Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-08-2025 1 Y 1 M 20 D (M)
Dr. PRAHLAD N

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		2/8/25 @10am	Dy 018950				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Name: .....

UHID No: GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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

Date of Admission: .....

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

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26	3.00pm	ER	402	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. NANDHINI	30/07/26	1734999	
2.	DR. HALATHI	31/07/26	173521	
3.	Dr. Nandhini	1/8/26	1735945	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/07/26.	CBC, PT, APTT, INR,	26024431	
	Vit-D, Calcium,		
	Magnesium, RP2.		
30/07/26	ICG	26021132	
31/7/26	Stool R/E, R/S.	26024531	
31/7/26	Stool occult blood	26024532	
1/8/26	Sr. albumin, CRP		
	RP2	24586	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/26	Infusion pump	31/7/26 8:30pm	[illegible]/7/26 10:30pm	1735620	[illegible] 01/8/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	IV placement	(1)	1734988	
30/7/26.	catheterisation	(1)	1734989.	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 2/8/26 Time: 10AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
99384			

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-08-2025 1 Y 1 M 20 D (M)
Dr. PRAHLAD N

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DISCHARGE TRACKING SHEET

DATE : 2/8/26.

Name of Consultant :

Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses	2/8/26 @ 10am		dr/018900	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036686 **Admit Date** : 30-Jul-2026 **Admit Time** : 01:51 PM **UHID** : GUC-00094488

Patient Details :

Patient Name	: Master M MOHAMMED AFNAAN		
Guardian	: Mr MOHAMMED IBRAHIM	**Age**	: 1 Y 1 M 18 D
Gender	: Male	**DOB**	: 12-06-2025 01:00 AM
Occupation	:	**Religion**	:
Address (H)	: 296/141 R K MUTT ROAD, R A PURAM R A Puram Colony Chennai Tamil Nadu INDIA 600028	**Martial Status**	:
		Phone No	: 9840454764/ 9150255410
		E-mail	: MD_IBRAHIM_2003@YAHOO.CO.IN

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 MOHAMMED IBRAHIM

Contact Address : 296/141 R K MUTT ROAD, R A PURAM R A Puram Colony Chennai Tamil Nadu INDIA 600028 **Relationship** : Father **Phone No** : 9840454764

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N

Referral Doctor : Dr. Prahlad N **Specialisation** : PEDIATRIC NEPHROLOGY

Co-Consultant : **Phone No** :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master M MOHAMMED AFNAAN**		
IP No:	**IP18-00036686**	**Age :**	**1 Y 1 M 18 D**
Consultant:	**Dr. PRAHLAD N**	**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.
(R[redacted]ivers Signature: .....

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

Signature of Patient/Relative:

Name: Mr. Mohammed Ibrahim

Relationship: Father

Date: 30/7/26 Time: 1:51pm

Witness Name: Jothi

Witness Signature:

Patient Address:
296/141 R K MUTT ROAD, R A PURAM
R A Puram Colony Chennai Tamil Nadu
INDIA 600028

BILLING POLICY

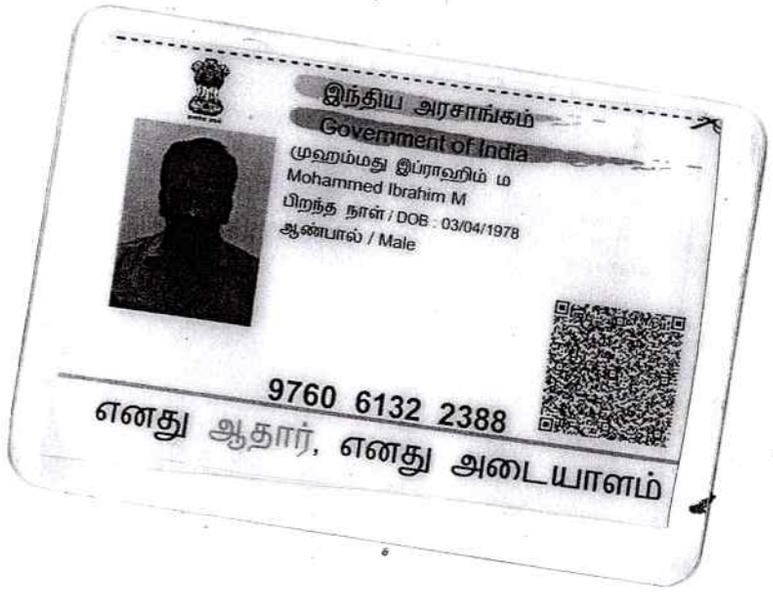
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation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

DECLARATION

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

Patient Name : M. Mohammed Afnaan	
Self/Attendant Name : Mohammed Ibrahim	UHID Number : GUL:00094488
Self/ Attendant Signature : [signature]	Relation : Father
Phone Number : 9840454764	Name & Signature of Financial Counselor [signature]

RCH/GDY/FRM/CLINICAL/426


இந்திய அரசாங்கம்
Government of India
முஹம்மது இப்ராஹிம் ம
Mohammed Ibrahim M
பிறந்த நாள் / DOB : 03/04/1978
ஆண்பால் / Male
9760 6132 2388
எனது ஆதார், எனது அடையாளம்


Unique Identification Authority of India
Address:
S/O: Mathar, 296, R K MUTT
ROAD, Raja Annamalaipuram,
Chennai, Raja Annamalaipuram,
Tamil Nadu, 600028
9760 6132 2388
1947
help@uidai.gov.in
www.uidai.gov.in

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

UHID ID:

Department:

Consultant:

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

4o scrotal edema x 10 days
ass. c redness and cracking of skin
no H/o discharge
4o loose stools +
4o crying during micturition +
↓
started on oral gfloxacin & econorm,
loose stools & crying during micturition settled
↓
Redness worsened +

Patient Sticker

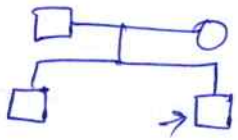
Past History : (Including details of any previous investigation or treatment)

Congenital NS diagnosed at 5 months of age. Was on IV in Saudi Arabia - albumin injections biweekly → started on oral enras @ 9 m. Genetic reports of baby & parent → heterozygous variant in NPHS1 gene. Followed up in Mehta hospital for past 1 month. Mother → ~~had~~ heterozygous variant in NPHS1 gene Renal biopsy → MCN. Trial of steroid given for 2 weeks → no improvement. Albumin given every 10 days.

Birth & Neonatal History:

Term, BW - 2.9 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) 9.9 (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 138 B.P. 96/52 SPO2 98%

Resp.rate and type of breathing : 32

Rash -

Lymphadenopathy -

Oedema : anasarca +

Allergies (if any):

(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 : distended + +

Palpation : soft, not tender, fluid thrill +

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

Plantars N **Superficials:**

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic:

? Congenital nephrotic syndrome / ? SRNS
Dau c ? Scrotal cellulitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC -
RP-I -
Ca / Mg -
vitamin D -
PT / APTT / INR -
Serum IgG -

Planned Management

- Inj: ampiclox 500mg - 250mg - 500mg
- Inj: ceftriaxone 500mg IV BD
- Glad-bact ointment LA TDS
- Catheterization
- Ped Sx opinion
- Foot end elevation
- Rice based diet

Signature of the Doctor: 125882

Name of the Doctor: Keerthana. D

Date & Time: 30/7/26 1.45pm

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

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

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

   ☐ Needs Assistance In:

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

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

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

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 19 D (M)
Dr. PRAHLAD N

(402)

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CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

1/8/26
2pm

S/n Dr. manasha

- Child ned
- catheter in situ
- Scrotal narrower Anteriorly. Wider posteriorly. Raw / Perianal raw tr
- plan cath removal after 1 wk

Consultant :

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

Doc. No. : RCH / FRM / CLINICAL / 049

GUC-00094488 IP18-00036686
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CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Findings and Recommendations : Signature:

30/7/26
8pm

S/B [illegible]

Thank for ref.

1 4/12 M old clinical
[illegible] c nephrotic syndrome –
[illegible] scrotal edema c̄ Erythema /
c/o infection.

→

Consultant :

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

Doc. No. : RCH / FRM / CLINICAL / 049

— T. Vit C 500mg

½ —o—o

— 2 SD 1ml od

— clymerd gel

— collagent gel

Tedm on

GUC-00094488 IP18-00036686
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Dr. PRAHLAD N

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ATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations : 31/7/2026

S/B Dr Malathi

Thanks for referral

Cheerful.

mild pallor

- Scrotal edema
cellulitis

Δ: Cong. Nephrotic Syndrome.
- Scrotal edema & cellulitis
- Recent gut infection

- Parents dentists - UAE
- 1yr 1m - has been symptomatic since infancy
1st had rash - Δ as scabies.
6m/s had loose stools - CMPA - breastmilk stopped
- anasarca @ 6/12
- was on regular albumin infusion (last 10 days ago)
- Recently, dev. scrotal edema cellulitis & loose stools

Consultant :
Name : ..... Signature : ..... Date & Time : .....

10/8

adv

DIET

Rice based
diet

Soft vegetables.

- ORS. 20 tsp
for every stool.

add Rcifax Susp.
5ml twice a day

Stool OB
To do CRP.
S. albumin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/1/26 4.30PM	S/B - Dr Yuvaraj	
	Child reviewed	
	A ≡ Nephrotic syndrome / SRNS	
	Scrotal wall cellulitis	
	Child alert active	
	feeding well	urine catheterized
	vitals stable.	
	Hydration good	
	RS - Clear	
	PA - distended, scrotal edema & cellulitis	
	CVS / NAD	
	CNS	
	Labs: Plt - 8.25L, TC - 18600, Mg - 1.5, PT/APTT mildly ↑	
	D/w - Prahlad sir	
	Adv	
	• Wait for diuretics	
	• ada → IV MgSO4 2ml + 18ml NS over 45mins OD x3days	
	IV Vitamin K 5mg OD x 3days	
	Oral Aspirin 75mg 0—½—0	
	• Continue oral intake	
	- Strict I/O chart	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 8pm	S/B. Dr. Manomani	
	Reviewed	
	Afebrile	
	Scrotal edema (P)	
	Skin excoriation (+) healing	
	U/o output → 1.1 ml/kg/hr	
	PP +E, perineal wash	
	P	
	→ wound care, u/p	
	–	
10pm		
31/7/26 9.30am	S/B Dr. Gayathri	
	Δ – Congenital Nephrotic syndrome SRNS c̄ Relapse. Now c̄ scrotal wall cellulitis	
	Child reviewed on Foleys	TW: 10.1 kg. AG: 50 cm
	I | 285 ml. O | 230 ml.	
	U/O: 1.36 ml/kg/hr. (over 17hrs)	

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

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Dr. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Child alert & active - interacting well - on oral feeds - Tolerating well. - Hydration - good. - scrotal edema (+) & excoriations.	
	Vitals. BP — 103/60 mmHg. PR — 126/min RR — 32/min	- oozing (+) No oozing - abdominal distension (+).
	O/E: afebrile CVS / RS — NAD Abd — soft, distended ascites (+) fluid thrill (+) CNS: NO FND.	Vit D < 8.
	Plan ① Cont IVF IV AMPICLOX (D2) IV XONE (D2) Tab. Lysee 1 Tab BD A-Z drops 1 ml OD T. Cnvas 1 — 0 — ½ tab Syp. Shelcal 5ml BD.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- T. Storvas 5mg	1 Tab HS
	- T. Vit C ½ tab	OD.
	- Collagen gel oint	L/A TDS
	- Econorm sachet	tds
	- IV MgSO4. OD. 2ml + 18ml NS. over 40 mins	(D1/D3)
	- T. Aspirin 75mg	(½) OD
	- Inj. Vit K	(D2/D3)
	- Syp. Zincovit 5ml	OD.
	- Lower limb &	scrotal wall ~~eleva~~ elevation
	Of 1655 hrs Dr. Gayathri	- I/O charting - Cont. catheterisation
	- (+) serum	IgG reports
	- Dr. Malathy	mam opinion
31/7/24 11 am	Erythema of scrotum ↓ U/o: Good Oedema ↓ Stool - R/E - R/S	Add 1) D. Rise (60K) 1/week × 10 weeks (↑) vit D 2000/day. Add 2) T. Nizonide (500) ½ - ½ ↑ T. Envas (2.5) 1 — 1 Econorm 1 — 1

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

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 19 D (M)
Dr. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 5.30pm	S/B Dr. Gayathri	
	Child reviewed.	
	active & alert	
	afebrile	
	hemodynamically stable.	
	scrotal edema (+)	
	Serum IgG → 61.9 mg/dl.	
		Plan
		(1) To start IVIg infusion after premedications as per drug chart.
	Inj. Avil 0.5cc stat	
	Inj. Hydrocort 10mg stat	
	Syp. P-250 3ml stat	
	↓ 1hr.	
	IVIg (10g/100ml) 2ml/hr.	
	1hr ↓	
	4ml/hr.	
	1hr ↓	
	5ml/hr Till the end.	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/22	S/B Dr. Deepak	
9:30 AM		
	Dx: Congenital Nephrotic Syndrome	
	SRNS c̄ Relapse now	
	c̄ Scrotal wall cellulitis	
	Child reviewed	
	No new concerns	
	No adverse reaction	
	Alert, active	
	CVS: S1S2 ⊕	BP - 100/51 mmHg
	RS: VBS ⊕	PR - 126/min
	P/A: soft, distended	SpO_2 - 98% RA
	CNS: NFND	
	IVF - 5ml/hr	
		Rx
	L/E:	To continue as per chart
	Scrotal edema better	To monitor vitals / review
	Skin excoriation ⊕	Dr. Nandhini maam review
		[signature]
		10:45
	Inj. Ampiclox Q8H D3	Inj. Vit-K 5mg IV Q24H
	Inj. Xone 500mg Q12H D3	
	Inj. $MgSO_4$ Q12H D2	
	T. Aspirin 75mg Q24H (½)	

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6/8/25

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SBP	DBP
	50th 86	41
	90th 100	53
	95th 103	55
	95th+12 115	67
11/8/25	SIB Dr. Prahlad	
	- Clinically stable	
	- Urine output good	
	- Edema Reduced	
	- Scrotal erythema better	
	IV Tg DN Flow	
	Rx Continous Bladder drainage	
	T. Envas 2.5mg 1-0-1	
	Sy. Shelcal 5ml-0-5ml	
	D-Rise 60K 1/week x 9weeks	
	T. Magrion 1/2-0-1/2	
	T. Starvas 10mg 0-0-1	
	T. Turvin lanzol 15mg 1-0-0 x (od)	
	T. Nizonide 150mg 1/4-0-1/4 x (1d)	
	Zn V drops 1ml-0-0 x (od)	
	Bifilac 1-0-1 x (od)	
	Econorm 1-0-1 x (od) (od)	
	T. Aspirin 75mg 0-1/2-1 for continue	
	Collagen Cream L/A	
	T. Ciplox 500mg 1/6-0-1/6 x (5d)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/21	S/B Dr. DEEPAK	
1:30 PM		
	Dx: Congenital nephrotic syndrome	
	SRNS c Relapse	
	Scrotal wall cellulitis	
	Child reviewed	
	Child has no new concern	
	O/E:	
	Alert, afebrile	
	CVS: S1S2 (+)	PR: 120 b/m
	RS: NVBS (+)	SpO2: 98% RA
	P/A:	BP - 95/65 (77) mmHg
	Distended	
	CNS: NFND	
	IVIg 1ml/hr	
	L/E: Scrotal Edema ↓	
	Skin excoriation (+)	℞
		To continue on pu chart
		To monitor vitals/ [illegible]
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. PRAHLAD N

Afnaan / 1yr

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RESULT SHEET

Date	30/7/26	1/8/26				
Time						
Hb	10.2					
PCV	31					
RBC	4.05					
WBC	18600					
N/L	39/58/3					
Platelets	8.25L					
CRP						
ESR						
PCT						
RBS	98	11.3				
Na	134	135				
K	4	3.9				
Cl /Ca	106/7.3	107				
Ca/Mg	1.16/1.5	1.24				
Phosphate /Bicarb	/18	/19				
Urea	5	7				
Creatinine	0.28	0.25				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin		1.3				
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	20/1.48					
APTT	57.5					
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	NIL					
OVA / Cyst	NIL					
Occult Blood	-					
S. IgG -	61.9	(700 - 1600)				
25OH - Vitamin D -	< 8					
Stool for occult blood	Absent					
Reducing substance	Absent					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 402.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. LYSER	5 mg	PO	BD		☑C ☐DC
2	A TO Z DROPS	1 ml	PO	OD		☑C ☐DC
3	T. ENVAS	2.5 mg	PO	OD		☑C ☐DC
4	GLADBACT -O OINT		4A	TDS		☑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 : 30/7/26 @ 1:15 pm

Nurse Name & Signature: Rishi 10203367

Date & Time : 30/7/26 @ 1:30pm

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DRUG CHART

Date of Admission: 30/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

REGULAR PRESCRIPTIONS

Weight. 9.9 kg Ward. .....

DRUG : INJ. AMPICLOX

Dose	Route	Frequency	Start Date
	IV	Q8H	30/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
500mg - 250mg - 500mg

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
6 Am		PSA RJ	PSA RJ	PSA RJ
2 pm	4.30pm MA SA	CS SA	CS SA	
10 pm	11pm PSA RJ	PSA RJ	PSA RJ	
	D1	D2	D3	D4

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	Q12H	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
6 Am		PSA RJ	PSA RJ	PSA RJ
3pm	SA CS			
6 pm	11PM PSA RJ	CS SA	MA SA	
	D1	D2	D3	D4

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
10mg	IV	Q24H	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
9.45 pm	illegible			
6 Am		PSA RJ	PSA RJ	PSA RJ

DRUG : GLAD-BACT OINTMENT

Dose	Route	Frequency	Start Date
	L/A	Q8H	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:
Ozenoxacin

Daily Doctor's Endorsement by a Sign

Date/Time: STOP 125882

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.7 Ward .....

DRUG : TAB. LYSER 5mg

Dose	Route	Frequency	Start Dt.
1 tab	PO	BD	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:
T. chymoral forte

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
8 am	/	PN BL	N BL	
8 pm	PSA BS	BS BD	PSA BS	

DRUG : A TO Z DROPS

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
2 5pm		CS	CS	
pm	MH SA	SA	SA	

DRUG : TAB. ENVAS 2.5mg

Dose	Route	Frequency	Start Dt.
1 tab - 1/2 tab	PO	BD	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:
1 tab - 1/2 tab

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8
8 am	/	PN BL	
8 pm	PSA BS	with BS	

Dose Frequency Changed

DRUG : SYP. SHELCAL

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	30/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/7	31/7	1/8	2/8
8 am	/	PN BL	PN BL	
5pm				
8 pm	MH SA	BS BD	PSA BS	

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

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REGULAR PRESCRIPTIONS

Weight 9.9kg Ward ....

Sheet No: ....

DRUG : T. STORVAS 5mg

Dose	Route	Frequency	Start Dt.
1tab	PO	HS	30/7

Date/Time	30/7	31/7	1/8	2/8
8 pm	PSA / RJ	RJ / RP	RP / RJ	

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. VITAMIN C 500mg

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	OD	30/7

Date/Time	30/7	31/7	1/8	2/8
4 pm	5pm MA	P.B CS	CS SA	

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Z & D DROPS

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	30/7

Date/Time	30/7
2 pm	5pm MA / SA

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : COLLAGENT GEL

Dose	Route	Frequency	Start Dt.
	LA	TDS	30/7

Date/Time	30/7	31/7	1/8	2/8
6 am		PSA / RJ	PSA / RJ	
2 pm	MA / SA	CS / SA	CS / SA	
10 pm	PSA / RJ	RJ / RP		

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...9.9 kg... Ward .....

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	PO	TDS	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	30/7	31/7	1/8
8		PN	PN
8am	8am	BL	BL
2	MA	CS	
pm	SA	SA	
10	PSA		
pm	RJ	RJ	
		PRN	

Frequency changed

DRUG: T. CHYMOROL FORTE

Dose	Route	Frequency	Start Dt.
1 tab	P/O	BD	30/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. MgSO4

Dose	Route	Frequency	Start Dt.
	IV	OD	30/7

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

Additional Instructions:
2ml + 18ml NS
as infusion over 40 mins -
x 3days

Daily Doctor's Endorsement by a Sign

Date → / Time	30/7	31/7	1/8	2/8
	6pm			
10AM	MA	PN	PN	
	SA	BL	BL	

Stop 1/8/26 10AM

DRUG : T. ASPIRIN

Dose	Route	Frequency	Start Dt.
75mg	P/O	Q24H	30/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
½ — 0

Daily Doctor's Endorsement by a Sign

Date → / Time	30/7	31/7	1/8	2/8
	5.30pm			
2pm	MA	CS	CS	
	SA	SA	SA	

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

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

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Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 9.9 Ward .....

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

DRUG : Inj VITAMIN K

Dose	Route	Frequency	Start Dt.
5mg	IV	OD	30/7

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

Additional Instructions: x 3days

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7	1/8	2/8
	5.30pm			
	MA SA	CS SA	CS SA	

D1 D2 D3 D4

Stop 1/8/25 2pm

DRUG : Syp ZINCACETATE

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

Name & Signature of the Doctor Starting the Drugs: TY

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	1/8	2/8
2pm	CS SA	CS SA	

DRUG : RCIFAX SUSPENSION

Dose	Route	Frequency	Start Dt.
5ml	P/O	Q12H	31/7

Name & Signature of the Doctor Starting the Drugs: 16555T

Additional Instructions: 5ml/100mg

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	1/8	2/8
8 Am	BL	BL	
8 pm	6pm SA	BSA	

DRUG : D-RISE SACHET

Dose	Route	Frequency	Start Dt.
60K	P/O	1/week	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1/week - given on 31/7/25

Daily Doctor's Endorsement by a Sign

Date / Time	31/7
11 Am	BL PN

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.7 Ward .....

DRUG : T. NTZONIDE

Dose	Route	Frequency	Start Dt.
500mg (1/4)	P/O	Q12H	31/7

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions: 1/4 of 500mg

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8
Time			
	8AM	12PM	PN
	P		BL
	BL		
	8PM	PSA	PSA
		RJ	RJ

DRUG : T. ENVAS

Dose	Route	Frequency	Start Dt.
2.5mg	P/O	Q12H	31/7

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8
Time			
	8AM	/	PN
			BL
	8PM	/	PSA
			RJ

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1	P/O	Q12H	31/7

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8
Time			
	8AM	/	PN
			BL
	8PM	/	PSA
			RJ

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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REGULAR PRESCRIPTIONS

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

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

DRUG : Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
Route / Start Date		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.	

Weight. 9.9kg Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
Route / Start Date		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 : Na...

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/7	6.30pm	Inj. AVIL	0.5cc	IV		SA / LB
31/7	6.30pm	Inj. HYDROCORT	15mg	IV		SA / LB
31/7	6.30pm	P-Syp 250.	3ml	IV		SA / LB

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN (M)
12-06-2025 1 Y 1 M 18 D
Dr. PRAHLAD N

I.V. FLUIDS CHART

Weight. 9.9kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/7	8.25pm	IVIg 10g in 100ml over 24hrs		2ml/hr 1hour ↓ 4ml/hr 1hr ↓ 5ml/hr	[signature] 1655	[signature]	9.25pm 10.30pm		[signature]
						[signature]			

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

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/7/26 Time:

	3:20pm	8pm	12am	4am
Doctor / Nurse / Family Concern?				
Temperature (°F) (scale 94–104)	97.4°F	98°F	98°F	97.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	91/52 (59)	107/46 (57)	100/50 (62)	93/48 (60)
Heart Rate (Number)	130b/mt	136b/mt	130b/mt	119b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	28b/mt	30b/mt	30b/mt	28b/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	99%	98%	98%
Conscious Level — Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	0	0	0
Pain Score		0	0	0
Observer's Initials	[illegible]	RJ	RJ	BO

Note: BP does not score in early warning scoring

ON ADMISSION FROM ER TO 402

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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

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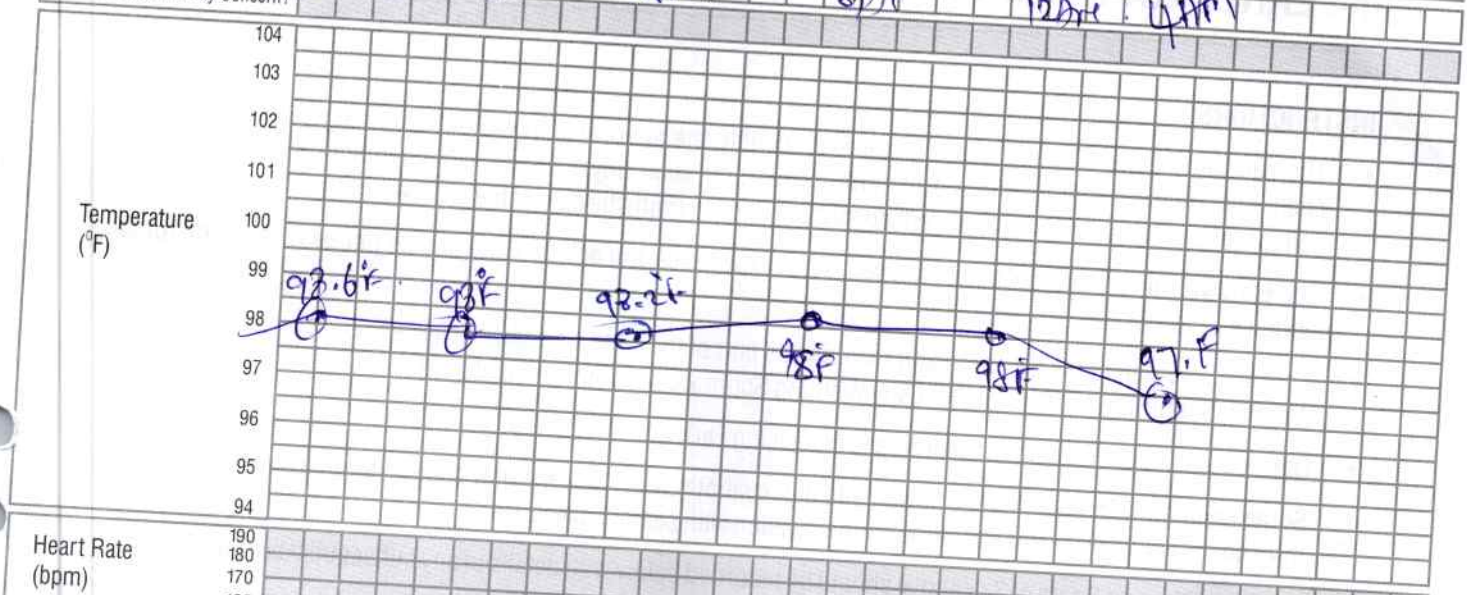
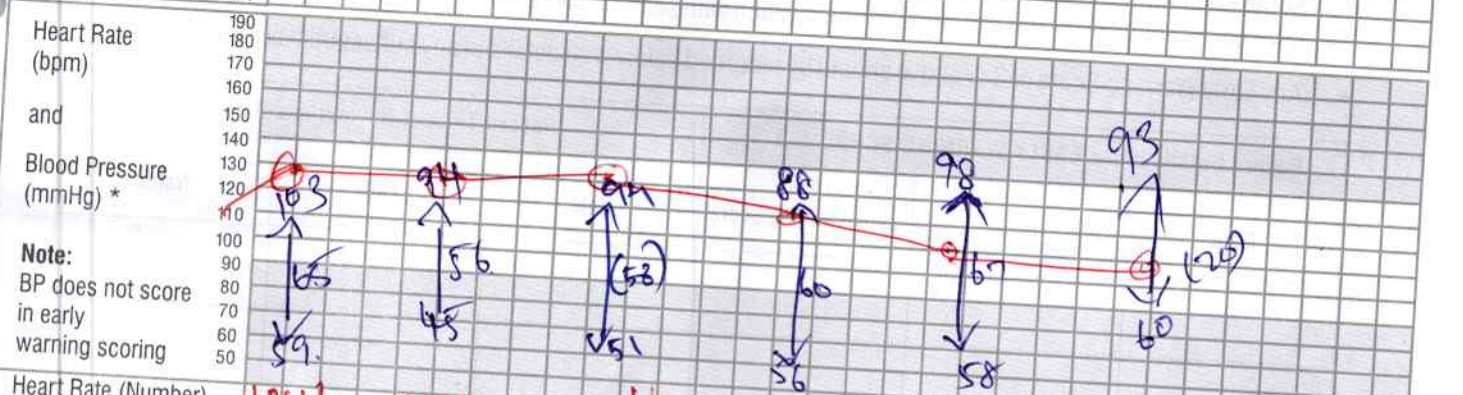
EARLY WARNING SCORE: CHILDREN'S UNIT

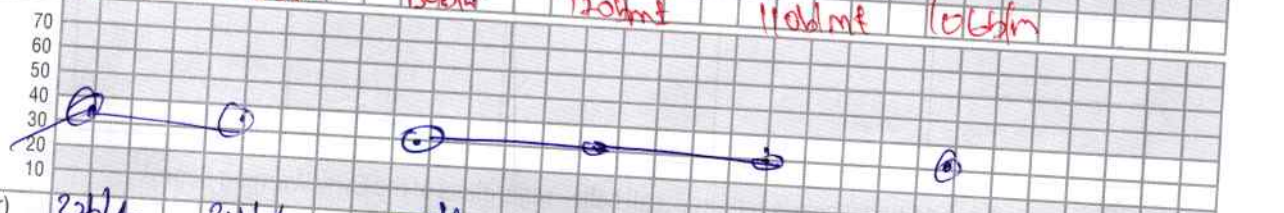
Date : 8/7/26 Time: 8am 12pm 4pm 8pm 12am 4am

Doctor / Nurse / Family Concern?





Heart Rate (Number) 126bpm 122bpm 130bpm 120bpm 110bpm 120bpm



Resp Rate (Number)		32b/m	34bpm	32b/m	30b	30bpm	28b/m
Resp Distress	Mod/ Severe						
	None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)							
O_2 Saturations (%)		99%	98%	99%	99%	98%	96%
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		pn	pn	[illegible]	[illegible]	[illegible]	pn

ACTIONS
NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 07/08/26

Time:	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.2°F	98°F	97.6°F	98F	97.6F	97.8°F
Blood Pressure (mmHg) * (systolic / mean / diastolic)	130 / 65 / 51	100 / (67) / 59	98 / (68) / 50	120 / 89 / 79	100 / 66 / 50	108 / 68 / 57
Heart Rate (Number)	126b/m	126bpm	114b/m	120b/mt	116b/mt	110b/mt
Resp. Rate (bpm) (Over 1 Minute) *	34	32	32	28	28	30
Resp Rate (Number)	34b/m	32b/m	32b/m	28b/mt	28b/mt	30b/mt
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	98%	98%	99%	99%	98%
Conscious Level: Normal	✓	✓	✓	✓	✓	✓
Conscious Level: 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
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 94–104. Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 50–190. Note: BP does not score in early warning scoring. Resp. Rate scale: 10–70.

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
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FLUID CHART

Sheet No. : 10

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

30/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	→ child Received from OT to 4th floor @3pm								10ml	0	Dr
	03:00 pm	water	10ml							12ml	0	Dr
	04:00 pm	Kanji	60ml			motion passed				15ml	0	Dr
	05:00 pm	T Cwater	15ml			motion passed				15ml	0	Dr
	06:00 pm	water	10ml							18ml	0	Dr
	07:00 pm											
Total Intake :	95ml					Total Output :	70ml					
	08:00 pm									15ml	0	RF
	09:00 pm									15ml	0	RF
	10:00 pm	Meal	120ml			motion passed				15ml	0	RF
	11:00 pm	H2o	20ml							15ml	0	RF
	12:00 am					motion passed				10ml	0	RF
	01:00 am	Soya milk	50ml							10ml	0	RF
Total Intake :	190ml					Total Output :	80ml					
	02:00 am									10ml	0	RF
	03:00 am									10ml	0	RF
	04:00 am					motion passed				10ml	0	RF
	05:00 am									10ml	0	RF
	06:00 am									10ml	0	RF
	07:00 am	Soya milk	100ml			motion passed				10ml	0	RF
Total Intake :	100ml					Total Output :	60ml					

Total 24 hrs. Intake	385ml	Total 24 hrs. Output	230ml

1.36ml/kg/hr

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FLUID CHART

Yesterday wt - 9.9kg
Today wt - 10.1kg
AG -

Sheet No. : (2)

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

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						loose stool			30ml	0	
	09:00 am	Milk	20ml							30ml	0	
	10:00 am	TC Mat	30ml				loose stool			20ml	0	
	11:00 am	Soup	60ml							20ml	0	
	12:00 pm						loose stool			20ml	0	
	01:00 pm									30ml	0	
Total Intake :		90ml.				Total Output :				150ml.		
	02:00 pm									20ml	0	
	03:00 pm	water	20ml				loose stool			22ml	0	
	04:00 pm						loose stool			20ml	0	
	05:00 pm									23ml	0	
	06:00 pm	water	10ml				semi solid			10ml	0	
	07:00 pm	TC water	15ml							15ml	0	
Total Intake :		45ml				Total Output :				110ml		
	08:00 pm	H2O	10ml							25ml	0	
	09:00 pm									25ml	0	
	10:00 pm									25ml	0	
	11:00 pm	Feed	100ml							30ml	0	
	12:00 am									20ml	0	
	01:00 am									30ml	0	
Total Intake :		110ml				Total Output :				165ml		
	02:00 am	H2O	20ml							30ml	0	
	03:00 am									30ml	0	
	04:00 am									30ml	0	
	05:00 am									25ml	0	
	06:00 am	Feed	150ml				Motion passed			25ml	0	
	07:00 am									30ml	0	
Total Intake :		170ml				Total Output :				170ml		

Total 24 hrs. Intake	415ml	Total 24 hrs. Output	595ml

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

2.45ml/kg/hr

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FLUID CHART

T.WT - 10.3kg
AM - 50cm.

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.

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	water	20ml	5ml			Loose motion			25ml	0	
	09:00 am	Ragi	20ml	5ml								
	10:00 am			5ml			Loose motion			20ml	0	
	11:00 am	water	20ml	5ml			Semi motion			30ml	0	
	12:00 pm	water	20ml	5ml						20ml	0	
	01:00 pm			5ml						25ml	0	
Total Intake : 80 ml + 30ml										20ml	0	
										Total Output : 125ml		
	02:00 pm	water	10ml	DC						30ml	0	
	03:00 pm			5ml			Semi motion			25ml	0	
	04:00 pm	water	10ml	5ml			Passed			30ml	0	
	05:00 pm	IC water	30ml	5ml						30ml	0	
	06:00 pm	water	10ml	DC			Semi solid			25ml	0	
	07:00 pm			5ml						35ml	0	
Total Intake : 60ml + 20ml										Total Output : 175ml		
	08:00 pm			5ml						10ml	0	
	09:00 pm	H2O	10ml	5ml						10ml	0	
	10:00 pm	H2O	20ml	5ml						10ml	0	
	11:00 pm	Feed	100ml	DC			Motion passed			10ml	0	
	12:00 am									10ml	0	
	01:00 am									10ml	0	
Total Intake : 130ml/445ml										10ml	0	
										Total Output : 60ml		
	02:00 am									10ml	0	
	03:00 am						Motion passed			10ml	0	
	04:00 am									10ml	0	
	05:00 am									10ml	0	
	06:00 am	Feed	120ml							10ml	0	
	07:00 am						Motion passed			10ml	0	
Total Intake : 120ml										10ml	0	
										Total Output : 60ml		

Total 24 hrs. Intake	455ml

Total 24 hrs. Output	430ml

1.7ml/kg/hr

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ? Congenital nephrotic Syndrome SRNS ? Scrotal cellulitis.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	30/7/26 Evening	30/7 N	31/7 M	31/7 E	31/7 N	1/8/26 M
	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted.	Noted	Noted	Noted
	Diet:	Rice Based diet	Rice Based diet	Rice Based diet	Rice based diet	Rice based diet	Rice Based diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA.	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.4F	98F	98F	98°F	98F	98°F
	Res:	28b/m	30b/m	34b/m	34 b/m	30b/mt	26b/m
	SpO_2:	98%.	99%	98%.	98%.	99%.	98%.
	Pulse:	130b/m	136b/mt	128b/m	128 b/m	120b/mt	120b/m
	BP:	91/52(59)	107/49(5)	94/45	94/45(58)	99/53(58)	100/53(66)
	LOC:	conscious	Concious	conscious	conscious	conscious	conscious.
	Fall Risk Score:	12	12	12	12	12	12
	Pain Score:	0/10.	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	27	27	27	27	27	27
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:	Rice Based diet	Rice Based diet	Rice Based diet	Rice based diet	Rice based diet	Rice based diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	dependent.
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Angel	P.Jeeva	NEHA.	Anitha	Sreeroop	Vani
	Signature / ID :	[illegible] 018950	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	30/7/26.	31/7/26	31/7/26	31/7/26	1/8/26	1/8/26
	Time:	7.30pm	@7.30am	@1.30pm.	@2.30	@7.30am	@1.30pm
	Taken Over By Name :	Anugs S	NEHA	Anitha	Anugs	NEHA	Anugs
	Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible] 9254	[illegible]	[illegible]
	Date:	30/7/26	31/7/26	31/7/26	31/7/26	1/8/26	1/8/26
	Time:	7.30pm	@7am	@1.30	7.30pm	@7am	7.30pm.

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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: 30/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	—	—		—	—	—	
Afternoon	3pm	Prevent infection.	6pm	Assessed child condition => Maintain vital sign's and I/o chart. => Maintain hand hygiene.	improved infection control.	Reassessement was done vital are stable	018950
Night	8pm	=> To Relieve from pain & discomfort	11pm	=> Assessed the pain level => monitored vital sign => maintained I/o chart => Administered Analgesia as per doctor's ordered	Reduced from Pain & discomfort	child was stable Reassessment was done	02949

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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: 31/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	TO prevent infection.	8am	TO observe the general condition. TO monitor vital signs TO maintain hygiene.	Infection will be prevented.	Reassessment was done.	MSN/Obst
Afternoon	2pm	maintain fluid balance	7PM	observe clinical condition & monitor vitals Administer medication as prescribed	Excessive fluid volume reducing	Reassessment done	01/5/26
Night	7PM	-> TO Relieve from pain & discomfort		-> Assessed the pain level of the child -> monitored vital signs -> maintained Bed rest -> Administered Analgesics as prescribed	Reduced from pain & discomfort	-> child was stable Reassessment was done	02/8/26

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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 .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes On:- 30/7/26	
30/7/26			
	3pm	Child Received from ER to 4th floor child come for ? Congenital nephrotic Syndrome SRNS ? Scrotal cellulitis — Child is conscious & oriented — Child IV cannula patten — vital sign's checked and Recorded vital are stable.	018950.
		CP ++ / PP ++ / CRT <3sec —	018950.
		Due to medication was given as per doctor's Order —	
	4.30pm	Child Rice based diet taken —	
	5pm	Dr. Yuvaraj sir seen the child. Sir advise inj. MgSO4 2ml + 18ml NS Over 15 min's ; inj. Vitamin K 5mg, inj. Aspirin 75mg add strictly I/O chart Maintained — Child CBD present —	018950.
	6pm	Due to medication was given as per doctor's Order — Inj. MgSO4 2ml + 18ml NS Over 15min's On flow —	018950.
	7.30pm	The child details handover given to night duty staffs.	

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 .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	7.30pm	Night duty notes of 30/7/26	
		child details taken over from	[signature]
		evening duty staff nurse using	02749
		ISBAR method. On assessment child	
		is conscious, oriented and afebrile	
		CRT - <3 sec, skin assessment done	
		IV line is present and patent, no pain or redness,	
	8pm	vitals checked and recorded	[signature]
		all are hemodynamically stable	02749
		CP ++ / PP ++ / CRT <3sec	
	8PM	Due medication given as per the drug chart	[signature] 02749
	9PM	Dr. Manormani rean came and seen advised to follow as per progress notes	
	9pm	Regarding baby has pus discharge from the catheter site informed to Dr. Prahlad, he advised to apply Neosporin ointment, the order followed	[signature] 02749
	10.30PM	Due medication given as per the drug chart	[signature] 02749
	11PM	Due medication given as per the drug chart.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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 ......not known......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	12AM	← Continue notes →	
		vitals checked and recorded	
		all are hemodynamically stable.	[signature] 02049
		CP / PP / CRT	
		++ / ++ / < 3 sec	
	2AM	child slept well. no specific	[signature]
		complaints	02049
	4am	vitals checked and recorded all	
		are hemodynamically stable	
		CP / PP / CRT	
		++ / ++ / < 3 sec	
	6AM	due medication given as per the	[signature]
		drug chart	02049
	7AM	strict I/O chart maintained	
	7:30am	child details handed over to	[signature]
		morning duty staff nurse using	
		ISBAR method	02049
		← 31/7/2027 ON. Morning Duty →	
31/7.	7.30am	The child details handing over.	
		taken. from night duty to morning	
		Duty. The child is. conscious and	
		active. IV line present. no pain. no	[signature]
		swelling. IV line pattern. child	01159.
		on CRD. urine drained well and	
		adequate.	

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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 .... NO

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue notes	
3/7.	8am	Vital signs are checked and	
		recorded. vital are stable	
		CP / PP / CRT	ms/o[illegible]
		++ / ++ / <3sec	
	11.00am	DR. prahlad. sir. seen by child.	
		he advised to add T. nizonide [illegible]	
		Rifaximin D sach 1/2 add. to sent	ms/o[illegible]
		stool ® / reducing substance.	
	12pm.	vital signs are checked and	
		recorded. vital are stable.	
		CP / PP / CRT	ms/
		++ / ++ / <3sec	[illegible]
	1pm	The child was maintaining. no other	
		complains of pain, vomiting	ms/o[illegible]
	1³⁰pm	The child details handing over	
		given to Evening duty staff.	ms/o[illegible]
		Evening duty Notes on 31/7/26	
	1.30pm	The child details handover taken	
		from the morning duty staffs	
		The child is conscious and active	
	2pm	Administer the medication as per	[illegible]
		doctor's order	[illegible]
		Dr. Malathy opinion done	
		adv! to do s albumin, CRP, Stool OB.	
		and to give ORS & Rice based diet	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 19 D (M)
Dr. PRAHLAD N

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 .... NT

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (31/7/26)	
		Evening duty - 31/7/26	
31/7	2PM	Handover taken from consent Staff along with proper documentation. Child is Conscious and GCS - 15/15 & PV-2+ IV line present and NO Thrombophlebitis noticed. Urine catheter ⊕ and patent. →	Abitha 015280
	3PM	vital Signs Monitored and I/O chart maintained. Comfortable position provided. →	Abitha 015280
	4PM	Medication administered and Sensorium of the baby is good with presence of Spontaneous Cry and activities. →	P. Barkor (18633)
	5.30 pm	Dr Gayathri mam adv / to give IV Ig 10g	
	6 pm	Administer the medication as per doctor's order	
	6.30pm	Pre medication inj. Avil 0.5cc & inj. Hydrocort 15mg & PCM 250-3ml given @ 6.30pm	
	7pm	IV Ig @ 2ml/hr on flow started @ 7pm	
	7.30pm	No any allergic reaction	[signature] 015??
	7.40pm	The child details handover to night duty staffs.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 19 D (M)
Dr. PRAHLAD N

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 .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		← continue notes →	
	7³⁰ PM	Night duty notes on 31/7/26	
		child details taken over from evening duty staff nurse with ISBAR method. On assessment, child is conscious, oriented and afebrile GCS-15/15, skin assessment done. IV line is present and patent. On IVF @ 10 ml/hr on flow	[signature] 020749
	8PM	vitals checked and recorded all are hemodynamically stable	
		CP ++, PP ++, CRT <3 sec	
	8PM	Due medication given as per the drug chart	[signature] 020749
	10PM	Due medication given as per the drug chart	
1/8/26	12AM	vitals checked and recorded all are hemodynamically stable	
		CP ++, PP ++, CRT <3 sec	
	2AM	Baby slept well. No specific complaints	
	4AM	vitals checked and recorded, all are hemodynamically stable	[signature] 020749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 19 D (M)
Dr. PRAHLAD N

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 .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/26		← continue notes →	
	6am	Due medication given as per the drug chart	
	7Am	Morning samples taken – RFT2, CRP Sr. Albumin	020749
	7¹⁵Am	Strict I/O chart maintained	
	7³⁰Am	child details handed over to morning duty staff nurse using ISBAR method	020749
		→ Morning duty ←	
1/8/26	7.30AM	Child taken over from morning duty staff. The child is conscious and oriented. IV line present. no pain, no swelling IV line pattern.	014780
	8 Am	Vital signs are checked and recorded. vital are stable	01921
		CP/H, PP/H, CRT/<3sec	
	10Am	Due medication was given. As per doctors order.	01920
	12PM	DR. Prahlad sir seen by a child he advised tomorrow discharge	
		Vital signs are checked and recorded. vital are stable	
		CP/H, PP/H, CRT/<3sec	

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 .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue notes	
1/8/26	1:30pm	The child details handing over given to Evening duty staff	[illegible]
		Evening duty Notes on 1/8/26	
	1:30pm	The child details handover taken from the morning duty staffs	[illegible]
		The child is conscious and active	
	2pm	Administer the medication as per doctor's order	
		Rl @ 5ml/hr on flow	
	4pm	vitals are checked and recorded temp is normal	
		PP ++ / CP ++ / CRT < 2s	[illegible]
	5pm	I/O chart is maintained	
		No any other complaints	
	6pm	Administer the medication as per doctor's order	
	7.30pm	The child details handover given to night duty staffs.	[illegible]
1/8/26	7³⁰pm	Night Duty notes on 1/8/26	
		child details taken over from evening duty staff nurse using ISBAR method	[illegible] 020749
		on assessment child is conscious	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 30/7	DATE 30/7	DATE 31/7	DATE 31/7	DATE 31/7
			E	N	M	E	N
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

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		—	—	NA	NA	NA
	Other Intervention(s) Specify		—	—	NA	NA	NA
	Nurse's Name:		Angel	Team	NISHA	Ajitha	Team
	Signature:						
	Date:		30/7/25	30/7	31/7	31/7	31/7
	Time:		3pm	8pm	8am	8pm	8pm

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

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN (M)
12-05-2025 1 Y 1 M 18 D
Dr. PRAHLAD N

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

Gender: ☐ M ☐ F IP No.: ....

				Date :	30/7 E	30/7 N	31/7 M	31/7 E
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] 018900	[illegible] 02749	[illegible] 00801	[illegible]

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

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-08-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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

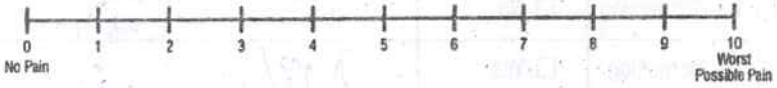
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	01/8900.
30/7	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149
31/7	4AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149
31/7	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil.	NSG/02/149.
31/7/26	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	01/2
31/7/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149
1/8/26	4PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149
1/8/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	01/2
1/8/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149
1/8/26	4AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02/149

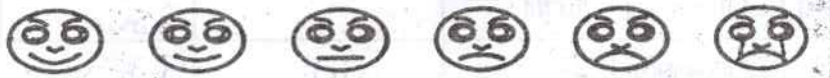
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-08-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

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Part - I.

Patient's / Learner Language: English, Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: Yes ~~No~~ Healthcare Literacy: Yes☐ ~~No~~☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
30/7.	4pm	infection control	Explain about hand hygien. and hand washing tech	mother	No learning Barrier	Oral	None	Verbalizes understanding	good	01890
31/7.	9am.	Treatment & care	Explane about treatment and care.	mother.	no learning Barrier	Oral	none.	verbalizes understand	Good	01890
1/8/26	2pm	Nutrition & Diet	Explain. about Nutrition and Diet.	Mother	No	Oral	none	verbalizes understand	Good	02894

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify ....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify ....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Doc No. : RCH / FRM / CLINICAL / 187

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/7/26 Date of Removal: .....

Parameters / Date / Shift Time	30/7 E	30/7 N	31/7 M	31/7 E	31/7 N	1/8/26 M	2/8/26 M
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☑No
Performance of Perineal Care	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No
Name of the Nurse	Abitha	Anuja	NISHA	BASKAR.P	Jeeva	Jathiga	Jaya
Signature of the Nurse							

Docu. No. : RCH /FRM / CLINICAL / 114

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3.30p.m. Mode of Arrival: Holding Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 9.9 Kg

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

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Congenital NS @5month of age, Renal biopsy MCN. @2weeks done	-	-

Family History: -

.....

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: 9.9kg Length: - Head Circumference (< 2 years): -

Temp.: 97.4f HR: 130bt RR: 28bt BP: 91/52(59)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 12 (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: O/O 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

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With .....

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

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: ..... SN Angel ..... Date: 20/1/26 ..... Time: 4pm ..... Signature

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/7/26 Time of arrival : 1:00pm

Chief Complaints: K/C/O Nephrotic Syndrome edema RBS: –

Height : – Weight : 9.9 kg BMI : – Head Circumference (<2 years) –

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

If yes , identify –

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

–

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 10 mins

(P.T.O.)

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

Time	Nursing Notes
1pm.	patient came to ER for c/o. Nephrotic syndrome After investigation. dr. prahlad advised for admission. Vitals were checked and recorded IV line placement done samples are collected and sended to lab patient shifted to ward.

Samples collected by: I Godwin

Samples sent by :

Time: I 2.30pm

Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 138 BP: 96/52 (68) CFT: <3sec	Shift - out from ER to: 402.
RR: 32 SPO_2 : 100 %	Time of Shift - out: 3.00pm
GCS: 15/15 Temperature : 98.5°F	Handover given to: S/N Agitha. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation done (L) Metacarpal 24 G.

Name of the Nurse : Rishi

Signature of the Nurse : (020330)

Date & Time : 30/7/26 @ 1:20pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prahlad Date : 30/7/26

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

Start Time of Assessment: 1.45 PM Weight: 9.9 kg

Allergic History: .....

Chief Complaints: .....
40 swelling in scrotum

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: 35 SpO_2 on FiO_2 98 %.
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 .....

Circulation

HR: 138

CFT — Central: <3 — Peripheral: <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 96/52 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.: 98.2 °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: 30/7/26 1:45pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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Wt - 9.9 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Mohammed Afnan Age : 1 yr 1 mon Gender: ☑ Male ☐ Female

Date : 30/7/26 Time of Arrival : @ 1:00 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 138 BP: 96/52 (62) RR: 32 SpO_2: 98%

Chief Complaints: c/o k/c/o Nephrotic syndrome. edema x 1 week

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 2 mins

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Rishi

Signature of Triage Nurse : (1220336)

Date & Time : 30/7/26 @ 1:02 pm

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

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PATIENT TRANSFER FORM

GUC-00094488 IP18-00036686
Master M MOHAMMED AFNAAN
12-06-2025 1 Y 1 M 18 D (M)
Dr. PRAHLAD N

Date & Time of Admission	Date & Time of Transfer Order
30/7/26 @ 151pm	30/7/26 @ 3.00pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Prahalad	DR. Keerthana	further Management

From Unit	To Unit	Information to Attendant
ER	402	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	inj Xone	01
2.	Collagent Gel	01
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
? congenital NS / ? SRNS now c scrotal cellulitis

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rishi	

Patient & Clinical Records Received by : 3/N Abitha 015080 30/7/26 @ 3.30pm

Date & Time of Patient Received :

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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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/7/26			-	

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

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