

ACT VIH-00150999 IP-00060427 **LLING**
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR

Nam _____
 UHII _____ Consultant : _____ Dept : *pediatric*

Date of Admission *21/6/26* Time : _____ Date of Discharge : _____ Time : _____

Room / Bed No : *205* Ward : *2nd floor* Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>21/6/26</i>	<i>10:10Am</i>	<i>ER</i>	<i>205</i>	<i>shu.</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<i>DR. Sruthi Balla</i>	<i>22/06/26</i>	<i>3093309</i>	<i>Raf.</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Name	Master JAS AHUJA	UHID	VIH-00150999
Father/Guardian	Mr ABHIJEET SRIVASTAVA	Age/Gender	3 Y 10 M 3 D/Male
Address	PLOT NO.- 42B,VASAVI COLONY,PICKET,SECUNDERABAD,HYDERABAD, M C Eme, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060427	Admission Date	21-06-2026
Ref Doctor	Self	Discharge Date	25-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. PREETHAM KUMAR

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

Diagnosis: Acute Febrile Illness

History: Master JAS AHUJA is a 3 Y 10 M 3 D boy presented with history of moderate to high grade intermittent fever associated with since 2 days prior to admission. History of constipation present. For the above complaints, he was admitted to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 21.08.2026 showed hemoglobin 11.2 gm%, white blood cells count of 23,110 cells/cumm, platelet count of 3.17 lakhs/cumm and C-reactive protein was 130 mg/l.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-137/min, blood pressure - 101/79 mmHg and respiratory rate 28/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Name

Master JAS AHUJA

UHID

VIH-00150999

Weight on admission : 12.9 kgs.

Investigations: Enclosed.

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

His serum electrolytes showed serum sodium - 139 mmol/L, serum potassium - 4.7 mmol/L, chloride - 99 mmol/L. Serum creatinine 0.4 mg/dl. CUE showed 6-8 pus cells, 3-5 epithelial cells, albumin present, leucocytes present+, protein ++. Blood culture was sterile after 48 hours of incubation. Ultrasound abdomen was suggestive of both kidneys are bulky, suggested follow up imaging, mild hepatomegaly.

In view of Ultrasound abdomen finding and CUE showing protein ++, leucocytes +, child was seen by Dr. Sruthi Balla, Consultant Pediatric Nephrologist who advised to continue IV antibiotics, to do CUE, Spot urine, calcium and creatinine, uric acid, to consider Laxatives and to review Ultrasound abdomen after 5 days.

He was continued on same line of management. He was regularly monitored for fever spikes. His fever spikes gradually settled. Repeat hemogram done on 25.06.2026 showed hemoglobin 11.5 gm%, white blood cells count of 12,790 cells/cumm, platelet count of 5 lakhs/cumm and C-reactive protein was 33 mg/l. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Name

Master JAS AHUJA

UHID

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg), 3.5 ml twice daily (after food) for 5 days (Refrigerate after reconstitution).
3. Syrup SMUTH 4 ml twice daily till further orders.
4. Do USG KUB, CUE, Spot Urine Calcium, Creatinine, Uric Acid on 29.06.2026 (Monday)
5. Kindly consult Dr. Preetham Kumar, Consultant Pediatrician & Neonatologist, on 29.06.2026 (Monday) in OPD with prior appointment (This consultation will be charged).
6. Kindly consult Dr. Shruthi Balla, Consultant Pediatric Nephrologist, on 29.06.2026 (Monday) with Reports in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup Paracetamol (5ml=240mg), 4 ml (if needed) if fever more than 99.6°F (maximum 4-6 hourly).

Syrup Ibuprofen (5ml=100mg), 6.5 ml (if needed) (after food) for fever more than 101°F (maximum 8 hourly).

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

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

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

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and

Name

Master JAS AHUJA

UHID

VIH-00150999

between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name : *ABHISEK SRIVASTAVA*

Signature : *[Handwritten Signature]*

Relationship with patient : *FATHER*

This summary has been explained by :

Summary prepared by: Dr. Shivam
DEO : Kalyan

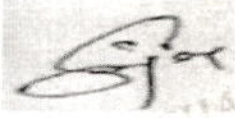
[Handwritten Signature]

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

PatientName : Master JAS AHUJA Inpatient No. : IP-00060427
 Age/Gender : 3 Y 10 M 2 D/ Male Admit Date : 21-06-2026
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 08:27
CREATININE (Enzymatic)	0.4	mg/dl	0.04 - 0.6



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 08:27
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	99	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 08:27
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 18:46

PHYSICAL

COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.025		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL

CHEMICAL

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

Rainbow Children's Hospital - Secunderabad

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

PatientName : Master JAS AHUJA Inpatient No. : IP-00060427
 Age/Gender : 3 Y 10 M 2 D/ Male Admit Date : 21-06-2026
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	PRESENT(+)		NEGATIVE
MICROSCOPY			
PUS CELLS	6 - 8	HPF	L 0 - 5
EPITHELIAL CELLS	3 - 5	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :23-06-2026 01:16			
HEMOGLOBIN (Colorimetry)	10.2	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	3.64	10 ¹² /L	L 3.9 - 5.3
PCV/HCT (Calculated)	27.4	VOL%	L 34 - 40
MCV (Calculated)	75.3	fL	75 - 87
MCH (Calculated)	28.0	pg/cells	24 - 30
MCHC (Calculated)	37.2	g/dL	H 32 - 36
RDW-CV (Calculated)	12.5	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	340	10 ⁹ /L	150 - 450
MPV (Calculated)	7.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	13.97	10 ⁹ /L	5.5 - 15.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	55	%	H 23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	35	%	35 - 65
MONOCYTES (Microscopy, Leishman stain)	09	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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Rainbow Children's Hospital - Secunderabad

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



PatientName	: Master JAS AHUJA	Inpatient No.	: IP-00060427
Age/Gender	: 3 Y 10 M 4 D/ Male	Admit Date	: 21-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 01:16	
CRP (Immunoturbidimetry)	76	mg/L	H <10

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

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT ENTERED	
		Order Date :25-06-2026 00:32	
RDW-CV (Calculated)	12.7	%	11.5 - 15
PCV/HCT (Calculated)	31.6	VOL%	34 - 40
RBC COUNT (DC detection method)	4.13	10 ¹² /L	3.9 - 5.3
Differential Count			
WBC COUNT (DC Detection Method)	12.79	10 ⁹ /L	5.5 - 15.5
MPV (Calculated)	7.2	fL	6.5 - 10
PLATELET COUNT (DC Detection Method)	500	10 ⁹ /L	H 150 - 450
NEUTROPHILS (Microscopy, Leishman stain)	33.8	%	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	55.0	%	35 - 65
MONOCYTES (Microscopy, Leishman stain)	7.4	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	3.2	%	1 - 6
MCHC (Calculated)	36.4	g/dL	H 32 - 36
MCH (Calculated)	27.8	pg/cells	24 - 30
MCV (Calculated)	76.5	fL	75 - 87
HEMOGLOBIN (Colorimetry)	11.5	g/dL	11.5 - 15.5

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :25-06-2026 00:32	
CRP (Immunoturbidimetry)	33	mg/L	H <10

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

Master JAS AHUJA

3 Y 10 M 3 D

Male

IP-00060427

VIH-00150999

PREETHAM KUMAR

R26-009956

22-06-2026 11:04 AM

22-06-2026 02:26 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : 11.5 cms. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN :Normal in size 7 cm and echotexture, No obvious focal lesions.

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

KIDNEYS :

Right kidney : 90 mm. Normal echotexture and shows smooth contour. No hydronephrosis or calculi. No focal lesions

Left kidney : 85 mm. Normal in size and echotexture and shows smooth contour.
No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Bowel gas in iliac fossa and central abdomen

Print Date/Time : 22-06-2026 02:26 PM

Printed By : BELLAM RESHMA
DEEPTHI

Page: 1 of 2

Master JAS AHUJA

8106818484

3 Y 10 M 3 D

R26-009956

Male

22-06-2026 11:04 AM

IP-00060427

22-06-2026 02:26 PM

VIH-00150999

PREETHAM KUMAR

Impression

- 1. Both kidneys are bulky
- Suggested follow up imaging**
- 2. Mild hepatomegaly**

Rest unremarkable.

Suggested clinical correlation.

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00150999 IP-00060427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 3 D (M)
 Dr. PREETHAM KUMAR



Patient Name :

IP.No:

Ward:

DOA:



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

61 pages

Signature and Date :

[Signature]
 25/10/22

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060427

Admit Date : 21-Jun-2026

Admit Time : 08:02 AM UHID : VIH-00150999

Patient Details :

Patient Name : Master JAS AHUJA

Age : 3 Y 10 M 2 D

Guardian : Mr ABHIJEET SRIVASTAVA

DOB : 19-08-2022

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : PLOT NO.- 42B,VASAVI COLONY,PICKET, SECUNDERABAD,HYDERABAD M C Eme Hyderabad Telangana INDIA 500015

Phone No : 8106818484/ 9550323184

E-mail : abijeet.sriv@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr ABHIJEET SRIVASTAVA

Relationship : S/O

Contact Address : PLOT NO.- 42B,VASAVI COLONY,PICKET,SECUNDERABAD,HYDERAB AD M C Eme Hyderabad Telangana INDIA 500015

Phone No : 8106818484 / 9550323184

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Patient Name : Mast. JAS AHUJA UHID : VIH-00150999 IPD : IP-00060427 Gender : Male Age : 3 Y 10 M 2 D

VIH-00150999 IP-00060427
Master JAS AHUJA
19-08-2022 3 Y 10 M 2 D (M)
Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/6/26 Time of arrival : 7:26 AM
Chief Complaints : Fever x 2 days RBS : —
Height : 100 cm Weight : 12.9 kg BMI : — Head Circumference (<2 years) : —
Allergies: Yes No Medications Blood Transfusion Food Other: —
If yes, identify —
Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character — Location — Frequency — Duration —

<p>RISK FOR FALL:</p> <p><input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is > 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>Ambulatory Aids:</p> <ul style="list-style-type: none"> Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <input type="checkbox"/> <p>Inform consultant for positive criteria</p>
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Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: — (Date/Time): —
Social History: Lives With Family
Siblings in household Yes No (if yes How Many?) —
Time of Initial assessment completed by ER Nurse : 7:28 AM

Patient Name : Mast. JAS AHUJA UHID : VIH-00150999 IPD : IP-00060427 Gender : Male Age : 3 Y 10 M 2 D

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

Time	Nursing Notes
7:22 AM	* Pt Came to ER
7:25 AM	* vitals checked and Recorded
7:30 AM	* ER Doctor seen the pt & advised admission * Admission Done
8:35 AM	* IV Placement Done
8:40 AM	* Samples Collected & sent to lab * Pt shifted to ward

Samples collected by:

Samples sent by:

} Rajyarami

Time: }
Time: } 8:50 AM

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 130 b/m BP: 100/79 (89) CFT: 22 sec
 RR: 22 b/m SPO₂: 99%
 GCS: 15/15 Temperature: 98°F
 Pain Score: -
 Repeat RBS (if applicable): -

Details of Shift - out

Shift - out from ER to: 205
 Time of Shift - out: 21/6/26 @
 Handover given to: Sgt. Roja
 (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement Done

Name of the Nurse:

A. Chitto

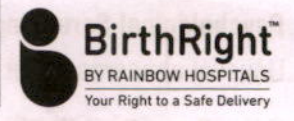
Signature of the Nurse:

[Signature]

Date & Time:

21/6/26 @

VIH-00150999 IP-00080427
 Master JAS AHUJA
 18-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 10:20AM Mode of Arrival: 10:30AM Admitting From: ER OPD Direct

Allergy / Adverse Reaction: Nill Body Weight: 12.9kg Kg
 Height: 100cm cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nill</u>	<u>Nill</u>	<u>Nill</u>

Family History: Nill

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

If yes please list,

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

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

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

Observations: Weight: 12.9kg Length: 100cm Head Circumference (< 2 years):

Temp.: 98.7F HR: 130b/m RR: 28b/m BP: 100/79(89)

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

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

Risk of Pressure Sore (Braden Q Score 14) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Location Frequency Duration

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Parents

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's Name: Roja Date: 2/16/26 Time: 12:08pm Signature: Red

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00150999 IP-00060427 Master JAS AHUJA 19-08-2022 3 Y 10 M 2 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 21/6/26 @ 8:02 AM	Date & Time of Transfer Order 21/6/26 @ 10:10 AM
		Transfer Ordered by DR. prashanth	Reason for Transfer for admission
From Unit ER	To Unit 205	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> if yes, what? optical glasses	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	Nil		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Shanthi / sh		Name of Person Ordered Transfer DR. prashanth	
Patient & Clinical Records Received by : Rofa			
Date & Time of Patient Received : @ 21/6/26 @ 10:20 AM			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00150999

IP-00060427

Master JAS AHUJA

19-08-2022

3 Y 10 M 2 D

(M)

Dr. PREETHAM KUMAR

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Jas Ahuja Age/Sex 3y/m
Information given by: mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

cb fever :: 2 days.

History of present illness :

child was apparently asymptomatic 2 days back
then developed cb fever :: 2 days
(mod-high grade) - Intermittent fever.
as a child.

I-f period - Active.

Antibiotic medication - Remitting again.

O/I - Better

U/O - Adequate.

No H/o cold, cough, vomiting & diarrhoea.

H/o Irritability (+).

↓

Now paucy (N) stools.



Pediatric Multiorgan History & Physical Examination

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

21/08/26

Hb - 11.2g/dL CRP → 130

PLT → 317

WBC → 23.11 K

N/L → 77.9 / 14.8

Birth & Neonatal History:

Tern baby | Bwt: 3.3 kgs | Uterus
C/SAR NO NICU Admission



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} claustr

Developmental History :

Developmental achieved as per age in all 4 domains.

Immunization History :

Immunized as per age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)

Weight (kgs)) 12.9 kg (Centile _____)

On Examination :

Temperature : 99.3 F Pulse Rate : 137 b/m B.P. : 101/79 SPO2 100%

Resp. rate and type of breathing : 28 B/m

Rash _____

Lymphadenopathy _____

Oedema : yo

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : o

Air entry & breath sounds : B/L AEC

Any addes sounds : o

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : h/t

Any murmur : o

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

Per Abdomen :

Inspection : N

Palpation : P/A: n/t

Ausculation : yo

Spine : N External Genitelia : N

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/5

Cranial Nerves : (N)

Motor System:

Nutriton : _____

Tone: ly (N) Power (R) (L)
5/5 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : (-)

Reflexes :

DTR +nt

Superficials: +nt

Plantars flexor

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

ATI - 1 Evaluation.

paediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent further complications.

Desired goals of the treatment: to treat the symptoms.

Planned Labs:

cue, sle, s-creatinine
B/c/s.

Extraplain. - (i)

(B p, crp - done on op Basis:

Planned Management

- Inj. ceftriaxone - Iv - 12 hourly

- Ivf

- Antipsychotics.

- Inj. clonazepam - Tr. once daily

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. prabhakar

Date & Time: 21/6/26.

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 21/6/26. 5.30



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/20 9AM	<p><u>IB Resident</u></p> <p>AFI ↓ evaluation o/e child alert Auscultation Ustale stable CVR - S102 (+) R/L - DAE (+) P/A - w/h</p>	
<p>Dr. JAS AHUJA 2/6/20 9AM</p> <p><u>CONVULSION</u></p>		<p><u>Plan</u></p> <p>1) Puj. Peps 2 2) Monitor vitals Inform sws</p>
12:30 pm	<p>(0.5 x 0.6 cm)</p> <p>→ Clo Rash over chest - unaccompanied? Post Puj. Peps 2</p> <p>o/e child alert RH - DAE (+) WOB - (N) no other cons</p>	<p><u>Actn</u></p> <p>1) Calopt - lctns 2) watch for progression of Rash / tachypnea → Before next dose 3) Inform sws</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
21/6/26		
4pm	AFI Reevaluation	
	oft child alert	gabapentin @ 4pm.
	warm	
	vitals stable	
	Cvs - a/c (+)	
	Rps - BAE (+)	
	P/A - roff	
		plan
		1) send cue
		2) Trace B/e/s
		3) CST
		4) Perform sox
		clsd Dr. Cavell
	After piperacillin administration	
	@ 10:40pm of 21st June.	
	child was noticed developed some rash	
	E itching, NORD, the following next Gamdose	
	22nd June, dose of pipoz was skipped as per	
	Dr. Kireefi advice. Reassured Parents	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/A Registrar (D/w Dr. Preetham)	
22.6.26	acute febrile illness	
9.00 AM	? UTI	
	On going fever spikes	
	of child awake.	
	CRT < 3 sec.	
	afebrile	Plan
	CVS - S, S, D	→ Start on Ceftriaxone ^{Meropenem}
	RS - BACD, clear	→ titrate 4 th lily
	P/A - soft	→ urine c/s
	throat - congested	→ trace blood c/s.
		→ USG abdomen - normal
	Same	→ Sopp. Mucaine gel
	(Dr. Sameera)	→ warm water
Dr. KUNYAMA		gargling
22/6/26		
9 AM.	Xray erect Abd - NOW	
	HOLD	
22.6.26	USG abdomen s/o	
11.30 AM	both kidneys are bulky.	Plan
		→ Dr. Suniti Paed.
		Neptumolagut consultation
	Same	
	(Dr. Sameera)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20 8:45 AM	<p><u>CL/B Resident</u> Acute febrile illness</p>	<p>Dr. J. D. / Mr.</p>
	<p>4 fever spikes in last 24 hrs last spike at 4:30 AM</p>	
	<p>O/E Child febrile CRT \ominus CV \ominus NO B/LAS \ominus P/A S \ominus vly stable</p>	<p>Plan - D2 Meperidam - USA, Spontu, Car, Cr, cric acid qm 5 days</p>
	<p>Hb - 11.2 \rightarrow 10.2 TLC - 23.11 \rightarrow 13.97 PLT - 3.17 \rightarrow 3.40 CRP - 130 \rightarrow 76</p>	<p>For summa NA 23/6/20 9 AM</p>
	<p>Nephrology consultant done</p>	
	<p>USG s/o B/L Bulky Kidney</p>	<p><u>(u)</u> B. Shyam</p>

Note by Dr. J. D. / Mr.
 23/6/20 8:45 AM (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/22 2pm	<p><u>CSIB Resident</u></p> <p>AFI Ds Bellman</p> <p>1 fever spike since morning</p>	
	<p>O/E Child Aedie</p> <p>Afebrile</p> <p>CVS - S/S (N)</p> <p>RS B/LA (N)</p> <p>PA - S/S</p> <p>Vitaly stable</p>	<p><u>Plan</u></p> <p>- Continue same</p>
23/6/22 9:45		
		<p>Dr. Ashwin</p>
		<p>Note by Rupa PU 23/6/22 9:30pm</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 9 AM	S/B Resident	
	AFI DO of allium Last fever 2:30pm -101°F afebrile > 12hrs.	
	off	Oral intake - good
	Child alert	O2 sat - 98%
	Euthermic	passed stool - night
	Urticaria stable	
	CVS - S2 (+)	
	EPR - BAE (+)	
	EPR - soft	
		Plan
		1) Pyl Mersipen 6 th dose
		2) Pyl Amoxicillin 3 rd dose
		3) Syp mucin gel
		4) Syp. Smucl
	28/6 (5)	ultr, CVT, Spot urine ca, creat Urteacid after 5 days.
	CBP ↓ T/m	Noted by Dupileg
	CRP ↓	24/6/26 @ 9 AM
	Dr. Ahumja 24/6/26 9 AM	

VIH-00150999 IP-00060427
 Master JAS AHUJA (M)
 18-08-2022 3 Y 10 M 4 D
 Dr. PREETHAM KUMAR


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	<u>1/B Resident:</u>	
	ACU - AFI (Pg of uterus)	
	agebme > 20 hrs.	
	<u>Plt</u>	
	cloud chest	
	Euthermic	
	Vital stable	
	CV - Sp2 (F)	
	M1 - BAE (F)	
	PIA - soft	
		Plan
		1) CRP/CRP r/m
		2) CBT
		3) USG, CUE, Spot urine Ca, Creat urine used on 24/6/26

~~24/6/26~~
 24/6/26
 Dr. Preetham

Dr. Preetham

note by
 referred
 24/6/26
 Dr. Preetham

VIH-00150999 IP-00080427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR


PROGRESS NOTES AND DOCTOR'S ORDER

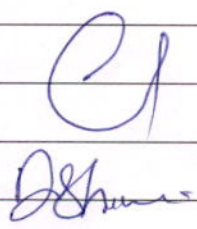
Date & Time	Progress Notes	Doctor's Order
<p>25/6/26 8am</p>	<p>S/R Resolved</p>	
	<p>AFEI (D2 of illness) afebrile > 24 hrs OK coud clear Euthermic Vitals stable Wt 10.5 kg Ht 75 cm PA - soft</p>	
		<p style="text-align: center;"><u>plan</u></p> <ol style="list-style-type: none"> 1) TBacc CBP, CRP 2) Pyl microscopy D3 (3rd day) 3) Pyl Antigen D3 4) Syp smears 5) Hsp. mucology <p>- Dexamethasone & Flupromazone with</p> <p>- USG</p> <p>COT, Spot urine Ca Creat uric acid</p> <p>- Zipora for 5 days</p>
<p>Dr. Vikram</p>		
<p>Dr. Ananya 25/6/26 9AM</p>		

VIH-00150999 IP-00080427
 Master JAS AHUJA
 18-08-2022 3 Y 10 M 5 D (M)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

28/6/26
10 AM

Date & Time	Progress Notes	Doctor's Order
	<u>CL/B Resident</u>	
	OK	<u>Ad</u>
	Casus	- DDoche
	Ajebha	- Zifran for 5 days
	Cur	- Review out Reports
	B / n	
	pp	
		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Acute febrile illness under evaluation</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <i>-</i>	Post OP Day: <i>-</i>						
BACKGROUND	Date	<i>21/6/22</i>	<i>21/6/22</i>	<i>21/6/22</i>	<i>21/6/22</i>	<i>22/6/22</i>	<i>22/6/22</i>	
	Shift	<i>M</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>E</i>	
	Medical Condition (Any special condition to be noted):	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
ASSESSMENT	Diet:	<i>-</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>99.3°F</i>	<i>98.7°F</i>	<i>98.0°F</i>	<i>98.0°F</i>	<i>98.0°F</i>	<i>98.6°F</i>
		Res:	<i>25 blm</i>	<i>20 blm</i>	<i>22 blm</i>	<i>22 blm</i>	<i>22 blm</i>	<i>23 blm</i>
		SpO ₂ :	<i>100%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>98%</i>	<i>99%</i>
		Pulse:	<i>137 blm</i>	<i>116 blm</i>	<i>122 blm</i>	<i>120 blm</i>	<i>122 blm</i>	<i>124 blm</i>
		BP:	<i>101/70(83)</i>		<i>109(65)/60</i>	<i>-</i>	<i>110/70</i>	<i>116/70</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
		Fall Risk Score:	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
	Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Physiotherapy:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		<i>-</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	
Critical Lab Test / Values:		<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:		<i>Nil</i>	<i>cue due</i>	<i>cue Done.</i>	<i>cue Done</i>	<i>USG-Abdo men Srutimam cue Done</i>	<i>U/S done.</i>	
	Handed Over By Name :	<i>Nagmani</i>	<i>Rajy</i>	<i>padma</i>	<i>Deepika</i>	<i>padma</i>	<i>padma</i>	
Signature / ID :		<i>202021</i>	<i>201484</i>	<i>606329</i>	<i>607469</i>	<i>606329</i>	<i>606329</i>	
	Date:	<i>21/6/22</i>	<i>21/6/22</i>	<i>21/6/22</i>	<i>22/6/22</i>	<i>22/6/22</i>	<i>22/6/22</i>	
Time:		<i>10:10A</i>	<i>2PM</i>	<i>8PM</i>	<i>8AM</i>	<i>2PM</i>	<i>2PM</i>	
	Taken Over By Name :	<i>Rajy</i>	<i>padma</i>	<i>Deepika</i>	<i>padma</i>	<i>padma</i>	<i>Deepika</i>	
Signature / ID :		<i>216484</i>	<i>606329</i>	<i>607469</i>	<i>606329</i>	<i>606329</i>	<i>216484</i>	
	Date:	<i>21/6/22</i>	<i>21/6/22</i>	<i>21/6/22</i>	<i>22/6/22</i>	<i>22/6/22</i>	<i>22/6/22</i>	
Time:		<i>10:24A</i>	<i>2PM</i>	<i>8PM</i>	<i>3AM</i>	<i>2PM</i>	<i>8PM</i>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Acute female abdomen under evaluation.</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>Nil</i>					
BACKGROUND	Surgery / Procedure:		Post OP Day:					
	Date	Shift	<i>22/6/26</i> <i>N</i>	<i>23/6/26</i> <i>M</i>	<i>23/6/26</i> <i>E</i>	<i>23/6/26</i> <i>N</i>	<i>24/6/26</i> <i>M</i>	<i>24/6/26</i> <i>P</i>
Medical Condition (Any special condition to be noted):	<i>Nil</i>		<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
Diet:	<i>③ diet</i>		<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>
Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>		<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>
Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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
ASSESSMENT	Vital Signs:	Temp:	<i>97.6</i>	<i>98.3</i>	<i>98.1</i>	<i>98.3</i>	<i>98.6</i>	<i>98.6</i>
	Res:	<i>26</i>	<i>24 blm</i>	<i>23 blm</i>	<i>31 blm</i>	<i>30 blm</i>	<i>32 blm</i>	<i>32 blm</i>
	SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>
	Pulse:	<i>120</i>	<i>120 blm</i>	<i>110 blm</i>	<i>110 blm</i>	<i>120 blm</i>	<i>120 blm</i>	<i>120 blm</i>
	BP:	<i>112/68 mmHg</i>	<i>102/71/60</i>	<i>109/66 mmHg</i>	<i>112/68 mmHg</i>	<i>110/60 mmHg</i>	<i>110/70 mmHg</i>	<i>110/70 mmHg</i>
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>	<i>14</i>
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Skin Integrity	<i>Intact</i>		<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	<i>Nil</i>		<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>need</i>
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<i>③ diet</i>		<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>
	Critical Lab Test / Values:	<i>Nil</i>		<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>		<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>CSF done</i>		<i>USA, spec</i>	<i>calcium acids</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Handed Over By Name :	<i>Shal</i>		<i>padma</i>	<i>Reja</i>	<i>pad</i>	<i>Deepika</i>	<i>Rojs</i>	
Signature / ID :	<i>01642</i>		<i>600329</i>	<i>01642</i>	<i>01642</i>	<i>607469</i>	<i>01642</i>	
Date:	<i>23/6/26</i>		<i>23/6/26</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	
Time:	<i>8 AM</i>		<i>9 PM</i>	<i>8 PM</i>	<i>8 AM</i>	<i>2 PM</i>	<i>8 PM</i>	
Taken Over By Name :	<i>padma</i>		<i>Reja</i>	<i>Shal</i>	<i>Deepika</i>	<i>Rojs</i>	<i>Shal</i>	
Signature / ID :	<i>600329</i>		<i>01642</i>	<i>01642</i>	<i>607469</i>	<i>01642</i>	<i>01642</i>	
Date:	<i>23/6/26</i>		<i>23/6/26</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	
Time:	<i>8 AM</i>		<i>8 PM</i>	<i>8 PM</i>	<i>8 PM</i>	<i>2 PM</i>	<i>8 PM</i>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Acute febrile illness under evaluation</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>nil</i>						
	Surgery / Procedure: <i>nil</i>	Post OP Day:						
BACKGROUND	Date	<i>24/6/22</i>	<i>25/6/22</i>					
	Shift	<i>N</i>	<i>N</i>					
	Medical Condition (Any special condition to be noted):	<i>nil</i>	<i>nil</i>					
	Diet:	<i>as per</i>						
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	
	Ventilation (RA, NP, NIV, VENTI):	<i>nil</i>	<i>RA</i>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>97.6</i>	<i>98.6</i>				
		Res:	<i>24</i>	<i>30</i>				
		SpO ₂ :	<i>98</i>	<i>99</i>				
		Pulse:	<i>124</i>	<i>120</i>				
		BP:	<i>112/74</i>					
		LOC:	<i>conscious</i>	<i>conscious</i>				
	Fall Risk Score:	<i>14</i>	<i>14</i>					
Pain Score:	<i>0</i>	<i>0</i>						
Skin Integrity:	<i>Intact</i>	<i>Intact</i>						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<i>nil</i>	<i>nil</i>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>as per</i>	<i>nil</i>					
	Critical Lab Test / Values:	<i>nil</i>	<i>nil</i>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>					
Post Operative Procedure Special Orders:	<i>CRP CRTH</i>	<i>CRP CRP</i>						
Handed Over By Name :	<i>Syada</i>	<i>Deepika</i>						
Signature / ID :	<i>016487</i>	<i>607469</i>						
Date:	<i>25/6/22</i>	<i>25/6/22</i>						
Time:	<i>8:30 AM</i>	<i>2:15 PM</i>						
Taken Over By Name :	<i>Deepika</i>							
Signature / ID :	<i>607469</i>							
Date:	<i>25/6/22</i>							
Time:	<i>2:30 PM</i>							



NURSING SHIFT HAND OVER FORM

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

NURSING CARE RECORD

Date: 21/6/26

Goals

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

Assess the patient condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11 Am	* maintain fluid balance	1 pm	* Administered IV medication DNS 20ml hourly	* To prevent dehydration	* Re-assessment was done every 4th hourly vital monitor	Rajg 21/6/26 @2pm
Afternoon	4pm	— Ensure safety. * maintain fluid Balance.	7pm	* Provided the sided Rails. * maintained the fluid. Balanced.	* prevent to the fall Risk, * Prevent to the dehydration,	* Re. Assessment Done. — every with hourly vitals.	Radma 21/6/26 @3pm
Night	8pm	Ensure safety	11pm	To provide side rails	To provide safety	Re-Assessment Done with hourly vitals	Deepika 21/6/26 @8pm
	12 AM	Assess the patient condition	8 AM	To be observe Patient condition	To assess the patient		



NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the patient condition.	8am	Assessed the patient's condition.	patient is active and stable.	patient is Haemodynamically stable.	Padma 22/6/26 @ 2pm
	12 pm	Maintain fluid balance.	12 pm	Given water to make hydrated.			
Afternoon	4 pm	* Maintain good nutritional status	5 pm	* Maintained good nutritional status of the patient.	* prevent dehydration and weakness.	* Re-Assessment done patient is stable.	Padma 22/6/26 @ 7pm
Night	9pm	Maintain fluid balance Ensure safety	9:30pm	Maintained oral Intake provided side rails.	prevented for dehydration. prevented for fall risk to the pt	Re assessed due every 4hr body vitals ok Labs is ok	Padma 22/6/26 @ 8pm



NURSING CARE RECORD

Date: 23/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	* maintain fluid Balance. * Ensure safety.		* maintained the fluid Balanced. Nutritional status. * provided the sied Raik.	* prevent to the dehydration, * prevent to the fall Risk	* Re-assessment Done. every 4th hourly vitals.	Padma 23/6/20 @2pm
Afternoon	3pm	+ maintain fluid balance + ensure safety	4pm	+ Administered for IV medication + provided side care	+ baby is a safe + To prevent risk fall	+ re-assessment was done every 4th hourly vital monitor	Raja 23/6/20 @5pm
Night	9pm	& maintain fluid Blance. & Ensure safety	9:30p	- maintained the fluid balanced. Nutritional status	- prevent to the dehydration.	- re-assessment was done every 4th hourly vitals monitor	Jef 24/6/20 @8pm

VIH-00150999

IP-00060427

Master JAS AHUJA

19-08-2022 3 Y 10 M 3 D (M)

Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 24/6/22

- 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...

Assess the patient

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning 8 Am	* Ensure Safety		* provided side rails	* prevent fall risks	* Re-Assessment is done patient is safe	Deepika 24/6/22 @ 8Am
Afternoon 3pm	* Basic Safety * Maintain fluid Balance	5pm	* provided side rails * Maintain oral intake	* To prevent fall Risks * To prevent dehydration	Reassessment done. patient is stable & comfortable	Deepika 24/6/22 @ 5pm
Night 9pm	* maintain personal Hygiene. * prevent infection.		- provided side rails. - Maintain oral intakes.	- To prevent fall Risks. - To prevent dehydration	Re assessment done every 4hrs by vitals checked pt is stable.	Deepika 25/6/22 @ 8Am

NURSING CARE RECORD



Date: 25/6/

Goals

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

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



NURSING CARE RECORD

Date:

Goals

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

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



CONSULTATION FORM



Doctor Name :

Date : Hour :

Hospital :

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

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

Transfer of care

Date : Time : By :

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

Signature: _____

M.D. _____

Report of Findings and Recommendations :

CPD 072
USG - B/L bulky kidneys
UOE - Protein $2+$
LE $+$
On Homeopathic Medication
Fever Spikes $+$
better.

Adv

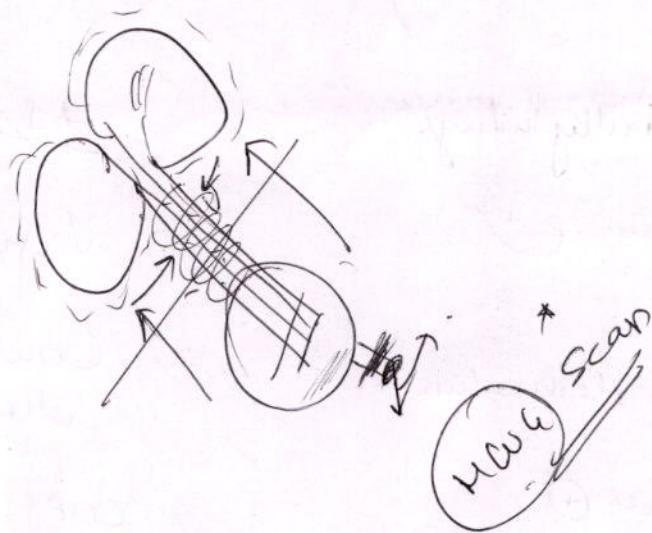
- 1) Follow up report
- 2) Continue Meopenem.
- 3) UOE, spot urine Ca, Cr, USG to review urine acid after 5 days to look for internal changes
- 4) Labatime to consider

Consultant :

Name : DR. SREETHI Signature :  Date & Time : 22/06/2024

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

CONSULTATION FORM



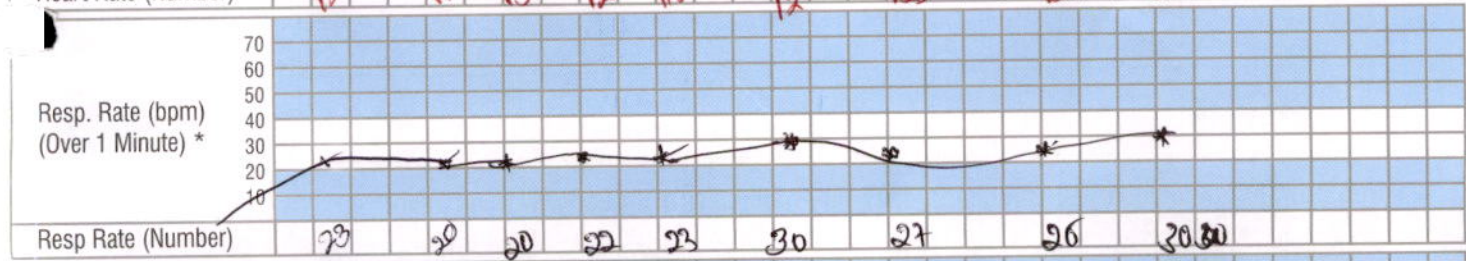
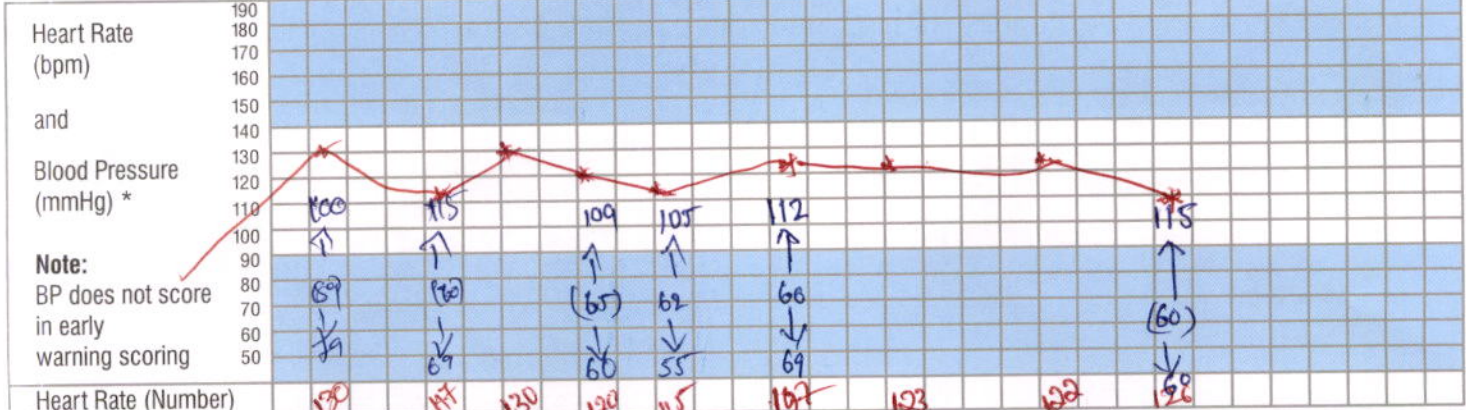
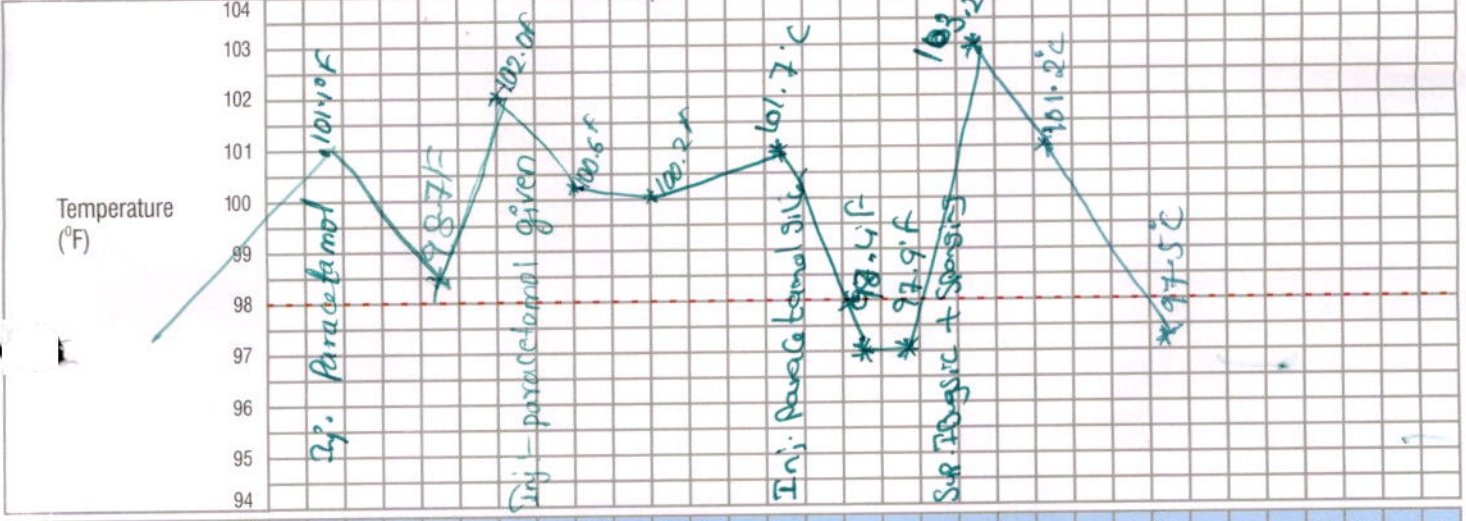
Patient SI



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6/26 Time: 9:10 AM

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



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

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

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

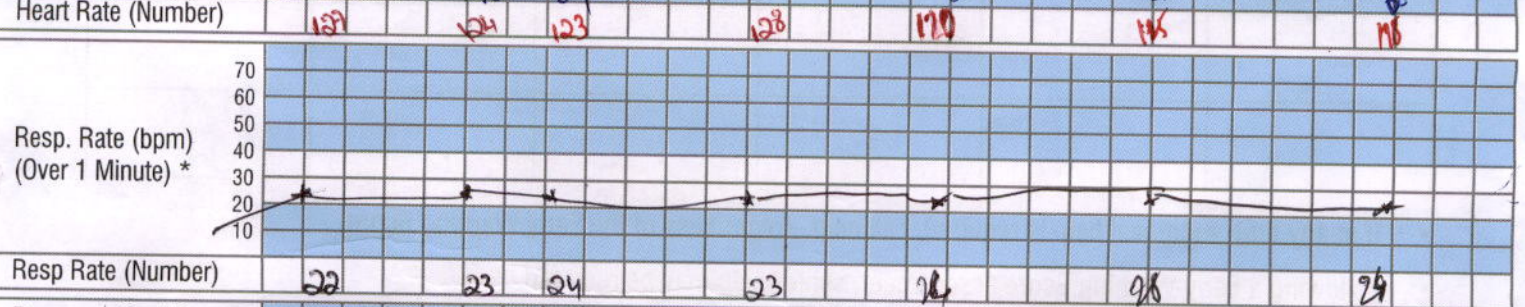
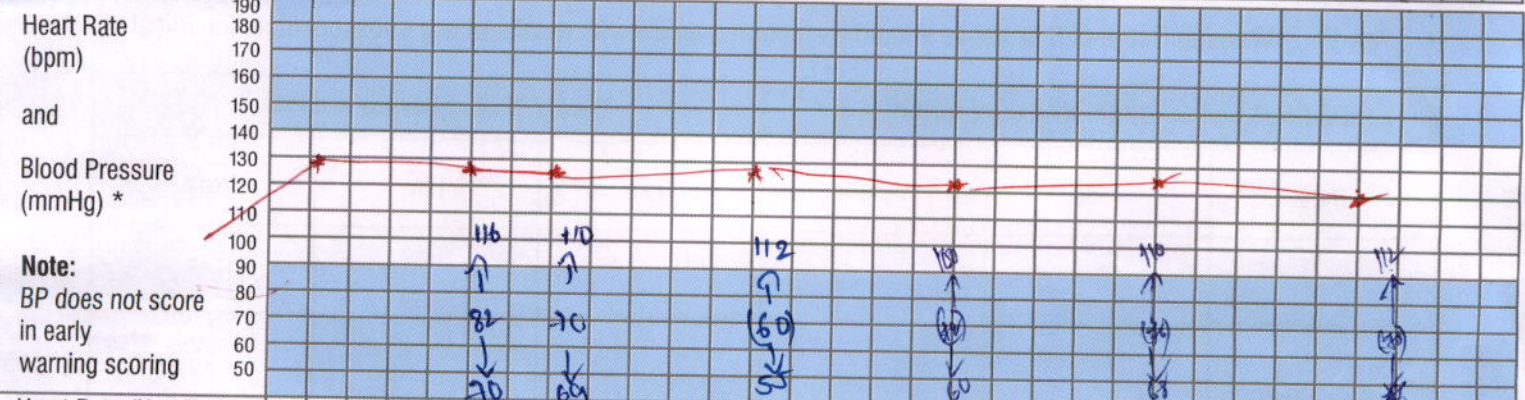
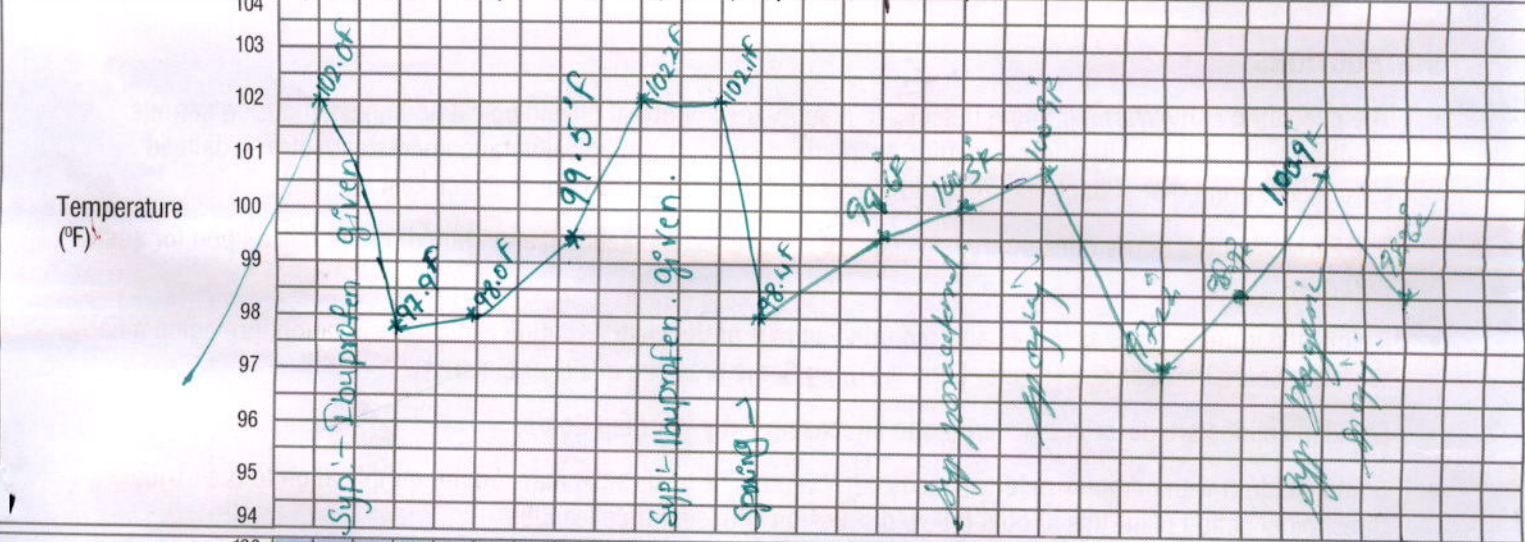
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/25 Time: 10:45 11:30 12:15 1 4 5:45 6:30 7:15 10:30 11 12:10 2 3:30 4:30 6:30

Doctor / Nurse / Family Concern? Am Am pm pm pm pm pm pm pm pm Am Am Am Am



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

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

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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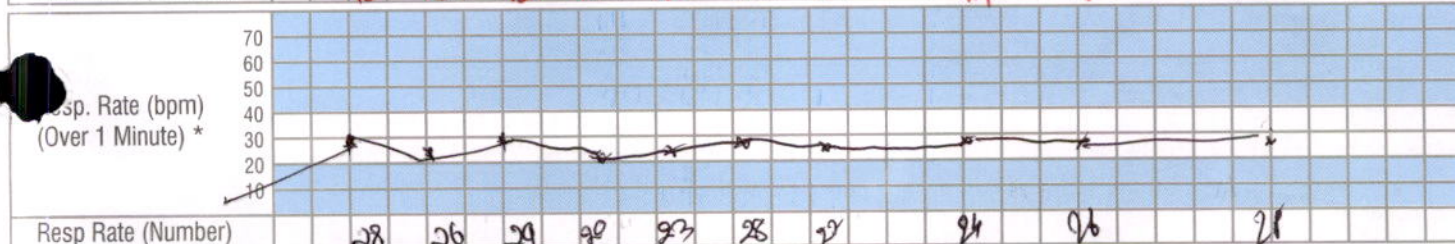
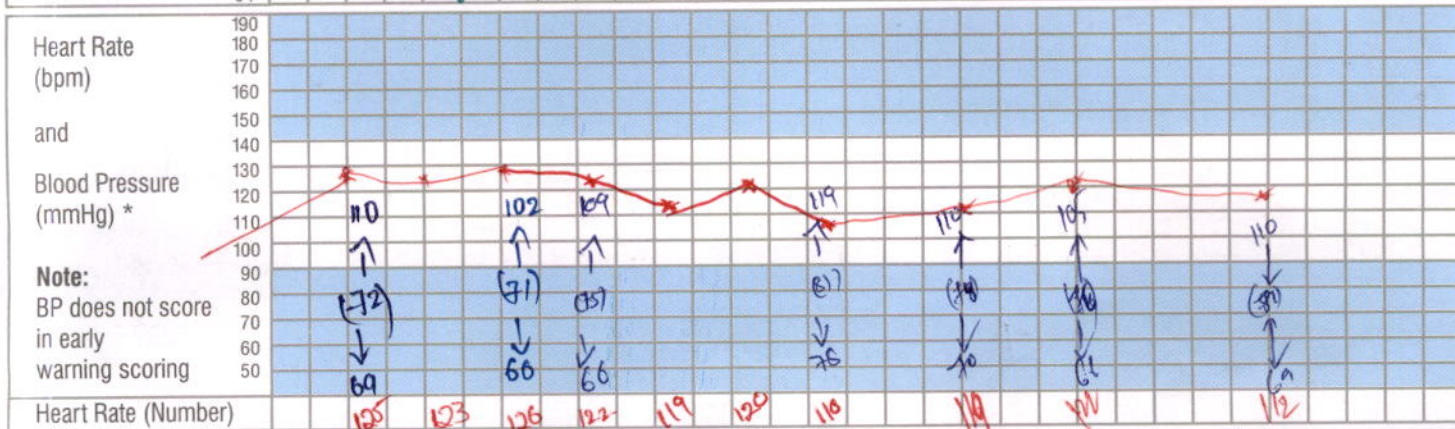
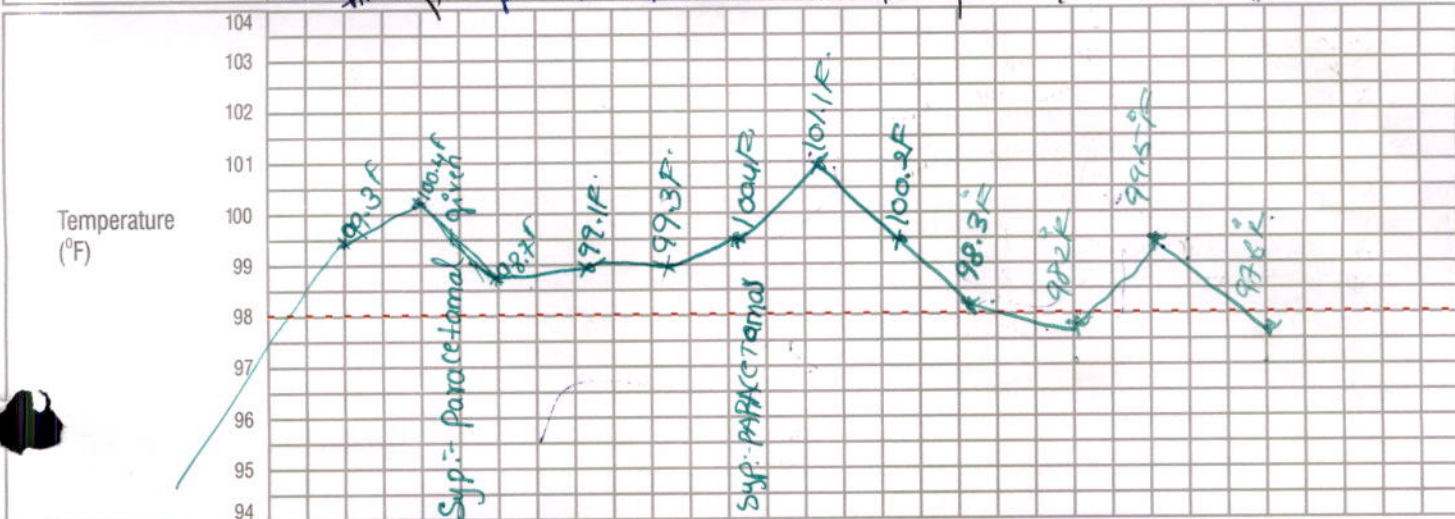
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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6	Time: 10:30	12:30	2	4	5	6:15	7:30	8	10	9	4:25	6
Doctor / Nurse / Family Concern?	Am	Pm	Pm	Pm	Pm	11:15 Pm	Pm	Pm	Pm	Am	Am	Am



Resp Mod/ Severe Distress None / Mild												
Receiving O ₂ (l/min)												
O ₂ Saturations (%)	99	99	99	99	98	97	98	99	98	99	99	99
Conscious Level Normal / Altered	C	C	C	C	C	C	C	C	C	C	C	C
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE												
Number of shaded boxes	0	1	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	P	P	P	A	AP	AP	AP	X	V	V	V	V

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

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



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.

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

VIH-00150999 IP-00060427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 4 D (M) 3CH/FRM / CLINICAL / 125
 Dr. PREETHAM KUMAR



PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

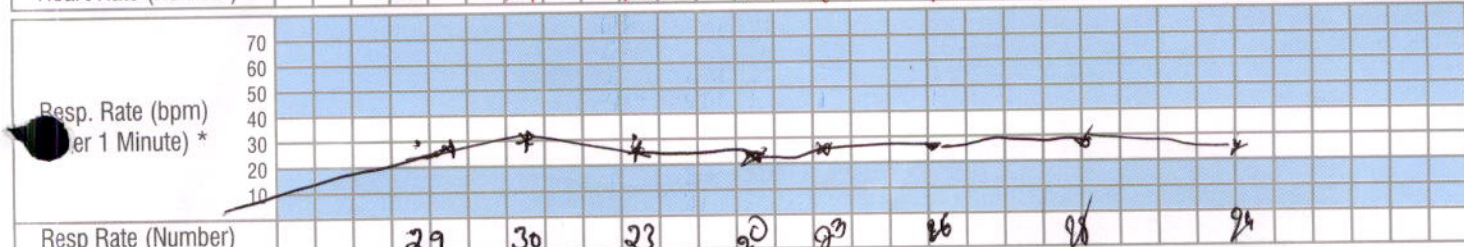
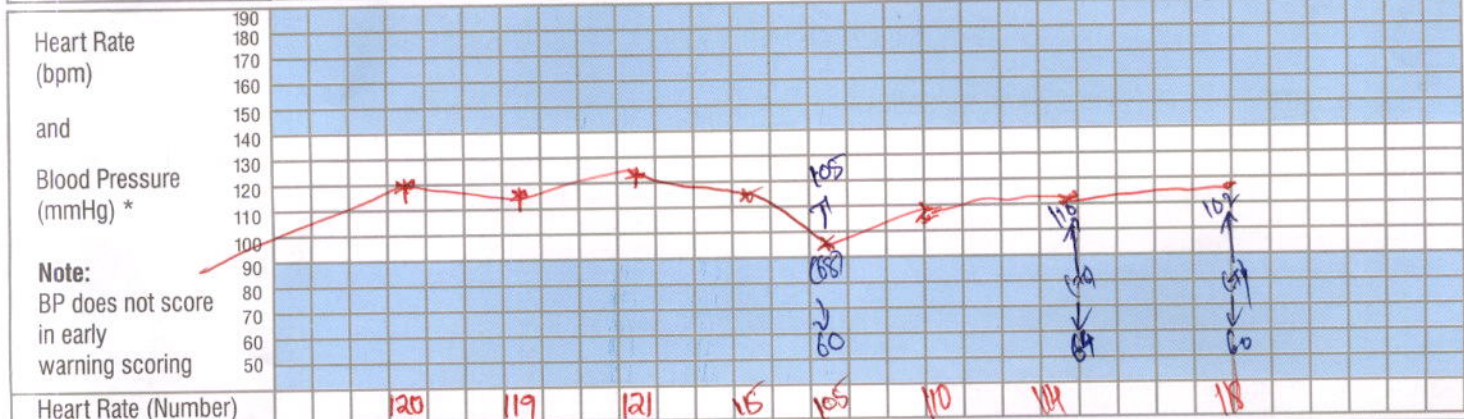
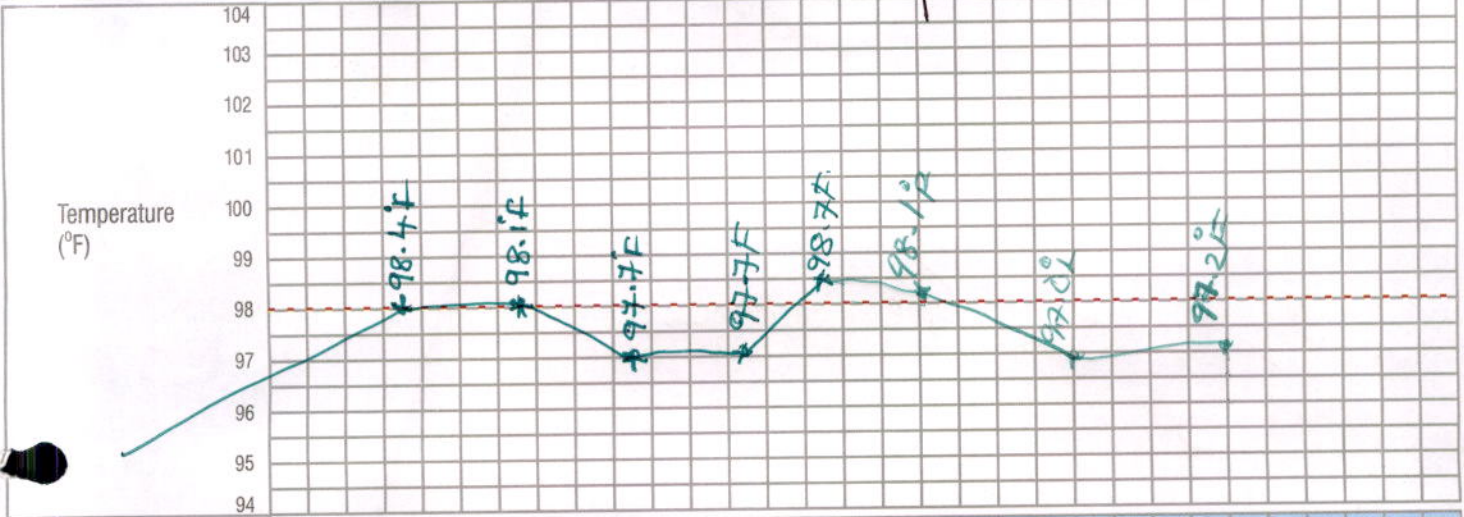
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/22 Time: 9 11 1 3 5 7 9 11

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



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	98%	99%	98%	99%	99%	98%
Conscious Level	Normal / Altered	N	N	N	N	N	N	N
GCS *		-	-	-	0	-	0	+

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	D	D	D	PP	A	A	S	S

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

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



RVATION 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)
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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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Date	Time	Early Warning Score	Date	Time	Name

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



FLUID CHART

Sheet No. :

21/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
21/6/26	08:00 am											21/6/26 @ 2pm
	09:00 am											
	10:00 am											
	11:00 am	D	20ml									
	12:00 pm	N	20ml									
	01:00 pm	S	20ml									
Total Intake :			Total Output :									
21/6/26	02:00 pm	Diet	20ml							✓	b	21/6/26 @ 3pm
	03:00 pm	D										
	04:00 pm											
	05:00 pm	N								✓		
	06:00 pm											
	07:00 pm	S										
Total Intake :			Total Output :									
21/6/26	08:00 pm	H ₂ O										21/6/26 @ 8AM
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am	Water										
	01:00 am											
Total Intake :			Total Output :									
22/6/26	02:00 am	H ₂ O										22/6/26 @ 8AM
	03:00 am											
	04:00 am									✓		
	05:00 am											
	06:00 am	Water										
	07:00 am											
Total Intake :			Total Output :									
Total 24 hrs. Intake			Total 24 hrs. Output									

VIH-00150999 IP-00080427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. : 2

22/6/26

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
22/6			Mouth	I.V	N.G						}	}
	08:00 am											
	09:00 am	D										
	10:00 am		Oral water									
	11:00 am	N										
	12:00 pm											
	01:00 pm	S	lho									
Total Intake :					Total Output :							
22/6	02:00 pm										}	}
	03:00 pm		Water									
	04:00 pm		Utkar water									
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
22/6	08:00 pm										}	}
	09:00 pm		ms									
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am			ms								
Total Intake :					Total Output :							
22/6	02:00 am										}	}
	03:00 am		ms									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

23/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse			
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine					
23/6	08:00 am											padma 23/6/26 @ 4 pm			
	09:00 am	Water													
	10:00 am								✓						
	11:00 am	Diet													
	12:00 pm	H ₂ O								✓					
	01:00 pm														
Total Intake :						Total Output :									
23/6/26	02:00 pm											padma 23/6/26 @ 4 pm			
	03:00 pm	Sobek								✓					
	04:00 pm														
	05:00 pm														
	06:00 pm	H ₂ O								✓					
	07:00 pm														
Total Intake :						Total Output :									
23/6	08:00 pm											padma 23/6/26 @ 4 pm			
	09:00 pm														
	10:00 pm									✓					
	11:00 pm	H ₂ O													
	12:00 am														
	01:00 am														
Total Intake :						Total Output :									
24/6	02:00 am											padma 24/6/26 @ 4 pm			
	03:00 am	H ₂ O													
	04:00 am									✓					
	05:00 am														
	06:00 am														
	07:00 am														
Total Intake :						Total Output :									
Total 24 hrs. Intake												Total 24 hrs. Output			



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
24/6/22	08:00 am									✓	1	Deepika 24/6/22 @ 1:30pm	
	09:00 am		③ diet								0		
	10:00 am												
	11:00 am									✓	1		
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
24/6/22	02:00 pm										?	Total 24/6/22 @ 4pm	
	03:00 pm		② diet							✓	?		
	04:00 pm										0		
	05:00 pm												
	06:00 pm									✓	1		
	07:00 pm												
Total Intake :						Total Output :							
24/6	08:00 pm											Total 24/6/22 @ 11pm	
	09:00 pm		② diet										
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
25/6	02:00 am											Total 25/6/22 @ 8am	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00150999 IP-00060427
 Master JAS AHUJA
 18-08-2022 3 Y 10 M 5 D (M)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	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												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

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

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



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: 205

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. Prashant

Date & Time: 21/6/26 @ 7:43 AM

Nurse Name & Signature: Shashi

Date & Time: 21/6/26 @ 7:43 AM

Patient Name : _____
Registration No.: _____

MANICULATION
NEBULISATION CHART

*205
24/8/22*

Date	Time	Drug	Nurse	Parents Signature
	00.00	<i>4 AM</i>		
	1.00	<i>Drj Moxycenem → 500mg → Pv → (11)</i>	<i>Jed</i>	<i>[Signature]</i>
	2.00	<i>6 AM</i>		
	3.00	<i>Drj emucorade → 13mg → Pv → (11)</i>		
	4.00	<i>Syr Mucain Gel → 5ml → Po → (30)</i>		
	5.00	<i>10 AM</i>		
	6.00	<i>Drj Amikacin → 100mg → Pv → (30)</i>	<i>Durikes</i>	<i>[Signature]</i>
	7.00	<i>Syr Smooth → 4ml → Po → (30)</i>		
	8.00	<i>12 PM</i>		
	9.00	<i>Drj Moxycenem → 500mg → Pv → (11)</i>		
	10.00	<i>6 PM</i>		
	11.00	<i>Syr Mucain Gel → 5ml → Po → (30)</i>		
	12.00	<i>8 PM</i>		
	13.00	<i>Drj Moxycenem → 500mg → Pv → (11)</i>		
	14.00	<i>10 PM</i>		
	15.00	<i>Drj Amikacin → 100mg → Pv → (30)</i>		
	16.00	<i>Syr Smooth → 4ml → Po → (30)</i>		
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Patient Name : _____

Registration No.: - _____



MEDICATION

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
205 22/6/26	00.00	6AM.		
	1.00	Inj Esmaprolole → 13mg → IV (ON)	Sweel → HUSD.	[Signature]
	2.00	Inj piptax → 1.2gm → IV → (TID)		
	3.00			
	4.00			
	5.00	2PM.		
	6.00	Inj piptax → 1.2gm → IV → (TID)		
	7.00			
	8.00	10PM		
	9.00	Inj piptax → 1.2gm → IV → (TID)		
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Patient Name : _____

Registration No.: _____

Ref. No. FHM
IP-00080427
VIH-00150999
Master JAS AHUJA
19-08-2022 3 Y 10 M 3 D (M)
Dr. PREETHAM KUMAR

Medication
NEBULISATION CHART

205
23/6/26

Date	Time	Drug	Nurse	Parents Signature
	00.00	<i>4 AM</i>		
	1.00	<i>Inj Moxycycline 500mg IV (TID)</i>	<i>Jed</i>	<i>AM</i>
	2.00	<i>6 AM</i>		
	3.00	<i>Inj Emoxiprone 13mg IV (OD)</i>		
	4.00	<i>Syp Mucaine Gel 5ml PO (BN)</i>		
	5.00	<i>12 PM</i>		
	6.00	<i>Inj Moxycycline 500mg IV (TID)</i>		
	7.00	<i>6 PM</i>		
	8.00	<i>Syp Mucaine Gel 5ml PO (BN)</i>		
	9.00	<i>8 PM</i>		
	10.00	<i>Inj Moxycycline 500mg IV (TID)</i>		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



1

RESULT SHEET



Date	21/06/26		23/6/26	25/6/26		
Time	11 Am		6 PM.			
Hb	11.2	} OPD Basis	10.2	11.5		
PCV	20.3		27.4	31.6		
RBC	3.93		3.64	4.13		
WBC	23.11		13.97	12.79		
N/L	77.9/14.8		54.7/35.5	33/55		
Platelets	317		340	5.00		
CRP	130		76	33		
ESR						
PCT						
RBS						
Na	139					
K	4.7					
Cl	99					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM

Patient Name : Tas Ahuja Age : 3y/5m Gender : Male Female

UHID No. : VIH-00150999 Department : Pediatric Date of Admission : 21.6.26

Diagnosis : Acute febrile illness ? Urinary Tract Infection

Brief Clinical History:

90 fever since 3 days.

Clinical Features & Relevant Investigations Suggestive of Infection

Date		<u>21.6.26</u>		
Fever	<u>19.6.26</u>			
Other C/F				
HB		<u>11.2</u>		
TLC		<u>23,110</u>		
N,L,E		<u>77.9 / 14.8</u>		
PLT		<u>3.17 lakhs</u>		
CRP		<u>130</u>		
PCT/ESR				
WIDAL				
MP Optimal				
WEIL-FELIX				
CUE		<u>6-8 pus cells - leukocytes</u>		
BODY FLUID CYTOLOGY				
LATEX				

Restricted Antimicrobial Use

Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
1. <u>Mertopenem</u>	<u>22.6.26</u>	<u>21.6.26</u>	<u>17</u>	5.			
2.				6.			
3.				7.			
4.				8.			

Any Other Comment:

		Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A.	Blood									
B.	Urine									
C.	CSF									
D.	E Secretion									
E.	T BAL									
F.	Mini BAL									
G.	Body Fluids									
H.	PCR									

Elaboration:

If no please justify

At Day 7 De-Escalation done: Yes No

If no please justify

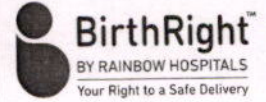
Justification:

I	Risk Factor for ESBL	I	Risk Factor for MDR Infection
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization (>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic/ Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	Risk Factors for Invasive Candidacies / Candidemia	L	Risk Factors for MRSA
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic/ Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others

Signature of Consultant

Signature of Microbiologist

VIH-00150999 IP-00060427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR



WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:
			21/6	22/6	23/6	24/6		
			Time:	Time:	Time:	Time:	Time:	Time:
			6pm	6pm	6pm	6pm		
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0		
2	Bedridden recently >3 days or major surgery within four weeks	1	-	-	-	-		
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	-	-	-	-		
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	-	-	-	-		
5	Entire leg swollen (Assess for both legs)	1	-	-	-	-		
6	Localized tenderness along the deep venous system (Assess for both legs)	1	-	-	-	-		
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	-	-	-	-		
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	-	-	-	-		
9	Previously documented DVT (Assess for both legs)	1	-	-	-	-		
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	-	-	-	-		
Total Score			0	0	0	0		
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		

Intervention: _____

- High Risk = >2 Score
- Moderate Risk = 1-2 Score
- Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			21/6	21/6	22/6	22/6	22/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.)	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None	1	1	1	1	1	1
Total		12	12	12	12	12	12

Intervention:

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

Bed in low position	✓	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓	✓
Wheel chair support	✓	✓	✓	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓	✓
Nurse's Name:	Shashi	Pooja	Dupika	Dupika	P	P
Signature:	Shy	PJ	DA	Dej	P	P
Date:	21/6	21/6	21/6	22/6	22/6	22/6
Time:	7:50am	3pm	11pm	9am	3pm	11pm

VIH-00150999 IP-00080427
 Master JAS AHUJA
 18-08-2022 3 Y 10 M 3 D (M)
 Dr. PREETHAM KUMAR



IE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			23/6	23/6	23/6	24/6	24/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	2	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	✓	2	2	✓	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2	1	1	1	1	1
	Other Medications / None	1	1	1	1	1	1
Total			16	16	16	16	16

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair safe		✓	✓	✓	✓	✓
Other Intervention(s) Specify						
Nurse's Name:		Dr. Raju	Dr. Raju	Dr. Raju	Dr. Raju	Dr. Raju
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		23/6	23/6	23/6	24/6	24/6
Time:		7:30 AM	9:30 AM	11:30 AM	3:30 AM	11 AM

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 Master JAS AHUJA
 19-06-2022 3 Y 10 M 4 D (M)
 Dr. PREETHAM KUMAR



THE HUMPTY DUMPTY SCALE

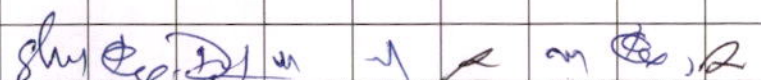
PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	24/5/2022				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2	2			
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL		12					

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

Bed in low position					
Call device within reach					
Wheels Locked					
Room free of clutter					
Adequate Lighting					
Wheel Chair Support					
Other Intervention(s) Specify					
Nurse's Name :					
Signature :					
Date :	24/5/22	25/6	20/22		
Time :	09pm	9A	11A		

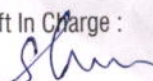


CHECKLIST FOR THROMBOPHLEBITIS

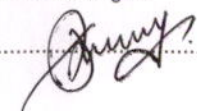
S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 <i>28/8</i>			DAY-3 <i>29/8</i>			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	-	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-	-	
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature :  Name : *Shanthi*

Signature of Ward In Charge :

Signature :  Name : *MEENA*

VIH-00150999 IP-00080427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 4 D (M)
 Dr. PREETHAM KUMAR



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 <i>24/10</i>			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-								
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-							
Signature of the Nurse <i>[Signature]</i>													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : *[Signature]* Name : *MEENU*



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6	7:50am	-	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		shu
21/6	11Am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
21/6	3pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
21/6	7pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
21/6	8pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
22/6	3pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
22/6	7Am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
22/6	11Am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
22/6	3pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu
22/6	7pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	shu

Re-assessment Frequency:

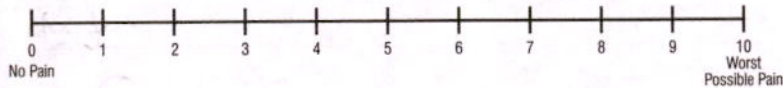
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/8	9 AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	R
23/8	12 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	R
23/8	4 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Peri
23/8	8 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Peri
24/8	4 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Peri
24/8	12 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Dapilux
24/8	8 pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Rojul
25/8	4 AM	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	Peri
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

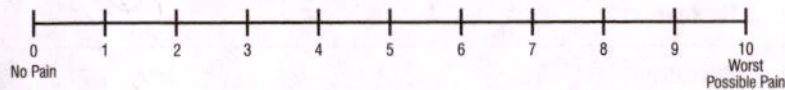
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain relieving intervention.
 - d) Within 30 – 60 minutes after pain relief 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

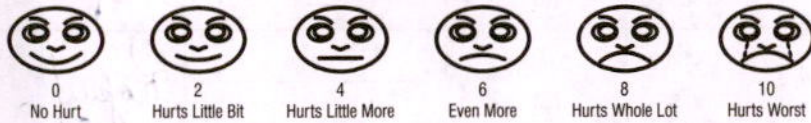
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

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

Re-assessment Frequency:

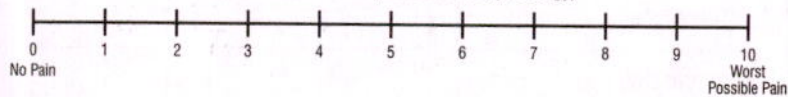
1. Every eight hours for all hospitalized patients.
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 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain relieving intervention.
 - d) Within 30 – 60 minutes after pain relief intervention.

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
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date:	21/6	21/6	22/6	22/6
					Time:	10:20 AM	6 PM	2 AM	11 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Unresponsive to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
TOTAL SCORE					21	21	21	21	
Evaluator's Name					Shruti	Dy	Dr	Dr	

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

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

VIH-00150999

IP-00060427

Master JAS AHUJA

19-08-2022

3 Y 10 M 3 D

(M)

Dr. PREETHAM KUMAR



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	22/8	23/8	23/8	23/8
					Time :	7 PM	3 A	11 AM	7 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	7	3	3	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	7	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	7	3	3	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	7	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
TOTAL SCORE					21	21	21	21	
Evaluator's Name					P	a	an	Ch	

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

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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VIH-00150999 IP-00060427
 Master JAS AHUJA
 18-08-2022 3 Y 10 M 4 D (M)
 Dr. PREETHAM KUMAR



BRADEN 'Q' SCALE

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

					Date :	22/8	24/8	26/8	28/8
					Time :	3 AM	12 PM	8 PM	4 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	2	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
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FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
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TOTAL SCORE					21	21	21	21	
Evaluator's Name					Dr. P	Dr. P	Rajesh	a	

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

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

VIH-00150999 IP-00060427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 5 D (M)
 Dr. PREETHAM KUMAR



BRADEN 'Q' SCALE



					Date :				
					Time :				
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.					
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.					
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.					
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.					
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."					
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.					
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.					
					TOTAL SCORE				
					Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/6/26 Time: 9Am

Weight: 12.9kg Centile: ~30th

Height: Centile: -

Inference: Appropriate for Age

RDA: 1400kcal Calories: 1400kcal Protein: 12-24g/day

Diet Recommendations: Soft diet

Re-Assessment:

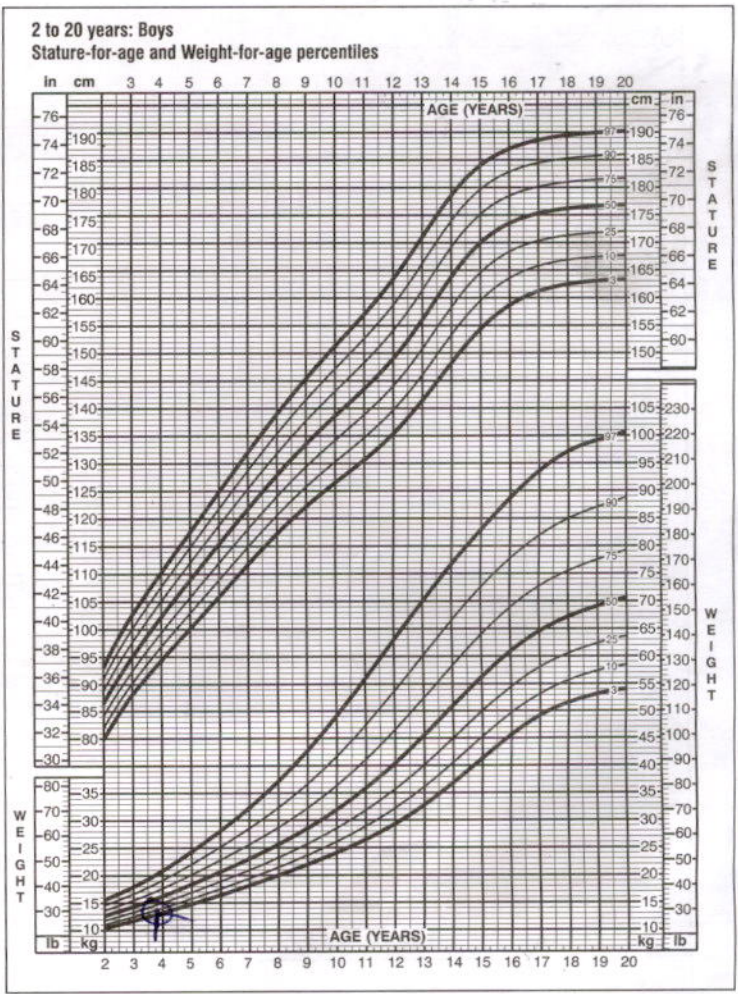
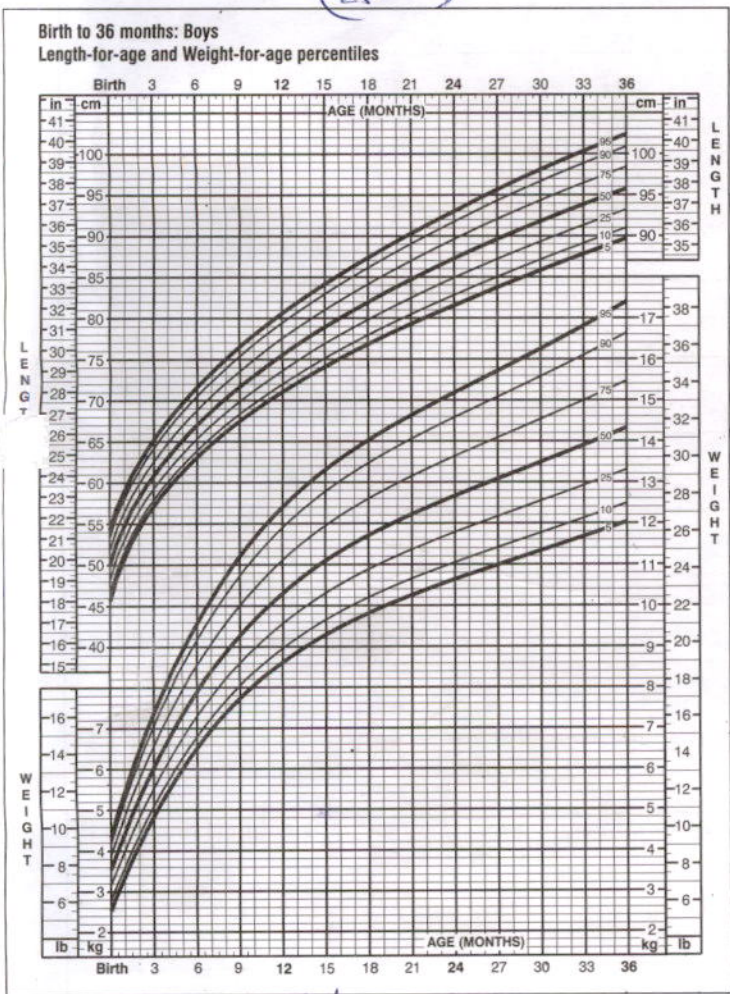
Food Allergies: Nil (mother has milk allergy) Veg/Non-veg: Vegetarian

Diagnosis: Acute Diarrhea (new)

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: (Father)

GROWTH CHART (BOYS)



Dietician's Name: Whra

Dietician's Signature: [Signature]

VIH-00150999 IP-00060427
 Master JAS AHUJA
 19-08-2022 3 Y 10 M 2 D (M)
 Dr. PREETHAM KUMAR



wt - 12.9 kg
 ht - 100 cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Jas Ahuja Age : 3yrs
 Date : 21/6/26 Time of Arrival : 7:22 AM

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

Source of Information: Parents Others (Specify):

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 99.3°f PR: 137b/m BP: 101/77 (67) RR: 28b/m SpO₂: 100%

Chief Complaints: fever x 2 days

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Abh
 Signature of Parent / Guardian

Triage Completion Time : 7:25 AM

Communicable Disease Triage Screening

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

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

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

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

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

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

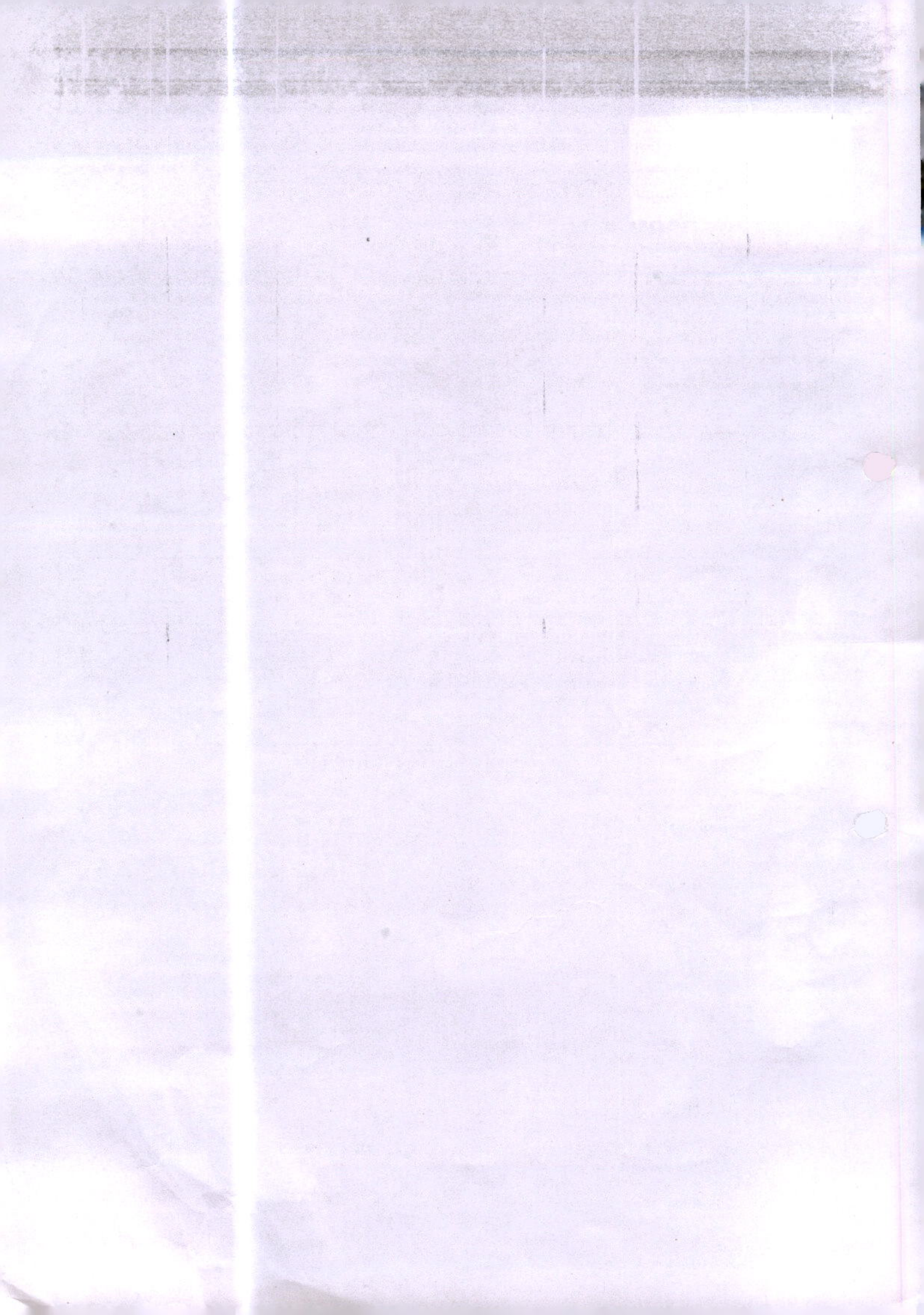
PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

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

Name of Triage Nurse : Sor-hema

Signature of Triage Nurse : Abh

Date & Time : 21/6/26 @ 7:25 AM



Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

12.9

REGULAR PRESCRIPTIONS

DRUG : INT. CEFTRIAZONE				Date	Time
Dose	Route	Frequency	Start Dt.		
650mg	IV	12 th hrly	22/6		
Name & Signature of the Doctor starting the Drugs:					
Dr. Sameera					
Additional Instructions:					
50 mg/kg/dose					
Daily Doctor's Endorsement by a Sign.					

DRUG : INT. AMIKACIN				Date	Time
Dose	Route	Frequency	Start Dt.		
100mg	IV	12 th hrly	22/6		
Name & Signature of the Doctor starting the Drugs:					
Dr. Sameera					
Additional Instructions:					
7.5 mg/kg/dose					
Daily Doctor's Endorsement by a Sign.					

DRUG : INJ. MEROPENEM				Date	Time
Dose	Route	Frequency	Start Dt.		
500mg	IV	8 th hrly	22/6	4 AM	4 PM
Name & Signature of the Doctor starting the Drugs:					
Dr. Sameera					
Additional Instructions:					
After Test Dose					
20-40 mg/kg/dose					
Daily Doctor's Endorsement by a Sign.					

DRUG : SYR. MOCAINE GEL				Date	Time
Dose	Route	Frequency	Start Dt.		
5ml	PO	12 th hrly	22/6	6 AM	6 PM
Name & Signature of the Doctor starting the Drugs:					
Dr. Sameera					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

VERIFIED
Dr. Preetham Kumar

VIH-00150999 IP-00080427
 Master JAS AMUJA 3 Y 10 M 4 D (M)
 19-08-2022
 Dr. PREETHAM KUMAR

DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : SYP PARACETAMOL				Date Time																
Dose	Route	Frequency	Start Date	11pm	23/6															
4ml	PO	As when required	23/6		6:18															
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:		5ml=240mg																		
10-15mg/kg/dose																				

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

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

VERIFIED
 Chitra 23/6/26

VERIFIED BY : Name



DRUG CHART

Date of Admission: 21/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
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SOS / PRN (As Required Medication)

VERIFIED
 Signature Chitra 21/6/26
 VERIFIED
 Signature Chitra 21/6/26
 VERIFIED
 Signature Chitra 21/6/26

DRUG: <u>SYP. PARACETAMOL</u>				Date Time
Dose <u>4ml</u>	Route <u>P/O</u>	Frequency <u>4-6 hourly</u>	Start Date <u>21/6/26</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>10-15mg/kg/dose</u> <u>5ml/40mg</u>				
DRUG: <u>SYP. IBUPROFEN</u>				Date Time
Dose <u>6ml</u>	Route <u>P/O</u>	Frequency <u>6-8 hourly</u>	Start Date <u>21/6/26</u>	<u>10:15 AM</u> <u>21/6</u>
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	<u>5:40 AM</u> <u>22/6</u>
Additional Instructions: <u>10ml/kg/dose</u> <u>5ml/100mg</u>				
DRUG: <u>INJ PARACETAMOL</u>				Date Time
Dose <u>180mg</u>	Route <u>IV</u>	Frequency <u>as required</u>	Start Date <u>21/6</u>	<u>21/6</u>
Doctor's Signature <u>[Signature]</u>		Valid Period <u>max 6 hourly</u>	Pharm.	
Additional Instructions: <u>15mg/kg/dose</u> <u>if temp > 100°F</u>				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/6/26	9:35 AM	Tuj. PARACETAMOL	200mg.	JV	B	Saifudee Reetam
21/6/26	4:10 PM	Tuj. PARACETAMOL	200mg	W	U	padma
22-6-26	3:45 PM	PROCTOCLYSIS ENEMA	100 ml	P/R	Sameer	padma
22/6/26	11:20 AM	PROCTOCLYSIS ENEMA	100ml	PR	Q	padma

Signature
 Name
 VERIFIED
 21/6/26
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 27/6/26
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