Rainbow® Children's Hospital
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

UHID No. : ___ ___Consultant: _____ Dept : _____

Date of Admissio ___Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type :_____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	11.25 pm	ER	ONCO	pooja
27/6	4:29 pm	OT	126	~~[illegible]~~

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6	CBP, CMV serology	64305	Sanchey
28/6	pre chimerism Test	26064433	Dinu
	[DONOR & RECIPIENT)		
30/6.	CBP, LFT, SB.	26065346	
1/7	Blood C/S	26065954	Dinu
4/7	CBP	26066849	Neeta
5/7	CBP, Electrolyte, Calcium	26067228	Asm
7/7	CBP. Colevel, SE	26067814	
9/7	CBP, LFT, creat	26068475	Sumita.
11/7	CBP. Colevel, SE	26069268	
13/7	CBP, S/E	26069960	Sumita.
14/7	Blood C/S	26070693	Sumita.
15/7	CBP, S/E	26070799	Nasheena
17/7	CBP, Electrolyte, Colevels	26071546	Ruz
17/7	& chymerism test	26071731	
19/7	CBP, SG, LFT, creat, Bloodcls	26072469	
20/7	ferritin	26072663	Dinu
21/7	CBP	26072975	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	Infusion pump	6pm	29/6 1:30pm	9676428	Say
26/6	Syringe pump	6pm	29/6 1:30pm	9676433	Say
28/7	infusion pump	6pm	1:30pm 19/7	9691448	Sm

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6	IV Placement	(1)	75817	Samshey
26/6	PAC	(1)	9679449	Gargi
27/6	Chemotherapy	(1)	9679444	Sanj
27/6	OTC	(1)	9677507	
29/6	Blood Transfusion (PRBC)	(1)	9680240	
6/7/26	Blood Transfusion	(1)	9690284	
7/7	IVIG [W]	(1)	9692305	
8/7	Blood Transfusion. (PRBC)	(1)	9693640	
12/7	Blood Transfusion (SDP)	(1)	9699709	
13/7	Blood Transfusion. (PRBC)	(1)	9701211	
15/7/26	Blood transfusion (SDP)	(1)	9705520	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	10			
3	Nursing Initial assessment	1			
4	Patient Transfer form	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	14			
7	Nursing plan of care and handover sheets	37			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	8 r 8 -			
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1+e1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1+e1			
26	Surgical safety checklist	1+e1			
27	Operation Theatre notes	1+e1			
28	Nurses clinical Presentation				
29	TPR & BP chart	27			
30	Intake and Out take chart (fluid chart)	13			
31	Drug chart (Regular Prescription)	1 f 6.			
32	Investigation Values (result sheet)	2			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	6			
38	Braden Q Scale	7			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra.	29			
	Total No. of Pages	178			

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

Signature and Date :
24/7/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175645 **Admit Date** : 26-Jun-2026 **Admit Time** : 12:51 PM **UHID** : BAH-00547827

Patient Details :

Patient Name	: Baby AMGOTH DHARSHINI	**Age**	: 4 Y 8 M 12 D
Guardian	: Mr AMGOTH GOPAL	**DOB**	: 14-10-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 4-29/2, IBRAHIMBAD, NARSAPUR (M) Siripura Medak Telangana INDIA 502314	**Phone No**	: 9494985570/ 9542030145
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 126 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 126 **Admission Type** : First Visit

Contact Details :

Name : Mr AMGOTH GOPAL **Relationship** : Father

Contact Address : H NO 4-29/2, IBRAHIMBAD, NARSAPUR (M) Siripura Medak Telangana INDIA 502314 **Phone No** : 9494985570

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

IP5-00175645
BAH-00547827 (F)
Baby AMGOTH DHARSHINI
4 Y 8 M 12 D
14-10-2021
Dr. SIRISHA RANI

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for BMT

History of present illness :

Child is k/c/o β thallaemia Major
on Regular PRBC Tx on Hydroxyurea
Now came for BMT
Last ferritin - @2800

Patient Sticker

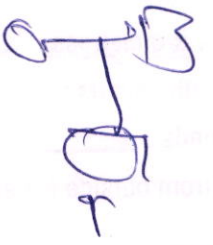
Pediatric Multiorgan History & Physical Examination

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

Undergoing Regular PRBC Tx

Birth & Neonatal History:

FT / NVD / CIAB / 2.5Kg



Birth & Socio Economic History:

About Father : Upper middle class

About Mother :

Any additional Information :

Developmental History :

As per Age

Immunization History :

As per Age

(P.T.O.)

(P.T.O.)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevent Complications

Desired goals of the treatment : H' stability

Planned Labs:

CBP
CMV Serology
- IgG
- IgM

Planned Management

Chemo
BMT

NLB proofs
26/6/26 @
1:30 pm

Signature of the Doctor: .....
Name of the Doctor: T. Pavani
Date & Time: 26/06/26

Signature of the Consultant: .....
Name of the Consultant: Dr. Anuranga Reddy
Date & Time: 26/6/26 @ 2 pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 4:20 pm	Evng notes	
	Dx's - KlClO β Thal major for HSCT	
	OE: chest clear PA: soft vitals stable.	Plan: To start conditioning from tlm Trace cmv ip & & 1gm. Start NAC infusion Albendazole stat dose Ct supportive mx
		N/M Sowjitha @6pm Nischitha.

Dr. SANDHYA VADDADI
Reg. No: 71664

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 9am	β Thal major / admitted for MSD HSCT.	
	No fever	Plan
		1. Continue NAC infusion
	vitals stable	2. groshong line today in OT
		3 start conditioning today evening
		4. send surveillance cultures.
		Noted by Gargi 27/6 8pm
		Saveri
	Ervp notes	
27/6/26 3:45pm	Dsis: β Thal major / admitted for MSD HSCT	
	No fever	Plans:
	O/E:	→ Ct supportive care.
	Chest clear	→ Ct NAC infusion.
groshong line	P/A: soft	→ conditioning from today evng.
	vitals stable	→ send surveillance swab cls.
	a/b Savitri @ 5:30pm	Abishikta

IP5-00175645 BAH-00547827 AMGOTH DHARSHINI

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:20AM	Morning rounds β thal major / Admitted for MSD HSCT D-6. Afebrile, Alert No fresh issues. Vitally stable S/E → Nil CVS RBS/PR CNS	Adv. 1) Inf. OFM. 2) Send surveillance CBs 3) Cont conditioning. 4) Monitor intake/ Input/ supp. care 5) Inform SOS. Thanks Sandhya V. 28/6 @ 11am Dr. SANDHYA VADDADI Reg. No: 71664
	N/B Dr. Lalitha 01:57:26 29/6/26 10 AM	

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 14 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/21		
9 AM	B Thalassemia major	Post for MRD HSCT
		Day (-5)
	No fever	
	vitals stable	
		Plan
	chimerism sent	1. Contine NAC infusion
		2. Trace surveillance cultures
		3. Contine conditioning
		4. CBP
		irstraplai on TDS
		4PRBC transfusion today
		Dr. Sravanthi @10:05 AM
		Dr. Sravanthi @11 AM

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 9pm	β Thal major / for MSD HSCT / received 1 cycle of PTIs	Day (-4)
	NO fever poor oral intake	Plan 1. Ct NAC infusion 2. Trace CBP. 3. Continue conditioning as per chart 4. Hydrid - DNC + Tml NVT @ 30ml/hr.
	vitals - stable	N/B: Pop/ha 30/6/26 10am. Sravani
	Dr Anmay 6855	
	EVng notes	
30/6/26 4:25pm	β Thal major / for MSD HSCT / received 1 cycle of PTIs Day - (-4).	
surveillance - swab. MRACXR)	NO fever	Plan:
	O/E: Chest clear P/A: soft vitals stable.	→ Ct. NAC infusion → Ct. consolidation as per chart → ATG thm → → Send urine & stool Microbiology
		N/B Gayathri 30/6/26 7pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9AM	Beta Thalasemia Major / for MSD HSCT Perano grade-1	phase I Day (-3) conditioning phase.
	No fever poor oral intake	
	vitals stable	Plan 1. continue conditioning 2. Trace surveillance culture 3. CBP extra plan on 4/7/26. 4. Add prophylactic antifungals Tlm. NBM Switch @12PM Dr. Gnanaraj

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9AM	Beta Thalassemia. Major Pesavo grade-1.	for MSD HSCT phase I. Pay (-2)
	1 fever spike - 101.9°F. No vomiting	Wt:-
	vitals stable	Plan 1. Contine conditioning 2. Add. voriconazole valaciclovir
	Urine c/s - no growth swab - MRSA	3. CBP extra plan on 4/7/26.
	N/B Veena 6063841 2/7/26 @ 10AM	4. Trace surveillance cultures. Ciclosporine from T/M ~~Amlodipine~~ Levi Sandhya 2/7 @ 10AM Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9 AM	βThal major / Post	MSD HSCT Day (-1)
	No fever No vomiting	Plan 1. Continue conditioning as per chart 2. Cyclosporine to start today
	Ceftriaxone – D3 Vori Valacyclovir	3. CBP extra plain T/m. 4. Stem cell infusion T/m.
3/8/26 4 PM	βThal Major / planned HSCT Day -1	Adv 1) CBP extra plain T/m 2) stem cell infusion T/m 3) & monitor vitals
	Afebrile, Afeb vitals ✓ SpO2 on RA CVS RS/P/A ✓	

Dr. SANDHYA VADDAD
Reg. No: 71004

Noted by Resident 3/8/26 1PM

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 19 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9 am	β thal major / Post MUD UCT Day 0.	
		wt -
	No fever NO vomiting	
	I/O 1077 ml 1270 ml	Plan 1. Contine IV fluids
	U.op = 3.6 cc/kg/hr	2. Ct IV antibiotics
		3. Stem cell infusion Today 140 ml @ 1:30 pm
	Ceftriaxone - D4.	4. CBP, L.F, calcium — Tmrw
	Vori	
	Valacidovir	5. check weight.
		Noted by gayathri 04/07 @ 11 am
		Dr. SANDHYA VADDADI Reg. No: 71664
		4/7/26 @ 10 am

BAH-)0547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 19 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26		
9AM	β Thal major / post MSD HSCT	
		Pay (+1)
		wt: 15.3kg ↓600gm
	No fever	
	I 1632ml	
	O 1210ml	
	U·op, 3·2cc/kg/hr.	Plan
		1. ↓ IV fluid to 20ml/hr
		2. Inj CASIX IV ~~BD~~ today
	Ceftriaxone - D5	3. Continue IV antibiotics
	Voni	4. No charting
	Valacidon	5. CBP, electrolytes, Co levels on 7/7/26
		6. PRBC ~~today~~. T/M
		7. ~~Folinic~~ Methotrexate today Dinner
		folinic acid T/m
	N.B Subhankar. 5/7 @ 09:30AM	Dr. SANDHYA VADDAT Reg. No: 71664 5/7/26 @ 10 AM

BAH-)0547827 IP5-00175645

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9AM	β Thal major / MSD 7th CT	Day (12)
		wt: 16.7kg
		Recheck weight ↓ ~ 15.3kg
	No fever	
	I/O 984 ml / 1477 ml	
	1 episode of vomiting	Plan
	U-Op = 3.6cc/kg/hr.	1. Cefta contin IV fluids
		2. Recheck wt now
		3. CBP, Cotenels, electrolytes — T/m
	Ceftriaxone - D6.	
	Voin.	
	valacidovir	4. PRBC Tx today ✓
		5. Folinic acid today
		6. I/o charting
	2/7 - stool c/c - Enteroaggregative E coli	7. further vomiting / loose stool / tachycardia -
		Add amikacin.
		8. IVIg. — T/m after MTx. Siara
		9. AMIKACIN 250mg IV OD.
	Dr Anusha 43299 @ 9:40AM	N.B Subhankar 6/7 9:30AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10 AM	CSS Dr. Sunitha β thal Major / post MSD HSCT / Day +3. 2 eq of vomiting. I/ 1218 O/ 1250. wt - 15.2 kg (↓ 100 grams). BP - 105/75 No other issues. while prev cx Ms/ P/o	Adv 1) MHx delay. 2) trace cyclosporine 3) oral candida ↓↓↓ 3) at cvst sam follow serum TSH. Noted by Sumita. 07/07/26 @ 10:30 am Jyothi V 7/7/26 @ 10 am
	Ceftriaxone Dx Voriconazole Dx	

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9 AM.	β Thal major/ M&D	HSCT Day (+4).
	5 stools / semi solid No vomiting	wt: 15.4 kg ↑ 200 gm.
	F/ 1405 ml O/ 1990 ml. U.Op = 5.5 cc/kg/hr.	
	Ceftriaxone - D8. Amikacin - D3 Vori Diclofen	Plan 1. contin IV fluids. 2. Ct IV antibiotics. 3. Folinic acid today. 4. I/o charting. 5. ↑ cidosporine dose 6. CBP, LFT, creatine } Tlm. 7. ↓ stools frquency ↑ send stool c/s.
	Noted by Sumita.	
	08/07/26 @ 10 AM.	
	1/PRBC transfusion today.	

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 8:45AM	Morning rounds	
	? Thal. major/post HSCT-D+5	Adv 1) Ict supp. care 2) monitor vitals 3) ↓ IV fluids to 15 ml/hr dextrose - 5 ml/hr
	Afebrile, Alert. BP - 100/70. wt - 15.8 kg (↑400 gm) F/ 1509 Bolus O/ 1512 SV.	4) Inj LASIX IV BD today. 5. Methotrexate 7 Im. 6. Trace manual platelet count. 7. CBP. Co levels 10/7/26. Extra plain
	Ceftriaxone Dg. Amikacin Dg 5. Voriconazole Aciclovir.	Noted by Susmita. 09/07 @ 10:30 Am Thanks.
		9/7 @ 10 AM Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/24 9 AM	β Thal major / ~~Post~~	M&D HSCT Phase-II. Day +6.
	No fever stools - passed. / No vomiting I / 1324 ml O / 1873 ml U.op = 5.1 cc/kg/hr.	wt: 15.2 kg ↓ 600 gm
	Ceftriaxone - D10 Amikacin - D6. / 7 Vori Acidosis	Plan 1. Contin IV fluids 1.5 m/hr Maintenance Fluid/hr. 2. CBP, S€ Colenels Extraplain } 7th. 3. ct IV antibiotics 4. Methotrexate today 5. R/v. Inj G-CSF. from 12/7 onwards
	N/B Pooja 10/7/24 10am	Dr. SANDHYA VADDADI Reg. No: 71664 10/7/24

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

(1C)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 9 AM	βThal major | MSD NICU Day (+7)	
	No fever No vomiting stools - not passed. I | 1054 ml O | 1150 ml V.op = 3.1 cc/kg/hr.	wt: 15.3 kg ↑ 100 gms
	Ceftriaxone - D11 Amikacin - D7/7	Plan 1. Ct IV fluids 2. Ct IV antibiotics 3. Trace labs 4. Inj G-CSF 1/w 5. STOP Amikacin after today dose. → Tab Folic Acid 1mg today → trace Co levels. → Cidomycine oral 1/day after seeing levels.

Dr. Amulya 9/7/26

N.B Soaam 015 47 @ 11 AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 8AM	β thal Major / MSD HSCT D+8 wt - 15.3kg (-) Afebrile, No vomiting Passed stool twice (N) c/o stomach pain/nausea → subsided. I/O 1114/1320 (-ve). Ceftriaxone D12. Voriconazole Acyclovir	Adv 1) IV fluids. 2) drugs as per chart. 3) Inj ACSH today. 4) have hydroxyurea & CO level. T/M CAP, SE - Pt cons AD the DOP today Rayanam 12/7/26 @ 9AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9 AM	β Thal major / MSD	MICT Day (+9)
		wt - 15 kg ↓ 300 gm
	I / 978 ml O / 1174 ml	
	Uop = 3.2 cc/kg/hr	
	No fever stools - passed.	
	Ceftriaxone - D13 Acidain Voni.	Plan 1. Trace CBP 2. 1 cidaporin dose 3. Inj G-CSF daily from T1m 4. Repeat labs on 15/7/26 5 - Any fever spike hemodynamic instability upgrade to pptar - 6. PRBC Today -
	Dr. Anurag 13/7/26	~~PRBC~~ Today. Noted by Susmitha. 13/7/26 @ 11 Am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9 AM	B Thal major / MSD HCT	Day (+10)
		wt - 15.5 kg. ↑ 500 gms Recheck wt.
	NO fever	
	I/O 1550 ml / 2000 ml	
	U.Op: 5-3 cc/kg/hr	
	stools - passed No vomiting	1 day 1. ✓ IV fluids 2. ~~Inotrope~~ Strict BP monitoring 3. Inj G-CSF daily 4. CBP. electrolytes extraplain } T/m.
	c/o headache subsided with paracetamol	
	Ceftriaxone D14 Acidonin Vomi	✓ Amlodipine BD

Noted by Dr. Susmita 14/07 @ 11 Am

Dr. SANDHYA VADDADI
Reg. No: 71664

Sravani 14/7 @ 10 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9 AM	β Thal Major / Post MSD HSCT / Day +10	
	Early	
		Wt : 15.1 kg
		↓ 400 gms
	1 fever spike	
	? engraftment	Plan
	? sepsis	1. methotrexate today.
		2. Folinic acid 7 hrs
	1 fever spike - 101.9°F.	3. ct IV antibiotics
		4. Trace blood cls
	I/O 1256 ml / 1714 ml	5. inj G-CSF daily.
		6. CDP today.
	U.op : 4.6 cc/kg/hr.	
		Aravi
		— trace manual platelets
		— MTs today.
		— Tab Hydroxyurea 15 mg TDS
		— Syp Relent 2.5 ml BD
		Noted by Sumita. 15/07/26 @ 11:30 PM

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

BAH-I)0547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/9/21 9:30 PM	f/b Final Major / post	MSD - HSCT / Day +12
	wt - 15kg (2100grams)	1.) Folinic Acid today
	I/1543 O/1804	2) Continue Iv Antibiotics
	U/O - 4.8 ml/kg/hr	3) Trace blood culture. 4) Inj GCSF daily 5) CBP, T/M. SE, Co levels.
		CBP/B Dog 9 16/9/21 10am.

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/21 8:30 AM	Morning rounds	
	β thal Major/post MSD-HSCT/D+13	
	wt - 15.1 kg (↑100 grams)	D/W
	I/O 1579 (balance ~600 ml) / 2163.	1) cont same 2) cont resp care 3) monitor BP 4) Care nursing wise
	u/o - 5.9 ml/kg/hr	
	Afebrile. No vomiting BP - 100/58 mm Hg.	
SVV		1 unit EDTA — Chemistry wise panel
Steroids 1/2 - steroids	Pip taz - D3 Acyclovir D11	
	Hydrocort Voriconazole. GCSF.	
		N/B Regarded 17/7/21 @ 11 AM
3:30 PM		
	. stable vitals . no concerns	- Continue the same.

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9AM	Morning rounds	
	β thalassemia Major/post MSD-HSCT-D+14.	
	~~Lvt-15~~	Adv 1) ct supp. care 2) ct rest. 3) R/O chalking - 4) G-GF T/m 5) monday CBP/SE/LFT/Coag
	I/2018 O/1910	
	V/O - 5 ml/kg/hr	
SV	Afebrile No vomiting	Noted by Susmita. 18/07/26 @ 12pm
	Piptaz DC ~~Flu~~ Acyclovir Voriconazole.	Dr Ramesh 45,9 @4,50Am
	Cyclosporine @ 5mg 1mg/day. Hydrocort → RN to stop	Cyclosporine 0.5mg BD Syp. IV Cannibomi 75mg BD
	(17/7) cNL V+ (17/7) Co → III	Noted by susmita. 18/7/26 @ 12pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/10/26 9:30 AM	β thalassemia major / POST MUD-HSCT - D +15 / CMV (+).	
	Fever (+) · 100.5°F No vomiting wt - 15.7kg.	Adv 1) ~~Blood~~ test fever send blood cls. start Meropenem. 2) HOLD Morning Amlodipine 3) ct · dupp · aec.
	V, bds (W), BP - 81/57 No other issues	
	Ursocol Ciprofloxacin Voriconazole	→ blood culture, CBP, SE, LFT, creatn. } ~~2~~ next fever. (RW) Meropenem with fever / bds.
	GCSF. Ondansetron	
	Dr Amarnath 9:40AM	N/B Dayanand 19/10/26 @ 11AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/21 8AM	Morning Rounds F Thallasemia major / POA MSD - HSCT -D+16 / CMV⊕ Fever spike ⊕ 100.2°F @12:30Am. N/o vomitings. – Inj Mero D2 – Inj Ganciclovir D3 – Syp. cefixime D2 – T-Voriconazole D2 morning dose. Am/o2 on Hold Vitally stable. BP – 91/57	plan → Continue same → Trace Blood C/s - Stat Inj G-CSF today - Trace manual platelet count Trace dunuuuu.. Add function sure. sample drawn. → GCSF today → platelet count manual. → trace blood cultures. Rpt CBP T/M Syp Ondansetron to start
43444 @9:50AM	wt – 15.7 kg ↑ 100 gms.	Noted by Dr 20/7

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 6pm	S thal - Major / post MSD-HSCT D+17 / CNN ⊕ /	
	No further fever ⊕ now No other issues 100.2°F V/Is ⊖	Dw 1) Rep blood cls 2) CBP tm 3) cont rest 4) omnacortil from tm. Pranitha
	dc sws NS PO ⊕	
	blood cls -24 no growth	
		Noted by Dr Sandhya 20/7/26 @ 6pm
		Dr. SANDHYA VADDADI Reg. No: 71664

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 9:00am.	B thal major / post MSD-HSCT Day- ~~18~~ 17/ CMV (+) fever yesterday at 6pm I/O 848/1990 Meropenem - D2 Voriconazole - D3 Granicetron - D4	wt- 15.8 kg. plan. PLTT 46000 1) trace CBP / BCJs → no growth. 2) continue omnacortil 3) continue rest. 4) tapering Tab Dolo 650 mg SOS Dr. SANDHYA VADDADI Reg. No: 71664 10 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	11/7	13/7/26	15/7	17/7 ★D+13	19/7	21/7
Time	9AM				6pm	8am
Hb	10.8	8.5	9.9	9.8	9.3	9.2
PCV	30.1	23.4		27.7	26.8	26.6
RBC	3.83	3.02		3.5	3.30	3.21
WBC	0.03	40	440	2260	1.99	6.98
N/L	-/-		36/11	63/7	66%/7%	79/10
Platelets	20,000	35,000	~~14,000~~	9,000	18,000	46,000
CRP			14,000	~~78,000~~	—	
PCT						
RBS						
Na	137	135	137	141	137	
K	4.5	4.4	4.5	4	3.9	
Cl	105	102	103	105	104	
Ca/Mg						
Phosphate						
Urea						
Creatinine					0.2	
ALP						
SGPT					26	
SGOT					25	
T.Bill/Conj					0.6/0.1	
T.Protein					6.2	
S.Albumin					3.7	
S.Globulin					2.5	
A/G Ratio					2.5	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood cls Send 14/7/26 :- sterile @ 48 hours

1/7 → CRW ⊕ (Viral panel)

← Cefpim - 3gm 12

Blood cls send :- 19/7/26 :-

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
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RESULT SHEET

Date	26/6/26	30/6.	4/7/26	5/7/26	7/7/26	9/7/26
Time			6.44AM	8AM.		
Hb	9.3	13.4	8.9	7.2	9.3.	11.3
PCV	26.8	38.3	25.9	21.2		31.3
RBC	3.40	4.77.	3.15	2.57		3.93
WBC	3850	3.03	0.42	280	60	0.02
N/L	64/25	93/0.3	92.9/0.0	92/0		.
Platelets	2.89	1.85	98	77000	70,000	30,000
CRP						
ESR						
PCT						
RBS						
Na		135		137	135	
K		4.1		4.2	4.3	
Cl		99.		104.	101	
Ca/Mg				9.5.		
Phosphate						
Urea						
Creatinine						0.2
ALP		179.				
SGPT		31				61
SGOT		21				40
Conj		1.8/0.3				0.9 – 0.1 = 0.8
		8.2				5.4
		4.7				3.5
		3.5				2.9
		1.3				1.2
	A	A				AB

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

CMV IgM ANTIBODIES - Report - NON Reactive
CMV IgG ANTIBODIES - Reactive

Culture and Sensitivities : ~~Nasal~~ ~~Axilla~~
1/7 : Blood c/s :- Sterile
urine c/s sterile
Surveillance stool c/s: Entri (S) - Amikacin

Radiology : USG : Carbo R
X-Ray : 7/7/16
ECHO : Colonic - 51
CT : 11/2 Colonic 86
MRI : 17/7 Colonic

Others (ECG, Contrast Studies etc.,) :

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DRUG CHART

Date of Admission: 26/6/26 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 :				Date → Time														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

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

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

VERIFIED BY : Name ..... Signatur

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14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 16.3 kg Ward. .....

DRUG : Inj. ONDENSETRON

Dose	Route	Frequency	Start Date
4mg	IV	Q8HRLY	26/06/26

Name & Signature of the Doctor Starting the Drugs: T Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 26/6 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7

8am: X Pooja A Soman Soman Soman

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : CANDID MOUTH PAINT

Dose	Route	Frequency	Start Dt.
Oral cavity		TID	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → Time	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7
6am	X													
2pm											X			X
10pm	X									X				

DRUG : Syp. SEPTRAN

Dose	Route	Frequency	Start Dt.
2.5ML	P/o	BD	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Mon-Wed-Fri

Daily Doctor's Endorsement by a Sign

Date → Time	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7
8am	X	X	X			X	X	X	X	X	X			X

DRUG : T. LANZOL IV OD

Dose	Route	Frequency	Start Dt.
Vial	PO	OD	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1 vial = 15mg.

Doctor's Endorsement by a Sign

Date → Time	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7
6am	X													

DRUG : Syp. DOMPERIDONE

Dose	Route	Frequency	Start Dt.
	P/O	TID	26/6

Signature of the Doctor the Drugs:

Additional Instructions:
Im/Imp.

Doctor's Endorsement by a Sign

Date → Time	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7
6am	X	X												
2pm	X	X	X								X			
10pm	X													

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

DRUG : Syp CALCIMAX PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	27/6

Name & Signature of the Doctor Starting the Drugs: Dr Anil

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 27/6 | 28/6 | 29/6 | 30/6 | 1/7 | 2/7 | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 | 8/7 | 9/7 | 10/7

DRUG : Syp OFM

Dose	Route	Frequency	Start Dt.
5ML	PO	BD	28/6

Name & Signature of the Doctor Starting the Drugs: Dr Anil

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/6 | 29/6 | 30/6 | 1/7 | 2/7

DRUG : Tab CLOBAZAM

Dose	Route	Frequency	Start Dt.
2.5mg	P/O	OD/HS	28/6

Name & Signature of the Doctor Starting the Drugs: Dr Anil

Additional Instructions: 1 tab.

Daily Doctor's Endorsement by a Sign

Date / Time: 28/6 | 29/6 | 30/6 | 1/7 | 2/7 | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 | 8/7 | 9/7 | 10/7 | 11/7

DRUG : Inj AVIL

Dose	Route	Frequency	Start Dt.
0.3ml	IV	BD	1/7

Name & Signature of the Doctor Starting the Drugs: Dr Anil

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 1/7 | 2/7 | 3/7 | 4/7

Signature

VERIFIED BY : Name

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Inj METHYL PREDNISOLONE

Dose	Route	Frequency	Start Dt.
15mg	IV	BD	1/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 1/7 2/7 3/7 4/7

STOP

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
800mg	IV	BD	1/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7 13/7 14/7 15/7

STOP

DRUG : Tab VORICONA 200

Dose	Route	Frequency	Start Dt.
1/2 Tab	PO	OD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(1 Tab = 200mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7 13/7 14/7 15/7

DRUG : Tab VALACICLOVIR

Dose	Route	Frequency	Start Dt.
1/2 Tab	PO	BD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

1 Tab = 500mg

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7 3/7 4/7 5/7 6/7

STOP

VERIFIED BY : Name Signature

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 16.3kg Ward ...ONCO...

DRUG : Inj CICLOSPORINE

Dose	Route	Frequency	Start Dt.
30mg	IV	BD	3/7

Name & Signature of the Doctor Starting the Drugs: Sirisha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 4/7 5/7 6/7 7/7 8/7

DRUG : Tab AMLODIPINE

Dose	Route	Frequency	Start Dt.
½ tab	PO	OD	3/7

Name & Signature of the Doctor Starting the Drugs: Sirisha

Additional Instructions:

(1 tab = 2.5mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7 13/7 14/7

DRUG : Inj LASIX

Dose	Route	Frequency	Start Dt.
8mg	IV	BD	5/7

Name & Signature of the Doctor Starting the Drugs: Sirisha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7

DRUG : 2. AMIKACIN

Dose	Route	Frequency	Start Dt.
250mg	IV	OD	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 6/7 7/7 8/7 9/7 10/7 11/7

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Inj ACICLOVIR

Dose	Route	Frequency	Start Dt.
4ml	PO	BD	7/7

Name & Signature of the Doctor Starting the Drugs: Dr Rani

Additional Instructions: (5ml/400mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7 8/7 9/7 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7

8am: Dr Divya | Dr Divya | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya | Dr Divya

8pm: Dr Subhan | Dr Subhan | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya | Dr Divya

DRUG : Inj CICLOSPORINE

Dose	Route	Frequency	Start Dt.
40 mg	IV	BD	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Rani

Additional Instructions: NIL

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7 9/7 10/7 11/7 12/7 13/7

6am: Dr Ashwini | Dr Bhavya | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya

6pm: Dr Ashwini | Dr Bhavya | Dr Sathvika | X | X | Dr Rani 13/7/21

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
4mg	IV	TID	10/7

Name & Signature of the Doctor Starting the Drugs: Dr Rani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7 21/7

6am: X | Dr Sathvika | Dr Divya | Dr Sathvika | Dr Sarita | Dr Divya | Dr Divya | Dr Nasheeha | Dr Sai Divya | Dr Nasheeha

2pm: Dr Ashwini | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya | Dr Sarita | Dr Divya | Dr Divya | Dr Divya | Dr Divya

10pm: Dr Subhan | Dr Subhan | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya | Dr Divya | Dr Nasheeha | Dr Nasheeha | Dr Divya

DRUG : Syp UDILIV

Dose	Route	Frequency	Start Dt.
ml	PO	BD	10/7

Name & Signature of the Doctor Starting the Drugs: Dr Rani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

8am: Dr Ashwini | Dr Sathvika | Dr Divya | Dr Sarita | Dr Sarita | Dr Divya | Dr Divya | Dr Divya | Dr Divya | Dr Divya

8pm: Dr Subhan | Dr Subhan | Dr Sathvika | Dr Divya | Dr Sarita | Dr Divya | Dr Divya | Dr Nasheeha | Dr Nasheeha | Dr Divya

Signature

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI (F)
14-10-2021 4 Y 8 M 27 D
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

DRUG : Syp SEPTRAN

Dose	Route	Frequency	Start Dt.
2.5ml	PO	BD	10/7

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions: Mon/Wed/Fri

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

DRUG : DOMPERIDONE Suspension

Dose	Route	Frequency	Start Dt.
3ml	PO	TID	10/7

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

DRUG : Tab Dr. LANZOLE

Dose	Route	Frequency	Start Dt.
1tab	PO	OD	10/7

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions: 1tab 2 15 mg

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

DRUG : Inj G-CSF

Dose	Route	Frequency	Start Dt.
80mcg	IV	OD	12/7

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions: from 12/7 with 20 ml 5%D

Daily Doctor's Endorsement by a Sign

Date/Time: 12/7 13/7 14/7 15/7 16/7 17/7 18/7 19/7 20/7

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. CLOBAZAM

Dose	Route	Frequency	Start Dt.
2.5mg	PO	OD	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7
8pm									

DRUG : Inj. CICLOSPORINE

Dose	Route	Frequency	Start Dt.
	IV	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
50mg - 40mg

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7	15/7	16/7	17/7	18/7
6AM						
6PM						

DRUG : Inj. TRANEXA

Dose	Route	Frequency	Start Dt.
150mg	IV	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7	15/7	16/7	17/7	18/7
6AM						
12PM						
6PM						

DRUG : Tab. AMLODIPINE

Dose	Route	Frequency	Start Dt.
1/2	P/O	BD	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1 tab - 2.5mg

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7	16/7	17/7	18/7	19/7	20/7
8AM							
8PM							

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

(P.T.O)

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Inj PIPERACILLIN + TAZOBACTUM

Dose	Route	Frequency	Start Dt.
~~1.5gm~~ 2	IV	BD	15/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	15/7	16/7	17/7	18/7
	6 AM 12PM Sarita Kavi	AM PM Jasmine Nasheem	AM PM Jasmine Nasheem	
	6 PM Jasmine Nasheem	Alee Divya	Rani Ashy	
Daily Doctor's Endorsement by a Sign				

DRUG : 2nd HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
15mg	IV	Q8H	15/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	15/7	16/7	17/7	18/7
	6 AM X	AM PM Jasmine Nasheem	AM PM Jasmine Nasheem	
	2PM 12:30 PM Sarita	Divya Nasheem	Divya Nasheem	43,3°C
	10PM Jasmine Nasheem	Jasmine Nasheem	Jasmine Nasheem	
Daily Doctor's Endorsement by a Sign				

DRUG : SYP ROBINUL

Dose	Route	Frequency	Start Dt.
2.5ml	PO	BD	15/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	15/7	16/7	17/7	18/7	19/7	20/7
	8AM PM Sarita	PM	Rajy	X	8AM PM	PO
	8PM Jasmine Nasheem	Jasmine Nasheem	Jasmine Nasheem	Jasmine Nasheem	Jasmine Nasheem	Jasmine Nasheem
Daily Doctor's Endorsement by a Sign						

DRUG : SYP CEFIXIME

Dose	Route	Frequency	Start Dt.
5ml→2.5ml	PO	Q12H	19/7.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(OH=100mg)

Date / Time	19/7
	19/7
	BA Sarita
	PM Jasmine Nasheem
Daily Doctor's Endorsement by a Sign	

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

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D
Dr. SIRISHA RANI (F)

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : SYP. CICLOSPORINE

Dose	Route	Frequency	Start Dt.
0.5ml	PO	BD	18/7

Name & Signature of the Doctor Starting the Drugs: Dhanalakshmi

Additional Instructions:

1ml = 100mg.

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7/2017
8AM	✗	Rayi CA poor
8PM	Cyclosporine ✗	Cyclosporine Sanj ✗ nasf
		A A

DRUG : Inj GANCICLOVIR

Dose	Route	Frequency	Start Dt.
75mg	IV	BD	18/7

Name & Signature of the Doctor Starting the Drugs: Dhanalakshmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7 2017 21/7
8AM	✗	Rayi CA Kiranmai Nasreen
6PM	Gayatri Anusha Anu	Anu Smelly 21/7
		A A A

DRUG : TAB. TRANEXA

Dose	Route	Frequency	Start Dt.
½ tab	PO	BD	19/7

Name & Signature of the Doctor Starting the Drugs: Dhanalakshmi

Additional Instructions:

½ tab = 500mg.

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
8AM	Rayi CA poor	Rayi CA poor
8PM	Cyclosporine ✗	Cyclosporine Sanj ✗ nasf
		A

DRUG : T. VORICONAZOLE

Dose	Route	Frequency	Start Dt.
½ tab	PO	OD	19/7

Name & Signature of the Doctor Starting the Drugs: Dhanalakshmi

Additional Instructions:

½ tab = 200mg

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
8PM	Cyclosporine ✗	Cyclosporine Sanj ✗ nasf
		A

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

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 5 D (F)
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 16.3kg Ward .....

DRUG : Inj MEROPENAM

Dose	Route	Frequency	Start Dt.
650mg	IV	Q8H	20/07

Name & Signature of the Doctor Starting the Drugs:
T Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 | 6AM | 2PM | 8PM

DRUG : Inj MEROPENEM

Dose	Route	Frequency	Start Dt.
750mg	IV	BD	19/7

Name & Signature of the Doctor Starting the Drugs:
Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 | 6AM | 6PM

DRUG : Syp OMNACORTIL-FORTE

Dose	Route	Frequency	Start Dt.
4ml	P/O	BD	20/7

Name & Signature of the Doctor Starting the Drugs:
Smellya

Additional Instructions: x5days
5ml / 15mg Prednisone

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 | 8AM | 4PM | 8PM

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Weight. 16.3 kg Ward. .....

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

VARIABLE DOSE

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

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/6/26	10:00 pm.	Syp. ALBENDAZOLE (5ml/200mg)	10 ml	P/O	✓	Rajamani Susmitha 06 pm
29/6	6:40pm	Inj AVIL	8mg	IV	Ath	Savitha Ausadha
29/6.	6:40pm	Inj PRBC (Transfusion)	1 unit	IV	Ath	Savitha Ausadha
29/6	11:30pm	Inj FURDSEMIDE medicine.	10mg	IV.	Ath	Aruna Subha 11:30
4/7	3pm	STEM CELLS ✓	160 ml	IV over 1 hour	✓	Susmita. DIVYA.
4/7	3pm	Inj AVIL	0.4ml	IV	✓	Susmita. DIVYA.
4/7	3pm	Inj LASIX	5mg	IV	✓	Susmita. DIVYA.

Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 16.3kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/06/26	6pm	IVF DNS	IV	55ml		Sowjitha	29/6	d	Sowjitha
26/6/26	6pm	NAC Infusion (8ml + 16ml NS).	IV	1ml	d	Sowjitha Jayanth	29/6	d	Sowjitha Dhivya
27/06	12.45pm	RINGER LACTATE	IV	150 ml/hr	d	Sowjitha	27/06	d	Sowjitha
30/6	11pm	DNS + 5ml MVI	IV.	205 ml/hr	d	Sowjitha Subhashini.	9/7	d	Sowjitha
30/6	9pm	AMINOVEN	IV	5	d	Sowjitha Divya	9/7	d	Sowjitha
9/7/26	5pm	DNS + 5ml MVI	IV	15	d	Sowjitha Anupa	9/7	d	Sowjitha

Signature .....

VERIFIED BY : Name .....

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	12:30pm	Inj FOLINIC ACID	14 mg.	IV		Subr	
6/7/26	2pm	PRBC	1 unit 200ml)	IV 4 hours			
6/7	2pm	Inj AVIL	0.3ml	IV			
		Inj					
8/7	3pm	Inj FOLINIC ACID	14mg	IV		Susmita	Sonam.
8/7	3:10pm	Inj AVIL	10mg	IV		Susmita	Sonam.
8/7	3:15pm	PRBC	1 unit	IV			Sonam.
8/7	6pm	Inj FURDSHMIDE	8 mg	IV		Susmita	Sonam.
11/7	3pm	INJ FOLINIC ACID	14 mg	IV			Subr
12/07	3:30pm	Inj vitamink	5 mg	IV		Raji	Divya
12/07	5:50pm	Inj vitamin B_{12}	1000 IU	IV		Raji	Divya
12/07	2:10pm	½ unit SDP	½ unit	IV		Raji	Divya
12/07	4:40pm	Inj AVIL	0.4ml	IV		Divya	Divya
13/7/26	3:00pm	Inj. AVIL	0.5ml	I.V		Susmita	Pooja 3:35pm
13/7/26	3:30pm	PRRC	1	I.V/3 hrs		Susmita	Pooja 3:35pm
13/7/26	7:15pm	Inj. LASIX (Emd).	8mg	I.V		Susmita	Pooja.
16/7	3pm	Inj FOLINIC ACID	14mg	IV		Divya	Divya
17/7	2:15pm	INJ ROMIPLOSTIM.	80 mcg	S/C		Rayana	Bhuvana
19/7	1:30pm	Inj VITAMINK	5mg	IV		Raji	Divya
24/7	3pm.	Inj VITAMINK12	500 mcg.	IV		Gayan.	Anusha

00547827 IP5-00175645
AMGOTH DHARSHINI 4 Y 8 M 12 D (F)
14-10-2021
Dr. SIRISHA RANI

(1)

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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: ER Shifted to: onco ward

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

** C- Continue, DC - Discontinue*

ATION HISTORY RECORDED / VERIFIED BY

ame & Signature : T.Pavani

me : 26/06/26 11:40 AM

ne & Signature: DOCTOR

e : 26/6/26 @ 1pm



BAH-00547827 IP5-00175645
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14-10-2021 4 Y 9 M 4 D (F)
Dr. SIRISHA RANI

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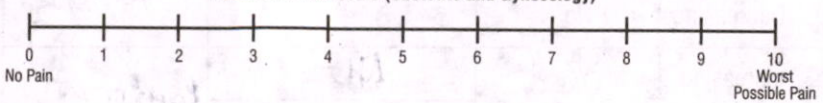
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dayo
19/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dayo
19/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gayatri
20/7/26	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Kavitha
20/7/26	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nurse
20/7/26	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nurse
21/7	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sanj
21/7	8AM	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Adm
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

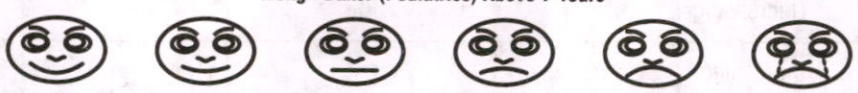
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

(7)

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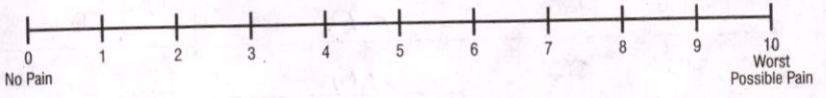
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumita
16/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sauj
16/7	10 am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Nil
16/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nilima
17/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Asm
17/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Raji
17/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sky
18/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Asm
18/7	10	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumita
18/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumita.

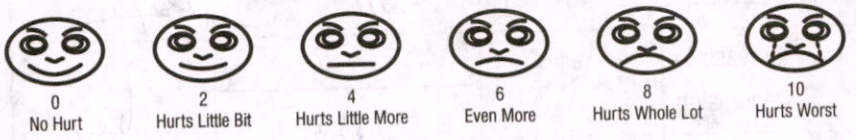
Re-assessment Frequency:
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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
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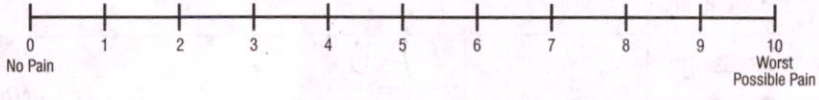
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	10AM	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Raji
12/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Raji
13/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	No
13/7	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
13/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
14/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
14/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
14/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
15/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	A
15/7	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumita.

Re-assessment Frequency:
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Apprppriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 24 D (F)
Dr. SIRISHA RANI

(3)

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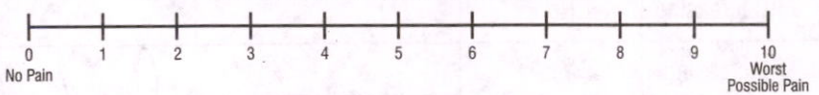
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
09/07	8 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
09/07	2 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
09/07	8pm.	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
10/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Npo	
10/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	Soren
11/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

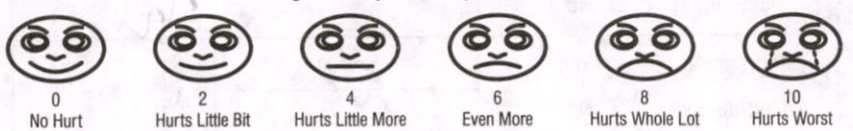
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Apprppriate 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
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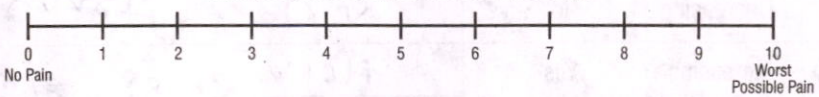
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	6pm	0	NA.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA.	
7/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
7/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
7/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
8/7	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Susmita.
8/7	4pm	NIA	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita.
9/7	12Am	NA	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sky

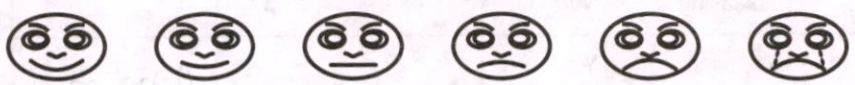
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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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
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3

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PAIN ASSESSMENT FORM

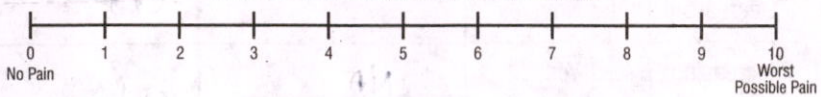
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
3/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nla	nlene
3/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	12p	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
5/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Pooja
6/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 14 D (F)
Dr. SIRISHA RANI

2

PAIN ASSESSMENT FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
30/6	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
30/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Pooja
30/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
1/7	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
1/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sey
1/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
2/7	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
2/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Cleeng
2/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	[illegible]

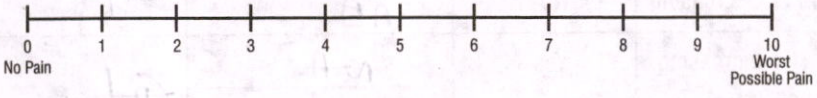
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   a) At least every 2 hours for the first 24 hours
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(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

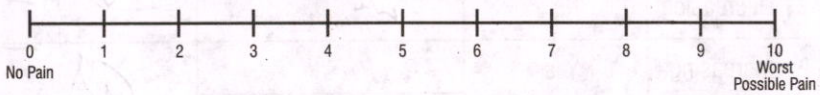
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	1pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	pooja
26/6	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Reyj
27/6	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Reyj
27/6	12PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	RJ.
27/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Veena
28/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	
28/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Deluts
28/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Deluts
29/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Pooja.
29/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Swilla

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

Dr. SIRISHA RANI

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

32

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time: 9AM

Doctor / Nurse / Family Concern?

Wt: 15.8 Kg
AG: 47 cm

Temperature (F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94 — 98.5F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 — 90/70, 63

Note: BP does not score in early warning scoring

Heart Rate (Number): R 85/m

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10 — 29

Resp Rate (Number): 24 b/m

Resp Distress	Mod/ Severe / None / Mild	A
Receiving O_2 (l/min)	O_2 Saturations (%)	98
Conscious level	Normal / Altered	C
GCS *		15/15
TOTAL SCORE	Number of shaded boxes	0
	Score	0
	Observer's Initials	AR

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.

ACTIONS
Scores 3 should be acted overleaf

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

Patient Sticker

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 5 D (F)
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30

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 Time: 9AM 1pm 4pm 6pm 7pm 10pm 3am 6am

Doctor / Nurse / Family Concern?

Ah – 48 cm
wt – 15.8 kg

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3F 98.5F 98.3F 100.6F Syp. Crocin 5ml 100.0F 98.6F 98.6F 98.5F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

	9AM	1pm	4pm	6pm	7pm	10pm	3am	6am
	90	99	100	105	98	102	100	98
	75	73	78	73	70	(78)	(70)	(68)
	60	63	64	67	60	73	62	61
Heart Rate (Number)	104bpm	105bpm	105bpm	140bpm	129bpm	126bpm	108bpm	102bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	23bpm	23bpm	24bpm	24bpm	23bpm	28bpm	29bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild						–	–	–
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	99%	100%	99%	100%	100%	98%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE								
Number of shaded boxes	0	0	0	1	0	0	0	0
Score	0	0	0	0	0	0	0	0
Observer's Initials		V	V	L	L			

ACTIONS

Scores 3 should be overleaf

Score 1	: Continue normal observation by staff nurse
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14-10-2021 4 Y 9 M 5 D (F)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

Date : 20/7/26 Time:	10pm	12:30am	3Am	6Am
Doctor / Nurse / Family Concern?				
Temperature (F)	99.3°F	100.2°F (Tab. Dolo 650 mg given)	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/60 (69)	95/66 (51)	91/69 (57)	
Note: BP does not score in early warning scoring				
Heart Rate (Number)	112 b/m	115 b/m	113 b/m	
Resp. Rate (bpm) (Over 1 Minute) *	•	∘	∘	
Resp Rate (Number)	24 br/m	27 b/m	29 b/m	
Resp Distress: Mod/ Severe / None / Mild	•	∘	∘	
Receiving O_2 (l/min) O_2 Saturations (%)	99 %	100 %	100 %	
Conscious Level: Normal / Altered	C	C	C	
GCS *	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	1	0	0	
Pain Score	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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- 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

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 4 D (F)
Dr. SIRISHA RANI

29

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/2/26 Time:	8:39 AM	9 AM	9:40 AM	1 pm	4 pm	4:15	7 pm
Doctor / Nurse / Family Concern?							

Today wt 15.7 Kgs

Temperature (F)

99.4°F *100.5°F SYP+COUGH *99°F *98.6°F 98.2°F 101.2°F (PM-ACM) 97.2°F

A-G 45 cms

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

Note: BP does not score in early warning scoring

85/(65)/56 91/(73)/65 89/(60)/45° 105/(76)/66 98/(60)/45° 101/(74)/62

Heart Rate (Number)	135 b/m	110 b/m	102 b/m	108 b/m	105 b/m	102 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	24 b/m	24 b/m	24 b/m	24 b/m	24 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/2/26 Time:	9 AM	1 PM	4 PM	7 PM	10 PM	3 AM	6 PM
Doctor / Nurse / Family Concern?							
Temperature (F)	97.6°F	98°F	98.1°F	98.3°F	98.1°F	98.2°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	89 (61) 50	92 (63) 53	88 (64) 56	81 (60) 52	91 (61) 55	93 (80) 60	94 (73) 60
Note: BP does not score in early warning scoring							
Heart Rate (Number)	102 b/m	106 b/m	103 b/m	108 b/m	102 b/m	103 b/m	104 b/m
Resp Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	24 b/m	24 b/m	24 b/m	24 b/m	26 b/m	24 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	100%	100%	99%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 2 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7 Time: 8:40AM 1:30 PM 4PM 7PM 10PM 3AM 6AM

Doctor / Nurse / Family Concern?

Wt: 15.1kgs
HC: 45cms.

Temperature (F) 104 103 102 101 100 99 98 97 96 95 94

98F 98.6F 98.2F 98.2F 98.1F 98.2F 99.1F

Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

107 (86) 69 — 99 (48) 68 — 92 (37) 66 — 90 (42) 62 — 101 (73) 69 — 99 (73) 67 — 93 (71) 63

Note: BP does not score in early warning scoring

Heart Rate (Number) 152b/m 101b/m 102b/m 112b/m 102 bpm 99b/m 101 bpm

Resp. Rate (bpm) 1 Minute) * 70 60 50 40 30 20 10

Resp Rate (Number) 25b/m 22b/m 20b/m 20b/m 24b/m 25b/m 24b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min) O_2Saturations (%) 100% 100% 100% 99% 100% 98%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15 15/15 15/15 15/15

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

If the score is 2 or more or the Oxygen requirement is >3 Lit./min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7 Time: 9am 1pm 4pm 7pm 10pm 3am 6am

Doctor / Nurse / Family Concern?

Wt: 15 Kgs
AG: 45 cm

Temperature (F)

98°F 98°F *98.3°F *98.4°F *97.8°F *97.8°F *98.4°F

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

Note: BP does not score in early warning scoring

105/(54)/60 98/(69)/54 105/76/61 104/78/64 103/(66)/58 98/(64)/56 100/(63)/58

Heart Rate (Number) 110 bl/m 108 bl/m 98 bl/m 102 bl/m 118 bl/m 108 bl/m 104 bl/m

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

Resp Rate (Number) 26 bl/m 24 bl/m 23 bl/m 24 bl/m 26 bl/m 24 bl/m 26 bl/m

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2(l/min)

O_2 Saturations (%) 100% 100% 99% 100% 100% 100% 100%

Conscious Level: Normal / Altered — C C C C C C C

GCS * 15/15 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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icker

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REN'S OBSERVATION
LY WARNING SCORING TOOL

INSTRUCTIONS:

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IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL/ 125

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15.T Time: 9Am | 1pm | 4pm | 6pm | 10pm | 3am | 6am

Doctor / Nurse / Family Concern?

AG: 43 cm
Wt: 15.1 kg

Temperature (F): 98.3F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F

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

Note: BP does not score in early warning scoring

	9Am	1pm	4pm	6pm	10pm	3am	6am
BP	83/60 (70)	93/62 (72)	100/68 (76)	111/70 (82)	108/65 (-11)	98/73 (80)	97/68 (70)
Heart Rate (Number)	106/m	108/m	110/m	126/m	119/m	120/m	119/m

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

	9Am	1pm	4pm	6pm	10pm	3am	6am
Resp Rate (Number)	24/m	24/m	24/m	24/m	26/m	24/m	26/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	99%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	R	R	R	R		Ajm	Ajm

ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

19

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7/22 Time: 9AM | 1PM | 4:30 PM | 6:15 PM | 7:15 PM | 10PM | 3AM | 6AM

Doctor / Nurse / Family Concern?

Wt: 15.5kg
AG: 45cm

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2°F | 98.3°F | 98.9°F | 101.9°F | 99.7°F | 98.6°F | 98.5°F | 98°F

ANJ PCM

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

	9AM	1PM	4:30 PM	6:15 PM	7:15 PM	10PM	3AM	6AM
BP	95 (75) 57	102 (72) 61	99 (71) 58	98 (83) 69	84 (62) 57	93 (74) 68	95 (63) 73	
Heart Rate (Number)	103 b/m	116 b/m	118 b/m	126 b/m	120 b/m	102 b/m	103 b/m	100 b/m

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

70 60 50 40 30 20 10

	9AM	1PM	4:30 PM	6:15 PM	7:15 PM	10PM	3AM	6AM
Resp Rate (Number)	24 b/m	24 b/m	24 b/m	26 b/m	24 b/m	24 b/m	24 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	98%	98%	99%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	AJ	AJ	AJ	AJ	AJ	AJ	AJ	AJ

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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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)

)0619869 IP5-00175366
SHAIK MADEEHA
-2023 2 Y 9 M 3 D (F)
NDHYA VADDADI

18

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

te : 13/4/26 Time: 9Am 1Pm 4pm 7pm 10pm 3am 6am

tor / Nurse / Family Concern?

wt ≥ 15.0kg
AG = 42cm

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98°F 98.2°F 98.5°F 98.7°F *98.5°F *98.8°F *98°F

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

98 (76) 66 | 97 (72) 60 | 100 (75) 65 | 102 (80) 69 | 100 (73) 66 | 98 (73) 66 | 105 (69) 83

Heart Rate (Number) 112 b/m | 115 b/m | 107 b/m | 119 b/m | 110 b/m | 118 b/m | 120 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 24 b/m | 24 b/m | 24 b/m | 24 b/m | 24 b/m | 24 b/m | 24 b/m

Resp Distress	Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	99%	100%	100%	100%	100%
Conscious Level	Normal / Altered	C	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	1	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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)

Baby AMGOTH DHARSHINI IP5-00175645
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

17

. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/4/26 Time: 8:30AM 2PM 4PM 6PM 10pm 12AM 6AM

Doctor / Nurse / Family Concern?

AG = 44cm
wt: 15.3kg

Temperature (F)

98.8F 98.8F 98.8F 98.5F 98.5F 98.5F

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

Note: BP does not score in early warning scoring

102 (61) 66 | 99 (82) 61 | 107 (88) 77 | 103 to 69 | 101 to 63 | 98 to 67

Heart Rate (Number)

116 b/m | 120 b/m | 150 b/m | 106 b/m | 102 b/m | 96 b/m

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

Resp Rate (Number)

24 b/m | 25 b/m | 26 b/m | 23 b/m | 24 b/m | 23 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%	100%	99%
Conscious Level	Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	R	R	R	V	V	V

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

H-00547827 IP5-00175645
by AMGOTH DHARSHINI
10-2021 4 Y 8 M 27 D (F)
SIRISHA RANI

16

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/8/21 Time: 9AM | 1PM | 4PM | 7PM | 10PM | 12AM | 6AM

Doc / Nurse / Family Concern?

AH: 43cm
15.3 kgs

Temperature (F)

	9AM	1PM	4PM	7PM	10PM	12AM	6AM
	98.6°F	98.6°F	98.6°F	98.6°F	98.3°F	98.6°F	98.6°F

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

Note: BP does not score in early warning scoring

	9AM	1PM	4PM	7PM	10PM	12AM	6AM
BP	98 (71) 56	93 (71) 55	95 (74) 63	115 (94) 84	108 80 77	98 78 60	106 80 67
Heart Rate (Number)	101/m	97/m	98/m	101/m	108/m	110/m	98/m

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

	9AM	1PM	4PM	7PM	10PM	12AM	6AM
Resp Rate (Number)	25/m	26/m	26/m	24/m	23/m	24/m	23/m
Resp Distress: Mod/ Severe / None / Mild	•	•	•	•			
Receiving O_2 (l/min)					•	•	•
O_2 Saturations (%)	100%	100%	100%	100%	99%	100%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE (number of shaded boxes)	0	0	0	0	0	0	0
Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	ADM	ADM	[illegible]	[illegible]	[illegible]

ACTIONS

Scores 3 should be recorded overleaf

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Patient Sticker

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

(15)

oc. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...10/7..... Time: 9am 1pm 4pm 7pm 10pm 2AM 6AM

Doctor / Nurse / Family Concern?

wt: 15.2kg
Age: 4Years

Temperature (F)

104	103	102	101	100	99	98	97	96	95	94
					98.2F	98.2F	98.8F			

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

Note: BP does not score in early warning scoring

190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
									100	90	80	70	60	50

	9AM	1PM	4PM	7PM	10PM	2AM	6AM
	96 (69) 54	98 (74) 56	96 (70) 50	100 (74) 56	100 (72) 60	92 (72) 60	106 to 63
Heart Rate (Number)	110bpm	108bpm	109bpm	110bpm	100bpm	112bpm	105bpm

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

70	60	50	40	30	20	10

	9AM	1PM	4PM	7PM	10PM	2AM	6AM
Resp Rate (Number)	26bpm	24bpm	26bpm	24bpm	24bpm	20bpm	23bpm
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	100%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 24 D (F)
Dr. SIRISHA RANI

(14)

. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...9/7..... Time: 9 AM | 1PM | 4:30 PM | 7PM | 10PM | 3am | 6am

Doctor / Nurse / Family Concern?

↑ wt: 15.8 kg

AG: 43cm

Temperature (F)

97.8F | 98F | 98F | 98.5F | 98.6F | 98.6F | 98.6F

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

Note: BP does not score in early warning scoring

	9 AM	1PM	4:30 PM	7PM	10PM	3am	6am
BP	93/(66)/55	103/(72)/63	111/(88)/75	103/(59)/54	109/(62)/57	102/(70)/69	103/(83)/72
Heart Rate (Number)	109 b/m	111 b/m	108 b/m	112 b/m	102 b/m	112 b/m	105 b/m
Resp. Rate (Over 1 Minute) *							
Resp Rate (Number)	24 b/m	24 b/m	24 b/m	24 b/m	26 b/m	28 b/m	28 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	99%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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Patient Sticker

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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

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

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

(13)

RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7 Time: 9:15 Am | 1pm | 4pm | 7pm | 9pm | 2am | 6am

Doctor / Nurse / Family Concern?

Weight: 15.4 kgs
Ht: 112 cms

Temperature (F)

	9:15 Am	1pm	4pm	7pm	9pm	2am	6am
	97.8°F	98.2°F	98.4°F	98.6°F	98.2°F	98.2°F	98.4°F

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

Note: BP does not score in early warning scoring

	9:15 Am	1pm	4pm	7pm	9pm	2am	6am
BP	93 (76) 69	92 (67) 58	100 (78) 68	105 (80) 70	100 (73)	103 (73) 68	100 (83) 70
Heart Rate (Number)	113b/m	115b/m	103b/m	107b/m	112b/m	107b/m	108b/m

Respiratory Rate (bpm) (Over 1 Minute) *

	9:15 Am	1pm	4pm	7pm	9pm	2am	6am
Resp Rate (Number)	24b/m	24b/m	24b/m	24b/m	24b/m	24b/m	24b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	100%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	1	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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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I	**IDENTITY:** ! 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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

12

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7 Time:	9:30 AM	1:30 PM	4:30 PM	7PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?							

Wt: 15.2 kg
AG: 45.5 cm

Temperature (F): 98°F | 98.1°F | 98.2°F | 98.5°F | 98.2°F | 98.2°F | 98.8°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	106/m	101/m	103/m	109/m	102/m	112/m	102/m
BP	106/75 (85)	97/68 (78)	100/69 (78)	101/71 (81)	100/62 (77)	102/66 (78)	98/62 (76)

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

Resp Rate (Number)	22/m	22/m	24/m	24/m	24/m	24/m	20/m

Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	98%	100%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6th ..... Time:	9am	1pm - 4pm	7pm - 10pm	3AM	6AM
Doctor / Nurse / Family Concern?					

AG: 45.5cm
Wt: ~~15.8kgs~~ 15.3kg

Temperature (F)

	9am	1pm - 4pm	7pm - 10pm	3AM	6AM
Temperature (F)	afk	98.7F *	afk	afk 98.4F	98.6F * 98°F	* 98.5°F

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

Note: BP does not score in early warning scoring

	9am	1pm - 4pm	7pm - 10pm	3AM	6AM
BP	89 (74) 68	106 (71) 60	92 (79) 56	100	98 (74) 65	90 (74) 58	99 (73) 66
Heart Rate (Number)	110bpm	112bpm	110bpm	108bpm	110bpm	106bpm	110bpm

	9am	1pm - 4pm	7pm - 10pm	3AM	6AM
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24bpm	26bpm	26bpm	24bpm	25bpm	24bpm	24bpm
Resp Distress: Mod/ Severe / None / Mild		0					
Receiving O_2 (l/min)							
O_2 Saturations (%)	100%	100%	100%	100%	99%	99%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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

AH-00547827 IP5-00175645
aby AMGOTH DHARSHINI
-10-2021 4 Y 8 M 21 D (F)
r. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

te : ..17/12.. Time:	9AM	1PM	4pm	7pm		10pm	3am	6AM	
ctor / Nurse / Family Concern?									

AG-4/12 wt-15.3 kg

Temperature (F): 98.5F* | 98.5F* | 98F | 98.4F | *98.6F | *98F | *98.6F

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

Note: BP does not score in early warning scoring

94/60 (71)	105/68 (78)	95/60 (71)	109/67 (84) (Cry/crying)	95/68 (82)	90/60 (75)	98/56 (72)

Heart Rate (Number)	110bm	113bm	110bm	108bm	108b/m	105b/m	106 b/m

Resp Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)	24bm	24bm	26b/m	26b/m	26b/m	26b/m	26b/m

Resp Distress: Mod/ Severe / None / Mild	0	0			0	0	0
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	98%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 19 D (F)
Dr. SIRISHA RANI

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7 ..... Time:	9am.	1pm.	4pm	6pm	10pm	3am	6am
Doctor / Nurse / Family Concern?							
todays wt:- 15.9 Temperature (F)	98.1°F	98.1°F	98.3°F	98.6°F	98.6°F	98°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	103 / (66) / 156	99 / (71) / 61	105 / 65	98 / (66) / 57	107 / (79) / 63	98 / (74) / 62	100 / (77) / 67
Note: BP does not score in early warning scoring							
Heart Rate (Number)	102 b/m	106 b/m	118 b/m	110 b/m	120 b/m	102 b/m	105 b/m
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	24 b/m	24 b/m	22 b/m	24 b/m	26 b/m	24 b/m	20 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	100%	99%	99%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

(8)

. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/7 Time: 9AM | 1PM | 4pm | 7pm | 10pm | 3AM | 6AM

Doctor / Nurse / Family Concern?

wt 15.6 kg

Temperature (F)

98°F | 97.3°F | 98.1°F | 98.1°F | 97.5°F | 98°F | 98°F

[redacted] Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	9AM	1PM	4pm	7pm	10pm	3AM	6AM
BP	110/66	110/63	101/56	100/50	80/63 (67)	90/60 (70)	92/56 (69)
Heart Rate (Number)	100b/m	103b/m	152b/m	105b/m	120b/m	120b/m	112b/m

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

	9AM	1PM	4pm	7pm	10pm	3AM	6AM
Resp Rate (Number)	23b/m	24b/m	24b/m	24b/m	24b/m	24b/m	22b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	99%	99%	98%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score			0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
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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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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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

c. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

te : 2/7 Time: 9AM 4PM 4PM 4PM 10PM 3AM 6AM

ctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.6F* 98.6F* 98F 98F *98.8F *98°F *98.2F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

96/63 (79) 99/68 (53) 98/69 (54) 98/64 (56) 100/62 (51) 98/64 (53)

Heart Rate (Number) 106b/m 113b/m 110b/m 108b/m 109b/m 100b/m

Resp Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 23b/m 26b/m 24b/m 24b/m 24b/m 22b/m

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100-/.	100-/.	100%	100/.	99-/.	99/.
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 16 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/10 Time: 9am 1pm 6:30pm 7pm 10pm 2am 6am

Doctor / Nurse / Family Concern?

Temperature (F): 98.6°F; 98.6°F (Syp. Crocin 5ml + PCM); 101.9; 100°F; 98.5°F; 98°F; 98.2°F

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

Note: BP does not score in early warning scoring

	9am	1pm	6:30pm	7pm	10pm	2am	6am
Heart Rate (Number)	112 bpm	102 b/m	100 b/m	108 b/m	102 b/m	106 b/m	108 b/m
BP	110/67 (65)	100/82 (70)	98/69 (54)	100/74 (65)	90/72 (48)	92/68 (58)	102/82 (62)

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

	9am	1pm	6:30pm	7pm	10pm	2am	6am
Resp Rate (Number)	24 br/m	28 b/m	26 b/m	24 b/m	26 b/m	24 b/m	26 b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	100%	99%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

(5)

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/6/26 Time: 8am. 1pm 4pm 7pm. 10pm 3am 6am

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94

98.1F 98.2F 98.1F 98.4F *98.5F *98°F *98°F

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

100 (71) 60 | 101 (65) 50 | 100 (60) 50 | 101 (66) 56 | 85 (50) 40 | 90 (36) 68 | 92 (62) 52

Note: BP does not score in early warning scoring

Heart Rate (Number): 102b/m 105b/m 102b/m 105b/m 101b/m 100b/m 112b/m

Resp. Rate (bpm) (Over 1 Minute) * : 70 60 50 40 30 20 10

Resp Rate (Number): 24b/m 24b/m 24b/m 24b/m 24b/m 22b/m 24b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%): 99% 99% 99% 99% 98% 99% 99%

Conscious Level: Normal | Altered — C C C C C C C

GCS *: 15/15 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE
Number of shaded boxes: 0 0 0 0 0 0 0
Pain Score: 0 0 0 0 0 0 0
Observer's Initials: S S S [illegible] [illegible] S [illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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.
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 14 D (F)
Dr. SIRISHA RANI

4

Doc. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5.. Time: 9am | 1pm | 4pm | 7pm | 10PM | 3AM | 6AM

Doctor / Nurse / Family Concern?

Weight 15.7Kgs

Temperature (F)

	9am	1pm	4pm	7pm	10PM	3AM	6AM
	98.6F	98.6F	97.6F	98.6F	*98F	*98°F	*98.4°F

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

Note: BP does not score in early warning scoring

	9am	1pm	4pm	7pm	10PM	3AM	6AM
BP	98 (68) 59	100 (72) 60	98 (69) 59	106 (47) 69	98 (23)	90 (30) 60	94 (68) 58
Heart Rate (Number)	108b/m	112b/m	108b/m	108b/m	100b/m	102 b/m	99 b/m
Resp. Rate (bpm) (Over 1 Minute) *	28b/m	26b/m	28b/m	26b/m	24bpm	22bpm	24bpm
Resp Distress (Mod/ Severe / None / Mild)	-	-	-	-	-	-	-
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	-	0	0	0	0
Pain Score	-	-	-	-	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be *recorded overleaf*

Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7.8.6 Time: 9 1 3 7 9PM 1AM 6AM

Doctor / Nurse / Family Concern? AM PM PM PM

Temperature (F)

98°F	98.5°F	98°F	97.5°F	98.4°F	98.4°F	97.9°F

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

Note: BP does not score in early warning scoring

96 (72) 60	100 (71) 67	99 (66) 59	105 (72) 65	82 (69) 65	100 (71) 60	90 (62) 52
Heart Rate (Number) 103 b/mt	90 b/mt	99 b/mt	100 b/mt	125 b/m	80 b/m	100 b/m

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

Resp Rate (Number) 26 b/mt	26 b/mt	26 b/mt	24 b/mt	25 b/m	26 b/m	25 b/m

Resp Distress: Mod/ Severe / None / Mild	0	0	0	0	0	0
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

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Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

(12)

FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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Y WARNING SCORE: CHILDREN'S UNIT

Date : 28/6 Time: 9AM | 1pm | 4pm | 7pm | 9PM | 1AM | 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.2°F | 98.6F * | 98.6F * | *98.5°F | *98.4°F | *97.9°F

OT

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Shifted to

92 (70) 60	100 (82) 70	94 68 54	101 (86) 76	101 (65) 59	103 (70) 61
Heart Rate (Number)	102 b/m	126b/m	106b/m	118b/m	86 b/m	93b/m

Resp. Rate (bpm) (1 Minute) *

70 60 50 40 30 20 10

e (Number)	24 br/m	28b/m	26 b/m	24b/m	25 b/m	25 b/m
Mod/ Severe						
lone / Mild						
(l/min)						
s (%)	99%	100%	100%	100%	100%	100%
ormal	C	C	C	C	C	C
ered						
	15/15	15/15	15/15	15/15	15/15	15/15
RE						
haded boxes						
Initials	SB					

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.

NS
B: Scores 3 should be recorded overleaf

* 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.

e that can

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemoni 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 oper procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observati 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), OF not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really wo
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I ne do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 5 D (F)
Dr. SIRISHA RANI

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FLUID CHART

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/6 Time:	3pm	7pm	10PM	1AM	6AM
Doctor / Nurse / Family Concern?					
Temperature (F)	98.6F	98.5F	98.4°F	98.7°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 (92) 80	98 (69) 59	90 (66) 54	100 (61) 59	90 (69) 60
Note: BP does not score in early warning scoring					
Heart Rate (Number)	112 b/m	102 b/m	100 b/m	85 b/m	95 b/m
Resp. Rate (bpm) (Over 1 Minute) *	-	-	•	•	•
Resp Rate (Number)	28 b/m	24 b/m	25 b/m	25 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild			•	•	•
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C
GCS *	15/15	15/15	15/15	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

B: 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.

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Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 25

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/7/26	08:00 am			15+1								
	09:00 am	Milk	100ml	15+1						300ml		
	10:00 am	Idli		15+1								
	11:00 am			15+1			V			250ml		
	12:00 pm			15+1								
	01:00 pm			15+1						190ml		
Total Intake : 196ml						Total Output : 350ml						
20/7/26	02:00 pm	Rice	100ml	15+1						200ml		
	03:00 pm	curd		15+1						250ml		
	04:00 pm			15+1						150ml		
	05:00 pm	Papaya	150ml	15+1						200 ml		
	06:00 pm			15+1						190ml		
	07:00 pm			50ml								
Total Intake : 360ml						Total Output : 990ml						
	08:00 pm			15+1						200ml		
	09:00 pm	Curd		15+1								
	10:00 pm	Rice		15+1								
	11:00 pm	Milk	100ml	15+1								
	12:00 am			15+1								
	01:00 am			15+1						50ml		
Total Intake : 196ml						Total Output : 250ml						
	02:00 am			15+1						200ml		
	03:00 am			15+1								
	04:00 am			15+1								
	05:00 am			15+1								
	06:00 am			15+1								
	07:00 am			15+1						200ml		
Total Intake : 96ml.						Total Output : 400ml						

Total 24 hrs. Intake	848 ml – 53.6 cc/kg	Total 24 hrs. Output	1,990 ml – 5.2 cc/kg

Docu. No. : RCHBH/FRM/CLINICAL/092

m – (1)

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)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 24

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/7	08:00 am	Idly	(3)	15+1			✓			200ml		
	09:00 am	H2O	100ml	15+1			.			100ml		
	10:00 am	H2O	140ml	15+1						150ml		
	11:00 am			15+1						190ml		
	12:00 pm	H2O	100ml	15+1						140ml		Rayyan
	01:00 pm			15+1								
Total Intake : 436ml						Total Output : 480ml M-(1)						
	02:00 pm			15+1								
	03:00 pm		100ml	15+1						150ml		
	04:00 pm			15+1								Gayatri
	05:00 pm		150ml.	15+1								
	06:00 pm			15+1			✓			200ml.		
	07:00 pm			15+1.								
Total Intake : 456ml.						Total Output : 350ml.						
	08:00 pm	cudrie		15+1ml						150ml		
	09:00 pm	coconut H2O	70ml	15+1ml								
	10:00 pm	H2O	100ml	15+1ml								
	11:00 pm			15+1ml						100ml		
	12:00 am			15+1ml						180ml		
	01:00 am			15+1ml								
Total Intake : 266 ml.						Total Output : 430 ml						
	02:00 am			15+1ml								
	03:00 am			15+1ml						200ml		
	04:00 am			15+1ml								
	05:00 am			15+1ml								
	06:00 am			15+1ml						100ml.		
	07:00 am			15+1ml						200ml		
Total Intake : 96 ml.						Total Output : 500 ml.						

Total 24 hrs. Intake	1254 : 79cc/kg	Total 24 hrs. Output	1760 : 4.6cc/kg/hr

m-(2)

BAH-00547827 IP5-00175645
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Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 23

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
18/7												
	08:00 am	Idly	2 PC	15+1+5								
	09:00 am	water	170 ml	15+1+5			✓			180ml		
	10:00 am	ORS		15+1+5								
	11:00 am			10+1+5						250ml		Sumita.
	12:00 pm			10+1+5								
	01:00 pm	banana Juice	1 PC. 100ml	10+1+5								
Total Intake :			381 ml			**Total Output :**				430ml + M(1)		
	02:00 pm	rice.		10+1+5								
	03:00 pm	rice.		10+1+5								
	04:00 pm	coconut water	180ml	10+1+5+50						210ml		Sumita
	05:00 pm	ORS	180ml	10+1+5						240ml		
	06:00 pm			10+1+5						200ml		
	07:00 pm			10+1+5								
Total Intake :			506 ml			**Total Output :**				650 ml		
	08:00 pm	curd Rice		10+1+5						180ml		
	09:00 pm	H_2O	100ml	10+5+1								
	10:00 pm	Banana		10+5+1								Asma
	11:00 pm	ORS	50ml	10+5+1								
	12:00 am			10+5+1						250ml		
	01:00 am			10+5+1								
Total Intake :			240 ml			**Total Output :**				430 ml		
	02:00 am			10+5+1								
	03:00 am			10+5+1								
	04:00 am			10+5+1								
	05:00 am			10+5+1								Asma
	06:00 am			10+5+1								
	07:00 am	H_2O	100ml	10+5+1						350ml		
Total Intake :			190 ml			**Total Output :**				350 ml		

Total 24 hrs. Intake	1,319; 87cc/kg	Total 24 hrs. Output	1,860; 5cc/kg/hr

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14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
17/7	08:00 am	Idly	(2)	15+5+1			✓			100ml		
	09:00 am			15+5+1						200ml		
	10:00 am	H2O	100ml	15+5+1								
	11:00 am	[illegible]	180ml	15+5+1						190ml		Reyn
	12:00 pm	H2O	100ml	15+5+1								
	01:00 pm	ORS	170ml	15+5+1						300ml		
Total Intake :			780ml [illegible]			**Total Output :**				790ml - M=1		
17/7	02:00 pm			15+5+1								
	03:00 pm	H20	180ml	15+5+1						200ml		
	04:00 pm			15+5+1								
	05:00 pm			15+5+1								Blue
	06:00 pm	H20	180ml	40+5+1						350ml		
	07:00 pm			15+5+1								
Total Intake :		486ml				**Total Output :**				550ml		
	08:00 pm	cond Rice	1cup	15+5+1						170ml		
	09:00 pm	H20	150ml	15+5+1								
	10:00 pm	cond Rice	2cup	15+5+1								
	11:00 pm	H20	150ml	15+5+1						100ml		Karima
	12:00 am			15+5+1								
	01:00 am			15+5+1								
Total Intake :		426ml				**Total Output :**				270ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								
	06:00 am	milk	100ml	15+5+1								Karima
	07:00 am	H20	100ml	15+5+1						300ml		
Total Intake :		326ml				**Total Output :**				300ml		

Total 24 hrs. Intake	2,018; 133cc/kg
Total 24 hrs. Output	1,910; 5cc/kg/hr

M = (1)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 21

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/7												
	08:00 am	Dilly		15+5+1						250.		
	09:00 am			15+5+1								
	10:00 am	Pepsi	200ml	15+5+1			✓			100		Rajini
	11:00 am			15+5+1						210.		
	12:00 pm	H2O	50ml	15+5+1								
	01:00 pm			15+5+1								
Total Intake :		376 ml.				**Total Output :**				560ml + 1 m		
16/7	02:00 pm			15+5+1						170ml		
	03:00 pm	curd rice	100ml	15+5+1						130		
	04:00 pm	H2O		15+5+1								
	05:00 pm	coconut	150ml	15+5+1						310ml		Rajini
	06:00 pm	Idli		15+5+1								
	07:00 pm	H2O	50ml	15+5+1								
Total Intake :				361 ml		**Total Output :**				615ml		
	08:00 pm			5+5+1			✓			100ml		
	09:00 pm	H2O	100ml	15+5+1						250ml		
	10:00 pm	pediatric ORS	180ml	15+5+1								
	11:00 pm	H2O	150ml	15+5+1						172ml		Ramya
	12:00 am			15+5+1								
	01:00 am			15+5+1								
Total Intake :			556 ml			**Total Output :**				522ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								Ramya
	06:00 am			15+5+1						215ml		
	07:00 am	H2O	100ml	15+5+1						251ml		
Total Intake :			226 ml			**Total Output :**				466ml		

Total 24 hrs. Intake	1,519; 100cc/kg.	Total 24 hrs. Output	2,163; 5.9 cc

Docu. No. : RCHBH/FRM/CLINICAL/092

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14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 20

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/7												
	08:00 am	Idly	1 pm	15+5+1						190ml		
	09:00 am			15+5+1			✓			80ml		
	10:00 am	Peptamin	200ml	15+5+1								Susmita.
	11:00 am	water	50ml	15+5+1						210ml		
	12:00 pm			15+5+1+50						190		
	01:00 pm			50ml								
Total Intake :		455 ml				**Total Output :**				670ml +M(1)		
	02:00 pm	curd rice water		15+5+1								
	03:00 pm		90ml	15+5+1						210		
	04:00 pm			15+5+1								Susmita.
	05:00 pm			15+5+1						72ml		
	06:00 pm	coconut water	150ml	15+5+1+50						~~180ml~~		
	07:00 pm			15+5+1						210ml		
Total Intake :		446 ml				**Total Output :**				492 ml		
	08:00 pm	Curd Rice	1cup	15+5+1								
	09:00 pm	peptamin milk	170ml	15+5+1						230ml		
	10:00 pm	H20	100ml	15+5+1								Kavima
	11:00 pm			15+5+1						240ml		
	12:00 am			15+5+1								
	01:00 am			15+5+1								
Total Intake :		416 ml				**Total Output :**				470 ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								Ayan
	06:00 am			15+5+1								
	07:00 am	H20	100 ml	15+5+1						172ml		
Total Intake :		226 ml				**Total Output :**				172 ml.		

Total 24 hrs. Intake	1,543 ml / 99 cc/kg.	Total 24 hrs. Output	1,804 ml / 4.8 cc/kg/hr

M1 M1

BAH-00547827 IP5-00175645
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14-10-2021 4 Y 9 M 0 D (F)
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FLUID CHART

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Sheet No. : 19

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/7	08:00 am	Idly	2 pc	15+5+1			✓			150ml		
	09:00 am	ORS	120 ml	15+5+1								
	10:00 am	water	50ml	15+5+1						220ml		
	11:00 am	ORS	120ml	15+5+1								
	12:00 pm	curd rice		15+5+1						238ml		
	01:00 pm	coconut water	80 ml	15+5+1								
Total Intake :			496 ml			Total Output :				600ml + M (1)		
14/7	02:00 pm	Peptamin	180 ml	15+5+1						220ml		
	03:00 pm			15+5+1								
	04:00 pm	coconut water	80ml	15+5+1								
	05:00 pm			15+5+1						364ml		
	06:00 pm			15+5+1+22								
	07:00 pm			15+5+1								
Total Intake :			408ml			Total Output :				584ml		
14/7	08:00 pm	Curd Rice	½	15+5+1 ml			✓ Urine			140ml		
	09:00 pm			15+5+1 ml						190ml		
	10:00 pm	H2O	100ml	15+5+1 ml								
	11:00 pm			15+5+1 ml								
	12:00 am			15+5+1 ml								
	01:00 am			15+5+1 ml								
Total Intake :			226ml			Total Output :				330ml	M – 1	
15/7	02:00 am			15+5+1 ml								
	03:00 am			15+5+1 ml								
	04:00 am			15+5+1 ml								
	05:00 am			15+5+1 ml								
	06:00 am			15+5+1 ml								
	07:00 am			15+5+1 ml						200ml		
Total Intake :			126ml			Total Output :				200ml		

Total 24 hrs. Intake	1256 ± 83.73 cc/kg/day	Total 24 hrs. Output	1,714; 4.6 cc/kg/hr

M – (2)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 18

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
13/X												
	08:00 am	idly	2 pc	15+1+5			✓			300ml		
	09:00 am	ORS	80ml	15+1+5								
	10:00 am			15+1+5			✓			150ml		
	11:00 am			15+1+5								
	12:00 pm			15+1+5						200ml		
	01:00 pm	curd rice		15+1+5								Susmita
Total Intake :			296 ml			**Total Output :**				650ml + M (2)		
	02:00 pm	water	100ml	15+1+5								
	03:00 pm	Peptamin	180 ml	15+1+5						340ml		
	04:00 pm			60 ml								
	05:00 pm			60 ml								Susmita.
	06:00 pm	ORS	200ml	60ml						240 ml		
	07:00 pm			70ml						118 ml + 60		
Total Intake :			772 ml			**Total Output :**				758 ml		
	08:00 pm	H2O	100ml	15+5+1								
	09:00 pm			15+5+1								
	10:00 pm			15+5+1						172ml		
	11:00 pm			15+5+1								
	12:00 am			15+5+1								
	01:00 am			15+5+1								Aparna
Total Intake :			286 ml			**Total Output :**				172 ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								
	06:00 am			15+5+1						150ml		
	07:00 am	H2O	100ml	15+5+1						271ml		Aparna
Intake :			286 ml			**Total Output :**				421 ml		

hrs. Intake	1,550 ; 64 cc/kg/hr	Total 24 hrs. Output	2,001 ; 5.3 cc/kg/hr

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 17

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/10	08:00 am	H/y	(2)	15+5+1						190ml		
	09:00 am			15+5+1			✓			150ml		
	10:00 am	milk	100ml	15+5+1								
	11:00 am	ORS	200ml	15+5+1						140ml		
	12:00 pm			15+5+1								
	01:00 pm			15+5+1								
Total Intake :				426ml		Total Output :				480ml		
	02:00 pm			15+5+1						170ml		
	03:00 pm	H2O	140ml	15+5+1								
	04:00 pm			15+5+1						150ml		
	05:00 pm			15+5+1								
	06:00 pm	H2O	60ml	15+5+1								
	07:00 pm			15+5+1								
Total Intake :				336ml		Total Output :				320ml		
	08:00 pm		(cool)	15+5+1								
	09:00 pm	H2O		15+5+1								
	10:00 pm			15+5+1						170ml		
	11:00 pm			15+5+1								
	12:00 am			15+5+1								
	01:00 am			15+5+1								
Total Intake :			226ml			Total Output :				170ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								
	06:00 am			15+5+1						90ml		
	07:00 am			15+5+1								
Total Intake :			126ml			Total Output :				90ml		

Total 24 hrs. Intake	978 ÷ 10.7cc/kg	Total 24 hrs. Output	1174 ÷ 3.2cc/kg

m = 1

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
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FLUID CHART

Sheet No. : 16

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

360
125
486

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/2	08:00 am	Today	2	15+5+1 ml								
	09:00 am	Depet		15+5+1 ml								
	10:00 am		180ml	15+5+1 ml						220ml		
	11:00 am	ORS		15+5+1 ml			✓					
	12:00 pm		150 ml	15+5+1 ml						100ml		
	01:00 pm	Dal	1	15+5+1 ml								
Total Intake :		485 ml				**Total Output :**				320 ml + 1 (W)		
	02:00 pm	~~Today~~		15+5+1						150ml		
	03:00 pm	Rice	1 plate	15+5+1								
	04:00 pm			15+5+1								
	05:00 pm			15+5+1						269ml		
	06:00 pm	ORS	150ml	15+5+1								
	07:00 pm			15+5+1						290ml		
Total Intake :		276 ml				**Total Output :**				709 ml.		
	08:00 pm			15+5+1								
	09:00 pm			15+5+1								
	10:00 pm			15+5+1			✓					
	11:00 pm			15+5+1						50ml		
	12:00 am	Rice Hzo 100ml		15+5+1								
	01:00 am			15+5+1								
Total Intake :		226 ml				**Total Output :**				50ml		
	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								
	06:00 am			15+5+1						241		
	07:00 am			15+5+1								
Total Intake :		126 ml				**Total Output :**				241 ml		

Total 24 hrs. Intake	1314 ml / 46.41 cc/kg	Total 24 hrs. Output	1320 ml / 39.5 cc/kg

m = 2

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 15

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/7	08:00 am			15+5+1								
	09:00 am			15+5+1						200ml		
	10:00 am			15+5+1								
	11:00 am	thro	100ml	15+5+1								
	12:00 pm			15+5+1								Ng
	01:00 pm	thro	150ml	15+5+1						200ml		
Total Intake :		376ml				**Total Output :**				400ml		
10/7	02:00 pm			15+5+1								
	03:00 pm			15+5+1								
	04:00 pm			15+5+1						200ml		
	05:00 pm			15+5+1								
	06:00 pm	thro	200ml	15+5+1								Ng
	07:00 pm			15+5+1						200ml		
Total Intake :		426ml				**Total Output :**				400ml		
10/7	08:00 pm			15+5+1								
	09:00 pm			15+5+1								
	10:00 pm			15+5+1						150ml		
	11:00 pm			15+5+1								Nov
	12:00 am			15+5+1								
	01:00 am			15+5+1								
Total Intake :			126ml			**Total Output :**				150 ml		
11/7	02:00 am			15+5+1								
	03:00 am			15+5+1								
	04:00 am			15+5+1								
	05:00 am			15+5+1								Nov
	06:00 am			15+5+1								
	07:00 am			15+5+1						900ml		
Total Intake :			126ml			**Total Output :**				200ml		

Total 24 hrs. Intake	1054 ÷ 43.9 cc/kg	Total 24 hrs. Output	1150 : 3.1 cc/kg/hr

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 24 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 14

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
9/7			Mouth	I.V	N.G							
	08:00 am	Idly	½	25+1+5						190 ml		
	09:00 am	water	100ml	15+1+5						150ml		
	10:00 am	electral water	180ml	15+1+5			✓			80ml		Sushmita.
	11:00 am	ORS	170 ml	15+1+5								
	12:00 pm			15+1+5						50ml		
	01:00 pm			15+1+5						142ml		
Total Intake :			586 ml			**Total Output :**				712 ml + M(1)		
	02:00 pm	curd rice.		15+1+5						220 ml		
	03:00 pm	water	100ml	15+1+5								
	04:00 pm			15+1+5								
	05:00 pm	coconut water	160ml	15+1+5						150ml		Sushmita.
	06:00 pm			15+1+5						120ml		
	07:00 pm			15+1+5						250		
Total Intake :			386 ml			**Total Output :**				740 ml		
	08:00 pm	curd		15+1+5ml								
	09:00 pm	Rice		15+1+5ml								
	10:00 pm	t20	100ml	15+1+5ml						181ml		
	11:00 pm			15+1+5ml								
	12:00 am			15+1+5ml								
	01:00 am			15+1+5ml								
Total Intake :		226ml				**Total Output :**				181ml		
	02:00 am			15+1+5ml								
	03:00 am			15+1+5ml								
	04:00 am			15+1+5ml								
	05:00 am			15+1+5ml								
	06:00 am			15+1+5ml						240ml		
	07:00 am			15+1+5ml								
Total Intake :		126ml				**Total Output :**				240 ml		

Total 24 hrs. Intake	1,324 ml – 83.7 ml/kg	Total 24 hrs. Output	1,873 ml – 5.13 ml/kg

m-(1)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 13

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7	08:00 am	3 dly	1½	25ml+5						0		
	09:00 am	coconut	180ml	25ml+5			✓			190ml		
	10:00 am	water		25ml+5								
	11:00 am			25ml+5						120ml		
	12:00 pm			25ml+5								
	01:00 pm			25ml+5			✓			60ml		
Total Intake :		366ml				**Total Output :**				370ml + ml (2)		
8/7	02:00 pm	curd rice		25ml+5								
	03:00 pm			50ml						252ml		
	04:00 pm	water	150ml	60ml								
	05:00 pm			60ml								
	06:00 pm			60ml						320ml		
	07:00 pm			60ml								
Total Intake :		471 ml				**Total Output :**				572 ml		
8/7	08:00 pm		ekele/c	25+5ml						170ml		
	09:00 pm			25+5ml								
	10:00 pm	ORS	100ml	25+5ml								
	11:00 pm			25+5ml								
	12:00 am			25+5ml						190ml		
	01:00 am			25+5ml								
Total Intake :		286ml				**Total Output :**				360ml		
9/7	02:00 am			25+5ml								
	03:00 am			25+5ml								
	04:00 am			25+5ml								
	05:00 am			25+5ml								
	06:00 am			25+5ml								
	07:00 am	Milk	200ml	25+5ml						210ml		
Total Intake :		386ml				**Total Output :**				210ml		

Total 24 hrs. Intake	1509 ÷ 98cc/kg	Total 24 hrs. Output	1512 ÷ 4.2cc/kg

M-2

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 12

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7							V(s)					
	08:00 am	Idly	1pc	25+15								
	09:00 am	water	50 ml	25+15			V(s)			40ml		
	10:00 am	coconut water	40ml	25+15								
	11:00 am	coconut water	40 ml	25+15						120ml		Susmita
	12:00 pm	coconut water	50ml	25+15						180ml		
	01:00 pm	~~curd~~		25+15								
Total Intake :		366 ml				Total Output :				340ml + M(2)		
7/7	02:00 pm	curd rice.		50ml						150ml		
	03:00 pm	water	60ml	25+15			V			190ml		
	04:00 pm			25+15			V			50ml		Susmita
	05:00 pm	ORS water	200ml	25+15								
	06:00 pm	coconut water	100ml	12.5						310ml		
	07:00 pm			12.5						210		
Total Intake :		528 ml				Total Output :				910	+ M (2).	
7/7	08:00 pm			12.5ml								
	09:00 pm	.	ORS 100ml	12.5ml						100ml		
	10:00 pm	1120	50ml	12.5ml			V			180ml		
	11:00 pm			12.5ml								Ajay
	12:00 am			12.5ml								
	01:00 am			12.5ml						200ml		
Total Intake :		225ml				M(1) Total Output :				380ml		
8/7	02:00 am			25+15								
	03:00 am			25+15								
	04:00 am			25+15								
	05:00 am			25+15						160ml		Ajay
	06:00 am			25+15								
	07:00 am		100ml	25+15						200ml		
Total Intake :		286ml				Total Output :				360ml		

Total 24 hrs. Intake	1405 ÷ 58.54cc/kg	Total 24 hrs. Output	1,990 ÷ 5.52cc/kg

M-5

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : (11)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
6/x												
	08:00 am	Idli	½ P	30+1ml						250ml		
	09:00 am	H_2O	100ml	30+1ml				✓		40ml		
	10:00 am			30+1ml								
	11:00 am			30+1ml								
	12:00 pm			30+1ml			✓					
	01:00 pm			30+1ml						240ml		
Total Intake : 286ml.						**Total Output :** 530 ml + (1) V.						
	02:00 pm			50ml								
	03:00 pm			50ml				✓		240.		
	04:00 pm	two	100ml	50ml								
	05:00 pm			50ml						20ml		
	06:00 pm			50ml								
	07:00 pm			50ml						20ml		
Total Intake : 400ml.						**Total Output :** 380ml + (1) V						
	08:00 pm	curd		25+5+1ml								
	09:00 pm	rice		25+5+1ml								
	10:00 pm	+20	100ml	25+5+1ml								
	11:00 pm			25+5+1ml						140ml	2 Sonom	
	12:00 am			25+5+1ml								
	01:00 am			25+5+1ml								
Total Intake : 316 ml						**Total Output :** 140ml.						
	02:00 am			25+5+1ml								
	03:00 am			25+5+1ml								
	04:00 am			25+5+1ml								
	05:00 am			25+5+1ml							3 Sonom	
	06:00 am			25+5+1ml						200ml		
	07:00 am			25+5+1ml								
Total Intake : 216 ml						**Total Output :** 200ml						

Total 24 hrs. Intake	1218 : 49 cc/kg	Total 24 hrs. Output	1250 : 3.4 cc/kg/hr

M-✍ V-(2)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 19 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 10 (15.3 kgs)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/7	08:00 am			30+1ml						187ml		
	09:00 am	Idli	2p	30+1ml								
	10:00 am	H2O	70ml	30+1ml			✓			150ml		
	11:00 am	peptimilk		30+1ml								
	12:00 pm	coconut water	100ml	30+1ml						100ml		
	01:00 pm			30+1ml								
Total Intake : 356ml						Total Output : 437 ml + (1) ml						
	02:00 pm			20+1								
	03:00 pm			20+1						140ml		
	04:00 pm	two	100ml	20+1								
	05:00 pm			20+1						130ml		
	06:00 pm	two	100ml	20+1								
	07:00 pm			20+1						100ml		
Total Intake : 326ml						Total Output : 390ml						
	08:00 pm			20+1ml				✓				
	09:00 pm			20+1ml								
	10:00 pm	H20	50ml	20+1ml								
	11:00 pm			20+1ml								Sonam
	12:00 am			20+1ml						300ml		
	01:00 am			20+1ml								
Total Intake : 176 ml						Total Output : 300ml						
	02:00 am			20+1ml								
	03:00 am			20+1ml						150ml		
	04:00 am			20+1ml								Sonam
	05:00 am			20+1ml								
	06:00 am			20+1ml								
	07:00 am			20+1ml						200ml		
Total Intake : 126ml						Total Output : 350 ml						

Total 24 hrs. Intake	984; 64 cc/kg	Total 24 hrs. Output	1,477 ; 3.6cc/kg

M→(1) F→(1)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 19 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 9

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/12	08:00 am	daily		30+1						200ml		Gayatri
	09:00 am			30+1								
	10:00 am		100ml	30+1								
	11:00 am	H_2O		30+1								
	12:00 pm			30+1						150ml		
	01:00 pm			30+1								
Total Intake : 286ml.						**Total Output :** 350 ml.						
	02:00 pm	rice		30+1								Susmita.
	03:00 pm	water	150ml	150ml			✓					
	04:00 pm			30+1						200ml		
	05:00 pm			30+1						150ml		
	06:00 pm	peptamin milk	210ml	30+1								
	07:00 pm			30+1						200ml		
Total Intake : 675 ml						**Total Output :** 550ml M-1						
	08:00 pm	cereal		30+1ml								Soram
	09:00 pm			30+1ml						70ml		
	10:00 pm	Peptamin	200ml	30+1ml								
	11:00 pm	H2O	150ml	30+1ml								
	12:00 am			30+1ml								
	01:00 am			30+1ml								
Total Intake : 486 ml						**Total Output :** 70ml						
	02:00 am			30+1ml								240ml
	03:00 am			30+1ml								
	04:00 am			30+1ml								
	05:00 am			30+1ml								
	06:00 am			30+1ml								
	07:00 am			30+1ml						240ml		
Total Intake : 186 ml						**Total Output :** 240 ml						

Total 24 hrs. Intake	1,632; 102 cc/kg	Total 24 hrs. Output	1210 : 2·2 cc/kg/hr

M-1

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 8

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7	08:00 am			20+1						150ml		
	09:00 am	H2O	100ml	20+1								Nav
	10:00 am			50								
	11:00 am			50								
	12:00 pm			4+20			✓			100ml		
	01:00 pm	Rice H2O	50ml	4+20								
Total Intake :			370 ml			Total Output : 250ml					n=1	
	02:00 pm			4+20								
	03:00 pm			4+20						100ml		
	04:00 pm			4+20								Gayab
	05:00 pm		100ml	4+20								
	06:00 pm			4+20						200ml		
	07:00 pm			20+1								
Total Intake :		225ml				Total Output : 300ml						
	08:00 pm	curd		30+1								
	09:00 pm	Rice		30+1						120ml		
	10:00 pm	H2O	100ml	30+1								pooja.
	11:00 pm			30+1								
	12:00 am			30+1						200ml		
	01:00 am			30+1								
Total Intake :		286 ml				Total Output : 320ml						
	02:00 am			30+1								
	03:00 am			30+1						150ml		
	04:00 am			30+1								Aaaa
	05:00 am			30+1								
	06:00 am			30+1						250ml		
	07:00 am			30+1								
Total Intake :		186 ml				Total Output : 400ml						

Total 24 hrs. Intake	1,077 ; 66 cc/kg.	Total 24 hrs. Output	1,270 ; 3.6 cc/kg/hr.

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Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 7

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7												
	08:00 am	idly	2-	50+1						200ml		
	09:00 am	Hotmilk	100ml	50+1								
	10:00 am			50+1								
	11:00 am			50+4								deeraj
	12:00 pm			50+4								
	01:00 pm	H2o	100ml	50+4			✓			200ml	2	
Total Intake : 515 ml						**Total Output :** 400 ml + 1 m						
	02:00 pm			50+4								
	03:00 pm	H2o 200ml		30+4						200ml		
	04:00 pm			30+4								
	05:00 pm			30+4								
	06:00 pm			30+4								
	07:00 pm	H2o 100 ml		30+4						200ml		
Total Intake : 504 ml						**Total Output :** 400 ml.						
	08:00 pm			30+1								
	09:00 pm	Rice		30+1						200ml		
	10:00 pm	H2O	100ml	30+1								pooja.
	11:00 pm			30+1								
	12:00 am			30+1								
	01:00 am			30+1								
Total Intake : 186 ml						**Total Output :** 200 ml						
	02:00 am			30+1								
	03:00 am			30+1								
	04:00 am			30+1								qs.
	05:00 am			30+1						150ml		
	06:00 am			30+1								
	07:00 am			30+1						200ml		
Total Intake : 186 ml						**Total Output :** 350 ml						

Total 24 hrs. Intake	1401 : 85.9 cckg	Total 24 hrs. Output	1350 : 3.45 cckg

M=1

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 6

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
[redacted] 1/7												
	08:00 am			30+1								
	09:00 am			30+1								
	10:00 am	Dosa		30+1								
	11:00 am	H2o	200ml	30+1						300ml		Sai
	12:00 pm			30+1								
	01:00 pm			30+1								
Total Intake :		286 ml				**Total Output :**				300ml		
	02:00 pm			30+3								
	03:00 pm			30+3								
	04:00 pm		200ml	30+3				✓				
	05:00 pm	Two		30+3						300ml		Bh
	06:00 pm			30+3								
	07:00 pm			30+3				✓✓				
Total Intake :		398ml				**Total Output :**				300ml + 2 V.		
[redacted]	08:00 pm			50+1								
	09:00 pm			50+1								
	10:00 pm	H_2O	100ml	50+1						200ml		Pooja
	11:00 pm			50+1								
	12:00 am			50+1								
	01:00 am			50+1						150ml		
Total Intake :		406 ml				**Total Output :**				350 ml		
	02:00 am			50+1								
	03:00 am			50+1								
	04:00 am			50+1								
	05:00 am			50+1						250ml		Apoorva
	06:00 am			50+1								
	07:00 am			50+1						150ml		
Total Intake :		306 ml				**Total Output :**				400ml		

Total 24 hrs. Intake	1,396 ; 85cc/kg	Total 24 hrs. Output	1,350 ; 3.4cc/kg/hr.

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/10	08:00 am	Jelly		30+1						200ml		
	09:00 am			30+1								
	10:00 am		100ml.	30+1								
	11:00 am	H2O.		50+1						150ml		Gayatri
	12:00 pm			50+1								
	01:00 pm			50+1								
Total Intake : 346 ml						Total Output : 350 ml						
	02:00 pm			50+1								
	03:00 pm			50+1						200ml		
	04:00 pm		100ml	50+1								Gayatri
	05:00 pm			50+1								
	06:00 pm			50+1						100ml		
	07:00 pm			50+1.								
Total Intake : 406 ml.						Total Output : 300ml						
	08:00 pm	Curd		55+1								
	09:00 pm	Rice		55+1						200ml.		
	10:00 pm	H2O	100ml.	30+1								
	11:00 pm			30+1								Pooja
	12:00 am			30+1						150ml		
	01:00 am			30+1								
Total Intake : 336 ml						Total Output : 350ml						
	02:00 am			30+1								
	03:00 am			30+1						150ml		
	04:00 am			30+1								Aman
	05:00 am			30+1								
	06:00 am			30+1						150ml		
	07:00 am			30+1								
Total Intake : 186 ml						Total Output : 300ml						

Total 24 hrs. Intake	1274 ; 76 cc/kg	Total 24 hrs. Output	1,300 ; 3.5 cc/kg/hr

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 4

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29-04										200ml		
	08:00 am			40+1								
	09:00 am	Rdy		40+1								Suy
	10:00 am	H2o	30ml	40+1								
	11:00 am			40+1								
	12:00 pm			40+1								
	01:00 pm			40+1						50ml		
Total Intake :		296ml				**Total Output :**				250ml		
	02:00 pm			40+1						150ml		
	03:00 pm			40+1								
	04:00 pm	H2o	100ml	40+1								
	05:00 pm			40+1								
	06:00 pm			50ml								
	07:00 pm			50ml						150ml		
Total Intake :		361ml				**Total Output :**				300ml		
	08:00 pm			50+1ml								
	09:00 pm	H2o	100ml	50+1ml								Dorm
	10:00 pm			50+1ml						180ml		
	11:00 pm			50+1ml								
	12:00 am			50+1ml								
	01:00 am			50+1ml						100ml		
Total Intake :		406ml				**Total Output :**				280ml		
	02:00 am			50+1ml								
	03:00 am			50+1ml								
	04:00 am			50+1ml						150ml		
	05:00 am			50+1ml								Adm
	06:00 am			50+1ml								
	07:00 am	H2o	100ml	50+1ml						100ml		
Total Intake :		406ml				**Total Output :**				250ml		

Total 24 hrs. Intake	1,469 ; 90 cc/kg.	**Total 24 hrs. Output**	1,080) 2.7 cc/kg/hr

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : 3

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

28/6

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Idli		40+1								
	09:00 am	H2O	100ml	40+1								
	10:00 am			40+1			✓			200 ml		
	11:00 am			40+1								
	12:00 pm			40+1								
	01:00 pm			40+1								
Total Intake : 346 ml						**Total Output :** 200 ml.						
	02:00 pm	Rice		40+1								
	03:00 pm	H2O	100ml	40+1								
	04:00 pm			50 ml								
	05:00 pm			50 ml						200 ml		
	06:00 pm			50 ml								
	07:00 pm			50 ml								
Total Intake : 382 ml.						**Total Output :** 200 ml.						
	08:00 pm			40+1								
	09:00 pm	Rice + Dal		40+1						100 ml		
	10:00 pm			40+1								
	11:00 pm	H2O	150 ml	40+1								
	12:00 am			40+1						200 ml		
	01:00 am			40+1								
Total Intake : 396 ml.						**Total Output :** 300 ml						
	02:00 am			40+1								
	03:00 am			40+1						200 ml		
	04:00 am			40+1								
	05:00 am			40+1								
	06:00 am			40+1						50 ml		
	07:00 am			40+1								
Total Intake : 246 ml.						**Total Output :** 250 ml						

Total 24 hrs. Intake	1370 ml ÷ 85 cc/kg.	Total 24 hrs. Output	950 ml ÷ 2.4 cc/kg/day

M - (1)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

Pati

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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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

22/6		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	N		40+1ml						150ml		
	09:00 am			40+1ml								
	10:00 am	P		40+1ml			✓					
	11:00 am	M		40+1ml						100ml		
	12:00 pm			40+1ml								
	01:00 pm			40+1ml								
Total Intake : 245 ml						Total Output : 250ml						M-(1)
	02:00 pm		H20	—		—	—	—	—	—		Dsuj
	03:00 pm			40+1ml								
23/6	04:00 pm	Rice		40+1								
	05:00 pm	H20	100ml	50ml								
	06:00 pm			50ml						200ml		
	07:00 pm			40+1								
Total Intake : 323ml						Total Output : 200 ml						
	08:00 pm			40+1								
	09:00 pm	H20	150ml	40+1								
	10:00 pm	Rice		40+1								Susmita.
	11:00 pm	Egg bhurji		40+1								
	12:00 am	H20	100ml	40+1								
	01:00 am			40+1						300ml		
Total Intake : 496 ml						Total Output : 300ml						
	02:00 am			40+1								
	03:00 am			40+1						200ml		
	04:00 am			40+1								Susmita.
	05:00 am			40+1								
	06:00 am			40+1						80ml		
	07:00 am			40+1								
Total Intake : 296 ml						Total Output : 280ml						

Total 24 hrs. Intake	1310 ÷ 80.38 cc/kg/day	Total 24 hrs. Output	1030 ÷ 2.6 cc/kg/day

M-(1)

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : (1)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/10	08:00 am											
	09:00 am											
	10:00 am						NEW ADMISSION					
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm									200ml	0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	Rice		55+1						50ml	0	
	07:00 pm	H2o	100ml	55+1							0	
Total Intake :		213ml				**Total Output :**	250ml					
	08:00 pm			40+1								
	09:00 pm	H2O	100ml	40+1								
	10:00 pm	Dal+		40+1						100ml		
	11:00 pm	chatni		40+1								
	12:00 am			40+1								
	01:00 am			40+1						120ml		
Total Intake :				346ml		**Total Output :**				220ml		
	02:00 am			40+1								
	03:00 am			40+1								
	04:00 am			40+1						140ml		
	05:00 am			40+1								
	06:00 am			40+1								
	07:00 am			40+1						100ml		
Total Intake :				246ml		**Total Output :**				240ml		

Total 24 hrs. Intake	805 ÷ 48.7cc/kg/day	Total 24 hrs. Output	710ml ÷ 2.3cc/kg/24

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:40pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction No allergy Body Weight: 16.3 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: No Significant

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

If yes please list, ...

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

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

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

Observations: Weight: 16.3Kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 126/m RR: 28c/m BP: 100/62(70)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 25) (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 0 Location NA Frequency NA Duration NA

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): .....

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify ..... Inform consultant for positive criteria.

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☑ ~~Mother~~ ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to ..... Moltisi .....

Nurse Signature: .....

Nurse Name: ..... Smiltisi .....

Date: ..... 26/6 .....

Time: ..... 1.40PM .....

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 21/7/26

Assessment: patient is having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

Special Notes: .....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 20/7/26

Assessment: patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the patient condition.	9pm	→ Assessed the patient condition.	patient feel better.
10pm	→ maintain personal hygiene.	11pm	→ maintain personal hygiene.	
12am	→ monitor vital signs.	1am	→ monitor. vital signs.	
2am	→ Administer medication	3am	→ Administered medication.	
4am	→ maintain I/O chart.	5am	→ maintained I/O chart.	
6am	→ provide Supportive care.	7am	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes:

Nurse Signature: Kavinna Nurse Name: Kavinna Date & Time: 21/7/26 @ 8am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 20/1/26

Assessment: patient having weakness

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
2:10pm	- Assess the patient general condition	3:25pm	- Assessed the patient general conditions	pt was stable
3:10pm	- monitor the vital and record	3:30pm	- monitored the vital and recorded	
4pm	- maintain fluid balance	4:30pm	- maintain fluid DNS 10ml hr	
5pm	- provide safety	6pm	- provided side rail	
5:30pm	- provided medication as per doctor order		- provided medications as per doctor order	
7pm	- provided general hygiene	7:45pm	- provided mouth care	

Re-Assessment: patient was stable

Special Notes: continue same CBP T/o

Nurse Signature: Nalini Nurse Name: Nalini Date & Time: 20/1/26 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 20/2

Assessment: Patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	◦ Assess the patient general condition.	8am	◦ Assessed the patient general condition.	
10AM	◦ Maintain IV fluid.	10am	◦ Continue IV fluid.	Patient felt better.
12PM	◦ Monitor vitals.	12PM	◦ Checked vitals.	
2PM	◦ Administer medication as per order.	2PM	◦ Giving medication as per order.	

Re-Assessment: Patient felt better.

Special Notes:

Nurse Signature: as. Nurse Name: Ganga Date & Time: 20/2, 2PM

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 5 D (F)
Dr. SIRISHA RANI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 19/7/26

Assessment: pat baby has weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess general condition of the patient	9pm	Assessed general condition of the patient	Patient is stable.
10pm	Monito vital signs	11 pm	monitored vital signs.	
12pm	Maintain hygiene	2pm	maintained hygiene	
3pm	Ensure safety	4pm	provided side rails	
5pm	Administer medications As per orders	6pm	Administer medications As per orders	
7pm	maintain I/o chat	8pm	maintained I/o chat	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature: GS Nurse Name: Gayathri Date & Time: 20/7/26 8AM

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 4 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 19/7/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the patient general condition	3pm	Assessed the patient general condetion	patient feels better
4pm	check vital	4:30.	checked vital	
5pm	provide side rails	5:30	provided side rails	
6pm	Maintain B/O chart.	6:30	Maintained B/O chart	
7pm	Administer medication	8pm	Administered medication	

Re-Assessment: re- assessment every 4 hourly

Special Notes: IVA

Nurse Signature: G Nurse Name: Gayathri Date & Time: 19/7/26 @ 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 4 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 19/7/26

Assessment: Baby has low grade pyrexia [100.5°C]

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess General condition of the baby	8am	assessed General condition of the baby	Baby has reduced pyrexia
8:10 am	Monitor vital Signs	8:10am	Monitored vital signs	
9AM	Administer Medications as per chart & to give syp: Crocin	9am	administered Medications as per chart & given syp Crocin	
10AM	Ensure Safety	10am	provided side safety	
11AM	Maintain personal hygiene	11am	performed hand hygiene	
12pm	maintain fluid balance	12pm	Administered I/v fluids	
1PM	Maintain I/o chart	1pm 1pm	maintained I/o chart	

Re-Assessment: Baby has Normal Temperature

Special Notes:

Nurse Signature: Ruji Nurse Name: Rajnimam Date & Time: 19/7/2026 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 4 D (F)
Dr. SIRISHA RANI

Patient Sticker

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 18/7/26

Assessment: patient is having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general Condition	8:30pm	* Assess the general Conditions	patient is Comfortable.
10pm	* Monitor and note vitals	10:30pm	* monitored and noted vitals	
12Am	* Provide Comfortable position	12:30Am	* Provided Comfort position	
2Am	* Provide Supportive Care	2:30Am	* Provided Supportive Care.	
4Am	* Ensure Safety.	4:30Am	* Provided side rails & pillows	
6Am	* Monitor output	6:30Am	* Monitored output by diaper weight.	
7Am	* Administer medications.	7:30Am	* Administered medications as per order.	

Re-Assessment: patient is Comfortable

Special Notes:

Nurse Signature: Ann M Nurse Name: Ann M Date & Time: 19/7/26 @ 8Am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 18/07/26.

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 Am.	Assess the patient condition.	9 Am	Assessed the patient condition	Patient's condition is now improved.
10 Am	To check vital signs.	11 Am	checked vital signs and recorded.	
12 pm	To maintain good nutritional status.	12 pm.	Provided good nutritional diet.	
2 pm	To maintain fluid balance.	3 pm.	Maintained fluid balance.	
4 pm	To prevent infection.	5 pm.	Administered medications as per doctors order.	
6 pm	To maintain I/o chart.	7 pm-	Maintained I/o chart.	

Re-Assessment: Patient's condition is now stable.

Special Notes: —Nil—

Nurse Signature: Nurse Name: Susmita. Date & Time: 18/7 @ 8 pm.

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 17/7/26

Assessment: patient is having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is Comfortable
10 pm	*monitor and note vitals	10:30pm	*monitored and noted vitals	
12Am	*Provide comfortable position	12:30Am	*Provided comfortable position	
2Am	*Provide supportive care.	2:30Am	*Provided supportive care	
4Am	*Ensure safety.	4:30Am	*Provided pillows & Side rails	
6Am	*Monitor and note output	6:30Am	*monitored output by diaper weight	
7Am	*Administer medications.	7:30Am	*Administered medications	

Re-Assessment: patient is Comfortable

Special Notes:

Nurse Signature: Arun Nurse Name: Arun m Date & Time: 18/7/26 @ 8Am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 2 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 17/4/22

Assessment: Baby having poor oral intake

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess General condition of the baby	8am	assessed General condition of	Baby
8:10am	Monitor vital signs	8:10am	the baby	
9am	Administer Medications as per chart	9am	monitored vital signs	
9:30 AM	Ensure safety	9:30am	administered Medications as per chart	has
10AM	change position frequently	10AM	provided safe safe	eating well
11am	Encourage oral intake	9am	provided changed positions frequently	
12pm	maintain fluid balance	12pm	improved oral Intake	
4pm	maintain personal hygiene	5pm	administered I/v fluids	
6pm	Maintain I/O chart	7pm	performed hand hygiene	
			maintained I/O chart	

Re-Assessment: Baby has Eating well

Special Notes: NIL

Nurse Signature: Jyoti Nurse Name: Dayamma Date & Time: 17/4/22 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 2 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 16/7/26

Assessment: patient is having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm 10pm 12Am 2Am 4Am 6Am 7Am	*Patient is having *Assess the general condition *monitor and note vitals *Provide comfortable position *Provide supportive care *Administer medications *Monitor output. *Ensure safety.	8:30pm 10:30pm 12:30Am 2:30Am 4:30Am 6:30Am 7:30Am	*Assessed the general condition *monitored and noted vitals. *Provided comfortable position *Provided supportive care *Administered medications *monitoring output by diaper weight *Provided side rails & pillows	patient is comfortable.

Re-Assessment: patient is comfortable.

Special Notes:

Nurse Signature: Anu M Nurse Name: Anu M Date & Time: 17/7/26 @ 8Am

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 16/7/26

Assessment: Patient having Dull activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2-30pm	- Assess the patient general condition	3pm	- Assessed the patient general condition	pt was Stable
3:30pm	- monitor the vital advice	4pm	- monitored the vital and record	
4:30pm	- provide personal Hygiene	5pm	- provided personal Hygiene	
5:30p	- prevent infection	6:6pm	- prevented infection by feeding hand wash.	
6:45pm	- maintain fluid balance	7pm	- maintained fluid balance	
7-45p	- provide patient & family eduction	8p	- provided patient & family eduction	

Re-Assessment: patient was stable

Special Notes: continue same

Nurse Signature: Darshini Nurse Name: Darshini Date & Time: 16/7/26 @ 8p

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 16/7/26

Assessment: The Patient having Weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Monitor Vitals	9am	Monitored Vitals	Pt felt better.
9am	Administer medication as per doctor advice	10am	Administered medication as per doctor advice	
10am	Provide Hydration	11am	Provided Hydration	
11am	Provide Supportive Care.	12pm	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature: Pooja Nurse Name: Pooja Date & Time: 16/7/26 9pm

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 15/3/26

Assessment: Patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm 10pm 12am 2am 4am	→ Assess the patient general condition → Maintain Personal hygiene. → Ensure Safety → Maintain fluid Balance → Administer medications as order	8:30pm 10:30pm 12:30am 2:30am 4:30am	→ Assessed the patient Gengl Condition → Maintained Personal hygiene → Provided Sidrails → Maintained fluid Balance → Given medications as order	Patient is active

Re-Assessment: Patient is active

Special Notes:

Nurse Signature: Nurse Name: Savitha Date & Time: 16/3/26 8am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 15/7/26

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 Am	Assess the patient condition.	9Am	Assessed the patient condition.	Patient's condition is now improved.
10Am	To check vital signs.	11Am	Checked vital signs and recorded.	
12pm	To ~~not~~ maintain good nutritional diet.	1pm.	Provided good nutritional diet.	
2pm	To maintain fluid balance.	3pm.	Maintained fluid balance.	
4pm	To prevent infection.	5pm.	Administered medication as per doctors order.	
6pm	To maintain I/O chart.	7pm.	Maintained I/O chart.	

Re-Assessment: Patient is Stable.

Special Notes: —Nil—

Nurse Signature: ..... Nurse Name: Sowmya Date & Time: 15/7/26 @ 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 14/7/26

Assessment: the patient having Weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	↓ to check the vitals	10pm	↓ to check the vitals	↓ the patient is stable
9pm	↓ maintain I/O Chart	5am	↓ maintain I/O chart	
3am	↓ maintain IV fluid	6am	↓ maintain IV fluid	
3:15am	↓ Administer medicine	6:30am	↓ Administer the medicine	
3:30am	↓ provide comfortable position	7am	↓ provided comfortable position	

Re-Assessment: the patient is the - DD

Special Notes:

Signature: ✓ Nurse Name: Arulle Date & Time: 15/7/26 at 8am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 14/07/26

Assessment: Patient's having Weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient condition.	9Am	Assessed the patient's condition.	Patient's condition is now improved.
10Am	To check vital signs.	11Am	checked vital signs and recorded.	
12pm	To provide nutritional diet.	1pm	Provided good nutritional diet.	
2pm	To maintain fluid balance.	3pm	Maintained fluid balance.	
4pm	To prevent infection.	5pm	Administered medications as per doctors order.	
6pm	To maintain I/o Chart.	7pm	Maintained I/o Chart.	

Re-Assessment: Patient is stable now.

Special Notes: — Nil —

Nurse Signature: S Nurse Name: Susmita. Date & Time: 14/07/26 @ 8pm.

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 13/7/26

Assessment: Baby having ct hydrocephalus loose stool

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the child Gens condition	4pm	* Assessed the child Gen condition	Baby ty
10pm	* monitor vital sign	4pm	* monitor vital sign	
12Am	* maintain I/o chart	2Am	* maintained I/o chart	
3am	* Adequate rest to other pts	3am	* Adequate rest to other pts	good
5am	as per doctor advice	7am	as per doctor advice	
	* Ct scan baby with mother		* Ct scan baby with mother	

Re-Assessment: .....

Special Notes: watch for diet & any allergy

Nurse Signature: ..... Nurse Name: Bhavya Date & Time: 13/7/26 @ 8pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 13/07/26

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient condition.	9Am.	Assessed the patient condition.	
10Am	To check vital signs.	11Am.	checked vital signs.	Patient's condition is now improved
12pm	To maintain fluid balance	1pm.	Maintained fluid balance.	
2pm	To Maintain Good nutritional status.	2:30pm	Provided nutritional diet.	
3pm	To start PRBC transfusion.	3:35 pm	PRBC transfusion started.	
5pm	To prevent infection.	6 pm.	Administered medications as per doctors order.	
7pm	To maintain I/o chart.	7:30pm	Maintained I/o Chart.	

Re-Assessment: Patient is now stable.

Special Notes: —Ali—

Nurse Signature: Nurse Name: Susmita. Date & Time: 13/07/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 12/11/26

Assessment: patient having stomach pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9:35 pm	→ Assess the patient general condition	10pm	→ Assessed the patient general condition	pt was stable
10:35pm	→ monitor the vital and record	11:35pm	→ monitored the vital and record	
12:35 M	→ provide personal hygiene	1:40AM	→ provided personal hygiene	
2:40AM	→ provide ensure safety	3:25 AM	→ provided side rail to prevent fall	
4:40AM	→ provide medications	5AM	→ provided medications as per doctor ordr	
6:40 AM	→ provide patient & family education	7AM	→ provided patient & family education	

Re-Assessment: patient was stable

Special Notes: Continue Same

Nurse Signature: Nurse Nurse Name: Nurse Date & Time: 13/11/26 @ 8am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 12/7/22

Assessment: Baby has Nausea related to chemotherapy

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess General condition of the baby	8am	assessed General condition of the baby	Baby don't have vomiting sensation
8:10 am	Monitored vital signs	8:10 am	Monitored vital signs	
10 AM	Administer medications as per chart & INJ-order	10am	administered medications as per & given INJ order	
12PM	to ~~ad~~ Maintain fluid balance	1pm	maintained fluid balance	
3PM	ensure safety	3pm	provided order early	
7pm	Maintain I/O chart	4PM	maintained I/O chart	

Re-Assessment: Baby has ~~de~~ doesn't have Nausea

Special Notes:

Nurse Signature: Rayi Nurse Name: Rayamani Date & Time: 12/7/22@8PM

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 27 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 11/7/22

Assessment: patient have Stomach Pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9:30pm	Assess the patient genrl condition	10pm	Assessed the patient genrl conditions	pt was stable
11:25pm	monitored the vital sn record	12AM	monitored the vital sn record	
12:50 AM	provide medications	1AM	provided Syp. sucral	
3AM	provide personal Hygiene	3:30AM	provided personal Hygiene	
4:30AM	provide super safety	5AM	provided site rail	
6:35AM	provide Good nutritious Stuffy	7AM	provided good nutritious stuffy	

Re-Assessment: patient was stable

Special Notes: continue same

Nurse Signature: Nurse Name: Nurse Date & Time: 12/7/22 @ 8AM

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 27 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/7/26

Assessment: Patient having bed activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:30 pm	→ Assess the patient general condition	9:10 pm	- Assessed the patient general condition	pt was
10pm	- monitor the vital and record	10:10 pm	- monitored the vital and recorded	
11:15pm	- provide precaution	12:20 am	- provided medication as per doctor order	
1:30 am	- provide super safety	3:10 am	- provided side rail to prevent fall	
2:45 am	- Relieve pain & discomfort	5:10 am	- Provide ORS	
5 am	- maintain fluid balance	7:45 am	- monitored the urine output	
7:10	- monitor the urine output			

Re-Assessment: Patient was Stable

Special Notes: Continue same

Nurse Signature: Nursing Nurse Name: Nursing Date & Time: 11/7/26 @ 8 am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 10/7/25

Assessment: The Patient having Weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Monitor Vitals	10am	Monitored Vitals	Pt felt better
10am	Administer medications as per doctor advice	11am	Administered medications as per doctor advice	
12pm	Provide Hydration	4pm	Provided Hydration	
5pm	Provide Supportive Care	6pm.	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature: Pooja Nurse Name: Pooja Date & Time: 10/7/25 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 9/7/26

Assessment: Baby having cl hydration loosing

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Afess the child cons condition	9p	* Assessed the child cons condition	* Baby fly Good.
10p	* moni vital sign	11p	* moni vital sign	
11p	* maint I/O chart	12a	* maint I/O chart	
1a	* Administ medicat as per doct ord	2a	* Administ medicat as per doct ord	
3a	* provide comfort pos	5a	* provided comfort posit	
		7a	with hourly vital signs	

Re-Assessment: .....

Special Notes: watch for diff & any abnorm

Nurse Signature: ..... Nurse Name: Bhanu Date & Time: 10/7/26 @ 8p

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 09/07/26

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient condition.	9Am	Assessed the patient condition.	Patient's condition is now improved.
10Am	To check vital signs.	11Am.	checked vital signs and recorded.	
12pm	To maintain good nutritional status.	1pm.	Prorided nutritional diet	
2pm	To maintain fluid balance.	3pm.	Maintained fluid balance.	
4pm	To prevent infection.	5pm.	Administered medication as per doctors order.	
6pm	To maintain I/o chart.	7pm.	Maintained I/o chart.	

Re-Assessment: Patient is now stable.

Special Notes: Nil

Nurse Signature: ..... Nurse Name: Susmita. Date & Time: 09/07/26 @ 8pm

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ ~~Night~~ Date: 8/7/26

Assessment: Baby having ct hydration

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the child general condition	9pm	* Assess the child general condition	baby fly good
10p	* monitor vital sign	10pm	* monitor vital sign	
11pm	* maintain I/O chart	12am	* maintain I/O chart	
1am	* Administ medication as per doctor orders	3am	* Administ medication as per doctor orders	
4am	* ct scan instruct	6am	* ct scan as per chart	
7am	* provide comfort pos with	7:30am	* provide comfort pos hourly vital monitor	

Re-Assessment:

Special Notes: watch feed, dext & any abnormal

Nurse Signature: Nurse Name: Bhuvan Date & Time: 8/7/26 @ 8am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 08/07/26.

Assessment: Patient's having Weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am.	Assess the patient condition.	9Am.	Assessed the patient condition.	patient's condition is now improved
10Am	To check vital signs.	11Am.	checked vital signs and recorded.	
12pm	To maintain fluid balance.	1pm.	Maintained fluid balance.	
2pm	To maintain good nutritional diet.	3pm.	Maintained good nutritional diet.	
4pm	To prevent infection.	5pm.	Administered medication as per doctor's order.	
6pm	To maintain I/o chart.	7pm.	Maintained I/o chart.	

Re-Assessment: Patient is stable now.

Special Notes: CBP, LFT, creat tomorrow.

Nurse Signature: ..... Nurse Name: Susmita. Date & Time: 08/07 @ 8pm

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Baby AMGOTH DHARSHINI
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Dr. SIRISHA RANI

NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ ~~Night~~ Date: 7/8/20

Assessment: Baby having active hydration looking good

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Asess the child General condition	9am	* Assessed the child Gen condition	
10am	* maint ctd sfgy	10:30Am	* maint ctd sfgy	
11Am	* maint D/o chart	12Am	* maintain D/o chart	* Baby fm
2pm	* Administ reduce sig as per doct ord	3am	* Administ medicn sig as per doct ord	good
5pm		5am		
6pm	* provide comfort pos	7:30am	* provided comfort pos with hourly vitals monit	

Re-Assessment: .....

Special Notes: watch for fever & any abnorm

Nurse Signature: ..... Nurse Name: Shwan Date & Time: 8/7/26 @ 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Assessment: Patient's having Vomiting Sensation.

Date: 07/07/26

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient condition.	9Am	Assessed the patient condition.	Patient's condition is now improved.
10Am	To check vital signs.	11Am	checked vital signs and recorded.	
12pm	To maintain fluid balance.	1pm	Maintained fluid balance	
2pm	To start chemotherapy.	3pm	Methotrexate started	
4pm	To maintain good nutritional status.	5pm	Provided good nutritional diet.	
6pm	To prevent infection and reduced vomiting.	6:30pm	Administered medications as per doctors order.	
7pm	To maintain Ito chart.	7:30pm	Maintained Ito chart.	

Re-Assessment: Patient's vomiting sensation decreased

Special Notes: folinic tomorrow

Nurse Signature: Nurse Name: Susmita - Date & Time: 07/07 @ 8pm

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Baby AMGOTH DHARSHINI
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 6/7/26

Assessment: patient is having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is Comfortable
10pm	*Monitor and note vitals	10:30pm	*Monitored and noted vitals	
12Am	*Provide comfortable position	12:30Am	*Provided comfortable position	
2Am	*Provide supportive care.	2:30Am	*Provided supportive care.	
4Am	*Ensure Safety	4:30Am	*Provided Side rails & pillows	
6Am	*Monitor output.	6:30Am	*Monitored output.	
7Am	*Administer medications as per order.	7:30Am	*Administered medications as per order.	

Re-Assessment: patient is Comfortable

Special Notes:

Nurse Signature: Amm Nurse Name: Amm Date & Time: 7/7/26 @ 8Am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 6/7/26.

Assessment: patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the Patient condition	8:30Am	Assessed the patient condition	patient feel better now.
9Am	monitor-vital.	8:30Am	monitored vital.	
10Am	maintain IV fluids.	11Am	maintained IV fluids.	
11Am	Administer medication.	12Pm	Administered medication.	
12pm	Provide personal hygiene.	12:30Pm	Provided personal hygiene	
1pm	provide supportive care.	1:30pm	provided supportive care.	

Re-Assessment: patient feel better now.

Special Notes: PRBC today, folenic acid given, CBP, c-o level, SE TIM.

Nurse Signature: ..... Nurse Name: SUBHANKAR Date & Time: 6/7/26 @ 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 5/7

Assessment: patient heaving weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Asiess the patient general condition	9pm	Assessed the patient general condition	
10pm	monitor vitals	10.15pm	monitored vitals	
12Am	maintains personal heygiene.	1AM	maintained personal heygiene	patient feels better.
2Am	Ensure Safety.	3AM	provided side rails.	
4Am	Administer medications	5AM	Administered medications	
6Am	maintains I/v chart	8AM	maintained I/v chart.	

Re-Assessment: patient is stable.

Special Notes: —

Nurse Signature: [signature] Nurse Name: pooja. Date & Time: 6/7/26 @ 8Am

4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 5/2/26

Assessment: The Patient having Headache

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
3pm	Monitor Vitals	3pm	Monitored Vitals	
3pm	Administer medication as per doctor advice	4pm	Administered medication as per doctor advice	Pt felt better
4pm	Provide Hydration	5pm	Provided Hydration	
5pm	Provide Supportive Care	6pm	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature: Nurse Name: Pooja Date & Time: 5/2/26 6pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: Patient Having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM.	Assess the patient condition	8:30AM	Assessed the patient condition.	patient feel better. now.
9AM	monitor vital	9:30AM	monitored vital.	
10AM	maintain IV fluids	11AM.	Maintained IV fluids	
12PM	Administer medication. Provide personal hygine. Provide supportive care	1PM.	Administered medication. provided personal hygine. provided supportive care.	

Re-Assessment: Patient feel better NOW.

Special Notes: MTX today, Folenic TIM, PRBC TIM.

Nurse Signature: ..... Nurse Name: Subhankar. Date & Time: 5/7/26 @ 2PM.

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 4/7/26

Assessment: patient is having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is comfortable
10pm	*Monitor and note vitals	10:30pm	*monitored and noted vitals	
12Am	*Provide comfortable position	12:30Am	*Provided comfortable position.	
2Am	*Provide supportive care.	2:30Am	*Provided supportive care	
4Am	*Ensure Safety	4:30Am	*Provided side rails & pillows.	
6Am	*Administer medications.	6:30Am	*Administered medications	
7Am	*Monitor output.	7:30Am	*monitoring output by diaper weight.	

Re-Assessment: patient is comfortable

Special Notes:

Nurse Signature: Arun M Nurse Name: Arun M Date & Time: 5/7/26 @ 8Am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 4/7/26

Assessment: patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient	9Am	Assessed the patient	patient feels
10Am	general condition	11Am	general condition	better
12pm	check vital	1Pm	checked vital	
2pm	provide sick food	3Pm	provided sick food	
4pm	Maintain I/O chart	5Pm	Maintained I/O chart.	
6Pm	Maintain personal hygien	6:30pm	Maintained personal hygien	
7pm	Administe medication	7:30pm	Administered medication	

Re-Assessment: NA

Special Notes: NA

Nurse Signature: Nurse Name: Gayathri Date & Time: 4/7/26 @

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 3/7.

Assessment: patient hearing weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient general condition	
10pm	monitor vitals	10:15pm	monitored vitals	
12AM	maintain personal heygiene	1AM	maintained personal heygiene	patient is
2AM	Ensure safety	3AM	provided side rails	now improved
4AM	Administer medications	5AM	Administered medications	
6AM	maintain I/v chart.	8AM	maintained I/v chart	

Re-Assessment: patient feels better.

Special Notes:

Nurse Signature: pooja Nurse Name: poojA Date & Time: 4/7/26 @ 8AM

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 3/7/26

Assessment: patient having unconsciousness

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
2pm	Assess the patient general condition	3pm	Assessed the patient general condition	patient feels better
4pm	check vitals	4:30	checked vitals	
5pm	provide side rails	5:30	provided side rails	
6pm	Maintain I/O chart	6:30	Maintained I/O chart	
7pm	Administer medications	8pm	Administered medications	

Re-Assessment: NA

Special Notes: NA

Nurse Signature: G Nurse Name: Goyathri Date & Time: 3/6/26 @ 8pm

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Baby AMGOTH DHARSHINI (F)
14-10-2021 4 Y 8 M 18 D
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 31/1/26

Assessment: Patient having Nausea poor oral intake

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

Time	Plan of Care	Time	Implementation	Evaluation
8:35 AM	-Assess the patient send condition	9:10 AM	-Assisted the patient send condition	pt vog good
10 AM	-monitor the vital and record	10:35 AM	-monitored the vital and recorded	
4 AM	-provide chemotherapy	11:20 AM	-provided chemotherapy Rituximab and ATG	
12 PM	-maintain fluid balance	12:35 PM	-provided antibiotic as per doctor order	
12:10 PM	-provide medications			
1 PM	-provide supra safty	1:30 PM	-provided site send	

Re-Assessment: Patient was stable

Special Notes: Continue same

Nurse Signature: Nurse Nurse Name: Nurse Date & Time: 31/1/26 @ 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 18 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 2/7/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general Condition of the patient.	9pm	→ Assessed the general Condition of the patient.	Patient felt better
10pm	→ Monitor vital Signs.	11pm	→ Monitored vital Signs.	
12Am	→ Provide Side rails.	1Am	→ Provided Side rails.	
2Am	→ Maintain hygiene	3Am	→ Maintained hygiene	
4Am	→ Administer medication	6Am	→ Administered medication	
7Am	→ Maintain I/o chart.	8Am	→ Maintained I/o chart.	

Re-Assessment: Patient felt better

Special Notes: —

Nurse Signature: S

Nurse Name: Soman

Date & Time: 8/7 @ 8Am

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 2/7/26

Assessment: The Patient having Headache

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Monitor Vitals	3pm	Monitored Vitals	Pt felt better
3pm	Administer medication as per doctor advice	4pm	Administered medication as per doctor advice	
4pm	Provide Hydration	5pm	Provided Hydration	
5pm	Provide Supportive Care	6pm.	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature: Nurse Name: Roja Date & Time: 2/7/26 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 2/7/26

Assessment: patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	→ Assess the pt genral condition	8:30 AM	→ Assessed the pt genral condition	pt feels better
9AM	→ monitor the vital signs	9:30 AM	→ TO check the Recorded the vital signs	
10AM	→ provide the supportive care	10:30 AM	→ TO given oral medication	
11AM	→ Ensure the safety needs	11:30 AM	→ provided the side rails	
12pm	→ Maintaine the IIo clint	12:30 pm	→ TO check the urine output & Recorded.	
1pm	→ plan ATG	2pm	→ TO convert the ATG	
	→ administer the medication		→ Administered the the medication	

Re-Assessment: pt feels better

Special Notes:

Nurse Signature: Nurse Name: Veena Date & Time: 2/7/26 @ 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 1/7/26

Assessment: patient heaving weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient general condition	patient is now improved.
10pm	monitor vitals	10:15pm	Monitored vitals	
12pm	maintain personal heygiene	1AM	maintained personal heygiene	
2AM	Ensure Safety	3AM	provided side rails	
4AM	Administer medications	5AM	Administered medications	
6AM	maintain I/v chart.	8AM	maintained I/v chart.	

Re-Assessment: patient feels better

Special Notes:

Nurse Signature: pooja Nurse Name: poojan Date & Time: 2/7/26 @ 8AM

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 17 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 17/26

Assessment: Patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the Patient General condition.	4pm	Assessed the patient General condition	pat is stable
10am	→ Maintain Personal hygiene.	11am	- maintained personal hygiene	
12pm	→ Maintain Ifochart	12:30pm	- maintained Ifo chart	
1pm	→ Administered medications	1:30pm	- Administered medicals	
2pm	- Ensure Safety	2:00pm	- provided Sides Rails	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature: Sunitha Nurse Name: Sunitha Date & Time: 4/7/26 @ 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 16 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 1/2/26

Assessment: patient having weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess general condition & the patient	2pm	Assessed the patient condition.	patient is comfortable.
3pm	- monito vital signs	3pm	checked vitals.	
4pm	- maintain hygiene	4pm	maintaining personal hygiene	
8pm	- Administer medication	8pm	Given Medication as per Doctor Advised..	
6pm	- Ensure safety	6pm	provide side Rails.	
7pm	→ maintain fluid Balance	7pm	Continue IV fluids	

Re-Assessment: Re-Assessment 4th Hourly

Special Notes: NA

Nurse Signature: Priyanka Nurse Name: priyanka. Date & Time: 1/2/26 at 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 16 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 30/6/26.

Assessment: patient leaving weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient gurals condition	patient feels better.
10pm	monitor vitals	10:pm	monitored vitals	
12AM	maintain personal heygiene	1AM	maintained personal heygiene	
2AM	Ensure safety	3AM	provided side rails	
4AM	Administer medications	5AM	Administered medications	
6AM	maintain g/r chart	7AM	maintained g/r chart	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature: pooja Nurse Name: pooja Date & Time: 1/7/26 @ 8AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 30/6/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the patient general condition	3pm	Assessed the patient general condition	patient feels better
4pm	check vitals	4:30	checked vitals	
5pm	provide sick bed	5:30	provided sick bed	
6pm	Maintain I/O chart	6:30	Maintained I/O chart	
7pm	Administer medications	8pm	Administered medications	

Re-Assessment: NA

Special Notes: NA

Nurse Signature: G Nurse Name: Gayathri Date & Time: 30/6/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 Am	Assess the patient general condition	9 Am	Assessed the patient general condition	patient feels better.
10 Am	check vitals	10:30	checked vitals	
11 Am	provide side rails	11:30	provided side rails	
12 Pm	Maintain I/O chart	12:30	Maintained I/O chart	
1 Pm	Administer medication	2 Pm	Administered medication	

Re-Assessment: re-assessment every 4th hourly

Special Notes: NPO

Nurse Signature: ..... Nurse Name: Gonya3 Date & Time: 20/6/20 @ 2pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 29/6/26

Assessment: patient is having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Asses the general condition	8:30pm	* Assessed the general condition	patient is comfortable.
10pm	* monitor and note vitals	10:30pm	* monitored and noted vitals	
12Am	* Provide comfortable position	12:30Am	* Provided comfortable position	
2Am	* Provide Supportive care	2:30Am	* Provided supportive care.	
4Am	* Ensure Safety.	4:30Am	* Provided side rails and pillows	
6Am	* Educate parents.	5:30Am	* Educated eg. Personal hygiene.	
7Am	* Administer medications.	6:30Am	* Administered medications.	
	* Monitor output.	7:30Am	* Monitoring diaper weight.	

Re-Assessment: patient is comfortable.

Special Notes:

Nurse Signature: Arun M Nurse Name: Arun M Date & Time: 30/6/26 @ 8Am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 29/6/26

Assessment: Patient having dull activity.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient General Condition	8:30am	→ Assessed the patient condition	Patient feel Better
12pm	→ Maintain personal hygiene.	12:30pm	→ Maintained personal hygiene.	
2pm	→ Monitor vital Signs	2:30pm	→ Monitored vital Signs	
4pm	→ Ensure Safety.	4:30pm	→ provided side rails	
5pm	→ Maintain Normal diet.	5:30pm	→ Given medications as order	
6pm	→ Administer medications as order	6:30pm	→ explained normal diet	

Re-Assessment: Patient is active

Special Notes:

Nurse Signature: Nurse Name: Sowjanya Date & Time: 29/6 8pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 28/6/26

Assessment: The Patient having Intolerance

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	Monitor Vitals	11pm	Monitored Vitals	
12am	Administer Medication as per doctor advice	1am	Administered medication as per doctor advice.	Pt felt better
4am	Provide Hydration	5am	Provided Hydration	
5am	Provide Supportive Care	6am	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature: Nurse Name: Pooja Date & Time: 29/6/26 8am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 28/6/26

Assessment: Patient c/o ↓s weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the patient condition	8 am	Assessed the patient condition	Patient is comfortable
10 am	Monitor vitals	10 am	Checked vitals	
12pm	Ensure safety		provide side rails	
2pm	Maintain I/O chart	12pm	passed urine.	
4pm	Maintain fluid balance	2pm	continue IV fluids	
6pm	Maintain personal Hygiene	4pm	Maintaining personal Hygiene.	
8pm	Relieve pain	6pm	Given Medication	
		8pm		

Re-Assessment: Re-Assessment 4th Hourly.

Special Notes: NA.

Nurse Signature: Debnath Nurse Name: priyanka. Date & Time: 28/6/26 at 8pm

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 27/6/26

Shift: ☐ Morning ☑ Afternoon ☐ Night

Assessment: The Patient having blockness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	Monitor Vitals	11pm	Monitored Vitals	
12am	Administer medication as per doctor advice	1am	Administered medication as per doctor advice	Pt felt bet
4am	Provide Hydration	5am	Provided Hydration	
5am	Provide Supportive Care	6am	Provided Supportive Care	
6am	Provide Psychological Support	7am	Provided Psychological Support	

Re-Assessment: Pt felt better

Special Notes:

Nurse Signature:

Date & Time: 28/6 8am

Shift: ☐ Morning ☑ After

Assessment:

Goals
- ☐ Maintain Airway and Oxygenatic
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

Time	
2pm	Monitored Vi
3pm	maint
4pm	provid
5pm	Observ
6pm	Npo E
7pm	Pt se

Re-Assessment:

Special Notes:

Nurse Signature:

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

(1)

NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 26/6

Assessment: pt having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	◦ Assess the pt general condition.	2:30pm	◦ Assessed the pt general condition.	sign
4pm	◦ Maintain I/O chart.	4:30pm	◦ Maintaining I/O chart.	pt felt comfortable
6pm	◦ Administer medication as per doctor's order.	6:30pm	◦ Giving medication as per order.	"
7pm	◦ Maintain personal hygiene.	7:30pm	◦ Maintaining personal hygiene.	

Re-Assessment: pt felt comfortable.

Special Notes:

Nurse Signature: ..... Nurse Name: Ganga Date & Time: 26/6

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. S.R Department: ONCO Date of Admission: 26/6/26

SITUATION

Diagnosis: ~~BMT~~ Beta Thalasemia major

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

	Area / Shift Time	ER 1:25 pm	Onco 8pm	Onco 8AM	Onco 8AM-2PM	Onco 11:30AM-8pm	Onco 8am
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.8°F	98.6F	98°F	98°F	98.6F	98°F
	Res:	28bpm	28b/m	26bpm	26bm/m	24bm	26b/m
	SpO_2:	100%	100%	100%	99%	100%	100%
	Pulse:	122bpm	112b/m	113bpm	102b/m	100bm	104b/m
	BP:	94/52	100/62(94)	100/51	90/66	100/64	100/60
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0/10	0	0	0	0	0
Recommendations	Safety Needs:	Yes	Side rails	Side rails	side rails	Side rails	Side rail
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	NA	NA	nil	NA	NA	NA
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		pooja	Savitha	Rajamani	Gargi	Anu	Pooja
Signature :				Rajamani			
Date:		26/6/26	26/6	27/6	27/6	27/6	28/6
Time:		1:30pm	8pm	8AM	2PM	8pm	8am
Taken Over By Name :		Gargi	Anu	Gargi	Reena	Anu	Priyanka
Signature :							
Date:		26/6	26/6	27/6	27/6	27/6	28/6
Time:		1:40pm	8pm	8AM	11am	8pm	8am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

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Rainbow Children's Hospital
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. SIRISHA RANI Department: Hemato - onco/ogy Date of Admission: 26/6/26

SITUATION

Diagnosis: Beta Thalasemia mejor.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	onco 8pm	onco 8am	onco 8am-8pm	onco 8pm-8am	onco 8pm	onco 8pm
Medical Condition (Any special condition to be noted):	NA.	NA	NA	N.A	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98	98.6F	98°F	98.1F	98.1F
Res:	26 b/mt	26 b/m	28 b/m	24 b/m	24 b/m.	24 b/m
SpO_2:	100%	100%.	100%.	100%.	100%.	100%.
Pulse:	1105/mt	110 b/m	1126/m	110 b/m	110 b/m	110 b/m
BP:	100/60	100/60	98/59 (62)	93/68 (70)	93/68	93/68
Fall Risk Score:	0	10	10	10	10	10
Pain Score:	10	0	0	0	0	0

Recommendations

Safety Needs:	Side Rail's	Side rail	Side rails	Side rails	side rails	side rails
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA.	NA	NA	N.A	NA	NA
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	N.A	NA	NA
Post Operative Procedure Special Orders:	NA.	NA	NA	N.A	NA	NA
Handed Over By Name :	priyanka Rekha	Pooja.	Swetha	Arun M	NA	NA
Signature :						
Date:	28/6	29/6	29/6	30/6		
Time:	8pm	8am.	8pm	8am	2pm	8pm.
Taken Over By Name :	Rekha	Swetha	Subhankar	Pooja	Goutam	Soham
Signature :						
Date:	28/6	29/6	29/6	30/6	30/6	30/6
Time:	8pm	8am	8pm	8am.	2pm.	8pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI (F)
14-10-2021 4 Y 8 M 13 D
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirisha Rani Department: Oncology Date of Admission: 26/6.

SITUATION

Diagnosis: Beta Thalasemia major

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	ONCO 8AM	ONCO 8AM-2PM	ONCOLOGY 8PM	ONCO 8AM	ONCO 2PM	ONCO 8PM
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.5F	97.1F	98°F	98.5F	98.6F	97F
	Res:	24b/m	24b/m	24b/mt	24b/m	26b/m	24b/m
	SpO_2:	99%	100%	100%	99%	100%	100%
	Pulse:	110b/m	110bpm	110b/mt	110b/m	106b/m	110b/m
	BP:	98/61	109/72	100/60	100/61	96/56(71)	96/60
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
Recommendations	Safety Needs:	side rails	side rails	side Rails	side rails	side rails	side rail
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Others Specify:	NA	NA	NA	NA	NA	NA
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		pooja	sowmithri	priyanka Rekha	pooja	Veera	Pooja
Signature :							
Date:		1/7	1/7	1/7	2/7	2/7/26	2/7
Time:		8AM	2PM	8pm	8AM	2PM	8pm
Taken Over By Name :		Sowmithri	Pooja	Rekha	Veera	Pooja	Rekha
Signature :							
Date:		1/7	1/7	1/7	1/7/26	2/7	2/7
Time:		8am	2pm	8pm	8:00am	2pm	8pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI (F)
14-10-2021 4 Y 8 M 18 D
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Sirisha Ram Department: Oncology Date of Admission: 26/6

SITUATION

Diagnosis: Beta Thalasemia

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	Onco 8AM	Onco 8AM to 2PM	Onco 2PM-8PM	Onco 8AM	Onco	BMT 8PM-8AM
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6F	98.3F	98.6F	98.4F	98.4F	98°F
Res:	25bpm	24bpm	24bpm	24bpm	24bpm	24bpm
SpO_2:	100%	99%	99%	98%	95%	98%
Pulse:	107bpm	105bpm	109bpm	102bpm	102bpm	102bpm
BP:	110/71(SI)	101/60	101/66	101/61	101/61	100/63(To)
Fall Risk Score:	10	10	10	10	10	10
Pain Score:	0	0	0	0	0	0

Recommendations

Safety Needs:	Bed Rails	Side rails	Bed rails	Side rails	Side rails	Side rails
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Others Specify:	NA	NA	NA	NA	NA	NA
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Soujanya	Naveen	Gayatri	Pooja	Gayatri	Arun M
Signature :						
Date:	3/7	3/7	3/7	4/7	4/7	5/7
Time:	8AM	2PM	8PM	8AM	8PM	8AM
Taken Over By Name :	Naveen	Gayatri	Naveen	Gayatri	Arun M	Subramanyam
Signature :						
Date:	3/7	3/7	3/7	4/7	4/7	5/7
Time:	8PM	2PM	8PM	8AM	8PM	8AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirisha Rani Department: Oncology Date of Admission: 26/6

SITUATION

Diagnosis: Beta thalassemia

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: NA

BACKGROUND

Area / Shift Time	BMT 8pm to 8am	BMT 2pm	BMT 8pm	ONCO 8pm to 8am	ONCO 8am to 8pm	ONCO 8pm to 8am
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
Vital Signs: Temp:	98.3F	98.6F	98°F	98.3F	CRBT	98.3F
Res:	22b/m	25b/m	24b/m	23b/m	24b/m	23b/m
SpO_2:	99%	100%	100%	99%	100%	99%
Pulse:	104b/m	116b/m	102b/m	103b/m	110b/m	108b/m
BP:	100/60	110/60 (70)	100/70 (60)	95/60	100/60	100/63
Fall Risk Score:	Stable	10	10	10	10	10
Pain Score:	0/10	0	0	0	0	0

Recommendations

Safety Needs:	side rail	Sedet	side rails	side rail	Bed rail	side rail
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	N.A.	NA	NA	NA
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	NA	NA	N.A	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	N.A	NA	NA	NA
Handed Over By Name :	Naveen	Soham	Aarthi	Naveen	Rajamani	Naveen
Signature :						
Date:	10/7/26	11/7	11/7	12/7	12/7	13/7
Time:	8pm	2pm	8pm	8AM	8PM	8pm
Taken Over By Name :	Soham	Aarthi	Subhakar	Raji	Saranam	Naveen
Signature :						
Date:	11/7	11/7	11/7	12/7	12/7	13/7
Time:	8pm	8pm	8pm	8pm	8pm	8pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirisha Rani Department: Oncology Date of Admission: 26/06

SITUATION

Diagnosis: Beta thalassemia.

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	BMT 8AM-8PM	BMT 8PM	BMT 8AM-8PM	BMT 8PM	BMT 8AM-8PM	BMT 8PM
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	98.4°F	98.7°F	98.6°F	98.6°F	98.6°F
Res:	24 b/m	24 b/m	24 b/m	24 b/m	24 b/m	24 b/m
SpO_2:	100%	100%	100%	100%	100%	100%
Pulse:	106 b/m	106 b/m	112 b/m	106 b/m	106 b/m	126 b/m
BP:	98/66 (76)	90/62	95/57 (73)	90/62	93/60 (70)	100/66 (72)
Fall Risk Score:	10	10	10	10	10	10
Pain Score:	0	0	0	0	0	0

Recommendations

Safety Needs:	side rails	side rails	side rails	side rails	side rails	side rails
Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	NA	NA	NA	NA
Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Susmita	Susmita	Susmita	Susmita	Susmita	Savitha
Signature :						
Date:	13/07	14/07/26	14/7	15/7	15/7	16/7
Time:	8pm.	8AM	8pm	8AM	8pm	8AM
Taken Over By Name :	Susmita	Susmita	Narkare	Susmita	Kavita	Pooja
Signature :						
Date:	13/7	14/07	14/7	15/7	15/7	16/7
Time:		8AM	8pm	8AM	8pm	8AM

BAH-)0547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

(9)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Sirisha Rani Department: BMT Date of Admission: 26/6

SITUATION

Diagnosis: Beta Thalassemia Major

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	BMT 2pm	BMT 2pm to 8pm	BMT 8pm-8am	BMT 8am 2d	BMT 8pm	BMT 8pm-8am
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	N.A	No	NA	N.A
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98.3F	98.3°F	98.8°F	98.9F	98°F
	Res:	26bpm	26bpm	24b/m	24bpm	24b/s	24b/m
	SpO_2:	100%	99%	99%.	100%	adv:	99%.
	Pulse:	110bpm	108bpm	118bpm	119bpm	112bpm	110b/m
	BP:	100/60.	99/60	93/68(2d)	100/64	90/62	93/68(2d)
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
Recommendations	Safety Needs:	side rail	side rail	side rails.	side rail	side rail	side rails
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	N.A	NA	NA	N.A
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	N.A	NA	NA	N.A
Post Operative Procedure Special Orders:		NA	NA	N.A	NA	NA	N.A
Handed Over By Name :		Roja	Navitha	Aruna M	Rajanan	Bhavani	Aruna M
Signature :				Aruna M	Raja		Aruna
Date:		16/7	16/7	17/7	17/7	17/7/26	18/7
Time:		2pm	8pm	8 Am	2pm	8pm	8Am
Taken Over By Name :		Navitha	Nagaveni	Rajanan		Mathews	Aruna M
Signature :							
Date:		16/7/26	16/7	17/7	17/7/26	17/7	18/7
Time:		2pm	8pm	8Am	2pm	8pm	8 Am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI (F)
14-10-2021 4 Y 9 M 4 D
Dr. SIRISHA RANI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: Beta thalassemia major

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND	Area / Shift Time	2pm to 8pm	8pm to 2am				
	Medical Condition (Any special condition to be noted):	NA	NA				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	98.6F				
	Res:	23/m	28/m				
	SpO_2:	99%	100%				
	Pulse:	104/m	112/m				
	BP:	100/63	98/59 (82)				
	Fall Risk Score:		0				
	Pain Score:	0/10	0				
Recommendations	Safety Needs:	side rail	side rail				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA				
Post Operative Procedure Special Orders:		NA	NA				
Handed Over By Name :		Aruna	Savitha				
Signature :							
Date:		20/4	21/4				
Time:		8pm	8am				
Taken Over By Name :		Aishwarya					
Signature :							
Date:		20/4					
Time:		8pm					

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 29 D (F)
Dr. SIRISHA RANI

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CONSENT FOR BLOOD TRANSFUSION

Name: AMGOTH DHARSHINI Age: 4Y 8M. Gender: Male ☐ Female ☑

UHID.No : BAH-00547827 Date: 13/07/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I A. Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or d components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: A. Lalitha

Date & Time 13/07/26 @ 3pm

Doctor (Who is talking the consent)

Signature: .....

Name: D Swetha

Date & Time 13/7 @ 3pm

Witness

Signature: .....

Name: A. Lalitha

Date & Time 13/07/26 @ 3pm

Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre

Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally, Rajendra Nagar, Rangareddy Dist. Hyderabad-500052, Email : tscs@tscsindia.org, tscsap@gmail.com Ph: 040-29880731 / 29885658
License No: 01/HD/AP/2010/BB/R

✓ VOLUNTARY / REPLACEMENT

B

Rh+ve

PACKED RED CELLS I.P.

49/63 ML. CPDA Sol fot 350 ml. / 450 ml of Blood

Volume : 200-250 ml.

Blood Bag No. : 12597
Collection Date : 11/7/26
Expiry Date : 14/8/26
HIV Tested on : 11/7/26

HIV - I & II
HBsAg.
HCV
VDRL & MP
} Negative

Free from atypical antibodies

PRECAUTIONARY MEASURES

1. Do not add other medication to the blood.
2. Do not give blood conjointly with dextorse solution.
3
4
5

BIACH&RI BLOOD BANK OPERATOR [signature] DATE 13/7/26

25 Gy INDICATOR [redacted] IRRADIATED

Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre

Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally, Rajendra Nagar, Rangareddy Dist. Hyderabad-500052, Email : tscsbb@tscsindia.org, www.tscsindia.org Ph: 040-29880731 / 29885658 I License No: 01/HD/AP/2010/BB/R

COMPATIBILITY CERTIFICATE

Patient Name : Dhanashini
Age / Sex : 41 F
Blood Group : AB+ve
Hospital : Rainbow Hospital
IP No. / Ward :
Date : 13/7/26
Time of Issue :
Compatibility Test : OK
Performed by : Vanaja

Bag No. : 12597
Blood Group : B
Rh (D) Type : Positive
Volume : 250ml
Blood Component : PC

HIV I & II, HBsAg, HCV, VDRL Negative.
M.P. not found.

NOTE : Kindly fill the Details overleaf and send the card back to the Blood Centre.

Signature

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

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CONSENT FOR BLOOD TRANSFUSION

Name: AMGOTH DHARSHINI Age: ~~4~~ 4Y Gender: Male ☐ Female ☑

UHID.No : BAH-00647827 Date: 8/7/21

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I A. Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: A. Lalitha

Date & Time 08/07 @ 2:50pm.

Doctor (Who is talking the consent)

Signature: .....

Name: Dharshan

Date & Time 8/7/21 2:50pm

Witness

Signature: .....

Name: A. Lalitha

Date & Time 08/07 @ 2:50 pm.

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 25 D (F)
Dr. SIRISHA RANI

P8B

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 08/07/26 Time: 3:15pm.

Blood Group of the Patient: AB (+ve) Blood Group on the Blood Bag: B (+ve)

Blood Bank Issue No: 11883 Date of Collection: 25/7/26 Date of Expiry: 8/8/26.

Date & Time of Starting Transfusion: 08/07 @ 3:15pm. Planned duration of Transfusion: 4 hours.

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Susmita. Nurse 2: Sonam.

Before starting transfusion vitals: Temp: 98.1°F HR 116/m RR: 24b/m BP: 94/57 SpO2 100%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
08/07	15 Min	115	98°F	105/61	100%	Nil	Nil	Nil	Nil
	15 Min	116	98.2°F	103/52	98%.	Nil	Nil	Nil	Nil
	30 Min	110	97.9°F	93/58	99%.	Nil	Nil	Nil	Nil
	30 Min	113	98.2°F	102/58	98%.	Nil	Nil	Nil	Nil
	30 Min	112	98.3°F	103/57	100%.	Nil	Nil	Nil	Nil
	1 Hr	109	98.6°F	102/58.	98%.	Nil	Nil	Nil	Nil
	1 Hr								

Comments: No fast breathing, No rashes, no complaints.

Name of the Incharge-Nurse: Sonam Name of the Nurse: Sumita

Signature of the Incharge-Nurse: S Signature of the Nurse: S

Date & Time: 08/07/26 @ 8pm. Date & Time: 08/07/26 @ 8pm.

Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre
Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony, Shivarampally. Rajendra Nagar, Rangareddy Dist. Hyderabad-500052,
Email : tscs@tscsindia.org, tscsap@gmail.com Ph: 040-29880731 / 29885658
License No: 01/HD/AP/2010/BB/R

B
Rh+ve

✓ VOLUNTARY / REPLACEMENT

PACKED
RED CELLS I.P.
49/63 ML. CPDA
Sol fot 350 ml. /
450 ml of Blood

Volume : 200-250 ml.

Blood Bag No. : 11883
Collection Date : 5/7/26
Expiry Date : 8/8/26
HIV Tested on : 5/7/26

HIV - I & II
HBsAg.
HCV
VDRL & MP
} Negative
Free from atypical antibodies

PRECAUTIONARY MEASURE

1. Do not add oth...

...olysis, clotting or discoloration

BIACH&RI BLOOD BANK OPERATOR DEP DATE 8/7/26
25 Gy INDICATOR [redacted] IRRADIATED

Thalassemia & Sickle Cell Society
Vuppala venkaiah Memorial Blood Bank
Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally. Rajendra Nagar, Rangareddy Dist. Hyderabad-500052, Email : tscsbb@tscsindia.org, www.tscsindia.org Ph: 040-29880731 / 29885658 I License No: 01/HD/AP/2010/BB/G

COMPATIBILITY CERTIFICATE

Patient Name : Amgoth Dharshini
Age / Sex : 4 y f
Blood Group : AB+VE
Hospital : Rainbow Children
IP No. / Ward : -
Date : 8/7/2026
Time of Issue : -
Compatibility Test : OK
Performed by : Miraj

Bag No. : 11883
Blood Group : Bt
Rh (D) Type : positive
Volume : 250ml
Blood Component : Packed cells

HIV I & II, HBsAg, HCV,
VDRL Negative.
M.P. not found.

Signature

NOTE : Kindly fill the Details overleaf and send the card back to the Blood Bank.

(PTO)

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

IVIG

SENT FOR ~~BLOOD~~ TRANSFUSION

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ne: AMGOTH DHARSHINI Age: 4Y 8M Gender: Male ☐ Female ☑

HID.No : BAH-00547827 Date: 07/07/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☑ Others IVIG

I A. Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: A. Lalitha

Date & Time 07/07 @ 5pm.

Doctor (Who is talking the consent)

Signature: .....

Name: .....

Date & Time 7/7/26 @ 5PM.

Witness

Signature: .....

Name: A. Lalitha

Date & Time 07/07 @ 5pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

CONSENT FOR BLOOD TRANSFUSION

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Name: Amgoth Dharshini Age: 4 Y Gender: Male ☐ Female ☑

UHID.No : BAH-00547827 Date: 15/7/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☑ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I A. Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: A. Lalitha

Date & Time 15/7/26 @ 9:00 p.m.

Doctor (Who is talking the consent)

Signature: .....

Name: .....

Date & Time 15/7/26 @ 7 pm

Witness

Signature: .....

Name: A. Lalitha

Date & Time 15/7/26 @ 9:00 pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా	☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు	☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్	☐ ఒకే ధాత ప్లేటిలెట్స్	☐ Whole Blood
☐ మొత్తం రక్తం	☐ ఎర్ర రక్త కణం	☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/7/26 Time: 9:10pm

Blood Group of the Patient: B+positive Blood Group on the Blood Bag: B+positive

Blood Bank Issue No: 277 Date of Collection: 15/7/26 Date of Expiry: 20/7/26

Date & Time of Starting Transfusion: 15/7/26 @ 9:10pm Planned duration of Transfusion: 30 min

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Nr. Karima Nurse 2: Nr. Nasleena

Before starting transfusion vitals: Temp: 98°f HR 118b/m RR: 24b/m BP: 93/68(70) SpO 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
15/7/26	15 Min 9:25pm	113b/m	98°f	93/68 (70)	100 %.	N.A	N.A	N.A	N.A
	15 Min 9:40pm	110b/m	98.3f	90/73 (80)	100 %.	N.A	N.A	N.A	N.A
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No any adverse effects.

Name of the Incharge-Nurse: Nasleen Name of the Nurse: Karima

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 15/7/26 @ 10:00pm Date & Time: 15/7/26 @ 10:00pm

St.T... H... Blood Centre

(A Unit of Vidya Sadhana Educational Society)

...nathNagar, Opp. Erragadda Rythu Bazar,

Hyderabad-18, Ph.No: 2380 2255, 2381 2288.

Lic No. 12/HD/AP/2010/BB/CC

SINGLE DONOR PLATELETS (USP)

U.I. 15/7/26

Patient's Name : Jagoth Dharshini Age / Sex 4Y 9M/F

Hospital : Rainbow Childrens Hos Date : 15/7/26

BLOOD GROUP B.

Bag No.: 277

Date of Collection : 15/07/26

Expiry Date : 20/07/26

Volume : 150 ml

HIV I & II, HBsAg, HCV, VDRL } NEG ✓

1) Do not store, transfuse immediately.2) Check blood group on the lable & recepient's ... administration. 3) Administer without warming.4) Do not add any other medicine to the Blood Componant.5) ... uld not be used if there is any visible evidence of deterioration like discolouration.6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse.7) Store at 20°c to 24°c on room temp. 8) Transfuse under medical supervision.9) Do not Vent 10) Do not dispense without prescription.

Tech. Sign

ITNO:- 001736145

ECO0080410

BIACH&RI BLOOD BANK

OPERATOR

DATE 15/07/26

25 Gy INDICATOR

IRRADIATED

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

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STEM CELLS

~~BLOOD PRODUCTS~~ TRANSFUSION MONITORING FORM

Date: 04/07/26. Time: 3:25pm.

Blood Group of the Patient: ..... Blood Group on the Blood Bag: .....

Blood Bank Issue No: ..... Date of Collection: ..... Date of Expiry: .....

Date & Time of Starting Transfusion: 04/07/26 @ 3:25pm. Planned duration of Transfusion: 1 hour.

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sumita Nurse 2: Divya.

Before starting transfusion vitals: Temp: 98.1°F HR 106b/m RR: 26b/m BP: 100/63 (75) SpO_2 100%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
04/07/26	10 Min	110	98°F	97/55(60)	99%.	Nil	Nil	Nil	Nil
	15 Min	112	98.2°F	98/53(66)	99%.	Nil	Nil	Nil	Nil
	20 Min	1186/m	98.3°F	102/52(66)	100%	Nil	Nil	Nil	Nil
	30 Min	~~106/55(71)~~ 113	98.4°F	106/55(71)	99%.	Nil	Nil	Nil	Nil
	30 Min								
	1 Hr								
	1 Hr								

Comments: No complaints.

Name of the Incharge-Nurse: Divya Name of the Nurse: Sumita.

Signature of the Incharge-Nurse: Divya Signature of the Nurse: S

Date & Time: 04/07 @. 3:35pm. Date & Time: 04/07 @ 3:35pm.

STEM CELL

CONSENT FOR ~~BLOOD~~ TRANSFUSION

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 21 D (F)
Dr. SIRISHA RANI

thRight
BOW HOSPITALS
t to a Safe Delivery

Name: AMGOTH DHARSHINI Age: 4Y 8M Gender: Male ☐ Female ☑

UHID.No : BAH-00547827 Date: 04/07/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☑ Others stem cell

I ✓ Amgoth Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: ✓ Amgoth

Name: Amgoth Lalitha

Date & Time 04/07 @ 3pm

Doctor (Who is talking the consent)

Signature: T

Name: T Pavani

Date & Time .....

Witness

Signature: ✓ Amgoth

Name: Amgoth Lalitha

Date & Time 04/07 @ 3pm

CONSENT FOR BLOOD TRANSFUSION

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

Name: ..... Age: 4y Gender: Male ☐ Female ☑

UHID.No : ..... Date: 6/7

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... A. Lalithee ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

Explained

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: A. Lalithee

Date & Time 6/7 @ 3pm

Doctor (Who is talking the consent)

Signature: .....

Name: T Pavani

Date & Time 6/7 @ 3pm

Witness

Signature: .....

Name: A. Lalithee

Date & Time 6/7 @ 3pm

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

)D TRANSFUSION

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Name: Amgoth Dharshini Age: 4y Gender: Male ☐ Female ☑

UHID.No : 54TB27 Date: 12/7/26 @ 4:15pm

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☑ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... A. Lalithen ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been ained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

..ient (Or Patient Relative / Guardian):

Signature: .....

Name: Y. A. Lalithen

Date & Time 12/7/26 @ 4:PM

Doctor (Who is talking the consent)

Signature: .....

Name: T. Pavani

Date & Time 12/7/26 @ 4pm

Witness

Signature: .....

Name: Y. A. Lalithen

Date & Time 12/7/26 @ 4pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 28 D (F)
Dr. SIRISHA RANI

SDP

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 12/7/26 Time: 4:10 PM

Blood Group of the Patient: ABtve Blood Group on the Blood Bag: ABtve

Blood Bank Issue No: 267 Date of Collection: 12/7/26 Date of Expiry: 27/7/26

Date & Time of Starting Transfusion: 12/7/26 Planned duration of Transfusion: 30mins

Check for Correct Unit: ☐ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Rayamineni Nurse 2: Divya

Before starting transfusion vitals: Temp: 98.6°F HR 120b/m RR: 24bb/m BP: 101/61 SpO 102%

PLEASE MONITOR THE FOLLOWING:

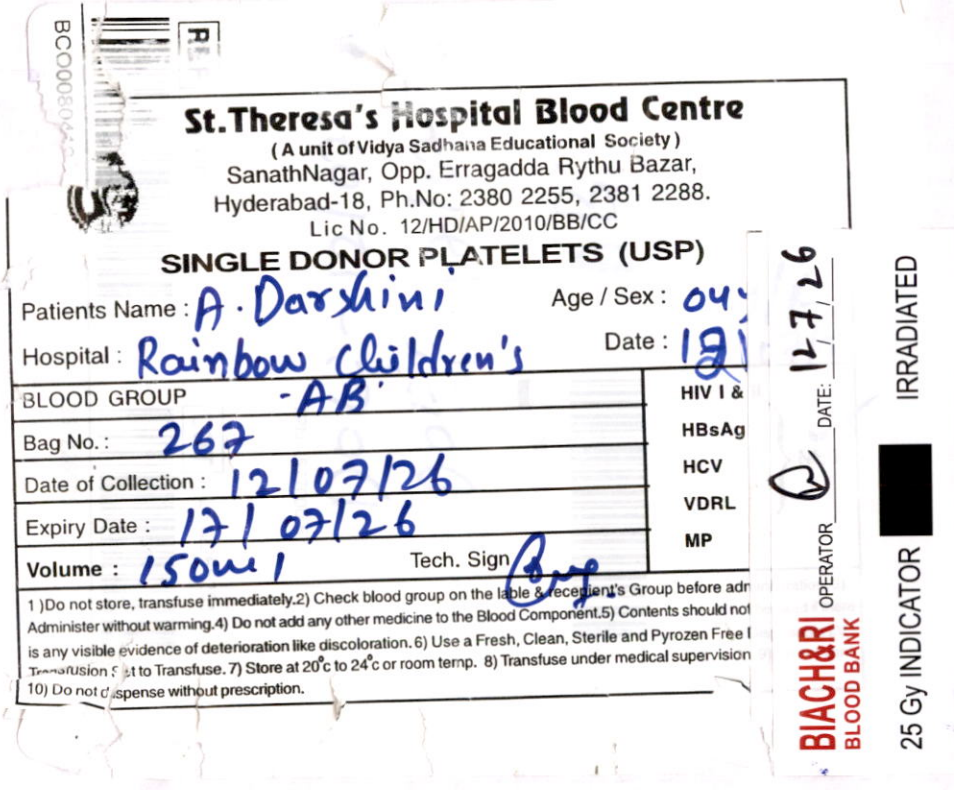
Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12/7	15 Min	120b/m	98.6°F	100/61	100%	NA	NA	NA	—
	15 Min	116b/m	98.6°F	99/63	102%	NA	NA	NA	NA
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: ND Reactions

Name of the Incharge-Nurse: Divya Name of the Nurse: Rayamineni

Signature of the Incharge-Nurse: Divya Signature of the Nurse: Rayi

Date & Time: 12/7/26 Date & Time: 12/7/26



St.Theresa's Hospital Blood Centre

(A unit of Vidya Sadhana Educational Society)

SanathNagar, Opp. Erragadda Rythu Bazar,

Hyderabad-18, Ph.No: 2380 2255, 2381 2288.

Lic No. 12/HD/AP/2010/BB/CC

SINGLE DONOR PLATELETS (USP)

Patients Name : A. Darshini Age / Sex : 04

Hospital : Rainbow Children's Date : 19

BLOOD GROUP -AB'	HIV I &
Bag No. : 267	HBsAg
Date of Collection : 12/07/26	HCV
Expiry Date : 17/07/26	VDRL
Volume : 150ml	MP

Tech. Sign

1)Do not store, transfuse immediately.2) Check blood group on the lable & recepient's Group before adn
Administer without warming.4) Do not add any other medicine to the Blood Component.5) Contents should not
is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrozen Free I
Transfusion Set to Transfuse. 7) Store at 20°c to 24°c or room temp. 8) Transfuse under medical supervision
10) Do not dispense without prescription.

BIACH&RI BLOOD BANK OPERATOR DATE: 12/7/26

25 Gy INDICATOR IRRADIATED

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 22 D (F)
Dr. SIRISHA RANI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/7/26 Time: 3pm

Blood Group of the Patient: AB+ve. Blood Group on the Blood Bag: B+ve.

Blood Bank Issue No: 12096 Date of Collection: 5/7/26 Date of Expiry: 8/8/26

Date & Time of Starting Transfusion: 6/7/26 3pm Planned duration of Transfusion: 4 HR

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: subhankar Nurse 2: moumita.

Before starting transfusion vitals: Temp: 98°F HR 110b/m RR: 26b/m BP: 100/60 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
6/7.	15 Min	100b/m	98°F	100/60	100%	no	no	no	no
	15 Min	108b/m	98°F	100/60	100%	no	no	no	no
	30 Min	100b/m	98.4°F	100/60	100%	no	no	no	no
	30 Min	108b/m	98.4°F	100/60	100%	no	no	no	no
	30 Min	108b/m	98.6°F	100/60	100%	no	no	no	no
	1 Hr	109b/m	98.6°F	100/60	100%	no	no	no	no
	1 Hr	100b/m	98.4°F	100/60	100%	no	no	no	no

Comments: nil

Name of the Incharge-Nurse: Diya Name of the Nurse: Pooja

Signature of the Incharge-Nurse: Diya Signature of the Nurse: Pooja

Date & Time: 6/7/26 6pm Date & Time: 6/7/26 6pm.

Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre
Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally. Rajendra Nagar, Rangareddy Dist. Hyderabad-500052,
Email : tscs@tscsindia.org, tscsap@gmail.com Ph: 040-29880731 / 29885658
License No: 01/HD/AP/2010/BB/R

B
Rh+ve

✓ VOLUNTARY / REPLACEMENT

PACKED
RED CELLS I.P.

49/63 ML. CPDA
Sol fot 350 ml. /
450 ml of Blood

Volume : 200-250 ml.

Blood Bag No. : 12096
Collection Date : 5/7/26
Expiry Date : 8/8/26
HIV Tested on : 5/7/26

HIV - I & II
HBsAg.
HCV
VDRL & MP
Negative
Free from atypical antibodies

PRECAUTIONARY MEASURES

1. Do not add other medication to the blood.
2. Do not give blood
3. Infuse in
4. Shake g
5. Check cr

Store at 2
deteriora

rad-sure™ irradiation indicator
OPERATOR: S DATE: 06/07/26
25 Gy INDICATOR [redacted] IRRADIATED
LOT 040312GX25
2029-02-11

Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre
Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally. Rajendra Nagar, Rangareddy Dist. Hyderabad-500052, Email : tscsbb@tscsindia.org, www.tscsindia.org Ph: 040-29880731 / 29885658 I License No: 01/HD/AP/2010/BB/R

COMPATIBILITY CERTIFICATE

Patient Name	: Darshini	Bag No.	: 12096
Age / Sex	: 41/F	Blood Group	: B+
Blood Group	: AB+	Rh (D) Type	: Positive
Hospital	: Rainbow Hospital	Volume	: 250ml
IP No. / Ward	: 547827	Blood Component	: PC
Date	: 6/7/26		
Time of Issue	: —		
Compatibility Test	: OK		
Performed by	: Minhaj		

HIV I & II, HBsAg, HCV,
VDRL Negative.
M.P. not found.

NOTE : Kindly fill the Details overleaf and send the card back to the Blood Centre.

Signature

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/6/26 Time: 6:42pm.

Blood Group of the Patient: AB+ve Blood Group on the Blood Bag: AB+ve

Blood Bank Issue No: 11751 Date of Collection: 26/6/26 Date of Expiry: 30/7/26

Date & Time of Starting Transfusion: 29/6 @ 6:42pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Sowjanya Nurse 2: Anusadha

Before starting transfusion vitals: Temp: 98.6F HR 112bm RR: 28/m BP: 100/62 SpO 100%

PLEASE MONITOR THE FOLLOWING:

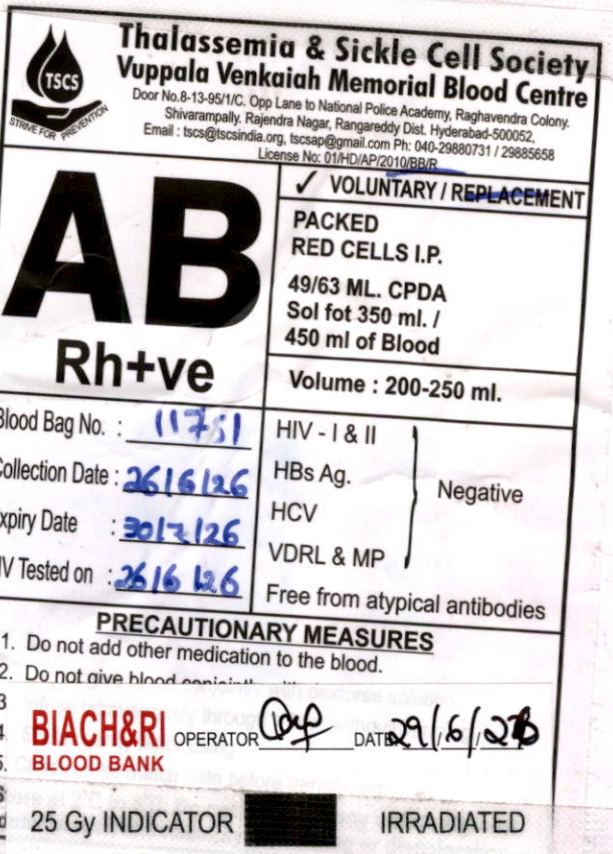
Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
29/6	15 Min	112bm	98.6F	100/62(78)	100%	No	No	No	No
	15 Min	102bm	97.5F	98/59(62)	100%	NO	NO	NO	NO
	30 Min	106bm	98.5F	97/67(71)	100%	NO	NO	NO	NO
	30 Min	112bm	98.5F	96/66(76)	100%	NO	NO	NO	NO
	30 Min	110bm	98.5F	98/62(78)	100%	NO	NO	NO	NO
	1 Hr	108bm	98.7F	97/67(72)	100%	NO	NO	NO	NO
	1 Hr								

Comments: NO Reaction.

Name of the Incharge-Nurse: Subhankar Name of the Nurse: Sonam

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 29/6/26 @ 11pm. Date & Time: 29/6/26 @ 11pm.



Thalassemia & Sickle Cell Society
Vuppala Venkaiah Memorial Blood Centre

Door No.8-13-95/1/C. Opp Lane to National Police Academy, Raghavendra Colony. Shivarampally. Rajendra Nagar, Rangareddy Dist. Hyderabad-500052,
Email : tscs@tscsindia.org, tscsap@gmail.com Ph: 040-29880731 / 29885658
License No: 01/HD/AP/2010/BB/R

AB
Rh+ve

✓ VOLUNTARY / REPLACEMENT

PACKED
RED CELLS I.P.

49/63 ML. CPDA
Sol fot 350 ml. /
450 ml of Blood

Volume : 200-250 ml.

Blood Bag No. : 11751
Collection Date : 26/6/26
Expiry Date : 30/7/26
HIV Tested on : 26/6/26

HIV - I & II
HBs Ag.
HCV
VDRL & MP
} Negative

Free from atypical antibodies

PRECAUTIONARY MEASURES

1. Do not add other medication to the blood.
2. Do not give blood [illegible]
3
4
5.

BIACH&RI OPERATOR [signature] DATE 29/6/26
BLOOD BANK

25 Gy INDICATOR [redacted] IRRADIATED

29/6/26

CONSENT FOR BLOOD TRANSFUSION

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 15 D (F)
Dr. SIRISHA RANI

Name: ..... Age: 4 Gender: Male ☐ Female ☑

UHID.No : ..... Date: 29/6/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I Lalitha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

Explained

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Lalitha

Date & Time 29/6/26 @ 6:40pm

Doctor (Who is talking the consent)

Signature: .....

Name: Praveen

Date & Time 29/6/26 @ 6:40pm

Witness

Signature: .....

Name: Lalitha

Date & Time 29/6/26 @ 6:40pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

PRE - OPERATIVE CHECK LIST

126.

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Your Right to a Safe Delivery

Date: 26/6/26

Patient's Name : Avyath Dhanshini Age : 44 Gender : ☐ M ☑ F

Blood Group : UHID : BAH-00547827

Planned Surgery : quadriplegic Surgeon :

Anesthetist : Sukhumalyam Date & Time of Operation : 27/6/26 at 12:30pm

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded? 15.8	☑	☐	☐	☑	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☑	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☑	☐	☐
4.	Enema given / Bowel Preparation	☐	☑	☐	☐	☐	☑
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☑	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☑	☐	☐
7.	Is Blood arranged as required?	☐	☐	☑	☐	☐	☑
8.	If Blood has been ordered - is Blood bag ready?	☐	☐	☑	☐	☐	☑
9.	IV Cannula to be placed / IV fluids if Indicated Lt hand	☑	☐	☐	☑	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☐	☐	☑	☑	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☑	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☑
13.	Site is marked	☐	☐	☑	☐	☐	☑
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☐	☑	☑	☐	☐
15.	Implants are available	☐	☐	☑	☐	☐	☑
16.	Equipment is avaialble	☐	☐	☐	☑	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☐	☑	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : ASHA

Billing Executive Signature :

Date & Time :

OT Nurse Name : Teena

Signature of OT Nurse :

Date & Time : 27/6/26 @ 11:30 am

ER/Ward Nurse Name : Anugelin

Signature of ER/Ward Nurse :

Date & Time : 26/6/26 at 5

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow® Children's Hospital
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Name: Baby Amgoth Dharshini Age: 4Y8M Sex: Female UHID No: BAH-00547827.

Date: 26/06/2026. Time: 5:05pm Proposed Operation: Cysashong line placement

Diagnosis: β Thalassemia major for BMT.

B.P / CRT: 91/57 H.R: 93/min Weight: 15.87kg ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

26/6/26

Hgb: 9.3	Glucose:	Protein:	HIV:	X-Ray:
PCV: 26.8	Urea:	Alb:	HBS Ag:	ECG:
WBC: 3850.	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.89	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: Not significant.

RESP:

CNS:

Renal:

Hepatic / GE:

Diabetes: –

Physical Activity: Active.

Others: K/C/O β Thalassemia major for HSCT on regular PRBC transfusions & on cap. HYDROXYUREA once in frequency 20 to 25 day

Past Anaesthetic History: diagnosed @ 18 months of age.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 2FB Neck: (N) Teeth: intact.

Lungs: BAE (+) clear

Heart: S_1S_2 (+)

CNS: HMF (+).

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site: 22G (L) UL

Spine Exam for regional: (N).

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: Consent pending [consent form not available]

nature: Name: Dr. Tejaswini

No. : RCH /FRM / CLINICAL / 044

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: Adequate.

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 98/min. B.P / CRT: 100/70 mmHg SpO_2: 100 %. R.R: 16/min. Last Feed:

Pre-OP Diagnosis: β-Thalassemia (Major). Operation: Goodenough's line insertion Date: 27/06/22.

Surgeon: Dr. Chitra Anaesthesiologist: Dr. Vineetha Technician: Mrs. Sirisha

TIME 12.30

N_2O /AIR /O_2 LPM 1:1 1:1

HALO /SO /SEVO

Drugs:

MIDAZOLAM 0.8 mg

FENTANYL 30 mcg

PROPOFOL Bolus-20mg + Infusion @ 15 mcg/kg/min.

FIO_2 / SaO_2 100 100 100

$ETCO_2$ 38 38 40

ECG SR SR SR

Temperature

Urine Output

Fluids RL 150 ml/hr

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP ☐ Cuff Site (R) UL
☐ Art Site:
☑ EKG Lead 3 Lead
☑ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint.
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 12.45 Pm
OP Start: "
OP End: 1.15 Pm.
Leave OR:

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (R) UL 22g.
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:

Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor DR. M. VINEETHA
Signature of the Doctor

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

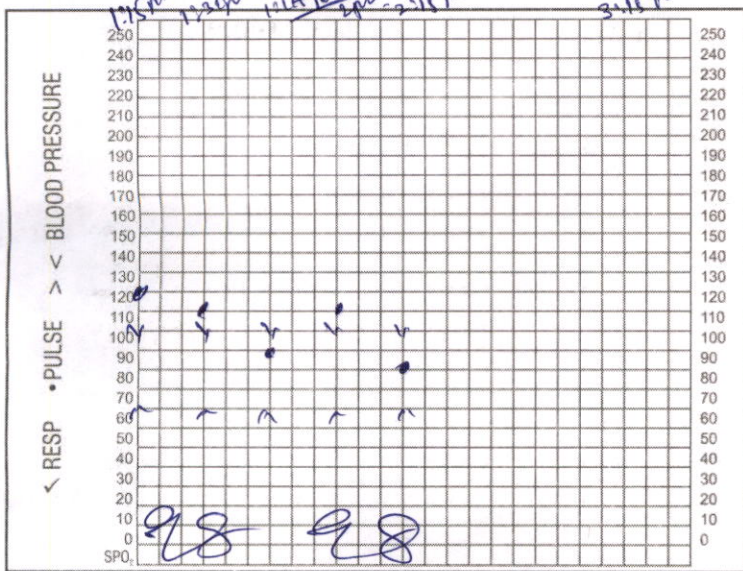
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 1:15 pm Time Discharged : 3pm

1:15pm 1:30pm 2pm 2:15pm 3:15pm



IV Cannula Site : 22 L (P)

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: NIL

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☐ Yes ☑ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: NIL

Oral Feeds: Allowed

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2		A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	8	9	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/6	1/10	1/10	—	

Pain Tool Used: ☐ N PASS ☑ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr-Akhila-K

Anaesthesiologist Signature:

Date & Time: 27/6/26 3pm

PACU Nurse Name :

PACU Nurse Signature:

Date & Time: 27/6/26 3pm

Transferred to Unit by (PACU): Wheelchair

Date & Time: 27/6/26 3pm

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Baby AMGOTH DHARSHINI
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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Groshang's line insertion

Anaesthesiologist: Dr Subramanyam Surgeon: Dr Shilpa

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others .....

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☑ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: .....
Name: A. Lalitha
Relationship with patient: Mother
Date & Time: 27/6/26 @ 11.58 am

Witness:

Signature: .....
Name: Prem
Date & Time: 27/6/26 @ 11.58 a

Doctor (who is taking consent):

Signature: ..... Name: Dr Shilpa Date: 27/6/26 Time: 11:54 AM

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

CONSENT FOR HEMATOPOIETIC STEM CELL TRANSPLANTATION

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Baby AMGOTH DHARSHINI
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Patient Name : ..... Age : ..... Gender : Male ☐ Female ☐

UHID No: .....

Diagnosis: .....

Type of Transplant: ..... Disease Status at the time of Transplant: .....

Treatment Summary:

You/your child have a disease for which bone marrow/stem cell transplant is not the only cure. There may be several alternate options available to you/ your child at this stage, which you should have already discussed with your treating physician.

This treatment uses high dose therapy with transplantation of donor / autologous stem cells from either bone marrow or peripheral blood. For many patients who undergo such transplants (Bone Marrow Transplant), cells are used from the patient themselves (autologous transplant) or from related donor (brother/sister/other related donor) or unrelated donor who is matched by tissue typing. You should already have been given, read through and discussed the separate information sheet on Bone Marrow Transplant.

Factors affecting the success of the graph include the type of disease for which transplant is planned, type of transplant donor and recipient health status, HCA matching status etc. These has been discussed with you in-detail by you care provider.

All types of Bone Marrow Transplant can be followed by complications. The most important of these are:

1. **Rejection of the Transplant :** This is uncommon for transplants, but more likely with an unrelated or mismatched donor. Where possible and appropriate back-up stem cells will be collected and stored from the patient. In the event rejection of the transplant, availability of these cells does not offer any guarantee that patient will recover.

2. **Graft-Versus-Host Disease (GVHD):** This is the result of the donor cells reaction against the patient cells. It can be severe, and is more likely to be life-threatening after mismatched transplant. The main sites affected are the skin, gut and liver. We try and minimize its development by use of T cells and B Cell depletion protocol and by use of immunosuppressant drugs such as cyclosporine, methotrexate, Antithymocyte Globulin or steroids.

3. **Infections:** Bacterial viral and fungal other infections occur frequently after Bone Marrow Transplant. Part of this is related to graft-versus-host disease and its treatment. Close observation for any of infection is an important part of patient management after Bone Marrow Transplant. Various methods are used to try and avoid infections occurring, and will vary with the Individual case, but include prophylactic antibiotic, anti-viral agents, antifungals and selection of blood products. IV immuno-giobulin is used wherever it is required. With the application of T-Cell depletion, the risk of infection is reported to be high, so the child is be monitored these viral infection for few months post-Bone Marrow Transplant.

4. **Organ Toxicity:** The patient's underlying condition together with the powerful treatment used before and after the transplant inevitably damage many tissues of the body. Most or all of the damage may be reversible long term morbidity is possible in some cases, rarely the patient may die as a result, this is called transplant-related mortality (TRM).

5. **Long Term Complications:** These may be some long term complications of the procedure and it is very likely that you/your child will become sterile after transplant. There is also small risk of developing secondary malignancy due to the treatment received.

6. Psychological effects though uncommon in very young children, may be seen in adolescents.

No guarantee of success can be given any transplant, success rate will be discussed as per literature case to case basis. Once the pre-Bone Marrow Transplant therapy is given, the patient is committed to undergoing Bone Marrow Transplant. It is essential to understand the benefit of transplant risk involved and the possible outcome. The post transplant survival rate (1 year) depend upon the underlying condition for which transplant is planned, the type of transplant (Autologous or Allergenic) and donor availability.

Before we can perform the Bone Marrow Transplant all your questions should have been answered . Please ask these, either of your primary hematologist or one of the Bone Marrow Transplant consultants. You should only sign the consent form when you are satisfied you have received sufficient information. We will give you a copy of this treatment summary.

My signature (patient/ authorized representative) below consultant my acknowledgment that:

1. I have read, understand and agree to the foregoing and it has been explained to me in the language understood by me.
2. All my questions have been satisfactory answered and I have all the desired information to give an informed consent.
3. I hereby give my informed consent with /without any coercion or undue influence after understanding the benefits, risk and possible complications in my complete senses.

I here by give my consent for Bone Marrow Transplant, procedure involved in it, necessary investigations , usage of anti-microbial and blood products as and when required to the treating Doctor.

I have been explained the details of the procedure, alternative risk, benefits, possibility of complications with me in the language that I have understood.

If patient is unable to consent or case of minor, authorized representative can give consent. If I am the authorized representative (relative/ patient guardian in case of minor) I agree that I have read this form, understood the information and have no further questions.

Patient / Parents / Guardian:

Signature: .....

Name: A. Lalitha

Relationship with Patient: Mother

Date & Time: 27/6/26 @ 5:30pm

Patient / Parents / Guardian
Left Hand Thumb Impression

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vani

Date & Time : 27/6/26 5:30pm

Witness / Interpreter if applicable:

Signature : .....

Name : A. Lalitha

Date & Time : 27/6/26 @ 5:30pm

Nursing Staff:

Signature : .....

Name : R. Savithri

Date & Time : 27/6/26 @ 5:30pm

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CONSENT FOR CHEMOTHERAPY

Patient Name : Amgoth Dharshini Age : 4 y Gender : Male ☐ Female ☑

UHID No : BAH-00547827 Department : Oncology Date : 27/6/26

Type of Chemotherapy : .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that .....
Explained

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : A. Lalitha

Relationship with Patient: Mother

Date & Time : 27/6/26 @ 5:30pm

Witness :

Signature : .....

Name : A. Lalitha

Date & Time : 27/6/26 @ 5:30pm

Doctor (who is taking the consent):

Signature : .....

Name : Dr. Sravani

Date & Time : 27/6/26 @ 5:30 pm

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Lgravdang's line insertion.

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Long term IV acces ~~for~~ ~~Chemo~~ ~~Rx~~	-

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Infection,
b. Hematoma

I authorize Dr. Shilpa. and his / her team to perform the procedural sedation upon the patient / myself.

2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: .....
Name: A. Lalitha
Relationship with patient: Mother
Date & Time: 27/6/26 @ 11.20 am

Witness:

Signature: .....
Name: Team
Date & Time: 27/6/26 @ 11.58 am

Doctor (who is taking consent):

Signature: ..... Name: Dr Shilpa Date 27/6/26 Time: 11:58 Am

Doc. No.: RCHBH/FRM CLINICAL / 027 (26) (P.T.O)

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేర్లు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

URGICAL SAFETY CHECKLIST

Surgeon : Dr. S Pa
Asst. Surgeon :
Anaesthetist : Dr. Ravichandra
Scrub Nurse : Tejas

Patient Name : Baby Amgoth Age : 4 Y Gender : F
UHID No. : 00547827 Surgery Name : Circumcision
Date : 27/6/22 In-time : Out-time :

BAH-00547827 IP5-00175
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D
Dr. SIRISHA RANI

Before Induction of Anaesthesia

SIGN IN Time: 11:56 AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☑ No ☐ NA

Signature :
Name : Dr Shilpa

Before Skin Incision

TIME OUT Time: 12:50 PM

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nil / 30min / NA ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name : Srini

Before Patient Leaves Operating Room

SIGN OUT Time: 1 PM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☑ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature :
Name :

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

Patient Stick

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 27/6/26

To Be Filled In By Assigned Nurse :

Department : P.OT Duration of Procedure : 30 Min

Name of Surgeon : Dr. Shilpa Date of Admission : 27/6/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☒ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☒ No Name of the Antibiotic : Nil	Srai
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☒ Operating Room ☐ Other : NA Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☒ No	Srai
3.	Patient's body temperature immediately post operation (Recovery Room)_____ °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	Srai
4.	Name of doctor or staff administering the antibiotic : Srai Date & Time of antibiotic administration : 27/6/26 @ ~~CAM~~ Date & Time procedure started : 27/6/26 @ -	Srai

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

Pa

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OPERATION THEATER NOTES

Patient's Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : ..... Height : .....

Surgeon : Shilpa		Asst. Surgeon :
Anesthetist : Vinutha	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: Thalassemia

Surgical Procedure : Groshang's line insertion.

Indications for Surgery : Thalassemia for Bone marrow transplant

Date : 27/6/26	Start Time : 12:45	End Time : 1:15pm.

Pre Operative Preparations:

Sterile area done ē betadine and sterile dressings.

Post Operative Diagnosis: Groshang's line insitn for Thalassemia

Peri-Operative Complications: nil

Operation Notes: √ Usg guided basilic vein cannulated. guide wire passed. position confirmed ē c-arm. Dilator and sheath passed over guidewire. Then guidewire and dilator removed leaving the sheath. Through the sheath line passed. backflow confirmed. position of tip confirmed ē c-arm. The extra length of line cut and fixed. sterile dressings applied.

Amount of Blood Loss: 5ml	Blood Transfused (in ML) nil

Name and Number of Surgical Specimen sent for examination: nil

Peri-Operative Complications: nil

Name of the Surgeon: Dr Shilpa

Signature of the Surgeon: S

Date & Time: 27/6/26 1:22pm

Patient Sti

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Groshang's line insertion

Post-Surgical Diagnosis: Groshang's line insertion in Thalassemia case

Post-Operative Monitoring Parameters /Frequency:

NIBP, ECG, pulse oxymetry

Wound Care:

Sterile handling during the line. handling.

Drain /Special Lines/Catheters:

Groshang's line insitu

Special Patient Positioning and Requirements:

Supine

Nutritional Instructions:

nil

When to Start Mobilization:

2hrs

Special Referrals:

Nil

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☑ No

Any Other Post-Operative Care Needed including Required Follow Up

Sterile precautions of dressing

Treating Surgeon (Signature & Stamp) Dr Shilpa

Date: 27/6/26 Time: @ 8pm

Note: Plan of care will be readjusted if necessary.

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
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THE HUMPTY DUMPTY SCALE 21/7

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

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

	Bed in low position		Yes				
	Call device within reach		Yes				
	Wheels Locked		Yes				
	Room free of clutter		Yes				
	Adequate Lighting		Yes				
	Wheel Chair Support		No				
	Other Intervention(s) Specify		No				
	Nurse's Name :		Sanj				
	Signature :		S				
	Date :		21/7				
	Time :		8am				

Docu. No. RCHBH / FRM / CLINICAL / 005

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 0 D (F)
Dr. SIRISHA RANI

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7	DATE 17/7	DATE 18/7	DATE 19/7	DATE 20/7
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					0
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours / None	1					
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	TOTAL		10	9	9	9	9

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

	Bed in low position		Yes	Yes	Yes	Yes	Yes
	Call device within reach		Yes	Yes	Yes	Yes	Yes
	Wheels Locked		Yes	Yes	Yes	Yes	Yes
	Room free of clutter		Yes	Yes	Yes	Yes	Yes
	Adequate Lighting		Yes	Yes	Yes	Yes	Yes
	Wheel Chair Support		No	No	No	No	No
	Other Intervention(s) Specify		No	No	No	No	No
	Nurse's Name :		Sarf	Asm	Asm	Gayatri	Gayatri
	Signature :						
	Date :		16/7	17/7	18/7	19/7	20/7
	Time :		8am	8am	8am	8am	8am

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
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4

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 11/7	DATE 12/7	DATE 13/7	DATE 14/7	DATE 15/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

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

Bed in low position		✓	✓	✓	YES	
Call device within reach		✓	✓	✓	YES	
Wheels Locked		✓	✓	✓	YES	
Room free of clutter		✓	✓	✓	YES	
Adequate lighting		✓	✓	✓	YES	
Wheel chair support		✓		✓	YES	NA
Other Intervention(s) Specify		+	X	^	✓	NA
Nurse's Name:						
Signature:						
Date:		11/7	12/7	13/7	14/7	15/7
Time:		8PM	6	6PM	8PM	8PM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 16 D (F)
Dr. SIRISHA RANI

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 1/7	DATE 2/7	DATE 3/7	DATE 4/7	DATE 5/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

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

	Bed in low position		Yes	Yes	Yes	Yes	Yes
	Call device within reach		Yes	Yes	Yes	Yes	Yes
	Wheels Locked		Yes	Yes	Yes	Yes	Yes
	Room free of clutter		Yes	Yes	Yes	Yes	Yes
	Adequate lighting		Yes	Yes	Yes	Yes	Yes
	Wheel chair support		NO	NO	NO	NO	NO
	Other Intervention(s) Specify		NO	NO	NO	NO	NO
	Nurse's Name:		pooja	pooja	Soujanya	pooja	Aarthi
	Signature:						
	Date:		1/7	2/7	3/7	4/7	5/7
	Time:		8AM	8AM	8AM	8AM	8AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
Patient 14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

(1)

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/6	DATE 27/6	DATE 28/6	DATE 29/6	DATE 30/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2	1	1			
	Other Medications / None	1	1		1	1	1
	TOTAL		10	10	10	10	10

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

Bed in low position		Yes	Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes	Yes
Adequate Lighting		Yes	Yes	Yes	Yes	Yes
Wheel Chair Support		No	No	No	No	No
Other Intervention(s) Specify		No	No	No	No	No
Nurse's Name :		Payal	Rayar	Pooja	Pooja	Sudha
Signature :						
Date :		26/6	27/6	28/6	29/6	30/6
Time :		1 pm	8am	8am	8am	8AM

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 6 D (F)
Dr. SIRISHA RANI

(7)

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : / Time :			
					20/7 8am	21/7 8am	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	
"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	
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	
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	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	
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	
				TOTAL SCORE	28	28	
				Evaluator's Name	S3		

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 1 D (F)
Dr. SIRISHA RANI

(6)

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	16/7	17/7	18/7	19/7
					Time :	8am	8am	8am	8am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	29	28
					Evaluator's Name				

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 27 D (F)
Dr. SIRISHA RANI

BRADEN 'Q' SCALE

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

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Your Right to a Safe Delivery

	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date : 12/7	12/7	14/7	15/7
					Time : 8am	8a	8a	8am
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	4	4	20	20
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 23 D (F)
Dr. SIRISHA RANI

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : / Time :			
				8/7 807	9/7 807	10/7 h	11/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	20	24	24
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 18 D (F)
Dr. SIRISHA RANI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date :	4/7	5/7	6/7	7/7
					Time :	8am	8am	8am	8am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name				

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

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 16 D (F)
Dr. SIRISHA RANI

(2)

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 30/6	1/7	2/7	3/7
					Time : 8 AM	8 AM	8 AM	8 AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	pooja.	[illegible]

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
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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 26/6	27/6	28/6	29/6
					Time : 1 pm		AM	AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
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				TOTAL SCORE	28	28	28	28
				Evaluator's Name	pooja	Dagi	[illegible]	[illegible]

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
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

Who was taught: **PT:** Patient **F:** Father **M:** Mother **S:** Spouse **Sn:** Son **D:** Daughter **C:** Caregiver **O:** Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: **A:** Audio **D:** Demonstration **V:** Video **O:** Oral **P:** Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 9 M 3 D (F)
Dr. SIRISHA RANI

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: Hindi / Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
18/7	10 Am	2.	Treatment and care plan.	M	1	0	1	1	-	~~Addl~~ Susmita
19/7	6pm	7	Infection control measures	M	1	0	1	1	-	
20/7	2PM	3.	Pain Management	M	1	0	1	1	-	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

H-00547827 IP5-00175645
by AMGOTH DHARSHINI
10-2021 4 Y 9 M 1 D (F)
SIRISHA RANI

INARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's / Learner Language: Telugu | Hindi (5) Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
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12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
14/07	9Am	2.	Treatment and care plan.	M	1	0	1	1	Nil	Sushma
15/07	10Am	2.	Treatment and care plan	M	1	0	1	1	Nil	Sushma
16/7	8am	4	Hand hygiene	M	1	0	1	1	nil	
17/7	8am	3	Hand hygiene	M	1	0	1	1	nil	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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INT ...ATIENT / FAMILY EDUCATION RECORD

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Part - I

Patient's / Learner Language: telugu. Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
09/07	10am	2.	Treatment and care plan.	M	1	0	1	1	Nil	Susmita
10/7	8am	7	Hand hygiene	M	1	0	1	1	Nil	
11/7	1pm	2	Hand hygiene	M	1	0	1	1	Nil	
13/7	2pm.	4.	Informed consent	M	1	0	1	1	Nil	Susmita

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☑ Other .... Broviac. P.C. Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	17/7/26 8pm	17/7/26 8pm-8Am	18/7 8AM	19/7 8pm-8AM	19/7 8pm	20/7 8AM	20/7 2PM
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
Central line changed on							
Name of the Nurse	Bhuvana	Aparna	Susmita.	Gayathri	Gayathri	Gayathri	Gayathri
Signature of the Nurse							

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Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☑ Other Groshong Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	14/7 8pm	15/7 8am	15/7 8pm	16/7 8am	16/7 2pm	16/7 8pm	16/7 8pm-8am
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on							
Name of the Nurse	Susmita.		Susmita	Savitha	Pooja		
Signature of the Nurse							

Docu. No. : RCHBH /FRM / CLINICAL / 081

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other Groshong line. Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	10/7 8pm	11/7 8pm to 8a	11/7 8Am	11/7 2pm-8pm	13/7 8Am	13/7 8pm	14/7 8am
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on							
Name of the Nurse	Pooja	Nancy	Sagam	Asm	Bhuvana.	Sumita.	Nancy
Signature of the Nurse							

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other Groshang Date of Initial Line Insertion: ..... Duration of Central Line: 3 months

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date / Shift Time	7/7 8hr	7/7 8pm	8/7 8am	8/7 8pm	9/7 8am	09/07 8pm	10/7 8m
Can we remove Central Line today (Discuss in the clinical round)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on								
Name of the Nurse		Soujanya	Susmita	Sheeja	Susmita	Sheeja	Susmita	Sheeja
Signature of the Nurse								

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other ..... Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	4/7 8 pm	4/7 8pm-8am	5/7 2pm	5/7 8pm	6/7 8am	6/7 2pm	6/7 8pm-8am
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on							
Name of the Nurse	Gayeg3	[illegible]	Subramani	Pooja	pooja	SUBHANKAR	[illegible]
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other ..... Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	2/7 8AM	2/7 2pm	2/7 8pm	3/7 8AM	3/7 8am to 2pm	3/7 2pm-8pm	4/7 8AM
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on							
Name of the Nurse	pooja	Veena	Pooja	Soniya	Nadia	Gayatri	pooja
Signature of the Nurse							

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☑ Other GROSHONG LINE Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	28/6/26 8pm	29/6 8am	29/6 8am-8pm	30/6 8AM	30/6 2pm	1/7 8am	1/7 8pm
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on							
Name of the Nurse	Dehuts	Pooja	Savitha	Subhanu	Gayatri	pooja	Dehuts
Signature of the Nurse	Dehuts						Dehuts

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1				-	-	NA	NA	NA	NA	P
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2				-	-	NA	NA	NA	NA	E
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				-	-	NA	NA	NA	NA	M
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				-	-	NA	NA	NA	NA	O Y
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				-	-	NA	NA	NA	NA	E D
		Signature of the Nurse			Rajr	Rajr	RS	RJ	NA	Rekha	Rekha	NA	

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 : Divya Name : [illegible]

Signature of Ward In Charge :

Signature : Sasitha Name : Sasitha

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 13 D (F)
Dr. SIRISHA RANI

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

00547827 IP5-00175645
y AMGOTH DHARSHINI
·10-2021 4 Y 8 M 12 D (F)
r. SIRISHA RANI

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 26/6/26 Time: 9pm

Weight: 16.3kgs Centile: 25th

Height: 105cms Centile: 25th

Inference: well child

RDA: — Calories: 1350 kcals/d Protein: 23g/d

Diet Recommendations: Soft High protein diet

Re-Assesment: Avoid spicy, chilled and outside foods.

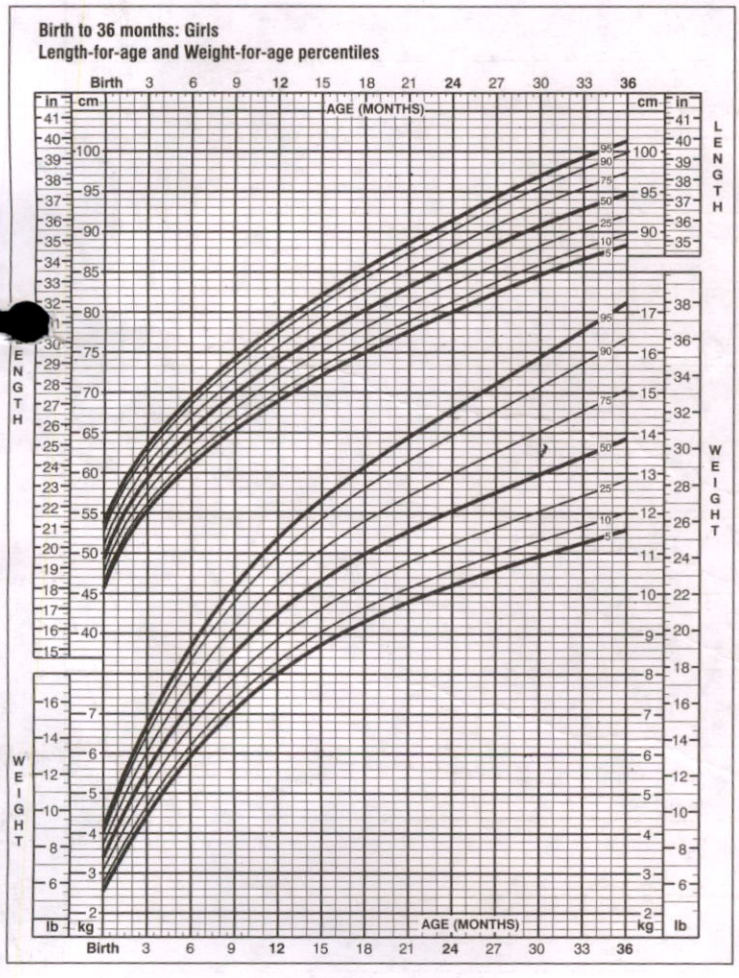
Food Allergies: NO Veg/Non-veg Non veg

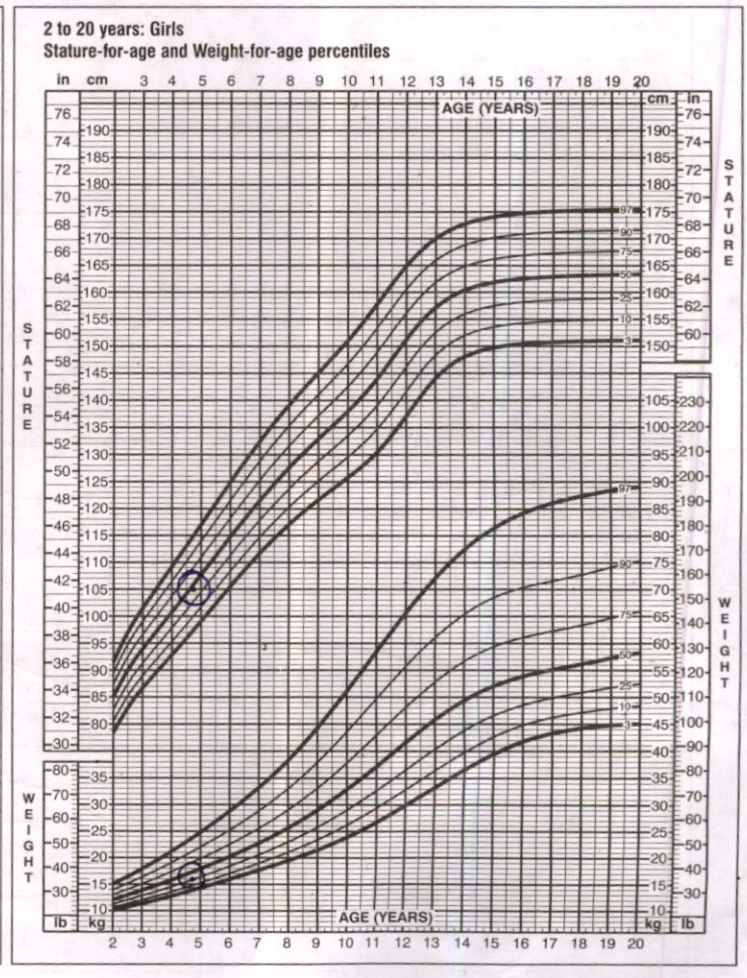
Diagnosis: K/C/O B. Thalassemia.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Moumica Dietician's Signature Moumica

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI
14-10-2021 4 Y 8 M 12 D (F)
Dr. SIRISHA RANI

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: .....

2. Destination 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	By Parents help
☑ Bathing	☑ Yes	☐ No	
☑ Eating	☑ Yes	☐ No	
☑ Walking	☑ Yes	☐ No	
☑ Dressing	☐ Yes	☑ No	
☑ Toileting	☐ Yes	☐ No	

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

   ☐ Patient ☑ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:

   ☐ Patient ☑ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:

   ☑ Educational Topic/s: Hand hygiene

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

   ☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Savithri

Date and Time: 26/6/21 1:40 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00547827 IP5-00175645 Baby AMGOTH DHARSHINI 14-10-2021 4 Y 8 M 13 D (F) Dr. SIRISHA RANI	26/6/26 @ 11 Am	27/6/26 @ 9:50 pm
	Transfer Ordered by	Reason for Transfer
	Dr. Akhil	POST-OP
From Unit	To Unit	Information to Attendant
OT	126	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
22		Yes ☑ No ☐
		If yes, what ? Bag

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	op file - (1)	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr-Akhil

Patient & Clinical Records Received by : Savitha

Date & Time of Patient Received : 27/6/26 @ 2:45 pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00547827 IP5-00175645 Baby AMGOTH DHARSHINI (F) 14-10-2021 4 Y 8 M 13 D Dr. SIRISHA RANI	26/06/26 @ 11AM	27/06/26 @ 11:15AM
	Transfer Ordered by Dr. Sirish Rani	Reason for Transfer Crossing line.
From Unit ONCO	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 2D	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.	Peripherally Inserted Central Cath	(1)
2.	Crocin	(1)
3.	Kouchi	(1)
4.		
5.	Received with ID Band and cannula date & time	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Gowri.	Dr. Sirish Rani

Patient & Clinical Records Received by : Teena

Date & Time of Patient Received : 27/6/26 @ 11:30 am

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
3AH-00547827 IP5-00175645 Baby AMGOTH DHARSHINI 14-10-2021 4 Y 8 M 12 D (F) Dr. SIRISHA RANI	26/6/26 @ 12:51 pm	26/6/26 @ 1:25 pm
	Transfer Ordered by Dr. pavani	Reason for Transfer Admission
From Unit ER	To Unit ONCO	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films NA	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? op file

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR-pooja	Dr. pavani

Patient & Clinical Records Received by : ~~26/6~~ Gargi ~~1:40~~

Date & Time of Patient Received : 26/6 @ 1:40 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

NPO 8:30 am.

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BAH-00547827 IP5-00175645
Baby AMGOTH DHARSHINI 4 Y 8 M 12 D (F)
14-10-2021
Dr. SIRISHA RANI

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. A. Amgoth Dharshini Age : 4Yrs Gender: ☐ Male ☑ Female

Date : 26/6/26 Time of Arrival : 11am. Triage Completion Time : 11:02 am.

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): ☐ Not known any drug Allergies

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☐ Normal ☐ Sick Looking

Circulation / Colour: ☐ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

Vital Signs: Temp: ..... PR: 93/bet BP: 91/47 (57) RR: 22/bet SpO₂: 100% on RA.

Chief Complaints: K/C/O: B. Thalassemia. Came for. BM T.

Triage Classification

- ☐ Level 1 : Resuscitation
- ☐ Level 2 : EMERGENT : Life or limb threatening
- ☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening
- ☐ Level 4 : LESS URGENT : Significant illness but not life threatening
- ☐ Level 5 : NON – URGENT : May receive care when convenient

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

CTAS

- ☐ Immediate
- ☑ < 15 min
- ☐ 30 min
- ☐ 60 min
- ☐ 120 min

Signature of Parent / Guardian

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
   If yes, State Location: .....
2. Are your parents / close contacts at home 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

Name of Triage Nurse : Rafiul

Date & Time : 26.06.26 @ 11:03am

Docu. No. : RCHBH /FRM / CLINICAL / 085

PART C. A positive communicable disease triage scr... considered for any patient who meets one... following criteria:

- ☐ Any patient with Fever / Rash / Vesicles and Cough
- ☐ Any patient with fever and respirat... "YES" to any of the questions ... "PART B" of the triage scree...

PART D. ACTION / INTERVE... communicable ...

- ☐ Patients should ... room or a sin...
- ☐ The patie... already ...
- ☐ Both
- ☐ T...

Inform consultant for positive criteria.

DATE :

Signa...

(P.T.O.)

LOCATION : OT / Birthing Centre / BirthRight Premium
2nd Floor Ward / Oncology / 1st Floor Wards

ERROR LOG

OBSL

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

Time	Nursing Notes
01:10 Am	Assess the child condition - monitored vitals & recorded - Secn Dr. - Shifted to ward

Time: 1:10 pm

Time:

Samples collected by: NR John

Samples sent by :

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	N S

Condition of patient at time of shift - out :

HR: 112 bpm BP: ..... CFT: Less e

RR: 28 bpm SPO_2: 100%

GCS: 4/5/6 Temperature : 99.5°F

Pain Score: 0

Repeat RBS (if applicable): No

Details of Shift - out

Shift - ut from ER to: on

Time Shift - out: 1:25

Hander given to: Garg
(Nurs Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEA

Procedures done with details (if any): ..... done
..... IV placement .....

Name of the Nurse : Pooja

Date & Time : 26/6/26 1 pm

...ture of the Nurse

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Dr. SIRISHA RANI

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/6 Time:	3pm	7pm	10pm	1AM	6AM
Doctor / Nurse / Family Concern?					
Temperature (F)	98.6F	98.5F	98.4F	98.7F	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 (72) 60	98 (69) 59	90 (68) 54	100 (61) 59	90 (69) 60
Note: BP does not score in early warning scoring					
Heart Rate (Number)	112 b/m	102 b/m	100 b/m	85 b/m	95 b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	28 b/m	29 b/m	25 b/m	25 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C
GCS *	15/15	15/15	15/15	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					

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : 26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/7	08:00 am			40+5								
	09:00 am			40+5						210ml		
	10:00 am			40+5								
	11:00 am			40+5								
	12:00 pm			40+5								
	01:00 pm			40+5								
Total Intake :		270 ml				**Total Output :**				210 ml		
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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Sheet No. : 25

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/7/26												
	08:00 am			15+1								
	09:00 am	H2O	100ml	15+1						300ml		
	10:00 am	Idli		15+1								
	11:00 am			15+1			✓			250ml		
	12:00 pm			15+1								
	01:00 pm			15+1						190ml		
Total Intake :				196ml		**Total Output :**				350ml		
20/7/26	02:00 pm	H2O	100ml	15+1						200ml		
	03:00 pm	curd rice		15+1						250ml		
	04:00 pm			15+1						150ml		
	05:00 pm	poplam	150ml	15+1						200ml		
	06:00 pm			15+1						190ml		
	07:00 pm			50ml								
Total Intake :			360ml			**Total Output :**				990ml		
	08:00 pm			15+1						200ml		
	09:00 pm	Curd		15+1								
	10:00 pm	Rice		15+1								
	11:00 pm	H2O	100ml	15+1								
	12:00 am			15+1								
	01:00 am			15+1						50ml		
Total Intake :		196ml		1		**Total Output :**				250ml		
	02:00 am			15+1						200ml		
	03:00 am			15+1								
	04:00 am			15+1								
	05:00 am			15+1								
	06:00 am			15+1								
	07:00 am			15+1						200ml		
Total Intake :		96ml.				**Total Output :**				400ml		

Total 24 hrs. Intake	848 ml – 53.6 cc/kg	Total 24 hrs. Output	1,990 ml – 5.2 cc/kg/hr

m – (1)