 23 D

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

Time		Nursing Notes
5:50pM	*	patient came to ER
5:55pM	*	vitals checked and Recorded
6:00pM	*	Dr. prashanthi seen the case & advised admission
6:30pm	*	Admission process done
6:50pm	*	IV placement done
	*	collected the Samples & Send to lab
7.45pm	*	patient shifted to the ward (136)

Samples collected by: } Srlaisan Time: } 7pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7pm	Inj - Ns 3% Nacl	IV	40 ml	}	
7pm	Syp- Ibuprofic	PO	4 ml		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 128b/m BP: Crying - CFT: <3sec	Shift - out from ER to: 136
RR: 30b/m SPO$_2$: 100%	Time of Shift - out: 17/6/26 @ 7.45
GCS: 15/15 Temperature : 98.4°F	Handover given to: Sr. Srikanth
Pain Score: 0/	(Nurse's Name) by SL
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Br. Sanjay Signature of the Nurse : Sanjay

Date & Time : 17/6/26 @ 7:45pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205990 IP-00060384 Baby R IERA 25-04-2025 1 Y 1 M 23 D (F) Dr. PAPPULA SINDHURA	17/6/26 @ 5:55 pm	17/6/26 07.45 pm
	Transfer Ordered by	Reason for Transfer
	Dr Shrikar	Admission
From Unit	To Unit	Information to Attendant
22	136	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	—	Yes ☑ No ☐ If yes, what ? OP File given

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sri Kiran	Dr Shrikar

Patient & Clinical Records Received by : Br. Sreekanth

Date & Time of Patient Received : 17/6/26 @ 7:55 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

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: left MCA stroke c motor delay Evaluation ? metabolic

Arrival Time: 7:55pm Mode of Arrival: by mother lap Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No

Body Weight: 8kg Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Nil	No

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 8kg Length: - Head Circumference (< 2 years): 45cm

Temp.: 98.6°F HR: 115 b/m RR: 28 b/m BP: 100/60 (70)

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

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

Risk of Pressure Sore (Braden Q Score 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 Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

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

Social History: Lives With .....family.....

Siblings in household ☐ Yes ☑ No (if yes How Many?) .....0.....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to .....mother.....

Nurse's Name: .....S.Sreekanth..... Date: .....17/6..... Time: .....8:10pm..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00205990 IP-00060384 Baby R IERA 25-04-2025 1 Y 1 M 23 D (F) Dr. PAPPULA SINDHURA _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o decreased movements in the (RT) limbs : 4 days.
c/o 1 episode of seizure like activity - today.
c/o fever : today.

History of present illness :

child was apparently asymptomatic 4 days back
then developed - weakness of (RT) UL & LL -
Consulted outside hospital.
MRI done.
Then c/o 1 episode of seizure like activity
in the form of (RT) deviation of Angle of mouth.
twitching.
& (RT) decreased of (UL).
for 1 sec.
No postictal drowsiness.
NO H/o drooling of saliva & URO-FB.
c/o fever : today
high grade (107°F)

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

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

14/10/26

multiple acute infarcts involving the right frontal & parietal lobes.
Right sided ICA occlusion beyond the cavernous segment with
collateral reformation of the right MCA territory

- Evidence of Periventricular leukomalacia involving the bilateral
fronto parietal regions.
- mild ventricular dilation involving the lateral & third ventricles.

Birth & Neonatal History:

Term baby / Born
CIAB / NONICU Admitted.

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : Unknown

Developmental History :

Global developmental delay → DQ –
— Not able to stand without support.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8-30kg (Centile _____)

On Examination :

Temperature : 98.06 f Pulse Rate : 116b/m B.P. : _____ SPO2 98% on RA

Resp.rate and type of breathing : _____

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Allergies (if any): (−)

Respiratory System :

Inspection (any s/o distress) : (−)

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (−)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (−)

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

Per Abdomen :

Inspection (N)

Palpation : P/A soft

Ausculation : (N)

Spine : (N) External Genitelia : (N)

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

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : (N) 15/15

Cranial Nerves : (N) 7th cn expected
d/
(+) facial palsy (+ve)

Motor System:

Nutriton : (N)
Tone: ↓ tone in (+) side left facial palsy (+).
Co-ordinator :
Posture :
Power (R) (L)
UL, LL } 1-2/5.
Involuntary Movements :

Reflexes :

DTR **Superficials:** +ve

Plantars flexor.

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Left MCA stroke c̄ motor delay + convulsion.
? metabolic.

(P.T.O.)

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, ETR, CXray (s/e) ✓
OP Basis.

✓ LP Tm @ 6Am.
↓
Take 3 samples.

Planned Management

Inj. cefpirome - IV.
- Inj. levipil 80mg - 12 Hrly.
- Inj. 3% NACl stat. → 40ml
- T. Aspirin - OD
- CSF - Tm @ 6Am.
- NPO from - (Am).

noted by Sd/Lilian 4D
12/6/26 @ 7Pm

Signature of the Doctor: .....
Name of the Doctor: Dr. prashanth
Date & Time: .....

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6 5-30pm	Shifting notes	
	→ This is a 1y 1m old female	
	Ased c ? left MCA stroke	
	c motor delay	
	? metabolic ? TBM	
	being shifted for	Lumbar Puncture.
	→ Plan.	
	– csf analysis	
	Blood	
	Stool 2 samples, 1 EDTA.	
	Dr Chandra	

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Baby RIERA
25-04-2025 1 Y 1 M 23 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6 AM	Lumbar Puncture NOTE	
	- Written Informed consent taken	
	- Procedure done under all aseptic precaution	
	- Area cleaned with Betadine & Baetopong	
	- Covered with sterile drape	
	- Needle NO. 22 inserted in L3-L4	
	- Free flow of CSF Obtained	
	- Samples collected	
	- Needle Removed	
	- Dressing Done	
	- Child tolerated procedure well	
	Adv	
		- Allow orally at 9am
		- Vitals monitoring
		- Send CSF Analysis
	Dr Shiva	

VIH-00205990 IP-00060384
Baby RIERA (F)
25-04-2025 1 Y 1 M 24 D
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
18/6/26 9:20 AM	AJTI - Acute onset left hemiparesis with left facial motor weakness c/o - ? TB meningitis	Plan - watch for irritability, encephalopathy
c/o	1 fever spikes No vomiting	- Sip. dexone 1.2mg (6) hourly - T. Diamox (250) ½ --- ½ tab
O/E	Intact - (N) Conscious, irritable Eom - full Tone - R - (N), L - ↓ed Power - R - good AL movements, L - No movement - ++ DTR - R - (N), L - Brisk	- Chest X ray - Physiotherapy - Start AET - T/m gastric AFB for CB NAAT empty stomach early morning 6 AM

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

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 4:45	Ch/By Dr Sindhu	
	- currently child is active	
	Brief focal seizure → diuca e 20mkd (+)	
	Accepting feeds well	
	Adv: - 3% Nacl continue - Trend serum Na+	
	- Trend Collect GA sample	
	- Observe for seizures	GCS - dull / irritable feeds ↓.
		① 3% Nacl smelling bond ② SOS CT → omaya.
	- If fever spikes (+) → meropenem.	Upgrade zone ↑

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 25 D (F)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S/B NEUROLOGY	
	Adrs — Acute onset left hemiparesis with left upper facial palsy with CT/MRI brain venous infarcts with acute hydrocephalus	Adv
	c/o 2 episodes of seizures vomiting focal non motor	- Done CSF CB NAAT
	OPE vitals → (N)	- Done S. Na+ — 162
	conscious, no meningeal signs, pupils — B/L equal, reacting, EOM - full, Face — ↓ fold on LL side	→ TID gastric aspirate genexpert (CBNAAT) ↳ here itself - IV dex → oral - physiotherapy
	Power R L UL >3 2/5 LL >3 1/5 PTR R L +2 +3	→ TID CSF PCR (meningitis panel) - USG abdomen (look for lymph nodes)

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

Plantar - extensor on left side

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 25 D (F)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6 4 PM	HB Neurology	Mon
	No fits since admission	Tonic LIF PCR
	No vomiting No irritability No fits	Tonic gastric aspirate glycerol
7th	Conscious, active Left UMN facial weakness	T/D USG abdomen
	tone - ↑ in left side	Stop 3% NaCl @ 6 pm
	Power — R L UL >3 2 LL >3 1	
	DTR R L +2 +3	
	Plantar - extension on right side	

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

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 25 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
28/6 9 AM	Asst → Acute onset left hemiparesis with left UMN facial weakness with seizures c̄ acute onset hydrocephalus etio – ? TB meningitis c̄ vasculitis	Adv
	C/o No fever No seizures, no vomiting	→ Tone LSF PCR
9/6	conscious, active	→ Inj. Dexa → Inj. Prednisolone
	Left UMN facial weakness	→ ~~VEP~~ ~~EEG~~
	Pom R L UL >3 2 LL >3 2	→ TID VEP → TID physiotherapy
	DTR R L +2 +3	
	plantar - extensor	
		Noted by Manoj 28/6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Left MCA Stroke & mother Evaluation ?, metabolic				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —		
	Surgery / Procedure: —				Post OP Day:		
BACKGROUND	Date / Shift	17/6/26 136 (E)	17/6 E	17/6 Night	18/6 M	18/6 E	18/6 N
	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft Diet		S-diet	S-diet	S-diet	S-diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.8°F	98.7°F	97.8°F	98.3°F	97.1°F	98.6°F
	Res:	26 b/m	27 b/m	32 b/m	28 b/m	27 b/m	26 b/m
	SpO_2:	98%	98%	100%	98%	97%	99%
	Pulse:	150 b/m	120 b/m	115 b/m	118 b/m	115 b/m	112 b/m
	BP:	crying	—	87/50 (61)	98/60 (70)	100/60 (70)	98/48 (53)
	LOC:	Conclous	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Special Diet:	Soft Diet		S-diet	S-diet	S-diet	S-diet
	Critical Lab Test / Values:	—		Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:		—	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Bhu, Sy	Sreekanth	Subham	manasa	manasa	Subham
Signature / ID :		021376	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		17/6/26	17/6	18/6	18/6/26	18/6	19/6
Time:		7.45pm	8pm	8am	2pm	8pm	8am
Taken Over By Name :		Sreekanth	Subham	manasa	manasa	Subham	manasa
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		17/6	17/6	18/6	18/6	18/6	19/6
Time:		7.45pm	8pm	8am	2pm	8pm	8am

VIH-00205990
Baby RIERA
IP-00060384
25-04-2025
1 Y 1 M 24 D
Dr. PAPPULA SINDHURA
(F)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Left MCA Stroke c̄ monitor↓ Evaluation? metabolic				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	19/6 M	19/6/26 E	19/6 N	20/6 M		
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	S. diet	S. diet	S. diet	S. diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F	98.6F	98.1F		
	Res:	28b/m	27b/m	28b/m	26b/m		
	SpO_2:	99%	98%	99%	98%		
	Pulse:	118 b/m	119b/m	116b/m	112b/m		
	BP:	96/61(73)	—	98/42(59)	100/60(70)		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	10	10	10	10		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S. diet	S. diet	S. diet	S. diet		
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil		
Handed Over By Name :		Manasa	Sreekanth	Subham	Manasa		
Signature / ID :		[signature]	607317	8/017444	01959		
Date:		19/6/26	19/6/26	20/6/26	20/6		
Time:		@2pm	@8pm	@8AM	8AM		
Taken Over By Name :		Sreekanth	Subham	Manasa			
Signature / ID :		607317	8/017444	01959			
Date:		19/6/26	19/6/26	20/6			
Time:		@2pm	@8pm	8AM			

noted by
Manasa
20/6
8AM

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

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 17/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... HIC
- ☐ 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	7:30 pm	→ Ensure safety	8 pm	→ side rails kept up	→ Prevent from fall risk	→ patient is stable	[illegible]
Night	9pm	→ maintain Personal hygiene	9pm	→ Provided by hand washing & hand hygiene	→ To Prevent infection	→ Patient is stable	Subhr 18/6 @ 8AM

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 18/6/26

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
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- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00 1:00	maintain aseptic technique Maintain fluid Balance.	9:30 1:30	maintained aseptic technique maintained fluid Balance.	- prevent from Infection - maintain Hydration	- patient is stable - no fresh Complaints	Indu 02pm 18/6/26
Afternoon	4 pm	→ Ensure Safety	4:30 pm	→ Side rails kept up	→ prevent from fall risk	→ patient is stable	[illegible]
Night	8pm	→ Assessed → vital signs	8pm	→ Assed the child condition → vitals are checked & recorded	→ child is active → vitals are normal	→ now child is stable	Sushma

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NURSING CARE RECORD

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am 10AM	→ check the vitals signs → maintain Aseptic Technique		→ checked the vitals signs → maintained Aseptic Technique	→ vitals are normal → To prevent infection	→ patient is stable	Manasa 19/6 @2pm
Afternoon	4pm	→ maintain fluid balance		→ Administered 3% NaCl	→ To prevent dehydration & insults	→ patient is stable	Sreekanth 19/6/26 @8pm
Night	8pm	→ Assessment → vital signs	8pm	→ Assessed the child condition → vitals are checked & recorded	→ child is active → vitals are normal	→ child is active & stable	Sabitha 19/6 @8PM

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Date: 2016

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	10 AM	→ Discharge notes :- doctor came for round and advice for discharge					
Afternoon						noted by Pranavi 2016 P10AM	
Night							

Docu. No: RCH /FRM / CLINICAL / 148

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 17/6	DATE 17/6	DATE 18/6	DATE 18/6	DATE 19/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	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				2	
	Oriented to own ability	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		11	11	11	12	11

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

	Bed in low position	✓	✓	✓	✓	✓
	Call device within reach	✓	X	X	X	X
	Wheels Locked	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	✓	✓	✓
	Wheel chair support	X	X	X	X	X
	Other Intervention(s) Specify	✓	✓	✓	✓	✓
	Nurse's Name:	[illegible]	Sudha	Bindu	[illegible]	Sudha
	Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	17/6	18/6	18/6	18/6	19/6
	Time:	6:40 pm	2AM	9AM	8 AM	12AM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/6	DATE 20/6	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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			
	Total	11	11	11			

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

Bed in low position	✓	✓	✓			
Call device within reach	✓	✓	✓			
Wheels Locked	✓	✓	✓			
Room free of clutter	✓	✓	✓			
Adequate lighting	✓	✓	✓			
Wheel chair support	✓	✓	✓			
Other Intervention(s) Specify						
Nurse's Name:	Sreekala	Sobha	Nowa			
Signature:	Sree					
Date:	19/6/26	20/6	20/6			
Time:	05 pm	2 AM	10 AM			

Noted by
Nawaz
20/6
10 AM

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

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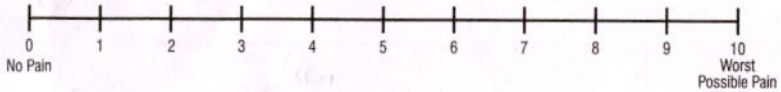
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6/26	6pm	0	LL2	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/6/26	12AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
18/6	6AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bindu
18/6	12pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bindu
18/6	4pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/6	12AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sabhan
19/6	9AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/6/26	5pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Sree
20/6	2AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Sabh
20/6	9AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 17/6			18th DAY-2			19/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		–	–	–	–	–	–	–	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		–	–	–	–	–	–	–	–	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL /137

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BRADEN 'Q' SCALE

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				Date : 17/6	18/6	18/6	19/6
				Time : 6 PM	12 PM	6 AM	12 PM
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	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	2	2
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	29	21	21
				Evaluator's Name	[illegible]	K	[illegible]	[illegible]

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

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

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

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WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date: 17/6 Time: 8pm	Date: 18/6 Time: 8AM	Date: 19/6 Time: 8PM	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0	0	0			
	Signature of the Nurse		[signature]	[signature]	[signature]			

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby R IERA**	**Age :**	**1 Y 1 M 23 D**
IP No:	**IP-00060384**	**Sex:**	**Female**
Consultant:	**Dr. PAPPULA SINDHURA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned ' o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill arance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Madhu.

Relationship: Father

Date: 17/6/26 Time: 5.55 pm.

Wittness Name:

Wittness Signature:

Patient Address:
DUMALA, YELLAREDDYPET, RAJANNA, SIRICILLA DIST Kishandaspet
Karimnagar Telangana INDIA 505303

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 25 D (F)
Dr. PAPPULA SINDHURA

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

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

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Your Right to a Safe Delivery

CONSULTATION FORM

Doctor Name : Poorna (PT)

Date : 19/6/26 Hour : 4:30 pm

Hospital : RCH, VKP

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

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

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

Physiotherapy. Signature: M.D.

Report of Findings and Recommendations :

S/B physiotherapist

- Acute onset of (LT) hemiparesis
c
(LT) facial palsy.
↓ tone in (L) UL & LL

Rx:-

- PROM Ex's
- pelvic bridging
- Abdominal strengthening.
- facial exercises.

Consultant :

Name : ..... Signature : ..... Date & Time : 18/6/26. 4:30 pm

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

CONSULTATION FORM

Rainbow® Children's Hospital
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Doctor Name : Akhila Vennangi

Date : 18-6-26 Hour : 2pm

Hospital : Rell-

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

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

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

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

Physiotherapy

Signature: M.D.

Report of Findings and Recommendations :

S/B physiotherapist

Acute onset (L) hemiparesis
↑ tone (+) in (L) UL
- deviation of mouth (+)
- mother complains that pt not holds the head to a side

Exercise protocol:
- stretches
- PROM ex's for (L) UL side
- facial ex's

Consultant :

Name : Akhila Vennangi Signature : Akhila Date & Time : 18-6-26 2pm

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

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CONSULTATION FORM

Doctor Name : .....

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

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

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

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

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

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

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

Signature: M.D.

Report of Findings and Recommendations :

S/B Dr. K. Madhuri
(Ophthalmologist)

Case of ? TB Meningitis
(R) MCA stroke.

pt c/o unable to close the (R) Eye Completely.

(BE) Ant^r Seg WNL
pupil drug mydriasis
(LE) Cornea clear
mild lagophthalmos.
(BE) fundus WNL

Consultant :
Name : Dr. K. Madhuri Signature : Madhuri Date & Time : 18/6/26. 10:00 pm

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

Adv

(LE) . Genteal gel eye oint

twice daily.

CONSULTATION FORM

Rainbow® Children's Hospital
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Doctor Name : .....

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

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

Hospital .....

.....

Referred ... gement

☐ Transfer of care

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

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

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

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

NEUROSURGERY

Signature: M.D.

Report of Findings and Recommendations :

S/b Dr. Sripaitha Y (NeuroSx Team)

n/o Sudden onset (L) UL & LL weakness since 5 days

n/o Fever x 1 day

n/o Seizures x 1 day - 3 episodes

O/E Active, Alert, Some irritability (+) acc. to parents

Febrile

(L) UL - 2/5 LL - 1/5

Good antigravity movement in (R) UL & LL

WBC : 20200

CRP : 28

CSF Protein : 148

GRBS #4 Sugar 14

Cell : 56

N70L30

MRI (Films available)

o/o Basal exudates ± cutoff of (R) Supraclinoid ICA ± Aqueductal web ± ?Partial occlusion and Ventriculomegaly with periventricular ooze

P.T.O

Consultant :

Name : Dr. Sripaitha Signature : ..... Date & Time : 4:30 pm

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

Plan

- Monitor GCS, Vitals
- If in case of any deterioration in GCS/Raised ICP

↓

Ommaya Reservoir Placement ⊥ GA

SOS

- Collect CBNAAT/CSF cultures
- Family explained regarding current illness, line of management, indications and need for emergent ommaya reservoir placement, risk of persistent hydrocephalus and need for CSF diversion (VP Shunt) and other possible complications.
- Review SOS

SLIPARTHA

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Patient S

CAL / 125

PRESCHOOL (1-5 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 : 17/6/26 Time:	9	11	1:50	3	5	8
Doctor / Nurse / Family Concern?	PM	PM	AM	AM	AM	AM
Temperature (°F)	97.8°F	98.6°F	100.5°F (Inj - Paracetamol)	98.2°F	98.6°F	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	115	128	130	121	132	126
Resp. Rate (bpm) (per 1 Minute) *						
Resp Rate (Number)	35	29	34		30	29
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2 (l/min) / O_2 Saturations (%)	97	100	98	100	100	96
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	1
Pain Score	0	0	0	0	0	0
Observer's Initials	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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

VIH-00205990 IP-00060384
Baby R I ERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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 : 18/6/26 Time:	9	11	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM
Temperature (F)	98.6F	98.6F	98.6F	98.2F	97.6F	97.6F	98.6F	97.5F	98.6F	97.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *	120	118	115	120	122	120	131	142	135	129
Heart Rate (Number)	120	118	115	120	122	120	131	142	135	129
Resp. Rate (bpm) (Over 1 Minute) *	27	26	26	27	26	27		32	31	28
Resp Rate (Number)	27	26	26	27	26	27		32	31	28
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2 (l/min)										
O_2 Saturations (%)	98	98	98	98	98	98	97	99	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SK	SK	SK	SK

Temperature (F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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.

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/6 Time:	9	11	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	AM	PM	PM	PM	AM	AM	AM	AM
Temperature (°F)	98.2°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	97.8°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	112	117	121	119	121	126	118	114	122	120
Resp. Rate (bpm) (Over 1 Minute) *	27	26	22	26	24	25	30	26		32
Resp Distress (Mod/ Severe / None / Mild)										
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	98	99	98	99	99	100	96	95
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MA	MA	MA	S	S	S	SK	SK	SK	SK

ACTIONS

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

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Sticker
Baby. Tara

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9
Doctor / Nurse / Family Concern?	AN

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

98.6 °F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

0

100/(70)/60

Heart Rate (Number)	120

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number)	27
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	AVE

noted by
January 2016

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

17/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
17/6	08:00 pm											
	09:00 pm		DBF									
	10:00 pm											Subha 17/6 @1AM
	11:00 pm		DBF							✓		
	12:00 am											
	01:30 am		milk	DNS								
Total Intake :						Total Output :						
18/6	02:00 am		NPO	20ml								
	03:00 am			20ml						✓		
	04:00 am		NPO	20ml								Subha 18/6 @7AM
	05:00 am			20ml								
	06:00 am		NPO	20ml						✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	100ml	Total 24 hrs. Output	3 times

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

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FLUID CHART

Sheet No. : (2)

18/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
18/6	08:00 am			20ml						✓	1	Sridevi 12pm 18/6/26
	09:00 am		DBM	20ml								
	10:00 am		×								0	
	11:00 am										1	
	12:00 pm		DBM							✓		
	01:00 pm											
Total Intake : 40ml						Total Output :						
18/6	02:00 pm										1	Manasa 18/6 @7pm
	03:00 pm		Kichidi paste									
	04:00 pm									✓		
	05:00 pm			3% NS							0	
	06:00 pm		DBM	8ml							1	
	07:00 pm			8ml						✓		
Total Intake : 16ml						Total Output :						
	08:00 pm										1	Subhem 19/6 @8am
	09:00 pm		DBF	8ml								
	10:00 pm			8ml						✓	0	
	11:00 pm		DBF	8ml							1	
	12:00 am			8ml								
	01:00 am		DBF	8ml						✓		
Total Intake : 40ml						Total Output :						
19/6	02:00 am			8ml							1	
	03:00 am		DBF	8ml								
	04:00 am			8ml							0	
	05:00 am		DBF	8ml						✓		
	06:00 am			8ml							1	
	07:00 am											
Total Intake : 40ml						Total Output :						

Total 24 hrs. Intake	DHS 40ml 3% NS 96 ml

Total 24 hrs. Output	7 times

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

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FLUID CHART

Sheet No. : 3

19/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route: Mouth	Route: ~~I.V~~ IV 5%	Route: N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/6												
	08:00 am		Ddly + water	8ml						✓	0	Manasa 19/6 @ 8PM
	09:00 am			8ml								
	10:00 am			8ml								
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake : 24ml				3/08		Total Output :						
	02:00 pm			4ml								
	03:00 pm		Bbly Tmilk	4ml						✓	0	Seetalah 19/6/26 @ 8pm
	04:00 pm			4ml								
	05:00 pm			4ml								
	06:00 pm			4ml						✓		
	07:00 pm											
Total Intake : 20ml						Total Output :						
	08:00 pm										0	
	09:00 pm		Khichdi water									
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am		DBF									
Total Intake :						Total Output :						
20/6/26	02:00 am										0	Subha 20/6 @ 8Am
	03:00 am		DBF									
	04:00 am											
	05:00 am		DBF									
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	44 ml	Total 24 hrs. Output	6 times

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

Patient Sticker

Baby. Deva

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2016	08:00 am		Dly									
	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**	

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

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Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: .....Nil..... ☐ Not known any Drug Allergies

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

Shifting From: .....ICU..... Shifted to: .....13b.....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Shrikar

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

Nurse Name & Signature: Srilekha

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

Docu. No. : RCH /FRM / GENERAL / 090

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Baby RIERA
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : ~~Tab DF~~

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾													

DRUG : Inj - DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
1.2mg	iv	6 hrly	18/6

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

Additional Instructions: (0.15mg/kg/dose)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	18/6	19/6	20/6										
3 AM													
9 AM	Baby												
3 pm													
9 pm													

DRUG : T. DIAMOX (250)

Dose	Route	Frequency	Start Dt.
1/4 tab	PO	12 hrly	18/6

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

Additional Instructions: Tab ALETAZOLAMIDE (15 mg/kg/day)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	18/6	19/6	20/6										
10 AM	Baby												
10 pm													

DRUG : Tab MALOX Plus kid

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	once daily	18/6

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

Additional Instructions: dilute in 5ml give 2.5ml (empty stomach early morning)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	18/6	19/6	20/6										
6 AM													

Signature Verified

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

VIH-00205990 IP-00060384
Baby RIERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward .....

DRUG : Tab. MALOX-ZH

Dose	Route	Frequency	Start Dt.
½ tab	PO	once daily	18/6

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

Additional Instructions: dilute in 10ml give 5ml (early morning empty stomach)

Daily Doctor's Endorsement by a Sign

Date/Time	18/6	19/6	20/6
6 AM	5 AM EOW Gayle		

DRUG : Tab COMBUTOL

Dose	Route	Frequency	Start Dt.
1 tab	PO	once daily	18/6

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

Additional Instructions: 1 tab = 200mg (early morning empty stomach)

Daily Doctor's Endorsement by a Sign

Date/Time	18/6	19/6	20/6
6 AM	12 pm Bijya		

DRUG : Tab BENADON

Dose	Route	Frequency	Start Dt.
1 tab	PO	once daily	18/6

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

Additional Instructions: 1 tab = 40mg

Daily Doctor's Endorsement by a Sign

Date/Time	18/6	19/6
12 pm	Bijya EOW	

DRUG : GENTEAL GEL EYE OINTMENT

Dose	Route	Frequency	Start Dt.
	L/A	12th hourly	18/6

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

Additional Instructions: local application over left eye.

Daily Doctor's Endorsement by a Sign

Date/Time	
10 am	S T
10 pm	O P

Abs per doctor order Fmc 18/6/26 at 11:15

Dr Pappula

Dr Pappula

Dr Pappula

VERIFIED BY

VIH-00205990
Baby R IERA
IP-00060384
25-04-2025
1 Y 1 M 24 D
Dr. PAPPULA SINDHURA
(F)

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Inj. LEVEPIL

Dose	Route	Frequency	Start Dt.
1 ml	PO	(12) hrly	19/6

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

Additional Instructions: (10mg/kg/dose) (1ml = 100mg)

Date/Time	19/6	20/6
6 AM	✓	
6 pm		

Daily Doctor's Endorsement by a Sign

DRUG : LACRYL PF

Dose	Route	Frequency	Start Dt.
	B/E	12 hourly	19/6/2026

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

Additional Instructions:

Date/Time	19/6
6 AM	✓
10 pm	

Daily Doctor's Endorsement by a Sign

DRUG : Inj. omnacortil forte

Dose	Route	Frequency	Start Dt.
2.5ml	PO	(12) hrly	19/6

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

Additional Instructions: (5ml = 15mg) (2mg/kg/day)

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

As per doctor order 19/6/26 at 11:30 hrs

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

(P.T.O.)

VIH-00205990
Baby R IERA
25-04-2025
Dr. PAPPULA SINDHURA
IP-00060384
1 Y 1 M 23 D (F)

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DRUG CHART

Date of Admission: 17/6/26 Drug Allergies: — ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SUP. PARACETAMOL

Dose	Route	Frequency	Start Date
2.5ml	P/O	4-6hrly	17/6/26

Doctor's Signature: R | Valid Period: | Pharm.: D Bolles

Additional Instructions: 5ml/2kgm. 10-15mg/kg/dose

Date/Time

Signature: Chitra 17/6/26

DRUG : SUP. IBUPROFEN

Dose	Route	Frequency	Start Date
2.5ml	P/O	8hrly	17/6/26

Doctor's Signature: R | Valid Period: | Pharm.: D Bolles

Additional Instructions: 5ml/100mg. 10mg/kg/dose

Date/Time

Signature: Chitra 17/6/26

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date/Time

VERIFIED BY: Name .....

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 24 D (F)
Dr. PAPPULA SINDHURA

I.V. FLUIDS CHART

Weight. 8.3 kg Ward. .....

		Composition of I.V. Fluid (Mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	1:30 Am	DNS (2/3 20 m)	IV	20	[illegible]	[illegible] [illegible]	18/6	[illegible]	[illegible] [illegible]
18/6	6PM	3% Nacl	iv	8	[illegible]	[illegible] [illegible]	19/6	[illegible]	[illegible] [illegible]
19/6	1:50PM	3% Nacl	iv	4	[illegible]	[illegible] [illegible]	19/6 6 PM	[illegible]	[illegible] [illegible]

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

VIH-00205990 IP-00060384
Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	7:00 pm	Inj. 3% NACl.	40ml.	IV		Kiran Hema.
17/6/26	7:00pm	Sup Ibuprofen	4ml	PR		Kiran Hema.
18/6/26	6 AM	INJ KETAMINE	10mg	IV		
18/6/26	6 AM	INJ MIDAZOLAM	0-8mg	IV		
18/6/26	1:50AM	INJ. PARACETAMOL	120mg	IV		Priya Sadyu
18/6/26	1:40pm	Inj. 3% NACl	40ml	IV		
18/6/26	8:00pm	TROPICAMIDE EYEDROPS	1drop each eye ↓ 10min ↓ 1drop each eye 10min ↓ 1drop each eye	Per eye		

Chik 17/6/26

18/6/26 at 9pm

Page: 3/4 (P.T.O)

Baby R IERA
25-04-2025 1 Y 1 M 23 D (F)
Dr. PAPPULA SINDHURA

REGULAR PRESCRIPTIONS

Weight. 8-30kgs. Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
400mg	IV	12hrly	17/6/26

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

Additional Instructions: 25-50mg/kg/dose

AFTER TEST DOSE

Date / Time	17/6	18/6	19/6	20/6
6 Am				
6 pm				

Daily Doctor's Endorsement by a Sign

DRUG : Inj. LEVITARACETAM

Dose	Route	Frequency	Start Date
80mg	IV	12hrly	17/6/26

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

Additional Instructions: 10-30mg/kg/dose

Date / Time	17/6	18/6	19/6
6 Am			
6 pm			

Daily Doctor's Endorsement by a Sign

DRUG : Tab. ASPIRIN.

Dose	Route	Frequency	Start Date
1/3rd tab	P/O	ONCE DAILY	17/6/26

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

Additional Instructions: 1 tab = 75mg.

Date / Time

Daily Doctor's Endorsement by a Sign

DRUG : Tab. ASPIRIN.

Dose	Route	Frequency	Start Date
1/2 tab	P/O	ONCE DAILY	17/6/26

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

Additional Instructions: 1 tab = 75mg.

Date / Time	17/6	18/6	19/6
6 pm			

Daily Doctor's Endorsement by a Sign

As per doctor advice 17/6/26