

ACTIVITY RECORD FOR BILLING

VIH-00206164 IP-00060446

Master CHINIMILLI NIHANTH

26-04-2024 2 Y 1 M 27 D (M)

Name: --

Dr. PREETHAM KUMAR



UHID No

Consultant: -----

Dept: *perinatolrfe*

Date of Admission: *22/6/26*

Time: *11:19 PM*

Date of Discharge: -----

Time: -----

Room / Bed No: *110*

Ward: *1st floor*

Suggested Billable bed type: -----

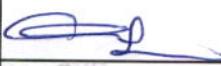




WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>23/6/26</i>	<i>12:30 AM</i>	<i>ER</i>	<i>110 (1st floor)</i>	<i>[Signature]</i>
<i>23/6/26</i>	<i>6:30 AM</i>	<i>1st F</i>	<i>PLU</i>	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
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



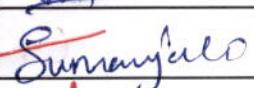

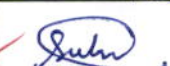
INVESTIGATIONS

Date	Investigations	Order No.	Sign
22/6/26	VBG, RBS - 103mg/dl	26021229 ✓	
	CBP, CRP, electrolytes,	26020228 ✓	
	Urea, creatinine, Blood Cb		
	Covid Rat (negative)	26021229 ✓	
23/6	Calcium, magnesium	26021228 ✓	
	Cross checked by 23/6 @ 6AM		
23/6/26	X-ray	26010060 ✓	
24/6/26	S/E	26021344 ✓	
24/6/26	ABG, RBS- ¹⁰⁷ 103 mg/dl - (8AM) <small>(26021553)</small>	26021354 ✓	Neha.
24/6/26	Xray neck lateral	26010092 ✓	Neha.
24/6	select Cross checked by Br. Rinkal 24/6/26		
25/6	CBP, CRP	26021458 ✓	
	D/Gcho	26-010120 ✓	
	Cross checked by company 25/6 @ 11PM		
	/		
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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/6	Perfusion pump		24/6/20 @ 11AM		
	Cardiac monitor	12:30 AM	24/6 12:30 AM	3092059	[Signature]
	oxygen	5AM	24/6/20 @ 5pm	3092084	[Signature]
	Cross checked	by	[Signature]	23/6 @ 6AM	
23/6	Syr - pump (Amtra)	11AM	24/06/20 @ 12pm	3093790	[Signature]
	Syr - pump (Dexam)	9AM	24/6/20 @ 6AM	3093789	[Signature]
	Cross checked	By	Br. Rinkal	24/6/20	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/6/26	iv placement	①	3093480	
	needs	4	3093483	
cross checked by calpen 23/6 @ 10:50AM				
23/6/26	Nebulisation	③	3093497	
23/6/26	nebulization	②	3093791	
23/6/26	iv placement	①	3093792	
24/6/26	nebulization	④	3093840	
24/6/26	nebulization	③	3094094	
cross checked by Br - Rimsal 24/6/26				
25/6	needs	6	3094661	
26/6/26	nebulization	3	3094707	
cross checked by Sadya 26/6 @ 10:50AM				

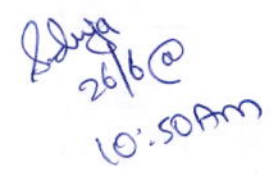
ANY OTHER INFORMATION

COVID test - negative.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward  26/6 @ 10:50AM	Billing Assistant	Billing Supervisor
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
23/6/26	00.00	2AM - Levolin	manisha	1st Floor 3093483
	01.00	2:30AM - Budicort + ipravent	manisha	
	02.00	4AM - Levolin	manisha	
	03.00	6AM - Levolin	manisha	
	04.00	8AM - Levolin	manisha	
23/6/26	05.00	④ - 3093483		3093497 (3)
	06.00	6:30AM - Levolin x 2		
	07.00	6:40AM - Ipravent		
	08.00	9:30AM - Levolin x 3		
	09.00	10AM - Ipravent		
	10.00	10AM - Levolin		
	11.00	12 PM - Levolin		
	12.00	2 PM - Levolin + Budicort		
	13.00	4 PM - Levolin		
	14.00	6 PM - Levolin + Ipravent		
	15.00	8 PM - Levolin		
	16.00	10 PM - Levolin		
	17.00	12 AM - Levolin		
24/6/26	18.00	2AM - Levolin + Ipravent		3093840
	19.00	+ Budicort		
	20.00	4AM - Levolin		
	21.00	6AM - Levolin		
	22.00	8AM - Levolin		
	23.00	12 PM - Levolin		



103
 ②

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
24/6/26	00:00	Budecort 2 pm	Sumeetha	Sumeetha
24/6/26	01:00	levolin upm		
24/6/26	02:00	levolin 8pm		
	03:00	Cross Checked By Br - Rinkal 24/6/26		
	04:00			
24/6/26	05:00	10pm - levolin	Bevonika	
25/6/26	06:00	2AM - levolin + Budecort	Bevonika	
	07:00	6 AM - levolin	Bevonika	
	08:00	10AM - levolin	subham	
	09:00	3:30pm + levolin + budicort	manasa	
	10:00	7:40pm - levolin	manasa	
	11:00	⑥ - 3094661		
	12:00	11:40pm - levolin	Bevonika	
26/6/26	13:00	3:40 AM - levolin + Budecort	Bevonika	
	14:00	7:40 AM - levolin	Bevonika	
	15:00	③ 3094707		
	16:00			
	17:00	35		
	18:00			
	19:00			
	20:00			
	21:00			
	22:00			
	23:00			

INSURANCE COPY

Name	Master CHINIMILLI-NIHANTH MANIKANTA	UHID	VIH-00206164
Father/Guardian	Mr CHINIMILLI LOKESH	Age/Gender	2 Y 1 M 29 D/Male
Address	FLAT NO-002 BLOCK-I VISTA HOMES KUSHAIGUDA, Ecil, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060446	Admission Date	22-06-2026
Ref Doctor	DR.K.DEVARAJ	Discharge Date	26-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. PREETHAM KUMAR

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

Diagnosis: Wheeze Associated Lower Respiratory Tract Infection

History: Master CHINIMILLI NIHANTH MANIKANTA is a 2 Y 1 M 29 D boy presented with history of cough, cold for 3 days with intermittent fever since 2 and fast breathing for 1 day prior to admission. For the above complaints he was treated at referral center, but in view of persistence of symptoms he was referred to Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations 96% at room air. Heart rate- 140/min and respiratory rate 40/min. Respiratory distress was present in the form of tachypnea, subcostal and suprasternal retractions. On auscultation of chest, air entry was bilaterally decreased with snoring, normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Name	Master CHINIMILLI NIHANTH MANIKANTA	UHID	VIH-00206164
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Weight on admission : 10 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward was started on IV fluids and IV antibiotics. He was treated symptomatically with antipyretics and antacids.

His serum electrolytes showed serum sodium - 141 mmol/L, serum potassium - 4.6 mmol/L and serum chloride - 106 mmol/L. Serum creatinine -0.3 mg/dl, calcium 10 mg/dl, magnesium 1.7 mg/dl, blood urea 14.2 mg/dl. In view of persisting respiratory distress with not maintaining saturations in room air, child was shifted to PICU.

Course in Pediatric Intensive Care Unit:

CNS: Child did not have any neurological issues during Pediatric Intensive Care Unit stay.

CVS: Child did not require any inotropic support during Pediatric Intensive Care Unit stay. 2D Echo done was normal.

RS: Chest x-ray was done. In view of respiratory distress, child was put o low flow oxygen support. Venous blood gas showed pH - 7.36, pCO₂-25.8 mmhg, pO₂ - 74 mmhg, HCO₃ - 14.6mmol/l, BE: - -9.8 mmol/l.

In view of chest signs, child was given Inj. Hydrocortisone, magnesium sulphate, Aminophylline infusion and nebulized with Levolin and Budecort. Child was empirically started on Syrup. Oseltamivir. Child had history of

Name	Master CHINIMILLI NIHANTH MANIKANTA
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UHID

VH-00206164

snoring and mouth breathing, and hence X-ray- Neck Lateral View was done which showed adenoid hypertrophy. Mometasone Nasal spray was added accordingly. As child's respiratory distress reduced, child was weaned off from to low flow oxygen support and later to room air. Nebulizations were titrated accordingly.

GIT:

Per abdomen examination was normal. Child was started on IV fluids as oral intake poor, later IV fluids gradually tapered and stopped as oral intake improved.

Infection: On admission, complete blood picture showed hemoglobin 11.0 gm%, white blood cells count of 9,600 cells/cumm, platelet count of 2.86 lakhs/cumm and C. Reactive Protein 16 mg/l. Blood culture was sterile after 24 hours of incubation.

As he remained hemodynamically stable, maintaining saturations at room air and accepting feeds well, he was shifted to ward for further management.

During the ward stay, his vitals were regularly monitored. Repeat hemogram done on 26.06.2026 showed hemoglobin 10.6 gm%, white blood cells count of 6,770 cells/cumm, platelet count of 2.91 lakhs/cumm and C. Reactive Protein 8.0 mg/l. He further improved gradually and he remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

At the time of Discharge : He is active, afebrile and hemodynamically stable.

Name	Master CHINIMILLI NIHANTH MANIKANTA	UHID	VIH-00206164
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Discharge Advice:

1. Diet as advised.
2. Syrup Augmentin DDS (5ml=400mg) 2.5ml 12th hourly for 2 days (Refrigerate after reconstitution)
3. Syrup Omnacortil (5ml/5mg), 5ml 12th hourly for 3 days.
4. Syrup Oseltamivir (1ml=12mg) 2.5ml twice daily till 27.06.2026 (Refrigerate after reconstitution).
5. Nexpro sachet, 1 sachet once daily (30 minutes before breakfast) for 3 days.
6. Nebulization with Levolin (0.31mg), 1 respule 6th hourly for 2 days
followed by 1 respule 8th hourly for 2 days
followed by 1 respule 12th hourly for 2 days
and stop.
7. Nebulization with Budecort (0.5mg), 1 respule 12th hourly for 5 days.
8. Metaspray nasal spray, 1 puff into each nostril 12th hourly for 10 days.
9. Kindly consult Dr. Preetham Kumar, Consultant Pediatric Intensivist & Neonatologist, after 5 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

- Paracetamol drops (1ml=100mg), 1.5ml (if needed) if fever more than 99.6°F (maximum 4-6 hourly).
- Syrup Ibuprofen (5ml=100mg), 5ml (if needed) (after food) for fever more than 101°F (maximum 8 hourly).

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

Name

Master CHINIMILLI NIHANTH
MANIKANTA



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

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

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained to me.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Admitting PICU fellow : Dr.Shrikar

Summary prepared by: Dr.Sweety / Dr. Vishwaja

M. Vishwaja
Registrar/Resident/C.M.O

Dr. Preetham Kumar
Dr. PREETHAM KUMAR

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

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 : Master CHINIMILLI NIHANTH MANIKANTA
Age/Gender : 2 Y 1 M 28 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060446
Admit Date : 22-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :22-06-2026 23:58			
HEMOGLOBIN (Colorimetry)	11.0	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	3.81	10 ¹² /L	L 3.9 - 5.3
PCV/HCT (Calculated)	30.5	VOL%	L 34 - 40
MCV (Calculated)	79.9	fL	75 - 87
MCH (Calculated)	28.7	pg/cells	24 - 30
MCHC (Calculated)	36.0	g/dL	32 - 36
RDW-CV (Calculated)	12.3	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	286	10 ⁹ /L	150 - 450
MPV (Calculated)	7.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.60	10 ⁹ /L	5.5 - 15.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	68	%	H 23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	24	%	L 35 - 65
MONOCYTES (Microscopy, Leishman stain)	07	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :22-06-2026 23:58			
CRP (Immunoturbidimetry)	16	mg/L	H <10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :22-06-2026 23:58			

PatientName : Master CHINIMILLI NIHANTH MANIKANTA Inpatient No. : IP-00060446
Age/Gender : 2 Y 1 M 28 D/ Male Admit Date : 22-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 23:58
SODIUM (Direct ISE)	141	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.6	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	106	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 23:58
UREA (Kinetic, Urease)	14.2	mg/dl	6 - 26



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 00:11
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 00:11
RANDOM BLOOD GLUCOSE (GOD/POD)	103	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 00:11
PH (Reagent Strip/Double PH Indicator)	7.36	unit	7.35 - 7.45
pCO2	25.8	mm Hg	L 35 - 48

PatientName : Master CHINIMILLI NIHANTH MANIKANTA **Inpatient No.** : IP-00060446
Age/Gender : 2 Y 2 M 0 D/ Male **Admit Date** : 22-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 **Discharge Date** :

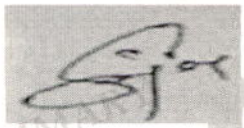
Investigation	Result	Unit	Biological Reference Interval
pO2	74	mm Hg	L 83 - 108
HCO3	14.6	mmol/L	
BE	-10.8	mmol/L	
O2 Sat	6.8	mmol/L	

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :23-06-2026 06:17
CALCIUM (Arsenazo dye)	10.0	mg/dl	8.7 - 10.8



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

Investigation	Result	Unit	Biological Reference Interval
MAGNESIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :23-06-2026 06:17
MAGNESIUM (Formazon dye)	1.7	mg/dl	1.6 - 2.6



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

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :24-06-2026 05:50
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108



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

Investigation	Result	Unit	Biological Reference Interval
ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :24-06-2026 08:47
PH (Reagent Strip/Double PH Indicator)	7.46	unit	H 7.35 - 7.45
pCO2	15.9		
pO2	119	mm Hg	H 83 - 108

PatientName : Master CHINIMILLI NIHANTH MANIKANTA Inpatient No. : IP-00060446
Age/Gender : 2 Y 1 M 29 D/ Male Admit Date : 22-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
HCO3	15.8		
BE	-11.0	mmol/L	
O2 Sat	98.7	mmol/L	
HCT (Pulse Height Detection)	36	%	10 - 75

Investigation	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

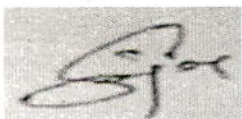
Order Date :25-06-2026 06:24

HEMOGLOBIN (Colorimetry)	10.6	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	3.73	10 ¹² /L	L 3.9 - 5.3
PCV/HCT (Calculated)	29.6	VOL%	L 34 - 40
MCV (Calculated)	79.4	fL	75 - 87
MCH (Calculated)	28.3	pg/cells	24 - 30
MCHC (Calculated)	35.6	g/dL	32 - 36
RDW-CV (Calculated)	12.3	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	291	10 ⁹ /L	150 - 450
MPV (Calculated)	6.5	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.77	10 ⁹ /L	5.5 - 15.5

Differential Count

NEUTROPHILS (Microscopy, Leishman stain)	48	%	H 23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	41	%	35 - 65
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6

PERIPHERAL SMEAR (Microscopy, Leishman stain) RBC : NORMOCYTIC / HYPOCHROMIC
WBC : MORPHOLOGY NORMAL
PLATELETS : ADEQUATE



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

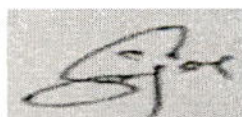
Investigation	Result	Unit	Biological Reference Interval
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C REACTIVE PROTEIN (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :25-06-2026 06:24

CRP (Immunoturbidimetry)	8.0	mg/L	<10
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

This is an interim report. The final report will be released after 24 hours

PatientName : Master CHINIMILLI NIHANTH MANIKANTA

Inpatient No. : IP-00060446

Age/Gender : 2 Y 1 M 29 D/ Male

Admit Date : 23-06-2026

Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Discharge Date :

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED
Order Date : 22-06-2026 23:58:15

Culture :-

Second Report - No growth after 48 hrs of incubation

..... End of the Report

Interim Report

DEFICIENCY CHECK LIST CASE SHEET

VIH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 26-04-2024 2 Y 1 M 30 D (M)
 Dr. PREETHAM KUMAR



Patient Name :

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 Transfer Forms	03	—	—	
5	In-patient Medical Record	03	—	—	
6	Doctors Progress Sheets	08	—	—	
7	Nurses Progress notes	07	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
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)	02	—	—	
	Drug Chart (Regular prescription)	05	—	—	
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				
	Humpty dumpty	03	—	—	
	Thrombophlebitis	02	—	—	
	Pain assessments	02	—	—	
	Braden scale	02	—	—	
	other pages	14	—	—	
	Total No. of Pages	63			

*Noted by
Subhan
26/6/26*

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060446

Admit Date : 22-Jun-2026

Admit Time : 11:19 PM UHID : VIH-00206164

Patient Details :

Patient Name : Master CHINIMILLI NIHANTH MANIKANTA Age : 2 Y 1 M 27 D
Guardian : Mr CHINIMILLI LOKESH DOB : 26-04-2024
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : FLAT NO-002 BLOCK-I VISTA HOMES Phone No : 8881613888
KUSHAIGUDA Ecil Hyderabad Telangana E-mail : NA@GMAIL.COM
INDIA 500062

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 CHINIMILLI LOKESH Relationship : Father
Contact Address : FLAT NO-002 BLOCK-I VISTA HOMES Phone No : 8881613888 / 8919695949
KUSHAIGUDA Ecil Hyderabad Telangana INDIA
500062



Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

Patient Name : Mast. CHINIMILLI NIHANTH MANIKANTA UHID : VIH-00206164 IPD : IP-00060446 Gender : Male Age : 2 Y 1 M 27 D

VIH-00206164 IP-00060446
Master CHINIMILLI NIHANTH
26-04-2024 2 Y 1 M 28 D (M)
Dr. PREETHAM KUMAR




NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/2026 Time of arrival : 10:18 PM
Chief Complaints : Fever & cough 2 day RBS : -
Height : - Weight : 10 kg 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 -

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

Psychological Screening : No Significant Findings
Unusual concerns about patient's Psychological Status : Yes No
If Yes Consultant Notified : (Date/Time) :
Social History: Lives With Parents
Siblings in household Yes No (if yes How Many?) 1 (sister)
Time of Initial assessment completed by ER Nurse : 10:22 PM

Patient Name : Mast. CHINIMILLI NIHANTH MANIKANTA UHID : VIH-00206164 IPD : IP-00060446 Gender : Male Age : 2 Y 1 M 27 D

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

Time	Nursing Notes
10:13pm	Patient came to ER.
10:14pm	check vitals & record
10:16pm	Doctor seen the Pt & advised admission
10:22pm	*Nebulizations given *Admission done *Iv Placement done & samples collected sent to lab *Pt shifted to ward

Samples collected by:] sis-Hema
 Samples sent by:]

Time:] 11:50pm
 Time:]

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
22/6 10:22pm	levolin	P/N	0.63mg x 3		<i>AB</i>
10:35pm	Budecort	P/N	0.5mg		<i>AB</i>
10:40pm	Ipratent	P/N	2.5ml		<i>AB</i>
11:30pm	Inj. Hydrocort	Iv	40mg		<i>AB</i>
11:40pm	Inj. MgSO4	Iv	500mg		<i>AB</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: 148b/m BP: 95/55 CFT: - RR: 9.2b/m SPO ₂ : 96% GCS: 15/15 Temperature: 98.06F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 110 (1st floor) Time of Shift - out: @ 12:30AM Handover given to: Sr - Manishu (Nurse's Name) Bro - Sabir

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : *Sabin* Signature of the Nurse : *Sabin*

Date & Time : 22/6/26 @ 12:30AM

Patient Name : Mast. CHINIMILLI NIHANTH MANIKANTA UHID : VIH-00206164 IPD : IP-00060446 Gender

VIH-00206164 IP-00060446
Master CHINIMILLI NIHANTH
26-04-2024 2 Y 1 M 28 D (M)
Dr. PREETHAM KUMAR



WT - 10kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Nihanth Age : 27 Gender: Male Female

Date : 22/6/26 Time of Arrival : 10:13pm

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: 99.4F PR: 158b/m BP: 98/58 (C2) RR: 30b/m SpO₂: 97%

Chief Complaints: C/O - Fever & cough 2 days, Fast breathing today morning

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

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

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

C. Anthevarathar
Signature of Parent / Guardian

Triage Completion Time : 10:17pm

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 : Sabin

Signature of Triage Nurse : [Signature]

Date & Time : 22/6/26 @ 10:17pm

PATIENT TRANSFER FORM

VIH-00206164 IP-00060446 Master CHINIMILLI NIHANTH 26-04-2024 2 Y 1 M 27 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 23/6/26 @ 11:19 PM	Date & Time of Transfer Order 23/6/26 @ 12:30 AM
		Transfer Ordered by DR. Srikan	Reason for Transfer for admission
From Unit GR	To Unit 110	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? optically 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 Shanthi / shu		Name of Person Ordered Transfer DR. Srikan	
Patient & Clinical Records Received by : Manisha			
Date & Time of Patient Received : 23/6/26 @ 12:30 AM			

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

PATIENT TRANSFER FORM

VIH-00206164 IP-00060446
Master CHINIMILLI NIHANTH
26-04-2024 2 Y 1 M 28 D (M)
Dr. PREETHAM KUMAR




Date & Time of Admission <i>22/6/26 @ 11:19pm</i>		Date & Time of Transfer Order <i>23/6/26 @ 6:30am</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Faisree</i>	Reason for Transfer <i>SICK</i>
From Unit <i>1st floor</i>	To Unit <i>PICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Sr. Manisha</i>		Name of Person Ordered Transfer <i>Dr. Faisree</i>
Patient & Clinical Records Received by : <i>Ramya 23/6/26 6:30am</i>		
Date & Time of Patient Received :		

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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206184 IP-00060446 Master CHINMILLI NIHANTH 26-04-2024 2 Y 1 M 29 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 22/6/20 / 11:19 pm	Date & Time of Transfer Order 24/6/26 / 8:45 pm
Transfer Ordered by Dr. Suresh		Reason for Transfer child stable	
From Unit PLW	To Unit 1 staff room	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 60	Number of Imaging Films X-ray - (3) VBU - (2)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Diapers	also used (2)	
2.	web mask, nasal prongs	Intrulin (1)	
3.	sup- fluids		
4.	loce - 5		
5.	Buebeorts, Levulin's		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Remuber / 24/6/26		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : Dr. Beemonika			
Date & Time of Patient Received : 24/6/26 @ 9:50 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



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: RDA #WALRE
Arrival Time: 10:13pm **Mode of Arrival:** Lifted by mother **Admitting From:** ER OPD Direct

Allergy / Adverse Reaction: Nil **Body Weight:** 10 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	NO	NO

Family History: Nil

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

If yes please list, Nil

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

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

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

Observations: Weight: 10kg Length: _____ Head Circumference (< 2 years): _____

Temp: 98.4°F HR: 30b/m RR: 130b/m BP: 103/79

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

Fall Risk Assessment: Yes No **Score:** 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score): 24 (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: (Date/Time):

Social History: Lives With Family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: Yes No

Information given to parents

Nurse's Name: Manisha Date: 23/6/26 Time: 012:40AM manisha
Signature



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 22/6/2026

Source of Admission: OPD Ward Other: -

Reason for Admission: c/o cough, cdd 3 days, Fever 1 day

Admission Diagnosis: RAD

Accompanied By: Parent Guardian Other Name:

Primary Language: Telugu English Hindi Other Specify

Do you require an interpreter? Yes No

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Source of Information : <input type="checkbox"/> Family <input type="checkbox"/> Patient <input type="checkbox"/> Others, Specify			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	<u>nil</u>	<u>nil</u>	<u>nil</u>
	Family History: <u>nil</u>		
	Has the child or close family member had recent contact with a communicable disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please list, Was the child's birth normal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please describe problems: Are the child's immunization up to date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT MEDICATIONS	Taking Medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Fill the reconciliation form Medicine brought to the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Observations: Weight: <u>10.1kg</u> Length: Head Circumference (< 2 years): Temp.: <u>97.6 F</u> HR: <u>149 bpm</u> RR: <u>41.6/m</u> BP: <u>98/62 (58/1m)</u> Pain Score: <u>0</u> Specify Site: (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Score: <u>12</u> (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score <u>25</u>) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

- Sleeping Crying Calm Distressed/Console Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

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

Orientation has been given regarding the following aspects:

- ID Band in situ
 Bedside safety explained
 PICU Routine: Doctor's rounds/Medication time
 Visiting policy explained

Orientation given to: Family Others specify

Name of Person Orientation was given to: Father

Orientation not given Reason:

Nurse Name: Rameely

Nurse Signature: [Signature]

Date & Time: 23/6/26 at 7am

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details: Father

Final Diagnosis: RAD

Nurse Name: Rameely

Nurse Signature: [Signature]

Date & Time: 23/6/26 at 7a



PRISM SCORE FORM

Variable	Age Restriction				Score Appointed	Score
	Neonate	Infant	Child	Adolescent		
Systolic Blood Pressure (mmHg)	40-55 <40	44-65 <45	55-75 <55	65-85 <65	3 7	0
Temperature	All ages <33°C OR > 40°C				3	0
Mental Status	All ages stupor or coma (GCS<8)				5	0
Heart Rate	215-225 <225	215-225 <225	185-205 <205	145-155 <155	3 4	0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm				7 11	0
Acidosis (pH) or total CO ₂ (mmol/L)	All ages = pH 7.0 - 7.28 or total CO ₂ - 16.9 All ages = pH < 7.0 or total CO ₂ < 5				2 6	0
pH	All ages = 7.48 - 7.55 All ages > 7.55				2 3	0
PCO ₂ (mmHg)	All ages = 50.0 - 0 All ages > 75.0				1 3	0
Total CO ₂ (mmol/L)	All ages > 34.0				4	0
Arterial Pao ₂ (mmHg)	All ages = 42.0 - 49.9 All ages = 42.0				3 6	0
Glucose	All ages > 200mg/dl				2	0
Potassium	All ages > 6.9mmol/L				3	0
Creatinine (mg/dl)	Neonate >0.84mg/dl	Infant >0.9mg/dl	Child >0.9mg/dl	Adolescent >1.3mg/dl	3	0
Urea (mg/dl)	Neonate 725.9	All other ages 32.5			3	0
White blood cells	All ages < 3000 cells/mm ³				4	
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	Neonate PT > 22.0 sec or PTT > 85.0 sec	All other ages PT > 22.0 sec or PTT > 57.0 sec			3	0
Platelets (cells/mm ³)	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000				2 4 5	0
Total PRISM III - 24 hours.						

Name of the Doctor: Dr. Sreedh

Signature of the Doctor: [Signature]

Date & Time: 21/6/2024, 8.00PM



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00206164 IP-00060446
Master CHINIMILLI NIHANTH
26-04-2024 2 Y 1 M 27 D (M)
Dr. PREETHAM KUMAR

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o cough, cold :: 3 days
Fever :: 1 day
Fast breathing :: Today.

History of present illness :

C/o cough; cold :: 3 days
Recent c/o of travel ⊕

C/o fever :: 1 day
moderate grade
Intermittent
Response to antipyretic - good.

Fast breathing :: Today
afebrile when ⊕.

no other symptoms
no contact with

(H/O travel to tropic
Gd/20 - 10/6/20)



Pediatric Multiorgan History & Physical Examination

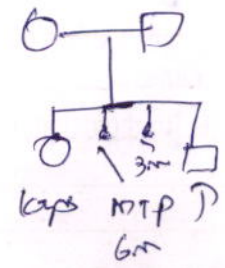
Past History : (Including details of any previous investigation or treatment)

Gm →

Birth & Neonatal History:

Term / 4kg / BW 28g / CRAD

(N) + reaction



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

(N) Development

As per ...

Immunization History :

→ upto date

(CRAD schedule)



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 10 kg (Centile _____)

On Examination :

Temperature : 99.1°F Pulse Rate : 140/min B.P. _____ SP02 96 IPR
Resp. rate and type of breathing : Regular respiration / ~40 cpm / regular
Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BAEP clear air respiration
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____
Arterial oxygenated
shells sub sided

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : 8/10
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

VIH-00206164
Master CHINIMILLI NIHANTH
26-04-2024 2 Y 1 M 27 D (M)
Dr. PREETHAM KUMAR
IP-00060446

Pediatric History & Physical Examination

Central Nervous System :

Level of Consciousness: AVPU/GCS score : _____

Cranial Nerves : normal

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

— RAD. (MACEI)



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

- ✓ VB4, ✓ CRPS
- ✓ CBP
- ✓ CRP
- ✓ S/E
- Urea, creat
- B/c/s
- Extraplain ✓

noted by [Signature] 22/6/24 at 11:50 AM

Planned Management

- Eq. Amoxicillin
- Eq. Parlop
- rehydration
- Coakum Mouthing
- flour ✓

noted by [Signature] 22/6/24 at 11:50 AM

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Sunil Kumar

Date & Time: 22/6/24 / 11:20 AM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Preetham Kumar Reddy

Date & Time: 23/6/24 / 11:20 AM

*Dr. Preetham Kumar Reddy
Reg. No: 39839*



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/04/2026 5:40 AM	S/B PREU follow	
	P ⁺ receive Amway disease	
	sudden resp Not maintaining saturation on room AIR (92-94%) there is respiratory distress	Plan
	RR 40 / min	→ DO stat GNC
	↓	→ shift to PREU for
	Pulmonary ⊕	better management
	HR - 160/min	→ ENT ragday
	SpO ₂ - 92-94% @ R	
	HR - 52/min	→ Dr. Deepmed medicine.
	M. RAB. B/c wheezing ⊕	
	Cv - S/S ⊕	
	M - 10/4	
	on Day 3	

Noted by
 Dr. Paul
 23/6/26
 S:UOA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026 9:00 AM	<p>a/s/b new flow</p> <p>5" - RAA / water</p>	
	<p>on LNC, 2 lit/min</p>	
	<p>maintaining situation</p>	
	<p>Tachypneic retractions (+)</p>	
	<p>RS - B/vent^{1st} Anxiety (+)</p>	
	<p>Alc wheeze (+)</p>	
	<p>cough (+)</p>	
	<p>cr - rcr (+)</p>	
	<p>Plr (+)</p>	
	<p>BP > JNC</p>	
	<p>polyadic (+)</p>	
	<p>(140-160/min)</p>	
	<p>amiable</p>	
	<p>per spikes (+)</p>	
	<p>on RT: 2/3 AM (LNS + 3rd kcal)</p>	
	<p>Max</p>	
	<p>1) NRB. cover to @ Amy</p>	
	<p>2) HNC / JOT</p>	
	<p>3) To start Rxmed</p>	
	<p>4) WIP No</p>	
	<p>2 on RT</p>	
		<p>Noted by Susting 23/6/26 @ 9 AM</p>

②

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2024 11:00 AM	C/S/B Dr Akheel Sir.	
	Δ. RAD/WALRI	
	<p>Adv: ① Give me aminophylline.</p> <p>② HFNC SOS</p> <p>③ Devoid continue</p> <p>④ Give me NPO.</p>	
<p>Noted by 23/6/26 11:00 AM Sushma</p>	Counselling by Dr Akheel Sir	
	<p>The current condition explained. The child is having tachycardia along with tachypnea. There might be some aggravating factors, that has lead to airway spasm, and that has lead to difficulty in breathing. The child is currently on oxygen support, aminophyllin, steroid.</p> <p>We are still in place of acute condition.</p> <p>We will continue to monitor. The child even might have life threatening condition.</p>	<p>Dr. Akheel Rizwan Reg. No: TSMC/FMR/13579</p> <p>A. Rizwan</p> <p>Dr. Akheel Rizwan Reg. No: TSMC/FMR/13579</p>
	<p>Faluc 23/6/26 11:00 AM</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3.00PM	C/S/B Dr Preetham SR	
23/6/2026		
	Adv:	
	① MFNC Sos	
	② CBP, CMP, S/G +/m @ 6Am	
	Collected Serum	
Mofredy Gushid 23/6/26 @ 3PM	Counselling by Dr Preetham SR	
	<p>The child is having respiratory distress and due to WARI, and fluid is on steroid, by MgSO₄ & Aminophylline. We need to continue the treatment & need to wait for respiratory distress to stabilize. As the respiratory distress, is still there, that will increase at night & morning. As respiratory distress.</p>	
	<p>Dr Preetham Kumar Reddy 23/6/26 3PM Dr Preetham</p>	<p>23/6/26 3PM Preetham </p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	Ces/B Plw yellow	
1:30 PM	COALPS	
	<p>[Leser] Snooty / noisy breath RD -> better when held away better. fever -> 99.1F at 7:30 PM</p>	
	<p>Airway: clear & maintainable Breath: noisy breath - stridor + @ Airway below NO wheeze tachypnea @ M @ RR - 33 - 42 SpO2 - 99 - 100</p>	<p>1) Linc -> 1.5g/kg 2) Cl. Amoxycillin -> 0.8ml/kg 3) Cl. Mysoq - TID 4) Nebulisation.</p>
	<p>Circulation: HR: 130 Bp 101/76(72) CRT @ PMT @</p>	
	<p>Distress: irritability but consolable Fluid: clear 507ml Exposure: no fever G.O.T: - Sps of chest 9/10 and Hematology: Nil Urinalysis: - Urinalysis: -</p>	<p>on 1) Amoxicillin 2) Oseltamivir</p>

(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26		
	USG TO VISCERA SW	
Noted by Sushma 24/6/26 10:10 AM	Viral induced - Croup -> add Domsil / -> 20mg today -> METASPRA a bray neck -> bilateral (adenoids)	
24/6/2026 10:10 AM	Counseling by Dr. Urmil Vardhan	
	<p>History reviewed</p> <p>Looking like viral infection only, if the panel can be done but nothing changes significantly in preschool</p> <p>child might have adenoids, hence planned for bray neck for Adenoids.</p> <p>child still has respiratory distress which take time to reduce, if there is any secondary infection, it takes more time</p> <p>Temp spikes @ if persistent plan to upgrade antibiotics if required, 20 mg will be done</p>	<p>Mathew</p> <p>24/6/26 10:10 AM</p>

VH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 26-04-2024 2 Y 1 M 29 D (M)
 Dr. PREETHAM KUMAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 3.30PM	C/S/B. Dr. Preetham Sir.	
	- Continue same.	
	- Soor Try to tapes.	oxygen.
	- T/M. CBP, CRP	
<p><i>Dr. Preetham Kumar Reddy</i> <i>Reg. No. 370306</i> <i>4 pm</i></p>		<p><i>Noted by</i> <i>Sr. Sumanjali</i> <i>Sulb166</i> <i>@6PM</i></p>
		Counseling by Dr. Preetham Sir.
	- The child's current status explained.	
	- The child has mild adenoid hypertrophy that might have aggravated respiratory distress.	
	- We will continue today in PICU and try to tapes.	
	C. Ananthakrishnan	
	<u>Mohuc</u>	
		<p><i>Dr.</i> <i>29/6/2026</i></p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 7.30PM	C/D/w Dr. Preetham Sr.	
	- Child is off oxygen, mild respiratory distress present but maintaining in room air > 95%.	
	Adv: ① Shift to ward with continuous monitor. ② SOS oxygen.	
		<p style="text-align: right;">29/6/2026</p>

SHIFTING NOTE

The child was shifted to PICU in view of respiratory distress and not maintaining saturation at room air. Child was given nebulisation by hydrocortisone by Masq and Aminophylline infusion. Currently, the child is stable, off oxygen, and ~~is~~ maintaining saturation. Lateral neck Xray was done in view of persisting snore & mouth brachy, Metaspray nasal spray was added.

Adv: ① Shift to ward with Continuous monitoring
 ② SOS low flow oxygen
 ③ SOS shift to PICU if respiratory distress worsens/increased.

Noted by
 Renuka
 26/6/26
 9PM

④ T/M: CBP, CRP

⑤ Lateral neck Xray Reporting

29/6/2026
 (P.P.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
25/6/26	1st - WARD	
8AM	No fever spikes	
	NO distress	
	Saturating well	at RA @ 95-96%
	HR - 90-95/min	
	RR - 25-30/min	
	o/e	
	child active	
	Euthermic	
	Lungs clear	
	CvC - 48% (P)	
	Eps - RAE (P)	
	PIA - soft	
		<u>plan</u>
		1) Trace CRP
		2) Pyl Augmentin D3
		3) Syp. Glucor D3
	Change to omnacortel	4) Neb Lenvolen 4 th hly
		5) Neb Budesonid - 12 th hly
		6) Pyl Hydrocort 6 th hly
		7) Nuroclear drops
		8) Acyclovir
		9) Syp Domatec
		10) Metaspray
		11) Monitor saturation Nebulizer distress

Dr. Preetham

Dr. Preetham
 25/6/26
 5AM

*noted by
 Subham
 25/6/26
 8PM*

VIH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 28-04-2024 2 Y 1 M 28 D (M)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25.6.26 3.00PM	S/O Registrar <u>WALRTI.</u>	
	Maintaining sat of 95-96% RA. o/e child available CRT < 3 sec. ap/veals Cx - S, D RS - RA (D) wheeze ↓ P/A - soft	Plan → Cont augmentin 2. flim. → Neb - c Levofloxacin 4 mg → w/e R.D / dose < 9 L.Y.
25/6/26 Dr. Preetham	Samuel (Dr. Samuel)	noted by manoj a 27/6 9PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2026		C/S) Resident WALKS
8:10 AM		on O ₂ maintaining saturations 95-98%.
		- mild on & off tachypnea.
		- irritable
		- no fever ~ 24 hrs.
		CVS - S ₁ S ₂
		CNS - NAD
		RS - B/L AEGD wheeze occasional
		PA - soft
		Plan
		- IVF (1/2 maint)
		- oral prednisolone BD.
		- neb. levofloxacin
		- Inj. Amoxicillin (3 days.)
		- fluvir D ₃
		- metaspray
		OK box

✓
 as per SA
 & here



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: RAD/WALRI	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil				
	Surgery / Procedure:	Post OP Day:				
BACKGROUND	Date	22/6/26	22/6/26	22/6	22/6	
	Shift	N	N	M	E	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	
Diet:	Normal	N.diet	S.diet	S.diet		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.6°F	98.3°F	9
		Res:	20b/m	20b/m	20b/m	
		SpO ₂ :	98%	98b/m	96%	
		Pulse:	150b/m	130b/m	120b/m	
		BP:	95/55	90/77	91/87	
		LOC:	conscious	conscious	conscious	
		Fall Risk Score:	11	4	11	
Pain Score:	0	0	0			
Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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:	-	-	Not diet		
	Critical Lab Test / Values:	-	-	nil		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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):	dependent	dependent	depend			
Post Operative Procedure Special Orders:	nil	nil	nil			
Handed Over By Name :	Sabi's	manisha	Rendu			
Signature / ID :	Sabi's	manisha	Rendu			
Date:	23/6	23/6/26	23/6			
Time:	@ 12:30pm	12:30pm	12:30pm			
Taken Over By Name :	manisha	Rendu	manasa			
Signature / ID :	manisha	Rendu	manasa			
Date:	23/6/26	23/6/26	23/6			
Time:	@ 12:30pm	5:30pm	5:30pm			

Patient Sticker



NURSING SHIFT HAND OVER FORM



SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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:								



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 23/6/26	Diagnosis: RAD	Surgery / Procedures: -	
	Allergies: null	Post OP Day: -		
	Date: 23/6/2026			
	Area		PICU	
	Shift Time		8pm-8am	
	Diet:		Dalley allowed	
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)		L.W	
	1.			
	2.		22 Canula-1	
	3.			
ASSESSMENT	4.			
	Infusions / Transfusions		DNS On Flow	
	PU Prophylaxis		nil	
	DVT Prophylaxis		nil	
	Vitals	BP		98/62 (58mmHg)
		PR		149 b/min
		RR		45 b/min
		SpO ₂		94
		Temp		98.6 F
	Pain Score			0
	LOC (Alert, Conscious, Confusion, Unconscious)			Conscious
	Skin Integrity (Intact / Bedsores / Any other condition)			Intact
	Restrains If any	Physical		nil
Chemical				
Fall Risk (Vulnerable Y/N) if yes score			12	
(Ambulation, walking, moving with assistance, bed ridden)			moving c assistance	
ADL (Dependent / Non-Dependent)			Dependent	
Critical Lab Test / Values (if any)			nil	

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	23/6/26		
	Area	Shift Time	8Pm-8am	
	Ordered / Planned			
	Due	Null		
	Reports Pending	Blood c/s		
	Referrals (If any)	Null		
	Remarks (Special Interventions like, Drainage tube flushing etc.)	Null		
Handed Over By Name :		Bi. Ramulu		
Signature :				
Date:		23/6/2026		
Time:				
Taken Over By Name :		Sr. Sushma		
Signature :				
Date:		23/6/26		
Time:		@8PM		

2

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 22/6/26	Diagnosis: RAD	Surgery / Procedures:		
	Allergies: Nil		Post OP Day: -		
	Date:	23/6/26			
	Area	PICU	PLU	PIU	
	Shift Time	8AM-2PM	2PM-8PM	8PM-8AM	
	Diet:	soft diet/NPO	NPO	Sips of water	
Ventilation (RA, NP, NIV, VENTI)	NP-2L/2	NP 2 hi	NP-2litre		
INVASIVE LINES	1.	ZV cannula	IV cannula R	IV cannula-2	
	2.		IV cannula 2L		
	3.				
	4.				
ASSESSMENT	Infusions / Transfusions	ZV Dext 5ml KCl @ 25ml/hr	DNS 5ml KCl 25ml/hr 1mg Aminophyllin 1ml/hr 1mg Dexamid 2ml	DNS 5ml KCl @ 25ml/hr DNS Aminophyllin 2ml/hr DNS Dextomide 2ml/hr	
	PU Prophylaxis	Nil	Nil	Nil	
	DVT Prophylaxis	Nil	Nil	Nil	
	Vitals	BP	99/41 (59) mmHg	104/66 (65)	108/58 (70)
		PR	149b/min	139b/min	152b/min
		RR	42b/min	44b/min	36b/min
		SpO ₂	96%	100%	97%
		Temp	98.9°F	98.6°F	98.3°F
	Pain Score	0	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsores / Any other condition)	Intact	Intact	Intact	
	Restraints If any	Physical	Nil	Nil	Nil
		Chemical	Nil	Nil	Nil
	Fall Risk (Vulnerable Y/N) if yes score	12	12	12	
(Ambulation, walking, moving with assistance, bed ridden)	walking	walking	walking		
ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent		
Critical Lab Test / Values (if any)	-	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date: 23/6/96			
	Area	PICU 8PM-2PM	PICU 2PM-8PM	PICU 8PM-8A
	Shift Time			
	Ordered / Planned	(805) HFNC (805) 1mg Aminophylline	(805) HFNC	→ IV fluid continue → yellow water → WFRD → SOS HFNC
	Due	Nil	Nil	Nil
	Reports Pending	Blood c/s	Blood c/s	Blood c/s
Referrals (if any)	Nil	Nil	Nil	
Remarks (Special Interventions like, Drainage tube flushing etc.)	Nil	Nil	Nil	
Handed Over By Name :	Sr. Ashma	Sushma	Bv Bunde	
Signature :				
Date:	23/6/26	23/6/26	24/6/26	
Time:	@ 2PM	8PM	8A	
Taken Over By Name :	Sr. Sushma	Bv Bunde	Sr. Sushma	
Signature :				
Date:	23/6/26	23/6/26	24/6/26	
Time:	@ 2PM	8P	@ 8AM	


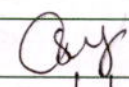
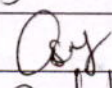
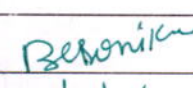


3

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 23/4/26	Diagnosis: RAD (ALRT)	Surgery / Procedures:	
	Allergies: nil	Post OP Day:		
	Date: 24/6/26			
	Area	PICU 8am-2pm	PICU 2pm-8pm	
	Shift Time			
	Diet:	Soft diet	Soft diet	
Ventilation (RA, NP, NIV, VENTI)	NP 2 liter	0.5 lit		
INVASIVE LINES	1.	IV Cannuli	IV Cannula	
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	IVF DNs+5ml KCL	IVF DNs+5ml KCL	
	PU Prophylaxis	nil	nil	
	DVT Prophylaxis	nil	nil	
	Vitals	BP		90/92 mmHg
		PR	144 b/m	130 b/m
		RR	14 b/m	30 b/m
		SpO ₂	100%	100%
		Temp	98.6°F	98.6°F
	Pain Score	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	
	Restraints If any	Physical	nil	-
		Chemical		
Fall Risk (Vulnerable Y/N) if yes score	12	12		
(Ambulation, walking, moving with assistance, bed ridden)	walking	walking		
ADL (Dependent / Non-Dependent)	dependent	dependent		
Critical Lab Test / Values (if any)	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	24/6/26	
	Area	PICU	
	Shift Time	8am-2pm	2pm-8pm
	Ordered / Planned	(SOS) HFNL	ni
	Due	will	ni
	Reports Pending	Blood c/s	ni
Referrals (If any)	ni	ni	
Remarks (Special Interventions like, Drainage tube flushing etc.)	will	ni	
Handed Over By Name :	Sr. Sushma	Sumanjali	
Signature :			
Date:	24/6/26	24/6/26	
Time:	2pm	@ 8pm	
Taken Over By Name :	Sr. Sumanjali	Sr. Bebonika	
Signature :			
Date:	24/6/26	24/6/26	
Time:	@ 2pm	@ 9pm	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: WALRI	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil					
	Surgery / Procedure: -	Post OP Day: -					
BACKGROUND	Date	24/6/24	25/6	25/6	25/6	26/6/24	
	Shift	N	M	E	Night	Morni	
	Medical Condition (Any special condition to be noted):	N.	nil	nil	nil	nil	
	Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.6	97.9°F	98.6°F	98.6°F
		Res:	28b/m	28b/m	27b/m	28b/m	26b/m
		SpO ₂ :	99%	99%	97%	96%	98%
		Pulse:	102b/m	108b/m	106b/m	108b/m	102b/m
		BP:	114/63	108/60	100/60	92/51	98/62
		LOC:	-	conscious	conscious	conscious	conscious
	Fall Risk Score:	1	1	1	1	1	
Pain Score:	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	nil	nil	nil	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	
	Critical Lab Test / Values:	-	nil	nil	nil	nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:		nil	nil	nil	nil		
Handed Over By Name :		Bernika	Subham	MARUSA	Bernika		
Signature / ID :		081927	256	0614597	018727		
Date:		25/6/24	25/6	25/6	26/6/24		
Time:		@ 8pm	2PM	@ 8pm	@ 8am		
Taken Over By Name :		Subham	Subham	Bernika	Subham		
Signature / ID :		1544	1544	018727	1544		
Date:		25/6/24	25/6	25/6/24	26/6/24		
Time:		@ 8am	@ 2PM	@ 8pm	@ 8am		

Noted by Anitha
 26/6
 @ 9.10AM

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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:							

1

NURSING CARE RECORD

Date: 9-3/6/26

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	8 AM	→ Assessment → maintain airway & oxygenation → maintain fluid balance	8 AM	→ Assessed the child condition → maintain airway & oxygenation → maintain fluid balance	→ child is active → child on low flow @ 2hr. → DNS @ 25 ml/hr	→ new child is stable	23/6/26 Sushma @ 2 PM
Afternoon	3 PM	Assessed the patient condition Pneumal said Raile * comfortable position 1 v F DNS + 5 ml Ket 2.5 ml/hr	3 PM	Assessed the child condition 1mg Dextomid 2ml/hr 1mg Aminophylline 1 ml/hr	Vitals checked & recorded I/O chart 6ml/hr maintain	child is Active	Sushma 23/6/26 @ 3 PM
Night	10 PM	Assessment → vitals → I/O chart		→ Assessed the child condition → vitals checked & recorded → I/O chart maintained	→ child is stable → vitals are stable → child is hydrated	→ Hemodynamically child is stable	Sushma 24/6/26 8 AM



NURSING CARE RECORD

Date: 24/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Assess the child condition IVF DNS + 5ml KCl Inj Aminophylline	9am	Assessed the child condition Pneuid comfortable Position	vitals checked & Recorded 110 chart 6ml/h maintain	Pneuid O2 support 3 litters and child is Active	Sushree 24/6 @ 2pm
Afternoon	2pm	=> Assess the Baby condition => monitor vital and recorded => maintain Input and out chart => oracy allowed		=> Assessed Baby condition => monitored vital and recorded => maintained Input and output chart => Allowed oracy	=> 110 chart monitor => vital checked	=> Hemodynamically Stable	Sumanjali [Signature]
Night	8pm	- Assessment		- Assessed the general condition of the child	- vital are normal.	- hemodynamically stable.	Renuka 24/6/26 @ 9pm
	9pm	- Medication		- monitored vital & Recorded			

NURSING CARE RECORD



Date: 26/6/26

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	9:15	Monitor vital signs	9:30	monitored vital signs	- patient vital signs are normal	- patient is stable	Dudy 22pm
	7:15	nebulization	1:30	nebulization given	- To reduce cough		
Afternoon	3pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Soft diet	→ patient is stable	Anitha 25/6 @8pm
	5pm	→ Ensure Safety		→ To provide side rails	→ To prevent from fall risk		
Night	11pm	→ Monitor vital signs		→ monitored vitals signs	→ Patient vitals are normal	Patient is stable	Beonika 26/6/26 @8am
	1am	→ ensure safety		→ side rails kept up	→ to prevent from fall risk		

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 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 26/6/26

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: A.I.P

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge note:-		Doctor Come for rounds & advice	Discharge		
Afternoon						Noted by Anitha 26/6/26 @ 9.10 AM	
Night							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			22/6	23/6	23/6	24/6	24/6
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	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		12	12	15	15	15	15

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	✓	4	X	X	X	X
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓	✓
Wheel chair support	X	X	X	X	X	X
Other Intervention(s) Specify	✓	-	✓	✓	✓	✓
Nurse's Name:	Sobha	Sobha	Sobha	Sobha	Sobha	Sobha
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	22/6	23/6	23/6	23/6	24/6	24/6
Time:	10 PM	10 AM	10 AM	10 AM	6 AM	2 PM



2

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	u	u	25/6/24	u	25/6/24
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	3	3	3	3	3
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
Other Medications / None	1	1	1	1	1	1	
Total			14	14	14	14	14

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	4	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	2	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	4	X
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Suma	Renuka	Belovika	Arul	Anita
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		24/6	24/6	25/6	25/6	25/6
Time:		8pm	9pm	3 AM	10	8pm

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 Dr. PREETHAM KUMAR



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			26/6	26/6			
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	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3			
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2			
	Oriented to own ability	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			15	15			

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 sup.		✓	✗			
Other Intervention(s) Specify		✓	✓			
Nurse's Name:		Benika Subh				
Signature:		[Signature]				
Date:		26/6	2016			
Time:		2am	10am			



1

CHECKLIST FOR THROMBOPHLEBITIS

24/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	22/6 DAY-1			23/6 DAY-2			24/6 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		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-		
Signature of the Nurse						<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		

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]*
 Signature : Name : *Santhi*

Signature of Ward In Charge : *[Signature]*
 Signature : Name : *Dr. Sujatha*

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IP-00080446

Master CHINIMILLI NIHANTH

28-04-2024 2 Y 1 M 28 D

Dr. PREETHAM KUMAR

(M)



CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	26 DAY-1			26/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-						
Signature of the Nurse				[Signature]									

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

Signature of Shift In Charge :

Signature : Kalpana Name : Kalpana

Signature of Ward In Charge :

Signature : eli Name : elizabeth



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	11 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Sh
23/6/26	7 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Sh
23/6/26	2 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Seshera
23/6/26	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Bendu
24/6/26	6 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Bendu
24/6/26	2 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Seshera
24/6/26	8 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Sumanjali
25/6/26	11 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Beonika
26/6	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Bendu
25/6	8 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Anef

Re-assessment Frequency:

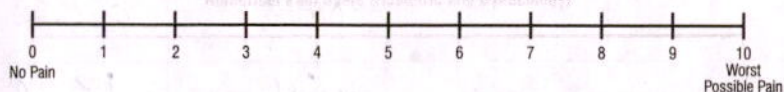
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

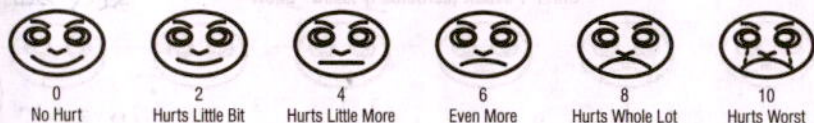
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6/26	2am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Bmjnj
26/6	10am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Subj
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

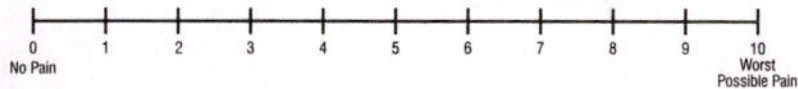
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours
 b) Then every 4 hours.
 c) Prior to pain pain-relieving intervention. d) Within 30 – 60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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst



BRADEN 'Q' SCALE

1

					Date :	22/6/23	23/6	23/6	23/6
					Time :	11PM	7AM	2PM	11AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	3	3	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	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	3	3	3	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	26	25	25	25
Docu. No. : RCH /FRM / CLINICAL / 119					Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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



BRADEN 'Q' SCALE

②

				Date :	24/6	24/6	24/6	25/6
				Time :	6A	2PM	8PM	11AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
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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					25	28	25	25
Evaluator's Name					bu	bu	bu	bu

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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:	Date:	Date:	Date:	Date:	Date:
			Time:	Time:	Time:	Time:	Time:	Time:
			23/6/24	7:00 AM	24/6/24	7:00 AM	25/6/24	7:00 AM
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]					

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: Master CHINIMILLI NIHANTH MANIKANTA

Age : 2 Y 1 M 27 D

IP No: IP-00060446*

Sex: Male

Consultant: Dr. PREETHAM KUMAR

Ward/Bed No: N 0 GF-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Lokesh

Relationship: Father

Date: 22-06/26

Witness Name: [Handwritten]

Witness Signature: [Handwritten]

Patient Address:

FLAT NO-002 BLOCK-I VISTA HOMES
KUSHAIGUDA Ecil Hyderabad
Telangana INDIA 500062

Time: 11.19 PM

**CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE UNIT**



Name: chinimilli Nihanth Age: 24 M Gender: Male Female

UHID.No: MM - 00206164 Date: 23/06/2022

I Lokesh S/o, D/o, W/o, hereby declare that our patient Master/Baby Nihanth who is related to me as son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 22/06/2022

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

Reactive airway disease

The doctors have clearly explained to me that my patient Master / Baby Nihanth 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 : Nihanth 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: L. Lokesh

Relationship with Patient: Father

Date & Time: 23/06/2022, 5:46

Witness :

Signature: [Signature]

Name: Anantha Varalakshmi

Date & Time: 23/06/2022, 5:46 PM

Doctor (who is taking the consent) :

Signature: [Signature]

Name: Dr Jayaraj

Date & Time: 23/06/2022, 5:45 PM

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.పా.బి.డి

నేను శ/ం. ద/ం. వ/ం.

..... అనే బాలుడు / బాలిక యొక్క బికిత్త మేరకు రెయిన్సౌ పిల్లల అనువత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చాతిని.

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

.....
.....

రెయిన్ బో బిల్డెస్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి జడ్డుకు 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 కాలెటర్, బొడ్డు నీర మరియు ధమనుల కాలెటర్ వంటి. వెలిఫెర్టీ ఇన్ఫర్ట్ చేయబడిన సెంట్రల్ కాలెటర్ లైన్ మరియు అర్థరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్స్ 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 జడ్డు ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

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

ఒక జడ్డు 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.బి.సి.యు) లో చేర్చుకొని అససరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ద్వపరుస్తున్నాను.

సహాయకుడు(అటెన్షన్) సాక్షి

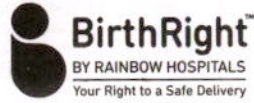
సంతకము సంతకము

పేరు పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము

సంతకము

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)



VIH-00206184 IP-00080446
 Master CHINIMILLI NIHANTH
 26-04-2024 2 Y 1 M 28 D (M)
 Dr. PREETHAM KUMAR

(All the drugs in this category belong to "High Risk / High Alert" medicines.
 caution and respiratory depression while administering these drugs)

Patient Name : Age : Gender : M F

Weight : 10kg Sheet No. :



Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
25/06/2024	9AM	Dexmedetomidine	1ml = 24ml NS 1ml = 4mcg	0.5-2 mcg/hr 0.2-0.2 mcg/hr	[Signature]	[Signature]	24/6/26 6 AM		[Signature]

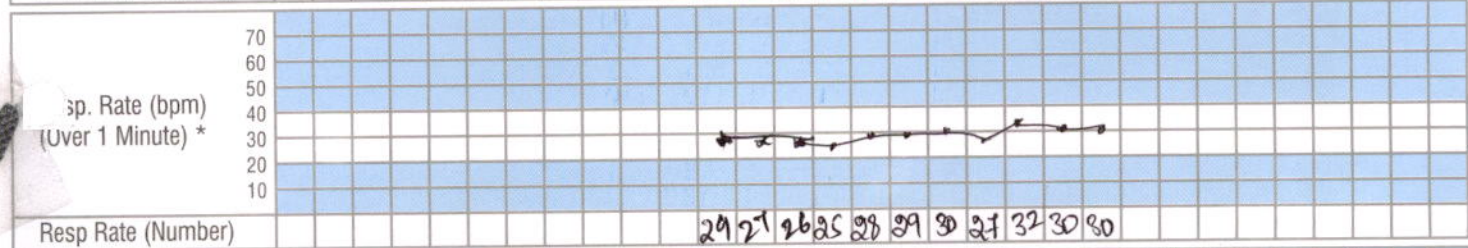
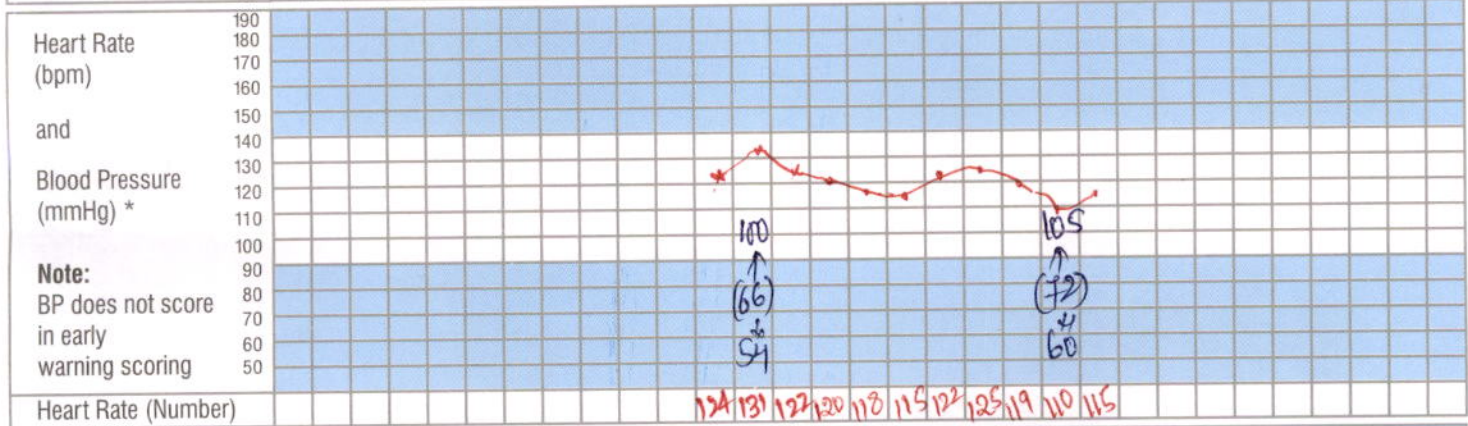
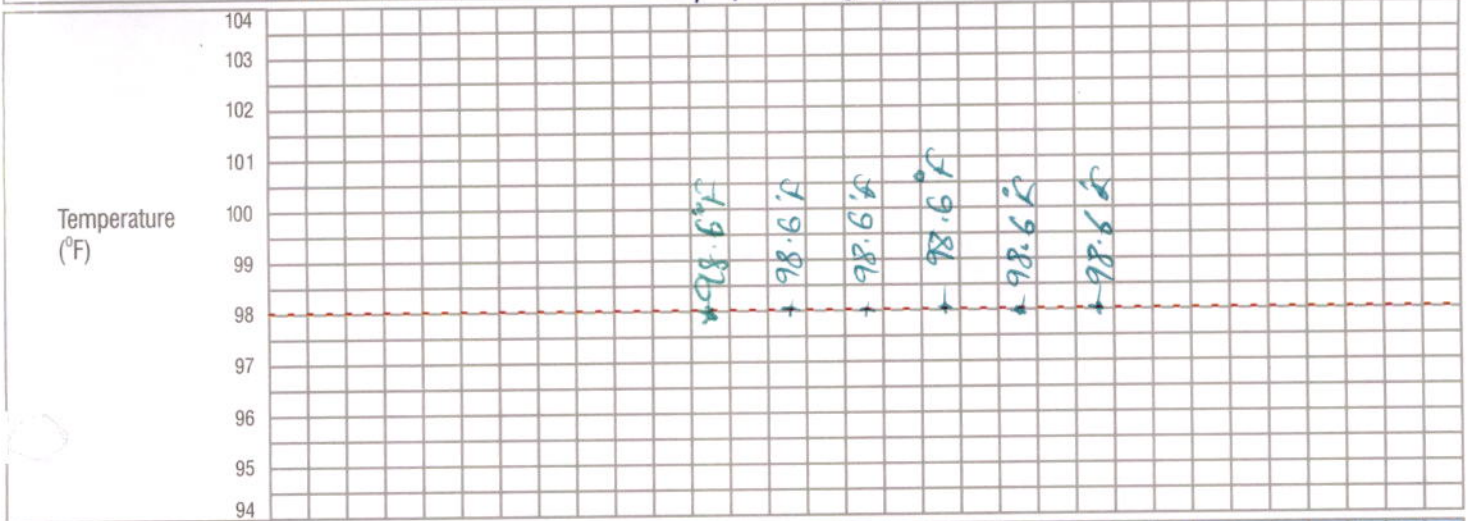
CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
 0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/20 Time: 10 11 12 1 2 3 4 5 6 7 8
 Doctor / Nurse / Family Concern? PN PN PN PN PN PN PN PN PN PN



Resp Distress	Mod/ Severe										
	None / Mild										
Receiving O ₂ (l/min)											
O ₂ Saturations (%)											
Conscious Level	Normal / Altered										
GCS *											

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

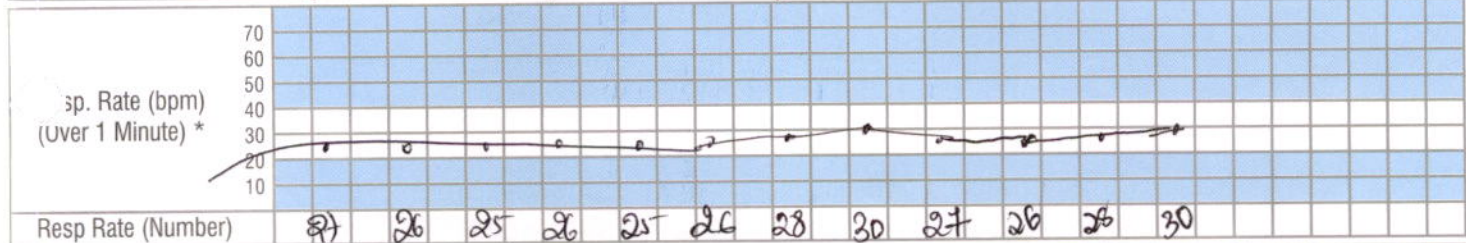
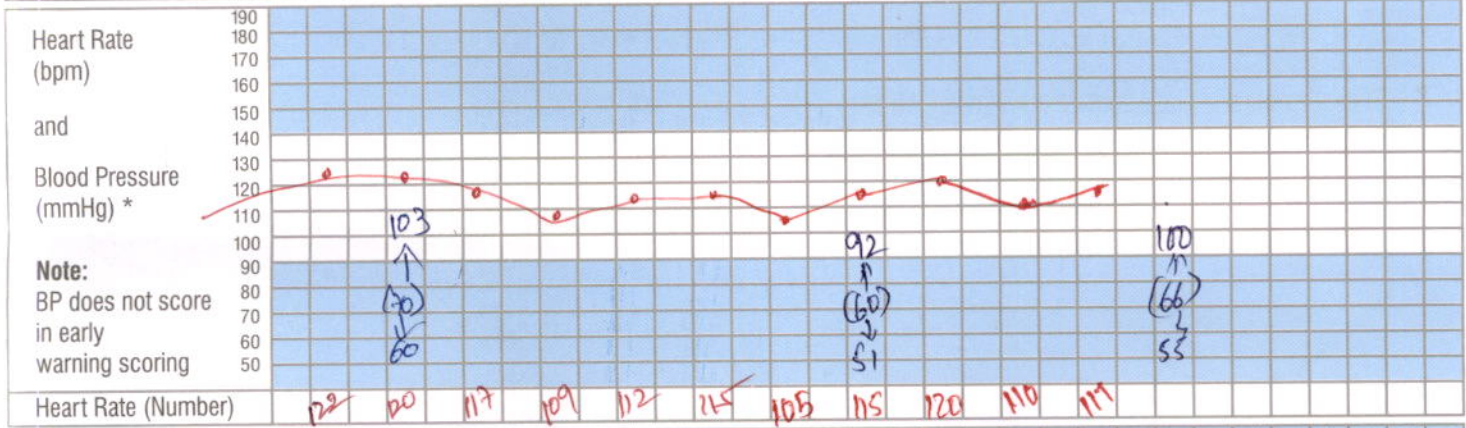
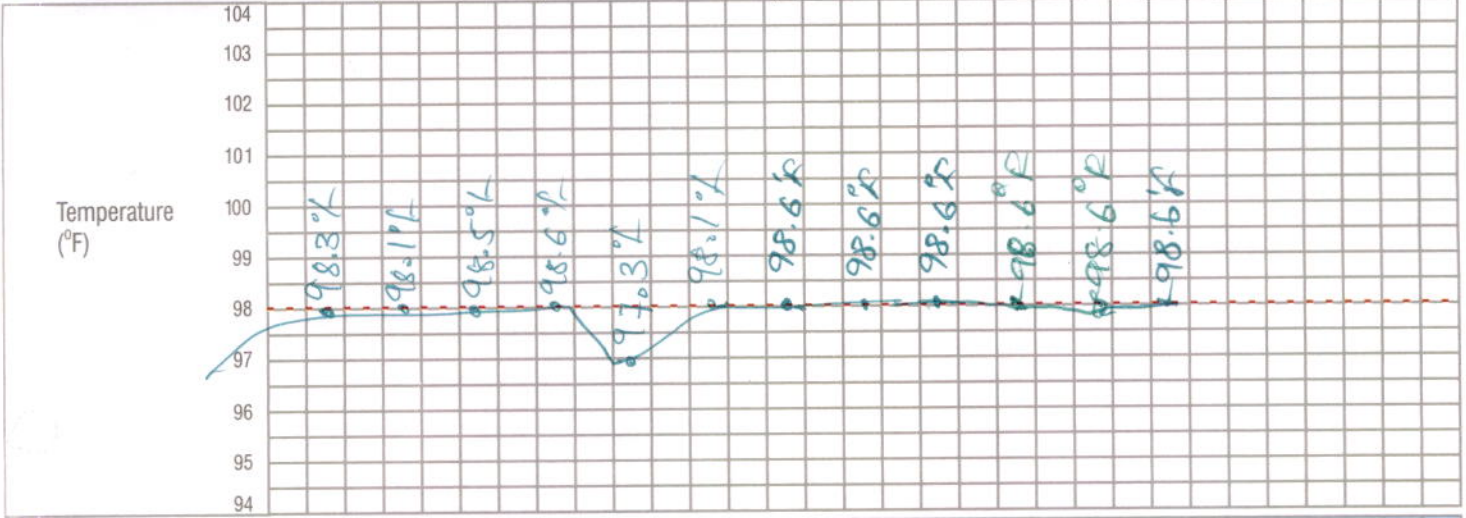
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28.6..... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM



Resp Distress	Mod/ Severe	None / Mild										
Receiving O ₂ (l/min)												
O ₂ Saturations (%)	97	96	97	98	97	97	96	97	95	98	97	98
Conscious Level	Normal	Altered										
GCS *	15	15	15	15	15	15	15	15	15	15	15	15

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

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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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)

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INSTRUCTIONS:

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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	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 :						
22/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am			25ml						✓		
	01:00 am			25ml								Manisha
Total Intake :						Total Output :						
23/6/26	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml						✓		
	07:00 am											
	Total Intake :						Total Output :					
Total 24 hrs. Intake												
Total 24 hrs. Output												



FLUID CHART

Sheet No. :

24/6/26

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

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

24/6/26

25/6/26

Rice water

water

Responsible
24/6/26
25/6/26

Responsible
25/6/26
26/6/26

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 28-04-2024 2 Y 1 M 30 D (M)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

25/6/26

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

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
25/6			Mouth	I.V	N.G							
	08:00 am		Dolly water						✓		1 } 2 } 3 } 4 } 5 } 6 }	subham 25/6 01pm
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm								✓			
01:00 pm												
Total Intake :					Total Output :							
25/6	02:00 pm		katchido water								1 } 2 } 3 } 4 } 5 } 6 }	manasa 25/6 07pm
	03:00 pm											
	04:00 pm								✓			
	05:00 pm											
	06:00 pm		milk									
	07:00 pm								✓			
Total Intake :					Total Output :							
25/6	08:00 pm		Rice water								1 } 2 } 3 } 4 } 5 } 6 }	Benuka 26/6 @1am
	09:00 pm											
	10:00 pm								✓			
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
26/6	02:00 am								✓		1 } 2 } 3 } 4 } 5 } 6 }	Benuka 26/6 @7am
	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



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		
26/6	08:00 am											
	09:00 am	Poly water										
	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 :									

Noted by Amitha
 26/6/26
 @ 9.10 AM

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--



MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

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

Shifting From: ER

Shifted to: 110

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. Srikanth

Date & Time : 22/6/26 @ 11:23pm

Nurse Name & Signature : Shanthi Ishu

Date & Time : 22/6/26 @ 11:23pm

VH-00206184 IP-00060446
 Master CHINMILLI NIHANTH
 26-04-2024 2 Y 1 M 29 D (M)
 Dr. PREETHAM KUMAR



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: Shifted to:

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	INJ AMOXICILLIN + CLAVULONIC ACID	300mg	IV	8 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	SYRUP OSELTAMIVIR	2.5ml	PO	12 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ HYDROCORTISONE	40mg	IV	6 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	NEB LEVOALBUTAMOL	1 RESPUER	PN	4 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	NEB. BUDESONIDE	1 RESPUER	PN	12 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	NEXPRO SACHET	1 SACHET	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	SYRUP DOMPERIDONE	2ml	PO	8 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	METASPRAY NASAL SPRAY	1 SPRAY	PN	12 HOURS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9	NASOCLEAR NASAL DROP	2 drop	PN	6 HOURS		<input checked="" 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. Sweety, *[Signature]*

Date & Time: 29/6/2026, 8.00 PM

Nurse Name & Signature: *[Signature]*

Date & Time: 29/6/2026, 8:30 PM

Patient Name		I.P. No.	Sheet No.	Wards 110	Weight (kg) 10kg
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REGULAR PRESCRIPTIONS

DRUG : MMS. Ipratropium Bromide				Date	23/6	24/6															
				Time	2 AM	10 AM	6 PM														
Dose	Route	Frequency	Start Dt.																		
1ml	INH	8 HLY	22/06																		
Name & Signature of the Doctor starting the Drugs:				<p><i>Dr. Jayaram</i></p> <p>10 AM 2 AM 6 PM</p> <p>24/6/26</p>																	
Additional Instructions:				<p>1 resp/2nd = 300 mg</p> <p>Stop 12 24/6/26</p>																	
Daily Doctor's Endorsement by a Sign.																					

DRUG : MMS. Budesonide				Date	23/6	24/6	25/6															
				Time	2 AM	2 PM																
Dose	Route	Frequency	Start Dt.																			
0.5mg	IN	12 HLY	22/06																			
Name & Signature of the Doctor starting the Drugs:				<p><i>Dr. Jayaram</i></p> <p>2 PM</p>																		
Additional Instructions:				<p>1 resp/2 = 0.5mg</p>																		
Daily Doctor's Endorsement by a Sign.																						

DRUG : MMS. Magnesium Sulphate				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
500mg	IV	8 HLY	22/06																			
Name & Signature of the Doctor starting the Drugs:				<p><i>Dr. Jayaram</i></p>																		
Additional Instructions:				<p>50</p>																		
Daily Doctor's Endorsement by a Sign.																						

DRUG : MMS. Magnesium Sulphate				Date	23/6	24/6																
				Time	6 AM	2 PM	10 PM															
Dose	Route	Frequency	Start Dt.																			
500mg	IV	8 HLY	22/06																			
Name & Signature of the Doctor starting the Drugs:				<p><i>Dr. Jayaram</i></p> <p>2 PM 10 PM</p>																		
Additional Instructions:				<p>50 up to 24/6</p> <p>Stop 12 24/6/26</p>																		
Daily Doctor's Endorsement by a Sign.																						

S. macaykumar 22/6/26

S. macaykumar 22/6/26

Found 23/6/26 at 6:30am

100 mg 12 HLY 24/6/26
 100 mg 12 HLY 24/6/26
 100 mg 12 HLY 24/6/26

VIH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 26-04-2024 2 Y 1 M 28 D (M)
 Dr. PREETHAM KUMAR

Ref. No. : F / HW / DC / RP / INPR / 05.a



I.P. No. Sheet No. (1) Wards 11CW Weight (kg) 10kg

REGULAR PRESCRIPTIONS

DRUG: ZNT AMPHOCORISON E

				Date					
				Time					
Dose	Route	Frequency	Start Dt.						
40 mg	W	6 hourly	24/6	6 AM					
Name & Signature of the Doctor starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign.									

DRUG: PND-THYRACORTSON F

				Date					
				Time					
Dose	Route	Frequency	Start Dt.						
40 mg	W	6 hourly	22/06	12 AM	23/6	24/6	25/6		
Name & Signature of the Doctor starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign.									

changed to oral 25.6.26

DRUG: NASO CLEAR (NORMAL SALINE)

				Date					
				Time					
Dose	Route	Frequency	Start Dt.						
2 drop	PN	6 hourly	23/6/20	12 AM	23/6	24/6	25/6	26/6	
Name & Signature of the Doctor starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign.									

DRUG: NEB LEVOSALBUTOL

				Date					
				Time					
Dose	Route	Frequency	Start Dt.						
10 drops	PN	4 hourly	24/6/20						
Name & Signature of the Doctor starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign.									

See the neb chart

As per doctor order Infliximab As per doctor order
 Chute 23/6/26 at 5:30 PM
 Chute 23/6/26

Prof. Preetham

VIH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 26-04-2024 2 Y 1 M 29 D (M)
 Dr. PREETHAM KUMAR



I.P. No.	Sheet No.	Wards	Weight (kg) 10 kg
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REGULAR PRESCRIPTIONS

DRUG : TAB LANSOPRAZOLE				Date Time															
Dose	Route	Frequency	Start Dt.																
1 TAB	PO	ONCE DAILY	24/6/26																
Name & Signature of the Doctor starting the Drugs: Dr. Sweety, Sr																			
Additional Instructions: 1 TAB = 15mg																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : NEXPRO SACHET				Date Time	25/6/26														
Dose	Route	Frequency	Start Dt.																
1 SACHET	PO	ONCE DAILY	24/6/26																
Name & Signature of the Doctor starting the Drugs: Dr. Sweety, Sr					6	AM	6:00												
Additional Instructions: 1 SACHET = 10mg MIX WITH 15ml of DW.																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP DOMPERIDONE				Date Time	24/6	25/6	26/6												
Dose	Route	Frequency	Start Dt.																
2ml	PO	TWICE DAILY	24/6/26		6	AM	6:00	6:00											
Name & Signature of the Doctor starting the Drugs: Dr. Sweety, Sr					2	PM	2:00	2:00											
Additional Instructions: 0.2 - 0.5mg/kg/dose 1ml = 2mg					10	PM	10:00	10:00											
Daily Doctor's Endorsement by a Sign.																			

DRUG : META SPRAY NASAL SPRAY				Date Time	24/6	25/6	26/6												
Dose	Route	Frequency	Start Dt.																
1 spray	PN	12 Hourly	24/6/26		7	AM	7:00	7:00											
Name & Signature of the Doctor starting the Drugs: Dr. Sweety, Sr					7	PM	7:00	7:00											
Additional Instructions: MOME TASONER FOR OATE NASAL SPRAY																			
Daily Doctor's Endorsement by a Sign.																			



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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
25/6/26	00.00	12am		
	01.00	NASOCLEAR NASAL 2x20 (QID)	[Signature]	[Signature]
	02.00	Pnf HYDROCORTISONE 4mg (QID)		
	03.00	6am		
	04.00	NEXPRO 1SACHET (OD)		
	05.00	Pnf HYDROCORTISONE 4mg (QID)		
	06.00	Pnf AMOXICILLIN 300mg (TID)		
	07.00	SYP OSELTAMIVIR 2.5ml (BD)		
	08.00	SYP DOMPERIDONE 2ml (TID)		
	09.00	NASOCLEAR NASAL 2x20 (QID)		
	10.00	7am		
	11.00	METASPRAY NASAL 1spray (BD)		
	12.00	12pm		
	13.00	Pnf HYDROCORTISONE 4mg (QID)		
	14.00	NASOCLEAR NASAL 2x20 (QID)		
	15.00	8pm		
	16.00	Pnf AMOXICILLIN 300mg (TID)		
	17.00	SYP DOMPERIDONE 2ml (TID)		
	18.00	6pm		
	19.00	Pnf HYDROCORTISONE 4mg (QID)		
	20.00	NASOCLEAR NASAL 2x20 (QID)		
	21.00	SYP OSELTAMIVIR 2.5ml (BD)		
	22.00	7pm		
	23.00	METASPRAY NASAL 1spray (BD)		

VH-00206164 IP-00060446
 Master CHINIMILLI NIHANTH
 28-04-2024 2 Y 1 M 30 D (M)
 Dr. PREETHAM KUMAR

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MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
25/6/26	00.00	10pm		
	01.00	Pnf AMOXICILLIN 900mg (TID)	[Signature]	
	02.00	Syp DOMPERIDONE 2ml (TID)		
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Patient Name : **Master CHINIMILLI NIHANTH**
28-04-2024 2 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR
Registration No. : -



MEDICATION NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/6/26	00.00	12Am.		
	1.00	NASOCLEAR NASAL 20/20 (QID)	[Signature]	[Signature]
	2.00	6Am		
	3.00	NASOCLEAR NASAL 20/20 (QID)		
	4.00	SYP DOMPERIDONE 2ML (TID)		
	5.00	Pnj AMOXICILLIN 800mg (TID)		
	6.00	SYP OSULTAMIVIR 2.5ML (BD)		
	7.00	NEXPRO 1 SACHET (OD)		
	8.00	SYP ONNA CORTIL 5ML (BD) 7Am		
	9.00	METASPRAY NASAL 1 SPRAY (BD)		
	10.00	12pm		
	11.00	NASOCLEAR NASAL 20/20 (QID)		
	12.00	2pm		
	13.00	Pnj AMOXICILLIN 800mg (TID)		
	14.00	SYP DOMPERIDONE 2ML (TID)		
	15.00	6pm		
	16.00	NASOCLEAR NASAL 20/20 (QID)		
	17.00	SYP ONNA CORTIL 5ML (BD)		
	18.00	SYP OSULTAMIVIR 2.5ML (BD)		
	19.00	7pm		
	20.00	METASPRAY NASAL 1 SPRAY (BD)		
	21.00	10pm		
	22.00	Pnj AMOXICILLIN 800mg (TID)		
	23.00	SYP DOMPERIDONE 2ML (TID)		



DRUG CHART

Date of Admission: 22/6/26 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 : PARACETAMOL DRUGS				Date Time	22/6	2:16														
Dose	Route	Frequency	Start Date																	
1.5ml	PO	Q6-8H	22/6																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Preetham			No Order																	
Additional Instructions:																				
10-15mg/kg/dose T>100F max=100mg																				

DRUG : SYN. ZEPHROFEN				Date Time																
Dose	Route	Frequency	Start Date																	
5ml	PO	Q6-8H	22/6																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Preetham			No Order																	
Additional Instructions:																				
5ml=100mg 20mg/kg/dose T>102F																				

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

VERIFIED BY: Nurse
 Preetham 22/6/26 As per doctor order Preetham 22/6/26 at 11:50 PM
 at 11:50 PM



I.V. FLUIDS CHART

Weight: 10 kg Ward: 110

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/6	12:40 AM	DNS (2/3rd m)	IV	25 ml/hr	[Signature]	[Signature]	23/6	[Signature]	[Signature]
23/6	11 AM	10ml (Aminophylline) + 14ml of NS	IV	1 ml/hr	[Signature]	[Signature]	24/6/24	[Signature]	[Signature]
23/6/26	9:30 AM	DNS + 5ml KCl (2/3rd)	IV	25	[Signature]	[Signature]	23/6/24	[Signature]	[Signature]
23/6/24	8 PM	DNS + 5ml KCl	IV	20	[Signature]	[Signature]	24/6/24	[Signature]	[Signature]

Signature

VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6/26	10:22PM	NEB. LEVOSALBUTAMOL	0.63 X 3	IN	L	Sabin
22/6/26	10:40PM	NEB. IPRATROPIUM	500 mcg	IN	L	Sabin
22/6/26	10:35PM	NEB. BUDESONIDE	0.5 mg	IN	L	Sabin
22/6/26	11:30PM	TAB. HYDROCORTISONE	40mg	IV	L	Sabin
22/6/26	11:50PM	TAB. MgSO4	500 mg	IV	L	Sabin
		TAB.				
		NEB. ALB				
22/6/26	8AM	NEB. LEVOCET	0.63 X (2)	IN	na	Sushma Binas
23/6/26	9:30AM	NEB. LEVOSALBUTAMOL	0.63 X 3	IN	L	Sushma Binas

VERIFIED BY: Name Signatur



REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. 110

S. macy female 22/6/26

DRUG : INT. AMOXICILLIN + CLAVULAMIC ACID

Dose	Route	Frequency	Start Date	Date/Time
300 mg	W	HOURLY	22/06	23/6 2PM ESW 24/6 12 PM ESW 25/6 12 PM ESW 26/6 12 PM ESW

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

Additional Instructions: 30 mg/kg/dose

Daily Doctor's Endorsement by a Sign

S. macy female 22/6/26

DRUG : SUP. OSELTAMAVIR

Dose	Route	Frequency	Start Date	Date/Time
2.5 ml	P/O	12 HOURLY	22/06	23/6 11:30 AM ESW 24/6 12 PM ESW 25/6 12 PM ESW 26/6 12 PM ESW

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

Additional Instructions: 3 mg/kg/dose

Daily Doctor's Endorsement by a Sign

S. macy female 22/6/26

DRUG : INT. PANTOPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time
10 mg	W	ONCE A DAY	22/06	23/6 11:30 AM ESW 24/6 12 PM ESW

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

Additional Instructions: 1 mg/kg/dose

Daily Doctor's Endorsement by a Sign

S. macy female 22/6/26

DRUG : INT. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date	Date/Time
0.63	P/W	2 nd TRY	22/06	

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

Additional Instructions: 1 resp. = 0.63 mg

Daily Doctor's Endorsement by a Sign

See the chart 24/6/26
 frag. dist