

<b>Name</b>	Baby B/O PRAGNYA TUNIKI	<b>UHID</b>	VIH-00206050
<b>Father/Guardian</b>	Mr DINESH	<b>Age/Gender</b>	0 Y 0 M 8 D/Male
<b>Address</b>	42A,GODAVARI GARDENS, Jai Jawahar Nagar, Hyderabad, Telangana, INDIA, 500087		
<b>IP No</b>	IP-00060501	<b>Admission Date</b>	27-06-2026
<b>Ref Doctor</b>	DR.BHAVANA K	<b>Discharge Date</b>	28-06-2026

## **DISCHARGE SUMMARY**

### **Consultant: Dr. JARJAPU KIREETI**

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

### **Diagnosis: Neonatal Hyperbilirubinemia**

**History:** Baby of PRAGNYA TUNIKI is a 9 D old baby boy delivered by NVD on 19.06.2026 at 04:09 am. Birth weight was 2.414 kgs. Baby cried immediately after birth. On day-8 of life, baby was found to have yellowish discolouration of skin and eyes. For the above complaints, he was investigated on OPD basis. In view of jaundice, he was admitted to Rainbow Children's Hospital for further management.

**OPD basis investigations:** Serum bilirubin done on 27.06.2026 was 14.7 mg/dl with direct fraction of 0.2 mg/dl and indirect fraction of 14.5 mg/dl.

**Examination:** He was euthermic, euvolemic & maintaining saturations at room air. HR- 130/min and RR- 35/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Name	Baby B/O PRAGNYA TUNIKI	UHID	VIH-00206050
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Weight on Admission : 2.48 kgs.  
Weight on Discharge : 2.48 kgs.  
Mother blood group : "B" Positive  
Baby blood group : "O" Positive

**Investigations:** Enclosed.

**Management:** He was admitted in ward. He was started on double surface phototherapy. Baby was continued on demand breastfeed.

His serum bilirubin gradually decreased and repeat bilirubin at the time of discharge is 6.3 mg/dl with indirect fraction of 6.2 mg/dl, which does not come under phototherapy range, hence phototherapy was stopped. He is being discharged with the following advice.

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

**Advice:**

1. Warmth care.
2. Exclusive breast feeding.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5ml once daily till 1 year of age.
6. Kindly consult Dr. Jarjapu Kireeti, Consultant Pediatrician & Neonatologist, on 02.07.2026 (Thursday) in OPD with prior appointment (This consultation will be charged) Timings:12pm-2pm & 6pm-8pm.

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

Name	Baby B/O PRAGNYA TUNIKI	UHID
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In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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

Name : G. DINESH

Signature : G. Dinesh

Relationship with patient : FATHER

This summary has been explained by :

Summary prepared by : Dr. Sharina Parveen  
DEO : MD Younus Pasha

Dr. Jarjapu Kireeti

**Dr. JARJAPU KIREETI**

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

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

Rainbow Children's Hospital - Secunderabad

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



INSURANCE COPY



PatientName : Baby B/O PRAGNYA TUNIKI  
Age/Gender : 0 Y 0 M 9 D/ Male  
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060501  
Admit Date : 27-06-2026  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)</b>			<b>TEST RESULT STATUS : REPORT AUTHORISED</b>
			Order Date :28-06-2026 12:12
TOTAL BILIRUBIN (Azobilirubin)	6.3	mg/dl	<10.5
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	6.2	mg/dl	0.6 - 10

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

**ACTIVI** VIH-00206050 IP-00060501  
Baby B/O PRAGNYA TUNIKI  
19-06-2026 0 Y 0 M 8 D (M)  
Dr. JARJAPU KIREETI

**NG**

Name: --  -----

UHID No. ----- IF NO. ----- Consultant : ----- Dept : -----

Date of Admission : 27/06/26 Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : 208 Ward : 2nd floor Suggested Billable bed type : -----

**WARD TRANSFERS**


Date	Time	From	To	Signature of Nurse
<u>27/06/26</u>	<u>3.20 PM</u>	<u>E.R.</u>	<u>208</u>	<u>[Signature]</u>

**Cross Consultation Visit**

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



# MEDICAL EQUIPMENT ( WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
			28/6/26		
27/6/26	<u>Dsp1</u>		2130pm	3095281	
	Time :- 4pm				
	Date :- 27/6/26				
	Sig :- Pharmacy				



# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VHM-00206050 IP-00060501  
 Baby B/O PRAGNYA TUNIKI  
 19-06-2026 0 Y 0 M 5 D (M)  
 Dr. JARJAPU KIREETI



Patient Name :

IP.No: 60501

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	23	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	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	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	2	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Medical Reconciliation	1	✓	✓	
	Pain Assessment	1	✓	✓	
	Braden's	1	✓	✓	
	Stumpy stump	1	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Others	6	✓	✓	
	Total No. of Pages	29			

Signature and Date : *Shankar* 28/6/26 @san

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060501

Admit Date : 27-Jun-2026

Admit Time : 02:45 PM UHID : VIH-00206050

Patient Details :

Patient Name : Baby B/O PRAGNYA TUNIKI

Age : 0 Y 0 M 8 D

Guardian : Mr DINESH

DOB : 19-06-2026 04:07 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 42A,GODAVARI GARDENS Jai Jawahar Nagar  
Hyderabad Telangana INDIA 500087

Phone No : 7993468750/ 9866243215

E-mail : thuniki.pragna@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr DINESH

Relationship : Father

Contact Address : 42A,GODAVARI GARDENS Jai Jawahar Nagar  
Hyderabad Telangana INDIA 500087

Phone No : 7993468750

G. Dinesh  
Signature

Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR.BHAVANA K

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.07

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD

Patient Name : B/O. PRAGNYA TUNIKI UHID : VIH-00206050 IPD : :IP-00060501 Gender : Male Age : 0 Y 0 M 8 D

VIH-00206050 IP-00060501  
 Baby B/O PRAGNYA TUNIKI  
 19-06-2026 0 Y 0 M 8 D (M)  
 Dr. JARJAPU KIREETI



wt - 2.4kg

**EMERGENCY ROOM TRIAGE FORM**

Patient's Name : B/o Pragnya Age : 8 days Gender:  Male  Female  
 Date : 27/6/26 Time of Arrival : 2:37pm

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: 98.3 F, PR: 133b/m BP: Coing RR: 35b/m SpO<sub>2</sub>: 96%

Chief Complaints: Yellowish discoloration of skin & eyes

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

**NOTE :** All immunocompromised children and preterm babies to be considered Level 2.  
 All Children less than 2 years age with high fever to be considered Level 3.  
 \* CTAS - Canadian Triage and Acuity Scale  
 Signature of Parent / Guardian: G. Dinesh  
 Triage Completion Time : 2:40pm

**Communicable Disease Triage Screening**

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sri. Shena Signature of Triage Nurse : [Signature]  
 Date & Time : 27/6/26 @ 2:40pm

Patient Name : B/O. PRAGNYA TUNIKI UHID : VIH-00206050 IPD : :IP-00060501 Gender : Male Age : 0 Y 0 M 8 D

VIH-00206050 IP-00060501  
 Baby B/O PRAGNYA TUNIKI  
 19-06-2026 0 Y 0 M 8 D (M)  
 Dr. JARJAPU KIREETI



**INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 27/6/26 Time of arrival : 2:42pm  
 Chief Complaints: Yellowish discoloration of skin & eyes RBS: -  
 Height : - Weight : 2.48kg BMI : - Head Circumference (<2 years) : -  
 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 -

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years          tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years          Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>• Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Weak <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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Psychological Screening:  No Significant Findings  
 Unusual concerns about patient's Psychological Status:  Yes  No  
 If Yes Consultant Notified: - (Date/Time): -  
 Social History: Lives With Family  
 Siblings in household  Yes  No (if yes How Many?) 1  
 Time of Initial assessment completed by ER Nurse : 2:45pm

Patient Name : B/O. PRAGNYA TUNIKI UHID : VIH-00206050 IPD : :IP-00060501 Gender : Male Age : 0 Y 0 M 8 D

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

Time	Nursing Notes
2:37pm	* pt Came to ER from Dr. Kireeth OPD
2:38pm	* vitals checked and Recorded
2:40pm	* ER Doctor seen the pt & advised admission
2:45pm	* Admission Done
	* SBR Done in OPD Basis - 14.7mg/d2
3:30pm	* pt shifted to ward (208)

Samples collected by: —

Time: —

Samples sent by : —

Time: —


**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 130b/m	Shift - out from ER to: 208
BP: Caring	Time of Shift - out: 27/6/26 @ 3:30pm
CFT: 13sec	Handover given to: Dr. padma
RR: 30b/m	(Nurse's Name) B.W. Sanyal
SPO <sub>2</sub> : 99%	
GCS: Alert	
Temperature: 98.2°F	
Pain Score: 0	
Repeat RBS (if applicable): —	


Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): —

Name of the Nurse : B.S. Sanyal Signature of the Nurse : 

Date & Time : 27/6/26 @ 3:30pm

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00206050 IP-00060501 Baby B/O PRAGNYA TUNIKI 19-06-2026 0 Y 0 M 8 D (M) Dr. JARJAPU KIREETI 		Date & Time of Admission  27/06/26 @ 2:45 PM	Date & Time of Transfer Order  27/06/26 @ 3:30 PM
		Transfer Ordered by  Mr. Ganesh	Reason for Transfer  Admission
From Unit  ER	To Unit  208	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  91	Number of Imaging Films  1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? O.P file given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Dr. Rajalaxmi		Name of Person Ordered Transfer  Mr. Ganesh	
Patient & Clinical Records Received by :  Padma			
Date & Time of Patient Received :  27/6/26 @ 3:30 pm			

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

- Unavailable Bed       Nurse not Available       Available Bed not ready



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

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

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

H-00206050 IP-00060501  
by B/O PRAGNYA TUNIKI  
-06-2026 0 Y 0 M 8 D (M)  
: JARJAPU KIREETI

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



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

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



### Pediatric Multiorgan History & Physical Examination

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

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

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

Yellowish Discoloration of S/s

#### History of present illness :

Case PT / 34 + 2 wks / AGR

B.Wt 2.4 / 4 kg

M.BG - B +ve

B.BG - 0 +ve

G2 P/L 1

SBR - (4.7 mg/dl)

H-00206050 IP-00060501  
Baby B/O PRAGNYA TUNIKI  
06-2026 0 Y 0 M 8 D (M)  
r. JARJAPU KIREETI

Patient Sticker



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

Delivered / VVD / C/S / 2.4.14.17

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : \_\_\_\_\_

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**Developmental History :**

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**Immunization History :**

Born Vaccines taken

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### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_)

Weight (kgs) 2.98 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.3 F Pulse Rate 133/min B.P. \_\_\_\_\_ SPO2 98%

Resp.rate and type of breathing : 35/min

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BLUBB

Any addes sounds : \_\_\_\_\_

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

**Cardiovascular System :**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S1S2

Any murmur : \_\_\_\_\_

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

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

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

**Planned Labs:**

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

**Planned Management**

\_\_\_\_\_ - DBF flb bursy  
\_\_\_\_\_  
\_\_\_\_\_ - DSP7  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of the Consultant: J. Kireeti  
Name of the Consultant: KIREETI  
Date & Time: \_\_\_\_\_



①

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<p><u>27/6/26</u>  <u>15:30</u></p>	<p><u>CLB Resident</u>  <u>neonatal hyperbilirubinemia</u></p>	
	<p>Day of life 8                  M.BG - BAVE                  B.BG - OAVE</p>	<p><u>Plan</u></p>
	<p>SBR - 14.7mg/dl</p>	<p>- DSPT</p>
	<p>OIE C/T/A good</p>	<p>- DBF job busy 2nd day</p>
	<p>CR7 C/S ac</p>	<p>- Warm care</p>
	<p>Feet ⊕</p>	
	<p>CO1 S1 S2 ⊕</p>	
	<p>R B/LA ⊕</p>	
	<p>PA S/C</p>	
	<p><del>noted by                  Abanishree                  28/6/26                  @ 8 am</del></p>	<p>④                  Ashwin</p>





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>28/6/26                      8 AM</p>	<p>S/B Resident</p>	
	<p>NON HB.</p>	<p>DOL-9</p>
	<p>M: B+ve                      B: 0+ve</p>	<p>Baby warm                      c/T/A good                      CRT &lt; 3sec                      Cur-h<sub>2</sub> (P)                      e/s TRAE (P)</p>
	<p>TW: 2.48kg</p>	<p>PA-soft</p>
		<p>1) CONTINUE DIRT                      2) SBR - 12pm today                      3) DRF Hby Burping 2nd hry</p>
<p>Dr. V. K. Kireeti</p>		<p>→ planck today if SBR                      → follow up on 2/7/26 (Thursday)</p>
		<p>J. Kireeti                      Kireeti                      28/6/26</p>
		<p>Noted by                      Sony                      28/6/26                      @ 12 AM</p>





## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <b>NNHB</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure: _____	Post OP Day: _____				
<b>BACKGROUND</b>	Date	<b>27/6</b> <i>20/26</i>	<b>27/6</b> <i>E</i>	<b>27/6</b> <i>N</i>	<b>28/6/26</b> <i>M</i>	
	Shift					
	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil	
Diet:	<i>Feeding</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	<i>DBF+FF</i>		
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.3 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>
		Res:	<i>35 blm</i>	<i>40 blm</i>	<i>50 blm</i>	<i>42 blm</i>
		SpO <sub>2</sub> :	<i>96%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>
		Pulse:	<i>133 blm</i>	<i>150 blm</i>	<i>150 blm</i>	<i>151 blm</i>
		BP:	<i>crfing</i>	—	—	—
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
		Fall Risk Score:	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
	Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	—	Nil	Nil	Nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>Feeding</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	
	Critical Lab Test / Values:	—	Nil	Nil	Nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders: _____						
Handed Over By Name :		<i>Bw. Sd</i>	<i>padma</i>	<i>Akanksha</i>	<i>Sony</i>	
Signature / ID :		<i>021371</i>	<i>606329</i>	<i>606607</i>	<i>9050143</i>	
Date:		<i>27/6/26</i>	<i>27/6/26</i>	<i>28/6/26</i>	<i>28/6/26</i>	
Time:		<i>3:30 pm</i>	<i>@ 8 pm</i>	<i>@ 8 am</i>	<i>@ 2 pm</i>	
Taken Over By Name :		<i>padma</i>	<i>Akanksha</i>	<i>Sony</i>	<i>Noted by Sony 28/6/26 @ 12 pm</i>	
Signature / ID :		<i>606329</i>	<i>606607</i>	<i>9050143</i>		
Date:		<i>27/6/26</i>	<i>27/6/26</i>	<i>28/6/26</i>		
Time:		<i>@ 4 pm</i>	<i>@ 8 pm</i>	<i>@ 8 am</i>		

## NURSING SHIFT HAND OVER FORM

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



# NURSING CARE RECORD

Date: 27/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritional status.	* prevent to the dehydration.	* Re - assessment Done - Every 2nd hourly feeding	Poolma 27/6/26 @ 8pm
Night	8pm 6am	Assess the baby condition - Give feeds q2h.	8pm 6am	Assess the baby condition - Given feeds q2h.	Baby is stable and active	Baby is Haemodynamically stable.	Jhansi 28/6/26 @ 6am

VIH-00206050 IP-00080501  
 Baby B/O PRAGNYA TUNIKI (M)  
 18-08-2026 0 Y 0 M 8 D  
 Dr. JARJAPU KIREETI

# NURSING CARE RECORD



Date: 28/6/21

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	9am	* Maintain fluid balance	10am	* Give 2nd hourly feeding & Burping is given	* prevent dehydration	* Baby is safe & Active	Sony 28/6/21 @12pm
Afternoon			*	Discharge note:- Doctor come for rounds Patient is	for rounds safe to,		Sony 28/6/21 @1pm
Night				Advice	the discharge.		

## GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O PRAGNYA TUNIKI Age : 0 Y 0 M 8 D  
IP No: IP-00060501 Sex: Male  
Consultant: Dr. JARJAPU KIREETI Ward/Bed No: N 0 GF-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(receivers Signature:.....)

*G Dinesh*

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:

*G Dinesh*

Name: Patient Address:  
Relationship: 42A,GODAVARI GARDENS Jai Jawahar  
Date: Time: Nagar Hyderabad Telangana INDIA  
500087  
Witness Name:  
Witness Signature:



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



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

Date: 27/6	Time:					
Doctor/Nurse/Family Concern?		4 pm	8 pm	11 pm	2 am	4 am
Temperature (°F)	94-104	98.6	98.5	98.0	98.0	97.5
Heart Rate (bpm)	50-190	150	146	143	141	135
Blood Pressure (mmHg) *	50-130					
Resp. Rate (bpm) (Over 1 Minute) *	10-70	40	36	41	45	44
Resp Distress	None / Mild / Mod / Severe					
Receiving O <sub>2</sub> (l/min) / O <sub>2</sub> Saturations (%)		09	08	09	09	09
Conscious Level	Normal / Altered	C	C	C	C	C
GCS *		16	15			
<b>TOTAL SCORE</b>					0	0
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		P	P	P	P	P
<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse Score 2 : Shift in charge nurse to be informed and continue hourly observations Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed					
NB: Scores 3 should be recorded overleaf						

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



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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



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



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

Date: ..... Time: 10

Doctor/Nurse/Family Concern? AM

Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	<u>98.2</u>
	97	
	96	
	95	
	94	

Heart Rate (bpm)	190	
	180	
and	170	
	160	
Blood Pressure (mmHg) *	150	
	140	<u>140</u>
Note: BP does not score in early warning scoring	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	

Heart Rate (Number) 141

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	<u>40</u>
	30	
	20	
	10	

Resp Rate (Number) 40

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99

Conscious Level Normal Altered OK

GCS \* OK

**TOTAL SCORE**

Number of shaded boxes 0

Pain Score 0

Observer's Initials AK

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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



# FLUID CHART

Sheet No. : .....

27/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm	DBF +ff					✓			✓			
	05:00 pm												
	06:00 pm									✓			
	07:00 pm	DBF +ff					✓						
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	DBF A								✓			
	10:00 pm												
	11:00 pm												
	12:00 am	DBF								✓			
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am	DBF ff					✓						
	04:00 am									✓			
	05:00 am												
	06:00 am	DBF					✓			✓			
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/6/26	08:00 am	DBL+ff					✓				1	Sony 28/6/26 @ 12pm
	09:00 am									1		
	10:00 am	DBA+ff					✓			0		
	11:00 am									1		
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake** 17

**Total 24 hrs. Output** 17



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... No .....  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: ..... ER ..... Shifted to: ..... 208 .....

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ganesh .....

Date & Time : 27/06/26 @ 3 PM .....

Nurse Name & Signature : Poojalexmi .....

Date & Time : 27/06/26 @ 3 PM .....