ACTIVITY RECORD FOR BILLING

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

Name: ....

UHID No: .... IP No: .... Dept: ....

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

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/07	2:30pm	ER	510	[signature]

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
10/7/20.	CBC, SGPT, SGOT	26022155	[illegible]
	RBS	26022154	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7/26	Dufusion pump	4pm	11/7/26 11pm	~~25137~~ 26148	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/01/26	IV line placement	(1)	1725018	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 13/1/2026 Time: 10:30AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
SN Pdey 0123			

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		1030 AM					
Activity Sheet update by Pharmacy		12:47					

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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 : IP18-00036406 **Admit Date** : 10-Jul-2026 **Admit Time** : 01:27 PM **UHID** : GUC-00034858

Patient Details :

Patient Name	: Baby MANVIK CHOURARIA		
Guardian	: MR BINIT CHOURARIA	**Age**	: 4 Y 9 M 7 D
Gender	: Male	**DOB**	: 03-10-2021
Occupation	:	**Religion**	:
Address (H)	: 3/5 KUPPU MUTHU STREET, ELLIS ROAD, TRIPLICANE Chepauk Chennai Tamil Nadu INDIA	**Martial Status**	:
		Phone No	: 9840474092
		E-mail	: RICHA.KHATER@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : MR BINIT CHOURARIA **Relationship** : Father

Contact Address : 3/5 KUPPU MUTHU STREET, ELLIS ROAD, TRIPLICANE Chepauk Chennai Tamil Nadu INDIA **Phone No** :

Binit

Signature

Doctor Details :

Doctor Name : Dr. GEETHA JAYAPATHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Geetha Jayapathy **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 MANVIK CHOURARIA**		
IP No:	**IP18-00036406**	**Age :**	**4 Y 9 M 7 D**
Consultant:	**Dr. GEETHA JAYAPATHY**	**Sex:**	**Male**
		Ward/Bed No:	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

Relationship: Fatha

Date: 10/07/2026 Time: 1:27

Witness Name: Jeevitha

Witness Signature:

Patient Address:
3/5 KUPPU MUTHU STREET, ELLIS ROAD, TRIPLICANE Chepauk Chennai Tamil Nadu INDIA

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 hos pital as per Hospital Cash Tariff.

Patient Name : Manik Chitaria	UHID Number : Guc-0003485
Self/Attendant Name : Brijit	Relation : Father
Self/Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 9677472092 / 8874991305	

இந்திய அரசாங்கம்
Government of India

ரிச்சா சௌராடியா
Richa Chouraria
பிறந்த நாள்/DOB: 24/03/1989
பெண்/ FEMALE

6676 8600 0512

எனது ஆதார், எனது அடையாளம்

இந்திய தனித்துவ அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி:

Chouraria, 13/64, JANI
REET, Royapettah,

W/O பிணித் சௌராடியா, 1
ஜானி பாஷா தெரு, இராய
சென்னை,

- 600014

தமிழ் நாடு - 600014

6676 8600 0512

help@uidai.gov.in

www.ui

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

ALLERGIES
AMOXICILLIN,
CEPHALEXIN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

% fever - D10
T max - 102°F, no chills & rigors,
occurs every 4-6 hours
% myalgia +
% loose stools x 1 week
started c onset of fever, settled for past 2 days
% lethargy +
% ↓ oral. intake +

↓

5/7/26 : Hb-11.7, TLC-4680 (P66 L29), Plt - 1.97 L
Blood Cs → Salmonella typhi
CRP - 30, SGOT - 74, SGPT - 52

↓

Given oral cefixime x 3 days, no response

Patient Sticker

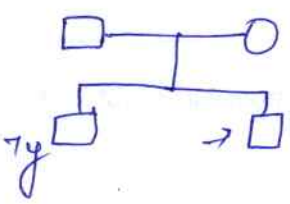
Past History : (Including details of any previous investigation or treatment)

No previous admission

Birth & Neonatal History:

Term / BW - 3.7 kg / CIAB / No H/O NICU admission

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional information :

Developmental History :

(N)

Immunization History :

(N)

Anthropometry :

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

Weight (kgs) 16.8 kg (Centile _____)

On Examination :

Temperature : 98.8 F Pulse Rate : 128 B.P. 113/82 SPO2 99 %

Resp.rate and type of breathing : 28

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any): Amoxycillin & cephalexin

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : B/L AE +

Any addes sounds : –

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S_1, S_2 +

Any murmur : –

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

Per Abdomen :

Inspection : N

Palpation : Soft, not tender, no OM

Ausculation : BS +

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator :

Posture : N

Involuntary Movements : –

Patient Sticker

Reflexes :

DTR

Superficials:

Plantars N

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: Typhoid fever (culture +ve)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
SGOT
SGPT

Planned Management

IVF
Inj: ceftriaxone
Inj: pan
Syp. Cecain DS

Signature of the Doctor: [signature] 125882

Name of the Doctor: Keerthana . D

Date & Time: 10/7/26 1.45pm

Signature of the Consultant: [signature]

Name of the Consultant: Ageeta 78844

Date & Time: 10/7/26 @ 5.30pm

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge: .....

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In:

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

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

Docu. No.

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 8 D (M)
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/26 4 PM	S/B - Dr Yuvaraj / Dr Geetha	
	A - Enteric fever	
	Child reviewed	
	sleeping comfortably	
	No of fever	
	Vitals stable	
	Hydration fair	
	RS - clear	
	PA - soft, non tender, liver palpable 2cm & SCM	
	other systems - WNL	
	Plan	
SpO2 - 103	Continue IV Xone, IVF	
SpO2 - 65.	Monitor vitals	
	[signature] 7.5PM	[signature]

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

Patient Sticker

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/26	C/S/B Dr. S. Mahalakshmi.	
	S: Culture +ve Enteric fever	
	- C/o fever spikes ⊕ (Last spike 5:30 AM - 102.1F) - Oral Intake - Improved V.O = Good Activity - improving. Not passed stools for 3 days. On INJ. XONE - Day2 On IVF - DNS @ 52ml/hr No H/o vomiting/ loose stools / Abd. pain.	
	G/E: Asleep, Euthemic HOB - (N) Hydration - fair.	
	Vitals - Stable	
	S/E: P/A - Soft, non-tender, No organomeg BS (+) Other systems - (N).	
	Advice: - To continue INJ. XONE. - To decide on tapering IVF after sounds.	

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

(2)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	S/B Angeetha	
12 noon	Culture the Enteric fever	
	fever spairing out	
	intake better	
	clinically well	
		Cont Xone
		Stop IVF.
	[signature]	
12/7/26	S/B Angeetha	
8:30 am	fever (+) - spairing out.	
	intake fair.	
	Mother requests	Cont Xone
	discharge and	✓ Dulcolax paed suppository
	will decide	by emp if not passed
	tell	stools.
		If discharge plan taxim o forte
		8ml BD x 1 week.
	[signature]	

Patient Sticker

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9 AM	S/B - Dr Yuvaraj Δ - Typhoid fever Child received Afebrile > 36 hrs O/E intake - good Vitals stable alert, active PA - Soft, non tender, no HSM RS - Clear CVS - NAD CNS - NAD Plan (D4) IV Xone 800mg BD IV Pan 20mg OD plan for D/S after rounds	T. Yuvaraj

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

GUC-00034858 IP18-00036406
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03-10-2021 4 Y 9 M 8 D (M)
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RESULT SHEET

Date	10/7					
Time						
Hb	10.5					
PCV	31					
RBC	3.83					
WBC	7440					
N/L	47/45					
Platelets	1.97L					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT	65					
SGOT	103					
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						

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 : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 10/07 Drug Allergies: AMOXICILLIN, CEPHALEXIN ☐ 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG: SYP. CROCIN DS			
Dose	Route	Frequency	Start Date
5ml	PO	SOS	10/7
Doctor's Signature	Valid Period	Pharm.	
[signature]			
Additional Instructions: If T > 100 F			

Date / Time	10/7		11/7	12/7
	2:45 pm	RST	5:30 am	TP	12:50 am KS
			2:15 pm	SD / RL	
	10:30 pm	TP			

DRUG: SYP. IBUGESIC			
Dose	Route	Frequency	Start Date
5ml	PO	SOS	10/7
Doctor's Signature	Valid Period	Pharm.	
[signature]			
Additional Instructions: If T > 102°F			

Date / Time

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

Date / Time

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

REGULAR PRESCRIPTIONS

Weight. 16.8 kg Ward. ....

DRUG : INJ. CEFTRIAXONE				Date/Time	10/7	11/7	12/7	13/7
Dose	Route	Frequency	Start Date					
800mg	IV	Q12H	12/7	6am	/	TP	KS	KS
Name & Signature of the Doctor Starting the Drugs: [signature] 125882								
Additional Instructions:				6pm	AYAN PBT	SA RJ	TP VR	
					D1	D2	D3	D4
Daily Doctor's Endorsement by a Sign								

DRUG : INJ. PAN				Date/Time	10/07	11/7	12/7	13/7
Dose	Route	Frequency	Start Date					
20 mg	IV	Q24H	10/7	2:30pm	SD SP	6am TP	KS	KS
Name & Signature of the Doctor Starting the Drugs: [signature] 125882								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

I.V. FLUIDS CHART

Weight. 16.8kg Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/7	2pm	0.9% DNS	IV	52		~~PST~~	11/7/26 at 12pm		SA
				↓					RN
11/7/26	12 noon			30ml/hr	M 75ml	KG	11/7/26		BJ

Signature .....

VERIFIED BY : Name .....

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... AMOCILLIN, CEPHALEXIN ☐ 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: ..... Shifted to: .....

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	SYP. CROCIN DS	5ml	PO	SOS	10/7 7am	☑C ☐DC
2	SYP. TAXIM-O-FORTE	7.5ml	PO	BD		☐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 : 125882

Date & Time : 10/7/26 1.45pm

Nurse Name & Signature: ..... Shibu

Date & Time : 10/07 @ 2pm.

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

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

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

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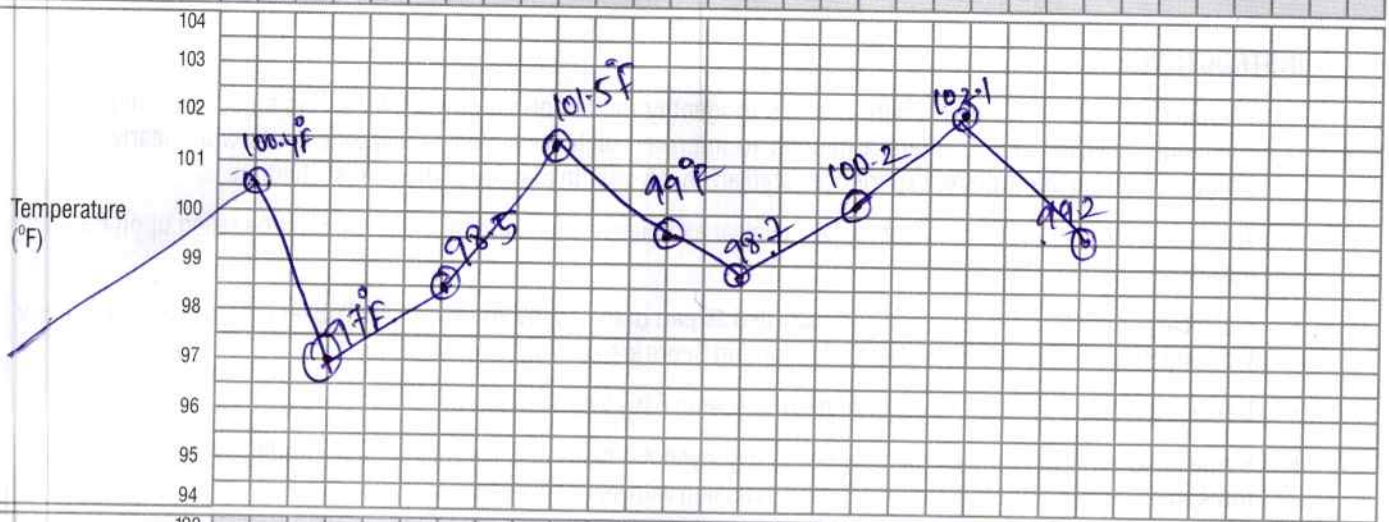
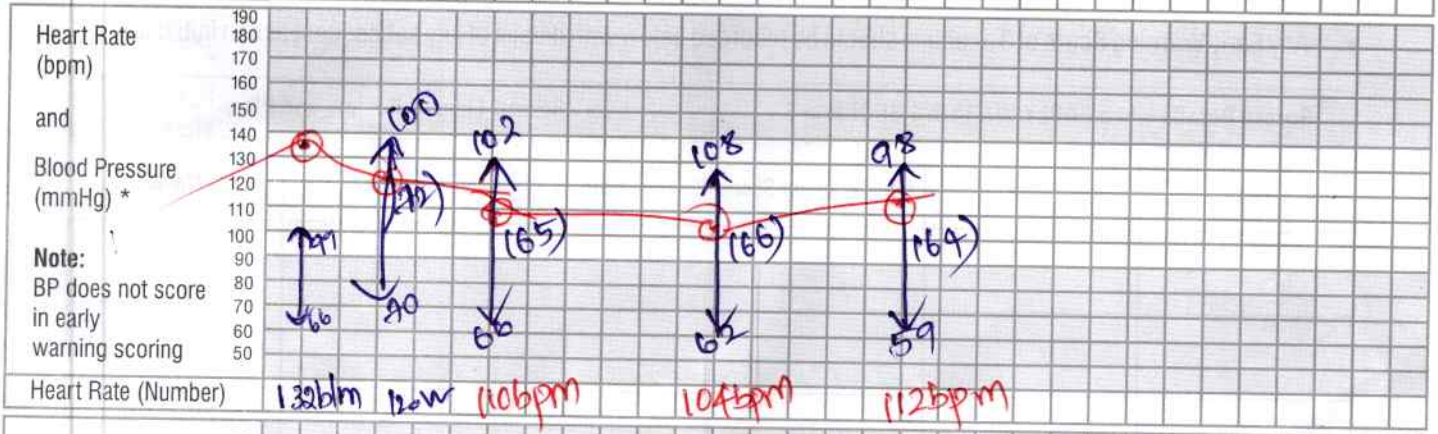
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/7/21 Time: 2pm 4pm 8PM 10:30 PM 12-AM 4AM 5:30AM 7AM

Doctor / Nurse / Family Concern?





Heart Rate (Number)	132bpm	120bpm	110bpm	104bpm	112bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	32bpm	42bpm	32bpm	36bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	97%	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					

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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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 7 D (M)
Dr. GEETHA JAYAPATHY

(2)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

11-7-21

Date : ..... Time:	8am	12pm	2:15pm	4pm	8pm	12am	12pm	12:5 pm	2am	4am
Doctor / Nurse / Family Concern?										
Temperature (°F)	96.1F	97.9F	101.1F	98.6F	97.9F	98.7F	99.9F	100.9F	98.0F	97.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	106bpm 115/70	115bpm 100/60		120bpm 85/55	110bpm 100/60		110bpm 99/60		112bpm 105/63	
Heart Rate (Number)	106b/m	115b/m		120b/m	110b/m		110b/m		112b/m	
Resp. Rate (bpm) (Over 1 Minute) *	32b/m	32b/m								
Resp Rate (Number)	32b/m	32b/m		32b/m	30b/m		30b/m		30b/m	
Resp Distress: Mod/ Severe / None / Mild	✓	✓		✓	✓		✓		✓	
Receiving O_2 (l/min) O_2 Saturations (%)	99%	95%		95%	99.1%		98%		99.1%	
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	[illegible]	[illegible]		[illegible]	[illegible]		[illegible]		[illegible]	

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

* 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:

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

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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-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 8 D (M)
Dr. GEETHA JAYAPATHY

(2)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/10/20 Time: 9am | 12pm | 4pm-5pm | 8pm | 12am | 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 96.8°F | 97.4°F | 99.1°F | 98.5 | 97.5°F | 98.1°F | 98.4°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	95 b/m	115 b/m	110 b/m	116 b/m	110 b/m	88 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	36 b/m	32 b/m	32 b/m	32 b/m	32 b/m	33 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	100%	98%	100%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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GUC:-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 10 D (M)
Dr. GEETHA JAYAPATHY

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 13/07/26 Time:

Doctor / Nurse / Family Concern?

Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
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GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 8 D (M)
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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.

10/7/21		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 :		Receiving Not				Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm			52ml							0	
	05:00 pm	H2O	40ml	52ml						✓	0	
	06:00 pm	H2O	40ml	52ml							0	
	07:00 pm			52 ml						✓	0	
Total Intake :		48ml + 208 ml				Total Output :					2 time	
	08:00 pm			52							0	
	09:00 pm	H2O	50ml	52							0	
	10:00 pm	H2O	100ml	52						✓	0	
	11:00 pm			52							0	
	12:00 am			52							0	
	01:00 am			DC							0	
Total Intake :		150ml + 260ml				Total Output :					1 time	
	02:00 am			DC							0	
	03:00 am			DC							0	
	04:00 am	H2O	100ml	DC							0	
	05:00 am			52							0	
	06:00 am	H2O	100ml	52						✓	0	
	07:00 am	H2O	30 ml	52							0	
Total Intake :		230ml + 152				Total Output :					1 time	

Total 24 hrs. Intake	1,046 ml	Total 24 hrs. Output	4 times

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 7 D (M)
Dr. GEETHA JAYAPATHY

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FLUID CHART

Sheet No. : 23

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

11/7/12

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H20	50ml								0	SD
	09:00 am									✓	0	SD
	10:00 am	Soup	100ml								0	SD
	11:00 am										0	SD
	12:00 pm	H20	50ml							✓	0	SD
	01:00 pm	H20	50ml								0	SD
Total Intake :		250ml				Total Output :				2 times		
	02:00 pm	H20	50ml								0	SD
	03:00 pm									✓	0	SD
	04:00 pm	Milk	150ml								0	SD
	05:00 pm									✓	0	SD
	06:00 pm	H20	50ml								0	SD
	07:00 pm									✓	0	SD
Total Intake :		200ml				Total Output :				3 times		
	08:00 pm	Ideal		30ml							0	dy
	09:00 pm	H20	50ml	30ml						✓	0	dy
	10:00 pm	H20	50ml	30ml							0	dy
	11:00 pm	H20	20ml	30ml							0	dy
	12:00 am			nc							0	dy
	01:00 am			nc							0	dy
Total Intake :		130ml + 120ml				Total Output :				1 time		
	02:00 am										0	dy
	03:00 am										0	dy
	04:00 am										0	dy
	05:00 am									✓	0	dy
	06:00 am	H20	50ml								0	dy
	07:00 am										0	dy
Total Intake :		50ml				Total Output :				1 time		

Total 24 hrs. Intake	740ml	Total 24 hrs. Output	7 time urine pass

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 8 D (M)
Dr. GEETHA JAYAPATHY

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

FLUID CHART

Sheet No. : (3)

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

12/7/21		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										0	S.A
	09:00 am	H2O	50ml							✓	0	S.A
	10:00 am	Juice	100ml								0	S.A
	11:00 am	Soup	100ml								0	S.A
	12:00 pm									✓	0	S.A
	01:00 pm	H2O	80ml								0	S.A
Total Intake :		330ml						**Total Output :**		2 times		
	02:00 pm	H2O	50ml								0	[illegible]
	03:00 pm									✓	0	[illegible]
	04:00 pm	H2O	50ml								0	[illegible]
	05:00 pm	T.water	100ml				Motion			✓	0	[illegible]
	06:00 pm	H2O	50ml								0	[illegible]
	07:00 pm	H2O	50ml								0	[illegible]
Total Intake :		300 ml					1 time	**Total Output :**		2 times.		
	08:00 pm	Friday									0	[illegible]
	09:00 pm	H2O	100ml							✓	0	[illegible]
	10:00 pm	H2O	50ml								0	[illegible]
	11:00 pm										0	[illegible]
	12:00 am	H2O	10ml								0	[illegible]
	01:00 am										0	[illegible]
Total Intake :		160ml						**Total Output :**		1 time		
	02:00 am										0	[illegible]
	03:00 am										0	[illegible]
	04:00 am										0	[illegible]
	05:00 am										0	[illegible]
	06:00 am	H2O	50ml							✓	0	[illegible]
	07:00 am										0	[illegible]
Total Intake :		50ml						**Total Output :**		1 time		

Total 24 hrs. Intake	890ml	**Total 24 hrs. Output**	6 times

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	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											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

GUC-00034858 IP18-00036406
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03-10-2021 4 Y 9 M 8 D (M)
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: fever

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date	10/7/26	10/7/26	11/7/26	11/7/26	12/7/26	12/7/26
Shift	E	N	M	N	M	E
Medical Condition (Any special condition to be noted):	Noted.	Noted	Noted	Noted	Noted	Noted
Diet:	Ⓓ diet	Ⓓ diet	Ⓓ diet	Ⓓ diet	Ⓓ diet	Ⓓ diet
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

ASSESSMENT

Vital Signs:						
Temp:	100.4°F	98.6F	96.1°F	97.9°	96.5°F	99.1°F
Res:	32b/m	30bm	32b/m	30bm	30b/m	30 b/m
SpO_2:	99%.	99%	99%.	99%	98%	98%
Pulse:	132b/m	130b/m	106 p/m	100 b/m	95b/m	110 b/m
BP:	99/66.	100/60	101/70	100/60	97/58	90/62
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	8	8	8	8	8	8
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	—	—	—	—	—	—

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:	—	—	—	—	—	—
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):	Nondependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	S. Nisha	Jathish	S. Nisha	Jathish	S. Nisha	R. Ish
Signature / ID :	ABMNJ	Jathish	ABMNJ	Jathish	ABMNJ	R. Ish
Date:	10/7/26	11/7/26	11/7/26	12/7/26	12/7/26	12/7/26
Time:	8pm	8am	8pm	8am	8pm	7.30pm
Taken Over By Name :	Jathish	R. Ish	Sibey	S. Nisha	R. Ish	Sibey
Signature / ID :	Jathish	R. Ish	Sibey	ABMNJ	R. Ish	Sibey
Date:	10/7/26	11/7	11/7	12/7	12/7	12/7
Time:	7.30pm	7.30am	8am	8am	2pm	8pm

GUC:-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 8 D
Dr. GEETHA JAYAPATHY (M)

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: 10/07/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Maintain personal hygiene		⇒ assess the Baby condition ⇒ TO strictly Hand hygiene	⇒ Maintained personal hygiene	Re - assessment done	
Night	8pm	promote Health Hygiene		→ Encourage oral & Hand Hygiene → daily changed bed sheet & cloths	Infection prevented	Reassessment done	

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 7 D (M)
Dr. GEETHA JAYAPATHY

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
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Date: 11/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	prevent infection		=> dress the Baby => TO strictly hand washing practice.	prevented infection	=> Re assessment done	
Afternoon	2pm	Maintain Nutritional Status	4pm	Assess the child's vitals Administer medications	Maintained good Nutritional Status	Reassessment Done	
Night	8pm	promote Health Hygiene		→ Assess child condition → Encourage oral & Hand Hygiene → Educate nail care	maintained proper Hygiene	Reassessment done	

GUC:-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 8 D (M)
Dr. GEETHA JAYAPATHY

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies
☑ Drug Allergies ..... AMOXICILLIN, CEPHALEXIN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/07/26	2.30pm	Evening duty (10/7/26).	
		The Baby hand over to the ER. Baby was conscious and oriented. Baby vital was recorded. IV pattern line was flow. Baby Temperature was increase (100.4°F.) Administered 4ml of Dolo in oral.	
	3.30pm.	Recheck the child condition Temperature was reduced. 97°F. child was stable. Check the vital sign vitals are the stable.	
	4pm	Due medication as given for the chug chart Order. Dr line put. continue Dr fluid 52 ml/h. monitor flo chart-	
	6.45pm	Dr. Geetha mam see the child mam advised continue treatment.	
	7pm	monitor the flo chart No other complaints. Dr line patten.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☑ Drug Allergies .... AMOXICILLIN & CEPHALEXIN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7pm	child details handover	
		given to the night duty	
		staff	[signature]
		Night duty notes :-	
10/7/24	7.30pm	child detail handing	
		over taken from evening	
		duty S/N. Child conscious	
		oriented. Child activity are	
		good IV line ⊕ no swelling	
		& pain. IVF- DNS 52ml/hr	
		on going	
	8.00 pm	vital signs checked &	[signature]
		recorded vitals are stable	0200
		now | CP | PP | CRT |	
		| ++ | ++ | 2sec |	
		Due medication are given	
		as per drug chart order	
	10.00 pm	Temp : 101.F syp.	
		given as per order.	
		IVF- DNS 52ml/hr ongoing	
11/7/24	12 am	vital signs checked &	
		recorded vitals are stable	
		now | CP | PP | CRT |	
		| ++ | ++ | 2sec |	[signature]
	2am	child sleeping was good	0200
		no special complaints	
		I/O chart maintained	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4Y9M7D (M)
Dr. GEETHA JAYAPATHY

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

NURSES NOTES

~~☐ No Known Drug Allergies~~

☑ Drug Allergies .... AMOXICILLIN & CEPHALEXIN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/26	4 AM	Vitals are monitored and recorded and vitals are stable.	
		4AM: CP ++, PP ++, CRT <3sec	[signature] 012304
	6AM	Due medication given as per drug chart order & documented.	
	7AM	Monitored. Input & output chart & documented	[signature] 012304
	7.30 AM	child Handed over to morning duty staff Nurse	[signature] 012304
		Morning duty 11/07/26.	
11/7/26	7.30am	child details handing over taken from night duty staff nurse. child conscious & oriented. child activity are good. IV line ⊕ no swelling & pain. IVF DNS 52 ml/hr ongoing.	[signature] 600941
	8.00AM	vital signs checked & recorded vital are stable now.	[signature] 600941
	9.00am	due medication are given as per drug chart order. T- 97.9°F is normal	

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Patient Sticker

Rainbow Children's Hospital
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ DOF ONBS continue notes	
11/7/2x	12pm	Dr. Leeetha mam came	
		& seen the child advice to	
		reduce the IVF & stop	P.S. Rajs
		and continue Inj - xone.	93385
	1.	vitals are checked & sol.	
		vitals are stable PP/CP/CRT	
		maintain I/O chart ++/++/c31	
	1.30pm	checked details handy over given	P.S. Rajs
		to the Night duty S/N	
		→ Evening Duty ⟸	
	1.30pm.	Check details handy are	
		taken from Morning duty S/N	
		child was conscious & oriented	
		IV line present spattern.	P.S. Rajs
		child under the room air	
		child had soft diet.	9339
	2pm	maintain I/O chart	
		checked the temperature.	
		to given PCS 0.5ml P/O	
	4pm.	vitals are checked & sol.	
		vitals are stable PP/CP/CRT	P.S. Rajs
		T- was reduced. ++/++/c3c	9339
	6pm.	Due medication given	
		as per drug chart sol.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 7 D (M)
Dr. GEETHA JAYAPATHY

NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies
☐ Drug Allergies AMOXICILLIN / CEPHALEXIN.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
11/7/20	6pm	maintained I/O chart	
	7.30pm	child details handing over given to the night duty s/n.	[signature]
		Night duty notes :-	
	7.30 pm	Child details handing over taken from evening duty s/n. child conscious → oriented. child activity are good. no swellings pain.	
	8.00 pm	Vital signs checked & recorded. Vitals are stable now. CP ++, PP ++, CRT <3s. Due medication are given as per drug chart order. Dr. Geetha mam seen by child advised to continue same order.	[signature] 8.00
	10pm	Child sleeping was good no special complaints. I/O chart maintained.	[signature] 10.00
12/7/20	12am	Vital signs checked & recorded. Vitals are stable now. Temp. 100°F. Sipping given. CP ++, PP ++, CRT <2s	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☐ No Known Drug Allergies
☐ Drug Allergies .... K/c/o Amoxicillin, Cephalexin

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	2am	Child sleeping was good no special complaints. I/O chart maintained. vital signs checked & Recorded	
	4am	vitals are stable now. CP ++, PP ++, CRT <3s	Jery [illegible]
	6am	Due medication are given as per drug chart order. I/O chart maintained.	
	7:30 am	Handing over given to morning duty S/N	Jery [illegible]
		Morning duty 12/7/26	
12/7/26	7:30am	Child handing over from night duty staff nurse. Child conscious & oriented. child activity is good. IV line pattern (+) No swelling & pain	[illegible]
	8:00am	Vital signs checked & Recorded. Vital signs are stable. CP ++, PP ++, CRT <3s	[illegible]
	8:15am	Dr. Geetha mam see the child. mam advised continue same Rx.	

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GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 8 D
Dr. GEETHA JAYAPATHY (M)

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... AMOXICILLIN / CEPHALEXIN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7	10.00 am	→ The child is no any other complaints	
	12pm	The child vital sign chery recored PP ++ / CP ++ / CRT <3	[signature]
	1pm	→ The child s/o chart maintaining done	
	1.30pm	child details handover given to the Evening duty staff	[signature]
12/7/26		Evening duty on (12/7/26)	
	1:30pm	The child Handing over taken from morning duty staff the child was concious & oriented IV line present & Pattern nav fluid →	[signature] 021113
	2pm	The child was comfortable position no any fresh complaints	[signature]
	4pm	Vital signs are checked & Recorded vital signs are stable [4pm CP ++ / PP ++ / CRT <3sec] →	021113 [signature] 021113
	6pm	Due medication given as per drug chart order & documented	[signature] 010304
	6.40 pm	Monitored Input & output chart and documented	

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Patient Sticker

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

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	7:30 PM	Child handed over to night duty S/N Sireesha	[signature]
		Night duty (12/7/26)	
	8:00pm	Child details handing over taken from evening duty staff nurse. Child is conscious & active. Child is on room air. PR 2+, CRT <3sec, B/L pupil equally reacting. Live line present. No swelling. Normal diet.	[signature] 600130
		Child vital checked & recording	
		8pm / CP ++ / PP ++ / CRT <3sec	
	10pm	All medication given as per drug chart order. No other complaint.	[signature] 600130
	11pm	Monitor P/O removed. Child vital monitor & record	
13/7	12 day	Vitals are checked and recorded. Vitals are stable	
		Time / CRT <3sec / CP ++ / PP ++	[signature] 0184

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 9 M 10 D (M)
Dr. GEETHA JAYAPATHY

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies ......nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7	2am	- Child sleeping well no	
		complaints of sleeping disturbancy	
	4am	- Vitals are checked and recorded	
		vitals are stable	019346
		Time | CRT | CP | PP <3s | +1 | +1	
		- Due medication as given as	
		per day chart daily	
	6.AM	due medication as given as	019348
		per drug chart order	
		no other complaint	
	7.30Am	Child vital monitor &	
		recored I/o chart	
		monitor child detail	
		handing over given to all	
		from morning duty	
		Staff Nurses	601130
13/7	7.30am	Morning duty 13/7/26.	
	7.30am	child details handing	
		over taken from night duty	
		staff nurse. child is conscious	
		and oriented. child active is	
		good. IV line pattern is patent	
		ned. no swelling, pain	607441
	8am	vital signs checked &	
		recorded. vital signs	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ ~~No Known Drug Allergies~~
☑ ~~Drug Allergies~~ ..... NO/API .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/21		Vital signs are stable CP | PP | CRT - | - | <3cm	
	3.10am	Child was extubated clinically child was stable.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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Patient's Name:

MRD NO:

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA (M)
4 Y 9 M 7 D
03-10-2021
Dr. GEETHA JAYAPATHY

Age : ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 10/07 Time: 2:00 pm
Location : (1) metacarpals
Size : 22G
Cannula inserted by : S/N Shibu

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
10/07	2pm	☐Yes ☐No	☐Yes ☐No	obsd	
	4pm	☐Yes ☐No	☐Yes ☐No	observ	
	6pm	☐Yes ☐No	☐Yes ☐No	observe	
	8pm	☐Yes ☐No	☐Yes ☐No	observe	
	10pm	☐Yes ☐No	☐Yes ☐No	observe	
11/7	12am	☐Yes ☐No	☐Yes ☐No	observ	
	2AM	☐Yes ☐No	☐Yes ☐No	obsn	
	4AM	☐Yes ☐No	☐Yes ☐No	obsn	
	6AM	☐Yes ☐No	☐Yes ☐No	obsn	
	8am	☐Yes ☐No	☐Yes ☐No	observe	
	10am	☐Yes ☐No	☐Yes ☐No	obsd	
	12pm	☐Yes ☐No	☐Yes ☐No	obsd	
	2pm	☐Yes ☐No	☐Yes ☐No	obsed	
	4pm	☐Yes ☐No	☐Yes ☐No	obs	
	6pm	☐Yes ☐No	☐Yes ☐No	obsd	
	8pm	☐Yes ☐No	☐Yes ☐No	observe	
	10pm	☐Yes ☐No	☐Yes ☐No	observe	
	12am	☐Yes ☐No	☐Yes ☐No	observe	
	2am	☐Yes ☐No	☐Yes ☐No	observe	
	6am	☐Yes ☐No	☐Yes ☐No	observe	
12/7/21	8am	☐Yes ☐No	☐Yes ☐No	observe	
	10am	☐Yes ☐No	☐Yes ☐No	observed	
	12pm	☐Yes ☐No	☐Yes ☐No	observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	obsd	

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

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
13/7	12am	☐Yes ☐No	☐Yes ☐No	obsd	
	4am	☐Yes ☐No	☐Yes ☐No	obsd	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes-date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

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

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA
03-10-2021 4 Y 3 M 8 D (M)
Dr. GEETHA JAYAPATHY

(1)

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BirthRight BY RAINBOW HOSPITALS
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THE HUMPTY DUMPTY SCALE

E N N+E N

PARAMETER	CRITERIA	SCORE	DATE 10/7	DATE 10/7	DATE 11/7	DATE 11/7	DATE 12/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1	1	1	1	1	1
	Other Medications / None	Total	13	13	13	13	13

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

Intervention:						
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:		S.Nisha	Jaya	S.Nisha	Jaya	S.Nisha
Signature:						
Date:		10/7/21	10/7	11/7	11/7	12/7
Time:		2pm	8pm	8am	8pm	8am

Patient Sticker

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
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	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1					
	Other Medications / None						
	Total						

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:						
Signature:						
Date:						
Time:						

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BRADEN 'Q' SCALE

					Date : 10/7	10/7	11/7	N
					Time : 2pm	8am	8am	11/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : 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 ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ 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	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ 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	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ 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	⓫ Use same protocol as for **"High Risk"** Patients ⓫ 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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BRADEN 'Q' SCALE

				Date :	12/7	12/7	13/7
				Time :	8am	2pm	8am
Mobility	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
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				TOTAL SCORE	27	27	27
				Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	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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Baby MANVIK CHOURARIA
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PAIN ASSESSMENT FORM

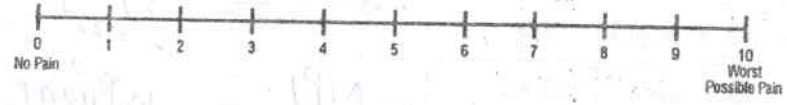
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/20	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	
10/7/20	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
11/7/20	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
11/7/20	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	NIL	
11/7/20	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
11/7/20	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
12/7	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
12/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
12/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
12/7	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

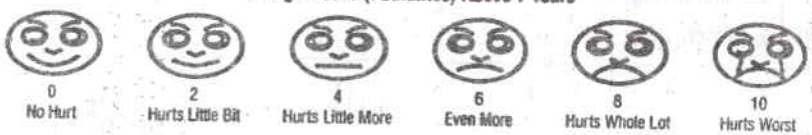
(P.T.O)

PAIN ASSESSMENT TOOL

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Typhoid fever
Arrival Time: 2 pm Mode of Arrival: walk Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Amoxicillin + cephalexin

Body Weight: 16.8 Kg
Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

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: 16.8 P Length: ..... Head Circumference (< 2 years): .....

Temp.: 100.6°F HR: 120 m RR: 24 m BP: 98/60

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

FUNCTIONAL SCREENING:
☐ No Abnormalities Detected
☐ Mobility Problem
☐ Developmental Delay
☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:
☐ No Abnormalities Detected
☐ Underweight
☐ Feeding Problem
☐ Overweight
☐ Special diet
☐ Special Feeding Method
☐ 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: Dr. Geetha (Date/Time): 10/7/4.

Social History: Lives With Parent

Siblings in household ☐ Yes ✓ ☐ No (if yes How Many?) 1 Brother.

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 Mother.

Nurse's Name: R. S. Thulasi Date: 10/7/4 Time: 2:30 pm Signature

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: English : Patient / Learner Literacy: ☐ ~~Read~~ ☐ ~~Write~~ ☐ ~~Speak~~ Willingness to Learn: Yes ~~No~~ Health... 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		
10/7/22	2pm	7	information about infection control program.	mother om	none	verbal	oral	understand	–	[signature]
11/7/22	8am	1	maintain personal hygiene practice	mother om	no	verbal	oral	understand	–	[signature]
12/7/22	8 am	1	maintain c explain about Treatment & care	mother	no Barrier	verbal	oral	understand	–	[signature]
13/7/22	8am	1	maintain the good nutritional status	mother	none	verbal	[illegible]	understand	–	[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

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BED SIDE CHECK LIST FOR NURSES

Date:	10/7	11/7	12/7	13/7					
Doctor's Orders	✓	✓	✓	✓					
Carried out or not	✗	✗	✗	✗					
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]	Nisha	S.Nisha	S.Nisha					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	10/7	11/7	12/7	13/7/21					
Hand Over Taken By Name :	Sheji	Siny	Shely						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	10/7	11/7	12/7 7:30PM						

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PATIENT TRANSFER FORM

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Dr. GEETHA JAYAPATHY

	Date & Time of Admission	Date & Time of Transfer Order
	10/07 1:27 pm.	10/07 2:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Geetha	Dr. Kanthan	Treatment
From Unit	**To Unit**	**Information to Attendant**
ER	S10	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(12)	nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	0.9% DNS 500ml → (1)	
2.	Intrafix → (1)	
3.	Inj. rone 1g → (1)	
4.		
5.		

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

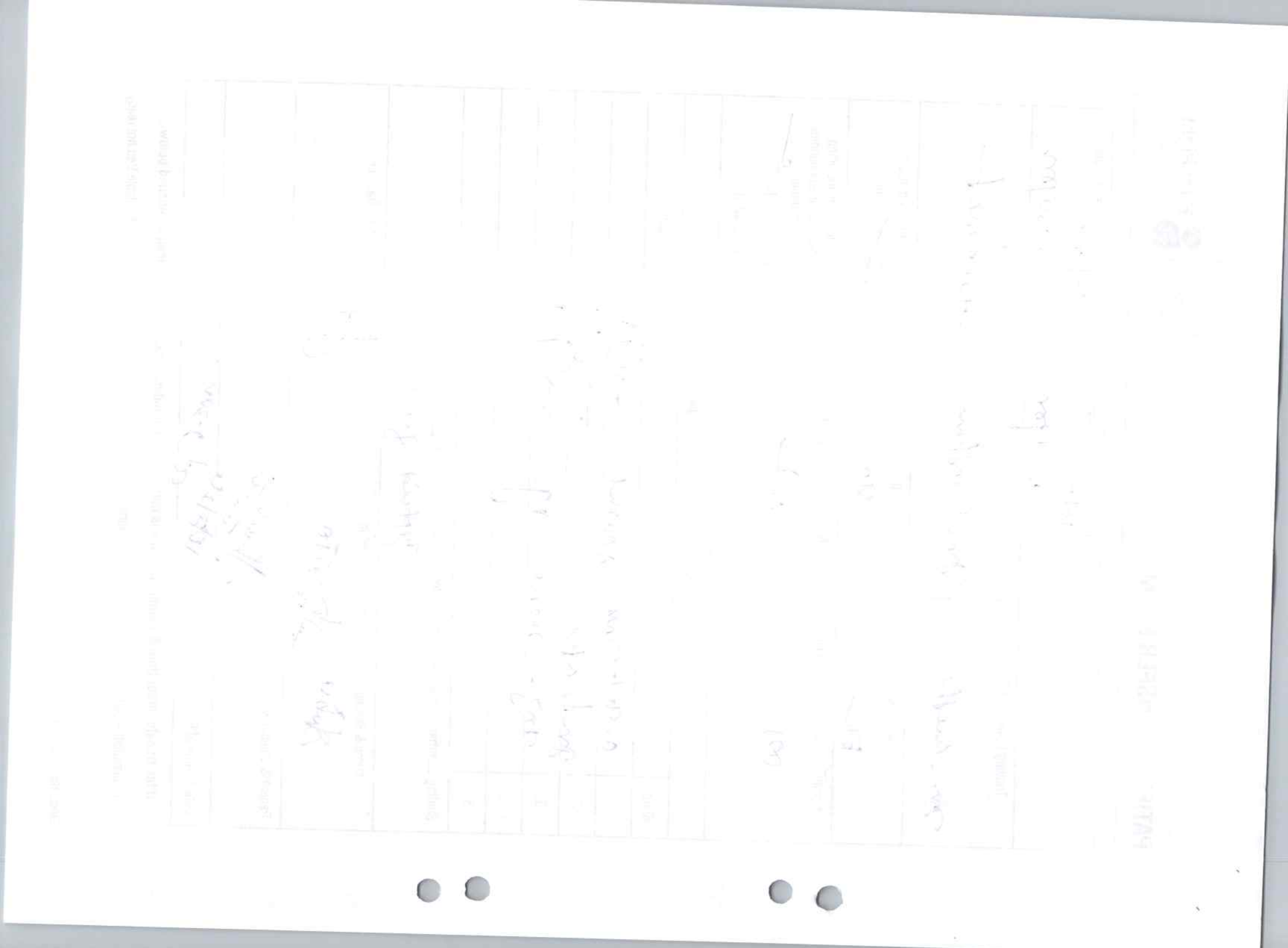
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 17890	[signature]

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 10/7/24 at 2:30 pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready



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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Geetha Date : 10/7/26

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

Start Time of Assessment: 1.30pm Weight: 16.8kg

Allergic History: Amoxycillin & cephalexin

Chief Complaints:
4o fever - D10

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

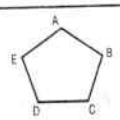
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway

- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Breathing

Rate: 28 SpO_2 on FiO_2 99%

Rhythm: N

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: equal

Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

(P.T.O.)

Circulation

HR: 128

CFT — Central: <3 — Peripheral: <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central 2+ — Peripheral 2+

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: A

Pupils: Responsive ☑ Non-Responsive ☐

Size — Right 2mm — Left 2mm

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 98.8°F

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: .....

Details inside

Treatment Planned: .....

Details inside

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: Keerthana. D

Signature: .....

Date & Time: 10/7/26 1.30 pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/07/26 Time of arrival : 1:25pm

Chief Complaints: H/O Fever x 10 days. RBS: 79mg/dl.

Height : — Weight : 16.8kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify AMOXICILLIN, CEPHALEXIN

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): .....

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 1:35pm

(P.T.O.)

Time	Nursing Notes
2:00 pm	patient come to the ER with the H/O fever x 10 days. monitored the vital signs. Recorded Dr. [illegible] noted. 24 line placement [illegible]. Blood sample collected and pt shifted to the ward, pt had drug allergies, amoxicillin, cephalexin.

Samples collected by: S/N [illegible]
Samples sent by :
Time: 2pm.
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 :

HR: 128/m BP: 113/82 CFT: <3 sec
RR: 22/m SPO$_2$: 99%
GCS: 15/15 Temperature : 98.9°F
Pain Score: 0/10
Repeat RBS (if applicable): 79mg/dl.

Details of Shift - out

Shift - out from ER to: S10
Time of Shift - out: 2:30 pm.
Handover given to: (Nurse's Name) S/N Thulasi

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): 24 line placement done (R) metacarpals - 22G

Name of the Nurse : Sutu Debnath
Signature of the Nurse :
Date & Time : 10/03/26 & 2:10pm

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wt → 16.8 kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : MAST. MANVIK Age : 4Y9M Gender: ☐ Male ☐ Female

Date : 10/07/21 Time of Arrival : 1:25 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.4°F PR: 128/m BP: 113/82 RR: 28/m SpO_2: 99% in RA.

Chief Complaints: H/O fever x 10 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☐ Stable
☑ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Richa Chourasia
Signature of Parent / Guardian

Triage Completion Time : 2 min.

Communicable Disease Triage Screening

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

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

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

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shibu Debnath.

Signature of Triage Nurse : .....

Date & Time : 10/07/21 : 1:27 pm.

GUC-00034858 IP18-00036406
Baby MANVIK CHOURARIA (M)
03-10-2021 4 Y 9 M 7 D
Dr. GEETHA JAYAPATHY

Rainbow® Children's Hospital
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
10/07	2pm	79	–	Sh 17890