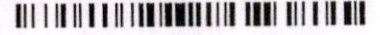


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174842      Admit Date : 06-Jun-2026      Admit Time : 08:48 PM      UHID : BAH-00655373

Patient Details :

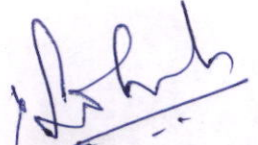
Patient Name : Baby Of RUTUJA PATWARI      Age : 0 Y 2 M 5 D  
Guardian : Mr LOKESH WALVEKAR      DOB : 01-04-2026 10:11 AM  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H.NO-2-1-311, FLAT NO406, VAISHNAVIS      Phone No : 9014166131/ 8639129270  
LAKSHMI VENKATA VILLA, Nallakunta      E-mail : RUTUJA.PATWARI@GMAIL.COM  
Hyderabad Telangana INDIA 500044

Admission Details :

Bed Type : PRIVATE ROOM      Bed No : PVT 320      Ward Name : 3F-ZONE B  
Room No : PVT 320      Admission Type : First Visit

Contact Details :

Name : Mr LOKESH WALVEKAR      Relationship : Father  
Contact Address : H.NO-2-1-311, FLAT NO406, VAISHNAVIS      Phone No : 9014166131 / 8639129270  
LAKSHMI VENKATA VILLA, Nallakunta  
Hyderabad Telangana INDIA 500044

  
Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : DR. TEJASWINI      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



Date	Time	Investigation	Result	Order No.	Signature
				26058196	
<del>10/11/16</del>	<del>1 PM</del>	<del>ADBR</del>	<del>2651354</del>		<del>Signature</del>

U0655373  
Baby Of RUTUJA PATWARI  
01-04-2026  
Dr. DINESH KUMAR CHIRLA  
IP5-00174842  
0 Y 2 M 10 D  
(M)

320



# CROSS CONSULTATION FORM

Doctor Name: Dr. Siddhi Narasimhan Date: 14/06/26 Time: 1:00 pm

Diagnosis: Feeding difficulties due to prematurity

Hospital: RCH; Baijasa

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for:  Opinion  Co-Management  Transfer of care

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

Feeding & Swallowing Review

Signature: Siddhi

**Findings and Recommendations :** \* Infant was well active & cooperative

\* Took 15-20ml of milk in sprints of times & later was drowsy.

\* Mother was trained & counselled for feeding related techniques & asked to follow up for the same.

- Adv:
1. keep trying feeds every 2 hoursly
  2. Position maintaining
  3. frequent burping
  4. Bottle feeding skills
  5. Flup

**Consultant :**

Name: Dr. Siddhi Narasimhan

Signature: Siddhi

Date & Time: 11/6/26, 1:00pm

### ACTIVITY RECORD FOR BILLING

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

UHID No. : \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00655373 IP5-00174842  
Baby Of RUTUJA PATWARI  
01-04-2026 0 Y 2 M 5 D (M)  
Dr. DINESH KUMAR CHIRLA

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

Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	11:30 pm	ER / NICU	320	Anneeb

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vidhi	10/6/26	9652885	kalyani
2	Dr. Vidhi	11/6/26	9651437	Annamma.
3				
4				
5				
6				
7				
8				
9				
10				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/6	CBP, CRP, LFT, calcium, Phosphorous, urea, creat; urea, s/B, APK,	(57411) Done on OP basis.	Samsky
6/6/26	Blood culture	2657433	Coeloni
10/6/26	LFT- CRP. <del>PERITON</del>	26058496	Annamma
	procalcitonin ferritin		
11/6/26	Rop	9652746	Annamma
	L.V. prasid	9652745	
10/6/26	oms		
10/6/26		<del>9652888</del>	Annamma
		<del>9652888</del>	Annamma







**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

BAH-00655373 IP5-00174842  
Baby Of RUTUJA PATWARI  
01-04-2026 0 Y 2 M 5 D (M)  
Dr. DINESH KUMAR CHIRLA



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

*ari*

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

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

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

### Pediatric Multiorgan History & Physical Examination

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

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

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

Vomiting - 1 episode  
Mild abdominal distension } since 2 day  
Irritability

#### History of present illness :

~~Child~~ :  
Baby is k/c/o Moderate PT (32+9 day) / male / FCIR  
AEDF / Persistent Culture positive Sepsis (Blood Gs  
→ Candida Tropiceles) / Meningitis Candid Tropiceles /  
Single volume Exchange transfusion / Secondary HLH ?  
Cytokine storm / Pancytopenia  
Skin Excoriations / Dryer Dermatitis / Cholestasis / Coagulopathy.  
Anemia / Thrombocytopenia / HypoNa<sup>+</sup> / HypoCa<sup>+</sup> / HypoK<sup>+</sup>

Now Come with above mentioned Complaints

• Blood investigations done on OPD basis, No sepsis hence ~~advised~~  
admitted for further management.

Vomiting - milk + mucous content  
- 1 episode @ night yesterday. (5/6/26)

Irritability & Crying - since 2 day.  
Mild icterus (+), pale (+)  
No Hb fever, cough.

BAH-00655373 IP5-00174842  
Baby Of RUTUJA PATWARI  
01-04-2026 0 Y 2 M 5 D (M)  
Dr. DINESH KUMAR CHIRLA



## History & Physical Examination

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

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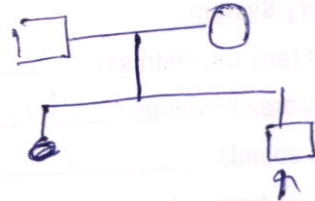
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**Birth & Neonatal History:**

S2+1 / Male / LSCS / CIAB /



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_ } Upper middle class.  
About Mother : \_\_\_\_\_ }  
Any additional Information, \_\_\_\_\_

**Developmental History :**

At

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**Immunization History :**

Birth vaccine → Given  
RSV → Not given

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 5 D  
 Dr. DINESH KUMAR CHIRLA

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 5 D  
 Dr. DINESH KUMAR CHIRLA

**Pediatric Multiorgan History & Physical Examination**

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

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

**Planned Labs:**

CBP, CRP, S-Elect, }  
 Ca<sup>++</sup>, PO<sub>4</sub><sup>-2</sup>, } Done on  
 Creatinine, Urea } OPD  
 LFT. } basis

Blood Gc - to sent now

ny B Anab  
 6/6/20

**Planned Management**

- Admit in ward
- NICU fellow to assess.
- Iuj Meropenam
- low dose steroids - start by  
 NICU fellow (after discussing  
 best dose during ICU stay e Sir)
- Continue regular } Ossopand.  
 prescription } Lanzol D1.  
 Domstel  
 Oditor  
 oprof XT.  
 HMF.

Signature of the Doctor: Ramy

Name of the Doctor: Dr. RAMYA

Date & Time: 6/6/26 ; 8:40 pm

Signature of the Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

ny B Anab  
 DR. DINESH KUMAR CHIRLA  
 Registration no. 111111  
 6/6/26

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
7/6/26 7 AM	seen by Dr. Vijayanand	Plan
	No fever spikes	① cont to antibiotics ② cont oral steroids
	o/e - mild recession (round for baby)	③ monitor feeding ④ monitor vitals
	chest - clear	
	CVS - no gallop	
	CRT < 2 sec.	
	PP - well felt	
	icterus ⊕	
	complaints of reduced activity, non waking up for feeds but taking feeds orally, slowly.	
	S/S of mening	
	Clinically better feed well	AS - CBP / CRP / WBC / PT / aPTT tomorrow Folicin
		Dr. Dinesh Kumar Chirla Registration No.: 6622X



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/20 3pm	<p style="text-align: center;"><u>Afternoon notes</u></p> <p>Baby on Room air                      Hemodynamically stable                      Activity: Dull                      Spontaneous cry                      Accepting feeds well                      NO fever / NO vomiting</p> <p>SpO<sub>2</sub>: 98% on RA                      PR: 131/min                      RR: 41/min                      S<sub>1</sub>S<sub>2</sub> ⊕                      BAC ⊕                      P/A: soft</p>	<p style="text-align: center;"><u>plan</u></p> <ol style="list-style-type: none"> <li>1. medication as charted</li> <li>2. Inj. meropenem                      Tab-dexamethasone</li> <li>3. CBP                      CRP                      LFT, PT/APTT                      ferritin } Tomorrow</li> <li>4. Dr. Chandrika (Rheumatology)                      Consultation tomorrow                      with reports</li> <li>5. Wf Activity, feeding</li> <li>6. Inform SAs</li> </ol>
		<p>Sing                      Sar                      N.B. Desai                      6/7/2020</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 10 AM	<u>morning note</u>	
	<p><u>ferentin</u></p> <p>1340 → 237 → 2010 → 2280 → 882 → <u>2010</u></p> <p>Anakina x 5 days</p> <p>restarted anakina x 3 days</p> <p>12/05 dexa + dexamethasone IV 2 oral x 15 days</p>	
	<p><u>CRP</u></p> <p>142 - 53 - 134 - 32 - 80 - 41 - 8 - 30 - 21 - 8 - 5 - 5 - 5 - 18 -</p> <p>Anakina x 5 days</p> <p>restarted anakina x 3 days</p> <p>dexa stable</p> <p>restarted dexa</p> <p>Discharge. stopped dexa</p> <p>29 - 19</p>	
	<p>enthusiastic          smile few          taking feeds over 20 mins,          few feeds 45 mins - 1hr          sepsis resolving          PA - 50%          passed stools          vitally stable.</p>	<p><u>Plan</u></p> <ol style="list-style-type: none"> <li>① <del>more</del> trial blood c/s</li> <li>② feeds to cont as planned</li> <li>③ discuss w/ Dr. Chandhira</li> <li>④ cont by meropenem Tab dexa</li> </ol>

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 11-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
8/6/26 12 PM	Case discussed to	Dr. Chandrika (Rheumatologist)
		<p><u>Plan</u></p> <ul style="list-style-type: none"> <li>① check if AD panel included in rapid exome sequencing</li> <li>② change DSEA to oral methylprednisolone 2mg/kg/dose BD</li> <li>③ Add procal to morning sample</li> <li>④ repeat procal &amp; ferritin after <del>48 hrs of stop</del> - 48 hrs of starting methylprednisolone.</li> </ul>
8/6/26 3 PM	<p>Afternoon note</p> <p>self ventilating on RA vitally stable. taking feeds well ~30mins 1 e/o vomiting. PA - sept. passed stools. CRT &lt; 3sec</p> <p>Blood culture Nixxum</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> <li>① Trace final bloods</li> <li>② cont regular feeds</li> <li>③ start tab methylprednisolone 1.7mg BD</li> <li>④ send procal + ferritin on 10/6/26 2 PM.</li> </ul>

*[Handwritten signature]*

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 7 D  
 Dr. DINESH KUMAR CHIRLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 8:45am	<u>Morning Note</u>	
	Baby is on RA. Hemodynamically stable. Accepting bottle feeds well.	
	No vomitings	<u>Plan</u>
	P/A - soft, mild distension. passed urine & stool.	→ Continue regular feeding.
	[→ Blood Cts - Hgb no growth.]	
	Inj. Meropenam D4 Lansoprazole Domperidone Uditiv Oxyer XT HMF.	→ Continue methylpred. → Trace urh culture report.
	T. Methylprednisolone - D2 (1.7mg BD)	→ Send procalcitonin & ferritin tomorrow at 2PM (10/6/26)
	T. wt - 1756g (11g) <u>Progress</u>	→ Monitor vitals → Check PID panel of parents (To collect report)



BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 7 D  
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	10/6/26	Mummy notes
	11:00 AM	
	DOL-64	
	32+1 → <sup>41</sup> 37+3	
	Moderate PT/CBW	Plan:
	Suspected sepsis	
	Cholesteris	- continue feeding
	Today wt - 1.773	45ml 3rd hourly
	(↑ 17gms)	+ hb keeping.
	- On room air	
	- accepts feeds well.	- OMS by occupational therapist
	E	- Trace reports.
	SpO <sub>2</sub> - 96%	
	PR - 120/min	- Nasal drops
	RR - 45/min	nasal suction
	- blood ck - No growth after 48 hrs	6th hourly.
	PIA - soft.	- Ilo. cherties 6th hourly
	- Stools passed	
	- urine passed	Aub
	meds	
	- Domstal - celestiv - vit A, D, E	
	- lauseprazole - hmf	
	- Tab. metylg - PIPTA2	





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		
5:00pm		
	- on room air,	<u>placenta</u>
	- accepting feeds well;	- continue paladai feeds
		45ml 3rd hourly,
		flb keepiey.
		- discussed with
		Dr. chandrite
		↓
	Fenthin - 1860	- To stop methylprednisolone
	pro-calcitonin - 0.3	and to start
	- OMS - explained	syr, omnacostil [5ml = 5mg]
		1.5ml BD x 1 week [till
		↓ 17/6/26]
		flb 3ml OD x 1 week.
		↓ [18/6/26 to 24/6/26]
		After that to taper
		by 0.5ml every week till
		reaching 0.5ml OD.
		- To repeat GBP, CFP,
		LFT, CFP, pro-cal weekly.

61-5005  
 41-5000 → 2/8/26





BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 8 D  
 Dr. DINESH KUMAR CHIRLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26		
9:00AM	<p>Morning sounds</p>	
	<p>DOL-65,</p>	
	<p>32+1 → 41+4</p>	
	<p>Moderate preterm / LBW /</p>	
	<p>Suspected sepsis caustic</p>	<p><u>Plan:</u></p>
		<p>- continue feeds</p>
	<p>Today wt - 1.744 (↓ 29 gms)</p>	<p>45ml 3rd hly flb keeping</p>
		<p>- continue</p>
	<p>SpO<sub>2</sub> - 96% PR - 125/min RR - 40/min</p>	<p>OMS &amp; KMC.</p>
		<p>- nasal drops &amp; nasal suction</p>
	<p>Urine - passed Stool - passed</p>	<p>4th hourly</p>
		<p>- Ilo - chabig 6th hourly</p>
		<p>- ROP today</p>





BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA

## RESULT SHEET

Date	01/06/2026	06/06/26	8/6	10/6/26	
Time		6 PM			
Hb	12	9.8 ↓	11.3		
PCV	36.5	29.4 ↓	35.5		
RBC	5.10	4.09	4.81		
WBC	12,500	19,350 ↑	19430		
N/L	34/50	30/48	44/47		
Platelets	2,21,000	2,35,000	3.40		
CRP	8	29 ↑	19	10	
ESR					
PCT				0.324	
RBS					
Na	134	133			
K	3.8	5.4			
Cl	105	107			
Ca/Mg	10.6/	9.9/			
Phosphate	<del>4.6</del>	4.6			
Urea	37	28 ↓			
Creatinine	0.3	0.2			
ALP		376	545	1341	
SGPT	237	248 ↑	312	<del>277</del> 196	
SGOT	208	300 ↑	383	217	
T.Bill/Conj	7.5/5.5	6.6/4.6 ↓	6.2 < 4.2 2.0	4.8 < 3.5 1.3	
T.Protein	5.7	5.3	6.5	6.7	
S.Albumin	3.4	3 ↓	3.8	3.3	
S.Globulin	2.29	2.3	2.7	2.4	
A/G Ratio	1.4	1.3	2.7	1.3 2.04	
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR			15/1.1		
APTT			40		
CSF Protein / Sugar					
Cells					
N/A	Ferritin			1860	





# CROSS CONSULTATION FORM

Doctor Name: Dr. Vidhi Navandher Date: 10/06/26 Time: 1:30pm

Diagnosis: (M) Feeding difficulties due to prematurity.

Hospital: KCH; Bayana

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for:  Opinion  Co-Management  Transfer of care

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

Feeding & Swallowing Review

Signature: Vidhi

Findings and Recommendations: Infant was well active

\* Matured sucking reflex

\* Matured Suck - swallow breathe coordination

\* (1) Respiratory distress due to existing mucous.

\* Had 'i' episode of mucous vomiting during feed.

\* Took feeds well, mother had a complaint of infant getting tired & sleepy while feeding

\* Mother was trained with the feeding techniques

Adv: 1. To give pacifier for 5-10mins before feeding  
for 3-times a day.

2. Posture maintain (45°)

3. Frequent burping

4. Flap

Consultant :

Name: Dr. Vidhi

Signature: Vidhi Navandher

Date & Time: 10/6/26

10/6/26

1:30pm

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 5 D  
 Dr. DINESH KUMAR CHIRLA

## 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: ward

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	Ossopan - D drops	1.5ml	PO	QID	5/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Teb Lan sol DT 1tbl + 15ml	1.7ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Domstel	0.5ml	PO	TID		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syp. Udiliv	1ml	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Orofer x7 drops	0.3ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	HMF sachet	1sachet	PO	each feed.		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
						<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. RAMYA

Date & Time: 6/6/26; 9pm.

Nurse Name & Signature: Gowri

Date & Time: 6/6/26 11pm

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.72kg Ward .....

DRUG : OROFER XT drops				Date	6/6	8/6	9/6	10/6						
Dose	Route	Frequency	Start Dt.	Time										
0.3ml	PO	OD	6/6/26											
Name & Signature of the Doctor Starting the Drugs: Dr. Ranje				12AM Panch Kumbh 10PM Panch Kumbh Always										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign				d d										
DRUG : HMF sachet				Date	6/6	7/6	8/6	9/6	10/6					
Dose	Route	Frequency	Start Dt.	Time										
	PO	Each feed	6/6/26		✓	✓	✓	✓	✓					
Name & Signature of the Doctor Starting the Drugs: Dr. Ranje														
Additional Instructions: 1 sachet in each feed														
Daily Doctor's Endorsement by a Sign				d d d										
DRUG : TAB DEXAMETHASONE				Date	6/6	7/6	8/6							
Dose	Route	Frequency	Start Dt.	Time										
0.17mg	PO	BD	6/6		✓	✓	✓							
Name & Signature of the Doctor Starting the Drugs: Dr. Arunwarye				12AM Panch Kumbh 10PM Panch Kumbh Always STOP Dr. Arunwarye										
Additional Instructions: 1 tab = 0.5mg mix 2 tab 2ml DW SO				1ml = 0.1mg, give 0.17ml BD orally.										
Daily Doctor's Endorsement by a Sign				d										
DRUG : TAB METHYLPREDNISOLONE				Date	6/6	7/6	8/6							
Dose	Route	Frequency	Start Dt.	Time										
1.7mg	PO	BD	8/6		✓	✓	✓							
Name & Signature of the Doctor Starting the Drugs: Dr. Arunwarye				12PM Panch Kumbh 10PM Panch Kumbh Always STOP Dr. Arunwarye 10/6/26										
Additional Instructions: 1 tab = 8mg Add 8ml DW SO				1ml = 8mg, give 1.7ml BD orally.										
Daily Doctor's Endorsement by a Sign				d d										

Signature  
Name  
VERIFY

4ml



H-00655373 IP5-00174842  
 by Of RUTUJA PATWARI  
 04-2026 0 Y 2 M 10 D (M)  
 DINESH KUMAR CHIRLA



22

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

<b>DRUG :</b> Syr. OMNACORTIL				Date Time	10/6/16																			
Dose	Route	Frequency	Start Dt.																					
1.5ml	P/O	BD	10/6	10am	✓																			
Name & Signature of the Doctor Starting the Drugs:																								
Dr. Anshu																								
Additional Instructions:																								
[Sml = 5mg] 10pm																								
1.7 mg/kg/day																								
Daily Doctor's Endorsement by a Sign				d																				
<b>DRUG :</b>				Date Time																				
Dose	Route	Frequency	Start Dt.																					
Name & Signature of the Doctor Starting the Drugs:																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign																								
<b>DRUG :</b>				Date Time																				
Dose	Route	Frequency	Start Dt.																					
Name & Signature of the Doctor Starting the Drugs:																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign																								
<b>DRUG :</b>				Date Time																				
Dose	Route	Frequency	Start Dt.																					
Name & Signature of the Doctor Starting the Drugs:																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign																								
<b>DRUG :</b>				Date Time																				
Dose	Route	Frequency	Start Dt.																					
Name & Signature of the Doctor Starting the Drugs:																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign																								

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

H-00655373  
 by Of RUTUJA PATWARI  
 04-2026 0 Y 2 M 10 D (M)  
 DINESH KUMAR CHIRLA



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

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

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

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA



# DRUG CHART

Date of Admission: 2/6/20 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)

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

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

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

VERIFIED BY : Name ..... Sigma



REGULAR PRESCRIPTIONS

Weight: 1.92 kg, Ward: .....

VERIFIED

<b>DRUG :</b> Inj MEROPENAM				Date Time	6/6	7/6	8/6	9/6												
Dose	Route	Frequency	Start Date																	
70mg	IV	TID	6/6/26	6am																
Name & Signature of the Doctor Starting the Drugs: <i>Dr Ramya</i>																				
Additional Instructions: 10mg/kg/dose																				
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> Tab LANSOPRAZOLE				Date Time	7/6	8/6	9/6	10/6	11/6											
Dose	Route	Frequency	Start Date																	
	PO	OD	6/6/26																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr Ramya</i>																				
Additional Instructions: 1 tab = 15mg + 15ml Distilled water Give 1.7ml																				
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> Susp. DOMPERIDONE				Date Time	7/6	8/6	9/6	10/6	11/6											
Dose	Route	Frequency	Start Date																	
0.5ml	PO	TID	6/6/26																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr Ramya</i>																				
Additional Instructions: 0.2mg/kg/dose																				
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> Syp. UDILIV				Date Time	8/6	9/6	10/6	11/6												
Dose	Route	Frequency	Start Date																	
1ml	PO	BD	6/6/26																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr Ramya</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				







# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Pa Patient's / Learner Language: English Patient / Learner Literacy:  Read  Write  Speak Willingness to Learn:  Yes  No Healthcare Literacy:  Yes  No

**Identified Education Needs:**

- |                            |  |  |   |
|----------------------------|--|--|---|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication  | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures  | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs                           |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |  |  | 17. Others .....  |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
6/6/26	8:59 pm	10	fall Risk Education	mother	1	oral	1	1	NO	Anub

**Part - III: CODES**

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

**Learning Barriers:**

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

**Teaching Tools Used:** A: Audio D: Demonstration V: Video O: Oral P: Printed

**Mechanism/s to overcome barrier/s:**

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify .....
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

**Understanding:** 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review



# MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: \_\_\_\_\_

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/6/26	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Sepsis	Hemodynamic stability	IV antibiotics Iv fluids.		<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
6/6/26	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Not accepting feeds & not voiding x 2 days	A-Feed	low milk		<input type="checkbox"/> Medical <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



## nursing General Admission Assessment Form For Pediatrics

**Diagnosis:**

Arrival Time: 11:20pm Mode of Arrival: in the crib Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: NA Body Weight: 1.72 Kg  
 Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: .....  
 ..... NA

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

If yes please list, .....  
 Is 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: 1.72 kg Length: ..... Head Circumference (< 2 years): .....  
 Temp.: 97.3° F HR: 117 bpm RR: 39 bpm BP: —

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

Fall Risk Assessment:  Yes  No Score: 0/10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

**Pain Screening:**  Yes  No If Yes, Pain Score: 0/10 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain: NA Location: NA Frequency: NA Duration: NA

**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): .....

Cultural & Spiritual Needs:  Yes  No if Yes specify ..... Inform consultant for positive criteri...

**Social History:** Lives With .....

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

All Information Obtained From  Patient  Mother  Father  Other Family Member

**Orientation has been given regarding the following aspects:**

Call Bell in Reach :  Yes  No

Waste Disposal Explained:  Yes  No

Infusion Pump :  Yes  No

Hand hygiene Explained:  Yes  No  Others

Patient Rights & Responsibilities:  Yes  No

Information given to ..... *parents* .....

Nurse Signature: ..... *[Signature]* .....

Nurse Name: ..... *parathi* .....

Date: ..... *7.6.26 @ 12am* .....

Time: .....



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Rutuja Patwari Age : 2m/5 days Gender:  Male  Female  
 Date : 01/04/26 Time of Arrival : 5:00pm Triage Completion Time : 5:02pm  
 Allergies:  No  Yes  Food  Medications  Other (Specify): .....  Not known any drug Allergies  
 Source of Information :  Parents  Others (Specify) .....  
 Mode of Arrival :  Ambulatory  Wheelchair  Stretcher  Ambulance

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> 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		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Unstable : <input checked="" type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
---	--	--

Vital Signs: Temp: 98.4 F PR: 140bpm BP: 64/40 RR: 30bpm SpO<sub>2</sub>: 97% TRA  
 Chief Complaints: NOT accepting feeds x today. vomitings x yesterday

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input checked="" 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 type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

*2 episode yellowish discoloration of skin x today.*

**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

## Communicable Disease Triage Screening

**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 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 : Ramadevi

Signature of Triage Nurse : Ramadevi

Date & Time : 01/04/26 5:02pm

**ERROR LOG**

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00655373  
 IPS-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 6 D  
 Dr. DINESH KUMAR CHIRLA

**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date: 6/6/26 Time of arrival: 5:02pm  
 Chief Complaints: not accepting feeds & today, vomiting & reflux (2tpi)  
of baby's breast cut of 6th day today RBS: ML  
 Height: ML Weight: 1.72kg BMI: ..... Head Circumference (<2 years) ML  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: ml  
 If yes, identify NO  
 Pain Screening:  Yes  No If Yes, Pain Score: 0/10 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character NO  Location NO  Frequency ml  Duration NO

<p><b>RISK FOR FALL:</b></p> <p><input type="checkbox"/> If patient is &lt; 6 years        tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years        Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>• Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
---	---

**Psychological Screening:**  No Significant Findings  
 Unusual concerns about patient's Psychological Status:  Yes  No  
 If Yes Consultant Notified: ml (Date/Time): ml  
**Social History:** Lives With family  
 Siblings in household  Yes  No (if yes How Many?) NO  
 Cultural & Spiritual Needs:  Yes  No if Yes specify NO Inform consultant for positive criteria.  
 Time of Initial assessment completed by ER Nurse: 5:10pm

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

Time	Nursing Notes
	<p>Dr. Kanya nam seen the child and assessed                      → Informed to Dr. Dinesh Kumar Chirala Sir.                      → Dr. Dinesh Kumar Chirala Sir came and seen the child. Advised blood tests                      → Done on op basis. In placement done.                      → Sample are send on op basis.                      → Swabbed to review for blood culture as steroidal.</p>

Samples collected by: CBP, CRP, LFT, urea, creatinine, calcium, phosphate Time:             
 Samples sent by: NA Time:           

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>140b</u> BP: <u>61/51</u> CFT: <u>CR</u> RR: <u>32bpm</u> SPO <sub>2</sub> : <u>97%</u> GCS: <u>15/15</u> Temperature: <u>98.1F</u> Pain Score: ..... Repeat RBS (if applicable): .....	Shift - out from ER to: <u>300</u> Time of Shift - out: <u>20/11/20</u> Handover given to: ..... (Nurse's Name) <u>Santhi</u>

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): .....

Name of the Nurse: Anneeb Signature of the Nurse: [Signature]  
 Date & Time: 6/6/26 9 pm

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA



6/6/26

RCHBH / FRM / CLINICAL / 124

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

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

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

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

Date: ..... Time: 11:50 pm 1:30 pm 8 am 11 am

Doctor/Nurse/Family Concern? pm pm am

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99			
	98	*96.6 F	*97.3 F	*98.0 F
	97			97.8 F
	96			
	95			
	94			

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

Heart Rate (Number) 117 bpm 128 bpm 125 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	Resp Rate (Number)	39 bpm	40 bpm	39 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 97%, 98%, 99%

Conscious Level Normal Altered

GCS \* 11/5 11/5 11/5

**TOTAL SCORE** Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials R J G

- 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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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



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

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

Date: 07/07/26 Time: 11Am 5pm 10pm 8am  
 Doctor/Nurse/Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97	97.0F	97.9F	*97.6F	*97.6F
	96				
	95				
	94				

Heart Rate (bpm)	190				
	180				
	170				
	160				
and	150				
	140				
Blood Pressure (mmHg) *	130				
	120				
	110				
	100				
<b>Note:</b>	90				
BP does not score	80				
in early	70				
warning scoring	60				
	50				
Heart Rate (Number)		125bpm	127bpm	130bpm	128bpm

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		30bpm	32bpm	30bpm	30bpm

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		99%	100%	97%	98%
Conscious Level	Normal				
	Altered				
GCS *		3/15	11/15	15/15	15/15

<b>TOTAL SCORE</b>					
Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		✓	✓	F	✓

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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



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

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

Date: 8/6/26 Time: 11 AM 6 PM 10 PM 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99	98.4*	98.6*	98.6*	98.6*
	98				
	97				
	96				
	95				
	94				

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

Heart Rate (Number) 130bpm 135bpm 150bpm 140bpm

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				

Resp Rate (Number) 40bpm 40bpm 40bpm 40bpm

Resp Distress	Mod/ Severe None / Mild				
---------------	-------------------------	--	--	--	--

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 99% 100% 98%

Conscious Level	Normal / Altered				
-----------------	------------------	--	--	--	--

GCS \* 15/15 15/15 15/15 15/15

<b>TOTAL SCORE</b>				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	Q	S	F	R

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 7 D (M)  
 Dr. DINESH KUMAR CHIRLA



No. : RCHBH / FRM / CLINICAL / 124

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

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

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

Date: 9/6/26 Time: 10 am 2pm 6pm 10pm 6am

Doctor/Nurse/Family Concern?

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

Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						

Heart Rate (Number) 135b/m 146b/m 130b/m 135b/m

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

Resp Rate (Number) 40b/m 42b/m 40b/m 42b/m

Resp Distress	Mod/ Severe						
	None / Mild						

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100% 99% 100%

Conscious Level	Normal						
	Altered						

GCS \* 15/14 15/15 15/15 15/15

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0			
Pain Score	0	0	0	0			
Observer's Initials	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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



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

Date: 10/6/26 Time: 11am 6pm 10pm 6am

Doctor/Nurse/Family Concern? Refused parents

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

Temperature (°F) data points: 11am: 98.2, 6pm: 98.1, 10pm: 98.1

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110			
	94			

Heart Rate (Number) data points: 11am: 129 bpm, 6pm: 130 bpm, 10pm: 135 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			
	0			
	0			

Resp Rate (Number) data points: 11am: 40 bpm, 6pm: 40 bpm, 10pm: 40 bpm

Resp Mod/ Severe Distress None / Mild

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

O<sub>2</sub> Saturations (%) data points: 11am: 100%, 6pm: 99%, 10pm: 100%

Conscious Level Normal / Altered

GCS \* data points: 11am: 15/15, 6pm: 15/15, 10pm: 16/15

**TOTAL SCORE**

Number of shaded boxes data points: 11am: 0, 6pm: 0, 10pm: 0

Pain Score data points: 11am: 0, 6pm: 0, 10pm: 0

Observer's Initials data points: 11am: (Signature), 6pm: (Signature), 10pm: (Signature)

<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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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Date	Time	Early Warning Score	Date	Time	Name

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

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2025 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA




# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
2/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	EBM	30ml							✓	0	} Karati
	01:00 am									✓	0	
										0		
<b>Total Intake :</b>					<b>Total Output :</b>							
7/6	02:00 am	EBM	30ml							✓	0	} Karati
	03:00 am										0	
	04:00 am	EBM	30ml							✓	0	
	05:00 am										0	
	06:00 am	EBM	30ml							✓	0	
	07:00 am										0	
<b>Total Intake :</b>					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>		EBM 220ml			<b>Total 24 hrs. Output</b>		U 24 M 20					

# FLUID CHART

Sheet No. : .....

07/6/26

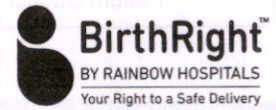
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
07/6	08:00 am										0	} Ring	
	09:00 am	EBM							✓		0		
	10:00 am	30ml					✓				0		
	11:00 am								✓		0		
	12:00 pm	EBM									0		
	01:00 pm	30ml									0		
<b>Total Intake :</b>						<b>Total Output :</b> m-1 u-2							
07/6	02:00 pm										0	} R	
	03:00 pm	EBM					✓		✓		0		
	04:00 pm	urine									0		
	05:00 pm								✓		0		
	06:00 pm	EBM									0		
	07:00 pm	urine							✓		0		
<b>Total Intake :</b>						<b>Total Output :</b> m-1 u-3							
7/6	08:00 pm										0	} R	
	09:00 pm	EBM					✓		✓		0		
	10:00 pm	urine									0		
	11:00 pm										0		
	12:00 am	EBM									0		
	01:00 am	urine							✓		0		
<b>Total Intake :</b>						<b>Total Output :</b>							
8/6	02:00 am										0	} R	
	03:00 am	EBM					✓		✓		0		
	04:00 am	urine									0		
	05:00 am						✓				0		
	06:00 am	EBM									0		
	07:00 am	urine							✓		0		
<b>Total Intake :</b>						<b>Total Output :</b>							

Total 24 hrs. Intake 65 = 295

Total 24 hrs. Output 02  
32 39

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
2/6/26	08:00 am	EBM	EBM							0	} Kept new cannul blz of leakage } skin	
	09:00 am									0		
	10:00 am					✓			✓	0		
	11:00 am	EBM	usml							0		
	12:00 pm								✓	0		
	01:00 pm									0		
<b>Total Intake :</b>					<b>Total Output :</b> M-1 U-2							
2/6/26	02:00 pm	EBM	usml							0	} skin	
	03:00 pm									0		
	04:00 pm								✓	0		
	05:00 pm	EBM	usml			✓				0		
	06:00 pm								✓	0		
	07:00 pm									0		
<b>Total Intake :</b>					<b>Total Output :</b> M-1 U-2							
	08:00 pm	EBM	usml						✓	0	} Kept	
	09:00 pm					✓				0		
	10:00 pm									0		
	11:00 pm	EBM	usml						✓	0		
	12:00 am									0		
	01:00 am									0		
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am	EBM	usml						✓	0	} Parathi	
	03:00 am					✓				0		
	04:00 am									0		
	05:00 am								✓	0		
	06:00 am	EBM	usml			✓				0		
	07:00 am	EBM	"							0		
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake** EBM = 360

**Total 24 hrs. Output** U = 8  
M = 6



# FLUID CHART



Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse			
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine					
a/b			Mouth	I.V	N.G					0	Annamma			
	08:00 am								0	0				
	09:00 am								0	0				
	10:45 am	EBM	45ml						0	0				
	11:00 am	↓							0	0				
	12:00 pm								0	0				
	01:00 pm								0	0				
<b>Total Intake :</b>					<b>Total Output :</b>									
					M-0					U-3				
a/b	02:00 pm	EBM	95ml						0	0	Poly- U-ans			
	03:00 pm							0	0					
	04:00 pm	EBM	95ml					0	0					
	05:00 pm							0	0					
	06:00 pm	EBM	95ml					0	0					
	07:00 pm							0	0					
<b>Total Intake :</b>					<b>Total Output :</b>									
					M=1					U=3				
a/b	08:00 pm	EBM	50ml					0	0	fish				
	09:00 pm							0	0					
	10:00 pm							0	0					
	11:00 pm							0	0					
	12:00 am	EBM	20ml					0	0					
	01:00 am							0	0					
<b>Total Intake :</b>					<b>Total Output :</b>									
					M-1					U-1				
a/b	02:00 am	EBM	30ml					0	0	fish				
	03:00 am							0	0					
	04:00 am	EBM	30ml					0	0					
	05:00 am							0	0					
	06:00 am	EBM						0	0					
	07:00 am		25ml					0	0					
<b>Total Intake :</b>					<b>Total Output :</b>									
					M-1					U-1				

**Total 24 hrs. Intake**

**Total 24 hrs. Output** M=3 U=3

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 7 D (M)  
 Dr. DINESH KUMAR CHIRLA

# FLUID CHART



Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	Annane	
	09:00 am	EBM 30ml					✓			✓	0		
	10:00 am										0		
	11:00 am									✓	0		
	12:00 pm	EBM 30ml									0		
	01:00 pm										0		
<b>Total Intake :</b>						<b>M-1</b>						<b>Total Output : U-2</b>	
	02:00 pm										0	Kalyani	
10/6	03:00 pm	EBM 30ml					✓			✓	0		
	04:00 pm										0		
	05:00 pm						✓			✓	0		
	06:00 pm	EBM 30ml									0		
	07:00 pm						✓			✓	0		
<b>Total Intake :</b>						<b>M=3</b>						<b>Total Output : U=3</b>	
	08:00 pm	EBM 40ml									0	Shresh	
11/6	09:00 pm										0		
	10:00 pm						✓			✓	0		
	11:00 pm										0		
	12:00 am	EBM 30ml								✓	0		
	01:00 am										0		
<b>Total Intake :</b>						<b>M-1</b>						<b>Total Output : U-2</b>	
	02:00 am										0	Shresh	
11/6	03:00 am										0		
	04:00 am	EBM 50ml					✓			✓	0		
	05:00 am										0		
	06:00 am									✓	0		
	07:00 am	EBM 35ml									0		
<b>Total Intake :</b>						<b>M-10</b>						<b>Total Output : U-9</b>	
<b>Total 24 hrs. Intake</b>		EBM 275				<b>Total 24 hrs. Output</b>		U-9					

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 8 D (M)  
 Dr. DINESH KUMAR CHIRLA



# FLUID CHART

Sheet No. : .....

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

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

**Total 24 hrs. Intake** [ ]

**Total 24 hrs. Output** [ ]

BAH-0065373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 6/6/26

Assessment: Baby having emesis and irritability, low intake

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the Baby general condition	8:30 pm	→ Assessed the Baby condition in the crib	→ Baby was active & Good
10pm	→ To monitor vitals	10:30 pm	→ monitored vitals	
12am	→ To maintain I/O chart	12:30 am	→ maintained I/O chart	
1am	→ To provide crib care	6:30 am	→ provided crib care to the Baby	
7am	→ To administer the medications	7:30 am	→ Administered the medications as per chart	

Re-Assessment: Re-assessment has done after 2 hours Baby was stable

Special Notes: NO

Nurse Signature:

Nurse Name: Jenathi

Date & Time: 7/6/26 @ 2am

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI (M)  
 01-04-2026 0 Y 2 M 6 D  
 Dr. DINESH KUMAR CHIRLA

# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 07/06/26

Assessment: Baby having low activity

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	=> Assess the Baby General Condition	8:10 am	=> Assessed the Baby General Condition	Baby is stable
10am	=> Assess the Baby vitals signs	10:15 am	=> Assessed the Baby vitals signs	
12pm	=> To maintain Ilo chart	12:20 pm	=> maintain Ilo chart	
2pm	=> To provide warmth care	2:20 pm	=> provided warmth care	
4pm	=> To provide 2nd hourly feeding	4:15 pm	=> provided ensure safety	
6pm	=> To provide ensure safety	6:15 pm		

Re-Assessment: Baby is comfortable

Special Notes: continue antibiotics CBP, CRP, LFT, PT, APTT, Sebum T/m

Nurse Signature: [Signature] Nurse Name: [Name] Date & Time: 07/06/26 @

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 7/6/26

Assessment: Baby having irritability and low intake

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the Baby general condition	8:30 pm	→ Assessed the Baby general condition in the crib	→ The Baby was active & feeding well
10pm	→ To monitor vitals	10:30 pm	→ monitored vitals	
12am	→ To maintain I/O chart	12:30 am	→ maintained I/O chart	
1am	→ To give feed	1:30 am	→ given EBM 3 <sup>rd</sup> hourly	
3am	→ To collect samples	6:30 am	→ samples collected and send to the lab	
7am	→ To administer the medications	7:30 am	→ Administered the medications as per chart	

Re-Assessment: Re-assessment has done after 2 hours the Baby was taking feeding 5<sup>th</sup> hourly

Special Notes: CRP, CRP, LFT, APIT and PT, written collected and send to the lab, trace the reports

Nurse Signature: [Signature] Nurse Name: Perathi Date & Time: 8/6 at 8am



# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 8/6/26

Assessment: Baby having instability and low intake.

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the Baby General condition	8:05AM	Assessed the Baby. General condition	Baby (Patient) was Stable.
10AM	monitor the vitals.	10:05AM	monitored the vitals.	
12pm	maintained I/O chart.	12:05pm	Maintained I/O chart.	
2pm	provide comfortable position to patient	2:05pm	provided comfortable position to patient	
4pm	provide 2 <sup>nd</sup> hourly feeding.	4:05pm	providing 2 <sup>nd</sup> hourly feeding.	
6pm	Ensure safety.	6:05pm	Ensured safety.	
7pm	TO Administer medications.	7:05pm	Administered medications.	

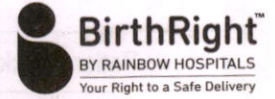
Re-Assessment: After feeding Baby feeding well.

Special Notes: procel + terofin 10/6/26 2pm

Nurse Signature: [Signature] Nurse Name: Shinsu Date & Time: 8/6/26

BAH-00655373  
 Baby Of RUTUJA PATWARI  
 01-04-2026  
 Dr. DINESH KUMAR CHIRLA (M)  
 IP5-00174842  
 0 Y 2 M 6 D

# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 06/06/2026

Assessment: Baby having irritability and low inactive

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the Baby general condition con.	8:30 pm	→ Assessed the Baby general condition in the crib	→ Baby was dull and crying and feeding was well
10pm	→ To monitor vitals	10:30 pm	→ monitored vitals	
12am	→ To maintain Ilo chart	12:30 am	→ maintained Ilo chart	
1am	→ To give feed 3 <sup>rd</sup> hdy	1:30 am	→ given feed 3 <sup>rd</sup> hdy	
7am	→ To administer the medications	7:30 am	→ Administered the medications as per chart	

Re-Assessment: Re-assessment has done after 2 hours the Baby was dull and crying

Special Notes:

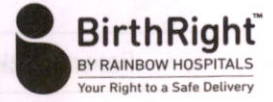
Nurse Signature:

Nurse Name: Revathi

Date & Time: 06/06/2026 @ 9am



BAH-00855373  
 Baby Of RUTUJA PATWARI  
 01-04-2026 IP5-00174842  
 Dr. DINESH KUMAR CHIRLA 0 Y 2 M 7 D (M)



# NURSING CARE RECORD

Shift:  Morning  Noon  Night

Date: 9/6/26


Assessment: Poor Oral Intake, low weight, Irritability

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ To assess the general condition of the baby	2:10pm	→ Assessed the general condition of the baby	Baby is stable vitals normal no vomitings
3pm	→ To monitor vital signs	3:30pm	→ Monitored vitals and documented.	
4pm	→ To encourage oral intake	4:40pm	→ EBM every 2 to 3rd hly flb burping	
5pm	→ To maintain spo chart	5:20pm	→ Maintained spo chart	
7pm	→ To administer medications	7:10pm	→ Administered medications	

Re-Assessment: Has good intake of EBM

Special Notes: Feritin, LFT, CRP, PCT Im at 2pm

Nurse Signature:  Nurse Name: Kalyani Date & Time: 9/6 at 8pm

# NURSING CARE RECORD

Shift:  Morning  Afternoon  Night

Date: 9/6/26


Assessment: Baby orally Intake low weight and irritable.

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the Baby General condition	8:05pm	Assessed the Baby. General condition	Baby was stable
10pm	Monitor the vitals.	10:05pm	monitored the vitals.	
12AM	Maintain I/O chart.	12:05AM	Maintained I/O chart.	
2AM	provide comfortable position to baby.	2:05AM	provided comfortable position to Baby.	
4AM	To encourage orally.	4:05AM	encouraged orally. Intake.	
6AM	To Administer medication.	6:05AM	Administer medication.	
7AM	Ensure safety.	7:05AM	Ensured safety.	

Re-Assessment: after feeding Baby was feeling better.

Special Notes: Levitation, LFT, CRP, PCT T/m at 2pm

Nurse Signature:  Nurse Name: Shreshh Date & Time: 10/6/26 8AM



## NURSING CARE RECORD

Shift:  Morning  Afternoon  Night

Date: 10/16/26

Assessment: Baby having irritability and low inactive

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the Baby general condition	8:30 AM	Assessed the Baby general condition	Baby is stable
9am	monitor vitals	9:30 AM	monitored Baby vitals	
10am	monitor I/O chart	10:30 AM	monitored Baby I/O chart	
11am	to plan feeding	11:30 AM	every 3rd hourly feeding & burping	
12am	to plan to ensure safety	12:30 AM	given Baby crease safety.	

Re-Assessment: Has good intake of EBM Baby was sleeping

Special Notes: LFT, CBP, procalcitonin, ferritin (R) reports

Nurse Signature: Annamma Nurse Name: Annamma Date & Time: 10/16/26 2pm

BAH-00655373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 8 D (M)  
 Dr. DINESH KUMAR CHIRLA

# NURSING CARE RECORD



Shift:  Morning  Afternoon  Night

Date: 10/6/26

Assessment: Baby having irritable and low intake

**Goals**

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the baby general condition	9:05pm	Assessed the baby general condition	Baby was stable.
10pm	Monitor the vitals.	10:05pm	Monitor the vitals.	
12AM	Maintain I/O chart.	12:05AM	Maintained I/O chart.	
2AM	provide comfortable position to baby.	2:05AM	provided comfortable position to baby.	
4AM	provide 3 hourly feeding and burping.	4:05AM	provided 3 hourly feeding and burping.	
6AM	provide warm care.	6:05AM	provided warm care.	
7AM	Ensure safety.	7:05AM	Ensured safety.	

Re-Assessment: After feeding baby was sleeping well.

Special Notes: - navel removed - RDP T/M

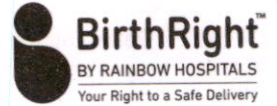
Nurse Signature:

Nurse Name: shishu

Date & Time: 11/6/26 8AM

Patient

BAH-00855373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 5 D (M)  
 Dr. DINESH KUMAR CHIRLA



### T HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh Kumar Department: ..... Date of Admission: 8/6/26

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known						
			If Yes Specify: .....						
BACKGROUND	Area	ED	3rd floor 8am	3rd floor 8pm	3rd floor 8pm	3rd floor 8pm	3rd floor 8pm	3rd floor 8pm	
	Shift Time								
ASSESSMENT	Medical Condition (Any special condition to be noted):	NO	NA	NA	NA	NA	NA	NA	
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RECOMMENDATIONS	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.4 F	98 F	97.5 F	96.1	98.1	97.2 F	
		Res:	30 bpm	26 bpm	24 bpm	20 bpm	20 bpm	20 bpm	
		SpO <sub>2</sub> :	97%	98%	100%	100%	99%	98	
		Pulse:	140 bpm	136 bpm	125 bpm	125 bpm	130 bpm	148 bpm	
		BP:	66/44	-	-	-	-	-	
		Fall Risk Score:	13	15	15	15	15	15	
	Pain Score:	0/0	0	0	0/10	0/10	0/10		
Safety Needs:	Safety Needs:	yes	crib care	yes	crib care	crib care	crib care		
	Physiotherapy	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Others Specify:	NO	NA	NA	NA	NA	NA		
	Special Diet:	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other Special Orders / Medications:		NO	NA	CBP, ERP, LFT, PT, APP, TIM	NA	NA	NA		
Post Operative Procedure Special Orders:		NO	NA	NA	NA	NA	NA		
Handed Over By Name :		Annub	Ravati	Diyg	Kerati	Shish	Ravati		
Signature :									
Date:		8/6/26	7/6	7/6/26	8/6/26	8/6/26	8/6/26		
Time:		11:pm	8am	8pm	8am	8pm	8am		
Taken Over By Name :		Ravati	Diyg	Kerati	Shish	Ravati	Annub		
Signature :									
Date:		8/6	7/6/26	7/6/26	8/6/26	8/6/26	8/6/26		
Time:		11:20 pm	8am	8pm	8am	8pm	8pm		

### NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh Kumar Department: 3rd floor Date of Admission: 9/6/26

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....						
	BACKGROUND	Area	3rd floor 8PM	3rd floor 8PM	3rd floor 8AM	3rd floor 8AM	3rd floor 8PM	3rd floor 8AM	
		Shift Time							
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.2F	97.7F	97.9F	98.2F	98F	98.1F	98.1F
		Res:	40b/m	42b/m	40b/m	40b/m	42b/m	40b/m	40b/m
		SpO <sub>2</sub> :	100%	100%	100%	100%	100%	100%	100%
		Pulse:	140b/m	146b/m	140b/m	140b/m	136b/m	136b/m	136b/m
		BP:	-	-	-	-	-	-	-
Fall Risk Score:	15	15	15	15	15	15	15		
Pain Score:	0/10	0	0	0	0	0	0		
Recommendations	Safety Needs:	Crib care	Crib care	Crib care	Crib care	Crib care	Crib care	Crib care	
	Physiotherapy	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	NA	NA	NA	NA	NA	NA	NA	
	Special Diet:	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Annamma	Kalyani	Shivish	Annamma	Kalyani	Shivish	Shivish	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		9/6/26	9/6	10/6/26	10/6/26	10/6	10/6	11/6	
Time:		2PM.	8PM	8AM	2PM	8PM	8PM	2AM	
Taken Over By Name :		Kalyani	Shivish	Annamma	Kalyani	Shivish	Shivish	Annamma	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		9/6	9/6	10/6/26	10/6	10/6	10/6	11/6	
Time:		2PM	8PM	8AM	2PM	8PM	8PM	8AM	



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/6/26	11pm	0/0	NO	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO NO	Amnub
7/6/26	6am	0/0	NA	<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	Under Observation	Revathi
7/6/26	6pm	0/10	NA	<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	under Observation	Pragee
7/6/26	10pm	0/10	NA	<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	under observation	Prath
8/6/26	8am	0/10	NA	<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	under observation	Revathi
8/6/26	12pm	0/10	NA	<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	under observation	Shrisha
8/6/26	6pm	0/10	NA	<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	under Observation	Shrisha
8/6/26	10pm	0/10	NA	<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	under observation	Revathi
9/6/26	6am	0/10	NA	<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	Under observation	Revathi
9/6/26	4pm	0/10	NA	<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	under observation	Amanna

**Re-assessment Frequency:**

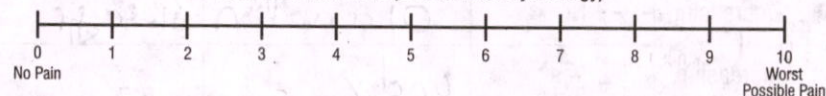
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - After pain-relieving intervention.
  - Within 30 - 60 minutes after pain-relieving intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

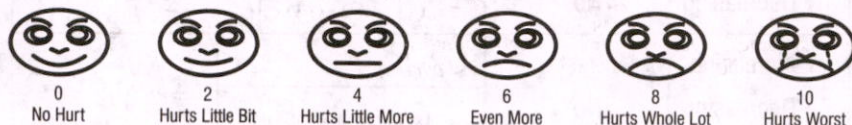
## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years

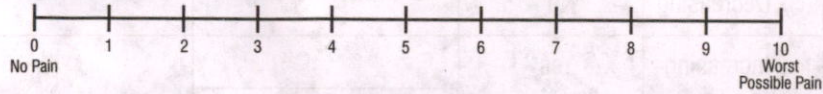


# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT

CATEGORY	0	
	Face	No Particular expression or smile
Legs	Normal Position or Relaxed	Uneasy
Activity	Laying quietly normal position, moves easily	Squirming & forth, tense
Cry	No Cry (Awake or asleep)	Moans or whimper, complaint
Consolability	Content, relaxed	Reassured by occasional hugging, or being talked to, distractible

## Numerical Pain Scale (Obstetric and Gynecology)



## Wong - Baker (Pediatrics) Above 7 Years



## Neonatal Pain, Agitation and Sedation Scale (upto)

Assessment Criteria	Sedation		Normal	
	-2	-1	0	1
<b>Crying Irritability</b>	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequent
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expressed intermittently
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes or finger splay Body is not t
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10 from baseline SaO <sub>2</sub> 76-8F stimulation recovery

H-00655373  
by OJ RUTUJA PATWARI  
04-2028  
DINESH KUMAR CHIRLA

IP5-00174842  
0 Y 2 M 10 D

Date: 10/6/20  
11/6/20  
Time: 10:30  
GA

Re-assessm  
1. Every eight  
2. For post-su  
a) At leas  
c) Prior to

Docu.No: RCH

# PAIN ASSESSMENT FORM

Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
0/10	NA	<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	under observation	slowly
0/10	NA	<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	under observation	slowly
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BY: \_\_\_\_\_  
 All hospitalized patients.  
 For patients with chronic pain, patient with severe pain:  
 a) Every 4 hours for the first 24 hours  
 b) Then every 4 hours.  
 c) After relieving intervention.  
 d) Within 30 – 60 minutes after pain relief intervention.

BAH-00855373 IP5-00174842  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 7 D (M)  
 Dr. DINESH KUMAR CHIRLA

# PAIN ASSESSMENT FORM

Date	Time	Pre (U/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	7pm	0/10	NA	<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	Under observation	Kalyani
9/6/26	10pm	0/10	NA	<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	Under observation	slinsh
9/6/26	6am	0/10	NA	<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	under observation	slinsh
10/6/26	11am	0/10	NA	<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	Under observation	Annamma
10/6/26	12pm	0/10	NA	<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	Under observation	Annama
10/6	7pm	0/10	NA	<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	Under observation	Kalyani
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

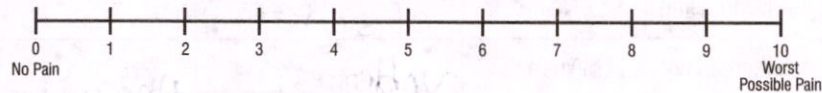
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief 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	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

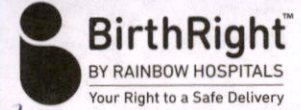
## Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt  
2 Hurts Little Bit  
4 Hurts Little More  
6 Even More  
8 Hurts Whole Lot  
10 Hurts Worst

H-00655373 IP5-00174842  
 by Of RUTUJA PATWARI  
 04-2026 0 Y 2 M 10 D (M)  
 DINESH KUMAR CHIRLA

# CHECKLIST FOR THROMBOPHLEBITIS



8/6/26 9/6/26 10/6/26

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	cannule removed
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	-	-	-	-	-	-	changed cannule in NICO
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				Renuka Amara Kalyan Srinivas Anurag Kalyan Srinivas									

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 : Kalyan Name : [Signature]

Signature of Ward In Charge :

Signature : Renuka Name : [Signature]

BAH-00655373  
 Baby Of RUTUJA PATWARI  
 01-04-2026 0 Y 2 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA

IP5-00174842

# BRADEN 'Q' SCALE



					Date :	8/6/26	8/6/26	8/6/26	8/6/26
					Time :	8:10	6am	1am	8am
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	3	3	3	3	
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1	
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3	
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	4	4	
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
<b>TOTAL SCORE</b>					28	23	23	23	
<b>Evaluator's Name</b>					Arun Patil	Ravathi	Ravathi	Ravathi	

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

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