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ACTIVITY RECOI

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Name: ---------- ----------

UHID No : ---------- ---------- Consultant : ---------- Dept : LR.

Date of Admission 9/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 138 Ward : ISP1007 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	6.40pm	LR.	138	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	RBS 93 mg/dL	26021412	

. MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	IV Placement done in outstde	(1)		(1)

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sabija 25/06 @ 3:50 PM		

DEFICIEN VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 21 D (M)
Dr. GEETHA CHANDA

CAL CASE SHEET

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Patient Nan IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	01			
7	Nurses Progress notes	02			
8	Consultation Sheets	–			
9	General Consent for Treatment	01			
10	Conset for Surgery	–			
	Consent for Blood Transfusion	–			
12	Consent forChemotherapy	–			
13	Consent for High Risk	–			
14	Consent for Restraint	–			
15	DAMA Consent	–			
16	Consent for Special Procedure				
17	Consent for Radiological Investigations	–			
18	Consent for HIV Test	–			
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist	–			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation				
25	TPR & BP chart	02			
26	Intake and Output chart (fluid Chart)	01			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart	–			
31	Diabetic chart	–			
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)	–			
34	Patient Educatlon Form	–			
	Humpty Dumpty	01			
	checklist for -thrombophlebitis	01			
	pain assessment	01			
	Braden Q- scale	01			
	wells criteria for ancuing DVT	01			
	Others	05+1			
	Total No. of Pages	33			

Noted by Anitha
25/6
@3.30pm

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060464 **Admit Date** : 24-Jun-2026 **Admit Time** : 05:40 PM **UHID** : VIH-00203728

Patient Details :

Patient Name	: Master NOMULA ABHINAV REDDY	**Age**	: 8 Y 4 M 20 D
Guardian	: Mr MAHESH	**DOB**	: 04-02-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 7-34,chittapoor,mallapur,jagitial Chittapur Karimnagar Telangana INDIA 505331	**Phone No**	: 9490052912/ 9885950521
		E-mail	: nomulamahesh143@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 MAHESH **Relationship** : Father

Contact Address : 7-34,chittapoor,mallapur,jagitial Chittapur Karimnagar Telangana INDIA 505331 **Phone No** : 9490052912

Signature

Doctor Details :

Doctor Name : Dr. GEETHA CHANDA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : DR. Y MARUTHI REDDY **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

Patie VIH-00203728 IP-00060464 Master NOMULA ABHINAV REDDY 04-02-2018 8 Y 4 M 20 D (M) Dr. GEETHA CHANDA
3HINAV REDDY UHID : VIH-00203728 IPD : IP-00060464 Gender : Male
Age

Patient Sticker

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wt:- 21.0 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : master. Abhinav Reddy Age : 8Y Gender: ☑ Male ☐ Female

Date : 24/6/26 Time of Arrival : 5:15pm

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: 98.2F PR: 99b/M BP: 98/68(53) RR: 20b/M SpO$_2$: 100%.

Chief Complaints: seizers 1 episodes, vomiting 1 episode.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☐ Normal ☑ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

D. Nihanjika
Signature of Parent / Guardian

Triage Completion Time : 5:19pm

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

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

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

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

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

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

Name of Triage Nurse : Swathi

Signature of Triage Nurse : .....

Date & Time : 24/6/26 @ 5:19pm

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 5:20pm

Chief Complaints: seizers 1 episode, vomiting 1 episode RBS: —

Height : — Weight : 21kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (sister)

Time of Initial assessment completed by ER Nurse : 5:24pm

Patient Name : Mast. NOMULA ABHINAV REDDY UHID : VIH-00203728 IPD : IP-00060464 Gender : Male
Age : 8 Y 4 M 20 D

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

Time	Nursing Notes
5:15pm	* patient came to ER
5:19pm	* vital checked & Recorded
5:23pm	* Doctor seen the patient Adviced Admission
5:27pm	* Admission process done
	* out side cannula [Today morning]
5:30pm	* Blood test done in OPD Bags
	* patient shifted to the ward.

Samples collected by: — Time: —

Samples sent by : — Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:40pm	Inj:- Lacosamide	IV	100 mg	Dr. Sameera	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 100 bpm BP: 101/66(72) CFT: >3sec	Shift - out from ER to: 138
RR: 19 bpm SPO$_2$: 100%	Time of Shift - out: 24/6/26 @
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sr. Manasa
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

—

Name of the Nurse : Architha Signature of the Nurse :

Date & Time : 24/6/26

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Seizures

Arrival Time: 6:40pm Mode of Arrival: By walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 21 Kg

Height: - cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Family History: .....

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

If yes please list, ...

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

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

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

Observations: Weight: 21 kg Length: - Head Circumference (< 2 years): -

Temp.: 98.6F HR: 112 b/m RR: 24 b/m BP: 98/64 (71) mmhg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (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: - 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: ..... Anitha ..... Date: ..... 24/6/26 ..... Time: ..... 7pm ..... Signature Aney

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00203728 IP-00060464 Master NOMULA ABHINAV REDDY 04-02-2018 8 Y 4 M 20 D (M) Dr. GEETHA CHANDA	24/6/26 05:40pm	24/6/26 @ 6:40pm
	Transfer Ordered by Dr vishwaja	Reason for Transfer Admission
From Unit ER	To Unit 138	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (21)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Kiran (V)	Dr vishwaja.

Patient & Clinical Records Received by :
Sr. Anitha

Date & Time of Patient Received : @645pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00203728 IP-00060464 Master NOMULA ABHINAV REDDY 04-02-2018 8 Y 4 M 20 D (M) Dr. GEETHA CHANDA _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Breakthrough seizure episode
H/O missed ASM - 3 doses

History of present illness :

c/o Breakthrough seizure activity
after missed 3 dose of medication
↓
Eyelid twitching H/by Tonic clonic movements
with eye deviation to (RT) side UL/LL weakness
↓
resolved on its own
↓
Outside hospital
Loaded with levera

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

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

H/O seizures - April 2026.
↓
MRI-Brain: Right PVL changes with cystic changes in left frontal, thinning of CC
EEG ⇒ multifocal discharges

Birth & Neonatal History:

PT / 1.1kg / TWIN / NICU stay 19 days.

Birth & Socio Economic History:

About Father : } class III
About Mother :
Any additional Information :

Developmental History :

Immunization History :

(P.T.O.)

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 21 Kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 89/min B.P. 98/68 SPO2 100%

Resp.rate and type of breathing : 20/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+)

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N) NSF (+)

Heart Sounds :

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: (N) Power

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Remote symptomatic epilepsy
Congenital (Rt) Hemeparesis c Breakthrough seizures.

(P.T.O.)

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S/E } done on OPD basis

EEG (after ...)

Planned Management

1) Sufenidi SOS
2) Inj Lacosamide 5mg/kg stat
3) Inj Lacosamide 5mg/kg/day - BD
4) Watch for seizures
5) MRI Brain - T/m 5:30 Am
6) NPO from 3Am morning

Noted by - Saagatika 24/6/NOT 8:00 ✓

Signature of the Doctor: ....

Name of the Doctor: Dr. Ulkhwaja

Date & Time: 24/6/26

Signature of the Consultant: ....

Name of the Consultant: Dr. Geetha.

Date & Time: ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9 AM	S/B Neurology	
	A/c - Breakthrough seizures	(Plan)
	Rt. focal motor	
	in k/c/o right hemiparesis	
	with GDD	
	4/c - PVL	
	C/o	- T/D MRI brain
	No further seizures	- T/D Physiotherapy
	O/E	[signature]
	Vitals - (N)	
	pupils - B/L equal, reacting	
	Eom - full	
	Right pronator drift	
	Right TA spastic	
	DTR - +3 on right side	
	Plantar extensor on right side	Noted by Anitha 25/6 @3.30PM

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00203728 IP-00060464
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Seizures			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure: Nil			Post OP Day: Nil			
BACKGROUND	Date / Shift	24/6 ER	24/6 E	24/6 N	25/6 M	25/6 E	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4F	98.6F	98.6°f	98.6f	98.5°f	
	Res:	26 b/m	24 b/m	28 b/m	28b/m	26 b/m	
	SpO2:	98%.	99%.	99%.	98%	99%.	
	Pulse:	112 b/m	108 b/m	102 b/m	105b/m	102 b/m	
	BP:	101/68(71)	98/61(69)	99/63(39)	100/66(72)	101/67(71)	
	LOC:	conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	14	14	14	14	14	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	intact	
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :		Architha	Anitha	vaishnavi	Indu	Manisha	Noted by Manisha
Signature / ID :		A 1020612	A 9050140	vaishnavi	[illegible]	905443	
Date:		24/6	24/6	25/6/26	25/6/26		
Time:		@ 6.40pm	@8pm	@ 8Am	@2pm		
Taken Over By Name :		Anitha	vaishnavi	Indu	manisha		
Signature / ID :		A 9050140	vaishnavi	[illegible]	M 9054443		
Date:		24/6	24/6/26	25/6/26	25/6/26		
Time:		@6.45pm	@8pm	@8am	@2pm		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

NURSING CARE RECORD

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Date: 24.6.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	→ Ensure Safety		→ To Side rails kept up	→ To prevent falls risk	→ patient is Stable	Anitta 24/6 @8pm
Night	8pm	- Assessment - vitals - Medications	8Am	- Assessed the general condition - Monitored vitals & Recorded	- vitals are normal	- condition is normal.	Vaishnavi 25/6/26 @ 8Am.

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NURSING CARE RECORD

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Date: 28/6/20.

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	9.00	maintain aseptic technique	9.30	maintained aseptic Technique	- prevent from Infection	- patient is stable	Sudu 2pm 28/6
	1.00	- Ensure safety	1.30	side rails kept up	- prevent from fall risk		
Afternoon		Discharge & Doctor came for rounds. patient is stable and advice discharge.					
Night				Noted by Manisha			

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/6	DATE 25/6	DATE 26/	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2		
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4	4	4	4		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2		
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		14	14	14		

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

	Bed in low position	✓	✓	✓	✓	
	Call device within reach	✓	✓	✓	✓	
	Wheels Locked	✓	✓	✓	✓	
	Room free of clutter	✓	✓	✓	✓	
	Adequate lighting	✓	✓	✓	✓	
	Wheel chair support	X	X	X	X	
	Other Intervention(s) Specify	✓	✓	✓	—	
	Nurse's Name:	Archita	Vaishnavi	Vaishnavi	Lud	
	Signature:	As	Vaishu	Vaishu	CO	
	Date:	24/6	25/6	25/6	26/6	
	Time:	6:45 PM	12 AM	8 AM	12 PM	

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0						
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			AS	Jaitha							

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 : Kiran

Signature of Ward In Charge :

Signature : ..... Name : .....

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PAIN ASSESSMENT FORM

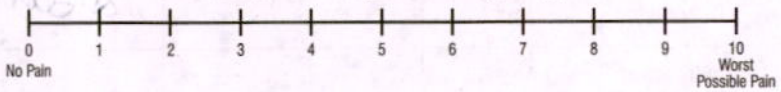
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	5:45 PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	As
25/6	1Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Vaishnavi.
26/6	10A	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

BRADEN 'Q' SCALE

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					Date : 24/12	25/12	26/12	
					Time : 05:45pm	1:00pm	12pm	
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	
"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	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
					TOTAL SCORE	28	28	32
					Evaluator's Name	AS	Vaishu	D

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

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY (M)
04-02-2018 8 Y 4 M 20 D
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WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date: 24/6 Time: 7pm	Date: 25/ Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0					
2	Bedridden recently >3 days or major surgery within four weeks	1	0					
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0					
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0					
5	Entire leg swollen (Assess for both legs)	1	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0					
9	Previously documented DVT (Assess for both legs)	1	0					
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0					
	Total Score		0					
	Signature of the Nurse		Aneef					

Intervention: No

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

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

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master NOMULA ABHINAV REDDY**	**Age :**	**8 Y 4 M 20 D**
IP No:	**IP-00060464**	**Sex:**	**Male**
Consultant:	**Dr. GEETHA CHANDA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: N. Mahesh

Name: Mr. mahesh
Relationship: Father
Date: 24-06-2026 Time:
Wittness Name:
Wittness Signature:

Patient Address:
7-34,chittapoor,mallapur,jagitial
Chittapur Karimnagar Telangana
INDIA 505331

CONSENT FOR SPECIAL SEDATION

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Patient Name: Master Nomula Abhinav Reddy Gender: ☑ Male . ☐ Female

UHID No: ..... Department: Ped. Neurology Date: .....

I ..... S/D/W/O .....

Here by give consent for procedure for my patient : Nomula Abhinav

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : Midazolam
- Possible complications from the procedure of sedation:

Bradycardia, hypotension, resp. depression, need for intubation

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : .....

Name : Mahesh

Relationship with Patient: father

Date & Time : 25/6/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Nitish

Date & Time : 25/6/26

VIH-00203728 IP-00060464
Master NOMULA ABHINAV REDDY
04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

IBH/ FRM / CLINICAL / 126

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/18 Time:

	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?							
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.3°F	98.6°F	98.6°F	97.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 (69) 61	94 (63) 44	99 (81) 77				84 (61) 49
Heart Rate (Number)	108	106	101	104	101	92	90
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	22	24	28	26	25	29	24
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	98	99	99	99	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials				V	V	V	V

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. GEETHA CHANDA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6 Time:	9 AM	9 AM	1 PM	3 PM
Doctor / Nurse / Family Concern?				
Temperature (F) (scale 94–104)	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		108/63		100/70 63
Heart Rate (Number)	103	105	108	102
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	24	25	24	20
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	98	97	98	99
Conscious Level — Normal	N	N	N	N
Conscious Level — Altered				
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

Noted by Anitha 25/6 @3.30pm

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am				Nil							
	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											
24/6	06:00 pm											
	07:00 pm										1	Amelia 24/6 @3pm
Total Intake :						**Total Output :**						
	08:00 pm										1	
	09:00 pm		Rice									
	10:00 pm		H_2O								0	Vaishnavi 25/6/26 @2am
24/6	11:00 pm									✓		
	12:00 am											
	01:00 am										1	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	D		30 ml							1	
	04:00 am			30 ml								Vaishnavi 25/6/26 @8Am
25/6	05:00 am	N		30 ml							0	
	06:00 am			30 ml						✓		
	07:00 am	S		30 ml							1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/4	08:00 am		Rdy for wake	30ml						✓	1	
	09:00 am			30ml							0	Rdy for wake
	10:00 am											
	11:00 am											
	12:00 pm			30ml						✓		
	01:00 pm											
Total Intake :		90ml				**Total Output :**						
28/4	02:00 pm											
	03:00 pm		Rice water									
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** Noted by Anitha 28/4 @ 3.30pm						
	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: Nil ☐ ~~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: ICU Shifted to: 138

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Vishwaja

Date & Time : 24/6/26 @ 5:30pm

Nurse Name & Signature: Sr Kiran

Date & Time : 24/6/26 @ 5:30 pm

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DRUG CHART

Date of Admission: 24/6/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

Signature

VERIFIED BY : Name

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I.V. FLUIDS CHART

Weight. 21kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6	8 AM	DNS (1/2 M)	IV	30ml/hr	[signature]	Vaishu	25/6	[signature]	[signature]
		& Efreguard (after enformery)							

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

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04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/6	5:40pm	INJ. LACOSAMIDE (5mg/kg)	100mg	IV		K Sms

Signature

VERIFIED BY : Name

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04-02-2018 8 Y 4 M 20 D (M)
Dr. GEETHA CHANDA

REGULAR PRESCRIPTIONS Weight. 21 kg Ward. ....

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

DRUG : INJ. LACOSAMIDE				Date / Time	25/6
Dose	Route	Frequency	Start Date	6 AM	ESW
50mg	IV	12th hourly	25/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaje					
Additional Instructions: 5mg/kg/day				6 pm	
Daily Doctor's Endorsement by a Sign					

S. maragoma de 25/6/26

DRUG : TAB. CLOBAZAM				Date / Time	25/6
Dose	Route	Frequency	Start Date	6 AM	ESW
1tab.	PO	12th hourly	25/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaje					
Additional Instructions: 0.2mg/kg 1tab = 5mg				6 pm	
Daily Doctor's Endorsement by a Sign					

As per Doctor order S. maragoma de 25/6/26

DRUG : Tab LACOSET				Date / Time
Dose	Route	Frequency	Start Date	
1 tab	PO	12 hrly	25/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Ritesh				
Additional Instructions: 1 tab = 50mg				
Daily Doctor's Endorsement by a Sign				