


ACTIVITY RECORD FOR BILLING

Name: --- MAH-00378267 IP-00060484
 Master TARA SAMBASIVAM AVYAAN
 02-11-2024 1 Y 7 M 24 D (M)
 Dr. SIVA NARAYANA REDDY
 UHID No:  Consultant: ----- Dept: -----
 Date of Adm: ----- Date of Discharge: ----- Time: -----
 Room / Bed No: ----- Ward: 111 Suggested Billable bed type: -----

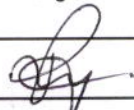

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	11:10 PM	ER	111 (1st floor)	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhuva	28/6/26	3095082	<i>[Signature]</i>
2.	<i>Cross checked by [Signature] 28/6/26</i>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/6.	IV placement	①	3094987	
	Cross checked by  28/6/26			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward Gayath 29/6/26 @ 11Am	Billing Assistant	Billing Supervisor
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Name	Master TARA SAMBASIVAM AVYAAN SRITHAN	UHID	MAH-00378267
Father/Guardian	SRINIVAS	Age/Gender	1 Y 7 M 27 D/Male
Address	H.NO:5-9-470/2/91, PLOT NO:91, SAI KRISHNA ENCLAVE, PHASE-2, NEAR YAPRAL DARGA, YAPRA, ALWAL, MEDCHAL-MALKAJGIRI, JJ Nagar Colony, Hyderabad, Telangana, INDIA, 500087		
IP No	IP-00060494	Admission Date	26-06-2026
Ref Doctor	Self	Discharge Date	29-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Simple febrile seizure

History: Master TARA SAMBASIVAM AVYAAN SRITHAN is a 1 Y 7 M 27 D boy presented with the history of moderate to high grade fever, one episode of seizure in the form of uprolling of eyeballs and stiffening of whole body lasted for about less than one minute associated with fever during travel to hospital. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was febrile (101.6°F), maintaining saturations at room air. HR- 180/min, BP- 100/70 mmHg and RR 26/min. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and alert. Examination of other systems including spine was normal.

Weight on admission : 9.4 kgs.

Name	Master TARA SAMBASIVAM AVYAAN SRITHAN	UHID	MAH-00378267
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Investigations: Enclosed.

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

Dr. P. Sindhura, Consultant Pediatric Neurologist, opinion was sought in view of seizure who opined as simple febrile seizure and advised Tablet Clobazam prophylaxis and Midazolam nasal spray (if required).

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

Her vitals were regularly monitored. He remained hemodynamically stable and there were no further seizure episodes during hospital stay. He is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=240mg) 2.5ml, 12th hourly for 2 days (Refrigerate after constitution).
3. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

Name	Master TARA SAMBASIVAM AVYAAN SRITHAN
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UHID



MAH-00378267

Febrile Seizure Prophylaxis

1. Syrup. Paracetamol (5ml=240mg), 3ml for fever >99.6°F (maximum 4-6 hourly).
2. Syrup. Ibuprofen (5ml=100mg), 5ml for fever >101°F (maximum 8 hourly).
3. Tepid sponging SOS if fever >102°F.
4. Tablet. Clobazam (5mg), 1/2 tablet twice daily for 3 days every time with fever.
5. Midazolam nasal spray (1.25mg/puff), 1 puff intranasal (into each nostril in sitting position) for future seizures more than 3 minutes.

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

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870, for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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	Master TARA SAMBASIVAM AVYAAN SRITHAN	UHID	MAH-00378267
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Name :


Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O


Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Rainbow Children's Hospital - Secunderabad

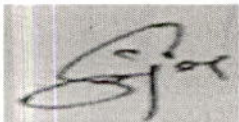
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,



PatientName : Master TARA SAMBASIVAM AVYAAN SRITHAN
Age/Gender : 1 Y 7 M 25 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060494
Admit Date : 26-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CHEMICAL			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	3-4	HPF	L 0 - 5
EPITHELIAL CELLS	2-3	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2



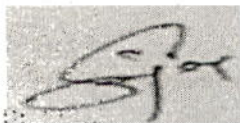
Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :29-06-2026 05:48
HEMOGLOBIN (Colorimetry)	11.3	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.04	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	30.6	VOL%	L 33 - 49
MCV (Calculated)	75.9	fL	70 - 86
MCH (Calculated)	28.0	pg/cells	23 - 31
MCHC (Calculated)	36.8	g/dL	H 30 - 36
RDW-CV (Calculated)	12.2	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	190	10 ⁹ /L	150 - 450
MPV (Calculated)	7.9	fL	6.5 - 10
WBC COUNT (DC Detection Method)	6.64	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	20	%	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	74	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7

PatientName	: Master TARA SAMBASIVAM AVYAAN SRITHAN	Inpatient No.	: IP-00060494
Age/Gender	: 1 Y 7 M 27 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 05:48
CRP (Immunoturbidimetry)	10.0	mg/L	<10



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PatientName : Master TARA SAMBASIVAM AVYAAN SRITHAN
Age/Gender : 1 Y 7 M 25 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060494
Admit Date : 26-06-2026
Discharge Date :

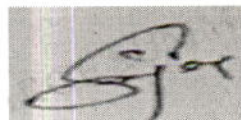
Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :26-06-2026 22:41
CALCIUM (Arsenazo dye)	10.6	mg/dl	8.7 - 10.8



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 :26-06-2026 22:41
HEMOGLOBIN (Colorimetry)	12.5	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.44	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	33.6	VOL%	33 - 49
MCV (Calculated)	75.7	fL	70 - 86
MCH (Calculated)	28.2	pg/cells	23 - 31
MCHC (Calculated)	37.3	g/dL	H 30 - 36
RDW-CV (Calculated)	12.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	257	10 ⁹ /L	150 - 450
MPV (Calculated)	8.5	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.64	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	72	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	18	%	L 45 - 76
MONOCYTES (Microscopy, Leishman stain)	09	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



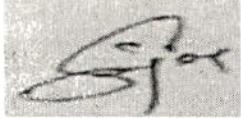
Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :26-06-2026 22:41
CRP (Immunoturbidimetry)	1.0	mg/L	<10

PatientName	: Master TARA SAMBASIVAM AVYAAN SRITHAN	Inpatient No.	: IP-00060494
Age/Gender	: 1 Y 7 M 25 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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Investigation	Result	Unit	Biological Reference Interval
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ELECTROLYTES (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 22:41

SODIUM (Direct ISE)	142	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	102	mmol/L	98 - 108



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Investigation	Result	Unit	Biological Reference Interval
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MAGNESIUM (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 22:41

MAGNESIUM (Formazon dye)	2.1	mg/dl	1.6 - 2.6
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Consultant Pathologist, Reg No : 39356

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

TEST RESULT STATUS : REPORT ENTERED

Order Date :26-06-2026 22:42

RANDOM BLOOD GLUCOSE (GOD/POD)	123	mg/dl	70 - 140
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Investigation	Result	Unit	Biological Reference Interval
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COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :27-06-2026 00:26

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

Laboratory Report



Master TARA SAMBASIVAM AVYAAN SRITHAN

1 Y 7 M 26 D

Male

IP-00060494

MAH-00378267

Dr. SIVA NARAYANA REDDY VENNAPUSA

VI26021632

26-06-2026 10:43 PM

26-06-2026 10:54 PM

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

Interim

..... End of the Report

Report

Master TARA SAMBASIVAM AVYAAN SRITHAN

8121533810

1 Y 7 M 26 D

VI26021668

Male

27-06-2026 07:11 AM

IP-00060494

27-06-2026 08:41 AM

MAH-00378267

28-06-2026 08:29 AM

SIVA NARAYANA REDDY VENNAPUSA

N 1F-FIRST FLOOR / SR 103

DENGUE NS1 (Specimen :SERUM)

DENGUE NS1

DENGUE NSI

REPORT: NOT DETECTED (3.2 PANBIO UNITS)

NEGATIVE: < 9 PANBIO UNITS

EQUIVOCAL : 9 - 11 PANBIO UNITS

POSITIVE: > 11 PANBIO UNITS

METHODOLOGY: ELISA

ADVISED : DENGUE IGM

***** End of report *****

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER
MD FRCPATH DNB DPB
CONSULTANT MICROBIOLOGIST
Reg No :64038

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET



Registration Details :

Admission No : IP-00060494

Admit Date : 26-Jun-2026

Admit Time : 09:56 PM UHID : MAH-00378267

Patient Details :

Patient Name : Master TARA SAMBASIVAM AVYAAN SRITHAN

Age : 1 Y 7 M 24 D

Guardian : SRINIVAS

DOB : 02-11-2024 12:00 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H.NO:5-9-470/2/91,PLOT NO:91,SAI KRISHNA ENCLAVE,PHASE-2,NEAR YAPRAL DARGA, YAPRA,ALWAL,MEDCHAL-MALKAJGIRI JJ Nagar Colony Hyderabad Telangana INDIA 500087

Phone No : 8121533810/

E-mail : 8121533810@dummy

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 : SRINIVAS

Relationship : S/O

Contact Address : H.NO:5-9-470/2/91,PLOT NO:91,SAI KRISHNA ENCLAVE,PHASE-2,NEAR YAPRAL DARGA, YAPRA,ALWAL,MEDCHAL-MALKAJGIRI JJ Nagar Colony Hyderabad Telangana INDIA 500087

Phone No : 8121533810


Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Mast. TARA SAMBASIVAM AVYAAN SRITHAN UHID : MAH-00378267 IPD : IP-00060494

Gender : Male Age : 1 Y 7 M 24 D

MAH-00378267 IP-00060494
Master TARA SAMBASIVAM AVYAAN
02-11-2024 1 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY



INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/6/26 Time of arrival : 9:25pm

Chief Complaints : Fever since today 2322hrs 1 episode RBS: 123mg/dl

Height : - Weight : 9.4kg BMI : - Head Circumference (<2 years) : -

Allergies: Yes No Medications Blood Transfusion Food Other: -

If yes, identify _____

Pain Screening: Yes No If Yes, Pain Score: _____ 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?) _____

Time of Initial assessment completed by ER Nurse : 9:27pm

Patient Name : Mast. TARA SAMBASIVAM AVYAAN SRITHAN UHID : MAH-00378267 IPD : IP-00060494
 Gender : Male Age : 1 Y 7 M 24 D

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

Time	Nursing Notes
9:22pm	Patient came to ER.
9:23pm	check vitals & record
9:24pm	Doctor seen the pt.
9:28pm	Advance Admission
9:50pm	Admission process done
10:40pm	ir cannulation done.
10:45pm	sample collection done pt shifted to 1st floor

Samples collected by: Sis-moghisha
 Samples sent by: Sis-moghisha

Time: 10:40pm
 Time: 10:40pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
26/6 9:30pm	Syr - Ibuprofen	PO	4.5ml	Sar	Sar

Condition of patient at time of shift - out :	Details of Shift - out
HR: 150b/min BP: 102/70 CFT: - RR: 29b/min SPO ₂ : 98% GCS: 15/15 Temperature: 100.1F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 111 (1st floor) Time of Shift - out: @ 11pm Handover given to: Sr. Vaishnavi (Nurse's Name) BOO - Sabin

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Sabin Signature of the Nurse: Sar
 Date & Time: 26/6/26 @ 11pm

Patient Name : Mast. TARA SAMBASIVAM AVYAAN SRITHAN UHID : MAH-00378267 IPD : IP-00060494

Gender : Male Age : 1 Y 7 M 24 D

MAH-00378267 IP-00060494
Master TARA SAMBASIVAM AVYAAN
02-11-2024 1 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY



wt - 9.4kgs

EMERGENCY TRIAGE FORM

Patient's Name : Mst. Aryan Age : 19m Gender: Male Female

Date : 26/6/26 Time of Arrival : 9:22pm

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: 101.6F PR: 184b/m BP: 103/72/83 SpO₂: 99%

Chief Complaints: fever since 1 day, seizure 1 episode

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		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable: <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening	
Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea			

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 checked="" type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [Signature]
 Triage Completion Time : 9:25pm

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 : neli klutha
Date & Time : 26/6/26 @ 9:25pm

Signature of Triage Nurse : [Signature]

Connection: Keep-Alive
Content-Type: application/ipp
User-Agent: Windows Internet Print Provider
Content-Length: 626
Host: localhost

G attributes-charset utf-8Httributes-natural-language enEprinter-uri ipp://



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFE 1st Episode of febrile Seizures
Arrival Time: 11:20pm **Mode of Arrival:** By lifting **Admitting From:** ER OPD Direct
Allergy / Adverse Reaction: Nil **Body Weight:** 9.4 Kg
Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, Nil

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

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

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

Observations: Weight: 9.4 kgs Length: Head Circumference (< 2 years):
 Temp: 98.3°F HR: 132 bpm RR: 28 bpm BP: 102/63 (#1)

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

Fall Risk Assessment: Yes No **Score:** 16 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score): 27 (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: (Date/Time):

Social History: Lives With Family

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

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: Vaishnavi Date: 26/6/26 Time: @ 11:40pm Vaishnavi Signature

PATIENT TRANSFER FORM

MAH-00378267 IP-00060494 Master TARA SAMBASIVAM AVYAAN 02-11-2024 1 Y 7 M 24 D (M) Dr. SIVA NARAYANA REDDY 		Date & Time of Admission <i>20/6/20 @ 9:56PM</i>	Date & Time of Transfer Order <i>20/6/20 @ 10 PM</i>
Transfer Ordered by <i>Dr: Siva Narayan</i>		Reason for Transfer <i>Admission</i>	
From Unit <i>ER</i>	To Unit <i>U1 (1st floor)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>(25)</i>	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sabin, g</i>		Name of Person Ordered Transfer <i>Dr Samirca</i>	
Patient & Clinical Records Received by : <i>Vaishnavi</i>			
Date & Time of Patient Received : <i>20/6/20 @ 11:20pm</i>			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

MAH-00378267 IP-00060494
Master TARA SAMBASIVAM AVYAAN
02-11-2024 1 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Mart Avyan Age/Sex 1y 7m / M
Information given by : Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

no fever : evening
1 episode of seizure today

History of present illness :

Mart Avyan is a 1y 7m old male child presented with H/o fever \rightarrow mod. to high grade.
 \rightarrow not up still : evening evening.

\rightarrow 1 episode of seizure in the form of spreading of rigidity & stiffening of whole body.
lasting for about < 1 min (~ 30 sec) after fever during travel to hospital in cab at 9:15 PM which subsided by itself.

\rightarrow no H/o cough, cold, loose motions, vomiting &, increasing micturition

\rightarrow no H/o trauma.

For the above complaint, he was admitted at RCH.



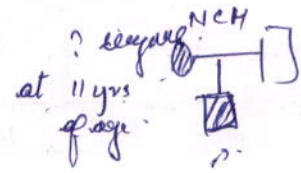
Pediatric Multiorgan History & Physical Examination

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

Nil insignificant

Birth & Neonatal History: (PRGM)

PT (28 wk) / LSCS / B.wt : 1.45 kg /
BCIAA / NICU stay for 21 days.
required oxygen.



Birth & Socio Economic History:

About Father : _____
About Mother : _____ } Class-II
Any additional Information : _____

Developmental History :

App. for age.

Immunization History :

Immunised till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.4 kg (Centile _____)

On Examination :

Temperature : 101.6 °F Pulse Rate : 184/mi B.P. 103/72 ^{(83) mmHg} SPO2 _____

Resp. rate and type of breathing : 26/min

Rash _____

Lymphadenopathy _____ } NO

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAG (7)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : ~~SG (7)~~ SG (7)

Any murmur : no murmur

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

Per Abdomen :

Inspection _____

Palpation : soft, no organomegaly.

Ausculation : _____

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutrition : _____

Tone: _____ Power 4/5 all limb.

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

+	+	+	+
+	+	+	+

DTR

Superficials:

Plantars _____

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Acute febrile illness with 1st episode of febrile seizure.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A

Desired goals of the treatment: Treat the infection

Planned Labs:

CRP, CRP, S. electrolyte
S. Co, S. Mg
blood c/s
CVE

enteric films
Dengue NS 1
RBS : 123 mg/dl

Planned Management

→ IVF
→ INJ. CEFTRIAXONE
→ TAB. CLOBAZAM
→ VITALS 4th hly

Noted by - Sabin
26/6/24 @ 11:00 AM

Signature of the Doctor: Sameera

Name of the Doctor: Dr. Sameera

Date & Time: 26.6.26, 10:15 PM

Signature of the Consultant: [Signature]

Name of the Consultant: [Name]

Date & Time: 27/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27.6.26 7.00 AM	S/O <u>Ragileena</u>	
	AFI with 1 st episode of febrile seizure	
	1 fever spike (101.8°F) in the morning (3:30 AM) o/e child awake	
	CRT < 3 sec. apfelwick	
	Hb: 12.5 (12/18.9) WBC: 11,640 PLTs: 2.57 CRP: 1 CVS - S, S, P RS - BAED, clear P/O - soft	Plan → Cont. Ceftriaxone → Neurologist c/n after wounds → Vital 4 th daily → w/o seizure
	← Throat examination → Sameera (Dr. Sameera)	
6 M. N. Reddy 27/6/26 10 AM	Mother was counselled about febrile seizure & to use. Intermittent clonazepam prophylaxis till 6 yrs of age. She was trained about the technique of using Midazolam nasal spray. She was counselled that in case of recurrence of seizure in next 24 hrs. or if the child is dull or drowsy then further evaluation for meningitis should be done.	noted by Nanasa 27/6 CPM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Resident</u>	
22/6/26 4pm	<p>SSie - Simple febrile seizure. 2 fever spike 8:20, 22:20pm - 102, 103°F urine } stools } (N)</p>	
	Oral intake - better	
	CVS - S2 (T)	
	R/S - BAE (P)	
	P/A - soft	
		Plan
		1) Trace Blood c/s
		2) Trace Dengue NS 1
		3) Pcy ceftriaxone M
		4) Tab Cloxacam M
		5) Zuprems
22/6/26		
		Noted By
		manisha
		22/6/26
		@8pm

VIH-00206300 IP-00060495
 Master BRIJESH RAJAN SRIYANSH (M)
 26-04-2025 1 Y 2 M 1 D
 Dr. SIVA NARAYANA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Resident</u>	
<u>28/6/25</u> 8 AM	<p>ISS - Simple febrile seizures. 2 fever spikes qpm - 6 AM 101°F, 100.5°F Oral intake better urine \rightarrow (+) stools - not passed since yesterday</p> <p>Off Child asleep Euthermic Vitals stable CXR \rightarrow (+) P/c - BAC (+) p/A - r/t</p>	
		<u>Plan</u>
	<p>sequens, - negative</p>	<ol style="list-style-type: none"> 1) Trace B/c/s 2) Trace dengue W/S - neg. 3) Buy ceftriaxone 4th dose 4) Tab Cloxacillin D2 5) Repeat CBP/CRP. (r/m)
<u>Dr. Siva Narayana</u>		
	<p>Dr. Siva Narayana 28/6/25 9 AM</p>	<p>noted by manasa 28/6 2:12 PM</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 2:00 PM	<p><u>IP Resident:</u></p> <p>Δ - Simple febrile seizures.</p> <p>to Fever (+) 12 hours apart.</p> <p>O/A Baby alert.</p> <p>tutheomic</p> <p>Wtch - stable</p>	
	<p>CUS</p> <p>RU</p> <p>PLA</p> <p> (v)</p>	
	<p><u>Adv:</u></p> <p>- CN</p> <p>- CBP, CRP (T/m)</p> <p>- Trace B/c/s.</p>	<p><u>Add fever.</u></p> <p>Dr. KUNJANA</p> <p>28/6/26</p> <p>6:30 PM</p>
	<p><u>Continued.</u></p>	<p>Noted by</p> <p>Subham</p> <p>28/6/26 @ 6:30 PM</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
29/6/26 9 AM	Asis - Sample for culture & sensitivity.	
	↑ fever spike 5pm (102°F) afebrile > 15hrs.	
	o/e Baby alert Euthermic Vitals stable CVS - S2 (+) R/L - RAE (+) PLA - soft	
	B/c/c - no growth 24 hours.	Plan 1) Py Ceftriaxone - 6th dose 2) Tab clofazimine (D3) 3) Cyp. Oxetamur 2 doses
	Doxycycline	
	6 for fever 29/6/26 [Signature]	

IP-1
 NIMA
 Y 9 M 2
 HURA

(F)



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>AFI, 1st episode of febrile Seizure</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <i>-</i>	Post OP Day: <i>-</i>						
BACKGROUND	Date	<i>26/6</i>	<i>26/6</i>	<i>27/6</i>	<i>27/6/26</i>	<i>27/6</i>	<i>28/6</i>	
	Shift	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Night</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>Nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
Diet:	<i>s. diet</i>	<i>S diet</i>	<i>s. diet</i>	<i>s. diet</i>	<i>s. diet</i>	<i>s. diet</i>	<i>s. diet</i>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RD</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>101.6 F</i>	<i>98.3 F</i>	<i>98.3 F</i>	<i>99.4 F</i>	<i>99 F</i>	<i>98.6 F</i>
		Res:	<i>23 blm</i>	<i>26 blm</i>	<i>27 blm</i>	<i>26 blm</i>	<i>23 blm</i>	<i>27 blm</i>
		SpO ₂ :	<i>100%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>98%</i>	<i>97%</i>
		Pulse:	<i>130 blm</i>	<i>134 blm</i>	<i>120 blm</i>	<i>120 blm</i>	<i>118 blm</i>	<i>110 blm</i>
		BP:	<i>103/63(71)</i>	<i>106/51</i>	<i>106(61/73)</i>	<i>107(78)</i>	<i>100/52(66)</i>	<i>103/60(70)</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>-</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>s. diet</i>	<i>S diet</i>	<i>s. diet</i>	<i>s. diet</i>	<i>s. diet</i>	<i>s. diet</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>		
Handed Over By Name :	<i>Neelkatha Vaishnavi</i>	<i>manalo</i>	<i>manisha</i>	<i>Bevonika</i>	<i>manalo</i>	<i>manalo</i>		
Signature / ID :	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>		
Date:	<i>26/6/26</i>	<i>27/6/26</i>	<i>27/6</i>	<i>27/6/26</i>	<i>28/6/26</i>	<i>28/6</i>		
Time:	<i>10pm</i>	<i>@ 5AM</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2PM</i>		
Taken Over By Name :	<i>Vaishnavi</i>	<i>manalo</i>	<i>manisha</i>	<i>Bevonika</i>	<i>manalo</i>	<i>Subham</i>		
Signature / ID :	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>	<i>(Signature)</i>		
Date:	<i>26/6/26</i>	<i>27/6</i>	<i>27/6/26</i>	<i>27/6/26</i>	<i>28/6</i>	<i>28/6/26</i>		
Time:	<i>@ 11:10pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Simple febrile Seizures</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <u>NIL</u>	Post OP Day: <u>NIL</u>						
BACKGROUND	Date	<u>28/6</u>	<u>28/6</u>	<u>29/6/26</u>				
	Shift	<u>Evening</u>	<u>N</u>	<u>M</u>				
	Medical Condition (Any special condition to be noted):	<u>NIL</u>	<u>Nil</u>	<u>Nil</u>				
	Diet:	<u>S-diet</u>	<u>S diet</u>	<u>S diet</u>				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.9°F</u>	<u>98.4°F</u>	<u>98.4°F</u>			
		Res:	<u>28 blm</u>	<u>26 blm</u>	<u>26 blm</u>			
		SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>99%</u>			
		Pulse:	<u>119 blm</u>	<u>110 blm</u>	<u>110 blm</u>			
		BP:	<u>95/65(69)</u>	<u>102/62(74)</u>	<u>102/62(70)</u>			
		LOC:	<u>Conscious</u>	<u>Conscious</u>	<u>Conscious</u>			
		Fall Risk Score:	<u>11</u>	<u>10</u>	<u>11</u>			
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>					
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>NIL</u>	<u>Nil</u>	<u>Nil</u>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>S-diet</u>	<u>S diet</u>	<u>S diet</u>				
	Critical Lab Test / Values:	<u>NIL</u>	<u>Nil</u>	<u>Nil</u>				
	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 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 checked="" type="checkbox"/> No	<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	
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>					
Post Operative Procedure Special Orders:	<u>NIL</u>	<u>Nil</u>	<u>Nil</u>					
Handed Over By Name :	<u>Subham</u>	<u>Vaishnavi</u>	<u>Subham</u>					
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>					
Date:	<u>28/6/26</u>	<u>29/6/26</u>	<u>29/6/26</u>					
Time:	<u>@ 8pm</u>	<u>@ 8AM</u>	<u>@ 2pm</u>					
Taken Over By Name :	<u>Vaishnavi</u>	<u>Subham</u>						
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>						
Date:	<u>28/6/26</u>	<u>29/6/26</u>						
Time:	<u>@ 8pm</u>	<u>@ 8AM</u>						

File send to Billing on 29/6/26 @ 10AM by Subham



NURSING CARE RECORD



Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	12 AM	Maintain Fluid Balance - Ensure safety	12:10	Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent falls	Patient is stable	Vajshree 27/6/26 @SAM

MAH-00378267 IP-00060494
 Master TARA SAMBASIVAM AVYAAN
 02-11-2024 1Y 7 M 25 D (M)
 Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD



Date: 27/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	→ maintain good nutritional status	10:30 AM	→ Advice the patient to take more oral intake	→ To maintain oral intake	→ patient is stable	<i>[Signature]</i> manisha
Afternoon	3pm	-Ensure safety		-side rail kept up	-prevent from fall risk	-patient is stable	manisha 27/6/26 @3pm
Night	11pm 1am	→ maintain good nutritional status → Ensure safety		→ To Oral Intake is good → Side Rails kept up	→ To Provided soft diet → Prevent from fall risk	Patient is Stable	Bevonika 28/6 @8am



NURSING CARE RECORD



Date: 28/6/26

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	10 AM	→ Ensure safety	10:30 AM	→ side rails kept up	→ prevent from fall risk	→ patient is stable	(Signature) monasa
Afternoon	3pm	→ maintain good nutritional status	3pm	→ oral intake is good	→ maintain hydration	→ Patient is stable	Subhan 28/6 @ 3pm
Night	11pm	Maintain Fluid Balance - Ensure Safety	11:10	- Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Varishna 28/6 @ 8AM



NURSING CARE RECORD

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety	2pm	To provide side rails	To provide safety	Re-Assessment was done vitals are stable	Subham 29/6/26 @ 2pm
Afternoon				<u>Discharge Notes</u>			
				Doctor came for rounds Patient is stable & safe. Doctor said patient to get discharged			
Night				Noted by Anitha 29/6/26 @ 10AM			

CONSULTATION FORM



Doctor Name :

Date : Hour :

Hospital : MAH-00378267 IP-00060494
 Master TARA SAMBASIVAM AVYAAN
 02-11-2024 1 Y 7 M 25 D (M)
 Dr. SIVA NARAYANA REDDY
 Referred for ment
 Transfer of care

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

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

Signature: _____ M.D.

Report of Findings and Recommendations :

40 force x day
 seizures 1 episode
 UROEB
 for 2 ~~hour~~ measurements of
 upper limb
 lasted for 1 min
 after post event consciousness for
 1 min
Birth hx - 28WK (1.4kg) (admitted in NICU for
 21 days

Diagnosed - appropriate for age NCM
 Marked up of 1 seizure @ 10yo age

Consultant :
 Name : Dr. P. Sindhu Signature : [Signature] Date & Time :

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

epk

HL - USOM

no dystrophin

no NC membranes

Pupils - B/L equal, reacting

EODV - full

(H) tone

gait (R)

force - good HR movement

DR - f2

Plan

- 7. clonazepam (C)

$x_3 - 0 - \frac{1}{2}$ for 3 days if force > 99%

Midazolam spray 1.25mg 1 puff in

one nostril in sitting position if

seizure > 3 mins.

2



WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:
			28/6	28/6	29/6			
			Time:	Time:	Time:	Time:	Time:	Time:
			12AM	12AM	12AM			
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	6			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	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	0	0			
Total Score			0	0	0			
Signature of the Nurse			Vaishul	Renuka	Vaishul			

Intervention: Nil

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

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



THE HUMPTY DUMPTY SCALE

26/6 27/6 27/6 28/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	4	4	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			16	16	16	16	16

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate Lighting		✓	✓	✓	✓	✓
Wheel Chair Support		x	x	x	x	0
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name :		Alpika	Vaishnavi	Manasa	Manisha	Benavita
Signature :		Alpika	Vaishnavi	Manasa	Manisha	Benavita
Date :		26/6	27/6	27/6	27/6	28/6
Time :		10pm	6am	12pm	3pm	2am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			28/6	28/6	29/6	29/6	
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
Total			13	13	13	13	

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 up		✗	✗	✗	✗
Other Intervention(s) Specify		✓	✓	✓	✓
Nurse's Name:		mona	subh	Varishu	Anitha
Signature:		[Signature]	[Signature]	[Signature]	[Signature]
Date:		28/6	28/6	29/6	29/6
Time:		10AM	6PM	2AM	10AM

CHECKLIST FOR THROMBOPHLEBITIS

MAH-00378267 IP-00060494
Master TARA SAMBASIVAM AVYAAN
02-11-2024 1 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

/ THROM / 07

Ward
Date



S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No. 2216						REMARKS	
				N	M	S	N	M	E		
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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								

NOTE : Phlebitis > 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 : *Princy*

Signature of Ward In Charge :

Signature : Name : *Elizabeth*



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 ^{28/10}			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						
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						Vaishu Ag							

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	10pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Nil
27/6	6AM	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	-	Vaishal
27/6	12pm	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	K
27/6/26	3pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manjha
28/6	2am	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	Brij
28/6	10AM	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	AD
28/6	4pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Subha
29/6	12AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Vaishal
29/6	8AM	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	-	Autha
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

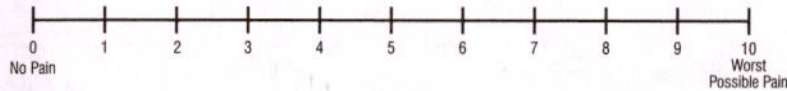
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

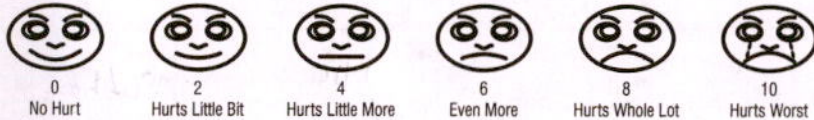
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date :	26/6	27/6	28/6	28/6
					Time :	10pm	6AM		2am
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.		2	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	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICION-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	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						27	27	24	24
Evaluator's Name						Ajay	Vaidik	Ch	Brish

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Master TARA SAMBASIVAM AVYAAN SRITHAN **Age :** 1 Y 7 M 24 D
IP No: IP-00060494 **Sex:** Male
Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA **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:.....*[Signature]*
- 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: *[Signature]*

Name: *Srinivas*
 Relationship: *Father*
 Date: *26/6/26*
 Witness Name:
 Witness Signature: *[Signature]*

Time: *9:56 pm*

Patient Address:
 H.NO:5-9-470/2/91,PLOT NO:91,SAI KRISHNA ENCLAVE,PHASE-2,NEAR YAPRAL DARGA,YAPRA,ALWAL, MEDCHAL-MALKAJGIRI JJ Nagar Colony Hyderabad Telangana INDIA 500087

Patient



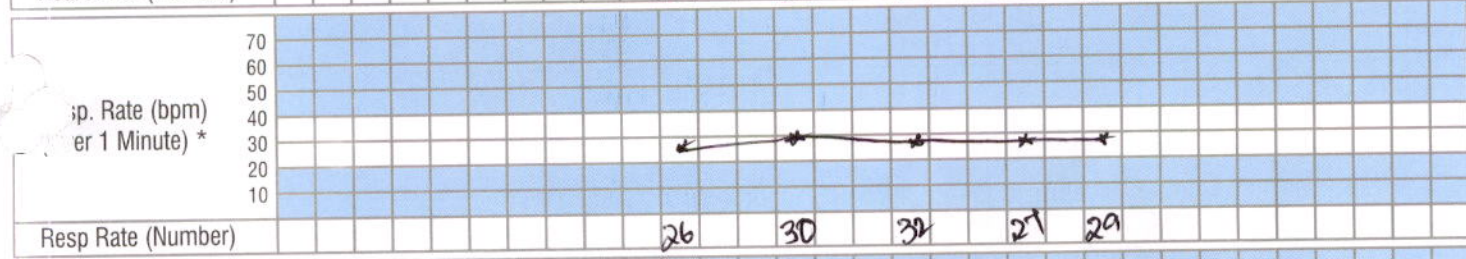
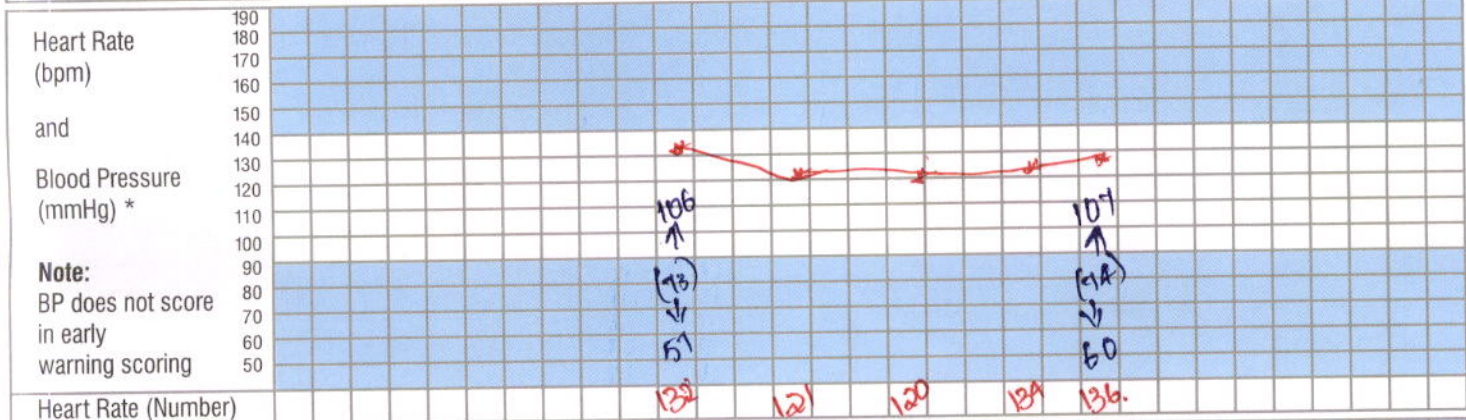
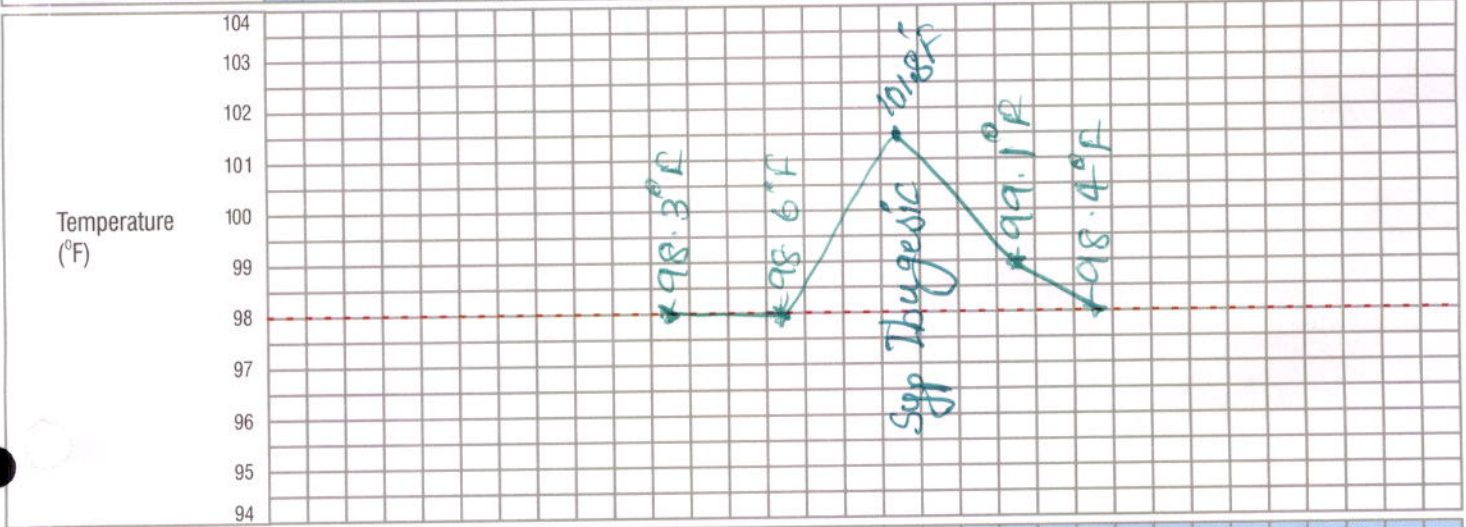
CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/06/24 Time: 12 AM 3 AM 5:30 AM 7 AM
 Doctor / Nurse / Family Concern? Am Am Am Am Am



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

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

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

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

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

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

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date	27/6/26	Time	8:30	10	12	2:30	4	6	8	9	11	1	3	5	6	8
Doctor / Nurse / Family Concern?	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Temperature (°F)	102.4	98.8	98.2	103.17	98.6	98.6	98.6	98.6	101.4	99.5	97.5	98.6	98.6	100.5	99.2	99.2
Heart Rate (bpm)	122	117	115	109	100	114	108	125	120	115	110	112	120	115		
Blood Pressure (mmHg) *	102/62	102/62		105/62				95/56						90/56		
sp. Rate (bpm) (Over 1 Minute) *	27	26	25	26	24	28	24	30	25	27	26	25	26	27		
Resp Distress	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	98	97	98	98	99	98	99	98	99	100	98	99	100	99		
Conscious Level	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M	B	B	B	B	B	B	B	B	B

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

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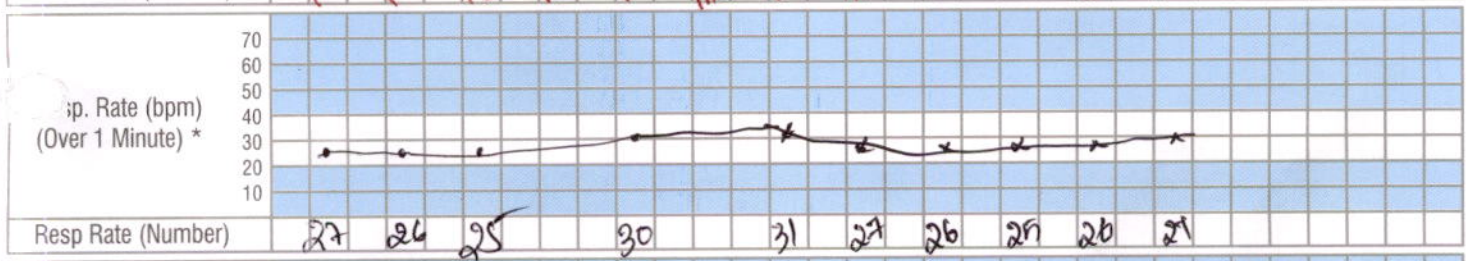
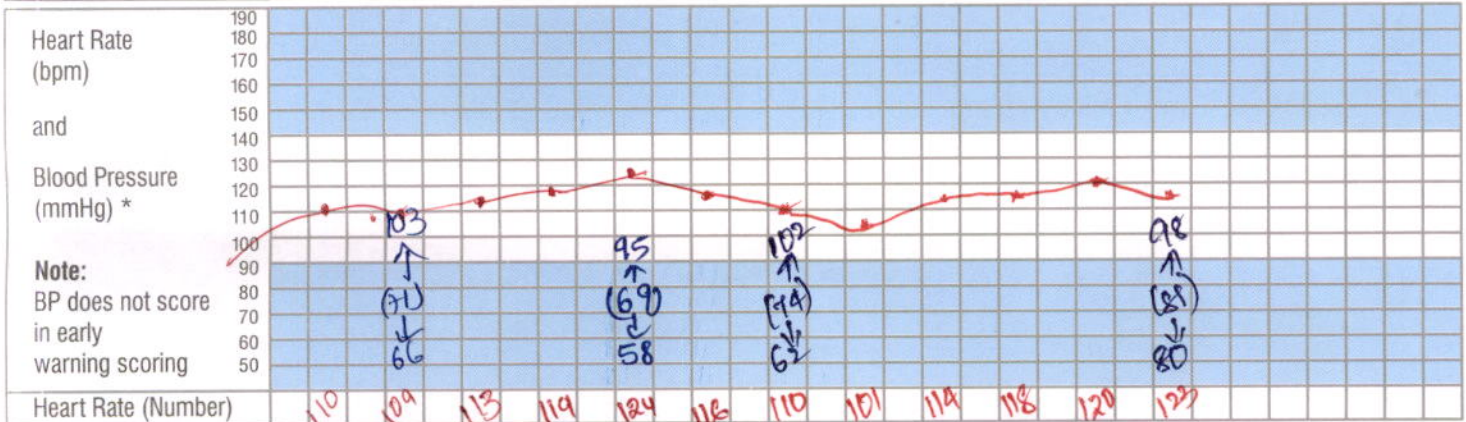
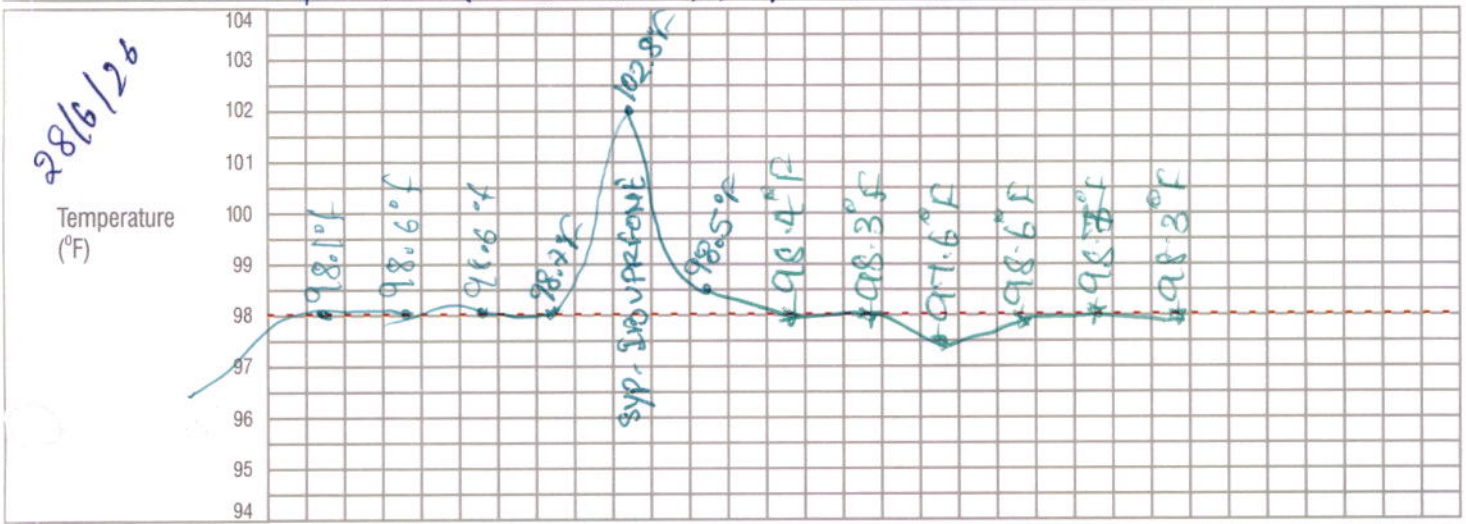
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6	Time: 9 AM	11 AM	1 PM	3 PM	5 PM	7:15 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?	Am	Am	Pm	Am	Pm	Pm	Pm	Pm	Am	Am	Am	Am



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

TOTAL SCORE												
Number of shaded boxes	0	0	0	0	1	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	ma	ma	ma	SK	SK	SK	V	V	V	V	V	V

ACTIONS	Score 1	: Continue normal observation by staff nurse
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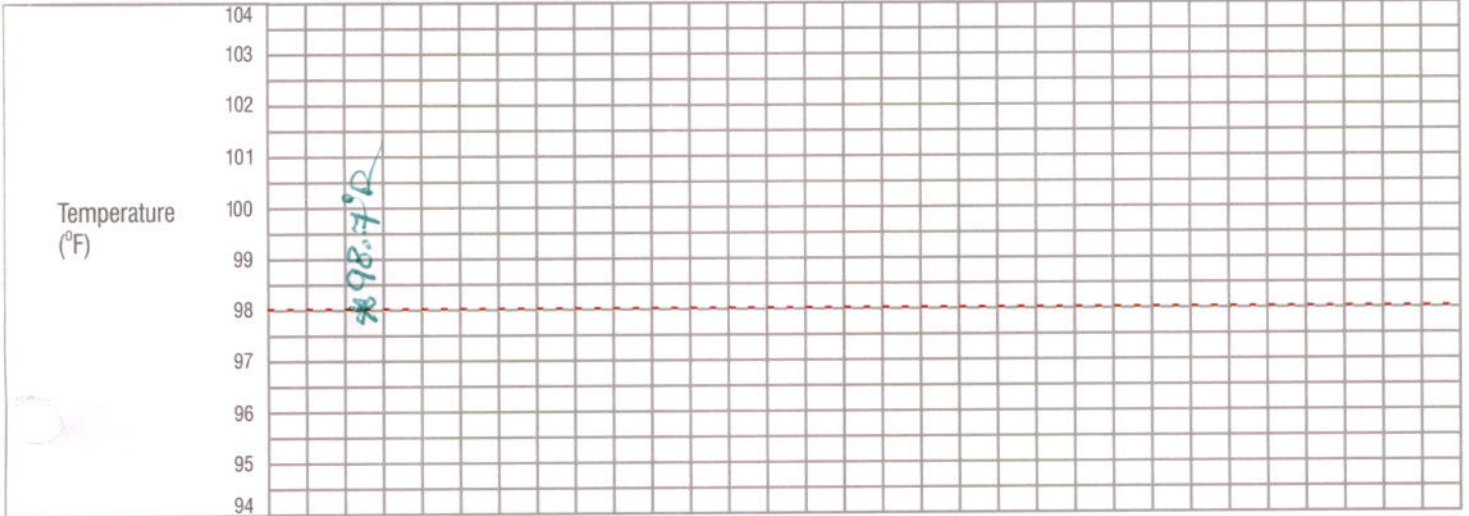
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time: 9

Doctor / Nurse / Family Concern? AM



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

Note: BP does not score in early warning scoring

Heart Rate (Number) 20

Blood Pressure (mmHg) *

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number) 30

Noted by
 Anitha 29/6/26
 @10AM

Resp Distress Mod/ Severe None / Mild N

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

Conscious Level Normal Altered N

GCS * 15

TOTAL SCORE

Number of shaded boxes 0

Pain Score 0

Observer's Initials A

ACTIONS

NB: Scores 3 should be recorded overleaf

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Pa

MAH-00378267 IP-00060494
Master TARA SAMBASIVAM AVYAAN
02-11-2024 1 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY



FLUID CHART

Sheet No. : 2

26/6/26

- 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			
	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	D			35ml								
	03:00 am	N			35ml								
	04:00 am				35ml								
	05:00 am	S			35ml								
	06:00 am				35ml								
	07:00 am				35ml								
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

MAH-00378267 IP-00060494
 Master TARA SAMBASIVAM AVYAAN
 02-11-2024 1 Y 7 M 25 D (M)
 Dr. SIVA NARAYANA REDDY



FLUID CHART

Sheet No. : 2

27/6/26

- 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							
<u>27/6</u>	08:00 am		<u>solid</u>							✓	1 2 3 4 5 6	nandana et al
	09:00 am		<u>+ water</u>									
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
<u>27/6/26</u>	02:00 pm		<u>khichdi</u>								1 2 3 4 5 6	nandana et al
	03:00 pm		<u>water</u>							✓		
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm									✓		
Total Intake :					Total Output :							
<u>28/6</u>	08:00 pm		<u>khichdi</u>								1 2 3 4 5 6	Beenuka et al
	09:00 pm		<u>water</u>									
	10:00 pm									✓		
	11:00 pm		<u>milk</u>									
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
<u>28/6/26</u>	02:00 am									✓	1 2 3 4 5 6	Beenuka et al
	03:00 am		<u>milk</u>									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 9

28/6/26

- 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			
28/6			Mouth	I.V	N.G							
	08:00 am		poly						✓		} manage 28/6 @ 1 PM	
	09:00 am											
	10:00 am		water									
	11:00 am											
	12:00 pm											
01:00 pm								✓				
Total Intake :					Total Output :							
29/6	02:00 pm										} Subhan 28/6 @ 7 PM	
	03:00 pm											
	04:00 pm		Rice									
	05:00 pm		water						✓			
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
28/6	08:00 pm		Rice								} Vaishnavi 29/6/26 @ 2 AM	
	09:00 pm		water									
	10:00 pm								✓			
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
29/6	02:00 am										} Vaishnavi 29/6 @ 8 AM	
	03:00 am											
	04:00 am		water						✓			
	05:00 am											
	06:00 am								✓			
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : (4)

29/6/26

- 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			
29/6/26	08:00 am	Bdly + H ₂ O											Anilhe 29/6/26 @4pm
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



MEDICATION RECONCILIATION FORM

Drug Allergies: NO 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: Shifted to:

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. Sameera / S

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

Nurse Name & Signature: Sabin / S

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

DRUG CHART

Date of Admission: 26/6 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)

DRUG : SYP. PARACETAMOL ^(5ml - 260 mg) Date/Time: 26/6

Dose	Route	Frequency	Start Date
<u>3.0ml</u>	<u>PO</u>	<u>6 hrly</u>	<u>26/6</u>

Doctor's Signature: [Signature] Valid Period: [Signature] Pharm: [Signature]

Additional Instructions: Temp > 100°F
15 mg/kg/dose.

DRUG : SYP. IBUPROFEN ^(5ml - 100 mg) Date/Time: 26/6 8:45 AM

Dose	Route	Frequency	Start Date
<u>5ml</u>	<u>PO</u>	<u>6 hrly</u>	<u>26/6</u>

Doctor's Signature: [Signature] Valid Period: [Signature] Pharm: [Signature]

Additional Instructions: Temp > 101°F
10 mg/kg/dose.

DRUG : _____ Date/Time: _____

Dose	Route	Frequency	Start Date

Doctor's Signature: _____ Valid Period: _____ Pharm: _____

Additional Instructions: _____

VERIFIED BY: Name NOGIRISUE Signature 26/6



REGULAR PRESCRIPTIONS

Weight. 9.4 kg Ward.

26/6
 26/6
 26/6
 26/6
 26/6
 28/6/24
 28/6/24

DRUG : INT. CEFTRIAZONE				Date Time	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6 AM	6 AM	6 AM	6 AM	
500 mg	IV	12 hly	26/6					
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera								
Additional Instructions: After Test Done 50 mg/kg/day								
Daily Doctor's Endorsement by a Sign								
DRUG : TAB. CLOBAZAM (5mg)				Date Time	26/6	27/6	28/6	
Dose	Route	Frequency	Start Date	10 AM	10 AM	10 AM		
1/2 tab	PO	12 hly	26/6					
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera								
Additional Instructions: 0.5-0.7 mg/kg/day								
Daily Doctor's Endorsement by a Sign								
DRUG : INT. ESOMEPRAZOLE				Date Time	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6 AM	6 AM	6 AM	6 AM	
10 mg	IV	ONCE DAILY	26/6					
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera								
Additional Instructions: 1 mg/kg/dose								
Daily Doctor's Endorsement by a Sign								
DRUG : SUP. OSSETAMIVIR				Date Time	28/6			
Dose	Route	Frequency	Start Date	10 AM				
2.5ml	PO	TWICE DAILY	28/6					
Name & Signature of the Doctor Starting the Drugs: (Dr. Sameera)								
Additional Instructions: (1ml/12mg) 15kg = 30mg								
Daily Doctor's Endorsement by a Sign								