Rainbow Children's Hospital

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 15 D (M)
Dr. GANESH R

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy		12.07					

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: .....

GUC-00088276 IP18-00036500
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Dr. GANESH R

nt: ..... Dept: .....

Date of Admission: .....

Discharge: ..... Time: .....

Room / Bed No: .....

Ward: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/07	10pm	ER.	806	Sr.

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16.07.2026	RP-8. Blood c/s.		
	SGOT, SGPT	26022945	[illegible] 010134
17/7/26 12.45 am	urine R/E, c/s	26022947	Jey [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Infusion pump	10·20pm	18/7/26 @-7am	8620	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16.07.2026	IV placement	(1)	1728541	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

.....

Date: 16/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby LLOYD VAZ
02-07-2024 2 Y 0 M 15 D (M)
Dr. GANESH R

DISCHARGE TRACKING SHEET

FLOOR- 8th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	18/7/26 @-11:39 am	18/7/26 @-11:40 am	Remy		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Patient Name: LLOYD UHID No: 88276 Bed Category: 606

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

S. Adlin

Signature of patient/ patient Attendance

Signature of the Introducer

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036500 **Admit Date** : 16-Jul-2026 **Admit Time** : 09:11 PM **UHID** : GUC-00088276

Patient Details :

Patient Name	: Baby LLOYD VAZ	**Age**	: 2 Y 0 M 14 D
Guardian	: Mr TERANCE VAZ	**DOB**	: 02-07-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:10 , T2 , LGD ROAD , LITTLE MOUNT Gunidy North Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9600029592/ 9840726390
		E-mail	: aduinfernando@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr TERANCE VAZ **Relationship** : Father

Contact Address : NO:10 , T2 , LGD ROAD , LITTLE MOUNT Gunidy North Chennai Tamil Nadu INDIA 600015 **Phone No** : 9600029592

S. Adei

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Ganesh R **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby LLOYD VAZ**	**Age :**	**2 Y 0 M 14 D**
IP No:	**IP18-00036500**	**Sex:**	**Male**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: S

Name: S Adlin Stephen

Relationship: Mother

Date: 16-07-2026 Time: 9:11

Witness Name: ATWIN

Witness Signature:

Patient Address:

NO:10 , T2 , LGD ROAD , LITTLE MOUNT Gunidy North Chennai Tamil Nadu INDIA 600015

S. Adlin

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Lloyd Vaz	UHID Number : 88276
Self/Attendant Name : Adlin Stephen	Relation : Mother
Self/ Attendant Signature :> Phone Number : 9600029592	Name & Signature of Financial Counselor S. Adlin

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00088276 IP18-00036500 Baby LLOYD VAZ 02-07-2024 2 Y 0 M 14 D (M) Dr. GANESH R _____

UHID ID: _____ _____

Department: _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 4 days

c/o diarrhea x 4days

History of present illness :

c/o fever x 4days, (max temp: 103°F)

c/o leg pain (over the thighs & calf) x 2days.

c/o diarrhea ⊕ x 4days.

c/o reduced oral intake (~50%)

No c/o reduced urine output

GUC-00088276
Baby LLOYD VAZ 2 Y 0 M 14 D (M)
02-07-2024
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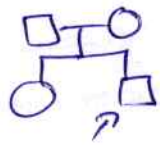
Past History : (Including details of any previous investigation or treatment)

Prev admin for (Dec 2025) — malfever.

Birth & Neonatal History:

Full term SVDs / cIAB / No NICU stay / ESCS.

Family Chart



Birth & Socio Economic History:

About Father : | ②.

About Mother :

Any additional Information :

Developmental History : Developmentally app for age

Immunization History : Immunized upto age

Anthropometry :

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

Weight (kgs) 11.1 kgs (Centile _____)

On Examination :

Temperature : 99.9°F Pulse Rate : 134/min B.P. 101/60 SPO2 99% @RA

Resp.rate and type of breathing : Afebrile
CRT < 3sec

Rash

Lymphadenopathy | ②

Oedema : Warm peripheries
PP well felt

Allergies (if any): No Allergies

(P.T.O.)

Patient Sticker

UP18-000365O0

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE (+) IN. added buds.

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 (+) IN. murmur

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

Per Abdomen :

Inspection :

Palpation : SFT/NT, NO organomegaly

Ausculation :

Spine : (P) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15, Alert

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

GUC-00088276 IP18-00036500
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Reflexes : 2+

Superficials:

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: fever under evaluation (? mal).

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
Dengue IgM
} OPD Basis

RP2 ✓
S4OT/PT ✓
Blood C/S ✓
urine routine
urine culture/sensitivity.

Planned Management ~11.1 kgs

IV line
1) IVF – 0.9% NS – 40ml/hr
2) Inj CEFTRIAXONE 500mg IV Q12H
3) Syp. CETRIZINE 2.5ml Q12H.
4) Inj PAN 10mg IV Q24H.
5) Syp. P250 3ml (if temp >100°F)

Signature of the Doctor:

Name of the Doctor:

Date & Time: 16/7/24, 9:15PM.

Signature of the Consultant:

Name of the Consultant: R. Sridharan

Date & Time: 17/7/24

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

NOTE: * To be completed by a Doctor 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	.....
☐ 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: .....

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

   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00088276 IP18-00036500
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B. Dr : Lecturer in CNRU	
1[illegible]:30 PM		
	child reviewed	
	fever spikes +	
	oral intake - ~~adequate~~ (improving)	
	Hydration - Adequate	
	vitals: Stable	
	RS: clear CVS: S1S2⊕ / no murmur	
	PA: soft NT no organomegaly CNS: NCND	
		Advice
		1) Continue as charted
		2) w/f fever spikes ⊕
		3) To trace for blood C/S / urine R/E /
		urine C/S. CRP₂ / OT/PT.
	Lactyright [illegible] 22 33 PM	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 9am.	S/B Dr. Chandrakala / Ravi	
	Fever x 4 days high grade, intermittent not associated with chills	
	Running nose ⊕	
	c/o myalgia ⊕	
	Oral intake - reduced	
	Activity - decreased during fever episodes.	
	At present - fever spikes present every 6 hrs.	
	O/E	
	Afebrile	
	CVS - S1S2 ⊕	
	RS - B/L AE ⊕	
	P/A - soft, non tender	
	Hydration - PPWT, CRT < 2 secs, urine passed 2 times at night	
	TC - 10570 Dengue IgM - Negative	
	N/L - 57/40	
	PLT - 2,23,000	
	CRP - 54	
	Sr. electrolytes	
	RFT	
	SGOT, SGPT } (N)	
	Urine Routine	

GUC-00088276 IP18-00036500
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv	
	- monitor vitals	
	Blood C/S, urine C/S } Awaited - w/f fever spikes.	
	- Inj. ceftriaxone 500mg IV BD	
	- syp - cetirizine 2.5ml BD.	
	Agreed - IV Fluids @ 40ml/hr.	
	[signature] 17/7/24	[signature] R Lavanya (?)
17/7/24 4:30PM.	S/B Dr. Chandrasekar	
	Child reviewed	
	Alert, Active	
	Fever spikes present every 6hrs.	
	Oral intake - Improving	
	Urine output good,	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear	
	P/A - soft	

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	-Adv:	
	-monitor vitals	
	-F/U Trace blood & urine c/s	
	-continue ceftriaxone.	
	-TW/F fever spikes	
	-Inj Pcm (SOS)	
	Sd/- 19/2/4	
	S/B Dr-Chandiralogi	
18/7/20 9AM.	Δ - Acute febrile illness p Adenoviral ? Enteric	
	child reviewed	
	sleeping	
	Fever spacing out (every 8-10hrs) Grade reduced.	
	no new complaints	
	Tolerating oral feeds well	
	Activity - good.	
	O/E	Bp - 100/61 mmHg
	Afebrile	RR - 125/min
	CVS - S, S2 (+)	
	RS - B/L AE (+)	
	P/A - soft	

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Hydration - PPWT, CRT<2 secs	
	voided urine 2 times/night.	
		Adv:
		- monitor vitals
	Blood c/s } SFNG	- W/F fever spikes
	urine c/s }	- Inj. ceftriaxone 500mg IV BD
		- Inform (SOS)
	19/2/24.	
		S/B Dr hamul
18/7/24 11:30AM	Viral Fever / URI	
		afebrile/active
	Discharge Today	
	R on 23/7/24	
	Syp Cetrizine 2.5ml RD x 3days	
	Syp. P250 3ml once in 6hrs if Temp >100F.	
		R. Lawson 18/7/24

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

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Baby LLOYD VAZ (? malfever/UTI).

RESULT SHEET

Date	16/7/24					
Time						
Hb	11.5					
PCV	34					
RBC	4.70					
WBC	10570					
N/L	57/40.					
Platelets	2.23					
CRP	54					
ESR						
PCT						
RBS						
Na	136					
K	4.0					
Cl	102					
Ca/Mg	1.20					
Phosphate 1403	/19					
Urea	14					
Creatinine	0.27					
ALP						
SGPT	17					
SGOT	31					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	17/6/26					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones.	–					
CUE - PUS Cells.	1 – 2					
CUE - RBC Cells	0 - 1					
CUE Leukocyte/Nitrate	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue IgM	Neg.					

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 16.7.24 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

SOS / PRN (As Required Medication)

DRUG: Syp P250				Date / Time	16/07	17/7	18/7
Dose	Route	Frequency	Start Date		10:00 pm	9am SB / 5:30 SL	1AM SL / JB
3ml	PO	Q6h(SOS)	16/7			11AM BS / BA	
Doctor's Signature	Valid Period	Pharm.				4:30pm SJ / SP	
[signature] 20337							
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 .... Signature ....

Docu. No. : RCH /FRM / CLINICAL / 118

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 11.1kg Ward. 6th

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date / Time	17/6	18/6
500mg	IV	Q12H	16/7	12 Am	SL JB	SL JB
				12 Pm	PS AA	
					(D1)	(D2)

Name & Signature of the Doctor Starting the Drugs: Leelyjith 20337

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj PAN

Dose	Route	Frequency	Start Date	Date / Time	16/7	17/7	17/7	18/7
10mg	IV	Q24H	16/7	2:50 pm	SD			
						6 Am	SL JB	SL JB

Name & Signature of the Doctor Starting the Drugs: Leelyjith 20337

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Syp CETRIZINE

Dose	Route	Frequency	Start Date	Date / Time	16/7	17/7	18/7
2.5ml	PO	Q12H	16/7	10 Am		PS AA	
				10 Pm	SL JB	9pm SL JB	

Name & Signature of the Doctor Starting the Drugs: Leelyjith 20337

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 15 D (M)
Dr. GANESH R

Weight. 11.1kg Ward. 6th.

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

I.V. FLUIDS CHART

Weight. 11-1kgs Ward. 6th

Date	Time	Composition of 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
16/7	10.20 pm	IVF 0.9 NS	IV	20ml/hr					
				20ml					

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

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

(1)

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

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

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 : 16/7/ ... Time:	10:20 PM	2 AM	4 am	6AM
Doctor / Nurse / Family Concern?				
Temperature (°F) (104–94)	101.1	99.2	103.2°F	98.5
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	110/65 (71)		120/66 (74)	
Heart Rate (Number)	128b/m	128b/m	136b/m	
Resp. Rate (bpm) (Over 1 Minute) * (70–10)				
Resp Rate (Number)	30b/m	30b/m	30b/m	
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	98%	98%	
Conscious Level — Normal / Altered	✓	✓	✓	
GCS *	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	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
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/26 Time: 8AM | 11AM | 1PM | 4PM | 4:30pm | 6:30pm | 8pm | 12Am | 12:30 Am | 1Am | 4Am

Doctor / Nurse / Family Concern?

Temperature (°F): 98.2 | 100.4°F | 99.8°F | 99.6°F | 102°F | 99.6°F | 98.3°F | 99.5°F | 98.6°F | 100.3°F | 98.2

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring: 106 (59) 68 | 99 (60) 64 | 102 (57) 52 | 103 61 55 | 102 61 55

Heart Rate (Number): 102 b/m | 100 b/m | 116 b/m | 128 b/m | 120 b/m | 116 b/m

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

Resp Rate (Number): 28bpm | 30 b/m | 30 b/m | 30 b/m | 30 b/m | 30 b/m

Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA				
O_2 Saturations (%)	98%	99%	99%	98%	98%	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	DR	RA	SM			

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

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FLUID CHART

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.

16/7		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	———			ON	ADMISSION				→		
	10:00 pm			40m								
	11:00 pm	H20	50m	40m							0	Sh
	12:00 am			40m								
	01:00 am			40m						✓	0	Sh
Total Intake :				+160m		Total Output :				Urine		
	02:00 am			DC							0	Sh
	03:00 am			40m								
	04:00 am			40m								
	05:00 am			40m							0	Sh
	06:00 am	H20	10m	40m						✓		
	07:00 am			40m							0	Sh
Total Intake :		10m	+200			Total Output :				1 Hm		

Total 24 hrs. Intake	420 ml	Total 24 hrs. Output	2Hml

GUC-00088276 IP18-00036500
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Dr. GANESH R

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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.

17/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2O	50ml	DC						✓	0	
	09:00 am			DC								
	10:00 am	Soup	100ml	DC							0	
	11:00 am			40ml								
	12:00 pm	H2O	50ml	40ml						✓	0	
	01:00 pm			40ml								
Total Intake :		200ml + 120ml				Total Output :				2 time		
	02:00 pm			40ml						✓	0	
	03:00 pm	H2O	50ml	40ml								
	04:00 pm			40ml							0	
	05:00 pm	Soup	100ml	40ml								
	06:00 pm			40ml						✓	0	
	07:00 pm	H2O	50ml	DC								
Total Intake :		200ml + 200ml				Total Output :				2 times.		
	08:00 pm			DC						✓	0	
	09:00 pm	H2O	50m	DC								
	10:00 pm			40m							0	
	11:00 pm	H2O	50m	40m								
	12:00 am			DC						✓	0	
	01:00 am			40m								
Total Intake :		100ml + 120ml				Total Output :				2 time		
	02:00 am			DC						✓	0	
	03:00 am			40m								
	04:00 am			40m							0	
	05:00 am	H2O	50m	40m								
	06:00 am			40m						✓	0	
	07:00 am			40m								
Total Intake :		200ml + 200ml				Total Output :				2 time		

Total 24 hrs. Intake	1060 ml.	Total 24 hrs. Output	8 times

GUC-00088276 IP18-00036500
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Dr. GANESH R

(1)

NURSING CARE RECORD

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Date: 16/7/26

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	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 pm	Promote Cleanliness and Comforts		Assess the oral care, daily bath change linen. maintain hygiene	monitor intake & output.	Reassessment done.	02 MN

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/16		Morning duty notes.	
	7.30AM	Baby details handing over taken from night duty S/N. NUR(+), IVF 0.9 DNS → 40ml/hr, Normal diet, Urine c/s, Blood c/s trace.	[signature]
	8AM	Vitals checked and recorded. PP ++, CP ++, CRT 2	[signature]
	9AM	IVF 0.9 DNS → 40ml/hr, Due medication given as per drug chart orderly.	
	11:30 Am	→ Dr. Ganesh sir come and seen the child sir adviced continue the IV medication, 11Am 100.4°F Syp P250	[signature]
	[illegible]	3ml given as per order chart	
	12pm	→ patient vital signs checked and record. Vitals are stable. PP ++, CP ++, CRT 2sec	[signature]
	1pm	→ patient intake and output chart maintained & record	[signature]
	1.30PM	→ Handing over given to evening duty S/N.	
		Evening duty Notes.	
17/7/16	1.30pm	child details hand over taken form morning duty staff. child conscious & active	
	2pm	child IV line (+) IV line observed ∝ heap. child	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

(2)

NURSES NOTES

Rainbow Children's Hospital
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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		IV fluids 0.9% DNS 40ml/hr on flow. →	Sen 01ss72
	4pm.	child vitals checked & recorded temp is normal. CP / PP / CRT : ++ / ++ / <2sec	
	4:30pm	child temp is 102°F SYP P250 3ml given. →	Sen 01ss72
	6pm.	child input output chart maintaind →	
	7.30pm	Hand over given to the night duty staff.	Sen 01ss72
		Night Duty	
17/7/24	7:30 pm	Child details handover taken from evening duty staff child concious & oriented IV line heathy (+)	2n
	8pm	child vital signs Checked & Recorded CP / PP / CR : ++ / ++ / <3 Due to medication given as perchart IVF 0.9% DNS 40ml/hr going on others no Complaint IV line heathy (+)	2n

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	12Am	Child vital Signs Checked & Recorded. CP e. PP e-A CRT L3	[signature]
		Due to medication given as per charts	
	1Am	Child Tem- 100.3°F Syp-P250 5ml given as per chart IVF 0.9% DNS 40ml/hr going on.	[signature]
	4AM	Child vital Signs checked & Recorded. maintain I/o charts	[signature]
	6Am	Due to medication given as per charts maintain I/o charts	[signature]
18/7/26	7.30 Am	Child details handover given to morning duty staff	[signature]
		Morning Duty Notes	
18/7/26	7.30AM	→ child detail hand over taken from night duty S/N, child conscious & oriented IV line ⊕ IVF DNS 40ml/hr	[signature]
	8Am	→ Child vital signs checked and record. vitals are stable. PP CP CRT # # <3sec	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Your Right to a Safe Delivery

Patient's Name:......................................

MRD NO:... GUC-00088276 IP18-00036500 Baby LLOYD VAZ 02-07-2024 2 Y 0 M 14 D (M) Dr. GANESH R ....

Age :.......... : □ M □ F

Consultant :......................................

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 16.07.2026. Time: 9:45 pm

Location : Right Metacarpal

Size : 24 G

Cannula inserted by : S/N Shibu

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
[illegible]	10.00pm	□Yes □No	□Yes □No	pattern	[illegible]
	12AM	□Yes □No	□Yes □No	observ	[illegible] 2m
	2AM	□Yes □No	□Yes □No	observ	[illegible] 2m
	4AM	□Yes □No	□Yes □No	observ	[illegible] 2n
	6AM	□Yes □No	□Yes □No	observ	[illegible]
	8AM	□Yes □No	□Yes □No	healthy	[illegible]
	10AM	□Yes □No	□Yes □No	healthy	[illegible]
	12PM	□Yes □No	□Yes □No	healthy	[illegible]
	2pm	□Yes □No	□Yes □No	"	81/0un
	4pm	□Yes □No	□Yes □No	"	81/0un
	6pm	□Yes □No	□Yes □No	"	81/0un
17/7	8pm	□Yes □No	□Yes □No	observ	[illegible] 2r
	10pm	□Yes □No	□Yes □No	observ	[illegible] 2n
	12Am	□Yes □No	□Yes □No	observ	[illegible] 2m
18/7	2Am	□Yes □No	□Yes □No	observ	[illegible] 2n
	4Am	□Yes □No	□Yes □No	observ	[illegible] 2n
	6Am	□Yes □No	□Yes □No	obs	[illegible] 2n
	8 Am	□Yes □No	□Yes □No	observe	[illegible]
	10 Am	□Yes □No	□Yes □No	observe	[illegible]
	12pm	□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		

Cannula removed : □Yes □No, if yes date and time :
RX any initiated : □Yes □No □NA If Yes specify-
Phlebitis score:

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		

Cannula removed : □Yes □No, if yes date and time :
RX any initiated : □Yes □No □NA If Yes specify-
Phlebitis score:

NOTE : ❋ To be assessed within 30 minutes of insertion.
❋ Every 2 hours if on fluid infusion.
❋ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)........ Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes-date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE : ❋ To be assessed within 30 minutes of insertion.
❋ Every 2 hours if on fluid infusion.
❋ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: ❋ Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: ❋ Pain near I.V. Site ❋ Erythema ❋ Induration	ALL of the following is evident: ❋ Pain along path of cannula ❋ Erythema ❋ Induration	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord ❋ Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

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02-07-2024 2 Y 0 M 14 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 16/7	M DATE 17/7	E DATE 17/7	N DATE 17/7	M DATE 18/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	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					
	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		11	11	11	11	11

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✗	✗	✗	✗	✗
	Nurse's Name:		Sneh	Satee	Suf	Sneh	Dyn
	Signature:		[illegible]	[illegible]	Suf	[illegible]	[illegible]
	Date:		16/7	17/7	17/7	17/7	18/7
	Time:		@ 1[illegible]Pm	10 AM	2pm	@ 8pm	@ 8am

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00088276 IP18-00036500
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02-07-2024 2 Y 0 M 14 D (M)
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Ref. No.: F/HW/BRD-Q/NSG/04

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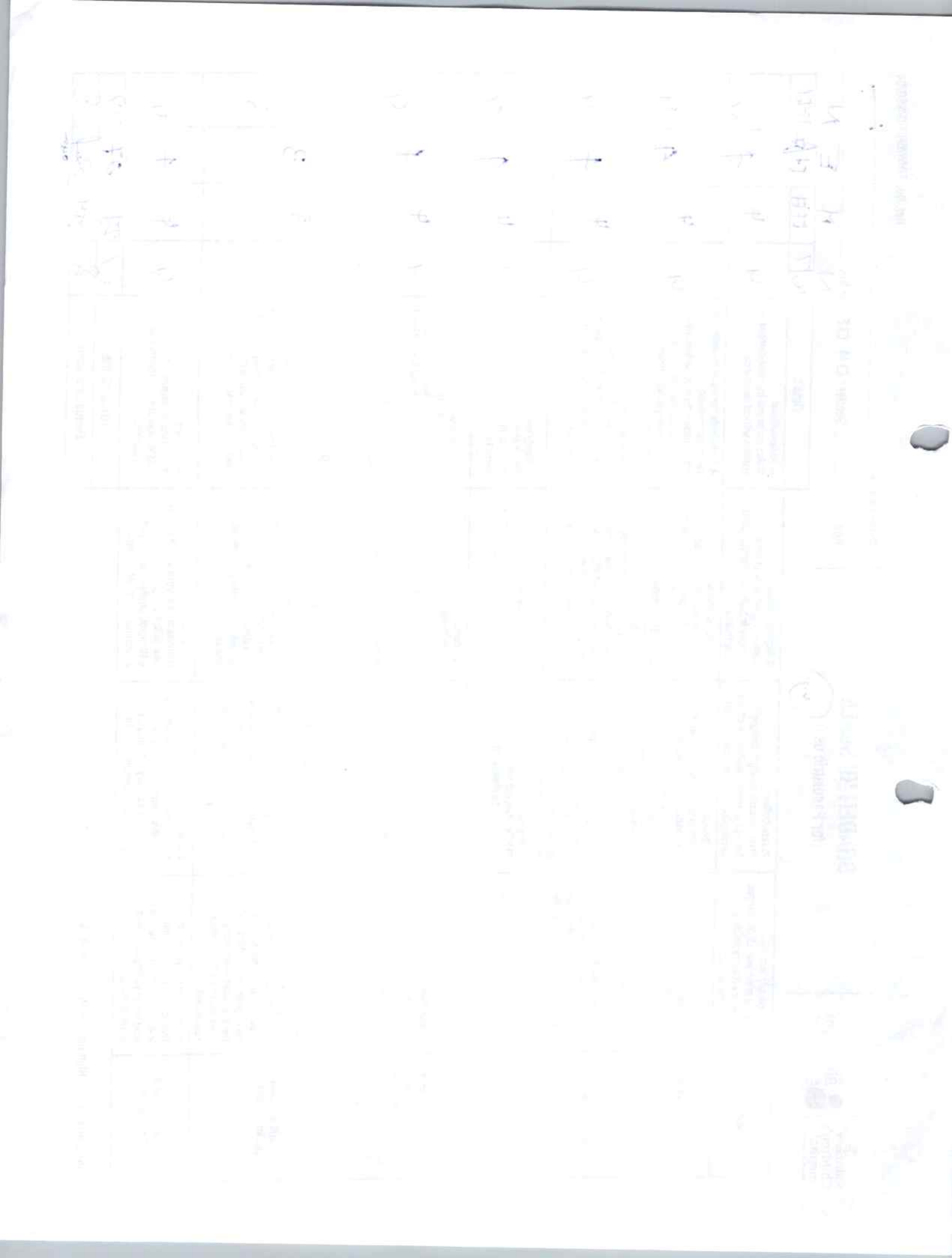
BRADEN 'Q' SCALE

(for Paediatric use)

..... Gender : ☐ M ☐ F IP No. : .....

					N	M	E	N
				Date :	16/7	17/7	18/7	19/7
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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	27	27	28
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23



GUC-00088276 IP18-00036500
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INT IENT / FAMILY EDUCATION RECORD

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Part - I.
Patient's / Learner Language: English Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes ~~No~~ Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. Risk / Safety

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		
16/7	11 Pm	medi cat	Explained about medication administrat	Mother	Nil	oral	Nil	yes	good	
17/7	10AM	yes	explained about personal hygiene.	father	Nil	verbal	nil	yes	-	
18/7	9AM	yes	explained about feeding position	Mother	Nil	oral	Nil	yes	good	

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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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Fevers under evaluation

Arrival Time: 10 pm Mode of Arrival: Carrying Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 11.1 Kg

..... Height: ..... cm

.....

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

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

Family History: ..... Nil .....

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: 11.1kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 101.1 HR: 120 RR: 30 BP: 110/65 mm

Pain Score: ..... 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 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

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 ..... Mothers .....

Nurse's Name: ..... Date: 16/7/26 Time: 10:30pm Signature

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr GANESH Date : 16/7/24

Type of Admission: ☐ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 11.1 kgs.

Allergic History: No Allergies

Chief Complaints:
C/O fever x 5 days.
C/O vomiting ⊕

Pediatric Assessment Triangle

A Appearance - TICLS: Alert

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 30/min SpO_2 on FiO_2 99% @RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BLAE ⊕ / No added sounds
Palpation Findings (If necessary): .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 134/min. CFT [Central ..... / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 101/60 mmHg

Pulse Volume: [Central ..... / Peripheral .....]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: Alert

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: [Responsive ☑ / Non-Responsive ☐] Size [Right ..... / Left .....]

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise .....

Exposure

Temp.: 99.9°F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned: .....

As ordered

Treatment Planned: .....

As ordered

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by

Name of the Doctor: Lucky

Signature: Lucky Vaidya 2017

Date & Time: 16/7/17

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/07/24 Time of arrival : 9:05 pm

Chief Complaints: Fever x 4 days. RBS: 98 mg/dl

Height : — Weight : 11.1kg BMI : — Head Circumference (<2 years) .....

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: .....

Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... Parents.

Siblings in household ☐ Yes ☐ No (if yes How Many?) 01

Time of Initial assessment completed by ER Nurse : 9:15 pm

(P.T.O.)

Time	Nursing Notes
9:30 pm	patient come to flr on with the
	H/O fever x 4 days, leg pain etc,
	monitored the vital signs. Recorded
	Dr. lucky sir. IV line placement
	done. Blood sample collected and pt
	shifted to the ward.

Samples collected by: S/N Shibu   Time: 9:15pm.

Samples sent by :   Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		nil			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 124/m BP: 101/60 (72) CFT: < 3 sec	Shift - out from ER to: 606
RR: 20/m SPO₂ : 99% RA	Time of Shift - out: 10pm
GCS: 0/10 Temperature : 100.3°F	Handover given to: S/N Shehamay
Pain Score: 15/15	(Nurse's Name)
Repeat RBS (if applicable): 98mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done.
Ⓡ mefacanpulls IV A.

Name of the Nurse : Shibu Debnath   Signature of the Nurse : Shibu

Date & Time : 16/07/24 9:40pm

GUC-00088276 IP18-00036500
Baby LLOYD VAZ
02-07-2024 2 Y 0 M 14 D (M)
Dr. GANESH R

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EMERGENCY ROOM TRIAGE FORM

wt → 11.1 kg.

Patient's Name : BABY. LLOYD VAZ Age : 2Y Gender: ☑ Male ☐ Female

Date : 16/07/26 Time of Arrival : 9:05pm

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): NKA ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) NKA

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.9°F PR: 134/m BP: 101/60(80) RR: 30/m SpO_2: room air

Chief Complaints: H/O Fever x 4 days,

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☐ Unstable :
  ☐ Not – Life - Threatening
  ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 min

Communicable Disease Triage Screening

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

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

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

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shibu Debnath.

Signature of Triage Nurse : 16/7/26

Date & Time : 16/07/26 @ 9:07pm

Docu. No. : RCH /FRM / CLINICAL / 085

Calu m

PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	18/07/24 @ 9:11 pm	16/07/24 ~ 10 pm.
	Transfer Ordered by	**Reason for Transfer**
Dr. Ganesh	Dr. Lucky	treatment
From Unit	**To Unit**	**Information to Attendant**
ER	606	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(14)	Nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	0.9% DNS 500ml	(1)
2.	Infusafix	(1)
3.	Inj none 500mg	(1)
4.		
5.		

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

Fever under evaluation (viral fever)

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shibu [signature] 17890	Lucky [signature] 20337

Patient & Clinical Records Received by : [signature] 2111

Date & Time of Patient Received : 16/7/2024 10:05 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

Patie

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: 606

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
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 2057

Date & Time : 16/7/24 9:35pm

Nurse Name & Signature: 17890

Date & Time : 16/07/24 2:30 pm

Docu. No. : RCH /FRM / GENERAL / 090

Patie

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Dr. GANESH R

D

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor