Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: GUC-00094430 IP18-00036660 Baby NIYANTHRI 22-06-2013 13 Y 1 M 8 D (F) Dr. V V VIVEKANAND .....

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 30/7/26

Time: 2:10PM

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 8 D (F)
Dr. V V VIVEKANAND

UHID- 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							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

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

Date of Admission: .....

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

Room / Bed No: ..... Ward: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7	10.40PM	BR	402	

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
	CBC, CRP, Urea, creat,		
28/7.	electro, P/S, Bld c/s,	26024223	[illegible] 18894
	OT, PT,		
28/7	RBS	26024222	
28/7/26	Respiratory Profile	24226	[illegible] 25384

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/7/26	Infusion pumb	10.45pm	29/7/26 P 6pm	34347	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/7	IV Placement	(1)	1734234	
	Neb C O2	(1)	1734244	
28/7	CXR	(1)	10195	
29/7	Neb C O2	(3)	344944	
29/7	Neb C O2	(1)	1734621	
30/7/26	Neb C O2	(6)	34727	

ANY OTHER INFORMATION:

Neb C O2 - 6

Date: 29/7/26. Time: 4AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 8 D (F)
Dr. V V VIVEKANAND

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DISCHARGE TRACKING SHEET

DATE : 30/7/26.

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	8.00am			
2	Arrangement of File by Nurses				
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036660 **Admit Date** : 28-Jul-2026 **Admit Time** : 09:08 PM **UHID** : GUC-00094430

Patient Details :

Patient Name	: Baby NIYANTH21		
Guardian	: PRASANNA	**Age**	: 13 Y 1 M 6 D
Gender	: Female	**DOB**	: 22-06-2013
Occupation	:	**Religion**	:
Address (H)	: NO"16/37,1ST FLOOR,CHINNA THAMBI STREET,TRIPLICANE Tiruvallikkeni Chennai Tamil Nadu INDIA 600005	**Martial Status**	:
		Phone No	: 9789099237
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 102 **Ward Name** : 0F-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : PRASANNA

Contact Address : NO"16/37,1ST FLOOR,CHINNA THAMBI STREET,TRIPLICANE Tiruvallikkeni Chennai Tamil Nadu INDIA 600005

Relationship : Father

Phone No : 9789099237

Signature

Doctor Details :

Doctor Name : Dr. V V VIVEKANAND **Specialisation** : PULMONOLOGY

Referral Doctor : Dr BHASKAR RAJU **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby NIYANTHR1**		
IP No:	**IP18-00036660**	**Age :**	**13 Y 1 M 6 D**
Consultant:	**Dr. V V VIVEKANAND**	**Sex:**	**Female**
		Ward/Bed No:	**0F-EMERGENCY/ER 102**

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:

Name: PRASANNA .

Relationship: FATHER

Date: 28/07/26 Time: 09:08PM

Witness Name: P. Thamaraiselvan

Witness Signature:

Patient Address:
NO"16/37,1ST FLOOR,CHINNA THAMBI STREET,TRIPLICANE Tiruvallikkeni
Chennai Tamil Nadu INDIA 600005

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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 : Baby ARIYAVATHI	UHID Number : 7430
Self/Attendant Name : PRASANNA	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00094430
Baby NIYANTHRI
22-06-2013
Dr. V V VIVEKANAND
IP18-00036660
13 Y 1 M 6 D
(F)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

Child has c/o: fever for past 5days
intermittent in nature
settled ĩ paracetamol
↓
Followed by that feves settled
↓
now child has c/o: myalgia
cough - severe in nature
↓
associated post tussive vomiting
6-7 episodes
non-billious
non-projectile

NO c/o: Abd pain
loose stools

Child was initially treated as OPD

Patient Sticker

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

Admitted Once for Dengue fever around 3 yrs

Birth & Neonatal History:

LSCS | Term | CIRIS | NVNICU

Family Chart

Birth & Socio Economic History:

About Father : (N)

About Mother : Mother has H/O: Asthma

Any additional Information :

Developmental History :

(N)

Immunization History :

upto date 10yrs NIS Schedule

Anthropometry :

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

Weight (kgs) 34.7kg (Centile _____)

On Examination :

Temperature : 98.0°F Pulse Rate : 82/min B.P. 100/50 mm Hg SPO2 98% RA

Resp.rate and type of breathing : (N)

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : V BS (+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : SOFT INT

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutriton : (N)

Tone: (N) Power (N)

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient Sticker

Reflexes :

DTR (+) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acute ? viral fever

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC, CRP
PS, Blood C/S
Urea, Creatinine, Electrolytes
SGOT, SGPT
Preserve one plain sample
CXR - PIA
Respiratory Biopsy

Planned Management

O.T.I. DNS 70ml/hs
Inj Pan 35mg IV Q24H
Inj Emeset 3.5mg IV Q12H

Levolin 1.25mcg + 2cc NS
↓
Stat
↓
Q4H → 2 times
↓
Q6H

Signature of the Doctor:

Name of the Doctor: C. DEEPAK

Date & Time: 28/7/18 9:30PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(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 Facilty 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-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Docu. No. : RCH /FRM /

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

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

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

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		S/R Dr. Manonmani
29/7/20 5am	A - LRTI - paracentric Vein infection	
	No fever spike (+)	
	Has cough	
	No distress	
	Intake - better	SpO2 - 98%
	PP-LF	
	O/E	CRP - <5
	Asleep	CXR - B/L infiltrates (+)
	PP-LF	
	RS - NVBS (+), No wheeze now	
	Other systems - NAD	
	Rx	
	→ Continue IVF, Nebs	
	- Monitor vitals - SpO2, RR	
1200am		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/24 7.45 AM	SIB Dr. Vivek	
	Child reviewed	
	No previous Sx & Medical issues	
	No previous chronic issues	
	Admitted ? Parainfluenza infection	
	? unremitting cough	
	O/E	
	ENT - (N)	
	Lungs - clear	
	No distress	
	Labs - viral picture	
	CXR - (N)	
	Plan:	
	↑ if Oral intake good	
	↓	
	Stop IVF by tonight	
	↑ TDS stops Neb Levolin by tonight	
	↑ Levolin MDI 4 puffs QDH 3-5 days from Discharge	
	Sys. RAPITUS 5ml/30mg 5ml-0-0 x (5d) tomorrow morning	

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

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 7 D (F)
Dr. V V VIVEKANAND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 4PM	S/B - Dr Yuvaraj	
	Child reviewed	
	alert, active	
	afebrile	
	WDB - (N)	
	RS - Clear	
	PA - soft, non tender	
	Plan : - Stop IVF @ night	
	- Stop Neb Levolin by tonight.	
	D/S advise } - Levolin MDI 4puff Q6h - 3-5 days	
	- Syp Rapitus 5 ml - o - o x 5 days	
	No new IV line	

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
30/7/26	S/B Dr. Vivek.	
7:15 am		
	Δ - Parainfluenza lower respiratory tract infection	
	Afebrile	
	cough - better.	
	doing well.	CXR - (N)
	hemodynamically stable.	
	sys exam:	
	RS: B/L AE (+)	
	chest clear.	Remove IV line
	No distress.	
	D/c Med	
(1)	MDI. Levolin 50 4puff 4-6H once × 3-5 days	
(2)	Syp. Raptus 5ml @ night × 4 days	
(3)		
	V enini Dr. Bhaskar Raju sir	
	as DAD (1/8/26)	
	[signature]	
	(3evostat 5p... without mask)	[signature]

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 7 D (F)
Dr. V V VIVEKANAND

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

Niyanthri
GUC : 36660

RESULT SHEET

Date	28/7/26					
Time						
Hb	11.4					
PCV	34					
RBC	4.07					
WBC	4.62					
N/L	44/49					
Platelets	2.71					
CRP	<5					
ESR						
PCT						
RBS						
Na	139					
K	3.6					
Cl	104					
Ca/Mg						
Phosphate						
Urea	32					
Creatinine	0.45					
ALP						
SGPT	20					
SGOT	27					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones.						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .... bispire - paracaftrone Vin ® ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

GUC-00094430 IP18-00036660
Baby NIYANTHRI (F)
22-06-2013 13 Y 1 M 6 D
Dr. V V VIVEKANAND

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: BR Shifted to: 402

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 : .....

Date & Time : 28/7/17 15:35PM

Nurse Name & Signature: ..... 1889 4 / Aman

Date & Time : 28/7 @ 9.35PM

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

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DRUG CHART

Date of Admission: 28/7 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: Tab. T. CROCIN				Date / Time
Dose	Route	Frequency	Start Date	
500mg	PO	SOS	28/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: Only if T > 100°F				

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 .....

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

REGULAR PRESCRIPTIONS

Weight. 34.7kg Ward. 408

DRUG : Inj PANTOPRAZOLE				Date 28/7, 29/7, 30/7 / Time 10PM
Dose	Route	Frequency	Start Date	IKD
35mg	IV	Q24H	28/7	
Name & Signature of the Doctor Starting the Drugs: C [signature]				6AM PSP
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj EMESET				Date 28/7, 29/7, 30/7 / Time 10PM
Dose	Route	Frequency	Start Date	IKD
3.5mg	IV	Q12H	28/7	6AM PSP
Name & Signature of the Doctor Starting the Drugs: C [signature]				
Additional Instructions:				6PM SA
Daily Doctor's Endorsement by a Sign				

DRUG : LEVOLIN				Date 28/7, 29/7 / Time 9.58PM
Dose	Route	Frequency	Start Date	IKD
1.25mg +2CC NS	P/N	Q4H	28/7	2AM PSA
Name & Signature of the Doctor Starting the Drugs: C [signature]				
Additional Instructions: Only 2 doses				6AM
Daily Doctor's Endorsement by a Sign				

STOPPED
DOSE CHANGE
FREQUENCY

DRUG : NEB LEVOLIN.				Date 29/7, 30/7 / Time
Dose	Route	Frequency	Start Date	12AM
1.25mg + 2cc NS	P/N	Q6H	29/7/2	
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM
Additional Instructions:				12PM SA
Daily Doctor's Endorsement by a Sign				6PM SA

STOPPED

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 7 D (F)
Dr. V V VIVEKANAND

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Syp RAPITUS

Dose	Route	Frequency	Start Dt.
5ml	P/o	OD	30/7

Date/Time: 30/7 9AM; 30/7 1AM; 12SA 8S

Name & Signature of the Doctor Starting the Drugs: T.Y [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time:

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time:

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time:

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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 ....

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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

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-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

I.V. FLUIDS CHART

Weight. 34.7kg Ward. 2402

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
28/7/20	9:35pm 10:45pm	(0.9%-DNS) GNS	IV	70ml/hr	[illegible]	[illegible]			

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

Ref. No. F/INPR/12

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402

Patient Name : GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Registration No.:

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
		ER $\bar{c}$ O_2 —— (1)		
29/7/26	00.00 2Am	Neb $\bar{c}$ O2 - Levolin — (1)		
	1.00 6Am	Neb $\bar{c}$ O2 - Levolin (1)		
	2.00 12pm	Neb $\bar{c}$ O2 - levolin 1.25mg (1)	Balaji 020685	
	3.00 6pm	Neb $\bar{c}$ O2 - Levolin 1.25mg (1)	018402	
	4.00 10pm	Neb $\bar{c}$ O2 levolin 1.25mg — (1)	020749	
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Total — (6)

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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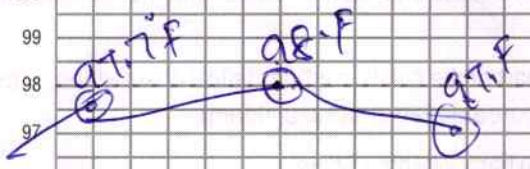
EARLY WARNING SCORE: CHILDREN'S UNIT

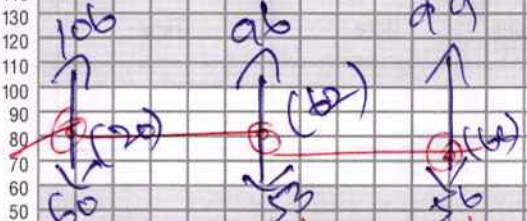
Date : 28/4/26 Time:	10.4pm	8AM	4PM
Doctor / Nurse / Family Concern?			

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



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



Heart Rate (Number)	96b/m	80b/m	96b/m

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

Resp Rate (Number)	18b/m	20b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min)	RA		
O_2 Saturations (%)	99%.	100%.	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	PBN	PL	PBN

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-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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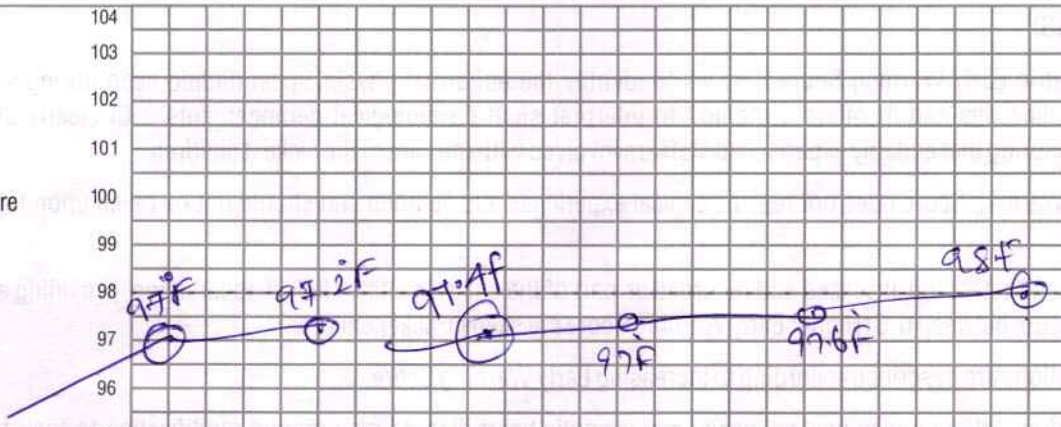
EARLY WARNING SCORE: CHILDREN'S UNIT

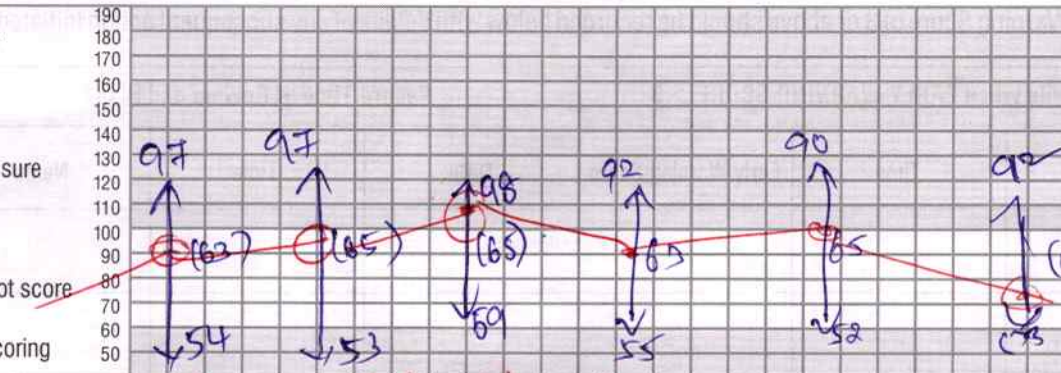
Date : 22/6/18 .... Time:	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						

Temperature (°F)



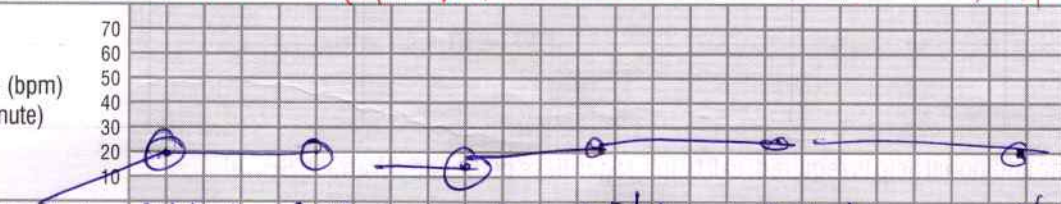
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	90bl/mt	94bl/mt	108bt	88bl/mt	90bl/mt	70bl/m

Resp. Rate (bpm) (Over 1 Minute)



Resp Rate (Number)	20bl/mt	20bl/mt	20bt	20b/mt	24b/mt	22b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	97%	98%	98%	99%	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	VB	VB	VB	RJ	RJ	RM

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

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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.

28/7/26		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											
	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	Child		arrived			from ER	to		4th floor	at 10:40pm	
	10:00 pm			70ml							0	PSA
	11:00 pm	wat	50ml	70ml							0	PSA
	12:00 am			70ml							0	PSA
	01:00 am	wat	50ml	70ml						✓	0	PSD
Total Intake :	100ml + 280ml					Total Output :	1 times urine passed.					
	02:00 am			70ml							0	PSA
	03:00 am			70ml							0	PSA
	04:00 am			70ml							0	PSA
	05:00 am			70ml							0	PSP
	06:00 am			70ml							0	PSA
	07:00 am	wat	50ml	70ml						✓	0	PSA
Total Intake :	50ml + 420ml					Total Output :	1 times urine passed					

Total 24 hrs. Intake	850ml	Total 24 hrs. Output	2 times urine passed

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

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2018 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Rainbow® Children's Hospital
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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.

29/7/18		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	water	50ml	IVF DNS 70ml							0	Baby
	09:00 am			70ml						✓	0	Baby
	10:00 am	water	30ml	70ml						✓	0	Baby
	11:00 am	Soup	200ml	70ml							0	Baby
	12:00 pm	Juice	200ml	70ml						✓	0	Baby
	01:00 pm			70ml							0	Baby
Total Intake :		480ml + 420ml				Total Output :				3 times urine passed		
	02:00 pm	water	100ml	70ml							0	dry
	03:00 pm	Tender coconut water	150ml	70ml						✓	0	dry
	04:00 pm			70ml							0	dry
	05:00 pm	milk	150ml	70ml						✓	0	dry
	06:00 pm			70ml							0	dry
	07:00 pm	water	100ml	DC							0	dry
Total Intake :		500ml + 350ml				Total Output :				2 times urine passed		
	08:00 pm	Curd	50ml								0	PSP
	09:00 pm										0	PSP
	10:00 pm	Apple	200ml							✓	0	PSP
	11:00 pm										0	PSP
	12:00 am										0	PSP
	01:00 am	Curd	100ml							✓	0	PSP
Total Intake :		350ml				Total Output :				2 times urine passed		
	02:00 am										0	PSP
	03:00 am										0	PSP
	04:00 am										0	PSP
	05:00 am										0	PSP
	06:00 am										0	PSP
	07:00 am	Rice	200ml							✓	0	PSP
Total Intake :		200ml				Total Output :				1 time urine passed		

Total 24 hrs. Intake	2300ml	Total 24 hrs. Output	8 times urine passed

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-08-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

NURSING CARE RECORD

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

Date: 28/7/20

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify....... Nil
- ☐ 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	11pm	Prevent infection	2Am	Assess the child cond Monitor vitals Administer medication Maintain I/o Chart	Prevented infection	Reassessment Done.	Anjs 029384

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 7 D (F)
Dr. V V VIVEKANAND

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

Date: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To maintain good nuteritional Status	9am	→ Assess the child's condition → I/o chart maintained → Encourage oral fluids	Maintained good nutritional status	Reassessment done.	Baluri 020685
Afternoon	8pm	Maintain fluid Balance.		Assessed child condition => Maintain vital Signs and Flo chart => Maintain hand hygiene	Improved fluid volume	Reassessment was done vital are Stable.	Dhy 018950
Night	8PM	To Improve Activity Tolerance		→ Assessed the activity level of the child → monitored vital Sign. → maintained Flo chart	Improving activity level of the child.	child was Stable Reassessment was done	Rfer 021169

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
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NURSES NOTES

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BirthRight
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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Receiving Notes 28/7/26 ←	
28/7/26	10.40pm.	Child arrived from ER to 4th floor. Child details Handing over taken from ER duty S/N. Child came for C/O. fever with day & cough & cold & vomiting 6-7 episodes. Diagnosis for ? Viral fever. Dr line present and pattern. Child under the room air. Child had soft diet. Vitals are checked & Edt. vital signs are stable PP/CP/CRT ++/++/<3s. NO fever →	[illegible] 019354
	10.45pm	IVF - DNS - 500ml - 70 ml/hr on connected.	
	11.30pm.	Attender waiting for respiratory panel profile. Sended to lab Inform to Dr. Deepak Sir. ← →	[illegible] 019354
29/7/26	12AM	Vitals are checked & recorded. Vitals are stable PP/CP/CRT ++/++/<3s. NO fever.	
	1AM	child complaints of cough. Advised to given of warm water, after that the cough was settled.	[illegible] 019354
	2Am.	Neb- Levolin 1.25mg given as per drug chart order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
29/7/26	4am	Vitals are checked recorded.	
		vitals are stable | PP | CP | CRT |	
		no fever. | ++ | ++ | <3s |	
	6Am:	Maintained I/O chart.	
		Due medication given as per	R.S. [illegible]
		drug chart order.	019354
	7.30Am	Child details Handing over	
		given to the morning duty s/n.	
		Morning duty Notes	
	7.30am	The child details handing over	
		taken from night duty staff.	
		Child is conscious. IV line present	
		with and patency	→ Balaji/020685
	8am.	Vital Signs Checked & Recorded	
		Vitals are Stable	
		| CP | PP | CRT |	
		| ++ | ++ | <3sec |	→ Balaji/020685
	9am.	IVF 0.9% DNS 500ml - 70ml/hr on	
		flow. I/O Chart maintained	→ Balaji/020685
	11am.	Child is stable. No any fresh	
		complaints	→ Balaji/020685
	12pm	Vital Signs checked and recorded	
		Vitals are stable	
		| CP | PP | CRT |	
		| ++ | ++ | <3sec |	→ Balaji 020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

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NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
29/7	12.30pm	Neb. Levolin 1.25mg given to child as per drug chart →	Balaji/018950
	1pm.	IIo chart maintained. No other complaints. →	Balaji/018950
	1.30pm.	The child details handing over given to evening duty staff →	Balaji/018950
		→ Evening duty on: 29/7/26 ←	
	1.30pm	child details hand Over taken from morning duty staff child is conscious & oriented child Rt cannula patten —	Dy/018950
	2pm	child Rt fluid DNS 40ml per on going — child intake was good — No any complaints —	Dy/018950
	4pm	Vital Sign's checked and Recorded vital are Stable CP ++ | PP ++ | CRT <2sec —	Dy/018950
	6pm	Dose to medication was given as per doctor's Order Rio chart maintained — No any complaint's —	Dy/018950

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 29/7/26 ←	
29/7	7:30pm	child details hand over given to night duty staff.	018950
29/7/26	7:30PM	Night Duty notes on 29/7/2026 Child details taken over from evening duty staff nurse using ISBAR method. On Assessment, child is Conscious, oriented and afebrile. GCS - 15/15, Skin Assessment done. IV line is present and patent, no Pain or redness	020749
	8PM	Vitals checked and recorded, all are hemodynamically stable. [GP ++ / PP ++ / CRT < 3sec]	020749
30/7/26	12AM	Due medication given as per the drug chart. Vitals are checked & recorded. Vitals are stable [PP ++ / CP ++ / CRT < 3s]	020749
	2Am.	No any fresh complaints. Child was sleeping well.	
	4Am.	Vitals checked and recorded, all are stable [CP ++ / PP ++ / CRT < 3 sec]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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BRADEN 'Q' SCALE

					Date / Time: N 28/7 18PM	M 29/7 8am	E 29/7	N 29/7
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	27	27	24	27
				Evaluator's Name	[illegible]	Baby	[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. : RCH /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	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ 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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22-06-2013 13 Y 1 M 6 D (F)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: ..... Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 34.7 Kg

NIL Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Dengue Fever 1D 3years	-	-

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: 34.7kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 97.7F HR: 80bpm RR: 20bpm BP: 106/60(22) mmHg

Pain Score: 0/10 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 8 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 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

(P.T.O)

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?) .....

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 ..... brother & grandmother

Nurse's Name: ..... Date: 28/7/26 Time: 11PM Signature

053354

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Baby NIYANTHRI
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil 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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
28/7/26	11pm	Treatment care	explained the mother patients treatment & care.	mother	No learning Barriers	Oral	none	verbalises understand	Good	[signature] 019384
29/7/26	9am.	Infection control measures	Explained about Infection control measures like handwash	Mother	No	oral	None.	Verbalizes understanding	Good	Balraj 020685

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 INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/7/26 Time of arrival : 8:30PM

Chief Complaints: c/o Cough & 3 days, body pain Vomitings RBS: 90

Height : — Weight : 34.7kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify —

Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 0/10 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): 28/7/26 @ 8:32PM

Social History: Lives With Parents —

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

Time of Initial assessment completed by ER Nurse : 8:45PM

(P.T.O.)

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

Time	Nursing Notes
9:08PM	Baby came to ER c/o cough x 3 days.
	Vomiting x 1 day Bodyache x 1 day.
	Checked vital Sign & record.
	Reffered Dr. Bashkar Raj. to Dr. Kavitha Vivek.
	Advised for Admission IV line placement
	done Blood Sample collected sent to Lab.
	PTS Wash stable shift to Ward.
	OP file given to Parents.

Samples collected by: / Iman Time: / 9.25PM

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: 82 b/m BP: 100/56 CFT: <2sec	Shift - out from ER to: 402
RR: 26 b/m SPO$_2$: 98%	Time of Shift - out: @10.40PM
GCS: 15/15 Temperature : 97.8°F	Handover given to: S/N - Anuja (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. Ⓓ Metacarpal 22G 28/7/26 @ 9:00pm

Name of the Nurse : M. Akhtar

Signature of the Nurse :

Date & Time : 28/7/26 @ 9:00pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: C. DEEPAK Date: ....

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

Start Time of Assessment: .... Weight: ....

Allergic History: ....

Chief Complaints:
fever x 1d
cough x 3d

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: .... SpO₂ on FiO₂: 98% RA

Rhythm: ....

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE (+)

Palpation Findings (If necessary) ....

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

Docu. No.: RCH /FRM / CLINICAL / 157

(P.T.O.)

Circulation HR: .... CFT Central (+) Peripheral (+)

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: .... 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

Pupils: Responsive ☑ Non-Responsive ☐ Size Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure Temp.: 98.0F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

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: ....

Treatment Planned: ....

AKCharan

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: C. Deepan

Signature: C.D

Date & Time: 28/7/20 @ 9:50pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7	9.20PM	90	—	

Docu. No. : RCH /FRM / CLINICAL / 185

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EMERGENCY ROOM TRIAGE FORM

Wt: 34.7kg

Patient's Name: M.S. Niyandhri Age: 13yr/ Gender: ☐ Male ☑ Female

Date: 28/7/26 Time of Arrival: 8:30 pm

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

Source of Information: ☑ Parents ☐ Others (Specify)

Mode of Arrival: ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.9°F PR: 82 b/m BP: 100/51 RR: 20 b/m SpO₂: 98%

Chief Complaints: c/o cough x 3 days, fever x Breathing, body pain.

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking	Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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: 2mints

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: M. [illegible]

Signature of Triage Nurse: [signature]

Date & Time: 28/07/26 @ 8:32p.

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

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094430 IP18-00036660
Baby NIYANTHRI
22-06-2013 13 Y 1 M 6 D (F)
Dr. V V VIVEKANAND

Date & Time of Admission	Date & Time of Transfer Order
28/7 @ 9.08PM	28/7 @ 10.40PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Vivek	Dr. Deepak	treatment

From Unit	To Unit	Information to Attendant
ER	H02	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(11)	(1) CXR	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500 ml	(1)
2.	Intraflow	(1)
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Dr. Viral fever

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
1888 / Sman.	C. DEEPAK

Patient & Clinical Records Received by :

Date & Time of Patient Received : 28/7/16 10.49PM

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