Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094431 IP18-00036661
Baby PRANAV
02-07-2025 1 Y 0 M 28 D (M)
Dr. KARTHIK NARAYANAN R

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	31/7/25 11 Cam						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00094431 IP18-00036661
Baby PRANAV 1 Y 0 M 26 D (M)
02-07-2025
Dr. KARTHIK NARAYANAN R

UHID No: ..... nt: ..... Dept: .....

Date of Admission: ..... ischarge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	10.40PM	ED	HDU	
30/7/26	1PM	HDU	406	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Mohinish (Neuro)	29/7/26	1.73466	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/7/26	CBC, RP2, Calcium	26024224	
	Ammonia, Lactate		
	SGOT, SGPT.		
29/7/26 @6pm	RBS	24254	
29/7/26	TFT, PS, Vit D	26024284	
	Vit B12.		
29/7/26	RBS	26024354	
30/7/26	RBS	26024355	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/7/26	Infusion Pump	1100pm	30/7/26 @ 1am.	1734326	[illegible] 021563

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/7/26	IV line placement	(1)	1734297	
28/7	ECG	(1)	101906	13894
29/7	EEG	1	10233	
29/7	IV placement	1	1732593	
29/7	MRI BRAIN WITH MRA/MRV	(1)	18-010248	Smt 020285
	MRI SPECTROSCOPY MRA, MRV	(1)	18-010272	
29/7/26	Ambulance local	(1)	4589	

ANY OTHER INFORMATION:

Billing clearance given by Dhilip Brother.

Date: 29/7/26 Time: @ 12pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby PRANAV
02-07-2025 1 Y 0 M 28 D (M)
Dr. KARTHIK NARAYANAN R

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DISCHARGE TRACKING SHEET

DATE : 31/7/26.

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	31/7/26 @ 11am		ms/	
2	Arrangement of File by Nurses	31/7/26 @ 11am		ms/	
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				

Doc. No. : RCH / GDY / FRM / CLINICAL / 288

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 : IP18-00036661 **Admit Date** : 28-Jul-2026 **Admit Time** : 09:24 PM **UHID** : GUC-00094431

Patient Details :

Patient Name	: Baby PRANAV	**Age**	: 1 Y 0 M 26 D
Guardian	: PONKAM DEVA	**DOB**	: 02-07-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:1/141,PALAGULTA VILLAGE,SATHIYAVEDU MANDAL,TIRUPATHI Sattivedu Chittoor Andhra Pradesh INDIA 517588	**Phone No**	: 9949052867/ 9515429563
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 103 **Ward Name** : 0F-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : PONKAM DEVA **Relationship** : Father

Contact Address : NO:1/141,PALAGULTA VILLAGE,SATHIYAVEDU MANDAL,TIRUPATHI Sattivedu Chittoor Andhra Pradesh INDIA 517588 **Phone No** : 9949052867

Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Dr Munisekar Vaishanavi hospital TIRUPATI. **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 PRANAV**	**Age :**	**1 Y 0 M 26 D**
IP No:	**IP18-00036661**	**Sex:**	**Male**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 103**

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: P. Loy

Name: PONNAM DEVA

Relationship: FATHER

Date: 28/07/26 Time: 09:24 PM

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:

NO:1/141,PALAGULTA VILLAGE,
SATHIYAVEDU MANDAL,TIRUPATHI
Sattivedu Chittoor Andhra Pradesh
INDIA 517588

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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 PRANAV.	UHID Number : 9443 1
Self/Attendant Name : PONNAM DEVA	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00094431 IP18-00036661
Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN 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 → Lethargy, reduced activity.
since morning

History of present illness :

H/o → Lethargy, reduced activity, excessive sleepiness since morning.

→ No H/o. fever / cough / cold
- No H/o headache
- No H/o Vomiting / Loose stools.
- No H/o Camphor / Vacation ingestion
-
- No H/o trauma injuries.

- father sister → Has psychotic disorder.
On Haloperidol, clonazepam, propanolol.

Patient Sticker

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

No past admission.

Birth & Neonatal History:

1st child | NVD | B.W - 2.75 kg /
No NICU stay.

Family Chart

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Walk with support, says bisyllables

Immunization History :

upto Age

Anthropometry :

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

Weight (kgs) 10 kg. (Centile ______)

On Examination :

Temperature : 97.5°F Pulse Rate : 144/min B.P. 100/77 mmHg SPO2 : 100% @ RA.

Resp.rate and type of breathing : 30/min.

b/l pupils 2mm RTL

No Neurocutaneous markers.

Rash

b/l ear - impacted wax

Lymphadenopathy

No meningeal signs.

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : NVBS (+)

Any addes sounds : Nil AE (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : No Murm

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

Per Abdomen :

Inspection :

Palpation : Soft, Non tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert.

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power Bet obsrvd > 3/5.

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker
GUC-00094431 IP18-00036661
Baby PRANAV 1 Y 0 M 26 D (M)
02-07-2025
Dr. KARTHIK NARAYANAN R

Reflexes : 2+ **Superficials:**

DTR

Plantars ↓ | ↓ . flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: ? Acute exacerbation ↓ endocrine

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

RBS - 90mg/dl
CBC
RP-2
Ca^{2+}, Mg
OT, PF
Lactate
Ammonia
ECG

Planned Management 10kg

- IVF · 0.9% DNS @ 40ml/hr.
- HDU admission
- Monitor sensorium, vitals, MF → seizure, tachycardia / bradycardia / vomiting

Signature of the Doctor:

Name of the Doctor: Dr. Manoman

Date & Time: 28/7/26, 9pm

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: .....

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02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name: Dr. Mohinish Date: 29/7/26 Time: .....

Diagnosis: .....

Hospital: RCH

.....

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations : Thanks for Referral

1Yr 2mon / 1st born / Developmental normal child.
H/O lethargic, dull looking noticed since yesterday.
H/O reduced activity, sunken eyes noted.
(No h/o fever / seizures / head injury / any bite / recent vaccination)
No apparent h/o any drug intake.
H/O some herbal intake 2 days back for stools (reduced preparation)
O/E: Awake. Lethargic, dull looking.
AF@ closed. Frontal bossing, dull lustreless hairs noted.
Resting tremors noted, ↑↑ on attempting to reach for objects.
pallorness (+).
High arched palate noted. No knuckle hyperpigmentation.
ENT Full. No squint / ptosis. Pupils: B/L equal, reactive.
Tone N/N N/N DTR: Elicited. No focal deficits noted.

Consultant :

Name: Dr. MOHINISH Signature: ..... Date & Time: 29/7/26

→ Able to stand with support. (mild swaying noted)
→ Respond to pain stimulus.
→ slowness in activities.

∴: ACUTE ENCEPHALOPATHY ↓ evaluation
→ Acute Toxindromes (Drug induced)
→ Metabolic Causes
→ Infantile tremor syd.?

Plan

→ To do: peripheral Smear, Vit. B12 assay, TFT, Vit. D assay
→ EEG study.
→ Skeletal survey (if indicated)
→ If encephalopathy persisting / new symptoms, Seizures
Consider neuro imaging: CT Brain (plain)
MRI Brain ± MRS.
→ To trace the herbal medicine content, to enlist cholinergic, adrenergic manifestations and correlate with index case.
→ Acute symptomatic management
→ R/w.

DR. MOHNISH
112808

GUC-00094431 IP18-00036661
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Dr. KARTHIK NARAYANAN R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26		
5am	S/B Dr. Maronna	
	Asleep	
	No involuntary seizures	
	taken feed well	Amonic / lactate (N)
	passed urine	
	PP-LI= , AF	OT, PT - (N)
	RS - clear	Electrolytes (N)
	P/A - soft, Non tender	
	b/l PERL (B) - 2mm RTL	BP - 100/57 ~ 1
		HR - 101 / ~
	Rx	SpO2 - 98% RA
	→ Monitor vitals	
	→ To get Neuro (O) today - Dr. Mohan Lyr (O)	
	→ To monitor sensorium	

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
29/7/26 10.10AM	S/B - Dr Yuvaraj.	
	Δ - ? Acute drug intoxication.	
	Child reviewed.	
	O/E alert, active	
	GCS - 15/15	
	Sensorium - (N)	
	Feeding - well	
	vitals - BP - 88/60 mmHg	
	HR - 120/min.	
	SpO2 - 98% @ RA.	
	RS - Clear	
	PA - Soft, non tender, no organomegaly.	
	CVS - S1 S2 (+), no murmur	
	CNS - NFND	b/l PERL, Tone (N), power ≥ 3/5
		b/l plantar
	Plan:	
	- Monitor vitals	
	- Neurology opinion	
		T.Y. 16/6/24

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

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(2)

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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.	
	O/E alert, active	jitteriness (+)
		tremors (+)
	Vitals stable	
	sensorium - (+)	
	CNS - GCS - 15/15,	tremors (+)
	no focal deficit	
	sensorium - (N)	
	Plan	
	- MFD,	NF - DNS
	- Monitor vitals	
	- plan	MRI & MRS @ 8PM today
		Brain
10.30PM	Under IV sedation,	IV Glycopyrrolate 50mcg
	IV Midazolam 1mg	
	IV Pentan 10mg	
	IV Ketamine 40mg	
	MRI Brain & MRS done	
	vitals stable	
	awake	Advs
		- Start oral only when completely awake
		- Till that Continue IVF DNS - 40ml/hr
		- Follow up MRI report

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/1/26	S/B - Dr Yuvaraj	
10 AM	Δ - Acute Encephalopathy ? evaluation	
	DD: ? Acute toxidrome (drug induced)	
	? Metabolic cause	
Issues ① Tremors	? Infantile tremor syndrome	
② HR - sleep ~100 - (N); awake ~130-40 ↑		
	Child reviewed	
	tremors ↓	
	- able to feed c̄ bottle himself by holding the bottle	
	able to reach & take small object c̄ whole hand	
	CNS - B/L PERL, (N) sensorium	
	no focal deficit	
	RS - Clear	MRI + MRS → (N)
	PA - soft, non tender	
	CVS - S1S2 (+), no murmur	
	Adv:	
	- Monitor vitals	
	- ~~Neurology~~ team	
~~Issues - tremors~~	① D/w - Dr Mahesh sir	
	suggested to D/w - Karthik sir regarding starting on oral propranolol 1mg/kg/day	
	②	× 1/week & see tremors on follow up

GUC-00094431 IP18-00036661
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Dr. KARTHIK NARAYANAN R

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/2026	S/B: Dr. Kaushik	
MRI - (N) EEG - (N)	Bradykinesia → better than yesterday (? Drug Induced)	
	~~Adv~~ Plan	
	→ Shift forward	
	→ Observe for 24 hrs	
		[signature]
30/7/26 5PM	S/B - Dr. Yuvaraj	
	Child reviewed, alert, active vitals stable sensorium - (N)	
	~~RS~~ System - WNL.	
	Plan.	monitor vitals plan D/c tomorrow
		[signature]

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
31/7/26 9.30 AM	S/B - Dr Yuvaraj A - ? Drug induced encephalopathy (resolved) Child reviewed. alert, active, afebrile. O/E Tremors - settled. activity - (N) vitals stable RS - Clear PA - Soft, non tender CVS - S1 S2 (+) CNS - NFND Adv - Plan discharge today - Syp Zincovit OD 5ml OD x 1 months	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	28/7/26					
Time						
Hb	12.2					
PCV	36					
RBC	5.34					
WBC	18.63					
N/L	35/58					
Platelets	4.48					
CRP						
ESR						
PCT						
RBS						
Na	137					
K	4.2					
Cl	103					
Ca/Mg	10.8/					
Phosphate / HCO_3^-	1.6					
Urea	27					
Creatinine	0.25					
ALP						
SGPT	29					
SGOT	39					
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						
Ammonia	39					
Lactate	1.67					
Vit D (25OH)	25					
Vitamin B12	530					
T3	165					
T4	6.84					
TSH	3.08					

Culture and Sensitivities : P/S - Normocytic Hypochromic blood picture Leukocytosis

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00094431 IP18-00036661
Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN R

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

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

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

Signature .....

VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Weight. 10 Kg Ward. HDU

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

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

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

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

Patient Sticker

Weight. 10 kg. Ward. HDU

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		~~Inj. MIDAC~~				
29/7/26	10pm	Inj GLYCOPYROLATE	50mcg	IV		
29/7/26	10:5pm	Inj MIDAZOLAM	1mg	IV		
29/7/26	10:15pm	Inj PROPAFOL	10mg	IV		
29/7/26	10:15pm	Inj. KETAMINE	10mg	IV		

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Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight. 10kg Ward. HDU

Date	Time	Composition of Fluid (If infusion, mention ml./hr = mg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2 8/7/25	11PM	0.9% DNS	IV	40 ml/hr	✓	8/7/25	30/7 1AM	✓	

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

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Dr. KARTHIK NARAYANAN R

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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: HDU

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 : Dr. Manoma

Date & Time : 28/7/26, 10 P.m

Nurse Name & Signature: M. Karthi 04647

Date & Time : 28/7/26 @ 10.00pm.

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

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02-07-2025 1 Y 0 M 28 D (M)
Dr. KARTHIK NARAYANAN R

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ 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: HDU Shifted to: 4th floor (406)

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 : .....

Nurse Name & Signature: Yamuna .....

Date & Time : 30/7/26 @ 12pm .....

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Baby PRANAV
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RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 Time: 12pm 4pm 8pm 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 98.1 97.5 98.5 98.2 97.7

Heart Rate (bpm) and Blood Pressure (mmHg) *: 108/67 108/71 109/72 93/50 102/60

Note: BP does not score in early warning scoring

Heart Rate (Number): 130bpm 112bpm 120bpm 116bpm 110bpm

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

Resp Rate (Number): 32bpm 30bpm 28bpm 24bpm 26bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		97%	99%	98%	99%	98%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		PV	PV	PBV	PBV	PBV

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)

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GUC-00094431 IP18-00036661
Baby PRANAV
02-07-2025 1 Y 0 M 28 D (M)
Dr. KARTHIK NARAYANAN R

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.

30/7/26		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								urine (2) times			
	11:00 am	Intake - 210ml.								(2) motion		
	12:00 pm										@ 1pm	
	01:00 pm	← Received from HD Upto [illegible]										
Total Intake :						Total Output :						
	02:00 pm	water	10ml				✓ motion passed			✓	0	[signature]
	03:00 pm										0	[signature]
	04:00 pm	water	10ml								0	[signature]
	05:00 pm	milk	140ml				✓ motion passed			✓	0	[signature]
	06:00 pm	water	10ml								0	[signature]
	07:00 pm	milk	140ml								0	[signature]
Total Intake :		310ml				Total Output :	2 times urine passed					
	08:00 pm	wat	20ml							✓	0	PSP
	09:00 pm	milk	200ml								0	PSP
	10:00 pm	milk	200ml								0	PSP
	11:00 pm									✓	0	PSP
	12:00 am										0	PSP
	01:00 am										0	PSP
Total Intake :		420ml				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									✓	0	PSP
Total Intake :						Total Output :	2 times urine passed					

Total 24 hrs. Intake	730ml	Total 24 hrs. Output	6 times urine passed

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

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Baby PRANAV
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute entoxication & evaluation			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: NIL				
	Surgery / Procedure: —			Post OP Day: —				
BACKGROUND	Date / Shift	28/7/26 N	29/7 M	29/7 E	29/7 N	30/7 M.	30/7 Evening.
	Medical Condition (Any special condition to be noted):	—	Noted	Noted	Noted	Noted.	Noted.
	Diet:	Normal diet	N diet	Normal	NPO	Soft diet	Soft d
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2F	98F	98.3F	98.2F	97.6°F	97.8f
	Res:	22b/m	20m/t	20b/m	22b/m	36 b/m	30b/t
	SpO_2:	97%	98%	99%.	99%	98%.	98%.
	Pulse:	126 b/m	120m/t	117b/m	99 b/m	98/61(74)	100/59 120b/t
	BP:	99/57(71)	100/60	98/50(78)	99/70(2)		100/59
	LOC:	15/15	15/15	15/15	15/15	15/15	15/15
	Fall Risk Score:	13	13	13	13	13	13
	Pain Score:	0/10	0/10	0/10.	0/10	0/10	0/10.
	Skin Integrity	21	27	20	20	.	—
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	Soft diet	Soft diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Gunlon	Sreya	Jogeshwari	Sharmila	Yamuna.	Angel
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	29/7/26	29/7	29/7	29/7/26	30/7/26	30/7/26.
	Time:	@8am	2pm	8pm	@8AM	@2pm.	1-30pm
	Taken Over By Name :	Sreya	Jogeshwari	Sharmila	Yamuna	[illegible]	Angel
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	29/7	29/7/26	29/7/26	30/7/26	30/7/26	30/7/26
	Time:	8pm	2pm	@8pm	@8am.	@1.30pm	7:30pm.

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NURSING CARE RECORD

Date: 29/7/26

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	8am	Assess the Child Monitor vital's Maintain I/O Administer medication	1pm	Assessed the child Monitored vital's Maintained I/O Administered medication	Child vital's are stable	Reassessment done	
Afternoon	2 Pm	Assess the child Monitor vital sign Monitor I/O. Administer medication as per drug chart order	2 Pm	Assessed the child Monitored vital sign Monitored I/O. Administered medication as per drug chart order	* Child. vital sign. are stable.	* Reassessment on done	
Night	8pm	Assess the child condition Vital monitor I/O Chart monitor Administerd medication as per drug Chart		Assessed child condition Vital monitoring I/O Chart monitoring medication given.	Child vital stable.	Reassessment done.	

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 28/7/25

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	11pm	Assess the child Monitor the vital Maintain I/O chart Administer the medication		Assessed the child Monitored the vital Maintained I/O chart Administer the medication	Child was Stable	Re-assessment is done	28/7/25

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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
		Recieving Notes	
28/7/26	11pm	child was recieved from ER, child was on Room Air, vitals are stable, checked and recorded, IV line Patten IVF 0.9% DNS 40ml/hr onflow, RBS-OD, Normal diet	[signature]
29/7/26	12am	Due medication are given as per drug chart, No other complaints	[signature]
	2am	IVF 0.9% DNS 40ml/hr onflow, No other complaints, vital are stable, checked and recorded	[signature]
	4am	Child takes Feeds, IVF 0.9% DNS 40ml/hr onflow, child was stable, IV line pattern, No other complaints	[signature]
	6am	RBS- 92mg/dl, To get neuroopinion by Dr. Manorama mam, To continue the fluids as per order, passes urine - 150ml, vitals are stable	[signature]
	7.30am	child detail handing over given to Morning Duty S/N	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ..... NIL .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ morning duty 29/7/26 ←	
	7:40 am.	Handing over taken from Night duty staff Nurse	
		Child was sleeping on handing over.	
		IV line ⊕. IVF 0.9% DNS @ 10 ml/hr.	
		Child had Normal diet.	
		No complaint's. Vital's Checked and Recorded. Vital's are	Sup 29/7/26.
		Stable now.	
	8 am.	Seen by Dr. Deepak Sir.	
		Advice:- Continue Monitoring	
		Today Neuro opinion (Dr. Mohinish)	Sup 29/7/26.
	10 am.	Milk 120ml taken	
		Idly 1 ; No vomiting	Sup 29/7/26.
		No complaint's	
	11:30 am	Seen by Dr. Mohinic Sir.	
		Advice: To send TFT, PS	
		Vit D & Vit B12.	
		To do EEG Now.	
		To take herbal medicine	Sup 29/7/26.
		Next plan for Skeletal	
		Survey.	
	11:50 am	Seen by Dr. Karthik Sir.	
		Advice : Continue Monitoring	Sup 29/7/26
		To do EEG Now.	
	12 pm	Child shifted to EEG	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1pm	Vital's checked & recorded	
		continue monitoring.	
	1:30 pm	Handingover given to	[signature]
		Evening duty staff	01b2PC.
		Evening Duty Notes (29/7/26)	
29/7/26	2pm	child details handing over given	
		from morning duty S/N.	
		Child is on RA, PV-24, GCS 15/15	
		Pupil B/L equal reacting 2mm, CFT	
		<3sec, IV line Rt 24G, IVF: 0.9%	
		NS 40ml/hr on flow. child vital	
		sign are recorded, I/O chart	[signature]
		monitored →	01823
	3pm	Child on had milk 150ml no	
		vomiting, urine passed.	
		Diapper on Changed →	[signature]
	3:30pm	Dr. Vinay Sir advice MRI scan	
		at CMRI Brain MRI (8 8pm time)	
		today, child is on NPO from 3pm	[signature]
	4:30pm	IV line Removed, New IV line Rt	
		? separate 24G. Patted done by	
		S/N. Saraswathi. IVF continue	[signature]
	5pm	child vital sign are recorded	
		I/O chart monitored →	[signature] 01823

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....Nil..........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	6.00 pm	child on sleep well no any other complaints,	[signature]
	7.30 pm	child details handing over given to night duty S/N Sharmila Devi	[signature]
		NIGHT Duty 29/7/26	
29/7	8pm	Child condition taken over BY NIGHT Duty Staff Nurse. Child condition Handed over Followed By ISBAR method. Child is ON ROOM air SPO2 - 99% maintained. Child conscious. oriented. pulse volume 2+ GCS 15/15 pupil 2mm equally reactive. IV line present patent. IVF DNS 0.9% 40ml/Hr ON Flow. Child is NPO child	Sharmil 010285
	8.10 pm	MRI plan. Child shifted to MRI. Child vitals	Sharmil 01028
	9.pm	stable Due medication given child MRI done. Inj - Lignoc 50mcg MIDAZ 2mg Inj PROPOFOL 10mg given as	
	10pm	per doctor's order	Sharmil 0102.
		Child MRI done Child Received From HDU child	
	10.30 pm	CONDITION Stable. Vitals stable. IVF CONTINUE.	Sharmil 0102

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Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00094431 IP18-00036661
Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN R

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NURSES NOTES

☑ No Known Drug Allergies
☑ Drug Allergies ..... NIL .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26.		RBS 88 mg dL. Vutals Stable. Child NPO continue. vutals monitoring and vecorder.	Shamil 010285.
	12.45 Am	Child NPO clear milk given. No complaints of Vomiting	
	1pm	Child mild Allergic reaction Informed to DR Yuvaraj Advice For count oil supply →	Shamil 010285.
	4Am	Morning care given. I.v line pattern. Drstop, Due medication given as	
	6am	per drug Chart order	Shamil 010285
	7.	Child condition Handed	
	30Am	over to morning Duty staff Nurse →	Shamil 010285.
	8am	Morning Duty on 30/7/26 The child details Handing over taken from Night duty Staff Nurse. child is on Afebrile without antibiotic & child is on Room air. GCS 15/15 pr ER Both pupil equally seacted to the light. Baby taking soft diet. milk 100ml given. t/s/Sated well. No Vomittings. No distress. Extremities activity moving. I/o monitored continously.	Shamil 02/8/25

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	9.30am	child's is on active and oriented. seen by Dr. Yuvaraj advised to continue monitoring to add propranal after Dr. Karthik sir Rounds.	[signature] 02/733
	10am.	child passed urine and motion (semi solid) yellow in colour No fever spikes	[signature] 02/733
	11.40am	Dr. Karthik sir seen the child and advised to shift ward for observation purpose.	[signature]
	12pm.	Attender sending to billing for Room Booking.	[signature] 02/733
	12.30pm	child shiffted to ward 4th floor (406)	[signature] 02/733
	1pm.	child details Handing over given to 4th floor staff Nurse	[signature] 02/733
		← Receiving Notes →	
30/7	1pm	The child details receive from HDU staff to 4th floor staff. The child is conscious & oriented. Dr. be present no pain, no swelling, Dr. be pattern.	[signature]
	1.30pm	The child details handing over given to G.Rewy duty staff	[signature]

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GUC-00094431 IP18-00036661
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Evening duty On :30/7/26 ←	
30/7/26	1.30pm	Child details hand Over taken from morning duty staff. Child is conscious & oriented Child Rx cannula pattern.	[signature] 018900
	2pm	Child intake was good I/O chart Maintained	
	4pm	Vital sign's checked and Recorded Vital are stable. CP ++ PP ++ CRT <3sec	[signature] 018900
		Child No any complaints Child Rx cannula pattern	
	5pm	I/O chart Maintained	[signature] 018950
	6pm	Administer the medication as per doctor's order	
	7.30pm	The child details handover given to Night duty staff.	[signature] 018780
		→ Night Duty 30/7/26 ←	
	7.30pm	Child details Handing over taken from Every duty S/N. Child was conscious. IV line present & pattern. Child under the room air. Child had soft diet.	[signature] 019354
	8pm	Vitals are checked & ed. PP ++ CP ++ CRT <3 Vitals are stable	

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes	
30/5/26	10pm.	Child was sleeping well.	
		No any fresh complaints	
		child was stable.	
31/5/26	12AM.	vitals are checked & recorded	P.S.[illegible]
		vitals are stable [PP/CO/CRT ++ <3]	05354
	2AM	child slept well. no specific	
		complaints	
	4AM	vitals checked and recorded	
		all are hemodynamically stable	[illegible]
		[CP ++ / PP ++ / CRT <3sec]	05712
	6AM	Spinal [illegible] chart maintained	
	7.30am	child details handed over to	[illegible]
		morning duty staff nurse [illegible]	05745
		ISBAR method.	
		Morning Duty Notes:-	
	7.30 am	Child details handing	
		over taken from night duty	
		S/N: child conscious & oriented.	
		Child activity are good.	
		IV line site no swelling &	
		pain.	
	9.00 am	vital signs checked & recorded	
		vitals are stable now	Jay [illegible]
		[CP ++ / PP + / CRT <3]	

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 28/7/25	M DATE 29/7	E DATE 29/7	N DATE 29/7	M DATE 30/7
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		2	2	2	2
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2		2	2	
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4		4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2		2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	16	16	16	16

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:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		28/7/25	29/7	29/7	29/7	30/7
Time:		@11pm	8am	2pm	8pm	@8am

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age.....

f. No.: F/HW/BRD-Q/NSG/04

	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.	N	M	E	N
Mobility					2	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.	1	2	1	1
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.	3	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.	3	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 lift 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	1	1
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	21	25	22	22
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
30/1	1pm	Treatment & care	explain about treatment & care	mother	no learning barriers	oral	none	verbalize understanding	good	[signature]

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

Doc No. : RCH / FRM / CLINICAL / 187

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 28/7/26

Source of Admission: ☐ OPD ☐ Ward ☑ Other: Emergency

Reason for Admission: Lethargy, Drowsy

Admission Diagnosis: Acute intoxication ? evaluation

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify

Source of Information : ☑ Family ☐ Patient ☐ Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	–	–	–

Family History: NIL

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

If yes please list, NIL

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

NIL

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

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10.1kg Length: – Head Circumference (< 2 years):

Temp.: 96.2°F HR: 105 RR: 22 BP: 99/50 (65)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Consolate ☑ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ 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 ..... Family .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify ..... NIL .....

Name of Person Orientation was given to: ..... Mother .....

Orientation not given Reason: ..... NIL .....

Nurse Name: ..... Cuthon .....

Nurse Signature : .....

Date & Time: ..... 28/7/26 @ 11pm .....

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☑ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Discharge Medications: ☑ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: ..... Sharmila devi T .....

Nurse Signature : .....

Date & Time: ..... 29/7/26 @ 11pm .....

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EMERGENCY ROOM TRIAGE FORM

wt - 10kg

Patient's Name : Pranav. Age : 1Y Gender: ☑ Male ☐ Female

Date : 2/7. Time of Arrival : 8.10PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

RBS - 90

Initial Vital Signs: Temp: 97.5°F PR: 122 BP: — RR: 30 SpO_2: 100

Chief Complaints: c/o - Lathargy x 1 day

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 : 2min

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 : Iman

Signature of Triage Nurse : 17894

Date & Time : 2/7 @ 8.15PM

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/7/26 Time of arrival : 8:10pm

Chief Complaints: C/o. - Lathargy RBS: 90

Height : — Weight : 10kg 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 .....

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

Time of Initial assessment completed by ER Nurse : 15 min

Time	Nursing Notes
10PM	- Pt come to ER @ complaints of Lethargy & ↓ Activity since morning
	- All vitals checked & recorded.
	- ER Dr. assessed the child & Admitted ↓ Dr. Karthik.
	- IV line done & Bld sample Collected.
	- Pt shifted to HDU for further mgt.

Samples collected by: /

Samples sent by : Iman

Time: /

Time: 10.15PM

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 122 BP: 91/62 CFT: <3Sec

RR: 28 SPO_2 : 100

GCS: 15/15 Temperature : 97.6°F

Pain Score: 9/10

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: HDU

Time of Shift - out: @ 10.40PM

Handover given to: S/N-Gugan
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line done 24G Ⓡ metacarpal

Name of the Nurse : Iman

Signature of the Nurse : Das 1788

Date & Time : 28/7 @ 10.10PM

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Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ..... Date : .....

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

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

Allergic History: .....

Chief Complaints: .....

.....

.....

.....

.....

.....

.....

.....

Pediatric Assessment Triangle

A Appearance - TICLS .....

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: .....

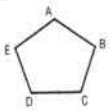
Medication History: .....

Relevant Investigations: .....

.....

.....

Primary Assessment



Airway

☐ Open
☐ Maintainable
☐ Not Maintainable

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

Breathing

Rate: ..... SpO_2 on FiO_2 .....

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary).....

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

(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: ..... AVPU: .....

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.: .....

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: .....

.....

.....

.....

.....

.....

.....

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: .....

Signature: .....

Date & Time: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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PATIENT TRANSFER FORM

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Baby PRANAV
02-07-2025 1 Y 0 M 26 D (M)
Dr. KARTHIK NARAYANAN R

	Date & Time of Admission	Date & Time of Transfer Order
	28/7/26 @ 9:24pm	28/7/26 @ 10.40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Karthik	Dr. Manonmani	Futher Management
From Unit	**To Unit**	**Information to Attendant**
ER	HDU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(10)	NiL	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 ☐
? Acute exacerbation.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 13894 / Iman.	Dr. Manonmani

Patient & Clinical Records Received by : Chauhan. M [signature] 1571553

Date & Time of Patient Received : 28/7/26 @ 10.50pm.

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

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Ref. No. : F / PICU / CON / ADM / 15

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CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I Baby pranav S/o Mr./ Ms .....
hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on ..... with UHID No. : 94031

The doctors have explained to me in a language understood by me that my child has following health related issues : .....

.....

.....

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :..... ..... in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : P. Anushka

Name : ANUSHKA

Relationship with Patient: MOTHER

Date & Time : 28/7/26 @ 9.30 PM

Witness :

Signature : P. Deva

Name : P Deva

Date & Time : 28/7/26 @ 9.30PM

Doctor (who is taking the consent) :

Signature : .....

Name : C. DEEPAK

Date & Time : 28/7/26 @ 9:30 PM

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: ....

Tick (✓) any of the following criteria requiring admission / transfer to PICU

☐ All patients requiring mechanical ventilation;
☐ Patients with impending respiratory failure;
  ☐ Upper airway obstruction;
  ☐ Lower airway obstruction;
  ☐ Alveolar disease; and
  ☐ Unstable airway;
☐ All Paediatric patients after successful resuscitation;
☐ **Comatose Patients;**
  ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
☐ **All types of shock/hemodynamic instability:**
  ☐ Septic shock;
  ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
☐ Cardiac arrhythmias after consulting with the treating consultant
☐ Hypertensive Emergencies;
☐ Severe acid base disorders;
☐ Severe electrolyte abnormalities;
☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
☐ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
☐ **Post-Operative Patients;**
  ☐ Requiring ventilation;
  ☐ Unstable patients; and
  ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
☐ Patients requiring nitric oxide therapy;
☐ Malignant hyperpyrexia;
☐ Acute hepatic failure
☐ Severe dehydration with mental status change;
☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
☐ Capillary recall time > 4seconds.
☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
☐ O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
☐ Distress and risk of exhaustion
☐ **Change of level of consciousness: GCS < 13.**
☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ...[signature]... Name of the Doctor: ...C. DEEPAK... Date & Time: 28/7/24 ... 5:30 pm

Docu. No. : RCH /FRM / CLINICAL / 204

Patient Sticker

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DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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BED SIDE CHECK LIST FOR NURSES

	N	M	E	N	M.				
Date:	28/7/26	29/7	29/7	29/7	30/7				
Doctor's Orders	Yes	yes	yes	yes	Yes				
Carried out or not	Yes	yes	yes	yes	Carried.				
Bed Side									
Structured Handover done	✓	✓	✓	✓	✓				
IV Site	✓	✓	✓	✓	✓				
Central Lines	✗	✗	✗	✗	✗				
Arterial Lines	✗	✗	✗	✗	✗				
Feeding Catheter	✗	✗	✗	✗	✗				
Urinary Catheter	✗	✗	✗	✗	✗				
Skin Care	✓	✓	✓	✓	✓				
Eye Care	✓	✓	✓	✓	✓				
Mouth Care	✓	✓	✓	✓	✓				
Sterillum Bottle, Stethoscope	✓	✓	✓	✓	✓				
Suction Bottle (Should be clean & empty)	✓	✓	✓	✓	✓				
Intubation Tray	✗	✗	✗	✗	✗				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗	✗	✗	✗				
Ventilator Tubing,(Any Water, Blood)	✗	✗	✗	✗	✗				
Humidification	✗	✗	✗	✗	✗				
Check all Infusion (Labelling,Correct Preparation)	✓	✓	✓	✓	✓				
Chest Physio & Neb	✗	✗	✗	✗	✗				
Handed Over By Name :	[illegible]	Spurgeon	Lugeshni	Sharmila devi	Yamuna				
Signature :	[signature]	[signature]	[signature]	[signature]	[signature]				
Date & Time:	29/7/26 @ 8am	29/7/26	29/7/26 08pm	29/7/26 08am	30/7 @ 2pm.				
Hand Over Taken By Name :	Spurgeon	Lugeshni	Sharmila devi	Yamuna					
Signature :	[signature]	[signature]	[signature]	[signature]					
Date & Time:	29/7/26 8AM	29/7/26 2pm	29/7/26 08pm	30/7 @ 8am					

Doc. No. : RCH/ FRM / GENERAL / 088

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7.	8.30PM	90	—	
29/7	6am	92 mg/dl	INF 0-9f. DNS	
29/7	11pm	88 mgd	11	
30/7	6AM	98 mg/dl		

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