

VIH-00104386 IP-00060305
Baby PARNIKA REDDY
21-09-2018 7 Y 8 M 20 D (F)
Dr. PREETHAM KUMAR



ACTIVITY RECORD FOR BILLING

Name: Baby: Parnika Reddy
UHID No: 104386 IP No: 60305 Consultant: Dr. Preetham Dept: 1st floor
Date of Admission: 10/6/26 Time: _____ Date of Discharge: _____ Time: _____
Room / Bed No: 107 Ward: 1st floor Suggested Billable bed type: _____


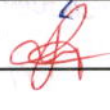
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	6:35PM	FR	107	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/26	IV Placement	1	3088890	
				Cross checked by  11/6/26

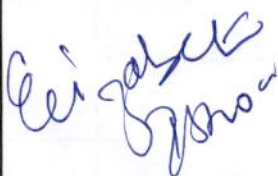
ANY OTHER INFORMATION

Covid Rot → Negative

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward 	Billing Assistant	Billing Supervisor
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Name	Baby PARNIKA REDDY	UHID	VIH-00104386
Father/Guardian	Mr VARUN REDDY	Age/Gender	7 Y 8 M 22 D/Female
Address	MANNEGUDA, TUIRKAYANJAL, BESIDE SLOKA INTERNATIONAL SCHOOL., Kongara Raviryal, Ranga Reddy, Telangana, INDIA		
IP No	IP-00060305	Admission Date	10-06-2026
Ref Doctor	Dr PURSHOTHAM REDDY	Discharge Date	12-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR

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

Diagnosis: Acute gastroenteritis with dehydration

History: Baby PARNIKA REDDY is a 7 Y 8 M 22 D old girl brought with complaints of headache since 1 day, moderate grade intermittent fever, multiple episodes of loose stools, one episode of nonbilious nonprojectile vomiting associated with abdominal pain on the day of admission. For the above complaints, she was referred to Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 120/min, blood pressure was 100/60 mmHg and RR 24/min. Signs of dehydration present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, tenderness in umbilical region. She was conscious and oriented. There was no focal neurological deficits or meningeal signs. Examination of other systems including spine was normal.

Weight on admission : 31.16 kgs.

Name

Baby PARNIKA REDDY UHID

VIH-00104386

Investigations: Enclosed.

Management: She was admitted in ward and started on intravenous antibiotics and intravenous fluids. She was advised gastro diet and administered probiotics. She was treated symptomatically with antacids.

Her hemogram showed Hb 11.5 gm%, WBC count of 15.12 cells/cumm, platelets of 3.32 lakhs/cumm and CRP 53 mg/L. Serum electrolytes and creatinine were normal. Blood culture was sterile after 24 hours of incubation. Complete urine examination was normal.

Her vitals were regularly monitored. Her symptoms gradually reduced. Repeat hemogram done on 12.06.2026 showed Hb 11.4 gm%, WBC count of 9,990 cells/cumm, platelets of 3.15 lakhs/cumm and CRP 43 mg/L. Parents were counselled about course of illness and continuation of gastrodiet for few more days. She remained hemodynamically stable throughout the hospital stay without any complication. She is being discharged with the following advice.

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

Advice:

1. Gastrodiet as advised.
2. Syrup cefixime (5ml=100mg) 7.5ml, 12th hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Syrup Zinconia (5ml=20mg), 5ml once daily for 10 days.
4. Oral Enterogermina mini bottle, 1 mini bottle twice daily (after food) for 3 days.
5. Tablet Lansoprazole (30mg) 1 tablet once daily (30 minutes before breakfast) for 3 days.
6. Follow up with Dr. Purshotham Reddy, Consultant Pediatrician.

Name

Baby PARNIKA REDDY UHID


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

1800101386
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

In case of Fever:

Syrup Paracetamol (5ml=240mg), 9ml for fever >99.6°F (maximum 4-6 hourly).

Syrup Ibugesic (5ml=100mg), 15ml for fever >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 high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

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

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

Name

Baby PARNIKA REDDY

UHID

VIH-00104386

Name : *P. Padma*

P. Padma
Signature :

Relationship with patient : *Grand Mother*

This summary has been explained by :

Summary prepared by: Dr. B. Prashanthi
DEO ; MD Younus Pasha

Dr. Prashanthi
Registrar/Resident/C.M.O

for

Dr. PREETHAM KUMAR

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

Rainbow Children's Hospital - Secunderabad

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



PatientName : Baby PARNIKA REDDY
Age/Gender : 7 Y 8 M 20 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00000305
Admit Date : 10-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :10-06-2026 18:00	
HEMOGLOBIN (Colorimetry)	11.5	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.43	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	32.3	VOL%	L 35 - 45
MCV (Calculated)	72.9	fL	L 77 - 95
MCH (Calculated)	25.9	pg/cells	25 - 33
MCHC (Calculated)	35.5	g/dL	32 - 36
RDW-CV (Calculated)	13.4	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	332	10 ⁹ /L	150 - 450
MPV (Calculated)	6.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	15.12	10 ⁹ /L	H 5 - 14.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	87	%	H 32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	11	%	L 28 - 48
MONOCYTES (Microscopy, Leishman stain)	01	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : NEUTROPHILIC LEUCOCYTOSIS PLATELETS : ADEQUATE		

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

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :10-06-2026 18:00	
CRP (Immunoturbidimetry)	53	mg/L	H <10

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

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :10-06-2026 18:00	

Rainbow Children's Hospital - Secunderabad

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

PatientName : Baby PARNIKA REDDY Inpatient No. : IP-00060305
Age/Gender : 7 Y 8 M 20 D/ Female Admit Date : 10-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.5	mg/dl	0.2 - 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 :10-06-2026 18:00
SODIUM (Direct ISE)	136	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.3	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	101	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 :10-06-2026 18:00
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :10-06-2026 18:18
RANDOM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-06-2026 19:04
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,



PatientName : Baby PARNIKA REDDY
Age/Gender : 7 Y 8 M 20 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060305
Admit Date : 10-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE

MICROSCOPY

PUS CELLS	2 - 4	HPF	L	0 - 5
EPITHELIAL CELLS	2 - 3	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 :12-06-2026 05:50	
HEMOGLOBIN (Colorimetry)	11.4	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	4.45	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	32.7	VOL%	L 35 - 45
MCV (Calculated)	73.4	fL	L 77 - 95
MCH (Calculated)	25.6	pg/cells	25 - 33
MCHC (Calculated)	34.9	g/dL	32 - 36
RDW-CV (Calculated)	13.4	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	315	10 ⁹ /L	150 - 450
MPV (Calculated)	6.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.99	10 ⁹ /L	5 - 14.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	43	%	32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	48	%	28 - 48
MONOCYTES (Microscopy, Leishman stain)	08	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby PARNIKA REDDY	Inpatient No.	: IP-00060305
Age/Gender	: 7 Y 8 M 22 D/ Female	Admit Date	: 10-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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Consultant Pathologist, Reg No : 39356

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

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :12-06-2026 05:50

CRP (Immunoturbidimetry)	43	mg/L	H <10
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report



Baby PARNIKA REDDY

7 Y 8 M 22 D

Female

IP-00060305

VIH-00104386

Dr. PREETHAM KUMAR

VI26019923

10-06-2026 06:07 PM

10-06-2026 06:19 PM

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report

ADMISSION SHEET

Registration Details :



Admission No : IP-00060305 Admit Date : 10-Jun-2026 Admit Time : 05:42 PM UHID : VIH-00104386

Patient Details :


Patient Name : Baby PARNIKA REDDY Age : 7 Y 8 M 20 D
Guardian : Mr VARUN REDDY DOB : 21-09-2018
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : MANNEGUDA,TUIRKAYANJAL,BESIDE SLOKA Phone No : 9963196665
INTERNATIONAL SCHOOL. Kongara Raviryal E-mail : na123@gmail.com
Ranga Reddy Telangana INDIA

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 VARUN REDDY Relationship : D/O
Contact Address : MANNEGUDA,TUIRKAYANJAL,BESIDE Phone No : 9963196665 / 9052515421
SLOKA INTERNATIONAL SCHOOL. Kongara
Raviryal Ranga Reddy Telangana INDIA


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr PURSHOTHAM REDDY Phone No : 9440101366
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Patient Name : Baby. PARNIKA REDDY UHID : VIH-00104386 IPD : IP-00060305 Gender : Female Age : 7 Y 8 M 20 D

VIH-00104386 IP-00060305
 Baby PARNIKA REDDY
 21-09-2018 7 Y 8 M 20 D (F)
 Dr. PREETHAM KUMAR



Wt: 31.16 kg
 RBS: 99 mg/dl

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. parnika Age : 8yrs Gender: Male Female

Date : 10/6/26 Time of Arrival : 5:16 PM

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

Source of information : Parents Others (Specify):

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.9 F PR: 123 b/m BP: 104/60 (75) RR: 24 b/m SpO₂: 100%

Chief Complaints: C/O Fever, Headache x Yesterday Night, loose stools (multiple episodes) x Today

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

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

[Signature]
 Signature of Parent / Guardian

Triage Completion Time : 5:20 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Architha

Signature of Triage Nurse : *[Signature]*

Date & Time : 10/6/26 @ 5:20 PM

Patient Name : Baby. PARNIKA REDDY UHID : VIH-00104386 IPD : IP-00060305 Gender : Female Age : 7 Y 8 M 20 D

VIH-00104386 IP-00060305
Baby PARNIKA REDDY
21-09-2018 7 Y 8 M 20 D (F)
Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 5:22 PM
Chief Complaints : Clo Fever, loose stools, Headache RBS : 99 mg/dl
Height : 134 cm Weight : 31.16 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: 1 Pain Tool Used: N Pass FLACC Wong Baker
 Character Aching Location head Frequency Intermittent Duration Yesterday Night

RISK FOR FALL:
 If patient is < 6 years
tick below fall risk intervention directly
 If Patient is > 6 years
Assess the below parameters
History of Falling: within past 3 months Yes No
Ambulatory Aids:
• Wheelchair Yes No
• Uses furniture for support Yes No
Gait/Transferring:
• Bedrest / immobile Yes No
• Weak Yes No
• Impaired Yes No
Mental Status: Forgets limitations Yes No
IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria
.....
Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method
Inform consultant for positive criteria

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time):
Social History: Lives With Family
Siblings in household Yes No (if yes How Many?) 1 (brother)
Time of Initial assessment completed by ER Nurse : 5:25 PM

Patient Name : Baby. PARNIKA REDDY UHID : VIH-00104386 IPD : IP-00060305 Gender : Female Age : 7 Y
8 M 20 D

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

Time	Nursing Notes
5:16 PM	* patient came to ER
5:17 PM	* vitals checked and Recorded
5:20 PM	* Dr. vishwaja Seen the patient & advised admission
5:50 PM	* Admission process Done
6 PM	* iv placement Done
6:10 PM	* collected the Samples & Send to lab * RBS => 99 mg/dl
6:35 PM	* patient shifted to ward

Samples collected by: } Sr. hema
Samples sent by: } Sr. Meghisha

Time: } 6 PM
Time: } 6:10 PM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120 b/m BP: 104/62 (31) CFT: <2 sec RR: 22 b/m SPO ₂ : 100% GCS: 15/15 Temperature: 98°F Pain Score: 1 Repeat RBS (if applicable): -	Shift - out from ER to: 107 Time of Shift - out: 10.16.26 @ 6:35 PM Handover given to: Sr. Manasa (Nurse's Name) by Architha

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):


Iv placement done

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

Date & Time : 10/6/26 @ 6:55 PM

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00104386 IP-00060305 Baby PARNIKA REDDY 21-09-2018 7 Y 8 M 20 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 10/6/26 @ 5:42 PM	Date & Time of Transfer Order 10/6/26 @ 6:35 PM
		Transfer Ordered by Dr. Vishwaja	Reason for Transfer Admission
From Unit ER	To Unit 107	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? outside file given	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Anura [Signature]		Name of Person Ordered Transfer Dr. Vishwaja	
Patient & Clinical Records Received by : Manasa			
Date & Time of Patient Received : 10/6/26 @ 8:45 PM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE 2 some dehydration
Arrival Time: 6:45 PM **Mode of Arrival:** by walk **Admitting From:** ER OPD Direct

Allergy / Adverse Reaction: Nil **Body Weight:** 31.16 Kg
Height: 134 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

Family History: Nil

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

If yes please list,

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

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

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

Observations: Weight: 31.16 kg Length: 134 cm Head Circumference (< 2 years): Nil
 Temp: 98.6°F HR: 107 bpm RR: 25 bpm BP: 106/66(73)

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

Fall Risk Assessment: Yes No **Score:** 09 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain: Nil **Location:** Nil **Frequency:** Nil **Duration:** Nil

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

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

Social History: Lives With Family

Siblings in household Yes No (if yes How Many?) 01

All Information Obtained From Patient Mother Father Other Family Member


Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: Yes No

Information given to mother

Nurse's Name: manasa Date: 10/6/26 Time: 7:00pm Signature 



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

VIIH-00104386 IP-00060305
Baby PARNIKA REDDY
21-09-2018 7 Y 8 M 20 D (F)
Dr. PREETHAM KUMAR



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Parvika Age/Sex 8y/F

Information given by: grandmother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

90 Headache since yesterday
Fever since morning
loose stools since morning
1 episode of vomiting

History of present illness :

Child brought by parents with
90 headache since yesterday night



gradually progressive
90 fever since morning

moderate grade a/w stomache pain
episodic onset in umbilical region
gradually progressive ↓
relieving on medications Intermittent

loose stools since morning - multiple episode.

watery, yellowish
non blood stained

1 episode of vomiting - NP/NB / non blood stained
content - food/water

↓ oral intake since yesterday
consulted local hospital

on presentation - child alert given antipyretic
alarm ↓
referred to Ref

Pulse - good volume
Sunken eyes
Heart (+)



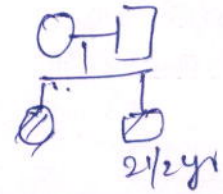
Pediatric Multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

Term / LSC / @ 5kg / NO NICU stay.
(Breech)



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} class III

Developmental History :

Appropriate for age & all domains.

Immunization History :

Received vaccination up-to date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 31.1kg (Centile _____)

On Examination :

Temperature : 98.9°F Pulse Rate : 123/min B.P. 104/60 SPO2 100%
Resp.rate and type of breathing : 24/min

Rash ⊖
Lymphadenopathy ⊖
Oedema : ⊖
Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : R/symmetrical chest movement
Air entry & breath sounds : R/LAC ⊕
Any addes sounds : NO
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : ⊖
Heart Sounds : S1S2 ⊕
Any murmur : NO
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection ⊖
Palpation : Soft, tenderness in umbilical region
Auscultation : RS ⊕
Spine : ⊖ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



paediatric multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

15/15 Awake

Cranial Nerves :

Motor System:

Nutriton :

Tone :

Power

4/5 small muscles

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : +

DTR +2

Superficials:

Plantars

flexor

Sensory System : +

Bladder / Bowel :

↑ Bowel movements

Clinical Summary & Diagnostic:

AGE & dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: To treat current condition

Planned Labs:
CRP
clp, cre. ✓
S/c
S. creat
B/c/s

Planned Management RBS > 99mg/dl
1) UF (furo M) - to taper of oral intake better
2) Bay leptoxone
3) Bay Enmiprozole
4) Econorm Sallut
5) Syr. Zincora
6) Syr. Paracetamol 801

Noted by
Megha B
10/6/25

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Vishwaja
Date & Time: 10/6/26

Signature of the Consultant: [Signature]
Name of the Consultant: [Signature]
Date & Time: 11/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/20 8:30 AM	<p><u>C/S/B Resident</u></p> <p>Dis- AGE dehydration.</p> <p>No febrile.</p> <p>No loose stools. Vomitus - Adulteration.</p>	
11/6- Adulteration		
D/S demand.		
	<p><u>O/E</u></p> <p>Child Alert</p> <p>Vital stable</p> <p>CV: S1 @</p> <p>M: PLAC @</p> <p>PA: kb</p> <p>CNI: WAD.</p>	<p><u>Plan</u></p>
		<p>1) Inf. cefixime - P1</p>
		<p>2) Econorm sachet - P1</p>
		<p>3) Symp - Zonsonia - P1</p>
		<p>4) Contin. I.V.F.</p>
		<p>- send CSE.</p>
		<p>- repeat CRP op - P1.</p>

11/6/20
8:30 AM

noted by
 anasa
 11/6
 @ 1 PM

VIH-00104386 IP-00060305
 Baby PARNIKA REDDY
 21-09-2018 7 Y 8 M 21 D (F)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>7.6.26 4.00 PM</p>	<p>S/O <u>Dr. Preetham</u></p>	
	<p><u>Enterocolitis</u></p>	
	<p>no loose stools no fever</p>	
	<p>O/E child stable</p>	
	<p>CRT < 3 sec.</p>	
	<p>ceftriaxone H₂O - NAD 1/2 - 1/2</p>	<p><u>Plan</u> → CBP, CRP T/m → cont IV fluids ~ Klib 4th bed</p>
	<p>Dr. Samra (Dr. Samra)</p>	
		<p>Noted by Manava 11/6 PTH</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>CL/B Resident</u>	
12/6/20 9:00 AM	Dis. AGE & dehydration.	
	No fever > 2 hrs. look healthy - contented.	
		No vomitings
0/I → (D)	<u>0/E</u>	
Y/O - Admitted	Child Alert & Active vital stable	
	CK: P, M ⊕	<u>Plan</u>
	M: B, L ⊕	- Inj. ceftriaxone - D2
	P/A: HA	- syp. Zincaria
	CV: NAD	- Entocogen - suppus
Do practice		- mouth wash
B/Ck → No growth <u>apn ausc.</u>		- Ibuprofen (sol)
		- Diclofenac oral Ab.
	6 12/6/20 10:00 AM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGF & Some dehydration		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		Post OP Day: _____				
BACKGROUND	Date	10/6/26	10/6	10/6/26	11/6/26	11/6	
	Shift	Evening	E	Night	M	E	
ASSESSMENT	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	Gastro diet	G. diet	G. diet	G. diet	G. diet	
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RD	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp: 97.6°F	98.6°F	99.6°F	98.6°F	98.1°F	98.4°F
	Res:	26b/m	25b/m	22b/m	25b/m	26b/m	28b/m
	SpO ₂ :	99%	98%	100%	100%	98%	99%
	Pulse:	101b/m	103b/m	118	117	112b/m	102b/m
	BP:	102/69(70)	106/66(76)	98/52(68)	97/52(67)	106/61(71)	98/64(51)
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	9	9	9	9	9	9
Pain Score:	0	0	0	0	0	0	
Skin Integrity	intact	intact	intact	intact	intact	intact	
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:	nil	nil	nil	nil	nil	nil	
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:	Gastro diet	G. diet	G. diet	G. diet	G. diet	G. diet	
Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil	
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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):	dependent	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	Nil	nil	nil	nil	nil	nil	
Handed Over By Name :	Aschitha	Manasa	Subham	Manasa	Manasa	Subham	
Signature / ID :	Aschitha	Manasa	Subham	Manasa	Manasa	Subham	
Date:	10/6/26	10/6/26	11/6/26	11/6/26	11/6	11/6	
Time:	@6:55pm	@8pm	@8am	@2am	@8pm	@8pm	
Taken Over By Name :	Manasa	Subham	Manasa	Manasa	Subham	Subham	
Signature / ID :	Manasa	Subham	Manasa	Manasa	Subham	Subham	
Date:	10/6/26	10/6/26	11/6	11/6	11/6/26	12/6/26	
Time:	@6:45pm	@8pm	@8am	@2pm	@8pm	@8am	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>acc = some dehydration</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <i>nil</i>		If Yes Specify:				
BACKGROUND	Date	<i>12/6</i>					
	Shift	<i>M</i>					
	Medical Condition (Any special condition to be noted):	<i>nil</i>					
	Diet:	<i>S. diet</i>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" 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):	<i>RA</i>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" 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:	<i>98.6 F</i>				
		Res:	<i>24 b/m</i>				
		SpO ₂ :	<i>100%</i>				
		Pulse:	<i>114 b/m</i>				
		BP:	<i>92/62 (72)</i>				
		LOC:	<i>conscious</i>				
		Fall Risk Score:	<i>10</i>				
Pain Score:	<i>0</i>						
Skin Integrity	<i>intact</i>						
Recommendations	Safety Needs:	<input checked="" 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:	<i>nil</i>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" 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:	<i>S. diet</i>					
	Critical Lab Test / Values:	<i>nil</i>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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):	<i>Dependent</i>						
Post Operative Procedure Special Orders:		<i>nil</i>					
Handed Over By Name :		<i>[Signature]</i>					
Signature / ID :		<i>[Signature]</i>					
Date:		<i>12/6</i>					
Time:		<i>10 AM</i>					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



NURSING CARE RECORD



Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7 PM	→ W Fluids on flow	7:30 PM	→ DRs Home/hr is maintained	→ To maintain hydration	→ patient is stable	At marase
Afternoon	9 PM	→ Ensure safety	9 PM	→ side rails kept up	→ Prevent from fall	→ Patient is stable	Sushan 19/8 @sw
Night	10 PM	→ maintain Personal Hygiene	10 PM	→ Provided hand hygiene and hand washing	→ Prevent infection		

VIH-00104386 IP-00060305
 Baby PARNIKA REDDY
 21-09-2018 7 Y 8 M 20 D (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	iv fluid on flow.		DNS 70ml/hr hydration	to maintain hydration	Patient is stable	Bernonika 11/6/26 @ 8 Am
Afternoon	4 pm	→ iv fluids on flow	4:30 pm	→ DNS 78ml/hr is maintained	→ To maintain hydration	→ patient is stable	A Laxmi
Night	10pm	iv fluids on flow.	10:30 pm	DNS 78ml/hr is maintained	To maintain hydration	Patient is stable	Subham 12/6/26 @ 8 AM

VIH-00104386 IP-00060305
 Baby PARNIKA REDDY
 21-09-2018 7 Y 8 M 21 D (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 12/06

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				DISCHARGE NOTE →			
Afternoon				Doctors round done; advised by my discharge			
Night							

Patient Sticker

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							



HUMPTY DUMPTY SCALE

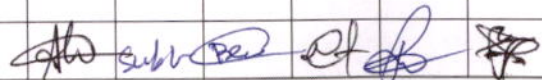
PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			10/6/26	11/6	11/6	11/6	12/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			9	9	9	9	9

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

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✗	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✓	✗	✗	✗	✗
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Hema	Suhis	manasa	Sulhan	Sudya
Signature:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date:	10/6/26	11/6	11/6	11/6	12/6
Time:	5:45 PM	1 AM	4 PM	11 PM	10 AM

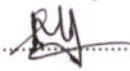


CHECKLIST FOR THROMBOPHLEBITIS

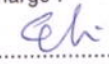
S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 10/6			DAY-2 11/6/20			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-	-	-	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	-	-			
Signature of the Nurse													

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 : Dr. Maylesha

Signature of Ward In Charge :

Signature :  Name : Elizabeth

VIH-00104386

IP-00060305

Baby PARNIKA REDDY

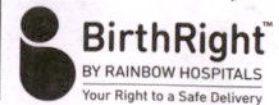
21-09-2018 7 Y 8 M 20 D (F)

Dr. PREETHAM KUMAR



PAIN ASSESSMENT FORM


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


 BirthRight™
BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6/26	5:45 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	-	<i>[Signature]</i>
10/6/26	11 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NIL	<i>[Signature]</i>
11/6/26	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	<i>[Signature]</i>
11/6	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	nil	<i>[Signature]</i>
11/6	11 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	<i>[Signature]</i>
12/6	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	<i>[Signature]</i>
				<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		
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Re-assessment Frequency:

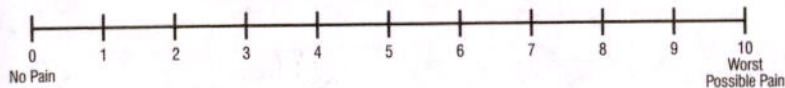
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 - 60 minutes after pain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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		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



VH-00104386
 Baby PARNIKA REDDY IP-00060305
 21-09-2018 7 Y 8 M 21 D (F)
 Dr. PREETHAM KUMAR

BRADEN 'Q' SCALE



Date: 10/6/2018
 Time: 5:45 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.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: 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.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

TOTAL SCORE

28 27 27 27

Evaluator's Name

[Signatures]

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

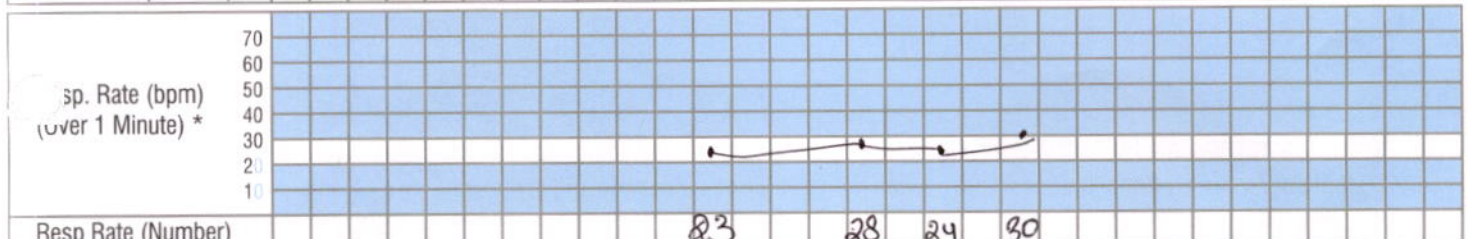
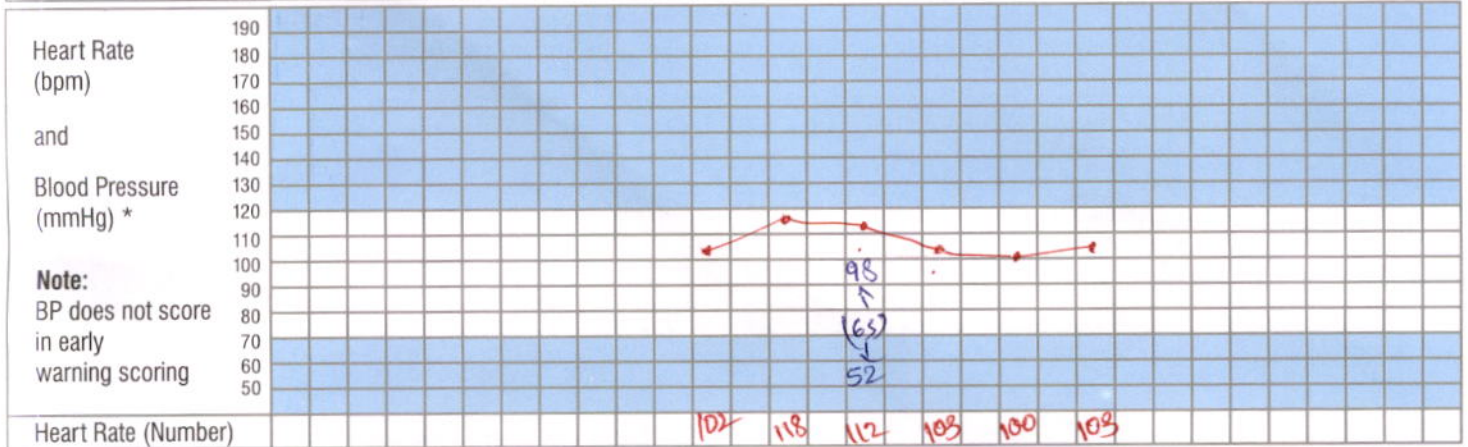
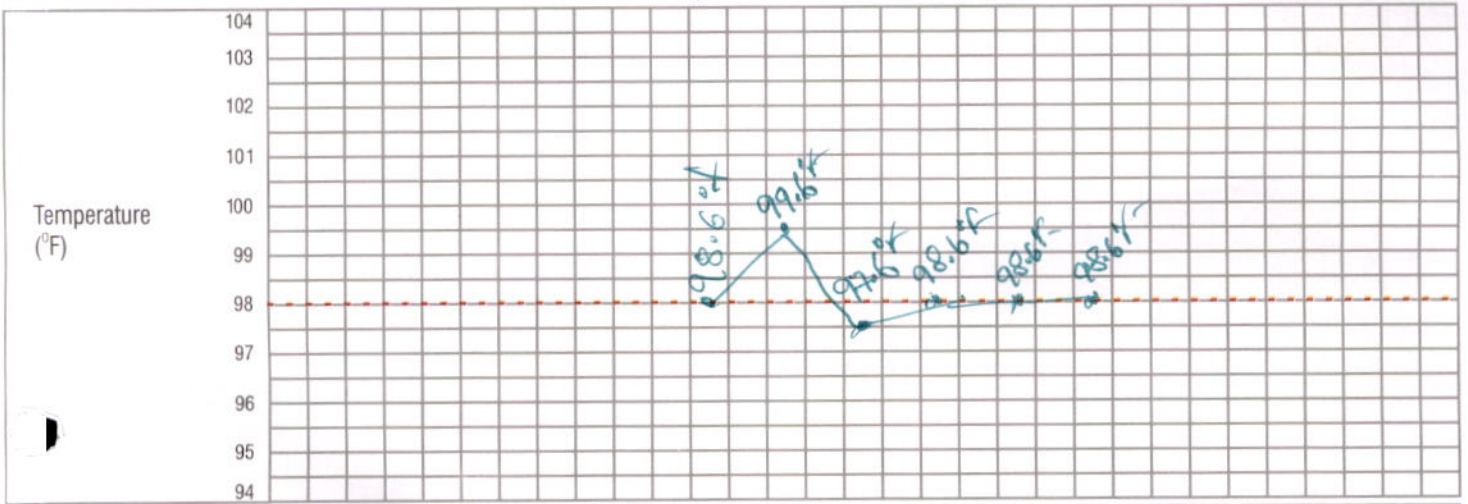
Docu. No. : RCH /FRM / CLINICAL / 119

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
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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6 Time: 7 10:45 11 1 3 7
 Doctor / Nurse / Family Concern? PM PM PM AM AM AM



Resp Distress	Mod/ Severe None / Mild						
Receiving O ₂ (l/min)							
O ₂ Saturations (%)		98	99	96	100	99	100
Conscious Level	Normal / Altered	N	N	N	N	N	N
GCS *		15	15	15	15	15	15

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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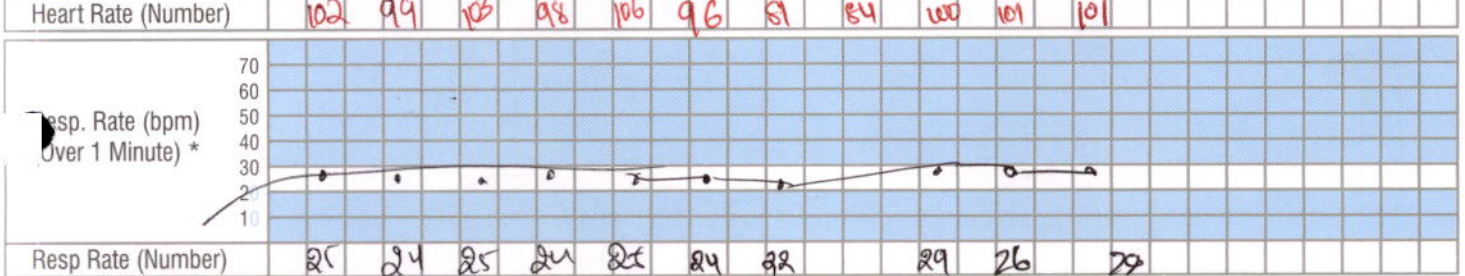
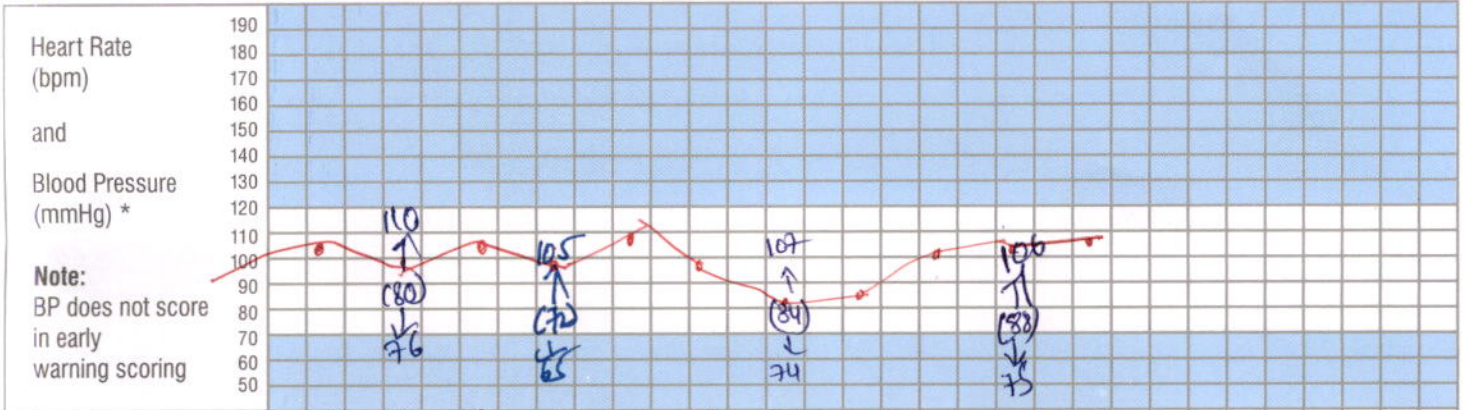
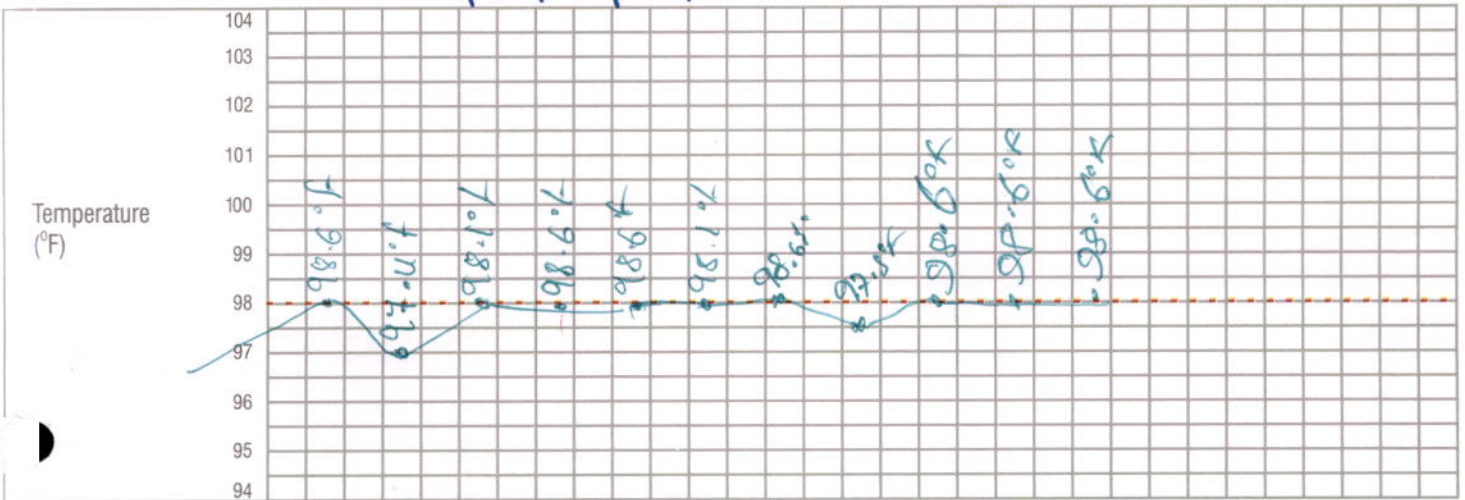
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/26	Time: 9	11	1	3	5	7	10	1	3	5	7
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am



Resp Distress	Mod/ Severe	None / Mild											
Receiving O ₂ (l/min)													
O ₂ Saturations (%)			98	97	98	97	98	96	99	100	96	97	100
Conscious Level	Normal	Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *			15	15	15	15	15	15	15	15	15	15	15

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

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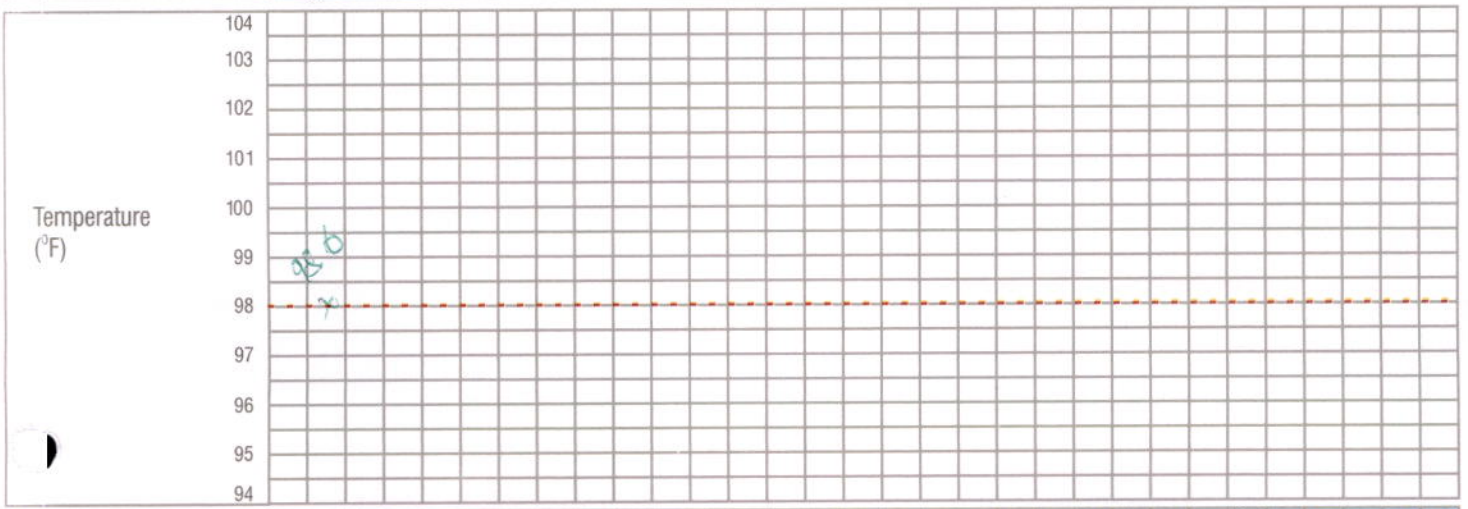
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/6/26 Time: 9

Doctor / Nurse / Family Concern? AN



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

Note: BP does not score in early warning scoring

Heart Rate (Number) 114

Resp. Rate (bpm) over 1 Minute *

Resp Rate (Number)

worked by
 [Signature]
 12/6 @
 10 AM

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99

Conscious Level Normal / Altered 2

GCS * 15

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials [Signature]

- ACTIONS**
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FLUID CHART

Sheet No. : 11

10/6/26

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm			Dals								
	07:00 pm			Home								
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm		Rice		70ml							
	10:00 pm				70ml							
	11:00 pm		water		70ml							
	12:00 am				70ml							
	01:00 am				70ml							
Total Intake : 420ml					Total Output :							
	02:00 am				70ml							
	03:00 am				70ml							
	04:00 am				70ml							
	05:00 am				70ml							
	06:00 am											
	07:00 am											
Total Intake : 280ml					Total Output :							

Manasa
 10/6
 07PM

Subha
 11/6
 @ 7AM

Total 24 hrs. Intake 700ml

Total 24 hrs. Output 2 times



FLUID CHART

Sheet No. : 2

11/6/26

- 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	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6	08:00 am		Mouth									11/6 4:16 4:16 PM	
	09:00 am		poly water	70ml									
	10:00 am			70ml									
	11:00 am			70ml									
	12:00 pm			70ml									
	01:00 pm												
Total Intake : 280ml						Total Output :							
11/6	02:00 pm			70ml								11/6 4:16 4:16 PM	
	03:00 pm		Rice + water	70ml									
	04:00 pm			70ml									
	05:00 pm			70ml									
	06:00 pm												
	07:00 pm				70ml								
Total Intake : 350ml						Total Output :							
11/6	08:00 pm											11/6 4:16 4:16 PM	
	09:00 pm		rice										
	10:00 pm												
	11:00 pm		water	70ml									
	12:00 am			70ml									
	01:00 am			70ml									
Total Intake : 210ml						Total Output :							
12/6	02:00 am			70ml								12/6 4:16 4:16 PM	
	03:00 am			70ml									
	04:00 am			70ml									
	05:00 am			70ml									
	06:00 am												
	07:00 am												
Total Intake : 280ml						Total Output :							

Total 24 hrs. Intake 1120ml

Total 24 hrs. Output 6 times

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 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

12/6/26

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

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

Patient Sticker

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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							

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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: I.O.F.

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. Viswaja

Date & Time: 10/6/26 @ 5:45pm

Nurse Name & Signature: N. Uma

Date & Time: 10/6/26 @ 5:45pm

10/15/2014
10/15/2014
10/15/2014

101

- ECDROM Seabed - Attention was refused.
Sign: - P. Palmer

11/6/26 @ 6AM



DRUG CHART

Date of Admission: 10/6 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)

Signature: Rajalekshmi 10/06/2018
 Signature: Rajalekshmi 10/06/2018
 VERIFIED BY : Name

DRUG : <u>SYP. PARACETAMOL</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>9ml</u>	<u>PO</u>	<u>as required</u>	<u>10/6</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>		<u>Max 6th hrly</u>	<u>[Signature]</u>		
Additional Instructions: <u>SMI=240mg</u> <u>15mg/kg/dose if temp > 100°F</u>					
DRUG : <u>SYP. IBUPROFEN</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>15ml</u>	<u>PO</u>	<u>as required</u>	<u>10/6</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>		<u>Max 6th hrly</u>	<u>[Signature]</u>		
Additional Instructions: <u>SMI=100mg</u> <u>10mg/kg/dose if temp > 102°F</u>					
DRUG :				Date	Time
Dose	Route	Frequency	Start Date		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					



REGULAR PRESCRIPTIONS

Weight. 31.16kg Ward.

Baby Name: Neagii Sue
 Doj: 10/6/26
 10/6/26
 10/6/26
 10/6/26
 10/6/26

DRUG : INJ. CEFTRIAXONE				Date Time	10/6	11/6	12/6
Dose	Route	Frequency	Start Date	6 am			
1.5g	IV	12th hourly	10/6				
Name & Signature of the Doctor Starting the Drugs:				Dr. Vishwaja			
Additional Instructions:				after 1st dose 50mg/kg/dose			
Daily Doctor's Endorsement by a Sign							

DRUG : INJ. ESCOMERAZOLE				Date Time	10/6	11/6	12/6
Dose	Route	Frequency	Start Date	6 am			
30mg	N	once daily	10/6				
Name & Signature of the Doctor Starting the Drugs:				Dr. Vishwaja			
Additional Instructions:				1mg/kg/dose			
Daily Doctor's Endorsement by a Sign							

DRUG : ECONORM SACTET				Date Time	10/6	11/6	
Dose	Route	Frequency	Start Date	6 am			
	PO	12th hourly	10/6				
Name & Signature of the Doctor Starting the Drugs:				Dr. Vishwaja			
Additional Instructions:				1 sachet 15ml of water			
Daily Doctor's Endorsement by a Sign							

DRUG : Sy. GENEOMA				Date Time	10/6	11/6	
Dose	Route	Frequency	Start Date	6 am			
5ml	PO	once daily	10/6				
Name & Signature of the Doctor Starting the Drugs:				Dr. Vishwaja			
Additional Instructions:				5ml/20mg			
Daily Doctor's Endorsement by a Sign							

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

VERIFIED BY : Name Signature

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RESULT SHEET

Date	10/6/26	12/6/26			
Time		5AM			
Hb	11.5	11.4			
PCV	32.3	32.7			
RBC	4.43	4.45			
WBC	15.12	9.99			
N/L	8.4/10.5	4.3/4.86			
Platelets	3.32	3.15			
CRP	53	43			
ESR					
PCT					
RBS					
Na	136				
K	4.3				
Cl	101				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.5				
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					

