Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Rda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023400 **Admit Date** : 26-Jun-2026 **Admit Time** : 09:00 PM **UHID** : HCV-00041101

Patient Details :

Patient Name	: Baby JINNALA BALVIKISHAN	**Age**	: 1 Y 0 M 14 D
Guardian	: Mr J DEMUDU	**DOB**	: 12-06-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Pendurthi Vishakhapatnam Andhra Pradesh INDIA 531173	**Phone No**	: 9703111610
		E-mail	: NO@GAMIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PRI 302 **Ward Name** : 3F-THIRD FLOOR

Room No : PRI 302 **Admission Type** : First Visit

Contact Details :

Name : Mr J DEMUDU **Relationship** : S/O

Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh INDIA 531173 **Phone No** :

J. Demudu
Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Ravi TEJA **Phone No** : 7676836565

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

Nam

UHI

.....Consultant :.....Dept.:.....

Date of Admission .....Time:.....Date of Discharge:.....Time:.....

Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	10:20pm	ER	ward	Sunil

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMAYEE	27/6/26	1768	
2.				
3.				
4.			Orders Updated by nurse	
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	Syringe pump Infusion pump	10:30 pm	10:30pm on 27/6	1523	
27/6	syringe pump Injection pump	10:30 pm	10:30pm 10:30 pm Stopped	1780	Mals
~~27/6~~	~~syringe pump~~	10:30			
			Items deleted by mistake		

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6/26	GRBS @ 78 mg/dl	6013694	Siin (183 17)
	CBP, CRP, electrolytes, Blood c/s, creatinine	6013693	
27/6	CUE	13707	[illegible]
27/6	Stool c/s	13727	[illegible]
27/6	Respiratory Panel (5 virus)	13742	Baisakhi

Wrong charted by mistake

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	I.V placement	(1)	691456	Sreelaja

Doctor checked by me

ANY OTHER INFORMATION

Date: 28/6/26 Time: 9pm Prepared By: mahalakshmi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
mahalakshmi	3rd floor (302)		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

UHID ID

Department :

Consultant :

RCHHCV/FRM/GENERAL/065

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : Jinnala Balvikushar Age/Sex 1y/male

Information given by: mother Reliability good

Chief Presenting Complaints & Duration (Chronologically):

Loose stools since 4 days
fever since 3 days

History of present illness:

1 year old male with H/O loose stools since 4 days. ~4-5 episodes/day., not associated with blood in stools
H/O fever, moderate grade, intermittent, not associated with chills & rigors, since 3 days.
H/O vomiting present 2 days back.
H/O Reduced feed intake since 3 days / dull activity.
H/O Reduced urine output since 2 days

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-05-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

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

Birth & Neonatal History:

Term / AGA / LSCS
NO NICU admission

Family Chart

Birth & Socio Economic History:

About Father:

About Mother:

Any additional Information:

Developmental History:

(N) as per age

Immunization History:

Immunized.

Anthropometry:

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

Weight (kgs) 8.50 kg (Centile_____)

On Examination:

Temperature: 99.2°F Pulse Rate : 110/min B.P._____ SPO2 99 % @RA

Resp. rate and type of breathing : 35/min

B/L AE (+)

Rash

Lymphadenopathy

Oedema:

Allergies (if any):

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

Respiratory System:

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

Air entry & breath sound : B/L AE (E)

Any Addes sounds : -

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

Cardiovascular System:

Inspection of procordium : (N)

Heart Sounds : S1 S2 (E)

Any murmur: -

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

Per Abdomen:

Inspection : (N)

Palpation : Soft

Ausculation : BS (E)

Spine : (N) External Genitelia : (N)

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: / (N)

Cranial Nerves :

Motor System:

Nutrition : good

Tone: / Power 5/5

Co-ordinator : / (N)

Posture: -

Involuntary Movements :

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:
Acute Gastro Enteritis with Some Dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

CBP
CRP.
Cue.
S. Electrolytes.
Blood cfs.
Stool cfs.
Creatinine

N.B. Lo Sugar (0/8/17) 26/6/26 @ 10pm

Planned Management:

- IVF DNS @ 15ml/hr
- Inj CEFTRIAXONE 500mg IV @12h
- Inj ONDANSETRON 1mg SOS
- Inj ESOMEPRAZOLE 8mg IV @24h

Signature of the Doctor :
Name of the Doctor : Shravan
Date & Time : 26/6/26 9pm

Signature of the Consultant:
Name of the Consultant : Dr. Srinivasan
Date & Time : 27/6/26 8pm

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

DISCHARGE PLAINING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1 Anticipated Date of Discharge :_____

2. Destnation Post Discharge : ☐ Home

Family Members Notified (Person Contacted_

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In: Remarks

☐ Medication	☐ Yes ☐ No	.....
☐ Bathing	☐ Yes ☐ No	.....
☐ Eating	☐ Yes ☐ No	.....
☐ Walking	☐ Yes ☐ No	.....
☐ Dressing	☐ Yes ☐ No	.....
☐ Toileting	☐ Yes ☐ No	.....

4. Nutritional Plan:

☐ Ditary Instruction Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

5. Discharge Planning Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

6. Patient / Family Education Plan:

☐ Education Topic /s :.....

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

Doctor Signature:_____

Name of the Doctor :_____

Date & Time :_____

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patie HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-08-2025 1 Y 0 M 14 D (M)
Age Dr. SHASHWAT MOHANTY
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	10pm	C/S/B. Dr Aditya / Dr Sravya
		D - Acute Gastro Enteritis with some Dehydration
		2 loose stools - small amount
		O/E
		Alert, CRT < 3sec
		Hemodynamically - Stable
		P/A - Soft
		BS (+).
		Plan
		1) Count IVF Rate @ 60 ml/hr
		2) Cont Syp Ofloxacin
		NB Stage at 10:10pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26

8AM

Cls/B Dr. Shadwat / Dr. Sreevalli

DKI: Acute gastroenteritis c some dehydration

- c/o 2 episodes of loose stool.
- NO c/o fever
- NO c/o vomiting
- NO c/o Abdomen pain

O/E:

- conscious / alert
- P/A → soft, non-tender
- CVS → S1 S2 (+).
- RS → B/L AE (+), clear

Plan

1) Send flu panel
2) Enema xray.
3) Trac blood cfs / stool cfs
4) Dietician consultation
5) Add ORS in 200 ml q water.

Noted By Baisakhi

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 15 D (M)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		JYOTHIRMAYEE / Dietician.
27/6/25	11 Am	
		- Encouraged to give starch based foods.
		- Along with mother milk.
		- Plenty of oral liquids
		- Advised to avoid (Milk, paneer, Fruit juices, outside foods, Nuts, dry fruits, Ragi, oats) for time being.
		- Counselling done & diet sheet given.
		Jyothirmayee Dietician.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26 c/o Dr. Shashwat / Dr. Balaji

5PM

Dx: Acute gastroenteritis ~ some dehydration

- c/o 3 episodes of loose stools [watery + semisolid]
- c/o 1 fever spike
- NO c/o vomiting
- NO c/o Abdomen pain
- oral intake - poor.

OE:

active, irritable

- P/A → soft, non-tender
- CVA → S_1 S_2 (+)
- R/L BL CAE (+), clear

Advice:

- Encourage orally
- Trace blood ch, Stool ch, Flu panel
- Cont. Inj. Ceftriaxone
  Syp. Levocetirizine

Dr
Balaji

Noted By Backside

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 15 D (M)
Dr. SHASHWAT MOHANTY
1 ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	28/6/26 8AM	c/o B/L Dr. Shashwat / Dr. Balaji
		HPI: Acute gastroenteritis c some dehydration
		• c/o 3 episodes of loose stool (watery + semisolid)
		• c/o 2 fever spikes in last 24 hrs.
		• NO c/o vomiting
		• NO c/o Abdomen pain
		• urine + passed.
		O/E:
		active, alert.
		P/A → soft, non-tender
		• CVS → S1 S2 (+)
		• RS → B/L AE (+), clear.
		Blood c/s → sterile
		Stool c/s → growth (+)
		(oral).
		Advice:
		• Encourage orally
		• cont. Inj. ceftriaxone Syp. Cevo cetirizine
		• Trace blood c/s, Stool c/s, flu-panel
		• plan D/c → F/U
		Dr. Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS Alotted by Reddaiah

28/6/20
5PM

CIS/B Dr. Aishwarya | Dr. Sumina

No fever spikes since morning

No chills

1 episode of loose stool

oral intake - good

urine output - good

O/E

Child is sleeping

RS - B/L AE ⊕, clear

P/A - soft

Adv

1. Trace stool culture
   flu panel.
2. Plan d/c tmw
   pt's change

h
Sumina

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patien HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 17 D (M)
Age : . Dr. SHASHWAT MOHANTY
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/8/26	8am	c/s /B Dr Shashwat / Dr Aruna / Dr Sree
		A = Acute Gastro Enteritis with Some Dehydration
		1 episode of stools - semisolid
		No Vomiting
		No fever
		- Ecoli.
		- Jaundice - Nophe
		O/E
		Alert.
		pallor - good.
		Hemodynamically - stable.
		oral - good.
		P/A - Soft
		CVRM - adpt good
		Plan
		1) Cont Inj ceftriaxone
		2) Plan D/c today
		Noted By Readsaheb

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY
.... Age : ....

Gender ☐ M ....

Consultant : ....

Date of Admission : ....

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 / 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

Dose	Route	Frequency	Start Dt.
2.5 ml	P.O	SOS	26/6/26

Doctor's Signature	Valid Period	Pharm.
Sravan		

Additional Instructions: If temp >100'F

Date / Time	
Date	27/6
Time	7:30
	[signature]
	1PM

DRUG : SYP IBUGESIC

Dose	Route	Frequency	Start Dt.
4.5 ml	P.O	SOS	26/6/26

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
1mg	IV	SOS	26/6/26

Doctor's Signature	Valid Period	Pharm.
Sravan		

Additional Instructions: In case of Vomiting.

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg)
					8.5 kg

REGULAR PRESCRIPTIONS

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
500 mg	IV	Q12h	26/6/26

Name & Signature of the Doctor starting the Drugs: [signature] Sravya

Additional Instructions: Dilute in 20ml NS give over 1hour.

Daily Doctor's Endorsement by a Sign.

Date / Time	26/6	27/6	28/6
11 Am	X	[signature]	[signature]
11 pm	[signature]	[signature]	[signature]
Daily Doctor's Endorsement	[signature]	[signature]	

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
8 mg	IV	Q24h	26/6/26

Name & Signature of the Doctor starting the Drugs: [signature] Sravya

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	26/6	27/6	28/6
6 Am	10pm [signature]	[signature]	[signature]
Daily Doctor's Endorsement	[signature]	[signature]	

DRUG : SYP. LEVOCETIRIZINE

Dose	Route	Frequency	Start Dt.
2.5 ml	P.O	Q24h	26/6/26

Name & Signature of the Doctor starting the Drugs: [signature] Sravya

Additional Instructions: 5ml = 2.5 mg.

Daily Doctor's Endorsement by a Sign.

Date / Time	26/6	27/6	28/6
9 pm	[signature]	[signature]	[signature]
Daily Doctor's Endorsement	[signature]	[signature]	

DRUG : NASOCLEAR NASAL DROP

Dose	Route	Frequency	Start Dt.
	Nasal	Q8th h	26/6/26

Name & Signature of the Doctor starting the Drugs: [signature] Sravya

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	26/6	27/6	28/6	29/6
6Am	X	[signature]	[signature]	[signature]
2pm	X	[signature]	[signature]	
10 pm	[signature]	[signature]	[signature]	
Daily Doctor's Endorsement	[signature]	[signature]		

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

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e Delivery

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	P.O	Q24h	29/6/25

Name & Signature of the Doctor starting the Drugs : Dr Praveen.

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date / Time

~~**DRUG :** SYP ZINCONIA~~

Dose	Route	Frequency	Start Dt.
5			

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : 2+ D drops

Dose	Route	Frequency	Start Dt.
1 ml	P.O	Q24h	29/6/25

Name & Signature of the Doctor starting the Drugs : Dr Praveen.

Additional Instructions : 1ml = 20mg

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date / Time

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

Patient Name :	HCV-00041101 IP22-00023400 Baby JINNALA BALVIKISHAN 12-06-2025 1 Y 0 M 14 D (M) Dr. SHASHWAT MOHANTY	I.P. No.	Sheet No.	Wards	Weight (kg)
					8.5 kg

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
26/6/26	10:30 pm	IVF DNS	IV	15 ml/hr	[signature]	[signature]	28/6/26	[signature]	

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00041101 IP22-00023400 Baby JINNALA BALVIKISHAN 12-06-2025 1 Y 0 M 14 D (M) Dr. SHASHWAT MOHANTY	26/6/26 @ 9:00 PM	26/6/26 @ 10:20 PM
	Transfer ordered by Dr Sreevalli	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital ward	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 15	Number of Imaging films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Sreelo	Dr. Sreevalli	veeralakshmi	

Patient & Clinical records received by:

Signature with Date & Time: Durga 10:30 pm

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

Unavailable bed ☐ Nurse not available ☐ Available bed not ready