GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 8 D (F)
Dr. PRAHLAD N

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BirthRight
BY RAINBOW HOSPITALS
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DISCHARGE TRACKING SHEET

DATE : 24/7/26

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	24/7/26		[signature]	
2	Arrangement of File by Nurses	9 AM		50292354	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036560 **Admit Date** : 21-Jul-2026 **Admit Time** : 12:49 PM **UHID** : GUC-00079459

Patient Details :

Patient Name	: Baby AFSHEEN SHAZANA	**Age**	: 3 Y 6 M 5 D
Guardian	: Mr B. AZARUDEEN	**DOB**	: 16-01-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/101, KAMALIYA STREET , CHAKARAPALLI POST , THANJAVOUR (DIST) Chakrapalli Thanjavur Tamil Nadu INDIA 614211	**Phone No**	: 9944865250
		E-mail	: no@gmail.com

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: ER 102	**Ward Name**	: 0F-EMERGENCY
Room No	: ER 102	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr B. AZARUDEEN	**Relationship**	: Father
Contact Address	: 5/101, KAMALIYA STREET , CHAKARAPALLI POST , THANJAVOUR (DIST) Chakrapalli Thanjavur Tamil Nadu INDIA 614211	**Phone No**	: / 9944865250

Signature

or Details :

or Name	: Dr. PRAHLAD N	**Specialisation**	: PEDIATRIC NEPHROLOGY
Referral Doctor	: SELF	**Phone No**	
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

PATIENT TRANSFER FORM

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GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 7 D (F)
Dr. PRAHLAD N

	Date & Time of Admission 21/7/2026 @ 12.49pm	Date & Time of Transfer Order 23/7/2026 @ 5.30 pm
Treating Consultant Name DR. PRAHLAD. N	Transfer Ordered by DR. SURIYAKALA	Reason for Transfer FOTE procedure.
From Unit PICU	To Unit 4th Floor (402)	Information to Attendant 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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Amit Sharma 23/7/2026	

Patient & Clinical Records Received by : MS/Consol 23/7/26 @ 5.30 pm

Date & Time of Patient Received :

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

Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

GUC-00079459 IP#18+00086660
Baby AFSHEEN SHAZANA
16-01-2023 33Y6MW2D (RF)
Dr. PRAHLAD N

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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: ..... 402 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ AMPICLOX	500mg	IV	Q6H	23/7 2pm	☐C ☐DC
2	T. JUNIOR LANZOL	15mg	PO	Q12H	23/7 7am	☐C ☐DC
3	T. ENVAS	1tab-½ 2.5mg	PO	Q12H	23/7 8am	☐C ☐DC
4	SYP. SHELCAL	5ml	PO	Q12H	23/7 8am	☐C ☐DC
5	T. STORVAS	5mg	PO	HS	22/7 10pm	☐C ☐DC
6	CANDID MOUTH PAINT	1	L/A	Q12H	23/7 8am	☐C ☐DC
7	T. FORCAN	50mg ½-0-1	PO	Q12H	23/7 8am	☐C ☐DC
8	SYP. OMNACORTIL FORTE	10ml	PO	Q24H	23/7 9am	☐C ☐DC
9	T. ALDACTONE	25mg	PO	Q24H	23/7 9am	☐C ☐DC
10	T. ZYTAMEX	2.5 ½ tab	PO	Q24H	23/7 9am	☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. AJAY .....

Date & Time : ..... 23/7/2023 @ 5pm .....

Nurse Name & Signature: .....

Date & Time : .....

Ref. No. : F / HW / PHA / X'D / 02

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PRESCRIPTION FORM FOR SCHEDULE X DRUGS

Date : 1 | 7 | 1..

Patient Name : Baby of Afreen Age : ym / m Gender : M ☐ F ☐

UHID / IP No : ... Ward : ...

Treating Doctor's Name : Dr. Prahlad Reg. No.: ...

Sl. No.	Drug Name	Qty.
1	Inj - Ketamine 2 ml	1

Others if any : ...

...

Prescribing Doctor:

Signature : ...

Name : Dr. Sayalla

Date & Time : 23/7/21

Issued by (Pharmacist):

Signature : ...

Name : ...

Date & Time : 23/7/26 @ 12:05 PM

Note :Please fill all the fields. All fields are mandatory. Incomplete forms can be rejected.

CONSENT FOR SPECIAL PROCEDURES

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GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 6 D (F)
Dr. PRAHLAD N

Patient Name : ..... Gender: ☐ Male ☐ Female

UHID No : ..... Department : Pediatrics Date : 23/7/26

I Mrs Shajila Naikii (Mother) S/D/W/O .....

Here by give consent for procedure of : Renal Biopsy

For my patient, Named : Baby. Af-sheen Shazana

The doctors have clearly explained to me that the procedure has following possible complications:

1. Blood in urine
2. peripheric hematoma.
3. pain

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: Mother

Date & Time : 23/7/26 @ 11am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Gayathri

Date & Time : 23/7/26

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CONSENT FOR SPECIAL SEDATION

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 7 D (F)
Dr. PRAHLAD N

Patient Name: .... Gender: ☐ Male ☑ Female

UHID No: ..... Date: 23/7/26

I Mrs. Afsheen Shazana S/D/W/O .....

Here by give consent for procedure for my patient : Baby. Afsheen Shazana

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : ketamine
- Possible complications from the procedure of sedation:

.....

.....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : N. Shijila Nij

Name : Mrs. Afsheen Shazana

Relationship with Patient: Mother

Date & Time : 23/7/26 11 AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sahitha

Date & Time : 23/7/26 11am

GUC:-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 7 D (F)
Dr. PRAHLAD N

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: 402 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						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: Balaraj Gowda S

Date & Time : 23/7/26 @ 11am

PATIENT TRANSFER FORM

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GUC:-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 7 D (F)
PRAHLAD N

	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 @ 12.49pm	23/7/26 @ 12.40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Prahlad.	Dr. Gayathri.	For procedure.
From Unit	**To Unit**	**Information to Attendant**
402	PICU	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.		
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Shamula

Date & Time of Patient Received : 23/7/26 @ 1:15pm

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AFSHEEN SHAZANA**	**Age :**	**3 Y 6 M 5 D**
IP No:	**IP18-00036560**	**Sex:**	**Female**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: N. Shijila

Name: A. AFSHEEN SHAZANA
Relationship: MOTHER
Date: 21/07/2026 Time: 12:49 Pm
Witness Name: A. Sivagankari
Wittness Signature: A.

Patient Address:
5/101, KAMALIYA STREET , CHAKARAPALLI POST , THANJAVOUR (DIST) Chakrapalli Thanjavur Tamil Nadu INDIA 614211

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : A. AFSHEEN SHAZANA	UHID Number : GUC-0007945 9
Self/Attendant Name : N. SHAJILA NARKIS	Relation : MOTHER
Self/ Attendant Signature : N. Shajila Nis Phone Number :	Name & Signature of Financial Counselor A.


आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India
பதிவேட்டு எண் / Enrollment No.: 2726/12580/58892

To
அசாருதீன் பீர்முகமது
Azarudeen Beermohamed
S/O: Beermohamed,
3/ 235, V S NAGAR,
PASUPATHI KOVIL, PAPANASAM THIRUKULA,
VTC: Pasupathikoil,
PO: Pasupathikoil,
Sub District: Papanasam, District: Thanjavur,
State: Tamil Nadu,
PIN Code: 614206,
Mobile: 9342131384

20734883

MK207348833FE

உங்கள் ஆதார் எண் / Your Aadhaar No. :

5817 4249 1360

எனது ஆதார், எனது அடையாளம்

இந்திய அரசாங்கம்
Government of India

Aadhaar no. issued: 12/04/2013

அசாருதீன் பீர்முகமது
Azarudeen Beermohamed
பிறந்த நாள் / DOB : 12/01/1990
ஆண் / Male

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML.)

5817 4249 1360

எனது ஆதார், எனது அடையாளம்

Rainbow®
Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

UHID ID: _____

Department: _____

Consultant: _____

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/o facial puffiness and ↑ in abdominal distension × 2 days
C/o ↓ urine output × 2 days
C/o 1 fever spike (T- 99.5 F) → yesterday, No C/o cough / coryza / SOB / vomiting

Δ: Nephrotic syndrome in Dec - 2024.
R_1 - 13/2/25, R_2 - 25/4/25, R_3 - 3/5/25,
R_4 - 2/6/25. SDNS.
Oral endoxan - 8/7/25
R_5 - 11/9/25, R_6 - April / May 2026 → erythrocyturia →
Currently on mmf 30 mg OD.

Patient Sticker

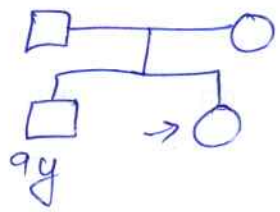
Past History : (Including details of any previous investigation or treatment)

No H/o previous admission

Birth & Neonatal History:

Term / BW - 3.1kg / CIAB / No H/o NICU admission

Family Chart



Birth & Socio Economic History:

About Father : } N'l significant

About Mother :

Any additional Information :

Developmental History : (N)

Immunization History : upto 1½ years of age

Anthropometry :

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

Weight (kgs) 16.8 (Centile _____)

On Examination :

Temperature : 97.5 Pulse Rate : 126 B.P. 101/76 SPO2 99%

Resp.rate and type of breathing : 25

Rash -

Lymphadenopathy - Cushingoid facies +

Oedema : anasarca +

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : Bil AE+

Any addes sounds : -

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S_1, S_2 +

Any murmur : -

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

Per Abdomen :

Inspection : distension +

Palpation : soft, not tender,

Ausculation : BS +

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator :

Posture : N

Involuntary Movements :

Patient S

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: SSNS c relapse

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

PT / APTT / INR

Planned Management

Inj 0.5 ml IV cc hydrocort 30 mg
Syp. P250 5 ml
- IVIg 15 g (200 ml) over 24 hours
6 ml/hr for 2 hrs
8.5 ml/hr till end
- (N) diet
- Continue oral medicines
- Inj. Ampilox 500 mg IV TDS
- Inj Dytor (10 mg + 25 ml NS) @ 1 ml/hr
- Renal biopsy after IVIg

Signature of the Doctor: 125882

Name of the Doctor: Keerthana. D

Date & Time: 21/4/26 1.30 PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

(1)

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 2pm	S/B Dr. Prahalad	Dr. Gayathri
	Child ē SDNS ē multiple relapses	
	ē H/o erythrocytosis in last relapse.	
	Last Relapse — took 25 days to go into remission	
	Even in remission → persisting erythrocytosis	
	H/o repeated infections (+)	
	S. IgG → ~~[illegible]~~ 149	
		Plan.
		Premeds: 1) Inj. AVIL 1.5cc.
		2) Inj. HYDROCORT 30mg stat
		3) Syp. P-2 5ml.
		↓ 30 mins
		→ IvIg (15g/~~[illegible]~~) (10+5g) = 200ml.
		0-2 hrs ⇒ 6ml/hr
		2 to till end (24hrs) ⇒ 8.5ml/hr.
		→ Inj. AMPILOX 500mg QBH.
		→ Tab. FORCAN(50) ½-0-1.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→	Candid mouth paint
	→	cont T. Envas, T. Shorvas, T. Shelcal, T. Omnacortil 30 mg OD.
	→	Plan Renal Bx on 23/7/25.
	→	USG Abdomen.
22/7/25 9.30am	S/B Dr. Gayathri S	
	A - ✓SDNS c relapse. (oral endoxan - 3/7/25) ✓Hypogammaglobulinemia.	
	child renewed.	TW → 16.8 → 16.6kg
	Afebrile	
	cushingoid facies (+)	AG → 54cm
	edema (+) = Anasarca (+)	
	oral intake - good	I/O - 1.7ml/kg/hr (24hrs)
	I/O 297ml / 286ml	(on Dytor infusion)
		vitals
	O/E: CVS/ NAD	HR - 114/min
	RS/	BP - 124/80 mmHg
		SpO2 - 98% @RA
	Abd - soft, not tender	
	ascites (+)	
	CNS - 15/15	

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	On flow: IVIg @ 8.5ml/hr. (No adverse reaction)	
	Plan	
	(1) Encourage orally	
	(2) Cont Inj. AMPILOX (D2)	
	T. ENVAS (2.5) 1 — 0 — 1/2	
	Syp. Shelcal 5ml — 0 — 5ml	
	T. Atorvas (5) HS	
	Candid mouth paint	
	Syp. omnacortil forte (5ml/15mg) 10ml OD	
	T. FORCAS (50) 1/2 — 0 — 1	
	(3) Cont Dytor infusion @ 1ml/hr (10mg + 25ml NS)	
	(4) Cont IVIg infusion as advised	
	(5) Planned for Renal Biopsy T/m.	
	Dr. 165391	
22/7/26 3.10pm	8/13 Dr. Prahlad	
	· Child reviewed	
	· IvIg on flow	
	· mild ↑ in edema	
	· u/o — fair	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan:	Inj. Dytor (10mg + 20ml NS) @ 1ml/hr
		Tab. Aldactone (25)
		1 — 0 — 0
		Tab. Zytanex (2.5)
		½ — 0 — 0.
		Renal Bx T/m. – 1pm
		2. NPO from 9am.
		Renal Bx consent
		To arrange Biopsy gun
		16/18 G
		11mm plunge.
		10-15 cm
23/7/26 9.30am	S/B Dr. Gayathri	
	A - SDNS c̄ relapse.	
	(oral endoxan - 3/7/25)	
	- Hypogammaglobulinemia	(s/p IVIg - 21/7).
		TW → 16.6kg → 16.5kg.
	Concerns:	AG → 54 → 53cm.
	• Anasarca	
	• Microscopic hematuria	
	Planned for Renal	Biopsy today @ 1pm

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

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	· Child on NPO	
	· Anasarca (+).	
	· received	I 468ml
	20 Inj 15g	O 806ml
	over 24 hrs.	
	· peripheries-warm	u/o - 2ml/kg/hr.
	· pulse vol - good	over 24 hrs.
	· On (D3) IV AMPILOX	· On Dytor infusions
	· BP: 115/74	· On T. Aldactone
	(> 95th centile).	T. Zytanex.
	O/E: afebrile	
	cushingoid facies	
	RS: B/L chest - clear	
	CVS: S_1S_2 (+)	
	No murmur	
	Abd: soft, not tender	
	BS (+), ascites	
	not passed stools	
	B/L pitting pedal edema upto knees	
	GCS: 15/15.	
	Plan	
	(1) Cont NPO	
	(2) Shift to PICU @ 1pm for Renal Bx.	
	↳ make Bx needle ready	
	(3) Cont Dytor / Aldactone / Zytanex,	
	IV Ampilox (D3) / T. Envas / T. Storvas / Syp. Omnacortil forte	

1633hrs

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26	S/B Dr. Prahlad	
2.30 pm	Renal Biopsy - D/B Dr. Prahlad	
	Under USG guidance & short GA renal biopsy was done using renal biopsy gun. Child remained stable during & after the procedure.	
		Plan · NPO till 3.30 pm · Inj. AMPILOX (To continue) · Bed rest · W/H hematuria · Syp. P 250 6 ml stat

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	16/7	15/7				
Time						
Hb		12.2				
PCV		38.4				
RBC		4.5				
WBC		10680				
N/L		79/19				
Platelets		4.77 l				
CRP						
ESR						
PCT						
RBS						
Na						
K		4.0				
Cl						
Ca/Mg						
Phosphate						
Urea	17.2					
Creatinine	0.3					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin		2.3				
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol		338				
PT/INR	12.6/1.04	8				
APTT	31.6					
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date		15/7				
Time						
CUE - Alb		trace				
CUE - Sugar		nil				
CUE - Ketones						
CUE - PUS Cells		1-2				
CUE - RBC Cells		2-4				
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Vitamin D	7.05 ng/ml					
Ig G	149					
Spot protein		106				
Spot creatinine		5.3				
Urine PCR		19.94				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticker

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Dr. PRAHLAD N

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DRUG CHART

Date of Admission: 21/7/26 .... 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 / 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-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

REGULAR PRESCRIPTIONS

Weight. 16.8 kg Ward. .....

DRUG : INJ. AMPICLOX

Dose	Route	Frequency	Start Date
500mg	IV	Q 8H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
6 AM		SA PN	CS SA	CS SA
2 PM	SPM PA VB	VL AL	AYB BL	
10 PM	SA PN	AS CS	CS SA	
	D1	D2	D3	D4

DRUG : T. JUNIOR LANZOL

Dose	Route	Frequency	Start Date
15mg	PO	BD	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
7 AM		SA PN	CS SA	CS SA
7 PM	BJ VB	MA VR	CS SA	

DRUG : T. ENVAS 2.5mg

Dose	Route	Frequency	Start Date
1 tab - ½ tab	PO	Q12H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:
1 tab - ½ tab

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
2 AM		VB BL	VB PSD	
8 PM	PN SA	AS CS	CS SA	

DRUG : SYP. SHELCAL

Dose	Route	Frequency	Start Date
5ml	PO	Q12H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
8 AM		VB BL	VB PSD	
8 PM	PN SA	AS CS	CS SA	

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Dr. PRAHLAD N

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 16.8kg Ward ....

DRUG: T. STORVAS 5mg	Date/Time	21/7	22/7	23/7	24/7
Dose: 1 tab; Route: PO; Frequency: HS; Start Dt.: 21/7	10 pm		PN/SA	AS/CC	CS/SA
Name & Signature of the Doctor Starting the Drugs: [signature] 125882					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. FORCAN (150)	Date/Time
Dose: 1Tab; Route: P/O; Frequency: Q24H; Start Dt.: 21/7	
Name & Signature of the Doctor Starting the Drugs: [signature] 165559	
Additional Instructions: 6 - 120mg/9/dose	
Daily Doctor's Endorsement by a Sign	

DRUG: Candid Mouth paint	Date/Time	21/7	22/7	23/7	24/7
Dose: ; Route: LA; Frequency: Q12H; Start Dt.: 21/7	8 pm			VB/BL	VB/PSD
Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 16583.	8 pm		5pm BL/VB	DA/CS	CS/SA
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. OMNACORTIC	Date/Time	22/7
Dose: 30mg; Route: PO; Frequency: OD; Start Dt.: 21/7	8 AM	
Name & Signature of the Doctor Starting the Drugs: [signature] 125882		
Additional Instructions:		
Daily Doctor's Endorsement by a Sign		

Changed to syrup formulation [signature]

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

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

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Baby AFSHEEN SHAZANA (F)
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Dr. PRAHLAD N

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. FORLAN 50

Dose	Route	Frequency	Start Dt.
	P/O	Q12H	21/1

Name & Signature of the Doctor Starting the Drugs: 165559,

Additional Instructions:

1/2 — 0 — 1

Daily Doctor's Endorsement by a Sign

Date/Time	21/1	22/1	23/1	24/1
8 am	/	VB / BL	VB / BSA	
8 pm	5pm	BL / VB	AS / CS	CG / SA

DRUG : Syp. OMNACORTIL FORTE

Dose	Route	Frequency	Start Dt.
10ml	P/O	Q24H	22/1

Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri

Additional Instructions:

5ml / 15mg

Daily Doctor's Endorsement by a Sign

Date/Time	22/1	23/1	24/1
10am	VB / BL	9pm VB / BSA	

DRUG : T. ALDACTONE (25)

Dose	Route	Frequency	Start Dt.
25mg	P/O	Q24H	22/1

Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 165559

Additional Instructions:

4pm

Daily Doctor's Endorsement by a Sign

Date/Time	22/1	23/1	24/1
4pm	VR / RLA	10am 9pm VB / BSA	

DRUG : T. ZYTAMEX (2.5)

Dose	Route	Frequency	Start Dt.
1/2 Tab	P/O	Q24H	22/1

Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 165559

Additional Instructions:

7pm

Daily Doctor's Endorsement by a Sign

Date/Time	22/1	23/1	24/1
7pm	MA / VR		
9pm	VB / BSA	11am	

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

Patient Sticker

Weight. 16.8kg 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 : ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	1.40pm	INJ. AVIL	0.5 ml	IV		
21/7	1.40pm	INJ. HYDROCORT	30 mg	IV		
21/7	1.40pm	Syp. P250	5ml	PO		
23/7	2.30pm	INJ GLYCOPYRROLATE	1mg	IV		
23/7	2.34pm	INJ KETAMINE	20mg	IV		
23/7	2.35pm	INJ. MIDAZOLAM	1mg	IV		
23/7	2.36pm	INJ PROPOFOL	20mg	IV		
23/7	4pm	Syrup P-250	6ml	PO		

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Dr. PRAHLAD N

I.V. FLUIDS CHART

Weight. 16.8kg Ward. .....

Date	Time	Composition of I.v. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/1	2.40 pm	INJ. DYTOR 10mg + 25 ml NS	IV	1					
21/1	3.20pm	IvIg 15g (200ml) over 24 hours via separate IV line	IV				22/1/26 @ 6.30pm		
		6ml/hr for first 2 hours 8.5ml/hr till end of injection							

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

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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: 402

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. JUNIOR LANXOL	15mg	PO	BD	21/7 10am	☑C ☐DC
2	T. OMNACORTIL	30mg	PO	OD	21/7 10am	☑C ☐DC
3	T. ENVAS 2.5mg	1-½	PO	BD	21/7 10am	☑C ☐DC
4	SYP. SHELCAL	5ml	PO	BD	21/7 10am	☑C ☐DC
5	T. STORVAS	5mg	PO	HS	20/7 10pm	☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 21/7/26 1.30pm

Nurse Name & Signature: Praveen

Date & Time : 21/7/26 at 1pm.

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Dr. PRAHLAD N

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 21/7/26 Time:	4pm	8pm	12AM	4am
Doctor / Nurse / Family Concern?				
Temperature (°F)	97.8°F	98.6°F	98°F	99.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 / 81 / 73	112 / 73 / 61	100 / 65 / 56	90 / 55 / 40
Note: BP does not score in early warning scoring				
Heart Rate (Number)	122 b/mt	112 b/mt	108 b/mt	108 b/mt
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	30 b/mt	28 b/mt	28 b/mt	26 b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	99%	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	UB.	PN	PN	PN

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.

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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-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 22/2/26 Time: 8am. 12pm 4pm 8pm 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 97.4F, 97.1F, 97.5F, 97F, 98F, 97.5F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 124 (93) 83; 104 (72) 69; 103 (70) 64; 102 (75) 62; 108 (62) 59; 108 (71) 60

Note: BP does not score in early warning scoring

Heart Rate (Number): 114bt/mt, 116bt/mt, 120bt, 120bt, 108bt, 102bt

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

Resp Rate (Number): 28bt/mt, 28bt/mt, 28bt, 28bt, 28bt, 28bt

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

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!
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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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Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 6 D (F)
Dr. PRAHLAD N

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/2/26

Time:	8am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	8pm	12AM	4AM
Doctor / Nurse / Family Concern?											
Temperature (°F)	97.1F	97.3F	98F	98.1	98.4	98.4		98.1	98.1	98.1	98.1
Heart Rate (bpm) and Blood Pressure (mmHg) *	115/74 (81)	110/71 (79)	126/86 (99)	123/77 (91)	117/82 (93)	115/80 (90)	107/78 (88)	102/60 (72)	98/68 (76)	100/67 (75)	108/61 (69)
Heart Rate (Number)	108b/mt	100b/mt	121b/m	120b/m	17b/m	126b/m	130b/m	123b/m	Ated	110b/m	124b/m
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)	28b/mt	28b/mt	28b/m	26	28	26		28	26b/m 28b/m	26b/m	26b/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	98%	100% —	99%	100%	99%		100%	99% 99%	98%.	99%.
Conscious Level — Normal / Altered	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15		15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0		0	0	0	0
Pain Score	0	0	0	0	0	0		0	0		
Observer's Initials	VB	VB	[illegible]	Anit	AB	AB		[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS
NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

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FLUID CHART

AG - 54cm
t-wt - 16.6kg.

Sheet No. : 6

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.

21/7/24

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: ~~N.G~~ I&V	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	→ on received			FR 40	4th floor						
	04:00 pm	H20	20ml	IVIg 6ml	Inj. Pylor 1ml						0	dsy
	05:00 pm			6ml	1ml						0	dsy
	06:00 pm	H20	10ml	8.5ml	1ml						0	dsy
	07:00 pm			8.5ml	1ml					10ml	0	Left
Total Intake :		30ml + 29ml + 1ml.				Total Output :				10ml.		
	08:00 pm	H20	50ml.	8.5ml.	1ml						0	NKS
	09:00 pm			8.5ml	1ml						0	NKS
	10:00 pm	Alala	20ml	8.5ml	1ml						0	NKS
	11:00 pm	MILK	50ml.	8.5ml.	1ml						0	NKS
	12:00 am			8.5ml	1ml					8.5ml	0	NKS
	01:00 am			8.5ml	1ml						0	NKS
Total Intake :		120ml + 51ml + 6ml				Total Output :				8.5ml		
	02:00 am			8.5ml	1ml						0	NKS
	03:00 am			8.5ml	1ml						0	NKS
	04:00 am			8.5ml	1ml						0	NKS
	05:00 am			8.5ml	1ml						0	NKS
	06:00 am			8.5ml	1ml						0	NKS
	07:00 am			8.5ml	1ml					100ml	0	NKS
Total Intake :		+ 51ml + 6ml.				Total Output :				100ml		

Total 24 hrs. Intake	297ml.	Total 24 hrs. Output	286 ml

1.7ml/kg/hr

GUC-00079459 IP18-00036560
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FLUID CHART

Y. wt - 16.6 kg
T. wt - 16.5 kg
AGE - 53 cm

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/7/23	08:00 am	water	20ml	8.5ml	1ml						0	RF
	09:00 am	Milk	75ml	8.5ml	1ml						0	RF
	10:00 am			8.5ml	1ml						0	RF
	11:00 am	Soup	20ml	8.5ml	1ml						0	RF
	12:00 pm	water	20ml	8.5ml	1ml						0	RF
	01:00 pm			8.5ml	1ml					160ml	0	RF
Total Intake : 135ml + 57ml + 6ml						Total Output : 160ml						
	02:00 pm	water	80ml	8.5ml	1ml						0	NB
	03:00 pm			8.5ml	1ml						0	NB
	04:00 pm	water	80ml	8.5ml	1ml						0	NB
	05:00 pm			8.5ml	1ml					118ml	0	NB
	06:00 pm			8.5ml	1ml						0	NB
	07:00 pm	water	30ml		1ml						0	NB
Total Intake : 90ml + 42.5ml + 6ml						Total Output : 118ml						
	08:00 pm	water	20ml		1ml						0	RF
	09:00 pm				1ml						0	RF
	10:00 pm	water	50ml		1ml					208ml	0	RF
	11:00 pm				1ml						0	RF
	12:00 am				1ml						0	RF
	01:00 am				1ml						0	RF
Total Intake : 70ml + 6ml						Total Output : 208ml						
	02:00 am				1ml						0	RF
	03:00 am				1ml						0	RF
	04:00 am				1ml						0	RF
	05:00 am				1ml					340ml	0	RF
	06:00 am				1ml						0	RF
	07:00 am	water	50ml		1ml						0	RF
Total Intake : 50ml + 6ml						Total Output : 340ml						

Total 24 hrs. Intake	468.5 ml	Total 24 hrs. Output	806ml

2.03 ml/kg/day

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

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18-01-2023 3 Y 6 M 6 D (F)
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FLUID CHART

Sheet No. : 3

X.wt:- 16.6kg
T.wt:- 16.5kg
AC:- 53cm

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
23/1/24				Inj. Bgor								
	08:00 am			1ml						255ml	0	Baby
	09:00 am	N		1ml							0	Baby
	10:00 am	P		1ml							0	Baby
	11:00 am			1ml							0	Baby
	12:00 pm	O		1ml						120ml	0	Baby
	01:00 pm			1 ml							0	Baby
Total Intake :				6ml.		Total Output :				375ml.		
	02:00 pm			1ml							0	Baby
	03:00 pm		H2O 20ml	1ml							0	Baby
	04:00 pm		juice 60	1ml							0	Baby
	05:00 pm			DC								
	06:00 pm	Klak	10ml	1ml						164ml	0	Baby
	07:00 pm	Klak	10ml	1ml							0	Baby
Total Intake :		100ml + 5ml				Total Output :				164ml.		
	08:00 pm	water	50ml	1ml							0	Baby
	09:00 pm	water	50ml	1ml							0	Baby
	10:00 pm	milk	100ml	1ml						120	0	Baby
	11:00 pm	water	50ml	1ml							0	Baby
	12:00 am	.		1ml							0	Baby
	01:00 am			1ml							0	Baby
Total Intake :		250ml + 6ml				Total Output :				120ml		
	02:00 am			1ml							0	Baby
	03:00 am			1ml							0	Baby
	04:00 am			1ml							0	Baby
	05:00 am			1ml							0	Baby
	06:00 am			DC						236	0	Baby
	07:00 am	water	20ml	1ml							0	Baby
Total Intake :		100ml + 6ml				Total Output :				236ml		

Total 24 hrs. Intake	492ml	Total 24 hrs. Output	895ml

2.2ml/kg/day

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NURSING CARE RECORD

Date: 21/7/26.

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 (E)
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	—	—	—	—	—	—	—
Afternoon	3pm	To maintain good nutritional status.	4pm	→ Assess the child's condition → I/O chart maintained. → Encourage orals	Maintained good nutritional status.	Reassessment done.	Baby [signature]
Night	8pm	Assess the child; Monitor vitals; Maintain I/O chart; Administer medication		Assessed the child; Monitored vitals 2hrs; Maintained I/O chart; Administer medication	Child is stable.	Reassessment done..	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 22/1/26

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	30 7am	→To maintain fluid balance of the child.	1pm	Assessed the fluid balance of the child monitored vital sign maintained Rs chart → Administered Injections as per doctor's ordered	Improving maintaining fluid balance	child vitals taken reassessment was done	220126
Afternoon	2pm	⇒To prevent infection.	3pm	⇒Assessed general condition. ⇒Monitored vital signs ⇒Monitored Rs chart ⇒Administered medication's	⇒Assessed general condition ⇒Monitored vital signs ⇒Monitored Rs chart.	To improve child condition	no error
Night	8pm	maintains good nutritional status.		Assess child condition monitor vitals Encouraged to take more oral Intake	oral intake good	Reassessment done	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
21/7	2.40pm	The child received from ER to 4th Floor. Child details handing over taken from ER Staff. Child is conscious. IV line present and patency. No other complaints →	Baluij/020685
	3pm.	Inj. IVIg 15gm - 6ml/hr on flow. Inj. Dyator 10mg in 8.5ml NS - 1ml/hr on flow →	Baluij/020685
	5.30pm	Inj. IVIg 15gm. - 8.5ml/hr on flow. Inj: Amoxicilline 500mg given to child. →	Baluij/020685
	6pm.	I/o chart maintained. No other complaints →	Baluij/020685
	7.30pm	The child details handing over given to night duty staff →	Baluij/020685
22/7/22		→ Night duty on 21/7/22	
	8pm	Child details taken over from evening duty staff nurse, Child is conscious and oriented and active, IV line (+), Inj. IVIg @ 6ml/hr on flow, no other complaints, Renal biopsy plan ———	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7	10pm	Vital signs checked and recorded	[illegible]
22/7	12am	Vital signs checked and recorded; no other complaints	
	2am	Child is sleeping well no other complaints I/O chart maintained	[illegible] 0238
		Inj. [illegible] 10mg + 25ml NS @ 1ml/hr on flow	
	4am	vitals are checked and recorded temp is normal (PP ++, UO ++, CRT <2s)	
	6am	IV fluid @ 8.5ml/hr on flow Administer the medication as per doctor's order	
	7.30am	The child details handover given to morning duty staffs	[illegible] 015780
22/7/26	7.30 am	Morning duty note on 22/7/26 Child details taken over from night duty staff nurse using ISBAR method. On assessment child is conscious, oriented and afebrile IV line present and patency →	[illegible] 02174 Balaji/010685
	8am	Vital signs checked & Recorded Vitals are stable.	

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NURSES NOTES

☑ No Kn[own Drug Allergies]
☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
22/7		CP ++ | PP ++ | CRT <3sec →	Balini/020685
	8.30am	Due to medications are given as per drug chart. →	Balini/020685
	10am	Inj. Pytor 10mg in 25ml NS - 1ml/hr On flow. IVIg 15g - 8.5ml/hr On flow →	Balini/020685
	12pm	Vital signs checked & Recorded Vitals are stable CP ++ | PP ++ | CRT <3sec →	Balini/020685
	1pm	Strict I/O chart maintained	
	1.30pm	child details handed over to evening duty staff nurse using ISBAR method	
		→ Evening duty ←	
22/7/23	1.30pm	Child taken over from morning duty staff conscious & awake	[signature]
	2pm	Child taking oral well. No other complaints.	
	3pm	Dr. Prahlad seen the child Advised to give T. Aldactone 25mg T. Zyforone 2.5 1/2 OD	[signature]

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
22/7/26		→ continue	
		TOM - plan for renal	
		biopsy	
	4pm	due medication's are	
		given as per doctor's	Vani
		order.	22/7/26
	4.20pm	vital signs checked &	
		recorded. No other	
		compliants.	
		PP/LP: ++ / ++ ; CRT: <3sec	
	7pm	due medication's are given	
		as per doctor's order	Vani
		I/O chart maintained.	22/7/26
	7.30pm	child handing over given	
		to night duty staff	
		Night duty Notes on 22/7/26	
	7.30pm	The child details handover taken	
		from the Evening duty staffs	
		The child is consious and active	
	8pm	Administer the medication as	
		per doctor's order	[signature] 22/7/26
		vitals are checked and recorded	
		temp is normal PP/LP ++ ; HR 125 ; <2S	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 6 D (F)
Dr. PRAHLAD N

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... (Nil)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (22/7/23)	
	10pm	Inj. Dy-far 10mg + 2ml NS @ 1ml/hr	
		on flow	[signature]
		In dive pattern and good	
		The child said soft diet	
	12am	vitals are checked and recorded	
		temp is normal PP ++	
		CP ++	
		CRT <2s	
	2am	I/O chart is maintained	
		No any other complaints	[signature]
	4am	vitals are checked and recorded	
		temp is normal PP ++	
		CP ++	
		CRT <2s	
	6am	Administer the medication as	
		per doctor's order.	
	7.30am	The child details handover given	
		to morning duty staffs.	[signature]
		Morning duty Notes.	
23/7.	7.30am	The child details handing over	
		taken from night duty Staff. Child	
		is conscious. IV line present & patteny	Balni /020657
	8am	Due to medications are given	
		as per drugchart. Vital signs	
		Checked and recorded. Vitals are	
		stable.	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....Nil....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue Notes ←	
23/7/26.		CP ++ / PP ++ / CRT <3sec →	Balwj/020685
	9am.	Inj. Clindamycin 250mg given to child →	Balwj/020685
	10am	Today plan Renal Biopsy.	
	12pm	Vital signs checked & Recorded Vitals are stable	
		CP ++ / PP ++ / CRT <3sec →	Balwj/020685
	12.40pm	Child shifted to PICU for Renal biopsy. →	Balwj/020685
		Received from 4th Floor.	
	1.15pm	child details taken over from 4th Floor staff nurse, child is on room air ventilation. child is on hemodynamically stable. PR 2+, GCS 15/15, CFT <3sec urine ⊕ pattern. child is on NPO @ 9am. Today plan to procedure of renal Biopsy.	
	1.30pm	child details handing over given to evening duty staff Nurse →	[illegible]
		Evening duty ON↑ 23/7/2026	
	1.40pm	→ child details hand over taken from morning duty staff child was have 2 peripheral line, child was NPO from 11am. Inj- Dyton 10mg + 25ml NS 1ml/kg. →	[illegible]

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

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16-01-2023 3 Y 6 M 7 D (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/2026	2.30 pm.	procedure started Renal biospy	
		before given some sedation Inj-	
		Glyco. 75mcg. Inj- propofol- 20mg	
		Inj- Kitamin 20mg. Inj- midaz 1mg	
	2:40pm	=> procedure [illegible] Finished.	
		afterthat [illegible] Renal	
		biosphy [illegible] Sampule	
		given to attender side Dr. pralahad	
		sir, sir told contine some medication	
		and 3:30 pm break NPO child wakup	
		means Need to give oral p-250 6ml.	
	3:30pm	=> child was wakeup first given oral	
		water 20 ml No any vomiting →	[signature]
	4pm	=> child was kand apple juice no	
		any vomiting after that p-250 6ml	
		given to oral.	
	5pm	=> pt details hand over given to	
		4th floor staff ↔	[signature]
		← Receiving Note →	
	5.30 pm	The child details handing over	
		taken from PICU staff to 4th floor	
		staff. The child is conscious &	
		oriented. Iv line present. no	[signature]
		pain, no swelling. Iv line patten.	
	6pm	Vital sign. are checked and	
		recorded vital are stable. CR 114 PR 114 SPO2 98%	[signature]
		I/O chat was maintaining	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continu note	
23/7/26	7:30 pm	The child details handing	
		over given to night duty staff	[signature]
		Night duty Notes on 23/7/26	
	7.30pm	The child details handover taken	
		from the Evening duty staffs	[signature]
		The child is conscious and active	
	8 pm	Administes the medication as	
		per doctor's order	
		vitals are checked and recorded	
		temp is normal PP ++ / CP ++ / CRT < 2s	
	10pm	inj. sytac comp + 25ml/hrs @	
		1ml/hr on flow	[signature]
		IV line pattern and good	
		The child had soft diet	
	12am	vitals are checked and recorded	
		temp is normal PP ++ / CP ++ / CRT < 2s	
	2am	I/O chart is maintained	
		No any other complaints	
	4am	vitals are checked and recorded	
		temp is normal PP ++ / CP ++ / CRT < 2s	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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18-01-2023 3 Y 6 M 5 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/7 (E)	DATE 21/7 (N)	DATE 22/7 (M)	DATE 22/7 (E)	DATE 22/7 (N)
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	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		11	11	11	11	11

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		-	-	-	NA	NA
Other Intervention(s) Specify		-	-	-	NA	NA
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		21/7	21/7	22/7	22/7	22/7
Time:		2.40	8 PM	8AM	2PM	@ 8PM

GUC-00079459 IP18-00036560
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18-01-2023 3 Y 6 M 5 D (F)
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/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : .....

				Date :	21/7	22/7	22/7	22/7
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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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BRADEN 'Q' SCALE

				Date : / Time :			
				22/7 N	23/7 M	23/7/26 E	23/7/26 N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name		Babu 2000		

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

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓫ Use same protocol as for **"High Risk"** Patients ⓫ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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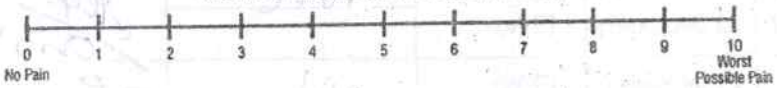
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	8pm	0/10	+	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PATIENT / FAMILY EDUCATION RECORD

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

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: Yes ~~No~~ Healthcare Literacy: Yes☐ No☑

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
21/7/26	3pm	Treatment & care	explained the parents to treatment & care	mother	no learning barriers	Oral	none	verbalizes under	good	[signature]
				mother	no learning	oral	none	verbalizes understand	good	[signature] 02141
22/7	8am	ongoing care	Explained about the importance of ongoing care							
23/7	9am	medication	Explained about medications & it's uses	Mother	No	Oral	None	Verbalizes understanding	good	Balu 020683

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
18-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: SSNS c Relapse

Arrival Time: 2.40pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 16.6 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Family History: —

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

If yes please list, ...

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

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

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 16.8Kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 97.8F HR: 122b/mt RR: 30b/mt BP: 102 /73 (81 mmHg)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Feeding Problem
- ☐ Overweight
- ☐ Special diet
- ☐ Special Feeding Method
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... Family members .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No

Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No

Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: ..... Balapriyanga ..... Date: 21/7/26 ..... Time: 3pm ..... Signature

Balapriyanga/020685

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PATIENT TRANSFER FORM

GUC-00079459 IP18-00036560 Baby AFSHEEN SHAZANA 16-01-2023 3 Y 6 M 5 D Dr. PRAHLAD N (F)	Date & Time of Admission 21/7/26 12:49pm.	Date & Time of Transfer Order 21/7/26. 2:40pm
Treating Consultant Name Dr. Prahlad	Transfer Ordered by Dr. Keerthana	Reason for Transfer Further management
From Unit ER	To Unit 402	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (9)	Number of Imaging Films USG	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 Iv Ig 10gram	(1)
2.	50cc syringe	(1)
3.	Amo line	(1)
4.	Infusion set	(1)
5.		

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

SSNS c̄ relapse

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Praveen Per 18941.	[signature]

Patient & Clinical Records Received by : Balu 9/020683

Date & Time of Patient Received :

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

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

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Baby AFSHEEN SHAZANA
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N

Docu. No.:

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

GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/7/26 Time of arrival : 12:45p.m.

Chief Complaints: Plan: Renal Biopsy. RBS: –

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

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

If yes , identify –

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

–

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents.

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

Time of Initial assessment completed by ER Nurse : 15 min.

Time	Nursing Notes
12:45pm.	patient came to ER for renal
	Biopsy. After investigation Dr. prahlad
	adviced for admission Vitals are
	Checked and recorded IV line
	placement done para samples
	collected and sended to lab
	patient shifted to ward

Samples collected by: S/W praveen Time: 1.30pm

Samples sent by : S/W Iman Time: 1.35pm

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: 126 BP: 101/76(85) CFT: <3sec	Shift - out from ER to: 402
RR: 30 SPO$_2$: 99	Time of Shift - out: 2:00PM
GCS: 15/15 Temperature : 97.5°F	Handover given to: (Nurse's Name) S/W Karthika
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Praveen Signature of the Nurse : [signature]

Date & Time : 21/7/26.

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Dr. PRAHLAD N

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prahlad Date : 21/1/26

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

Start Time of Assessment: 1.15 PM Weight: 16.8 kg

Allergic History: .....

Chief Complaints: .....
~~c/o swelling of limbs x 2 days~~
c/o facial puffiness

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 25 SpO_2 on FiO_2 99%
Rhythm: N
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: equal
Palpation Findings (If necessary).....

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

Circulation

HR: 126

CFT — Central: <3 — Peripheral: <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 101/76 mmHg

Pulse Volume — Central: 2+ — Peripheral: 2+

If in Shock — Compensated ..... — Hypotensive .....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: A

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils — Responsive ☑ Non-Responsive ☐

Size — Right: 2 mm — Left: 2mm

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

Signs of Neurological compromise .....

Exposure

Temp.: 97.5 °F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned: Details inside

Treatment Planned: Details inside

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

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

Assessment done by

Name of the Doctor: Keerthana. D

Signature: .....

Date & Time: 21/7/26 1.30 pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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Wt - 16.8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby AFSHEEN SHAZANA Age : 3Y 4M Gender: ☐ Male ☑ Female

Date : 21/7/26 Time of Arrival : 12:45 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.5°F PR: 126 b/m BP: 101/76(85) RR: .... SpO_2: 99% R/A

Chief Complaints: C/O Came for Renal biopsy

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time : 2 min

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently 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 : Subhadip

Signature of Triage Nurse : [signature] 21/7/23

Date & Time : 21/7/26 & 12.47 pm

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

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: GUC-00079459 IP18-00036560
Baby AFSHEEN SHAZANA
16-01-2023 3 Y 6 M 5 D (F)
Dr. PRAHLAD N
tant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26.	2pm	ER	402	
23/7/26.	12.45pm	402	PICU	Baleui/020685
23/7/26	5pm	PICU	402	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. Prahlad	23/7/26	1731996	
2.	(Renal biopsy)			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/26	PT/APTT/INR	26023459	
23/7/26	RBS	26023712	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	Infusion pump.	3.30pm	22/7/26 @ 6pm	30994	[illegible]/020685
21/7/26	syringe pump	4pm	24/7/26 @10am	1732147	[illegible] 05760

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	Pt bed placement	(2)	1730818	
21/7/26	USG-Abdomen	(1)	9849	
23.7.26	Renal biopsy (DR. N. PRAHLAD)		1731996	
23.7.26	Conscious Sedation	(1)	1731999	
	Ultrasound guided procedures	(1)	09963	

ANY OTHER INFORMATION:

Kidney biopsy – to be raised @ 23/7/26.
informed to dilli brother @ billing.

Date: 21/7/26 Time: 1 pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor