Rainbow® Children's Hospital
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ACTIVITY R

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

Name: --------

UHID No : -----

------ Consultant : ---------- Dept : ----------

Date of Admission : 22/06/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/06/26	12:10pm	E.R.	105	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Spurthi Reddy	26/06/26	3094754	
2.	Dr Prajakta		3094794	
3.	Cross checked by Sadya 26/6 @ 12pm			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	CBP-CRP creatinine electrolytes LFT PCT. Amylase. lipase.	26021158	
	USG Abd	R26-009959	Sam
24/6	CBP, CRP	26021850	
	PCG	26021852	
	peripheral smear	26021861	
	urine cs	26021897	
	Cross checked by Sadhana 25/6 @ 3AM		
	CBP, CRP	26021543	
	CUE	26021178	
	Cross checked by Sadhana 26/6 @ 12p		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Infusion pump	12-15pm	24/6 12:15pm	3093250	Ggp

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/06/26	IV Placement	1	3093249	[illegible]
	IV placement	1	3098500	[illegible]
	Cross checked by Kalpana 28/6 @ 3AM			

ANY OTHER INFORMATION

→ ~~[illegible]~~

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 26/6 @ 12:20 pm		

INSURANCE COPY

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Name	Baby N. BHAVISHYA	**UHID**	VIH-00064201
Father/Guardian	Mrs E.NAGA MADHURI	**Age/Gender**	10 Y 11 M 25 D/Female
Address	H.NO 1-1-30/60/2 VINAYAKA NAGAR NEAR SAKETH KAPRA ECIL POST, A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060440	**Admission Date**	22-06-2026
Ref Doctor	Self	**Discharge Date**	26-06-2026

DISCHARGE SUMMARY

Consultant:
Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Urticarial Vasculitis

History: Baby N. BHAVISHYA is a 10 Y 11 M 25 D girl presented with the history of urticarial rash over the body since 4 days, multiple episodes (10-12 episodes / day) non bilious non projectile vomitings and pain abdomen, moderate grade fever since 1 day prior to admission. For the above complaints, she was admitted to Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 97/min, blood pressure - 100/72 mmHg and respiratory rate - 22/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, tenderness present in the umbilical region. Neurologically she was conscious and oriented. Other systemic examination was normal.

Name	Baby N. BHAVISHYA	UHID	VIH-00064201

Weight on admission : 36.70 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. Injection Hydrocortisone was given. She was treated symptomatically with antacids and antipyretics.

On the day of admission- hemogram showed elevated CRP . Her complete blood picture showed hemoglobin 13.2 gm%, white blood cells count of 14,110 cells/cumm, platelet count of 3.82 lakhs/cumm and C-reactive protein was 28 mg/l. PCT 0.059 ng/ml. Serum electrolytes and Serum creatinine were normal. Liver function tests normal. Serum amylase 53 U/L, Serum lipase 36 U/L. CUE showed 3-4 pus cells. Urine culture was sterile after 24 hours of incubation. Ultrasound abdomen was suggestive of mild free fluid in peritoneal cavity - No evidence of peritonitis, terminal ileum is minimally dilated and prominent wall - 2.5mm, SMA-SMV axis is normal, - Appendix is not visualized, gas dilated ascending colon and Caecum. Ferritin 47.4 ng/ml. ANA profile was negative. RA factor was negative.

In view of rash child was seen by Dr. Spurthi Reddy Chitta, Consultant Pediatric Allergy and Asthma who advised conservative management, anti histaminics and to continue steroids and to review after 1 week.

In of continuous fever spikes, child was seen by Dr. Prajakta Dekate, Consultant Paediatric Rheumatologist who advised to do ESR, Fibrinogen, LDH, C3, C4, CH50 and to repeat CUE, Urine Protein Creatinine Ratio and to continue steroids.

She was continued on same line of management. She was regularly monitored for fever spikes. Repeat hemogram done on 26.06.2026 showed

hemoglobin 10.8 gm%, white blood cells count of 21,800 cells/cumm, platelet count of 4.16 lakhs/cumm and C-reactive protein was 73 mg/l.As hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Injection Piperacillin + Tazobactam 3.6 gm IV 8th hourly till 29.06.2026 morning dose.
3. Injection Amikacin 250 mg IV 12th hourly till 27.06.2026 evening dose.
4. Tablet Cetirizine (5mg), 1 tablet once daily (8pm) for 3 days.
5. Tablet. Allegra (120mg), 12th hourly for 5 days (10am-10pm). Followed by 1 tablet once daily for 10 days.
6. Syrup. Sucralfate, 5ml 12th hourly for 3 days.
7. Tablet. Omnacortil (10mg), 1 & 1/2 tablet 12th hourly (after food) for 3 days.
8. Tablet Lansoprazole (30mg) 1 tablet once daily (1/2 hour before breakfast) for 3 days.
9. Atarax anti itch lotion for local application over rash 8th hourly for 3 days.
10. Trace ESR, C3, C4, CH50, Fibrinogen, LDH, CUE, Urine Protein Creatinine Ratio reports on follow up.
11. To do CBP, CRP on Monday (29.06.2026).
12. Kindly consult Dr. Siva Narayan Reddy Vennapusa, Senior Consultant Pediatrics, on Monday (29.06.2026) with reports in OPD with prior appointment (This consultation will be charged).

In case of Fever:

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

Tablet Ibuprofen (400mg), 1 tablet for fever more than 101*F (maximum 8 hourly).

Name	Baby N. BHAVISHYA	UHID	VIH-00064201

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

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.

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

Name : Signature :

Relationship with patient :

This summary has been explained by:

Summary prepared by: Dr. Vishwaja
DEO : Kalyan

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

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040-42462200, Ext 2000,2001,2002,

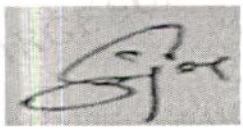
PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 21 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
AMYLASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 11:24
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	53	U/L	30 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 11:24
HEMOGLOBIN (Colorimetry)	13.2	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.37	10^12/L		4 - 5.2
PCV/HCT (Calculated)	36.7	VOL%		35 - 45
MCV (Calculated)	84.1	fL		77 - 95
MCH (Calculated)	30.2	pg/cells		25 - 33
MCHC (Calculated)	35.9	g/dL		32 - 36
RDW-CV (Calculated)	12.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	382	10^9/L		150 - 450
MPV (Calculated)	8.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**14.11**	**10^9/L**	H	4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**88**	**%**	H	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**09**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	**02**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHIL LEUCOCYTOSIS 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 11:24

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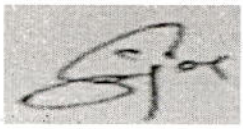
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 21 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

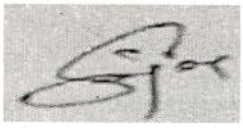
Investigation	Result	Unit		Biological Reference Interval
CRP (Immunoturbidimetry)	**28**	**mg/L**	H	<10



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 11:24
CREATININE (Enzymatic)	0.6	mg/dl	0.5 - 1



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 11:24
SODIUM (Direct ISE)	**147**	**mmol/L**	H	134 - 143
POTASSIUM (Direct ISE)	4.8	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	103	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

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MC-7373

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Age/Gender	: 10 Y 11 M 21 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :22-06-2026 11:24
LIPASE (Enzymatic with colipase-Vitros)	36	U/L	13 - 150

Rashida

Dr. **RASHIDA MAHREEN, MBBS,MD**

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad

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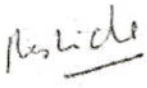
PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 21 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 11:24
TOTAL BILIRUBIN (Azobilirubin)	0.6	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.5	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	21	U/L	10 - 40
SGPT (ALT) (Kinetic with P5P)	15	U/L	10 - 30
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	208	U/L	140 - 560
PROTEIN (Biuret method)	7.5	g/dL	6.3 - 8.6
ALBUMIN (Bromocresol Green)	4.7	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	2.8	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.6		1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PROCALCITONIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 11:24
PROCALCITONIN	0.059	ng/ml	<0.5



Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 12:38
PHYSICAL			
COLOUR (Visual Examination)	YELLOWISH		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.030		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	PRESENT ++		NIL

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Age/Gender	: 10 Y 11 M 21 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**3-4**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**3-5**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :24-06-2026 06:52
HEMOGLOBIN (Colorimetry)	12.2	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.01	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**33.3**	**VOL%**	L	35 - 45
MCV (Calculated)	82.9	fL		77 - 95
MCH (Calculated)	30.4	pg/cells		25 - 33
MCHC (Calculated)	**36.6**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	11.7	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	410	10^9/L		150 - 450
MPV (Calculated)	7.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**27.80**	**10^9/L**	H	4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**90**	**%**	H	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**06**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	**03**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHILIC LEUCOCYTOSIS PLATELETS - ADEQUATE**			

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PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 23 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 06:52
CRP (Immunoturbidimetry)	**61**	**mg/L** H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PROCALCITONIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 08:35
PROCALCITONIN	0.180	ng/ml	<0.5

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
FERRITIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 10:43
FERRITIN (CLIA)	47.4	ng/ml	7 - 84

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED Order Date :26-06-2026 06:57
LYMPHOCYTES (Microscopy, Leishman stain)	9.7	%	28 - 48
NEUTROPHILS (Microscopy, Leishman stain)	**87.2**	% H	33 - 61

Differential Count

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PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 25 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
WBC COUNT (DC Detection Method)	**21.80**	**10^9/L**	H	4.5 - 13.5
MPV (Calculated)	7.9	fL		6.5 - 10
PLATELET COUNT (DC Detection Method)	416	10^9/L		150 - 450
RDW-CV (Calculated)	11.7	%		11.5 - 15
MCHC (Calculated)	**36.1**	**g/dL**	H	32 - 36
MCH (Calculated)	29.9	pg/cells		25 - 33
MCV (Calculated)	82.7	fL		77 - 95
PCV/HCT (Calculated)	29.9	VOL%		35 - 45
RBC COUNT (DC detection method)	3.61	10^12/L		4 - 5.2
EOSINOPHILS (Microscopy, Leishman stain)	1.3	%		1 - 4
MONOCYTES (Microscopy, Leishman stain)	1.6	%		4 - 10
HEMOGLOBIN (Colorimetry)	10.8	g/dL		11.5 - 15.5

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			**TEST RESULT STATUS : REPORT ENTERED**
			Order Date :26-06-2026 06:57
CRP (Immunoturbidimetry)	73	mg/L	<10

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Age/Gender	: 10 Y 11 M 25 D/ Female	**Admit Date**	: 24-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

URINE CULTURE AND SENSITIVITY (Specimen :URINE)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED
Order Date : 24-06-2026 16:00:32

Gross examination: Pale yellow in colour, Clear.

Gram stained smear: Shows no polymorphs or organisms

Culture: No growth after 24 hrs of incubation

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

..... End of the Report .....

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

MC-7373

PatientName	: Baby N. BHAVISHYA	**Inpatient No.**	: IP-00060440
Age/Gender	: 10 Y 11 M 23 D/ Female	**Admit Date**	: 24-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

RA FACTOR (RHEUMATOID FACTOR) (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED
Order Date : 24-06-2026 10:43:26

REPORT : NEGATIVE
> 12 IU/ml POSITIVE
< 12 IU/ml NEGATIVE
METHODOLOGY : LATEX AGGLUTINATION

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

..... End of the Report .....

Bhavishya.
10y 11m 24d/F.
26/6/26.

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

CONSULTATION FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Doctor Name : .....

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

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

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

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

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

Reason ... rent care specify the particular need, especially in the absence of a second diagno...

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
Dr. SIVA NARAYANA REDDY

Signature: M.D.

Report of Findings and Recommendations :

Thanks for consult.

HD#5.

8 days ago noticed rash in fingers.

3 days later started vomiting/abdominal pain.

Fever – Tmax 101°.

No diarrhea

No throat pain / cough

Rash all over body. Pruritic.

Leaves. no mark, last 24 hrs

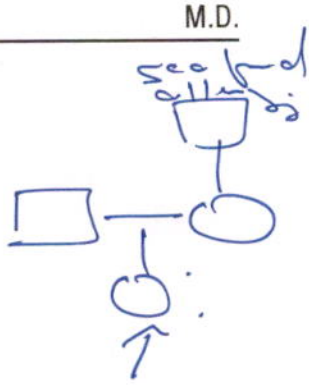
No angioedema.

No past history of similar episodes

Family → Mother hypothyroid. | Constipation.

No RA/Lupus.

Asthma/AR/Food allergy → none.



Consultant :

Name : Dr. Jyothi Chitta Signature : ..... Date & Time : 10:45pm 26/6/26

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

P.E Alert, active

nose – ⊘

Throat – ⊘

eye – pale B/L

Skin – Blanchable hives present – body

Inv: Acute urticaria

likely post viral gastroenteritis

Unlikely food allergy.

RA factor neg.

℞

1.) – Tab. Allegra 120 mg.

○——○ x 5 days.

↓

x ——○ x 10 days.

2.) Syr. Ommacortil forte (15 mg/5ml)

7.5ml ——— 7.5ml x 2 days.

3.) Rest of treatment as per team.

4.) Review in 1 week.

Advise:

TSH & free T4

Anti TPO & anti TG antibodies

CONSULTATION FORM

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Doctor Name : Dr. Prajakta Dekate.

Date : 26/6/26. Hour : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

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

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

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

Reason f VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 25 D (F)
Dr. SIVA NARAYANA REDDY

t care specify the particular need, especially in the absence of a second diagnosis

Signature: M.D.

Report of Findings and Recommendations :

10yr girl.

c/o: Vomiting & pain in abdomen 4 days back x 2 days.
Fever once a day in evening since then, low grade.
Erythematous rashes over the whole body, ?itching associated.

O/E: Afebrile at present, Vitals stable.
Multiple annular erythematous polycyclic rashes.
Mild oedematous hands & feet. | Non necrotic, no bullae
Msk - Normal.
Oral Cavity Normal, No Mucositis.

Consultant :

Name : ..... Signature : ..... Date & Time : .....

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

Inv: Neutrophilic leucocytosis.
↑ CRP., Procal normal.
USG: free fluid in peritoneal cavity.

AWA — ml/ml:

→ On Piptaz & Amikacin.

Imp: Persistant febrile inflammatory illness & annular urticarial rash.
D/D → Urticarial Vasculitis post Viral Gastroenteritis.
Persistant infection etiology to be excluded.

Inv:
1. ~~ER~~ ESR, ~~ferritin~~, Fibrinogen, LDH.
2. Repeat Urine R/M, UPCR.
3. Complements → C3, C4, CH50.
4. Blood Cultures & Sensitivity.

Continue Inj. Hydrocort, to be reviewed.

Prajakta.

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
Dr. SIVA NARAYANA REDDY

LIST OF MEDICAL CASE SHEET

Rainbow® Children's Hospital — It takes a lot to treat the little.
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IP.No:

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	03	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	05	–	–	
7	Nurses Progress notes	05	–	–	
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	05	–	–	
26	Intake and Output chart (fluid Chart)	01	–	–	
27	Drug Chart (Regular prescription)	03	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart	0			
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Others	18	–	–	
		52			Noted by Anitha 26/6/26 @ 11.20 Am
	Total No. of Pages				

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060440 **Admit Date** : 22-Jun-2026 **Admit Time** : 11:00 AM **UHID** : VIH-00064201

Patient Details :

Patient Name	: Baby N. BHAVISHYA	**Age**	: 10 Y 11 M 21 D
Guardian	: Mrs E.NAGA MADHURI	**DOB**	: 01-07-2015
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO 1-1-30/60/2 VINAYAKA NAGAR NEAR SAKETH KAPRA ECIL POST A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 8978955544
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mrs E.NAGA MADHURI **Relationship** : Mother

Contact Address : H.NO 1-1-30/60/2 VINAYAKA NAGAR NEAR SAKETH KAPRA ECIL POST A S Roa Nagar Hyderabad Telangana INDIA 500062 **Phone No** : 8978955544

E. Naga Madhuri

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Patient Name : Baby. N. BHAVISHYA UHID : VIH-00064201 IPD : IP-00060440 Gender : Female Age : 10 Y 11 M 21 D

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : @ 10.46AM

Chief Complaints: Rashes seen 4 day. vomiting since 2 days RBS: .....

Height : — Weight : 36.7kg 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:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☐ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : @ 10.50AM

Patient Name : Baby. N. BHAVISHYA UHID : VIH-00064201 IPD : IP-00060440 Gender : Female Age : 10 Y 11 M 21 D

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

Time	Nursing Notes
10.40 AM	Pt came to ER.
10.42 AM	Pt vitals checked and Record Done.
10.44 AM	Dr. Prashanti seen the Pt Advice Admission
11AM	Pt admission Procedy Done.
11:15AM	Pt IV Placement Dine and Sample sent to Lab.
	Pt Shift ER to ward.

Samples collected by: Samuel Time: 11:15pm

Samples sent by : Ramyalakshmi Time: 11:30pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 107b/m BP: 60/72 CFT: <3sec	Shift - out from ER to: 105
RR: 22b/m SPO_2 : 98%	Time of Shift - out: 22/6/26 @ 12:10Am
GCS: - Temperature : 98°F	Handover given to: Sr. Beronika
Pain Score: 0	(Nurse's Name) By Sr. Nagmani
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation

Name of the Nurse : Sr. Nagmani Signature of the Nurse :

Date & Time : 22/6/26 @ 12:10 Pm

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

wt - 36.70 kg
Height: 153 cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. N. Bhavishya Age : 10 Y 11 M **Gender:** ☐ Male ☑ Female

Date : 22/6/26 Time of Arrival : @ 10.45 Pm

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 107 b/m BP: 100/72 RR: 26 b/m SpO_2: 99%

Chief Complaints: Rashes since 4 days, Vomitings since 2 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : @ 10.45 Pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bro. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 22/6/26 @ 10.45 Pm

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Urticarial Vasculitis

Arrival Time: 12.15 p.m. Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 36.7 Kg

Height: 153 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 36.7 Length: 153 cm Head Circumference (< 2 years): .....

Temp.: 98.7°F HR: 109 b/m RR: 22 b/m BP: 118/72

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

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

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother , father .....

Nurse's Name: ..... Beenika ..... Date: ..... 22/6/26 ..... Time: 12:25pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00064201 IP-00060440 Baby N. BHAVISHYA 01-07-2015 10 Y 11 M 21 D (F) Dr. SIVA NARAYANA REDDY	22/06/26 @:	22/06/26 @: ~~HAm~~ 12:10 Pm
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit E.R.	To Unit 105	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (21)	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? O.P file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Rajyalaxmi	Dr. Prashanthi

Patient & Clinical Records Received by : Sr. Bennika

Date & Time of Patient Received : 22/06/26 @ 12:15 pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
22/6/16 8:30pm	? Urticarial Vasculitis.	
	No fever spikes	
	1 episode of vomiting	
	Urticarial rash all over body & face. - ↓ Itching ↓	
	Abdominal pain ↓	
	O/E	
	Child alert	
	~~Lethargic~~	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	1) Add Ameracen.
	P/A - soft	2) Inj ceftriaxone
		3) Syp. Sucralfate
		4) Atarax Lotion.
		5) Add Metrogyl. Hydrocortisone.
For Urethroplasty.		
		Noted by Veronika 22/6 @ 8pm

22/6
9pm

S/B Resident

- C/o Rash ⊕ / ? tiredness.
- no fever :: evening

~~Stats~~; ∞

Plan
- add. Atarax syrup.

Dr. Shrikar

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
23/6 8:30 am	D: Urticarial vasculitis	
	- Issues: Erythematous Rashes - Persisting	
	fever spikes. ⊕ 4am - 100.1°F	
	O/E	
	Rash ⊕ - better	
	CH [illegible]	
	CVS - S1S2 ⊕	
	RS BAE ⊕	
	P/A soft	
	CNS no FND.	
	mild swollen fingers ⊕. ; no feeling.	
	plan	
	- Inj Ceftriaxone	
	- Inj. Amikacin	
	- Inj Metronidazole.	
	- Atarax	
	- Inj Hydrocortisone	
	Dr. Shruthi	
	[signature] 23/6/26 10 am	Noted by Subhan 23/6/26 @ 1pm

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	S/B Resident.	
	SSU- Urticarial Vasculitis.	
	afebrile since 23 hours.	
	Erythematous rashes → Better	
	Oral intake - good No Abdominal pain	
	Urine (N)	
	Stool. (N)	
	O/E	
	Child alert	
	Euthermic	
	Vitals Stable	
	CVS- S1S2 (+)	
	RA - BAE (+)	
	P/A - NAD	
		Plan
		1) CST
		2) Monitor vitals Informed
Dr Vishnuja		3) Repeat CBP/CRP T/m or next prick
		Noted by 2nd on @ 8pm 23/6/26

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	C/S/B Resident	
	Diag: Urticarial vasculitis.	
	1 fever spike at 7:15Am (100.7)	
	Erythematous rashes - Better. Itching (ant)	
4/0 → Adequate		
O/I → Better.	O/E	
	Child Alert & Active.	
	Vitals stable	
28 ↓ Crp → 61	CVS: S1S2 (+)	Plan
14K ↓ WBC → 27K.	RS: B/L AE (+)	
	P/A: soft	
	CNS: NAD	1) Inj. ceftriaxone-D3 - STOP
Dr. prashanth		2) Inj. Amikacin - D2
		3) Inj. metronidazole - D3
		4) Inj. hydrocortisone (5 doses).
[signature] 24/6/26		5) Send PCT same sample
		6) Add pantop.
Noted by subhan @ 1pm 24/6/26		- Send u/c/s.
		- Send ferritin, ferritin, ANA profile

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
24/6/26 2:30 pm		
	Asis - Osteoarticular vasculitis.	
	· last fever : F: Afternoon 100°F	
	Rash - better	
	No c/o itching	
	No abdominal pain	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		plan
		1) Inj peptaz D1
	PCT : 0.180	2) Inj Amikacin 4th dose (D2)
		3) Inj metrogyl D2
		4) Inj Hydrocort · D2
		5) Trend v/s
		6) Trace RA factor, ferritin
		ANA profile (sent outside)
	Bhavishya	
		noted by manasa 24/6 2.30pm

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

VIH-00064201
Baby N. BHAVISHYA IP-00060440
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 8am	S/B Resident	
	s/c – Urticarial Vasculitis.	
	1 fever spike @ 9pm : 100°F	
	Rash – better	
	Itching (↓)	
	No abdominal pain /	
	activity (↑)	
	urine – (N)	
	O/E Child asleep	
	Euthermic	
	Vitals stable	
	CVS – S1 S2 (+)	
	R/S – BAE (+)	
	P/A – soft	
	CNS – NAD	
		Plan
		1) Inj peptaz 3rd dose
	PCT – 0.180	2) Inj Amikacin D3 (6th dose)
	ferritin : 47.4	3) Inj metrogyl D3
	RA factor : negative	4) Inj Hydrocort D3
	ANA profile – awaited	5) Syp. Atarax
		6) Atarax anti-itch lotion
		4) CRP, CRP T/m
		5) Stop Meliorgel.
[signature]	[signature] Dr [signature] 28/6/26 10am	Noted by [signature] @ 2pm 28/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25.6.26 3.00PM	S/B Registrar	
	Urticarial vasculitis	
	Last fever spike at	9.25 PM yesterday (100.1°F)
	Waxing & waning	rash.
	o/E child awake	
	CRT < 3sec.	
	afebrile	
	H/c - NAD	
	P/a - soft	
		Plan
		→ Issue ANA profile
	Sameer (Dr. Sameer)	→ CBP, CRP T/m
		→ Vital 4th hourly
		— Spoorthi reddy (Allergy C/N) C/N.
	Noted by Manasa 25/6 @7PM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Urticarial vasculitis
20/6/2026		
8:10 Am.		Fever spike at 7pm 100.4°F yesterday
		- Rash on & off. → over UL & LL
		- child alert
		- vitals stable.
		- oral intake - low to solids.
	RA-factor- negative	- (N) urine
	ferritin - 47.4	O/E- Febrile.
	PCT - 0.180.	CVS - S1S2
		CNS - NAD
		RS - B/L AE(+)
	ANA- ve (attenders)	PA - Soft
		Plan
	d/s on iv antibiotics.	- Amikacin D4.
	s/r after 2 days.	- piptaz D2
	monday cbc/crp	- Atarax D4.
		- Hydrocortisone D4.
		- Trace CRP.
		Dr. S Poorthi reddy C/N T/D
		Dr. Prajakta C/N T/D
		- Add cetirizine
		Send C3 C4 - same sample

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00064201 IP-00060440
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ? Urticarial vasculitis			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	22/6/26 M	22/6/26 M	22/6 E	22/6/26 N	23/6 Morning	23/6 E
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	NIL	Nil
	Diet:	S.diet	S.diet	Soft diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6°F	98.6°F	99.6°F	99.3°F
	Res:	22b/m	23b/m	22b/m	24b/m	22b/m	23b/m
	SpO_2:	99%	99%	100%	100%	97%	98%
	Pulse:	107b/m	90b/m	100b/m	103b/m	98b/m	101b/m
	BP:	100/72mmhg	118/72(86)		100/78(63)	102/63(79)	109/63(80)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	9	9	9	9	9	9
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	NIL	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	NIL	Nil
Handed Over By Name :		Nagmani	Beronika	Beronika	Manisha	Subhan	Indu
Signature / ID :		C1020104	B018727	B018727	9050145	7444	8606608
Date:		22/6/26	22/6/26	22/6/26	23/6/26	23/6	23/6/26
Time:		@12:10pm	@2pm	@8pm	@8AM	@2pm	@8pm
Taken Over By Name :		Beronika	Beronika	Manisha	Subhan	Indu	Manisha
Signature / ID :		B018727	B018727	9050145	7444	8606608	M9050145
Date:		22/6/26	22/6/26	22/6/26	23/6/26	23/6/26	23/6/26
Time:		@12:15pm	@2pm	@8pm	@8AM	@2pm	@8pm

VIH-00064201 IP-00060440
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ? Urticarial Vasculitis

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: NIL

Post OP Day: NIL

BACKGROUND

Date / Shift	23/6 N	24/6 Morning	24/6 E	24/6 N	24/6 M	25/6 E
Medical Condition (Any special condition to be noted):	Nil	NIL	Nil	Nil	Nil	Nil
Diet:	S diet	S. diet	S. diet	S. diet	S. diet	S. diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Vital Signs: Temp:	99.4°F	99.1°F	99.1°F	98.6°F	98.3F	98.4°F
Res:	29b/m	28b/m	27b/m	22b/m	23b/m	24b/m
SpO_2:	99%	97%	98%	99%	98%	99%
Pulse:	109b/m	101b/m	105b/m	102b/m	106b/m	105b/m
BP:	110/78(62)	96/62(72)	100/60(70)	114/63(93)	110/66(80)	107/63(76)
LOC:	Conscious	Consias	Conscious	Conscious	conscious	Conscious
Fall Risk Score:	9	9	9	9	9	9
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	Nil	NIL	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	S diet	S. diet	S. diet	S. diet	S. diet	S. diet
Critical Lab Test / Values:	Nil	NIL	Nil	Nil	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	depend	dependent
Post Operative Procedure Special Orders:	Nil	NIL	Nil	Nil	Nil	Nil
Handed Over By Name :	Manisha	Subham	manasa	Beronika	Indu	Manasa
Signature / ID :						
Date:	24/6/26	24/6/26	24/6	25/6	25/6/25	25/6
Time:	@8AM	2pm	8pm	@8am.	2pm	8pm
Taken Over By Name :	Subham	manasa	Beronika	Indu	manasa	Beronika
Signature / ID :						
Date:	24/6/26	24/6	24/6	25/6/25	25/6	25/6/26
Time:	@ 8AM	2PM	@ 8pm	2pm	2pm	@ 8pm

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Urticarial Vasculitis		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: Nil				
	Surgery / Procedure: Nil		Post OP Day: Nil				
BACKGROUND	Date / Shift	25/6/26 Night	26/6/26 M				
	Medical Condition (Any special condition to be noted):	Nil	Nil				
	Diet:	N. diet	N. diet				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.5°F	99.3 F				
	Res:	22 b/m	24 b/m				
	SpO_2:	99%	99%				
	Pulse:	100 b/m	104 b/m				
	BP:	100/65(76)	98/64(74)				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	9	9				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil				
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	N. diet	N. diet				
	Critical Lab Test / Values:	Nil	Nil				
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Dependent				
Post Operative Procedure Special Orders:		Nil	Nil				
Handed Over By Name :		Beuvila					
Signature / ID :		BO1827					
Date:		26/6/26					
Time:		@ 8am					
Taken Over By Name :		Subhan					
Signature / ID :							
Date:		26/6/26					
Time:		@ 8 AM					

Noted by Anitha 26/6/26 @ 11.20pm

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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Date: 22/6/26

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	12 pm	Maintain fluid Balance - Ensure Safety	2 pm	- Maintained input-/output chart - provided side rails	- To prevent dehydration - To prevent falls	Re-Assessment is done, vitals checked	- Beronika 22/6/26 @2pm
Afternoon	4pm	→ Maintain fluid Balance. → Ensure Safety		→ Administered IV fluid DNS 70 ml/hr → Side Rails kept up	→ To maintain Hydration → Prevent from fall Risk	Patient is stable	Beronika 22/6/26 @ 8pm
Night	8pm	→ maintain good Nutritional status → maintain Personal Hygiene.		→ To Oral Intake is good → Provided ichilotion	→ Provided soft diet → Prevent Infection	Patient is stable	manisha 23/6/26 @ 8Am

VIH-00064201 IP-00060440
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NURSING CARE RECORD

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Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	→ maintain good nutritional status	9AM	→ Provided by Soft diet	→ oral intake is good	→ Patient is Stable	Subhan 23/6 @ 8pm
Afternoon	3:00	Maintain aseptic technique	3:30	maintained aseptic technique	-prevent from Infection	- patient is stable	Indu @8pm 23/6/26
	7:00	Ensure Safety	7:30	-side rails kept up	-prevent from falls risk	- No fresh Complaints	
Night	11 pm	Maintain Fluid Balance	11:10	- Maintained input/output chart	- To prevent dehydration	- patient is stable	Manisha 24/6/26 @ 8AM
		- Ensure Safety		- provided side rails	- To prevent falls		

VIH-00064201 IP-00060440
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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: NIL
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM 10AM	→ Ensure Safety → maintain good nutritional status	9Am 10Am	→ Side rails kept up → oral intake is good	→ Prevent from fall outside → maintain Hydration	→ patient is Stable	Subhun 24/6 @ 2pm
Afternoon	4 pm	→ Relieve pain and discomfort	4:30 pm	→ Administered medications as per order	→ To reduce pain	→ patient is stable	[illegible]
Night	8pm 12Am	- Ensure safety - Maintain good nutritional status	8Am	→ orally intake is good → side rails kept up	- Maintaing Hydration	patient is stable.	Beronika 25/6/26 @ 8Am

VIH-00064201 IP-00060440
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NURSING CARE RECORD

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Date: 26/6

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
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ Early Ambulation Reduce Anxiety
- ☑ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00 12:00	maintain aseptic technique -Ensure safety	9:30 12:30	maintained aseptic technique side rails kept up	-prevent from Infection -prevent from falls risk	-patient is stable	Indra 2pm 26/6/26
Afternoon	3pm	→ Maintain Good Nutritional status → Ensure safety	4pm	- oral is intake Good -side rail kept up	- provided soft diet -prevent from fall risk	→ patient is stable	manasa 26/6/26 @ 8pm
Night	11pm 1am	→ Maintain good nutritional status → Prevent Infection		→ To oral Intake is good. → maintain Personal Hygiene.	→ Provided soft diet → Prevent Infection	Patient is stable	Bennika 26/6 @ 3am

VTH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10.30 pm	→ Dischaarge Note:-		Doctor Come for rounds & advice	Dischaarge		
Afternoon					Noted by Anitha 26/6/26 @ 11.20pm		
Night							

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

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WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date: 22/6 Time: 1pm	Date: 23/6 Time: 1PM	Date: 24/6 Time: 1Pm	Date: 25/6 Time: 1PM	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0		
2	Bedridden recently >3 days or major surgery within four weeks	1	0	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	0		
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0		
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0		
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0		
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0		
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0		
9	Previously documented DVT (Assess for both legs)	1	0	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	0		
	Total Score		0	0	0	0		
	Signature of the Nurse		Ruby	Subha	Subhasini	Subha		

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 22/06/26	DATE 22/6	DATE 22/6	DATE 23/6	DATE 23/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None ✓	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None ✓	1	1	1	1	1	1
	Total		9	9	9	9	9

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

	Bed in low position		X	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	X	X
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Rajyalal	Bavarika	manisha	Suma	Indu
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		22/6/26	22/6	22/6	23/6	23/6
	Time:		11 Am	8pm	11pm	10am	6pm

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Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/6	DATE 24/6	DATE 24/6	DATE 25/6	DATE 25/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		[illegible]	✗	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair sup,		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Manisha	Subhashree		Beronika	Beronika
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		24/6	24/6	24/6	25/6	25/6
	Time:		2AM	10AM	4PM	12AM	8PM

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

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01-07-2015 10 Y 11 M 24 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/6	DATE 25/6	DATE 26/6	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2		
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2	+				
	Other Medications / None	1	1	1	1		
	Total		9	9	9		

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

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair use		X	X	X		
	Other Intervention(s) Specify		✓	✓	✓		
	Nurse's Name:		Manasa	Benita	Anitha		
	Signature:		MJ	[illegible]	Anuf		
	Date:		25/6	26/6	26/6		
	Time:		3pm	2am	9am		

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

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CHECKLIST FOR THROMBOPHLEBITIS

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	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										

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

Signature of Shift In Charge :
Signature : ..... Name : .....

Signature of Ward In Charge :
Signature : ..... Name : .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

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FOR THROMBOPHLEBITIS

	SCORE	DAY-1 M	DAY-1 E	DAY-1 N	DAY-2 M	DAY-2 E	DAY-2 N	DAY-3 M	DAY-3 E	DAY-3 N	Remarks
	0	0	0	0	0						
tis	1	–	–	–	–						
	2	–	–	–	–						
	3	–	–	–	–						
or /	4	–	–	–	–						
	5	–	–	–	–						
ure of the Nurse		[illegible]	[illegible]	Brij	[illegible]						

alth care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Ward In Charge :

... Signature : eli Name : elizabeth

USG Abdomen ✓

Extraplain ② ; ✓

- Inj. [illegible]tmaxone IV - 12 hrly

- Inj. Omeprazol IV - Oncedaily

- Syp. Sucralfate - P/O - 12 hrly

Noted By Mr. Pallavi on 22/06/26 @ 11:30 Am

Signature of the Doctor: ....

Signature of the Consultant: ....

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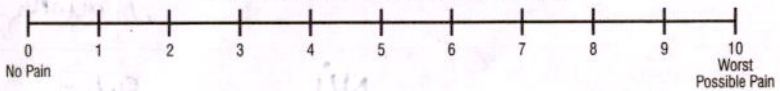
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/06/16	11Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nill	RP
22/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bmj
22/6/16	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
23/6	10Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subs
23/6	6pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
24/6	2Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Muf
24/6	10Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subs
24/6	4pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sf
25/6	12Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Beronika
25/6	8Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Beronika

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
Dr. SIVA NARAYANA REDDY

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	2am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brij
26/6	9am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anuj
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
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   c) Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

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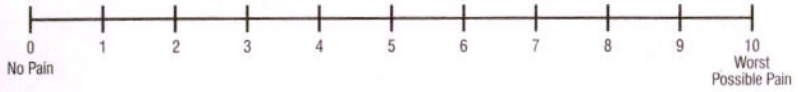

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 22/6	22/6	23/6	23/6
					Time : 11PM	8pm	10Am	6pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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	4	4	4
					TOTAL SCORE	23	22	23
					Evaluator's Name	[illegible]	[illegible]	[illegible]

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

To

PCS Madam,

Hi I am the father of N. Bhavishya would like to have a copy of my Daughter's report

Thanking you
S. AKRAM

Reports
- Issued
22/06/2026

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby N. BHAVISHYA**	**Age :**	**10 Y 11 M 21 D**
IP No:	**IP-00060440**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

Relationship: Mother

Date: 22/6/2026 Time: 11:00 AM

Witness Name:

Witness Signature:

Patient Address:

H.NO 1-1-30/60/2 VINAYAKA NAGAR
NEAR SAKETH KAPRA ECIL POST A S
Roa Nagar Hyderabad Telangana
INDIA 500062

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6 .... Time:					1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am							
Doctor / Nurse / Family Concern?																					
Temperature (°F) (scale 94–104)					98.6°F	98.6°F	98.7°F	98.6°F	98.1°F	99.2°F	98.6°F	98.6°F	98.2°F / 100.1°F Tab paracetamol	98.9°F							
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring					118/72 (86)		117/74 (87)		110/67 (79)					108/64 (78)							
Heart Rate (Number)					90	100	103	102	109	110	107	100	102	112							
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)																					
Resp Rate (Number)					23		25	20	24	25	25	24	29	25							
Resp Distress — Mod/ Severe																					
Resp Distress — None / Mild																					
Receiving O_2 (l/min)																					
O_2 Saturations (%)					99	99	100	98%	100	99	98	100	99	99							
Conscious Level — Normal					N	N	N	N	N	N	N	N	N	N							
Conscious Level — Altered																					
GCS *					15	15	15	15	15	15	15	15	15	15							
TOTAL SCORE Number of shaded boxes					0	0	0	0	0	0	0	0	0	0							
Pain Score					0	0	0	0	0	0	0	0	0	0							
Observer's Initials					B	B	B	B	M	M	M	M	M	M							

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
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Patient Sticker

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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23.6.26 Time: 9.45 | 12 | 2 | 9 | 5 | 7 | 9 | 11 | 1 | 3 | 5 | 7.15

Doctor / Nurse / Family Concern? AM | PM | PM | PM | PM | PM | PM | PM | AM | AM | AM | AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.6°F | 99.4°F | 98.6°F | 99.6°F | 99.6°F | 99.6°F | 99.4°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 100.7°F (Tab Crocin 650 mg)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

98/63 (78) | 108/65 (89) | 114/48 (63) | 104/44 (62)

Heart Rate (Number)	89	100	92	95	95	95	108	100	110	112	108	102

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

70 60 50 40 30 20 10

Resp Rate (Number)	22	24	25	24	23	24	25	26	24	20	24	26
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	99	100	98	98	97	98	99	98	99	99	100	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	1	1	0	0	1	1	0	0	0	0	0	0
Pain Score	0	0	0	0	0		0	0	0	0	0	0
Observer's Initials	SK	SK	SK	Bindu	Bindu	Bindu	M	M	M	M	M	M

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

: RCHBH/ FRM / CLINICAL / 126

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/26 Time:

Doctor / Nurse / Family Concern?	AM	pm	pm	pm	pm	pm	am	am	
Time:	10	12:40	3	5	x	9:25	12	3	7

Temperature (F)

99.4°F, 99.0°F, 99.6°F, 99.4°F, 99.6°F, Tab Paracitamol 100.1°F, 98.6°F, 98.7°F, 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

96 (72) 62 | 96 (72) 60 | 94 (70) 58 | 105 (90) 70

Heart Rate (Number)	103	92	103	100	96	105	97	95	100

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

Resp Rate (Number)	22	24	25	26	25	22	22	20	22
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min)									
O_2 Saturations (%)	99	97	97	98	97	97	99	98	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	1	1	0	0	0	1	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	SK	MO	MO	MO	B	B	B	B

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 22 D (F)
Dr. SIVA NARAYANA REDDY

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6 Time:	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7:45 AM
Doctor / Nurse / Family Concern?												
Temperature (°F) (scale 94–104)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	100.2°F (T. Paracetamol)	98.5°F	98.6°F	98.7°F	98.6°F	98.7°F	99.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		108/65 (80)			108/60 (72)			100/65 (76)				98/60 (72)
Heart Rate (Number)	108	103	108	109	110	107	97	100	102	108	105	102
Resp. Rate (bpm) over 1 Minute) * (scale 10–70)												
Resp Rate (Number)	27	24	26	25	21	27	22	24	25	23	21	25
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)												
O_2 Saturations (%)	98	97	98	99	99	98	99	100	97	99	98	98
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: 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
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Andr	Andr	Andr	M	M	M	B	B	B	B	B	B

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 24 D (F)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/6/26 Time:	8:30 AM	10 PM
Doctor / Nurse / Family Concern?		
Temperature (F)	99.4 F	99.8 F
Heart Rate (bpm) and Blood Pressure (mmHg) *		99 (72) 61
Note: BP does not score in early warning scoring		
Heart Rate (Number)	98	100
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	24	26
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	99	100
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	01	01
Pain Score	0	0
Observer's Initials	SK	SK

Noted by Dr. Tha @ 4.20pm 26/6/26

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
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FLUID CHART

Sheet No. : 1

22/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am			DNS							1	Benarika 22/6 @2pm
	12:00 pm									✓	0	
	01:00 pm			70ml							1	
Total Intake :						Total Output :						
22/6/26	02:00 pm			70ml								
	03:00 pm		Jelly water									
	04:00 pm			70ml							0	Benarika 22/6/26 @7pm
	05:00 pm			70ml						✓		
	06:00 pm										1	
	07:00 pm											
Total Intake :						Total Output :						
22/6	08:00 pm		Rice	70ml								
	09:00 pm		water	70ml						✓	1	
	10:00 pm											
	11:00 pm			70ml							0	Manisha 23/6/26 @8AM
	12:00 am			70ml						✓	1	
	01:00 am											
Total Intake :						Total Output :						
23/6/26	02:00 am		water	70ml								
	03:00 am			70ml							1	
	04:00 am			70ml								
	05:00 am			70ml						✓	0	Manisha 23/6/26 @8AM
	06:00 am		.	70ml							1	
	07:00 am			70ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	370mg

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FLUID CHART

Sheet No. : 2

23/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
23/6												
	08:00 am											
	09:00 am		Softly							✓		
	10:00 am		water,								0	Subha 23/6 @1pm
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
23/6	02:00 pm											
	03:00 pm		Rice							✓		
	04:00 pm		+								0	Indu @8pm 23/6/26
	05:00 pm		water.									
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :** 2 times						
23/6	08:00 pm		Rice									
	09:00 pm		water									
	10:00 pm									✓		
	11:00 pm										0	manisha
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
24/6	02:00 am		water									
	03:00 am											
	04:00 am									✓		
	05:00 am										0	Manisha 24/6/26 @8am
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	4 times

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FLUID CHART

Sheet No. : 3

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/6	08:00 am											
	09:00 am		Daily									
	10:00 am		meals									Subhasini 24/6 @2pm
	11:00 am									~		
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/6	02:00 pm		Rice + water									
	03:00 pm									~		manasa 24/6 @2PM
	04:00 pm											
	05:00 pm											
	06:00 pm									~		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		Rice water									
	09:00 pm											
	10:00 pm									~		
	11:00 pm											Beerendra 24/6 @1am
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
25/6	02:00 am									~		
	03:00 am											
	04:00 am		water									Beerendra 25/6/26 @7Am
	05:00 am											
	06:00 am											
	07:00 am									~		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
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FLUID CHART

Sheet No. : .....

25/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/6/26	08:00 am		Jelly + water							✓	1	Sindu 24/6/26 @4pm
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
25/6/26	02:00 pm		Rice									
	03:00 pm		Waters							✓	1	
	04:00 pm											
	05:00 pm										0	Manasa 25/6/26 @8pm
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
	08:00 pm		Rice + water									
	09:00 pm									✓	1	
	10:00 pm											Bendika 26/6 @1am
	11:00 pm										0	
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
26/6/26	02:00 am											
	03:00 am		water								1	
	04:00 am											Bendika 26/6 @7am
	05:00 am										0	
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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01-07-2015 10 Y 11 M 24 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6	08:00 am		Jelly water							✓		
	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 :**						

Noted by Anitha 26/6/16 @11.20Am

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Sheet No. : .....

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

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

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... No ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... E.R. ..... Shifted to: ..... 1st floor .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Prashanthi .....

Date & Time : ..... 22/06/26 @ 11 AM .....

Nurse Name & Signature: ..... Rajyalaxmi .....

Date & Time : ..... 22/06/26 @ 11 AM .....

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 36.7 kg Ward ....

DRUG: INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
250mg	IV	12th hourly	22/6

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

Additional Instructions: 7.5mg/kg/dose

Date/Time	22/6	23/6	24/6	25/6	26/6
6AM	/	ESW CS	ESW CS	ESW CS	ESW
6PM	[signature]	[signature]	[signature]	[signature]	

Daily Doctor's Endorsement by a Sign

DRUG: INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
350 mg	IV	8th hourly	22/6

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

Additional Instructions: 10mg/kg/dose

Date/Time	22/6	23/6	24/6	25/6
6AM	/	ESW CS	ESW CS	ESW CS
2PM	/	Gag [signature]	Gay	
10PM	[signature]	6:30pm ESW CS	ESW CS	

STOP
[signature] 25.6.26.

Daily Doctor's Endorsement by a Sign

DRUG: INJ. HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
50mg	IV	8th hourly	22/6

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

Additional Instructions: 0.5- 2mg/kg/dose.

Daily Doctor's Endorsement by a Sign

DRUG: INJ. HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
100mg	IV	8th hourly	22/6

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

Additional Instructions: 2-4mg/kg/dose

Date/Time	22/6	23/6	24/6	25/6	26/6
6AM		ESW CS	ESW CS	ESW CS	ESW
2PM		Gag SR	Gay	[signature]	
10PM	6:30pm [signature]	ESW CS	ESW CS	ESW	

Daily Doctor's Endorsement by a Sign

Chitti 22/6/26 · Chitti 22/6/26 · Chitti 22/6/26 as advice

VERIFIED BY: Name .... Sign ....

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Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 36 kg Ward ....

DRUG : SYP. ATARAX	Date/Time	22/6	23/6	24/6	25/6	26/6
Dose: 12ml; Route: p/o; Frequency: 8th hly; Start Dt.: 22/6	6 AM	/	ESW / [illegible]	ESW / [illegible]	ESW / [illegible]	ESW
Name & Signature of the Doctor Starting the Drugs: [signature]	2 PM	/	[illegible]	[illegible]	[illegible]	
Additional Instructions: 5ml = 10mg; 2mg/kg/day	10 PM	ESW / [illegible]	ESW / [illegible]	ESW / [illegible]	ESW	
Daily Doctor's Endorsement by a Sign						

23/6/26 9Am [signature]

DRUG : INJ. PIPERACILLIN + TAZOBACTAM	Date/Time	24/6	25/6	26/6
Dose: 3.6g; Route: IV; Frequency: 8th hourly; Start Dt.: 24/6	6 AM	/	ESW / [illegible]	ESW
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja	2 PM	12 PM [illegible]	[illegible]	
Additional Instructions: After Test Dose. 100mg/kg/dose	10 PM	ESW / [illegible] ✓	ESW	
Daily Doctor's Endorsement by a Sign				

Dr. [signature] Signature

DRUG : CETIRIZINE TAB.	Date/Time
Dose: 1tab; Route: PO; Frequency: bed time; Start Dt.: 26/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja	
Additional Instructions: 8pm. 1tab = 5mg	
Daily Doctor's Endorsement by a Sign	

VERIFIED BY: Name

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

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01-07-2015 10 Y 11 M 21 D (F)
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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 / 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: Inj. ONDANSETRON				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
4mg	IV	8thly	22/6/26	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: 0.1–0.2mg/kg/dose.				

DRUG: Inj. BUSCOPAN				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
18mg	IV	8thly	22/6/26	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: 0.5mg/kg/dose.				

DRUG: TAB PARACETAMOL				Date ▸ / Time ▾		
				23/6 5AM [signature]	24/6 7:15AM [signature] 9:25pm Brinij [signature]	25/6 7PM [signature]
Dose	Route	Frequency	Start Date			
1tab	PO	As required	28/6			
Doctor's Signature	Valid Period	Pharm.				
[signature]	max 6th hrly					
Additional Instructions: 10mg/kg/dose 1tab=500mg						

23/6/26 6pm

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 36.7kgs Ward. ....

		...mposition 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
22/6/24	12.15 pm	Ivf-DNS full (m).	IV.	70	[signature]	Beroni [signature]	26/6	[signature]	
26/1	10:30	DNS ½m	IV	35ml/hr	[signature]				

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

VIH-00064201 IP-00060440
Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

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

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

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
[redacted]ute / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Baby N. BHAVISHYA
01-07-2015 10 Y 11 M 21 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 36.7kg. Ward. ....

DRUG : Inj. CEFTRIAXONE				Date/Time	22/6	23/6	24/6
Dose	Route	Frequency	Start Date	6 am	10pm Gayu Esw	Esw CS	Esw CS
1.8gm	Iv	12Hourly	22/6/21				
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth				6 pm	10pm Esw	[illegible]	
Additional Instructions: 25-50mg/kg/dose				STOP CNS [illegible] 24/6			
Daily Doctor's Endorsement by a Sign							

Dr. [signature]

DRUG : Inj. Omeprazole				Date/Time	22/6	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Date						
36mg	Iv	ONCE DAILY	22/6/21						
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth				6 am	Gayu Esw	Esw CS	Esw CS	Esw CS	Esw
Additional Instructions: 1mg/kg/dose.									
Daily Doctor's Endorsement by a Sign									

Dr. [signature]

DRUG : SYP. SUCRALFATE				Date/Time	22/6	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Date	6 am	/	Esw CS	Esw CS	Esw CS	Esw
5ml	p/o	12Hourly	22/6/21						
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				6 pm	[signature]	[signature]	[signature]	[signature]	
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Dr. [signature]

DRUG : ATARAX ANTI ITCH LOTION				Date/Time	22/6	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Date	6 am	/	Esw CS	X	X	X
	LA	8hourly	22/6/21						
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				2 pm	Gayu	Gayu	Gayu	[signature]	
				10 pm	Esw CS	Esw CS	X	X	
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Dr. [signature]