

ACTIVITY RECORD FOR BILLING

BCH-00003946 IP-00060342
Baby G.SANKEERTHANA
24-04-2014 12 Y 1 M 21 D (F)
Dr. SURENDER RAO DUSA

Name: -----

UHID No:  ----- Consultant: ----- Dept: *pediatric*

Date of Admission: *14/6/26* Time: ----- Date of Discharge: ----- Time: -----

Room / Bed No: *114* Ward: *1st floor* Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>14/6/26</i>	<i>1:20pm</i>	<i>ER</i>	<i>114</i>	<i>Shr.</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<i>Dr. Paulaya Sai</i>	<i>16/06/26</i>	<i>3090848</i>	<i>[Signature]</i>
2.	<i>Care checked by Satya 17/6</i>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Name	Baby G.SANKEERTHANA	UHID	BCH-00003946
Father/Guardian	Mr MR.SATYAKUMARA SWAMY	Age/Gender	12 Y 1 M 24 D/Female
Address	H.NO:8-7,,CHINTAL BASTI,,MALKAJGIRI,, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060342	Admission Date	14-06-2026
Ref Doctor	Sridhar Y	Discharge Date	17-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA

MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Viral Hepatitis (HAV antibodies positive)

History: Baby G. SANKEERTHANA is a 12 Y 1 M 24 D girl presented with the history of yellowish discoloration of eyes & skin, decreased oral intake since 1 week prior to admission. For the above complaints, she was referred to Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 100/min, blood pressure - 110/60 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 with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 41.7 kgs.

Investigations: Enclosed.

Name

Baby
G.SANKEERTHANA

UHID

BCH-00003946

Management: She was admitted in the ward and started on intravenous fluids, Tablet Udiliv and Injection Vitamin-K.

Her complete blood picture showed hemoglobin 11.2 gm%, white blood cells count of 6,150 cells/cumm, platelet count of 2.59 lakhs/cumm and C-reactive protein was 12 mg/l. Serum electrolytes were normal. Liver function tests showed SGPT 1638 U/L, SGOT 1245U /L, ALP 274 U/L, total serum bilirubin was 6.4 mg/dl with direct fraction 5.4 mg/dl and indirect fraction 1.0 mg/dl, serum albumin was 3.0 g/dl, total protein was 6.6 g/dl, S.globulin was 3.6 g/dl. Coagulation profile showed PT 18 sec, INR 1.2, APTT 37 sec. HBsAg was non-reactive, Anti HAV antibody was reactive. CUE showed 8-10 pus cells, 10-12 epithelial cells, plenty of RBCs, albumin trace, ketones (+), leucocytes (+), blood (3+). Ultrasound abdomen showed contracted with diffuse wall edema, mild hepatomegaly, CBD is normal - No IHBRD, mild ascites.

Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, opinion was sought who advised to continue Tablet Udiliv, avoid non-veg, to give egg every day.

Her vitals were regularly monitored. Repeat liver function tests done on 17.06.2026 showed SGPT 1109 U/L, SGOT 657 U/L, ALP 213 U/L, total serum bilirubin was 6.7 mg/dl with direct fraction 5.8 mg/dl and indirect fraction 0.9 mg/dl, serum albumin was 2.9 g/dl, total protein was 6.1 g/dl, S.globulin was 3.2 g/dl. Her symptoms gradually reduced. As hemodynamically stable, she is being discharged with the following advice.

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

Name

Baby
G.SANKEERTHANA

UHID



Advice:

1. Diet as advised.
2. Tablet Udiliv (300mg) 1 tablet, 12th hourly for 4 weeks.
3. Tablet Zincovit, 1 tablet once daily for 15 days.
4. To do LFT on 22.06.2026 (Monday).
5. Kindly consult with Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 22.06.2026 (Monday) with LFT report in OPD with prior appointment (This consultation will be charged).
6. Kindly consult with Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, after 2 weeks with LFT report in OPD with prior appointment (This consultation will be charged).
7. Follow up with Dr. Y Sridhar, Consultant Pediatrician.

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.

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

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

Name

Baby
G.SANKEERTHANA

UHID

BCH-00003946

Name : *G. Satya Kumar Swamy.*

Signature : *Gsatya*

Relationship with patient : *Father*

This summary has been explained by:

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Rainbow Children's Hospital - Secunderabad

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



PatientName : Baby G.SANKEERTHANA
Age/Gender : 12 Y 1 M 21 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060342
Admit Date : 14-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :14-06-2026 12:40			
HEMOGLOBIN (Colorimetry)	11.2	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.93	10 ¹² /L	L 4.1 - 5.1
PCV/HCT (Calculated)	30.6	VOL%	L 33 - 51
MCV (Calculated)	77.9	fL	L 78 - 102
MCH (Calculated)	28.6	pg/cells	25 - 35
MCHC (Calculated)	36.7	g/dL	H 32 - 36
RDW-CV (Calculated)	12.9	%	11.5 - 14
PLATELET COUNT (DC Detection Method)	259	10 ⁹ /L	150 - 450
MPV (Calculated)	8.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.15	10 ⁹ /L	4.5 - 13
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	58	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	34	%	25 - 45
MONOCYTES (Microscopy, Leishman stain)	07	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :14-06-2026 12:40			
CRP (Immunoturbidimetry)	12	mg/L	H <10

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 :14-06-2026 12:40			

PatientName : Baby G.SANKEERTHANA Inpatient No. : IP-00060342
Age/Gender : 12 Y 1 M 21 D/ Female Admit Date : 14-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	141	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.2	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	108	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 12:40	
TOTAL BILIRUBIN (Azobilirubin)	6.4	mg/dl	H <1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	5.4	mg/dl	H <0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	1.0	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	1245	U/L	H 10 - 30
SGPT (ALT) (Kinetic with P5P)	1638	U/L	H 10 - 30
ALKALINE PHOSPHATASE (pNPP/AMP buffer)274		U/L	105 - 420
PROTEIN (Biuret method)	6.6	g/dL	6.3 - 8.6
ALBUMIN (Bromocresol Green)	3.0	g/dL	L 3.7 - 5.6
GLOBULIN (Calculated)	3.6	g/dL	H 1.6 - 3.5
A/G RATIO (Calculated)	0.8		L 1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 12:40	
PT (Optical Clot Detection)	18.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.2		
APTT (Optical Clot Detection)	37.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		



PatientName : Baby G.SANKEERTHANA
 Age/Gender : 12 Y 1 M 21 D/ Female
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060342
 Admit Date : 14-06-2026
 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)

TEST RESULT STATUS : REPORT ENTERED
Order Date :14-06-2026 13:09

RANDOM BLOOD GLUCOSE (GOD/POD)	108	mg/dl	70 - 140
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Investigation	Result	Unit	Biological Reference Interval
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COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :14-06-2026 15:33**PHYSICAL**

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

CHEMICAL

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

MICROSCOPY

PUS CELLS	8 - 10	HPF	L 0 - 5
EPITHELIAL CELLS	10 - 12	HPF	L 0 - 5
RBCS.	PLENTY	HPF	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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LIVER FUNCTION TEST (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :17-06-2026 06:09

TOTAL BILIRUBIN (Azobilirubin)	6.7	mg/dl	H <1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	5.8	mg/dl	H <0.3

PatientName	: Baby G.SANKEERTHANA	Inpatient No.	: IP-00060342
Age/Gender	: 12 Y 1 M 24 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.9	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	657	U/L	H 10 - 30
SGPT (ALT) (Kinetic with P5P)	1109	U/L	H 10 - 30
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	213	U/L	105 - 420
PROTEIN (Biuret method)	6.1	g/dL	L 6.3 - 8.6
ALBUMIN (Bromocresol Green)	2.9	g/dL	L 3.7 - 5.6
GLOBULIN (Calculated)	3.2	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	0.9		L 1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



MC-7373

Laboratory Report



Patient Name	Baby G.SANKEERTHANA	Patient Ph. No	9000966585
Age	12 Y 1 M 22 D	Requisition No	VI26020374
Gender	Female	Collected on	14-06-2026 12:43 PM
IP/ Bill No.	IP-00060342	Received on	14-06-2026 12:58 PM
UHID No.	BCH-00003946	Reported on	15-06-2026 10:42 AM
Ref Doctor	Dr. SURENDER RAO DUSA	Ward/Bed No	N 0 GF-EMERGENCY / ER 101

ANTI HAV ANTIBODY (IGM) (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

REPORT : REACTIVE

METHODOLOGY: ELISA

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

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

..... End of the Report



MC-7373

Rainbow
Children's
Hospital

Laboratory Report

Patient Name	Baby G.SANKEERTHANA	Patient Ph. No	9000966585
Age	12 Y 1 M 22 D	Requisition No	VI26020374
Gender	Female	Collected on	14-06-2026 12:43 PM
IP / Bill No.	IP-00060342	Received on	14-06-2026 12:58 PM
UHID No.	BCH-00003946	Reported on	15-06-2026 08:02 AM
Ref Doctor	Dr. SURENDER RAO DUSA	Ward/Bed No	N 0 GF-EMERGENCY / ER 101

HEPATITIS B SURFACE ANTIGEN (HBSAG) (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

RESULT - NOT DETECTED

METHODOLOGY: ENHANCED CHEMILUMINISCENCE

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

..... End of the Report

Baby G.SANKEERTHANA

12 Y 1 M 22 D

Female

IP-00060342

BCH-00003946

SURENDER RAO-DUSA

R26-009573

15-06-2026 11:43 AM

15-06-2026 05:49 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Size 14 cm. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Common bile duct appears normal. No IHBRD.

SPLEEN :Normal in size 9.5 cm and echotexture, No obvious focal lesions.

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

KIDNEYS :

Right kidney : 98 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 98 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Print Date/Time : 15-06-2026 05:49 PM

Printed By : YOUNUS PASHA
MOHAMMAD

Page: 1 of 2

Baby G.SANKEERTHANA

9000966585

12 Y 1 M 22 D

R26-009573

Female

15-06-2026 11:43 AM

IP-00060342

15-06-2026 05:49 PM

BCH-00003946

SURENDER RAO DUSA

Impression

- 1. Contracted with diffuse wall edema.**
- 2. Mild hepatomegaly.**
- 3. CBD is normal.**
 - No IHBRD.**
- 4. Mild ascites.**

Suggested clinical correlation.

EFFICIENCY CHECK LIST OF MEDICAL CASE SHEET



BCH-00003946 IP-00060342

Baby G. SANKEERTHANA

24-04-2014 12 Y 1 M 23 D (F)

Dr. SURENDER RAO DUSA



Patient Name

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Transfer Forms	02			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	03			
7	Nurses Progress notes	03			
8	Consultation Sheets	01			
9	General Consent for Treatment	01			
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03			
26	Intake and Output chart (fluid Chart)	03			
	Drug Chart (Regular prescription)	02			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Empty dump	02			
	Thromb	02			
	pain Assessment	01			
	Borden	01			
	Other	02			
	Billings	04			
	Total No. of Pages	49			

Noted by Rude
@.Bhater

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060342 Admit Date : 14-Jun-2026 Admit Time : 12:14 PM UHID : BCH-00003946

Patient Details :

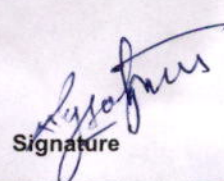
Patient Name : Baby G.SANKEERTHANA Age : 12 Y 1 M 21 D
Guardian : Mr MR.SATYAKUMARA SWAMY DOB : 24-04-2014
Gender : Female Religion : Hindu
Occupation : Martial Status :
Address (H) : H.NO:8-7,,CHINTAL BASTI,,MALKAJGIRI, Phone No : 9000966585
Malkajgiri Hyderabad Telangana INDIA E-mail : na123@gmail.com
500047

Admission Details :

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

Contact Details :

Name : Mr MR.SATYAKUMARA SWAMY Relationship : D/O
Contact Address : H.NO:8-7,,CHINTAL BASTI,,MALKAJGIRI, Phone No : 9000966585
Malkajgiri Hyderabad Telangana INDIA 500047


Signature

Doctor Details :


Doctor Name : Dr. SURENDER RAO DUSA 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 TRANSFER FORM



BCH-00003946 IP-00060342 Baby G.SANKEERTHANA 24-04-2014 12 Y 1 M 21 D (F) Dr. SURENDER RAO DUSA 	Date & Time of Admission <p style="font-size: 1.2em; text-align: center;">14/6/26 @ 12:19 PM</p>	Date & Time of Transfer Order <p style="font-size: 1.2em; text-align: center;">14/6/26 @ 1:20 PM</p>
Transfer Ordered by <p style="font-size: 1.2em; text-align: center;">DR. Shrikar</p>	Reason for Transfer <p style="font-size: 1.2em; text-align: center;">for admission</p>	
From Unit <p style="font-size: 1.2em; text-align: center;">CR</p>	To Unit <p style="font-size: 1.2em; text-align: center;">114</p>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <p style="font-size: 1.2em; text-align: center;">21</p>	Number of Imaging Films <p style="font-size: 1.2em; text-align: center;">—</p>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? <p style="font-size: 1.2em; text-align: center;">opAly given to</p>
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.	Nil	
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <p style="font-size: 1.2em; text-align: center;">Shanthi / shu</p>	Name of Person Ordered Transfer <p style="font-size: 1.2em; text-align: center;">DR. Shrikar</p>	
Patient & Clinical Records Received by : <p style="font-size: 1.2em; text-align: center;">Indu</p>		
Date & Time of Patient Received : <p style="font-size: 1.2em; text-align: center;">1:20 pm</p>		

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

Patient Name: Baby G. SANKEERTHANA HANA UHID : BCH-00003946 IPD : IP-00060342 Gender : Female Age : 12 Y 1

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 21 D (F)
 Dr. SURENDER RAO DUSA



wt - 47.7 kg
 Ht > 149 cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Sankeerthana Age: 12 yrs
 Date: 14/6/26 Time of Arrival: 12:01 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: 98.6 PR: 103b/m BPT 13/59/64 RR: 22b/m SpO2: 99%

Chief Complaints: Yellowish discoloration of eyes, 1/2nd oral intake x 1 week

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

NOTE: All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale
 Signature of Parent / Guardian
 Triage Completion Time: 12:04 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse: Sr. hana

Signature of Triage Nurse: *Ala*

Date & Time: 14/6/26 @ 12:04 PM

BCH-00003946 IP-00060342
Baby G. SANKEERTHANA
24-04-2014 12 Y 1 M 21 D (F)
Dr. SURENDER RAO DUSA



EERTHANA UHID : BCH-00003946 IPD : IP-00060342 Gender : Female Age :



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/2014 Time of arrival : 12:05pm
Chief Complaints: Yellowish discoloration of eyes, ↓ sed^{intake} RBS: 10.8mg/dL
Height : 149cm Weight 41.7kg 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?) 2

Time of Initial assessment completed by ER Nurse : 12:07pm

Patient Name : Baby. G.SANKEERTHANA UHID : BCH-00003946 IPD : IP-00060342 Gender : Female Age : 12 Y 1 M 21 D

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

Time	Nursing Notes
12:01 PM	*PT Came to ER from Dr. Suresh sir OPD
12:02 PM	*vitals checked and Recorded
12:05 PM	*ER Doctor seen the pt & gave intimation for Admission
12:15 PM	*Admission Done
12:50 PM	*IV placement Done
1:00 PM	*Samples Collected & sent to Lab
1:15 PM	*PT shifted to ward

Samples collected by: J.S.V. hema
 Samples sent by: J.S.V. shanthi

Time: 12:50 PM
 Time: 1:10 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:45 PM	Inj. Vitamin-K	IV	1mg	[Signature]	[Signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 98b/min BP: 109/68 mmHg CFT: 23 sec RR: 24b/min SPO ₂ : 99% GCS: 4.5.6 Temperature: 97°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 11A Time of Shift - out: 14/6/26 @ 11:15 PM Handover given to: Dr. Indu [Signature] (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Suresh

Signature of the Nurse : [Signature]

Date & Time : 14/6/26 @ 11:20 PM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Viral Hepatitis

Arrival Time: 11:25pm Mode of Arrival: walking Admitting From: ER OPD Direct

Allergy / Adverse Reaction Body Weight: 11.7 Kg
 Height: 149 cm
 nil

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>BITI</u>	<u>nil</u>	<u>admitted in Hospital (2025)</u>

Family History:

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: 11.7 kg Length: 149 cm Head Circumference (< 2 years):
 Temp.: 98.6 f HR: 110b/m RR: 25b/m BP: 116/70mm

Pain Score: 0 Specify Site: 9 (Follow Pain Assessment Sheet & Document)

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

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

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

Character of Pain Location Frequency Duration

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No

Waste Disposal Explained: Yes No

Infusion Pump : Yes No

Hand hygiene Explained: Yes No

Others

Patient Rights & Responsibilities: Yes No

Information given to Mother and father

Nurse's Name: Indee

Date: 14/6/26

Time: 4:40 pm


Signature



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

BCH-00003946 IP-00060342

Baby G.SANKEERTHANA

24-04-2014 12 Y 1 M 21 D (F)

Dr. SURENDER RAO DUSA

UHID ID: _____



Department: _____

Consultant: _____

? viral Hepatitis

*Antropometric
measurements*

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration
of eyes & skin :: 1 week
↓ Appetite :: 1 week

History of present illness :

- yellowish discoloration
of eyes & skin :: 1 week
- ↓ Appetite :: 1 week
- no w/ fevers
- no outside food cpn @.
- no w/ vomiting
or Abdominal pain.

BCH-00003946 IP-00060342
Baby G.SANKEERTHANA 12 Y 1 M 21 D (F)
24-04-2014
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

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

up UTI - admitted in Dec-2014

Birth & Neonatal History:

Birth & Socio Economic History:

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

Developmental History :

Normal

Immunization History :

- upho deli

BCH-00003946 IP-00060342
Baby G.SANKEERTHANA (F)
24-04-2014 12 Y 1 M 21 D
Dr. SURENDER RAO DUSA



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 41 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : _____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash _____ Retrov ⊕

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft

Ausculation : _____

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness \leftarrow AVPU/GCS score : Alert

Cranial Nerves : initial

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : (2)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

→ viral Hepatitis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

RBS, U5, CBB, CRP, STE, COE ✓
HB, Ag, HAV Antigen ✓
PT/APTT / INR ✓
USG Abdomen ✓

Planned Management

IV fluids 2 ml ✓
Fats. U5/IV BD ✓
Eq. VITAMIN K stat. ✓

S/B Dr. S Rao in OPD

Noted by Shanthi

14/6 @ 12:35pm

Signature of the Doctor: _____

Name of the Doctor: Dr. Shrikar

Date & Time: 12:20 / 14/6/26

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

[Handwritten signature]



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 4pm	<p>S/B Resident</p> <p>? vsrat hepatites</p>	
	<p>yellowish discoloration of eyes.</p>	
	<p>OLT</p>	
	<p>child asleep</p>	<p>Urine?</p>
	<p>Antenatal</p>	<p>Stool (N)</p>
	<p>Vitals stable</p>	
	<p>Cvs-Sig (+)</p>	
	<p>Hs-BAE (+)</p>	
	<p>PIA - soft</p>	
		<p>plan</p>
		<p>1) Pw fluids c NAVT</p>
		<p>2) Tab. cidelev BD.</p>
		<p>3) monitor vitals inform me</p>
		<p>4) USG Abd T/m.</p>
		<p>5) Trace HBsAg, HAV Ig reports.</p>
		<p>Dr. Vishwas</p>

Noted by
 Manisha
 14/6/26
 @6pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>15/6/26 10:00 AM</p>	<p>CL/B Resident</p> <p>Ass: 2 viral hepatitis. No faupikes.</p>	
<p>1/1 - Beta. 4/0 - Adhite.</p>	<p>CL stomach pain - Intermittently. ↓ in the umbilical region.</p>	
<p>HbAg (-ve)</p>	<p>0/2</p> <p>Chol. Ant. 9.7mm.</p>	
<p>Dr. Prachin</p>	<p>Water - 100ml Uridin P/E BLAEC P/A - 2/1 M-VAD</p>	<p><u>Plan</u></p> <p>- U/A And - today</p>
		<p>- Trace HAV Ag</p>
		<p>- IVF + MVT.</p> <p>- High carb. low protein diet</p>
		<p>- Dr. Prachin - man consultation - 1m.</p>
		<p>Dr. Surender Rao 15/6/26 11 AM</p>

Noted by
 Manisha
 15/6/26
 @8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2014 6:00pm	<p>Reported by Dr. pauly amam</p> <p>Di: Viral Hepatitis A (HAV) (2)</p> <p>No further admission.</p>	
0/J-Beta	<p>Titan (ent)</p> <p>↓</p>	
7/0 - duck	<p>will the lady umbilicus.</p>	
Dr. prakash	<p>O/E</p> <p>child at rest & awake</p> <p>Vital stable</p> <p>Cx: (u) (2)</p> <p>M: B/LAC (2)</p> <p>P/A: (u) (2)</p> <p>Cx: NOD.</p>	<p><u>Plan</u></p> <p>- Dr. pauly amam chg J/m.</p> <p>- Continue Tab. udeliv.</p>
		<p>- Def + mnt.</p> <p>↓</p> <p>(1/2m)</p>
		<p>- High carb - low protein diet.</p>
	<p>noted by sneekanth on 16/6/2014 by 6:00pm</p>	<p>- Continue Inj. vitk p 700 mg (3d)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 10:00 AM	S/B Registrar	
	Acute Hepatitis (Hep. A +ve) Intermittent abdominal pain o/e child stable	
	CRP < 35 PC	
	serum icteric	
	U/L - (ND)	
	P/a - soft	Rx - LF 7 T/m - Ketab 4 th baby - Co
		Dr. Surender Rao 16/6/26. 11:30 AM
		Noted by manisha 16/6/26 @ P107

BCH-00003946 IP-00060342
 Baby G. SANKEERTHANA
 24-04-2014 12 Y 1 M 22 D (F)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16-6-26 5:00PM	S/A Regular	
	Vital Signs stable (SpO ₂ 98%)	
	Adequate intake better	
	o/e child better	
	CRT < 3sec.	
	afebrile	Plan
	H/L - NAH	-> LFT T/m.
	P/A - soft	-> Vital 4 th haly
	Sanus	
	(Dr. Sameers)	
		Noted by Anitha
		@4pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/S Resident</u>	
17/6/26 9 AM	ASU - Hepat hepatitis (Hep A +ve)	
	Child asleep	
	Athermic	
	Ort + entere better	
	Vitals stable	
	Cr - h ₂ ⊕	
	U _s - BAC ⊕	
	PA - soft	
		<u>Plan</u>
		1) Tab udeliv
		2) PVF DM + MVT - 30m/ly
		3) Monitor vitals inform RA
		4) plan d/s Today
		<u>Discharge</u> ↓ Review Monday
		1) MVT tab
		2) Tab udeliv.
		3) Report LFT Monday
Noted by Dr. S 11 AM 12/6/26		Dr. Surender Rao 17/6/26 CIAM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ? viral Hepatitis		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil				
	Surgery / Procedure: -		Post OP Day: -				
BACKGROUND	Date	14/6/26	14/6/26	14/6/26	15/6/26	15/6/26	
	Shift	morning	PM	E	N	M	
ASSESSMENT	Medical Condition (Any special condition to be noted):	nil	nil	nil	NP11	nil	
	Diet:	@ diet	S. diet	S. diet	S. diet	S. diet	
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.5	98.3	98.6	98.6	98.4
		Res:	22b/m	22b/m	25b/m	24b/m	25b/m
		SpO ₂ :	99%	98%	99%	98%	99%
		Pulse:	103b/m	101b/m	103b/m	106b/m	115b/m
		BP:	113/59(79)	110/60(69)	100/77(63)	110/70(86)	100/74(62)
		LOC:	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	9	9	9	9	9	
Pain Score:	2	0	0	0	0		
Skin Integrity:	Intact	Intact	Intact	Intact	Intact		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	nil	nil	nil	nil	nil		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	@ diet	S. diet	S. diet	S. diet	S. diet		
Critical Lab Test / Values:	nil	nil	nil	nil	nil		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Non dependent	Non dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:	nil	nil	nil	nil	nil		
Handed Over By Name :	Surender Rndu	Manisha	Manisha	Manisha	Manisha		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	14/6/26	14/6/26	14/6/26	15/6/26	15/6/26		
Time:	@ 1:20 pm	@ 2pm	@ 8pm	@ 8AM	@ 2pm		
Taken Over By Name :	Rndu	Manisha	Manisha	Manisha	Sareetha		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	14/6/26	14/6/26	14/6/26	15/6/26	15/6/26		
Time:	@ 2pm	@ 2pm	@ 8pm	@ 8AM	@ 8pm		

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>of viral hepatitis</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: <i>Nil</i>	Post OP Day:					
BACKGROUND	Date	<i>15/6/26</i>	<i>16/6/26</i>	<i>16/6/26</i>	<i>16/6/26</i>	<i>17/6/26</i>	
	Shift	<i>N</i>	<i>N</i>	<i>E</i>	<i>N.</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
ASSESSMENT	Diet:	<i>S-diet</i>	<i>S-diet</i>	<i>S-diet</i>	<i>S-diet</i>	<i>S-diet</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>R-A</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.7°C</i>	<i>98.6°F</i>	<i>98.6°F</i>
		Res:	<i>24blm</i>	<i>25blm</i>	<i>26 blm</i>	<i>28blm</i>	<i>27 blm</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>100%</i>	<i>98%</i>
		Pulse:	<i>99blm</i>	<i>103blm</i>	<i>101 blm</i>	<i>112blm</i>	<i>108blm</i>
		BP:	<i>102/55</i>	<i>105/77</i>	<i>103/69</i>	<i>104/66</i>	<i>108/66</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
Fall Risk Score:		<i>9</i>	<i>9</i>	<i>9</i>	<i>9</i>	<i>9</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>		
Post Operative Procedure Special Orders:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>		
Handed Over By Name :	<i>Sreebh</i>	<i>Manisha</i>	<i>Anitha</i>	<i>Subham</i>	<i>Manisha</i>		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>16/6/26</i>	<i>16/6/26</i>	<i>16/6</i>	<i>17/6/26</i>	<i>17/6/26</i>		
Time:	<i>8 AM</i>	<i>2 PM</i>	<i>8 PM</i>	<i>8 AM</i>	<i>11 AM</i>		
Taken Over By Name :	<i>Manisha</i>	<i>Anitha</i>	<i>Subham</i>	<i>Manisha</i>			
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Date:	<i>16/6/26</i>	<i>16/6</i>	<i>16/6/26</i>	<i>17/6/26</i>			
Time:	<i>8 AM</i>	<i>2 PM</i>	<i>8 PM</i>	<i>8 AM</i>			

Noted by [Signature]
11 AM
12/04



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			14/6	14/6	15/6	15/6	15/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			9	9	9	9	9

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

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✓	X	X	X	X
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Shantha	Manisha	Manisha	Manisha	Manisha
Signature:	Shy	MS	MS	MS	MS
Date:	14/6	14/6	15/6	15/6	15/6
Time:	12:16pm	3pm	12AM	9PM	3pm



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			16/6	16/6	17/6	17/6	17/6
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	
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
Other Medications / None	1	1	1	1	1		
Total		9	9	9	9	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 support	✗	✗	✗	✗	✗
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Sree Manish Anthes Gayathri Rishi				
Signature:	Sree Manish Anthes Gayathri Rishi				
Date:	15/4/26	16/6/26	16/6	16/6	17/6
Time:	10pm	9am	7pm	1pm	9am



CHECKLIST FOR THROMBOPHLEBITIS

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

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 : shu Name : shaulle

Signature of Ward In Charge :

Signature : Elizabeth Name : Elizabeth

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	16/6 DAY-1			12/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	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				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>						

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

Signature of Shift In Charge :

Signature : *[Signature]* Name : *Sadya*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *Elizabeth*



BRADEN 'Q' SCALE

					Date :	14/4	14/6	15/6	15/6
					Time :		3pm	12AM	3pm
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	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
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	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : RCH / FRM / CLINICAL / 119					Evaluator's Name	Shr...

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

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 21 D (F)
 Dr. SURENDER RAO DUSA

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/6	12:20 pm	—	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Shu.
14/6/26	3pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Manisha
15/6	12AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Manasa
15/6/26	9AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Manisha
15/6/26	3pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Manisha
15/6/26	10pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Shreeka
14/6/26	9AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Manisha
16/6/26	3pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Shree
16/6	4pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Gay
12/6	9AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Prade

Re-assessment Frequency:

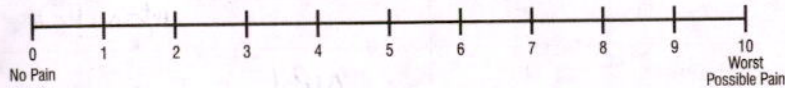
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



NURSING CARE RECORD

Date: 14/6/26

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	11:00	maintain fluid Balance.	11:30	maintained fluid Balance	maintain Hydration	patient is stable	Indu @ 2pm 14/6/26
Afternoon	3pm	- maintain fluid Balance - ensure safety		- Administered IV fluid DNS + MVI 50ml/hr - side rail kept up	- to maintain hydration - prevent from fall risk	- patient is Stable	manisha 14/6/26 @ 8pm
Night	12AM	Assessment vitals monitor		Assessed child general condition vitals monitored & recorded	child condition is stable	child is hemodynamically stable	Manasa 14/6/26 @ 8am

BCH-00003846 IP-00060342
 Baby G. SANKEERTHANA
 24-04-2014 12 Y 1 M 21 D (F)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD

Date: 15/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	- maintain fluid balance		- Administered IV DMS + 38m mVI 50ml/hr	- TO maintain Hydration	- patient is stable	manisha 15/6/26 @2pm
	11am	- Ensure safety		- side rail kept up	- prevent from fall risk		
Afternoon	3pm	- maintain good nutritional status	4pm	- oral intake is good	- provided soft diet	- patient is stable	manisha 15/6/26 @8pm
	5pm	- maintain fluid balance	6pm	- Administered IV Fluid DMS + mVI 50ml/hr	- TO maintain Hydration	- no fresh complaints	
Night	10pm	- maintain fluid balance vitals monitoring		Administered IV fluid as per order vitals monitored	Child condition is stable	child is hemodynamically stable	Sreetha 15/6/26 8am

NURSING CARE RECORD

Date: 16.1.16

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	- maintain fluid balance		- administered IV fluid DNS + MVI 30ml/hr	- to maintain hydration	- patient is stable	Manisha 16/1/26 @2pm
Afternoon	3pm	- Maintain good Nutritional status		- oral intake is good.	- provided soft diet	- patient is stable.	Anetha 16/1 @8pm
	5pm	-> Ensure safety		- To side rails kept up	-> To prevent falls risk		
Night	11pm	-> Maintain good nutritional status. -> ensure safety.		oral intake is good. To side Rails kept up.	provided soft diet To prevent from falls Risk.	patient is stable.	Sh 17/1 @8am

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 23 D (F)
 Dr. SURENDER RAO DUSA

NURSING CARE RECORD



Date: 12/6/25

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		discharge notes :-		advice for discharge	as come for rounds patient is stable		
Afternoon							
Night					noted by Nurse	OHA 12/6/25	

CONSULTATION FORM



Doctor Name : Dr. MNV Poushya Sai
 Date : 16/6/26 Hour :

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 23 D (F)
 Hospital : Dr. SURENDER RAO DUSA
 Referred for : ment
 Transfer of care

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

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

Signature: _____ M.D.

Report of Findings and Recommendations :

→ c/o viral hepatitis - hepatitis A +ve.
 → INR = 1.2.
 SGOT = 1200
 PT = 1600.
 Bili = 6.5 - (CO).
 alb = 3.0.
 ALP = 270.
 u/c abd - CBD - (N)
 Mild ascites.

Adv:
 ① continue UDILIV ⑤ weeks
 ② Avoid non-veg diet until bilirubin settles.
 To give egg everyday.
 Target protein = 1.2 gm/kg/day
 ③ 2/w 2 weeks in OPD + LFT

Consultant :
 Name : Dr. MNV Poushya Sai Signature : [Signature] Date & Time : 16/06 @ 12pm

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



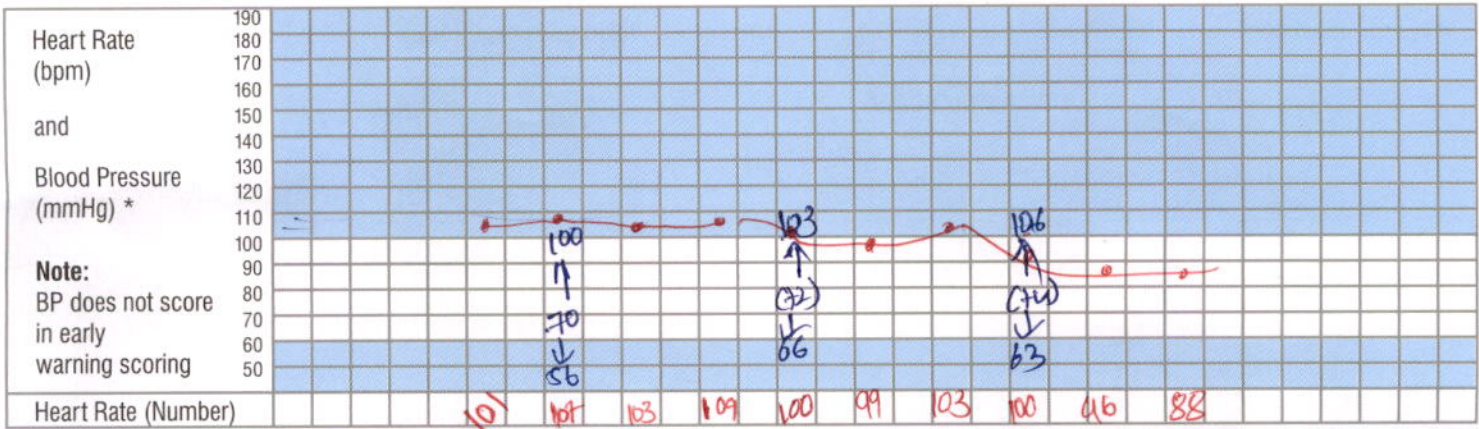
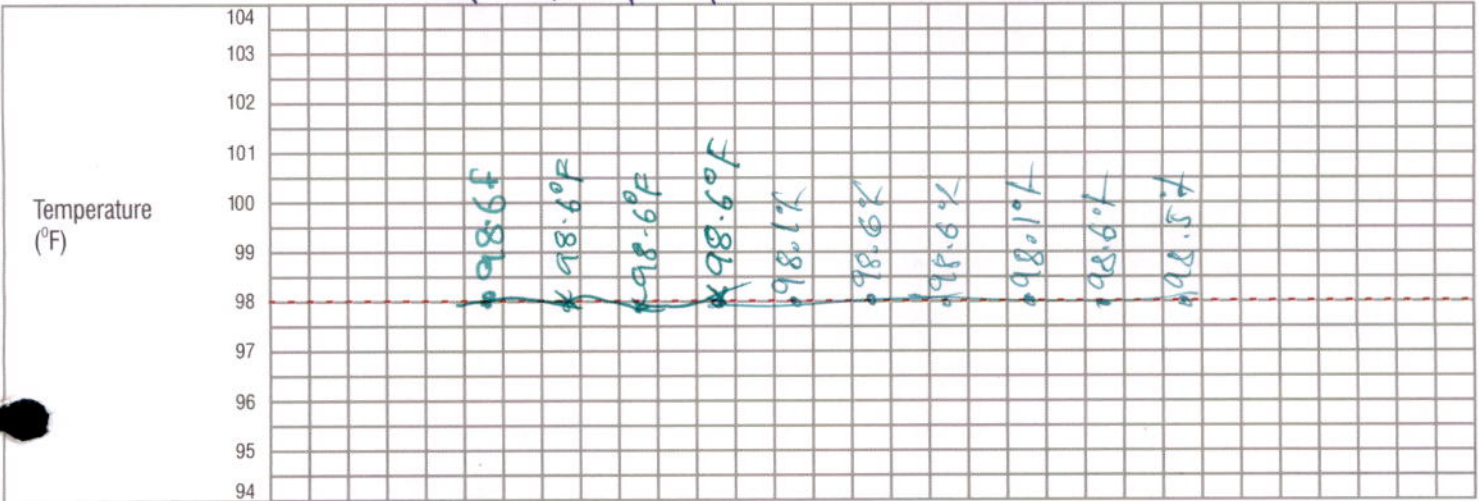
TEENAGE (12 + years)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6 Time: 1 3 5 7 9 11 1 3 5 7

Doctor / Nurse / Family Concern? pm pm pm pm pm pm AM AM AM AM



Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		95 99 100 99 98 99 98 97 98 93
Conscious Level	Normal Altered	N N N N N N N N N N
GCS *		15 15 15 15 15 15 15 15 15 15

TOTAL SCORE	
Number of shaded boxes	0 0 0 0 1 1 1 1 0 0
Pain Score	0 0 0 0 0 0 0 0 0 0
Observer's Initials	Andu M M M M M M M M M M

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

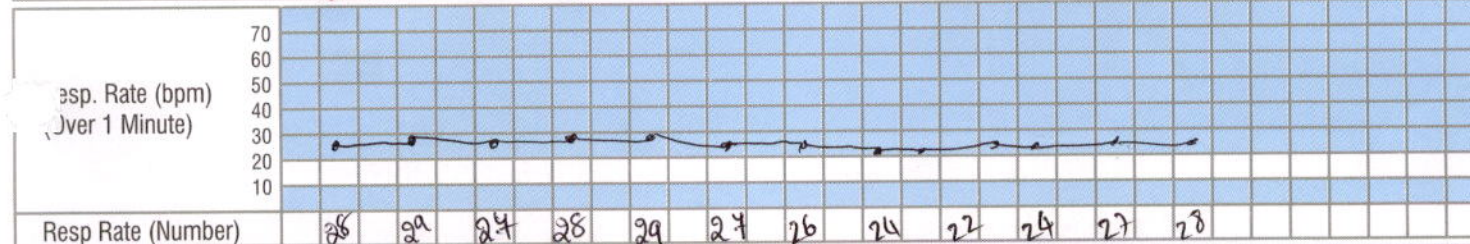
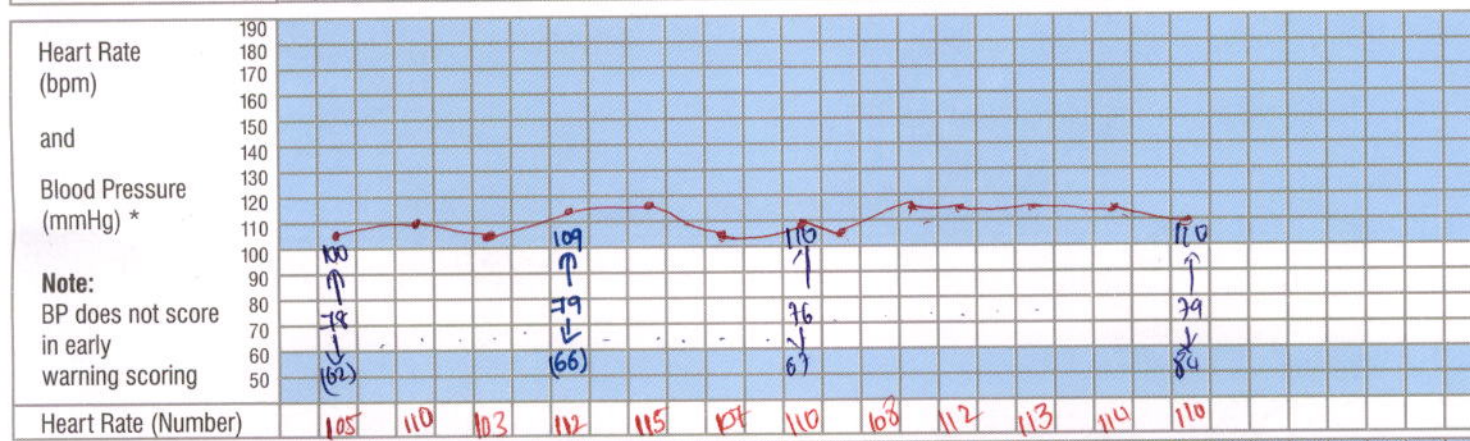
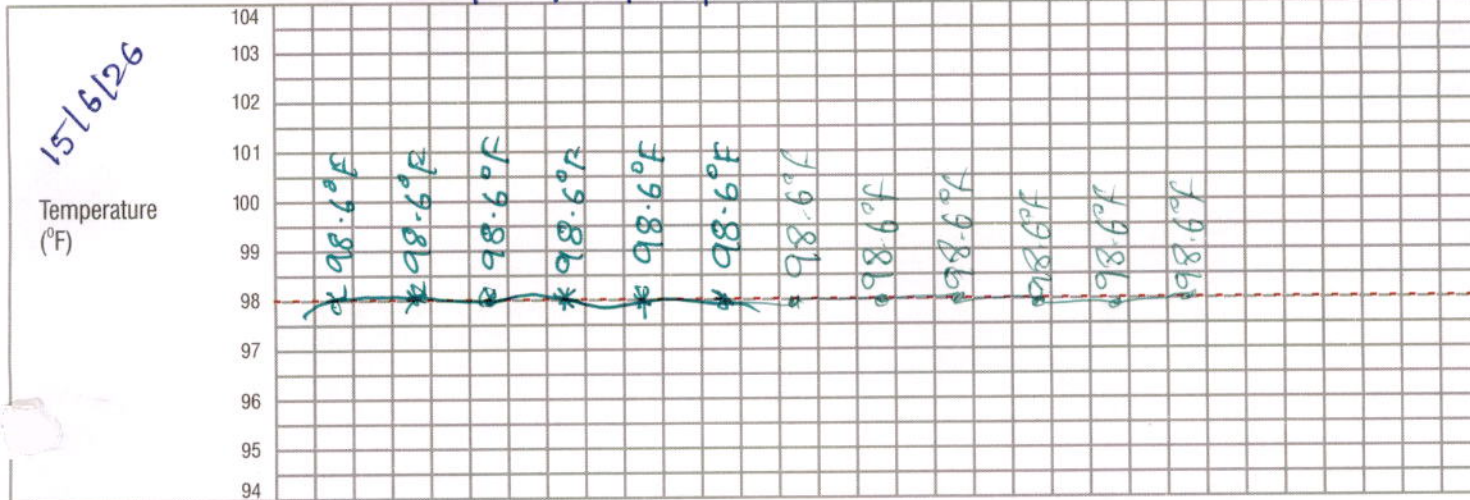


TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?		am	am	pm	pm	pm	pm	pm	pm	am	am	am	am



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

TOTAL SCORE												
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		M	M	M	M	M	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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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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

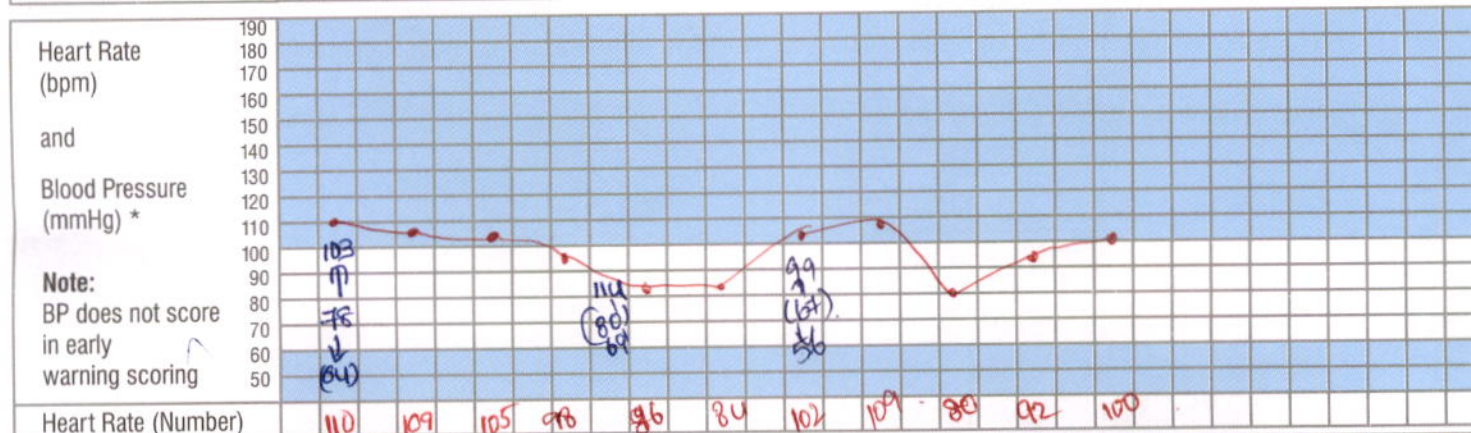
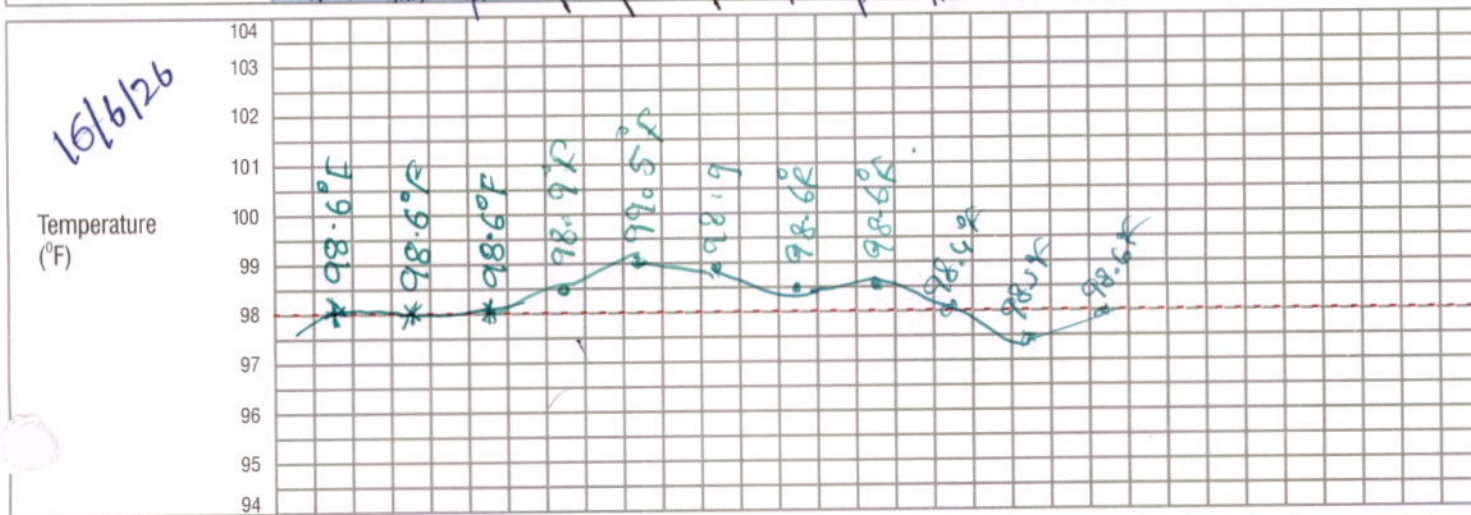
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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's 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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	9	11	1	3	5	*	9	11	1	4	7
Doctor / Nurse / Family Concern?		Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	H	H	
Receiving O ₂ (l/min)	O ₂ Saturations (%)	98	98	99	98	99	98	98	99	100	100	98	96
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	H
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
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		M	M	M	A	A	A	A	SK	SK	SK	SK

ACTIONS

Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
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NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

BCH-00003946
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 23 D
 Dr. SURENDER RAO DUSA (F)

Doc. No. : RCH/ FRM / CLINICAL / 127

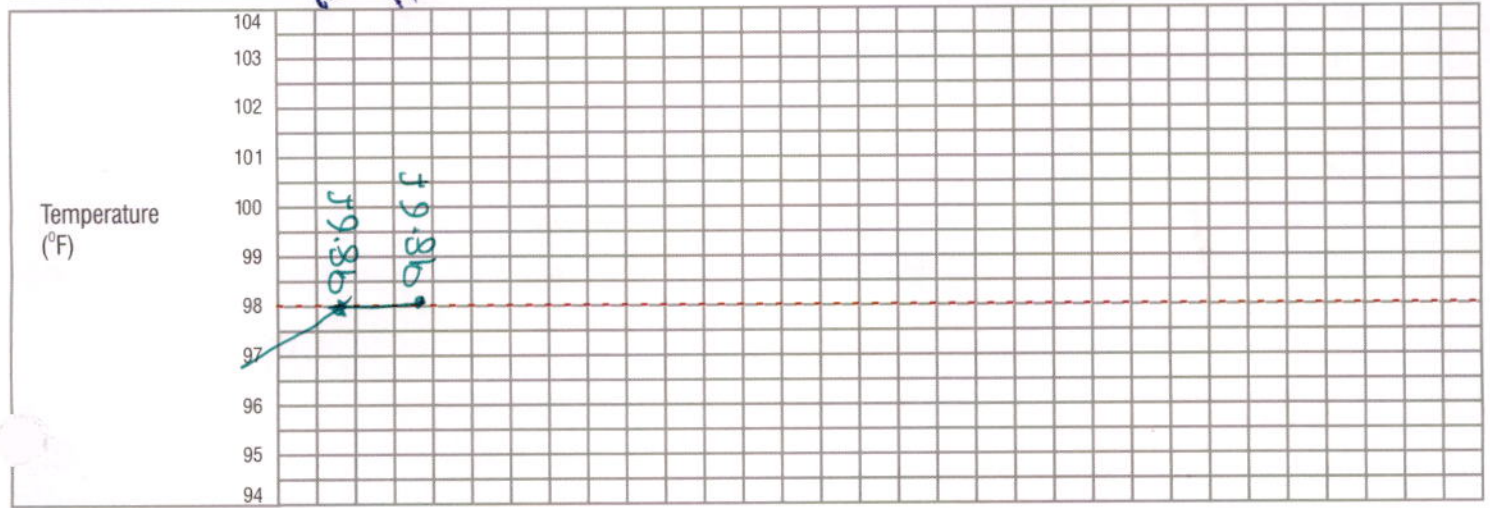
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/04/2016 Time: 9 AM

Doctor / Nurse / Family Concern? An An



Heart Rate (bpm)	190	
and	180	
Blood Pressure (mmHg) *	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)	108	108

Note: BP does not score in early warning scoring

Resp. Rate (bpm)	70	
over 1 Minute)	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)	23	24

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

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

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

BCH-00003846 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 21 D (F)
 Dr. SURENDER RAO DUSA

①



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
14/6	08:00 am										} 0 1	} Endu @ 2pm 14/6/2
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		Poly + water									
	01:00 pm			50ml								
Total Intake : 50ml					Total Output :							
14/6	02:00 pm	Rice	50ml								} 1 0 1	} Manisha 14/6/26 @ 8pm
	03:00 pm	+ water	50ml						✓			
	04:00 pm		50ml									
	05:00 pm		50ml									
	06:00 pm		50ml									
	07:00 pm		50ml									
Total Intake : 300ml					Total Output :							
14/6	08:00 pm								✓		} 1 1 1	} Manisha 15/6 @ 7AM
	09:00 pm	Rice	50ml									
	10:00 pm	+ water	50ml									
	11:00 pm		50ml									
	12:00 am		50ml									
	01:00 am		50ml									
Total Intake : 200ml					Total Output :							
15/6	02:00 am		50ml								} 1 1 1	} Manisha 15/6 @ 7AM
	03:00 am		50ml						✓			
	04:00 am		50ml									
	05:00 am		50ml									
	06:00 am		50ml									
	07:00 am		50ml									
Total Intake : 300ml					Total Output :							
Total 24 hrs. Intake			800ml			Total 24 hrs. Output						



FLUID CHART

Sheet No. :

15/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
15/6/26	08:00 am	Jelly	50ml									} Manisha 15/6/26 @2pm	
	09:00 am	+ water	50ml						✓				
	10:00 am		50ml										
	11:00 am		50ml										
	12:00 pm		50ml										
	01:00 pm		50ml										
Total Intake : 300ml						Total Output : 1 time							
15/6/26	02:00 pm	rice	50ml									} Manisha 15.6.26 @8pm	
	03:00 pm	water	50ml						✓				
	04:00 pm		50ml										
	05:00 pm		50ml										
	06:00 pm		50ml						✓				
	07:00 pm		50ml										
Total Intake : 300ml						Total Output : 2 times							
	08:00 pm		50ml									} Sneha 16/6/2026 @8Am	
	09:00 pm		50ml						✓				
	10:00 pm		30ml										
	11:00 pm		30ml										
	12:00 am		30ml										
	01:00 am		30ml										
Total Intake : 220ml						Total Output : 1 time							
	02:00 am		30ml									} Sneha 16/6/2026 @8Am	
	03:00 am		30ml										
	04:00 am		30ml										
	05:00 am		20ml										
	06:00 am		30ml						✓				
	07:00 am		30ml										
Total Intake : 180ml						Total Output : 1 time							

Total 24 hrs. Intake	1000ml
----------------------	--------

Total 24 hrs. Output	5 times
----------------------	---------



FLUID CHART

Sheet No. :

16/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
16/6/26	08:00 am		Idly									1
	09:00 am		water									
	10:00 am			30ml						✓	0	
	11:00 am			30ml								
	12:00 pm			30ml								
	01:00 pm			30ml						✓		
Total Intake : 150ml						Total Output :						
16/6	02:00 pm			30 ml							1	
	03:00 pm	Rice		30 ml								
	04:00 pm	water		30 ml					✓			
	05:00 pm											
	06:00 pm			30 ml						✓		
	07:00 pm			30 ml								
Total Intake : 150 ml						Total Output :						
16/6	08:00 pm			30ml							1	
	09:00 pm		Kidadi	30ml								
	10:00 pm		water	30ml					✓			
	11:00 pm			30ml								
	12:00 am			30ml								
	01:00 am			30ml						✓		
Total Intake : 180ml						Total Output :						
14/6	02:00 am			30ml							1	
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am			30ml					✓			
	07:00 am			30ml								
Total Intake : 150ml						Total Output :						

Total 24 hrs. Intake	630 ml
-----------------------------	--------

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

BCH-00003946 IP-00060342
 Baby G. SANKEERTHANA
 24-04-2014 12 Y 1 M 23 D (F)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. :

17/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
16/6/26	08:00 am	Fruit & water									✓	10/10 11/10 12/10	Sande Dina Rajee
	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

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA (F)
 24-04-2014 12 Y 1 M 23 D
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. :

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

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

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 21 D (F)
 Dr. SURENDER RAO DUSA



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: 114

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. Shrikar

Date & Time : 14/6/26 @ 12:34pm

Nurse Name & Signature: Shanthi / Shri

Date & Time : 14/6/26 @ 12:34pm



DRUG CHART

Date of Admission: 14/16/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

BCH-00003946 IP-00060342
 Baby G.SANKEERTHANA
 24-04-2014 12 Y 1 M 23 D (F)
 Dr. SURENDER RAO DUSA

Weight. 41.719 Ward. 114

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/5/26	12:45 PM	ZNF VITAMIN K	1mg	Oral	[Signature]	Hema Suraena

Signature
VERIFIED BY : Nar

Cheer
4/6/1



REGULAR PRESCRIPTIONS

Weight. 41.7kg Ward. 114

14/6/26
14/6/26

DRUG : <u>TAB UDILIV</u>				Date Time	<u>14/6</u>	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>
Dose	Route	Frequency	Start Date	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>
<u>1 TAB</u>	<u>PO</u>	<u>12thly</u>	<u>14/6</u>					
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Surender Rao Dusa</u>								
Additional Instructions: <u>1 TAB = 300mg.</u> <u>5-10mg/kg/dose</u>								
Daily Doctor's Endorsement by a Sign								

15/6/26
15/6/26

DRUG : <u>Inj. VITAMIN-K</u>				Date Time				
Dose	Route	Frequency	Start Date					
<u>5mg</u>	<u>once daily</u>							
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG : <u>Inj. VITAMIN-K</u>				Date Time	<u>15/6</u>	<u>16/6</u>		
Dose	Route	Frequency	Start Date					
<u>5mg</u>	<u>IV</u>	<u>once daily</u>	<u>15/6/26</u>					
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praharthi</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

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



①

RESULT SHEET

Date	14/6/26	17/06			
Time		6:10Am			
Hb	11.2 ✓				
PCV	30.6 ✓				
RBC	3.93 ✓				
WBC	6.15 ✓				
N/L	57.9/33.8 ✓				
Platelets	2.59 ✓				
CRP	12 ✓				
ESR					
PCT					
RBS	108 ✓				
Na	141 ✓				
K	4.2 ✓				
Cl	108 ✓				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	274 ✓	213			
SGPT	1638 ✓	1109			
SGOT	1245 ✓	657			
T.Bill/Conj	6.4 < 0.4 ✓ 1.0	6.7 < 0.8 ✓ 0.9			
T.Protein	6.6 ✓	6.1			
S.Albumin	3.0 ✓	2.9			
S.Globulin	3.6 ✓	3.2			
A/G Ratio	0.8 ✓	0.9			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	18.1 ✓	12			
APTT	37.0 ✓				
CSF Protein / Sugar					
Cells					
N/L					



2
 3946

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 14/6/26 Time: 2pm

Weight: 41.7 kg Centile: Above 95th

Height: Centile:

Inference: All nutritional diet

RDA: Protein: 100g/day

Diet Recommendations: low fat diet

Re-Assessment:

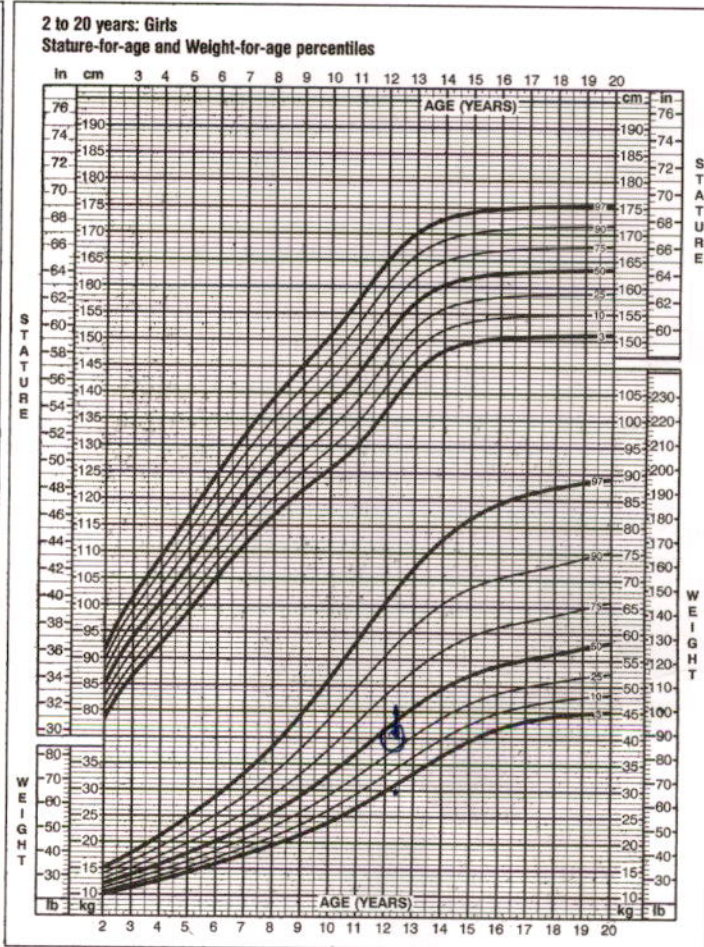
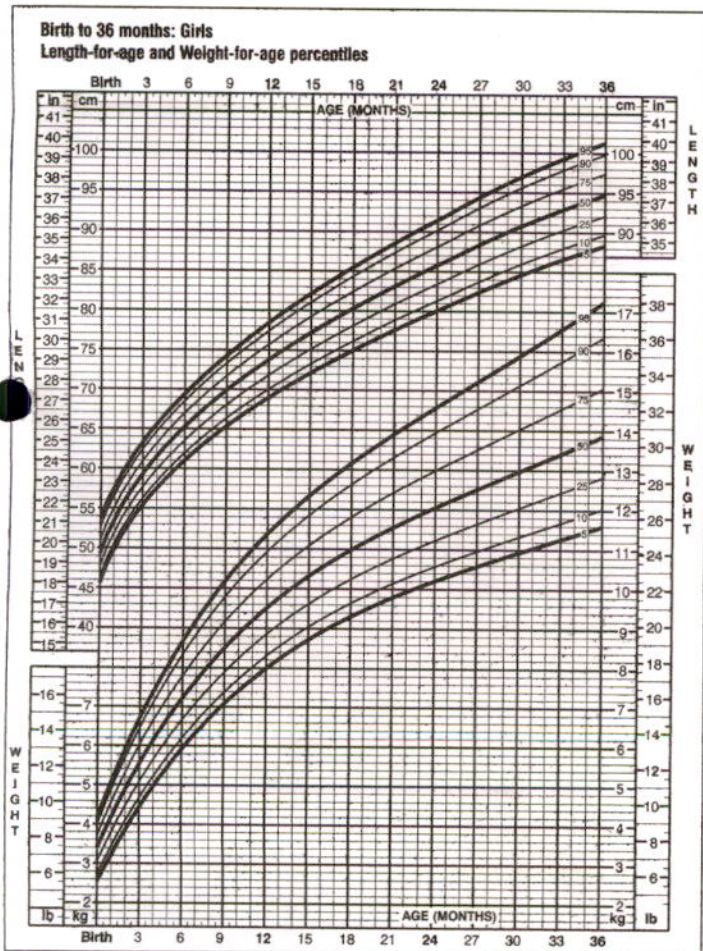
Food Allergies: Veg/Non-veg: Both

Diagnosis: ASD - Autistic symptoms

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

Daily Notes:

15/6/26

Low Fat Diet

2y
9Am

16/6/26

High CHO, protein low,
Fat low

2y
9Am

17/6/26

High CHO, protein low,
Fat low

2y
9Am