





**CHACHA NEHRU BAL CHIKITSALAYA**  
(An Autonomous Institute under Govt. of NCT of Delhi)  
Geeta Colony Delhi-110031



**Nurse's Initial Assessment**

Name: Hamad CR No: 1828 Age/Sex: 1.2m/ Diagnosis: Sepsis

Date: <u>24/6/22</u> Time: -		7 Any history of previous hospitalization:- Yes/ <u>No</u> If yes, mention the reason :- If on any medication:-Yes/ <u>No</u> If yes, mention the name of drugs:-	
1	Pulse/Heart Rate: <u>105</u> /mt., Resp: <u>35</u> /mt. Temp. <u>98</u> of BP: - mm of Hg, SpO2:-	8 Any history of drug/food allergy:-Yes/ <u>No</u> If yes, Name of drug /food:-	
2	Peripheral pulse:- <u>Normal</u> /poor. Peripheries:- <u>Warm</u> /Cold/Cyanosed		
3	Diet advised:- <u>Normal</u> /Oral Fluid/ <u>NGF</u> / <u>IV</u> Fluid/Special		
4	Any Bed Sore:- Yes/ <u>No</u> If yes:-mention stage:- 1—2—3 Stage -1 (Changes in skin temperature (warmth or coolness), tissue consistency (firm or boggy feel), and/or sensation (pain, itching)) Stage-2 (Partial thickness skin loss involving epidermis(top layer of skin), dermis, or both. At this stage the ulcer is superficial and looks like as an abrasion, blister, or shallow crater.) Stage-3 (Full thickness skin loss involving damage to, or death of, the subcutaneous tissue that may extend down to, but not through, underlying connective tissue (fascia).)	9 Any history of blood/blood products transfusion:- Yes/ <u>No</u> If yes, Any history of transfusion reaction:- Yes/ <u>No</u>	
5	Any Injury mark:-Yes/ <u>No</u> If yes describe:-	10 Any history of operation/Medical procedure:-Yes/ <u>No</u> If yes, describe :-	
6	IV line condition:- <u>Satisfactory</u> /Needs to be changed/NA Remarks:-	11 Restraints Required:- Yes/ <u>No</u> Type of restraint in use—Chemical/Physical Monitoring done- Yes/ <u>No</u> Describe if any complication due to restraint:-	
12	<p align="center">Pain Score Chart</p> <p align="center">0 Little bit 1 Little more 2 Mild 3 Moderate 4 Severe 5</p>	Action taken	
Name of staff nurse :- <u>[Signature]</u>		Signature- <u>[Signature]</u>	



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Name Hamael

Diagnosis:-

Hamael

Age/sex 1.22m MCR No. 1828

NURSING CLINICAL ASSESSMENT NOTES

Date of admission: 24/2/22

Spo2%	BP-mm of Hg.	Temp. (°F)	Pulse/Min	Resp/M in	24/2/22		24/2		24/2		24/2		24/2		24/2		24/2	
					AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
100	150	105	150	100														
98	140	104	140	90														
96	130	103	130	80														
94	120	102	120	70														
92	110	101	110	60														
90	100	100	100	50														
88	90	99	90	40														
86	80	98.6	80	30														
84	70	97	70	20														
82	60	96	60	10														

Date and time of cannula insertion

Peripheries-Warm/Cold

Patient Stable Y/N

Risk of fall (Y/N)

Restraint Assessed Y/N

IV Cannula (patent & no swelling) Y/N

Bed Sore (skin intact) Y/N

Pain scoring (0,1,2,3,4,5)

24/2/22  
12:30  
13:30  
14:30  
15:30  
16:30  
17:30  
18:30  
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02:30  
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09:30  
10:30  
11:30



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Hamad

INTAKE OUTPUT CHART

Name:- Hamad Age/Sex: 1.22/M C.R.No.: 1828 Diagnosis:- Catarrh  
Septis Ward/Unit:- ID Date of Admission: 24/2/24

Date	Intake			Output							
	Time	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool	Orders/ST Notes
	4 P.M	$\frac{N}{2}$ S-I-Dext	100ml								IVF
	12 A	MAD 1/2	100ml				2ml				$\frac{N}{2}$ S-I-Dext 2 kcal (100ml) 100ml IV hourly
		Total IV/Oral/NGT Intake									
		Blood/Blood Components									
		Whole blood/Packed Cells/FFP		Amount							
											Neb 2 Adro-6mg 2ml NS x 6hrly of 26, 40 5 <sup>th</sup> 11am - 5am N/D Nitecheck 2hrs x 6 times
		Grand Total Intake					Total Output				

Signature of Doctor

Signature of Staff Nurses



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**INTAKE OUTPUT CHART**

Name:- Hammad Age/Sex:- 1.27/M C.R.No.:- 1828

Diagnosis:- \_\_\_\_\_ Ward/Unit:- I Date of Admission: 28/2

Date	Intake				Output						
	Time	IV Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomit	Stool	Orders/BT Notes
	6am					8am					- no/2 in SA 217 EXCEL (1:100) 100 x 8ly
	2pm					1	L				
		Total I/V/Oral/NGT Intake									
		Blood/Blood Components									
		Whole blood/Packed Cells/FFP		Amount							
		Grand Total Intake				Total Output					

Signature of Doctor

Signature of Staff Nurses



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HAMMAD I-2M/M 1828

INTAKE OUTPUT CHART

Name:- Age/Sex:- C.R.No.:- Diagnosis:- Ward/Unit:- I Date of Admission: 27-2-22

Date	Intake			Output							
	Time	I/V Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool	Orders/BT Notes
6 AM		N/2 (100)				8 AM					IVF - N/2 57.50ml EKCC (1:100) 100ml x 8ly
2 PM		N/2 100ml				2 PM					
Total I/V/Oral/NGT Intake											
Blood/Blood Components											
Whole blood/Packed Cells/FFP				Amount							
10 PM		N/2 (100)									
6 AM	Grand Total Intake						Total Output				

Signature of Doctor

Signature of Staff Nurses





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**INTAKE OUTPUT CHART**

Name: Hamzaad Age/Sex: 1.2M/M C.R.No.: 1828 Diagnosis: lateral septum Ward/Unit: I Date of Admission: 25/12

Time	Intake				Output					Orders/BT Notes
	I/V Fluid	Amount	Oral/NGT	Amount	Time	Urine	Aspiration/Drainage	Vomitus	Stool	
9 AM	M/2 (100)				8	② Diapers cont.		8	✓	+ H/2 (100) dex ETC (1100) 100W/100S T.M.B.E.A.D.R.O
5 PM					9			2		
					9:30			8 PM		
	Total I/V/Oral/NGT Intake									
	Blood/Blood Components									
1 AM	Whole blood/Packed Cells/FFP	Amount								
	M-(100) P.H.O.H.2									
9 L										
	Grand Total Intake					Total Output				

Signature of Doctor

Signature of Staff Nurses



1. Central Nervous system: Altered sensorium. (E3 V2 M3) = 8/15

Higher Mental Function:

Cranial Nerve Examination:

Motor System Examination:

Planters:

Meningial Signs: ⊖ nt

2. Respiratory System:

Inspection:

Percussion:

Auscultation:

B/L A/E ⊕

No added sounds

3. Cardio Vascular System:

Inspection: S1S2 ⊕

Palpation: murmur ⊕

Auscultation:

4. Per Abdomen Examination:

Liver: soft, N.D

Spleen: NO organomegaly

5. Others:

BS ⊕

Motor - Bulk =  $\frac{1}{2} / \frac{1}{2}$

Tone = ↑ in all 4 limbs

DTR's = ↑ / ↑ (fast) in all 4 limbs

Plantar = ↑ / ↑

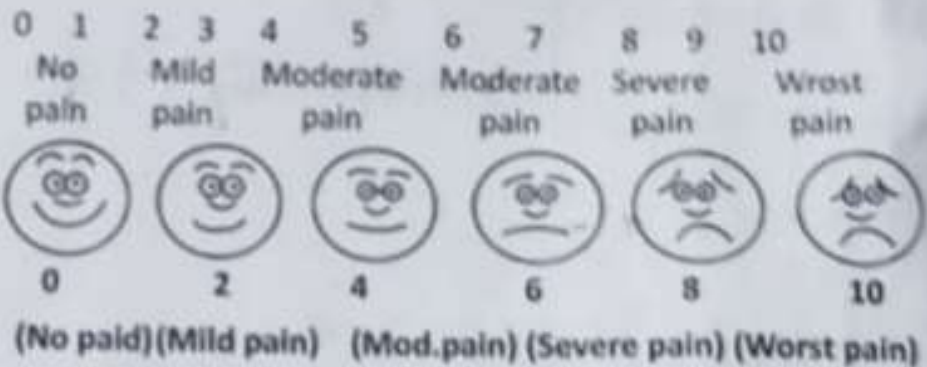
Power = can't be assessed →  $\frac{3/5}{3/5} / \frac{3/5}{3/5}$

Sensorium = can't be assessed

Pain Assessment:

Verbal Descriptor Scale

Wong-Baker  
 Facial Grimace  
 Scale



Provisional Diagnosis)

with co morbidities/Complications:

- ① Seizure Disorder / Encephalopathy (? var 90)
- ② ? Varicella Encephalitis
- ③ ? TBM.

Plan of Care:

Desired outcome/Goals

- WBC/CRP - IV AB - Ceftriaxone
- KFT/SE - IV Valproate
- LFT - IV Levure
- B<sub>2</sub> - Mannitol



Regd. No. 2021

# ABHISHIKHA TRUST

S. No. 2.....

Date: 01.02.2022.....

शैला मै

श्रीमान सुरेश महादेव जी  
ABHISHIKHA TRUST

G-3, Gali No. 7, Pusta

Sonia Vihar Delhi - 110094

महादेव

मैरा नाम नरेशकुमार है मैरा बच्चा हमद जी कि  
आल का है उसका बीट का इसी मै पानी  
मार गया है जिसके कारण उसे आल लेने और  
खाना खाने में दिक्कत हो रही है। डाक्टर ने  
उसका जल्ल से जल्ल आपरेशन किया है। आधीपिखा  
दुस्त ने हमारी पंसे के मदद की है हमें  
आधी भी मदद की जरूरत है जिसे हम अपने  
बच्चे का पूरा इलाज करवा सकें।

धन्यवाद

नरेशकुमार



Office Address : G-3, Gali No. 7, Pusta, Sonia Vihar, Delhi-110094

Website : [www.abhishikha.org](http://www.abhishikha.org) E-mail ID : [info@abhishikha.org](mailto:info@abhishikha.org)

Contact No. : 9958524587



भारत सरकार

Government of India

नसरुददीन

NASARUDADEEN

पिता : जान मोहम्मद

Father : JAAN MOHAMMAD

जन्म तिथि / DOB : 18/04/1982

पुरुष / Male



4897 2809 7336

आधार - आम आदमी का अधिकार