Rainbow Children's Hospital

GUC:-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 14 D (F)
Dr. MEENA SIVASANKARAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		10.00am					
Activity Sheet update by Pharmacy							

(1)

ACTIVITY RECORD FOR BILLING

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: ..... GUC-00083394 Ms RAYAH DON 12-04-2014 12 Y 3 M 11 D (F) Dr. MEENA SIVASANKARAN IP18-00036588

Itant: ..... Dept: .....

Date of Admission: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/7/26	11.55AM	ER	PICU	
24/7/26	4.30 PM	PICU	505	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Meena.	27/7/2026	1732345	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/7/26 @ 6pm	Electrolytes, Magnesium	26023751	Vishnu 02150
24/7/26 @ 6pm	RBS	26023750	Vishnu 02150
24/7/26	Pottassium	26023957	01098

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/7/26	Infusion Pump.	23/7/26 @ 3PM	24/7/26 @ 4PM	1730018	
24/7/26	Infusion pump	24/7/26 4PM	25/6/26 at 4PM	1733185	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	Chemotherapy	(1)	1732227	Sharmila
25/7/26.	chemotherapy	(1)	1733202	Sofiya.
26/7/26	chemotherapy	(1)	1733202.	Sofiya.

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 26/7/26 Time: 10:00am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P. Babka (Office)			

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DISCHARGE TRACKING SHEET

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Ms RAYAH DON
12-04-2014 12 Y 3 M 14 D (F)
Dr. MEENA SIVASANKARAN

UHID- - FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		7.30 AM	Staff Nurse		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036588 **Admit Date** : 23-Jul-2026 **Admit Time** : 09:57 AM **UHID** : GUC-00083394

Patient Details :

Patient Name	: Ms RAYAH DON	**Age**	: 12 Y 3 M 11 D
Guardian	: Mr S.DON SAMSON	**DOB**	: 12-04-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2H, FOUR SQUARE ENCLAVE, MULLAI NAGAR, TNHB COLONY, WEST TAMBARAM Tambaram West Kanchipuram Tamil Nadu INDIA 600045	**Phone No**	: 9884603192/ 9962122172
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr S.DON SAMSON **Relationship** : Father

Contact Address : 2H, FOUR SQUARE ENCLAVE, MULLAI NAGAR, TNHB COLONY, WEST TAMBARAM Tambaram West Kanchipuram Tamil Nadu INDIA 600045 **Phone No** : 9884603192 / 9884603192

Signature

ctor Details :

Doctor Name : Dr. MEENA SIVASANKARAN **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Ms RAYAH DON**	**Age :**	**12 Y 3 M 11 D**
IP No:	**IP18-00036588**	**Sex:**	**Female**
Consultant:	**Dr. MEENA SIVASANKARAN**	**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 [illegible] of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. Don Samson
Relationship: Father
Date: 23/7/26 Time: 9:57 AM
Witness Name: T. VIJAY
Witness Signature:

Patient Address:

2H, FOUR SQUARE ENCLAVE, MULLAI NAGAR, TNHB COLONY, WEST TAMBARAM Tambaram West Kanchipuram Tamil Nadu INDIA 600045

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BILLING POLICY

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

DECLARATION

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

Patient Name : Ms Rayn Done	UHID Number : Gcw:00083394
Self/Attendant Name : 9881 Don Samson	Relation : Father
Self/ Attendant Signature : [signature] Phone Number : 9884603192.	Name & Signature of Financial Counselor For [signature]

Name: Rayah Don	CYCLE : 6	Sex: Female
Age: 11 years	GUC -00083394	**BSA: 1.02m2**
Wt:29Kg	Ht:142cm	

CLASSICAL MEDULLOBLASTOMA- NON WNT NON SHH – STANDARD RISK

REGIMEN III - ISNO GUIDELINES

VINCRISTINE 1.5mg/m2	*Day 1,8 -all 6 cycles*
CISPLATIN 75mg/m2 iv over 6 hrs	*Day 1 of cycles 2,4,6*
CYCLOPHOSPHAMIDE 1g/m2 iv over 1 hr	*Day 1 and 2 in Cycles 1,3,5*
	Day 2 and 3 in cycles 2,4,6

cycle 6

DAY 1

1 **Inj.Vincristine 1.5mg** slow IV bolus followed by 100ml NS fast drip

2 Inj.Fosaprepitant 100mg in 100ml NS IV over 1 hour prior to cisplatin

3 Inj Pan 40mg IV OD

4 IVF 0.9% NS 500 ml +
20 ml of 20% mannitol
@ 125 ml/hour × **2 Hours**

5 4. Inj **CISPLATIN 40mg** +
IV fluids: 0.9% NS 500 ml
8hours)
Inj 20 % Mannitol 20 ml
@ 125 ml/hour X 4 hours **(2 times)**

6 IVF 0.9% GNS 500 ml
Inj 20% Mannitol 20 ml
Inj Magnesium sulphate (50%) 1 ml
@ 125 ml/hour × **8 hours**

7 IVF 0.9% GNS 500 ml
Inj Magnesium sulphate (50%) 1 ml] @ 125 ml/hour × 8 **hours**

8 To monitor Intake and Output If U/O <3ml/kg/hour prior to cisplatin administartion:To give Inj Furosemide 30mg IV

Day 2

9 IV fluids 0.9 DNS at 125 ml/hour
10 Inj.Fosaprepitant 70mg in 100ml NS IV over 1 hour prior to chemotherapy
11 Inj Pan 40 mg IV BD
12 Inj **Mesna** 300**mg** iv slow bolus at 0, 3 and 6 hours of cyclophopshamide
13 inj **Cyclophosphamide 1000 mg** in 100 ml NS over 1 hour infusion
14 Tab Septran 80mg 1-0- 1 Sat/Sun

Day 3 17m

1 IV fluids: 0.9% GNS @ 125 ml /hr
2 Inj.Fosaprepitant 70mg in 100ml NS IV over 1 hour prior to chemotherapy
3 Inj Pan 40 mg IV BD
4 Inj **Mesna 300 mg** iv slow bolus at 0, 3 and 6hours of cyclophosphamide
5 Inj **Cyclophosphamide 1000 mg** in 100 ml NS over 1 hour infusion
6 Tab Septran 80mg 1-0- 1 Sat/Sun

Day 4

1 IV fluids: 0.9% GNS @ 60 ml /hr
3. Inj **Pegylated G-CSF 5** mg SC stat

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CHEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.

While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.
25/7/26	30/ 1pm	Inj. FOSAPREPITANT 70mg in 100mlNS. over 1 hour	I.V			SPP	25/7/26 8.30pm		TP SA
25/7/26	2pm 2.30pm	Inj. MESNA 300mg in 15ml NS over 15mins	IV			TP SA	25/7/26 2.45pm		TP SA
25/7/26	25/7/26 3.00pm	Inj. CYCLOPHOSPHAMIDE 1000mg in 100ml NS. over 1 hour	IV			TP MR	25/7/26 4.00pm		TP SL
25/7/26	7.00 pm	Inj. MESNA 300mg in 15ml NS over 15mins	IV			TP S.L	25/7/26 7.15pm		TP SL
25/7/26	10.pm	Inj. MESNA 300mg IV 15ml NS over 15mins	IV			RST SN	~~25/7/26~~ 10.15 pm		RST SN
25/7/26	10.	0.9% DNS 25ml/hr.	IV						

CIN : U85110 AP1998 PTC029914

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Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.

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CONSENT FOR CHEMOTHERAPY

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

Permission is given to Dr. Meena and such assistants as he / she / may designate to perform Chemotherapy on.

Patient Name : Rayah Don Age : .....

Gender : M ☐ F ☐ - IP No : ..... Department : Onco Date : .....

Type of Chemotherapy : Vcr/ cisplatin / Cyclo

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : Gemma Don

Relationship with Patient: Mother

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Meena 24901

Date & Time : 25/7/24

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CONSENT FOR CHEMOTHERAPY

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

Permission is given to Dr. ...Chandiralege..... and such assistants as he / she / may designate to perform Chemotherapy on.

Patient Name : ....Rayah Don..... Age : ....12 yrs.....

Gender : M ☐ F ☐ - IP No : GUC-00083394.. Department : Ped HO..... Date : 24.7.16.

Type of Chemotherapy : .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....Gemma Don.....

Name : ....Gemma Don.....

Relationship with Patient: ....Mother.....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : ....Dr. Chandiralege.....

Date & Time : ....24.7.16.....

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CONSENT FOR CHEMOTHERAPY

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

Permission is given to Dr. Meena and such assistants as he / she / may designate to perform Chemotherapy on.

Patient Name : RAYAH DON Age : 12 yrs

Gender : M ☐ F ☑ - IP No : GUC-000 83394. Department : Ped. HO Date : 23/7/26

Type of Chemotherapy : .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : GEMMA

Relationship with Patient: Mother

Date & Time : 23/7/26 10.20am

Witness :

Signature : .....

Name : S. Dan Samson

Date & Time : 23/07/26 @11am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Kavitha

Date & Time : 23/7/26 10.20am

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Ms RAYAH DON
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BED SIDE CHECK LIST FOR NURSES

	M	E	N	M	E				
Date:	23/7	23/7	23/7	24/7	24/7	25/7	25/7		
Doctor's Orders	Yes	yes	Yes	Yes	yes	yes	YES		
Carried out or not	Carried	Carried	Carried	Cared	Carried	carried	Carried		
Bed Side									
Structured Handover done	✓	yes	Yes	Yes	yes	yes	YES		
IV Site	✗	NO	NR	NO	NO	NO	NO		
Central Lines PICC	✓	yes	Yes	Yes	yes	yes	YES		
Arterial Lines	✗	NO	NR	NO	NO	NO	NO		
Feeding Catheter	✗	NO	NR	NO	NO	NO	NO		
Urinary Catheter	✗	NO	NR	NO	NO	NO	NO		
Skin Care	✓	yes	Yes	Yes	yes	yes	YES		
Eye Care	✓	yes	Yes	Yes	yes	yes	YES		
Mouth Care	✓	yes	Yes	Yes	yes	yes	YES		
Sterillum Bottle, Stethoscope	✓	yes	Yes	Yes	yes	yes	YES		
Suction Bottle (Should be clean & empty)	✓	yes	Yes	Yes	yes	yes	YES		
Intubation Tray	✗	NO	NR	NO	NO	NO	NO		
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	NO	NR	NO	NO	NO	NO		
Ventilator Tubing,(Any Water, Blood)	✗	NO	NR	NO	NO	NO	NO		
Humidification	✗	NO	NR	NO	NO	NO	NO		
Check all Infusion (Labelling,Correct Preparation)	✓	yes	Yes	Yes	yes	yes	YES		
Chest Physio & Neb	✗	NO	NR	NO	NO	NO	NO		
Handed Over By Name :	Rajesh	[illegible]	Vidhya	Akila	Baskar	[illegible]	[illegible]		
Signature :	[signature] 061204	[signature]	[signature] 2154	[signature]	[signature]	[signature]	[signature]		
Date & Time:	23/7 @ 2pm	23/7 @ 8pm	24/7 @ 8AM	24/7 2pm	24/7 @ 7:30pm	25/7	25/7 1:30PM		
Hand Over Taken By Name :	[illegible]	Vidhya	Akila	Baskar	[illegible]	[illegible]	[illegible]		
Signature :	[signature]	[signature] 2154	[signature]	[signature]	[signature]	[signature]	[signature]		
Date & Time:	23/7 [illegible]	23/7 @ 8pm	24/7 @ 8am	24/7 @ 2pm	24/7 7:30pm	25/7 1:30pm	25/7		

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

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☑ PICC Line ☐ UAC ☐ UVC ☐ Other .... Date of Initial Line Insertion: .... Duration of Central Line: ....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date / Shift Time	23/7/26 12:30-2 pm	23/7/26 2pm-8pm	24/7/26 8pm-8am	24/7/26 8AM-2pm	24/7/26 2pm-4:30pm	24/7/26 8PM-[illegible]	[illegible] 8AM-7PM
Can we remove Central Line today (Discuss in the clinical round)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on						–	–	–
Name of the Nurse		[illegible] Sr	[illegible]	[illegible] Sr	[illegible]	Baskar P	[illegible]	S. [illegible]
Signature of the Nurse		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other ..... Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	23/7/18 N						
Can we remove Central Line today (Discuss in the clinical round)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Blood at insertion site (If yes inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Any peeling of dressing? (If yes inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is dressing clean and dry? (If no inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Any leakage at insertion site? (If yes inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing intact and labelled properly	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Central line changed on	.						
Name of the Nurse	[illegible]						
Signature of the Nurse	[signature]						

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CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I Gemma W/O S/o Mr./ Ms .....
hereby declare that our patient Mr. / Ms Rayah Don who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on 23/7/26 with UHID No. : 83394

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

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

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

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

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

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

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

Patient Attendant :

Signature : .....

Name : Gemma Don

Relationship with Patient: Mother

Date & Time : 23/7/26

Witness :

Signature : .....

Name : S. Don Samuel

Date & Time : 23/07/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Soumya 14605

Date & Time : 23/7/26 12pm

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

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

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

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

"UNSTABLE" PATIENT IS DEFINED AS

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

Respiratory failure or high risk of failure or airway obstruction:

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

Signature of the Doctor: ..... Name of the Doctor: Dr. Suryakala Date & Time: 22/12/16

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DISCHARGE CRITERIA – PICU

Discharge to:

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

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

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

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN
_____

Department: _____ _____

Consultant: _____

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

A case of Classical Medulloblastoma (Grade 4) - non-WNT non-SHH - Standard risk

Post gross total reduction / Ommaya reservoir in-situ

Completed Radiotherapy

↓

Now, admitted for Cycle 6 chemotherapy according to Regimen III - ISNO guidelines.

No h/o fever / cough / cold / vomit / change in behaviour

Appetite - less.

Loss of weight of 1kg in the last 2 weeks

Not passed stools for 2 days.

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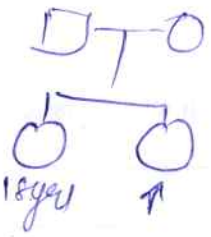
Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term / NVD / Bt wt - 3kgs

CIAB / NICU stay x 3 days for feed establishment

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Dev. (N).

Immunization History :

Vaccinated upto 5yrs - IAP Schedule.

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 142 cm (Centile) 10th - 25th)

Weight (kgs) 28.7 kgs (Centile 3rd - 10th) BSA - 1.09 m^2

BMI - 14.2 kg/m²

On Examination :

Temperature : 97.4°F Pulse Rate : 108/min B.P. 109/68 mm Hg SPO2 98% RA

Resp.rate and type of breathing :

Alert, active

Rash (R) PICC line in-situ

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : WOB (+)

Air entry & breath sounds : B/L NVBS (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft, non-tender

Ausculation :

Spine : (N) External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power >3/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements :

Patient St

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Reflexes :

Superficials:

DTR

Plantars ↓

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Clinical Medulloblastoma (Grade-4)
non-WNT / non-SHH - Standard risk -
Cycle 6 Chemotherapy

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Electrolytes
Magnesium
} - tomorrow

Planned Management

Admit in PICU
Refer to chemo chart

Monitor I & O / vitals
If U.O < 3ml/kg/hr prior to Cisplatin administration - to give Inj. FUROSEMIDE 30mg i.v

Signature of the Doctor: .....

Name of the Doctor: Dr. kavitha

Date & Time: 23/1/26 10.15am

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

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DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In:

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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

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12-04-2014 12 Y 3 M 11 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 12pm	Receiving notes	
	K/C/O classical Medulloblastoma Grade IV non WNT non SHH Standard risk s/p Surgical Excision now for Chemo-cycle 6	
	Child receiving in PICU for initiating chemo	
	Planned to Start Day 1 chemo i Cisplatin today Regimen as per guidelines	
	Child alert, active Taking orally	
	O/E Vitals HR-92 BP-103/80 CRT<3sec RR-15/min RBS-	SpO2 99% on RA, PPWF, Warm peripheries
PICC line in situ	S/E CVS - S1 S2 ⊕. RS - B/L AE⊕ P/A - Soft non tender, BS⊕ CNS: GCS 15/15 Tone (N) Power Bulk decreased 4/5 DTR B 2+ 2+ T 2+ 2+ K 3+ 3+ A 2+ 2+	no added sounds in all 4 limbs mild swaying ⊕ on walking - SCAD is req

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	On Septran prophylaxis	
	Advice	
	- To start IVF @ 125 cc/hr slow pump	
	- Hydration & chemo as per chart.	
	- Monitor I/O	
	- Inform if U.O < 1ml/kg/hr	
	- To repeat Mg, S. electrolytes tomorrow	
	- Neutropenic care	
		Dr. [illegible]
24/7/20	S/B Dr. [illegible]	
	Medulloblastoma - non high non SHH	
	Cycle - 6 Chemo	
	D2.	
	Headache (+)	
	HR - 110/min	
	BP - 100/60	
	Plan: * Optical exam - Dr. Sugeshwari	
	* Chemo as charted	
	- If persistent Headache - to do electrolytes.	
		Dr. [illegible] 90100

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/22 Team	SB Dr. Sruyukta / Dr. Pavan / Dr. Ajay / Dr. Gokul	
	K/c/o classical Medulloblastoma - Grade IV s/p surgical excision c̄ VP shunt / now for chemotherapy cycle 6	
	child started on day 1 chemo yesterday tolerating well	
	F - On IVF DNS + ~~[illegible]~~ + KCl + MgSO4 (1ml) @ 125 ml/hr	
	I 2765 / O 1960 / +805	
	U.O ~ 3.4 ml/kg/hr	
	R - On RA, stable, B/L AE ⊕ RR - 20/min SpO2 - 98%, CRT < 3sec, PP++ warm peripheries	
	I - Afebrile, T - 97.7°F On Septran prophylaxis	
	C - HR - 96/min BP - 96/63 CRT < 3sec, PP++ warm periph	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
AAb-	10.3	
N-	Today Na-137	
	K+ 2.9 ↓	
	Cl - 103	
	Mg 2.3	
Abd	- soft, BS⊕, non tender	
	Passed stools	
N-	alert, active	
	GCS 15/15	
	B/L pupils equal & reacting	
	Tone Ⓝ in all 4 limb	
	On Fenipil	
	Plan	
	- Continue IV Hydration	
	- I/O charting	
	- Neutropenic care	
	- chemo as per chart	
	- To plan ward shift.	
	[signature] 1465/24	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/21 9am	S/B Dr. Gayathri	
	Δ - 1440 classical Medulloblastoma (Grade IV).	
	S/p - surgical excision c VP shunt -	
	Now c chemotherapy cycle 6,	
	Today D3 - chemotherapy,	
	child reviewed on RA.	
	on oral feeds	
	No vomiting / rash / abd pain / fever.	
	I/O 1680/1160 U/O - 2.7 ml/kg/hr.	
	hemodynamically stable	
	O/E: alert & active	
	CVS: S_1S_2 (+) CRT < 2sec	
	BP - 100/66 PPWP (+)	
	RS: chest - clear.	
	Abd: soft, BS (+)	
	GCS: 15/15 on lenipil	
	on septran	
	Plan	
	(1) Cont D3 - chemo drugs as per chart	
	(2) Monitor vitals / Neutropenic care.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26	S/B. Dr. LUCKY VIJNEFI	Dr. meer
3:10PM		
	A: Clclo classical medulloblastoma	
	(Grade IV)	
	S/p surgical excision VPshunt	
	On chemotherapy - (Day 3) cycle + 6	
	child reviewed	
	on Room air	PP well felt
	oral feeds - Taken well	hydration = Adequate
		warm peripheries
	U/O I -	CRT < 3sec
	O - (over 6hrs)	
	from 8AM to 1PM.	
	vitals: stable	
	RS: clear	
	CNS - (N) tone, DTR 2+	
	B/L PERL ⊕	
	B/L plantar flexor	
		Adv
	other systems - (N)	1) continue DS chemotherapy
		as directed
	[signature] 203577	2) monitor vitals /
		neutropenic care
	To add 1 cc KCl/100ml IV	Rpt K+ at 8am
	IVF/inds.	tomorrow

[signature] Dr. meer 90105

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

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12-04-2014 12 Y 3 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1) 'R' on ~~wednesday~~	Thursday c CBC / RFT
	2) continue lcv ...	(Septran / Neurobion.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Ref. No. : F / HW / INVS / INPR / 02

DAILY INVESTIGATION SHEET

Patient Name : .....

Age : ..... Gender ☐ M ☐ F - I.P. No. :.....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature

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RESULT SHEET

Date	21/7/26	29/7/26				
Time		6am				
Hb	10.3					
PCV	31					
RBC	4.06					
WBC	7020					
N/L/M/E	85/5/8/2					
Platelets	2.44					
CRP						
ESR						
PCT						
RBS						
Na		137				
K	3.7	2.9 ↓				
Cl		103				
Ca/Mg		/2.3				
Phosphate						
Urea						
Creatinine	0.5					
ALP						
SGPT	19					
SGOT	20					
T.Bill/Conj	0.3 <0.3					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 23/7/26 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 .....

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

REGULAR PRESCRIPTIONS Weight. 28.7kg Ward. PICU

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date
40mg	iv	q 24h	23/7/26

Name & Signature of the Doctor Starting the Drugs: GAL 17828

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	23/7		24/7		25/7	
	3 PM	KS VB	6 AM	MV JL	RV SN	RST SN

DRUG : Syp. LEVIPIL

Dose	Route	Frequency	Start Date
3.5ml	P/o	q 12h	23/7/26

Name & Signature of the Doctor Starting the Drugs: GAL 17828

Additional Instructions: 100mg/ml

Daily Doctor's Endorsement by a Sign

Date / Time	23/7		24/7		25/7	
	9 AM		TS ND	GA PM	GN VB	
	9 PM	4.U 2.L	RV SN	RST		

DRUG : T. NEUROBION FORTE

Dose	Route	Frequency	Start Date
(1)	P/o	q 24h	23/7/26

Name & Signature of the Doctor Starting the Drugs: GAL 17828

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	23/7		24/7		25/7	
	10 AM		TS ND	GA PM		

DRUG : SYP. CALCIMAX

Dose	Route	Frequency	Start Date
5 ml	P/o	q 12h	23/7/26

Name & Signature of the Doctor Starting the Drugs: GAL 17828

Additional Instructions: 250mg/5ml

Daily Doctor's Endorsement by a Sign

Date / Time	23/7					
	9 AM					
	9 PM	4.U 2.L	Changed			

GUC-00083394
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN
IP18-00036588

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: 1

REGULAR PRESCRIPTIONS

Weight 28.7kg Ward PICU.

DRUG : T-SEPTRAN

Dose	Route	Frequency	Start Dt.
80mg	P/O	q 12h	23/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Sat / Sun
(last given on 19/7/26)

Daily Doctor's Endorsement by a Sign

Date / Time	25/7 8AM	
	10am	8PM
	10pm	PBF

DRUG : CALCIUM GUMMIES

Dose	Route	Frequency	Start Dt.
1	P.O	OD	24/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1 gummy = 250mg Ca

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7 8AM
	11 AM	IS AD
		SR PM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

Rainbow Children's Hospital
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BirthRight
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Sheet No: ....

REGULAR PRESCRIPTIONS

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	

Patient Sticker

Weight. 28.7kg Ward. .....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

I.V. FLUIDS CHART

Weight. 28 Kg Ward. PICU

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/7/18	10:20 pm	5cc KCL in 500ml DNS	IV	100ml/hr		RST SN	26/7/18 at 3:30 pm		RST

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

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HEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
RAYAH DON	GUC-00083394	(1)	PICU	28.7kgs

DATE	TIME	Composition of Chemotherapy (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.
23/7/26	12:30 pm	Inj VINCRISTINE ~~VINCRITINE~~ 1.5mg slow i.v bolus followed by 100ml NS fast drip	i.v				23/7/26 @ 12.30PM		
23/7/26	1PM	IVF 0.9% NS 500ml + 20ml of 20% Mannitol	i.v	125 ml/hr x 2 hours			23/7/26 @ 3PM		
23/7/26	2PM	Inj. FOSAPREPITANT 100mg in 100ml NS i.v over 1hour [prior to CISPLATIN]	i.v	100ml/hr			23/7/26 @ 3PM		
23/7/26	3PM	Inj. CISPLATIN 40mg + IVF 0.9% NS 500ml + Inj. 20% Mannitol 20ml	i.v	125ml/hr x 4hours			23/7/26 @ 7.00PM		
23/7/26	7.00PM	Inj. CISPLATIN 40mg + IVF 0.9% NS 500ml + Inj. 20% Mannitol 20ml	i.v	125ml/hr x 4hours			23/7/26 @ 11:00pm		
23/7/26	11:00pm	IVF 0.9% GNS 500ml + Inj. 20% MANNITOL 20ml + 1ml Inj. MAGNESIUM SULPHATE(50%)	i.v	125ml/hr x 8hours			24/7/26 @ 7:30AM		

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(P.T.O)

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

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CHEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
RAYAH DON	GUC-00083394		PICU	28.7 kgs

DATE	TIME	Composition of Chemotherapy (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.
24/7/26	7:30 AM.	IVF 0.9% NS 500 ml + 1ml Inj. MAGNESIUM SULPHATE (50%)	i.v	125 ml/hr x 8 hours	17328.	2150h	24/7/26 @ 4 Pm		

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CHEMO THERAPY PRESCRIPTION

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name : RAYAH DON	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.
24/7/24 5pm	5.40pm	Inj FOSAPREPITANT 70mg IN 100mL NS OVER 1 HOUR	IV		Dr meena 9010	SA	24/7/24 at 6.40pm	[signature]	SA
24/7/24 6.30	6.40pm	Inj MESNA 300mg IN 15mL NS OVER 15 MINUTES	IV		Dr meena 9010	SA	24/7/24 at 7.10 pm	[signature]	SA
24/7/24 6.45-7.45pm	7.00pm	Inj CYCLOPHOSPHAMIDE 1000mg IN 100mL NS IV OVER 1 HOUR	IV		Dr meena 9010	SA	24/7/24 8.20pm	[signature]	SA
24/7/24 10.45pm	11.20pm	Inj MESNA 300mg IN 15mL NS OVER 15 MINUTES	IV		Dr meena 9010	RV	25/7/24 @ 12.50AM	[signature]	RV
25/7/24 1.45am	3.50 Am.	Inj MESNA 300mg IN 15mL NS OVER 15 MINUTES	IV		Dr meena 9010	RV	25/7/24 @ 4.20AM	[signature]	RV

CIN : U85110 AP1998 PTC029914

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CHEMOTHERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.

While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.
25/7/26	4.20 AM	0.9% DNS at (25ml) hour	IV		[signature] Dr. [illegible]	RV			

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CIN : U85110 AP1998 PTC029914

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CHEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

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While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.

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CHEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.

While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

DATE	TIME	Composition of Chemotherapy (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.

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: PICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. LEVIPIL	100mg/ml	3.5ml	BD	23/7/26 morning	☐C ☐DC
2	T-NEUROBION FORTE		1-0-0		23/7/26 morning	☐C ☐DC
3	SYP. CALCIMAX	250mg/5ml	5ml	BD	23/7/26 morning	☐C ☐DC
4	T. SEPTRAN	80mg	1-0-1 (Sat/Sun)		19/7/26 night	☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Kavitha 17/7/26

Date & Time : 23/7/26 10-20 am

Nurse Name & Signature: [signature] (200419)

Date & Time : 23.7.26 at 10.30am

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... PICU ..... Shifted to: ..... 5th Floor (505) .....

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	Inj PANTOP	40mg	IV	OD		☒C ☐DC
2	Syp LEVIPIL	3.5ml	PO	Q12H		☒C ☐DC
3	T. NEUROBION FORTE	1	PO	OD		☒C ☐DC
4	CALCIUM GUMMY	1	PO	OD		☒C ☐DC
5	T. SEPTRAN	80mg	PO	Q12H		☒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 : Pawan 198607

Date & Time : 24/7/26

Nurse Name & Signature: P. Baskar

Date & Time : 24/7/26

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

(1)

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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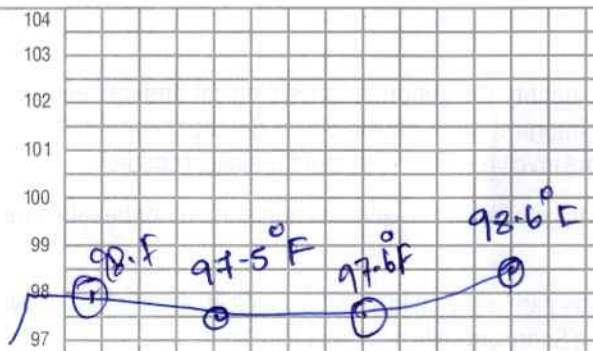
EARLY WARNING SCORE: CHILDREN'S UNIT

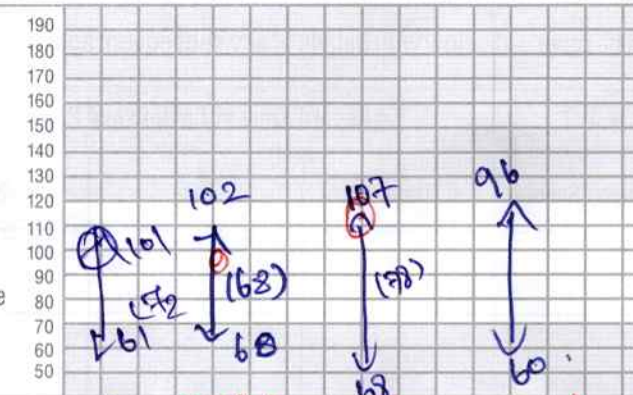
Date 24/7/26 Time:	4pm	8pm	12pm	4AM.
Doctor / Nurse / Family Concern?				

Temperature (°F)



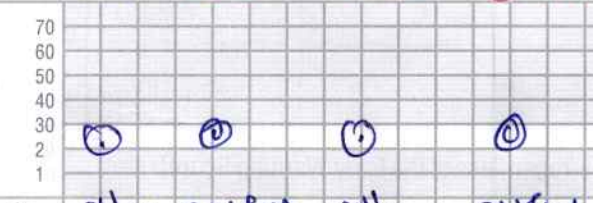
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	161bpm	92bpm	113bpm	85bpm

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



Resp Rate (Number)	26bpm	26bpm	26bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA
O_2 Saturations (%)	98%	96%.	97%.	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	0
Observer's Initials				

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

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

Patient Sticker

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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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Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

(2)

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

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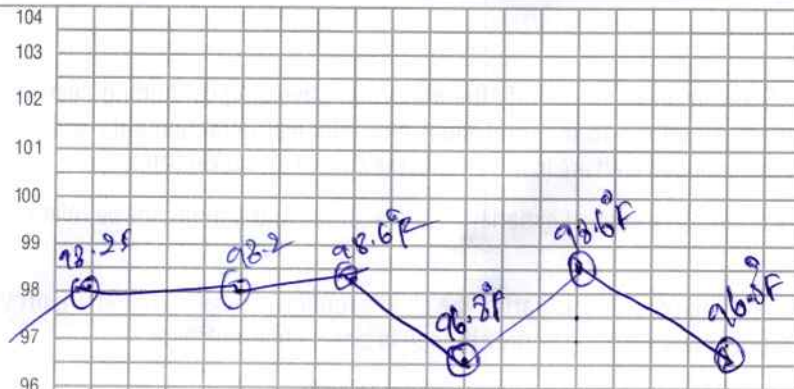
EARLY WARNING SCORE: CHILDREN'S UNIT

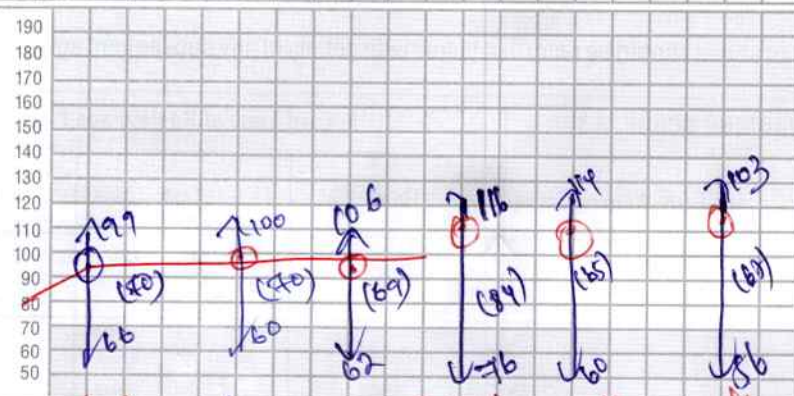
Date : 25/7/26 Time:	8am	12pm	4pm	8pm	12AM	4am
Doctor / Nurse / Family Concern?						

Temperature (°F)



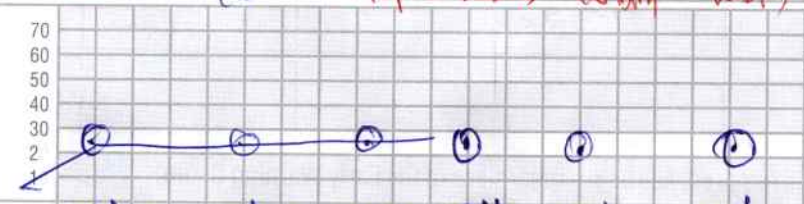
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	98bpm	90bpm	94bpm	116bpm	68bpm	116bpm

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



Resp Rate (Number)	26bpm	26bpm	27bpm	26bpm	24bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	98%	99%	98%	99%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

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FLUID CHART

Sheet No. : 1

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

24/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm			Receiving		Nausea in ward					0	S
	06:00 pm	Soup	60ml								0	S
	07:00 pm	Milk	200ml								0	N
Total Intake :		200ml.				Total Output :				Nil		
	08:00 pm	H2O	20ml	125ml						250ml	0	S
	09:00 pm			125ml							0	S
	10:00 pm	H2O	30ml	125ml						140ml	0	S
	11:00 pm			DC						140ml	0	S
	12:00 am	H2O	50ml	125ml							0	S
	01:00 am			125ml						140ml	0	S
Total Intake :		100 ml + 625.				Total Output :				670ml.		
	02:00 am	H2O	20ml	125ml						90ml.	0	S
	03:00 am			DC							0	S
	04:00 am	H2O	20ml	125ml							0	S
	05:00 am			125ml							0	S
	06:00 am	H2O	30ml	125ml						400ml.	0	S
	07:00 am			125ml							0	S
Total Intake :		130ml + 625 ml.				Total Output :				490 ml		

Total 24 hrs. Intake	1,680

Total 24 hrs. Output	1,160 ml.

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FLUID CHART

Sheet No. : (2)

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

25/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	Milk	200ml	125ml						400ml	0	SA
	09:00 am			125ml							0	SA
	10:00 am	Juice	200ml	125ml						250ml	0	SA
	11:00 am			125ml						250ml	0	SA
	12:00 pm	H2O	100ml	125ml							0	SA
	01:00 pm			DC							0	SA
Total Intake :		500ml + 625ml				Total Output :				910ml		
	02:00 pm	Juice	200ml	DC						340ml	0	SA
	03:00 pm			DC						240ml	0	SA
	04:00 pm			DC						190ml	0	SA
	05:00 pm			125ml							0	SA
	06:00 pm	Milk	200ml	125ml						180ml	0	SA
	07:00 pm			125ml							0	SA
Total Intake :		400ml + 375ml				Total Output :				980ml		
	08:00 pm			DC							0	SA
	09:00 pm	Suji	200ml	DC						150ml	0	SA
	10:00 pm			100ml							0	SA
	11:00 pm			100ml						140ml	0	SA
	12:00 am	H2O	100ml	100ml							0	SA
	01:00 am			100ml						70ml	0	SA
Total Intake :		300ml + 400ml				Total Output :				390ml		
	02:00 am			100ml							0	SA
	03:00 am			100ml							0	SA
	04:00 am			125ml							0	SA
	05:00 am			125ml							0	SA
	06:00 am			125ml							0	SA
	07:00 am	H2O	200ml	125ml						410ml	0	SA
Total Intake :		200ml + 500ml				Total Output :				410ml		

Total 24 hrs. Intake	3,500 ml	Total 24 hrs. Output	2,690 ml

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Classical medullo blastoma Grade-4 Cycle-6 Chemo

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: NIL

Surgery / Procedure: NIL

Post OP Day: NIL

	Date / Shift	23/7 M	23/7 E	23/7 N	24/7 M	24/7 E	24/7 N
BACKGROUND	Medical Condition (Any special condition to be noted):	Noted	Noted.	Noted	Noted	Noted	Noted
	Diet:	Neutropenic	Neutropenic diet	Neutropenic diet	Neutropenic	Neutropenic diet	Neutropenic 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:	98F	98.4F	97.5F	98F	98F	97.5°F
	Res:	19bpm	18b/M	18b/m	18b/m	16b/m	26b/m
	SpO₂:	100%	100%	100%	100%	100%	96%
	Pulse:	90bpm	114b/M	103b/m	96b/m	98b/m	98b/m
	BP:	95/71(80)	104/78(87)	108/66(80)	98/60(74)	99/67(79)	102/60(68)
	LOC:	15/15	15/15	15/15	15/15	15/15	15/15
	Fall Risk Score:	9	9	9	9	9	9
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	NA.	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Neutropenic	Neutropenic diet	Neutropenic diet.	Neutropenic	Neutropenic	Neutropenic diet
	Critical Lab Test / Values:	NIL	Nil	Nil	Nil	Nil	Nil
	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:	NIL	nil	Nil	NIL	nil	nil
	Handed Over By Name :	Rajesh	[illegible]	Vidhya	Sharmila	Baskar. P	[illegible]
	Signature / ID :	[illegible] 018304	[illegible]	[illegible] 215	[illegible] 00285	[illegible]	[illegible]
	Date:	23/7/26	23/7/26	24/7/26	24/7/26	24/7/26	25/7/26
	Time:	@2pm	8pm.	@8am	@2pm	@4.30pm	@7:30AM
	Taken Over By Name :	Shalini	Vidhya	Ankita	Baskar. P	[illegible]	[illegible]
	Signature / ID :	[illegible] 130	[illegible] 215	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	23/7/26	23/7/26	24/7/26	24/7/26	24/7/26	[illegible]
	Time:	2pm.	@8pm	@8am	@2PM	@8PM	8pm

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NURSING CARE RECORD

Date: 23/7/26.

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	12pm	=> Assess general condition => monitor vitals => Follow Isolation	9pm	Assessment done. vitals recorded. Isolation done	Child is stable.	Reassessment done.	[signature] 013304.
Afternoon	9pm.	=> Assess the child condition. => monitor vitals => maintain I/O chart => Administer medication As per order	8pm.	Assessed child condition monitored vitals maintained I/O chart Administered medication As per order.	Child is stable.	Reassessment done.	[signature] 02106.
Night	8pm	→ Assess the child condition. → Monitor vitals. → Maintain I/O chart → Administer Medication as per drug chart	8pm	→ Assessed child condition. → Monitored vitals. → Maintained I/O chart. → Administered medication as per drug chart	child is vitals stable	Re-assessment done	[signature] 521586

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NURSING CARE RECORD

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Date: 24/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Assess the child condition Monitor vital sign Maintain I/o chart Administer Medication		Assessed the child condition Monitor vital signs Maintain I/o chart Administered Medication	Child is stable	Reassessment done.	
Afternoon	2PM	⊙Assess the child condition ⊙Monitor vital signs ⊙Maintain I/o chart ⊙Administer Medication		⊙Assessed the child condition ⊙Monitored vital signs ⊙Maintained I/o chart ⊙Administered Medication	Child is stable	Re-assessment done	
Night	8PM	To maintained Personal hygiene	9PM	Assessed the child condition monitored vital signs Maintained I/o chart	The child was stable	Reassessment done	

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11:45 am	23/7/26	Receiving notes. (23/7/26)	
		Child received from ER to PICU	
		Handover taken from	
		s/N Serjin, DSBAR followed.	
		while receiving the child	
		is on RA, Neutropenic diet.	
		(R) brachial PICC Line present.	
		vitals stable, Pv. 2+, CRTL 3sec	
		GCS-15/15, Pupils BERL. →	Raj 01/30h
23/7/26	12:30 pm	PICC line backflow present.	
		Inj. vincristin 1.5mg in 10ml NS	
		slowpush given. →	Raj 01/30h
		F/B, 100ml NS fast slow push	
		freeflow given. →	Raj 01/30h
	1pm ⇒	IVF 0.9% NS 500ml + 20% 20ml	
		mannitol – 12.5ml/hr x 2 hrs started	Raj 01/30h.
	2pm ⇒	Inj. Fosaprepitant 100mg in 100ml	
		NS over 1 hour. given. →	Raj 02/30h
	⇒	child handover given to	
		next duty staff. DSBAR followed.	Raj/01/30h.
		Evening duty on 23/7/26	
	2PM.	child Hand over from morning	
		duty staff nurse. Child is on	
		RA, GCS 15/15, Pv-2+, Pupil B/L	
		equall reacting 3mm. Vitals are	
		stable. IV-picc line present	
		patient chemotherapy protocal	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ ~~No Known Drug Allergies~~

☐ Drug Allergies ......nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/1/26	—	Prescibed medications checked against the medical order, child Identification, drugs name, dose, route, dilution, expiry date and infusion rate verified. as per policy. chemotherapy administered. person ware PPE.	
		6 STEAM Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 Type ISO 11140 Green = Sterilized SV: 121°C - 15 min. 134°C - 3,5 min. Sterimtech	
		IV Assessed and patent, without redness, swelling, pain →	K... 23/1/26
	3PM.	child passed urine I/O chart monitored. →	K... 23/1/26
	4PM.	chemotherapy ongoing. vitals are stable, I/O chart monitored. due medication given. As per order. →	K... 23/1/26
	6PM.	child monitored continuously. no rash, respiratory distress, vomiting noted. →	K... 23/1/26
	8PM.	child hand over given to next duty staff →	K... 23/1/26

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty 23/7/26.	
23/7/26	8/pm	child details hand over taken from evening duty S/N Shanthini. ISBAR method of handover followed child is on RA. Neutropenic diet (R) Brachial picc line present (+), PV=(21), GCS-15/15, CRT <3 secs, pupils equally reacting to light. Vitals monitored and recorded IVF Inj. CISPLASTIN 40mg + IVF 0.9% NS 500ml + Inj. 20% Mannitol 20ml is 125ml/hr is on flow	M. Vishnu 011584.
	9pm	Due Medication given as per drug chart. Vitals monitored and recorded	M. Vishnu 011584.
	11pm	Vitals monitored and recorded, child is conscious and oriented. IVF DNS 0.9% 500ml + Inj 20% Mannitol 20ml + Inj Inj Magnesium Sulphate 50% started @ 125ml/hr over 8hours	M. Vishnu 011584
24/7/26	1AM	Vitals monitored and recorded child is on sleep	M. Vishnu 011584.

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil .

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	3AM	Vital monitored and recorded. IVF continuing as per ordered →	M. Vishnu 021150
	6AM	Morning care given, Samples Electrolytes and Magnesium sent to lab. Due Medication given as per drug chart. Vital monitored and recorded	M. Vishnu 021150
	7AM	Vitals checked and recorded	
	7.30AM	Child details handover given to morning duty Staff Nurse →	M. Vishnu 021150
		Morning Duty 24/07/2026	
	8AM	Child condition taken over By morning Duty Staff Nurse. Child is room air SpO2 99%. Child condition Handed over Followed By ISBAR method. Child conscious oriented	Sharmila 010385
		pulse volume ++ GCS 15/15 pupil 2mm equally reactive, PICC line present IVF DNS 0.9% + MgSO4 - 1ML 125ML 1HR ON Flow, RBS OD, Nephropenic diet vitals stable. Due medication Given as per drug chart order.	Sharmila 010385
	8.30pm	Child seen By Dr. Surya kal Advice Fluids Free kcc Add. →	Sharmila 010385

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☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9 Am	Child seen By DR. meena. Advice FOR eye op. and Continue same medication child shifted ward plan. Syp. Levipil given as per drug chart order.	Sharmila 010285.
	10.30 AM	Child seen By DR. Nataraj Advice FOR continue same. and spice lens screening.	Sharmila 0102
		Child vitals stable. medication given as per drug chart order.	Sha/010285
	12.30 pm	Child vitals plan For ward shift Billing Clear Billing staff. Santhanam. →	Sharmila 010285.
	1 pm	Child Juice given No complaints of vomiting. Child vitals Stable Due medication given as per drug chart order	Sharmila 010285.
	1.30 PM	Child condition Handed over to EVENING Duty Staff Nurse.	Sharmila 010285
		Evening duty – 24/7/16	
	2 PM	Handover taken from concerned Staff. Child is on Roomair. child is Conscious and GCS – 15/15 oriented to place, time & person. PV – 2+ & pupil reacting equally in both eyes	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		PICU Line (+) IVF ⇒ 0.9×DNS + MgSO4 (50%) @ 12ml/hr going on. Neutropenic diet and care to be continued. Plan to shift child by 4-5PM after IVF completed. RBS - OD →	P.Baskar (01683)
	4PM	Vital signs continuously monitored and child ate white boiled rice along with ghee and salt. (Small quantity) Comfortable position provided →	P.Baskar (01683)
	4.30PM	Child shifted to 5th floor SOS as per doctor's order. →	P.Baskar (01683)
24/7	5.00pm.	Receiving Notes.	
		→ The child is receiving from picu. child is conscious oriented. Picu line is present.	S.Asif 01988
		→ The child is Neutropenic diet	
		→ The child vital signs are recorded.	
	5.30pm	→ The child seen Dr. Meena advice on chemocycle start	01988.

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NURSES NOTES

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7	5.40pm	Inj: Fosaprepitant 70mg in 100ml NS over 1hour is given as per drug chart maintain & document	
	6.40pm	⇒ Inj: mesna 200mg in 10ml NS over 10 minutes is given as per drug chart maintain & document.	[signature] 0/2051
	7.10pm	⇒ The child inj: cyclophosphamide 1000mg in 100ml NS in over 1hour is given as per drug chart maintain & document	[signature] 0/2050
	7PM	⇒ The child I/O chart maintain & document.	
	7.30pm	⇒ The child hand over to night duty staff	[signature]
25/7/26		The Night duty staff (25/7/26)	
	7.30pm	The child Handing over taken from evening duty staff the child was concious & oriented IV line present & pattern	[signature] 02113
	8pm	Vital signs are checked & recorded vital signs are stable [8pm | CP ++ | PP ++ | CRT <3sec]	[signature] 02113
	9PM	Due medication was given	

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue	
		as per drug chart order.	
	11.20pm	inj mesna was given as	
		per drug chart orders	
25/7/24	12AM	vital signs are checked &	
		Recorded vital signs are	
		stable [12AM / CP ++ / PP ++ / CRT <3sec]	02113
	2AM	The child was sleeping	
		no any fresh complaints	
	3.50AM	inj. mesna was given as	
		per drug chart order	02113
	4.00AM	Vital signs are checked &	
		Recorded vital signs are	
		Stable [4AM / CP ++ / PP ++ / CRT <3sec]	02113
	4-20AM	IV Fluid DNS 0.9% 125 ml/hr	
		on flow	02113
	6AM	Due medication was given	
		as per drug chart order.	
		Centre line care was	
		given	
	7AM	Maintained I/O chart &	
		Recorded	02113
	7:30AM	The child Handing over	
		given to morning duty staff	02113

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12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

(8)

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
2/5/17	7.30am	Morning duty	
		→ The child hand over	
		from night duty staff.	
		child is conscious oriented.	
		IV line is patent.	
	8.00am	→ The child vital / PP / CP / CRT	[signature]
		sign closely recorded / ++ / ++ / 3s	2/5/17
	9.00am	→ Due medication is given	
		per drug chart maintained &	
		document	
		→ The patient IV fluids also	[signature]
		for one hour maintained &	2/5/17
		document.	
	10.00am	→ Due medication is given as	
		per drug chart maintained &	
		document.	
	12.00pm	→ The child vital / PP / CP / CRT	
		sign closely record / ++ / ++ / 3s	[signature]
		→ The child I/O chart	2/5/17
		maintained & document	
	1pm	Inj. [illegible] 70mg in 100ml	
		NS over 1 hour [illegible]	
		document	[signature]
	1.30pm	→ The child hand over from	2/5/17
		evening duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/26		Evening duty (25/7/26)	
	1.30 pm	child Handover taken from morning duty staff Nurse and child was concious & oriented and child under room air and IV line present	Pduty on duty
	2.30 pm	Due medication inj. mesna and no other complaints	Pduty on duty
	3.00pm	Inj. cyclophosphamide was loaded and under clinical pharmacist and Administered and documented	
	4pm	Inj. cyclophosphamide completed and IV fluid connected & no other complaints	
	4.1pm	Vitals are monitored & recorded and Vitals are stable	Pduty on duty

APM	CP	PP	CRT
	++	++	<3sec

	5pm	Dr. Meena mam seen the child and advice to add inj. KCl and to do k+ tommorow morning.	Pduty on duty
	4pm	Inj. Mesna given as per the	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 13 D (F)
Dr. MEENA SIVASANKARAN

Rainbow Children's Hospital — It takes a lot to treat the little.
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NURSES NOTES (6)

☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/26		Order and documented	[illegible] 07870
	7pm	Monitored Input 4 output	
		Chart 9 documented	
	7:30pm	child Handed over to	[illegible] 07804
		night duty staff Nurse	
		Night duty 25/7/26	
	7.30pm	child Handover taken	
		from evening duty staff	
		nurse and child was	
		conscious & oriented & child	
		under room air - 4 IV line	
		present	→ [illegible]
	8.00pm	Vitals signs are checked	
		and recorded. Vitals signs	
		are stable	
		8pm [CP ff | 4 ff | Lot coe]	→ [illegible]
	10pm	Administer Inj. meshna 300mg	
		+ 15ml NS Infuse 15min as	[illegible]
		per the drug chart.	
		monitor vitals	
	10.15pm	start 5cc KCL + 500ml NS	
		100 ml /hr.	
		Due medication as given	[illegible]
		for the drug chart and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

☑ No Known Drug Allergies
☐ Drug Allergies .... nil

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	12.00Am	Check The vital sign	
		vitals are the stable	
26/7th		Picc line	
		patten CP ++ / PP ++ / CRT <3s	[signature]
	2.00Am	continue the kelt sce +	
		500ml NS continue the feeding	
		as per the order. child was	
		stable no other complaints	
		PICK central line pattern	
	4.00am	vital signs are checked	[signature]
		and Recorded. vital signs	
		are stable.	
		4am CP ++ / PP ++ / CRT <3s	
	6.00am	Due to medication as per	[signature]
		drug chart order. given &	
		documented	
		monitor Plo chart	[signature]
	7Am	No other complaint	
		child was stable	
		picc line care was done	[signature]
	7.30Am	child details hand over	
		given to the morning	
		duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient's Name: ....
MRD NO: ......
GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN
Age : ....
☐ M ☐ F
Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 23/7/26 Time: 10.30AM
Location : (R) brachial
Size : Pick line
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
23/7/26	10.30am	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	pattent	[illegible]
	6PM	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
24/7	12AM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	Patten	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	Pattent	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	Pattent	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8 PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10 PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
25/7/26	12 AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]

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

CANNULA 2

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
25/7	6pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
26/7	2Am	☐Yes ☑No	☐Yes ☑No	Obsev	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 23/7 M	DATE 23/7 E	DATE 23/7 N	DATE 24/7 M	DATE 24/7 E
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	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		9	9	9	9	9

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✗	✗	✗	✗	✗
Wheels Locked		✗	✗	✗	✗	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✗	✗	✗	✗	✗
Nurse's Name:		Rajith	Stalli	Vijay	[illegible]	[illegible]
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		23/7	23/7	23/7	24/7	24/7
Time:		12pm	9pm	8pm	8am	2pm

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

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 12 D (F)
Dr. MEENA SIVASANKARAN

(2)

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

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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/7 N	DATE 25/7 M	DATE 26/7 E	DATE 27/7 N	DATE
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	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	
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	
	Total		9	9	9	9	

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		X	X	X	X
Other Intervention(s) Specify					
Nurse's Name:					
Signature:					
Date:		24/7	25/7	26/7	27/7
Time:		8pm	8am	8pm	8pm

GUC-00083394 IP18-00036588
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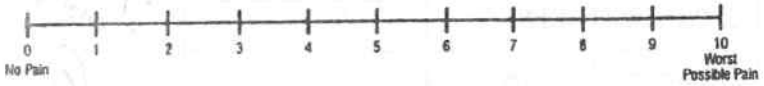
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Ray 04304
23/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Vidhya 21584
24/7/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	04/32
24/7/26	12PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	19D6
24/7/26	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	
24/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	02113
25/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	02113
25/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	0826
26/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	
26/7	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	WJ	

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

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

Patient Name : .....

Age.....

Date :					M 23/7	E 23/7	N 23/7	M 24/7
Mobility	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though 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 lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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					28	28	28	28
Evaluator's Name					Rais		Vidu	

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

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12-04-2014 12 Y 3 M 11 D (F)
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EMERGENCY ROOM TRIAGE FORM

Wt 28.7kg

Patient's Name : Rayah Don Age : 12yrs3m Gender: ☐ Male ☐ Female

Date : 23/7/26 Time of Arrival : 10am

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

Source of Information : ☐ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

PBS : 120 mg/kg

Initial Vital Signs: Temp: 97.2°F PR: 108 BP: 109/68(75) RR: 22 SpO2: 98%

Chief Complaints: Came For Chemotherapy

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:45am

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 : Sirjeet

Signature of Triage Nurse : Sirjeet

Date & Time : 23/7/26 at 10:02am

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

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

PATIENT TRANSFER FORM

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GUC-00083394 IP18-00036588
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN

	Date & Time of Admission: 23/7/26 @9.57am	Date & Time of Transfer Order: 23/7/26 11.59am
Treating Consultant Name: Dr. Meena	Transfer Ordered by: Dr. Kavitha	Reason for Transfer: Further management
From Unit: ER	To Unit: PICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (13)	Number of Imaging Films: Nil	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Clinical Medulloblastoma - Cycle 6 Chemo

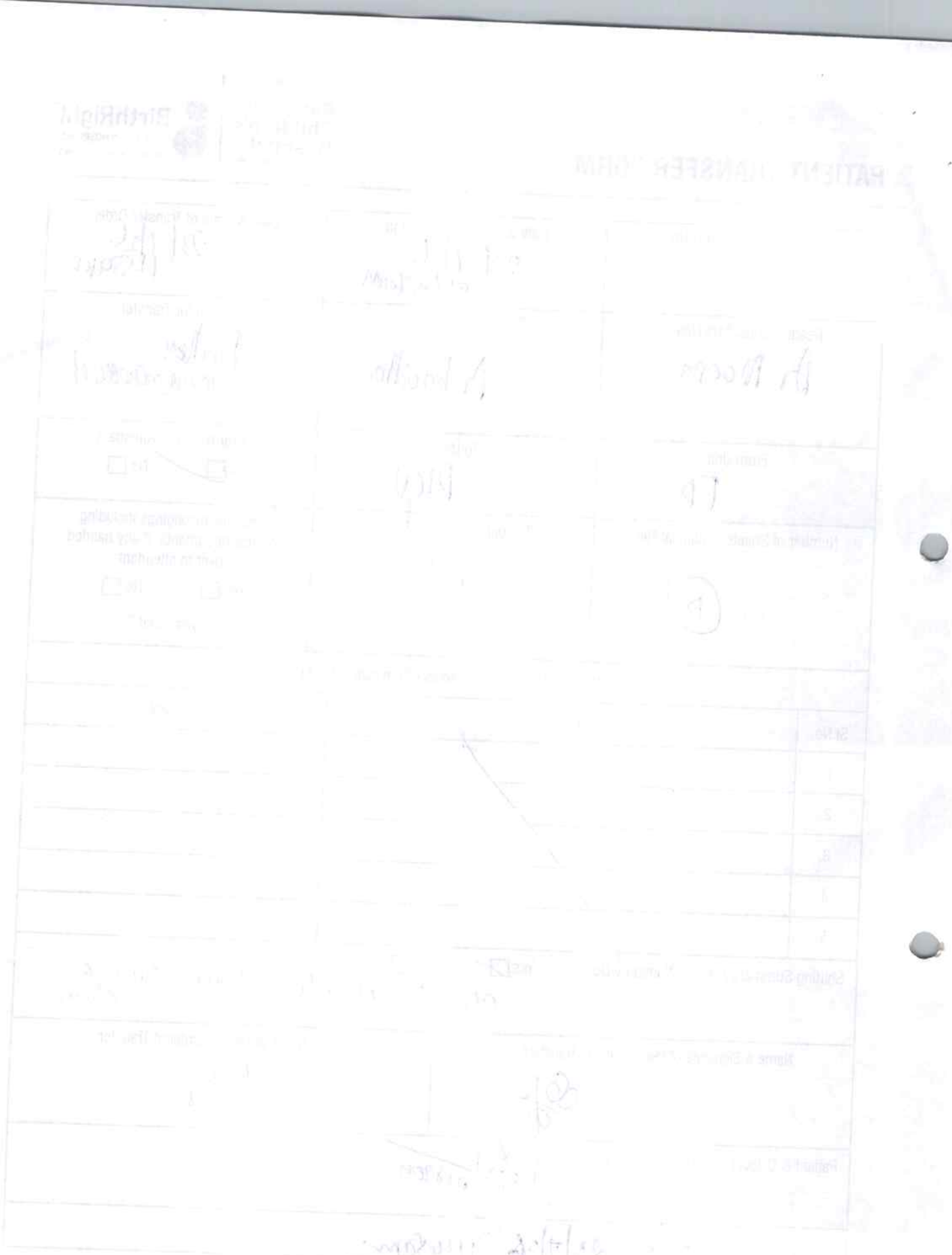
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical Records Received by : 01:30pm

Date & Time of Patient Received : 23/7/26 @ 11:45am.

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

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



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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Meena Date : 23/7/26

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

Start Time of Assessment: 10 am Weight: 28.7 kg

Allergic History: .....

Chief Complaints: Clavical Medulloblastoma for Cycle 6 chemo

Pediatric Assessment Triangle

A Appearance - TICLS Alert

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 20/min SpO2 on FiO2 RA 99%
Rhythm: reg/reg

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: 102/min

CFT — Central: ..... / Peripheral: <3 sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 109/65 mmHg

Pulse Volume: Central ..... / Peripheral: good

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: Alert

Pupils: Responsive ☐ Non-Responsive ☐

Size — Right: 3mm / Left: .....

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 97.4°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: .....

.....

.....

Mentioned in chart

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

.....

.....

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

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

Assessment done by

Name of the Doctor: Dr. kavitha

Signature: .....

Date & Time: 23/7/26 10:05am

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00083394
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12-04-2014 IP18-00036588
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/7/26 Time of arrival : 10am

Chief Complaints: Came For Mucormycosis RBS: —

Height : — Weight : 28.7kg BMI : — Head Circumference (<2 years) —

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

If yes , identify Nil

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: 23/7/26 (Date/Time): 10am

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 10.10 am

Time	Nursing Notes
10am.	ER come to the patient
	come for chemotherapy. Doctor mam
	advised admitted to the patient vitals
	sign checked and recorded. (R) picked line
	placement. Blood samples sp bacts
	done. ER shifted to the picu

Samples collected by: Nil Time: Nil

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105 BP: 109/56/70 CFT: 2 Sec	Shift - out from ER to: Picu
RR: 22 SPO_2 : 98%	Time of Shift - out: 11.55am
GCS: 15/15 Temperature : 97.2°F	Handover given to: (Nurse's Name) Sis Rajeel A
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): pick line (R) brachial line

Name of the Nurse : Sarjad

Signature of the Nurse : Sarjad [signature]

Date & Time : 23/7/26 at 10am

PATIENT TRANSFER FORM

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GUC-00083394
Ms RAYAH DON
12-04-2014 12 Y 3 M 11 D (F)
Dr. MEENA SIVASANKARAN
IP18-00036588

Date & Time of Admission	Date & Time of Transfer Order
23/7/26	24/7/26 @4.30Pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Meena.	Dr. Meena Sivashankaran	monitoring
From Unit	**To Unit**	**Information to Attendant**
PICU	505 5th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
–	–	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Cyclophosphamide 500mg	2
2.	Inj. Mesna 200mg	3
3.	Inj. Pan 40mg	1
4.	Inj. Fosaprepitant 150mg	1
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
P. Baskar (Staff)	Dr. Pavan

Patient & Clinical Records Received by : S. Anusha Staff Nurse.

Date & Time of Patient Received : 24/7/26 at 5.00pm.

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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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 23/7/26

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

Reason for Admission: chemo therapy

Admission Diagnosis: Classical medulloblastoma Grade-(4)

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

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

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify NIL

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

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	H/o classical medulla blastoma found @ 2025.	Craniotomy + omaya reservoir done.	for chemo cycle RCH @ (25/6/2026

Family History: NIL

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

If yes please list,

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

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

CURRENT MEDICATIONS

Taking Medications? ☑ Yes ☐ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☑ Yes ☐ No

Observations: Weight: 28.7 Kg Length: – Head Circumference (< 2 years): –

Temp.: 98 F HR: 92 bpm RR: 13 bpm BP: 103/76 (83) mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 90 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28.) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

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

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

Orientation not given Reason: .....

Nurse Name: ..... Rajesh.M ..... Nurse Signature : ..... Raj 018304. .....

Date & Time: ..... 23/7/26 @ 12:15pm .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

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

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: ..... Nurse Signature : .....

Date & Time: .....