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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 21/7/25

Name of the Patient: .. GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

UHID No: .....

Ward: .....

ender: .....

Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 21/7/25	Date: .....
Time:	Time: 8:30AM	Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing	21/8/26 8:30AM						
Activity Sheet update by Pharmacy			019354				

ACTIVITY RECORD FOR BILLING

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Name: .....

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

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

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

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

..... Dept: .....

..... Time: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/25	9pm	EM	404	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18.07.2026.	CBC, CRP, RFT, LFT, P/S.	26023163.	
	electrolytes.		
18/07	RBS	26023164.	
	Stool Rotavirus,		
18/7/26.	Stool routine,	23171	
	Stool reducing Substance		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7/26	Infusion pumb.	18/7/26 9.30pm	20/7/26 @ 8pm	9622	61895

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18.07.2026	Duplacement	1	1789522.	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 21/7/26 Time: 21/756. Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	21/9/2025 8.30 AM				
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

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 : IP18-00036522 **Admit Date** : 18-Jul-2026 **Admit Time** : 08:30 PM **UHID** : GUC-00094036

Patient Details :

Patient Name	: Baby ESHAN PRAKASH KUMAR	**Age**	: 0 Y 10 M 5 D
Guardian	: Mr PRAKSH KUMAR	**DOB**	: 13-09-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 30 A SRINIVASA ROAD Mylopore Chennai Tamil Nadu INDIA 600004	**Phone No**	: 7397017901/ 6382411869
		E-mail	: itzprakash@hotmail.com

Admission Details :

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

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

Contact Details :

Name : Mr PRAKSH KUMAR **Relationship** : Father

Contact Address : 30 A SRINIVASA ROAD Mylopore Chennai Tamil Nadu INDIA 600004 **Phone No** : 7397017901

Signature

Doctor Details :

Doctor Name : Dr. V V VIVEKANAND **Specialisation** : PULMONOLOGY

Referral Doctor : Dr. BHASKAR RAJU **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Rainbow Children's Hospital

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby ESHAN PRAKASH KUMAR**	**Age :**	**0 Y 10 M 5 D**
IP No:	**IP18-00036522**	**Sex:**	**Male**
Consultant:	**Dr. V V VIVEKANAND**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: > Aprakash

Name: > PRAKASH KUMAR A

Relationship: > FATHER

Date: 18-07-2026 Time: 8:30

Witness Name: ASWIN

Witness Signature:

Patient Address:
30 A SRINIVASA ROAD Mylopore
Chennai Tamil Nadu INDIA 600004

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BILLING POLICY

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

DECLARATION

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

Patient Name : ESHAN PRAKASH KUMAR	UHID Number : 94036
Self Attendant Name : PRAKASH KUMAR	Relation : FATHER
Self Attendant Signature : Phone Number : 7397017901	Name & Signature of Financial Counselor

Rainbow®
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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Eshan Age/Sex 10m/M

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Loose stools x 1day
vomiting x 1day.

History of present illness :

A 10 months old male child came with complaints of vomiting since morning - 5episode non bilious, non blood stained, non projectile.

C/o loose stools since morning 6-7 episodes not associated with mucous, blood stained

C/O ↓ oral intake, Activity ↓
urine output -

Treated as OPD basis symptoms not settled hence reffered to RH for further management

Patient Sticker

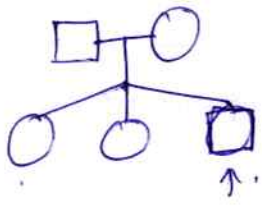
Past History : (Including details of any previous investigation or treatment)

—

Birth & Neonatal History:

NVD | B.wt - 2.2 kg | Term | NO NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : ? NCM.

About Mother :

Any additional Information :

Developmental History :

Milestones attained as appropriate age.

Immunization History :

Immunized upto age according to IAP Guidelines

Anthropometry :

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

Weight (kgs) 8.2 kg. (Centile _____)

On Examination :

Temperature : 97.8 F Pulse Rate : 136/min B.P. 86/50 SPO2 99.1 RA

Resp.rate and type of breathing : 30/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : (N)

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

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute gastroenteritis c some dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC/
CRP/
Peripheral smear/
RFT/
LFT/
Sr. electrolytes/
Stool reactive & reducing substances
Stool for rota+Adeno

Planned Management

IV Fluids
IV Pantoprazole
IV Emeset
Bifilac sachet
Zincovia Syp.

Signature of the Doctor: .....

Name of the Doctor: Dr. Chandiralege

Date & Time: 18/7/26

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

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: .....

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13-09-2025 0 Y 10 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 12.30pm.	S/B Dr. Chandiralogi.	
	A - Rota viral diarrhoea.	
	Child reviewed	
	vomiting settled	
	Loose stools present (2 times since admission)	
	Oral intake - good	
	Activity - Improving	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - soft.	
		Adv
		- monitor intake.
		- W/F loose stools, vomiting.
		- Drugs as per chart.
		- soft bland diet.
		- Inform (SOS).
	[signature] 19/7/26.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/24 7.30 AM	S/B Dr. Chandrasekar.	
	D - Rota viral diarrhoea.	
	child remained Alert, Active No fever spikes, vomiting loose stools - 2 episodes at night urine output - good.	
	O/E	
	Afebrile CVS - S1S2 (+) RS - B/L AE (+) P/A - soft.	BP - 92/50 mm Hg PR - 126/min
	Advi - monitor vitals - W/F vomiting, loose stools - IV Fluids at 32 ml/hr. - Inj. pantoprazole 10mg OD - Inj. Emeset 1mg IV BD - Bifilac sachet 1 BD - Syp. Zincontin 5ml OD - Inform (SOS)	
	19/24	

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/24 11am	S/B Dr. Kantha	
	Δ - Rota viral Diarrhoea.	
	loose stools - settling	
	No vomit	
	Nausea (+)	
	Oral intake - better	
	U.O / Activity } good	
	O/E - Alert, active	
	PWF, CRT - 3 seconds - cold peripheries (cold environment)	
	vitals - stable	
	P/A - soft, non-tender	
	Other systems - NAD.	
		Advice
		IVF @ 20 ml/hr
		T/C IV Pan / Emeset.
		Zinc / Probiotics
		[signature]

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/25	SB Dr. Vivek / Dr. Kavitha	
4pm		
	Child reviewed	
	Rota viral AGE	
	Admitted for	dehydration &
		persistent vomiting
	Dehydration	corrected
	low grade	fever – now
	O/E - ENT (N)	
	Chest – clear	
	Abd – soft	
	Plan -	
	1. Continue IVF 70% maintenance	
	2. Continue Bifilac &	Zinc
	3. Add Isomil feeds	1 scoop + 60ml water
	4. Diet - Cheeth Kanjee	
	5. If loose stools -	giving in quantity
		>10 episode/day
	Add - Racecadotril	10mg TID.
	6. Add Syp P120 - 5ml - q6h if	T > 100°F
	7 - Will Review tomorrow	running.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 4am	S/B Dr. Kantha	
	c/o loose stools - 11 episodes since yesterday morning	
	watery, large volume, non-blood stained	
	Feeding well	
	U.O - 7 ~~epis~~ times voided	
	No fever x 12hrs	
	O/E - Alert, active	
	PPWF, pulse volume - good	
	CRT < 3secs	
	Vitals - stable	
	Hydration - ~~@~~ oral mucosa - moist	
	Skin turgor (N)	on IVF 70%. maintenance + oral repl. fluids.
	P/A - soft, non tender.	
	CNS - Tone / Activity / AF good	
	Perianal area - erythema (+) (Zinc oxide ointment applied)	Advice
		T/C IVF / others as charted
		Monitor vitals / I/O.
		Kth 1282

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/16	S/B Dr Vivek	
7.30am		
	Child reviewed	
	11 episodes of loose stools -	
		5-6 - large volume
	No dehydration	
	Tolerating 150ml	
	Vitals - stable.	
	Plan -	
	(1) Stop IV ~~emeset~~	
	(2) Add Domperidone suspension (1ml = 1mg)	
	2ml - 2ml - 2ml	
		x 2 day (1 hr B/f)
	(3) Cont. Redotil tid x 3days	
	(4) For large volume stools -	
	give WHO ORS (50ml)	
	(5) Continue breast milk only / avoid other milk.	
	(6) The need to stay for 1 more day explained to family	
	(7) IVF at 50% and	stop at night
	(8) Diet as advised	

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

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/9/25 3:15PM	S/B Dr. DEEPAK	
	Dsis: Rota viral diarrhoea	
	Child reviewed	
	Child has 4-5 episodes of semi-solid stools / small quantity	
	NO clv. fevers vomiting	
	Oral intake better	
	urine output good	
	O/E: child is active, alert, afebrile	
	CVS: S1S2 Ø	
	Re: VBS Ø	
	P/A: SOFT/NT	
	CNS: NFND	
		By
		TO monitor vitals / Sensorium
		TO continue oppes drug chart
		TO monitor for loose stools / large quantity
		C.D 16/9/25

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B: vivek	
1.30	reviewed	
&	well	
21/7	stable	
	fit for d/s	
	A: rotaviral AGE with	
	dehydration	
	Plan	
	1) review Dr. Bhaskar Raju Sir 1 OPD 22/7 as	
		OD
	2) d/s medication	
	Bifilac x 2 day	cont ? same feed
	Zinc x 14 day	
	Redotil x 2 day	diet as advice
	domstal x 3 day	d/s

renew in ?? Y

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RESULT SHEET

Date	19/7/26					
Time						
Hb	12.7					
PCV	37					
RBC	5.45					
WBC	17,000					
N/L	72/25					
Platelets	4,90,000					
CRP	<5					
ESR						
PCT						
RBS						
Na	138					
K	4.3					
Cl	106					
Ca/Mg						
Phosphate						
Urea	34					
Creatinine	0.32					
ALP						
SGPT						
SGOT						
T.Bill/Conj	0.3/0.0					
T.Protein	6.9					
S.Albumin	4.1					
S.Globulin	2.8					
A/G Ratio	1.4					
Uric Acid IGAT	/10					
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	5-7					
OVA / Cyst	nil					
Occult Blood / RBCs	/ 1-2					
Rota virus	positive					
Reducing Substance	+ trace					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKDA ..... ☐ 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: ..... 404 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Chandrasekar .....

Date & Time : 18/7/25 @ 8:30pm .....

Nurse Name & Signature: ....

Date & Time : 18/07/25 @ 8:35pm .....

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

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DRUG CHART

Date of Admission: 18/07/25 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P120				Date / Time
Dose: 5ml	Route: P/O	Frequency: SOS	Start Date: 19/7/26	19/7 4.30 PM IB RS
Doctor's Signature:	Valid Period:	Pharm.		
Additional Instructions: if T > 100 F				

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

REGULAR PRESCRIPTIONS

Weight: 8.2kg Ward: 404

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	18/7/26

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	18/7	18/7	19/7	20/7	21/7
Time	8:40 pm	SD GJ	6Am	PN/MA	PN/MA

DRUG : INJ. EMESET

Dose	Route	Frequency	Start Date
1mg	IV	BD	18/7/26

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	18/7	18/7	19/7	20/7
Time	8:40 pm	SD GJ	6Am	PN/MA
			6pm	BL/RS

Stop

DRUG : BIFILAC SACHET

Dose	Route	Frequency	Start Date
1	PO	BD	18/7/26

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	18/7	19/7	20/7	21/7
8Am	11pm	KR/SD	PSA/RJ	
8pm	PN/MA	MA/PN	MA/PN	

DRUG : SYP. ZINCONIA

Dose	Route	Frequency	Start Date
2.5ml	PO	OD	18/7/26

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/21.

Additional Instructions:
20mg/5ml

Daily Doctor's Endorsement by a Sign

Date	19/7
Time	10.30 am MA/PN
8Am	PN

changed

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8.2kg Ward 4th

DRUG : SYP. 21NC

Dose	Route	Frequency	Start Dt.
5ml	P/O	OD	19/7/26

Name & Signature of the Doctor Starting the Drugs: RSD

Additional Instructions: 20mg/5ml

Daily Doctor's Endorsement by a Sign

Date/Time	20/7	21/7
8AM	PSA RS	

DRUG : REDOTIL Sachet.

Dose	Route	Frequency	Start Dt.
10mg	P/O	Q8H	19/7

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

Additional Instructions: 1—1—1

Date/Time	19/7	20/7	21/7
8AM	/	PSA RS	
2PM	/	BJ VB.	
10PM	MA PN	MA PN	

Daily Doctor's Endorsement by a Sign

DRUG : DOMPERIDONE suspension

Dose	Route	Frequency	Start Dt.
2ml	P/O	Q8H	20/7/26

Name & Signature of the Doctor Starting the Drugs: RSD

Additional Instructions:

Date/Time	20/7	21/7
7AM	/	PN SA
1PM	PSA RS	
7PM	BJ VB	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Sticker

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

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

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

Signature .....

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

I.V. FLUIDS CHART

Weight. 8.2 kg 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
18/7/24	9.30 pm.	0.9.1.DNS	IV	32 ml/hr.			19/7/24		
19/7/24	11 AM.			20 ml/hr					

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

GUC-00094035 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/7/26 Time:	9.30 pm	12am	4pm
Doctor/Nurse/Family Concern?			
Temperature (°F)	97.8f	98.2f	97.4f
Heart Rate (bpm) and Blood Pressure (mmHg) *	92 (58) 50		
Note: BP does not score in early warning scoring			
Heart Rate (Number)	128bt	132bt	186bt
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	32bt	30bt	30bt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	98%
Conscious Level: Normal / Altered	✓	✓	✓
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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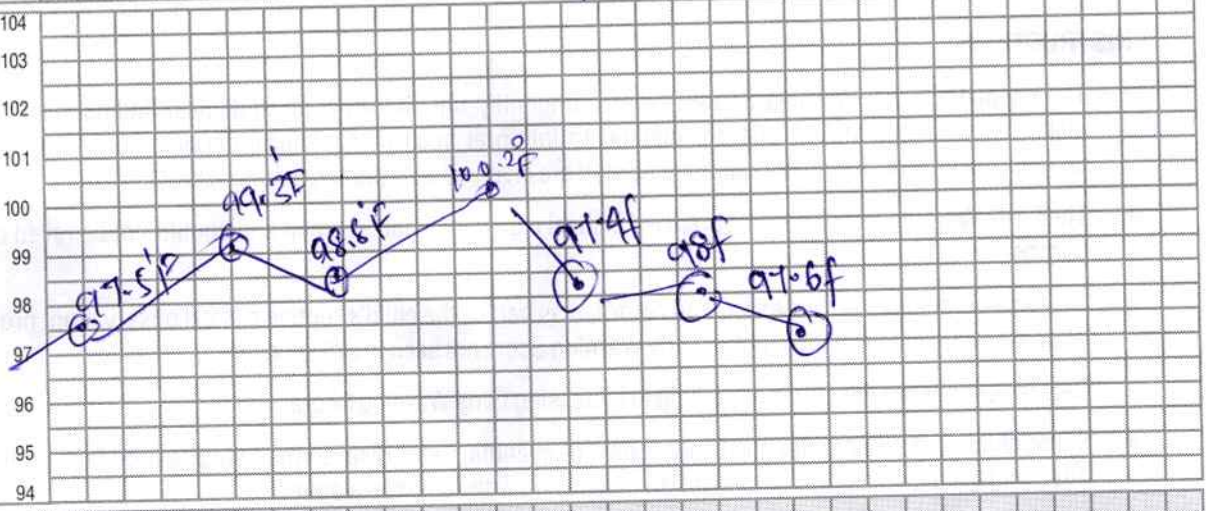
EARLY WARNING SCORE: CHILDREN'S UNIT

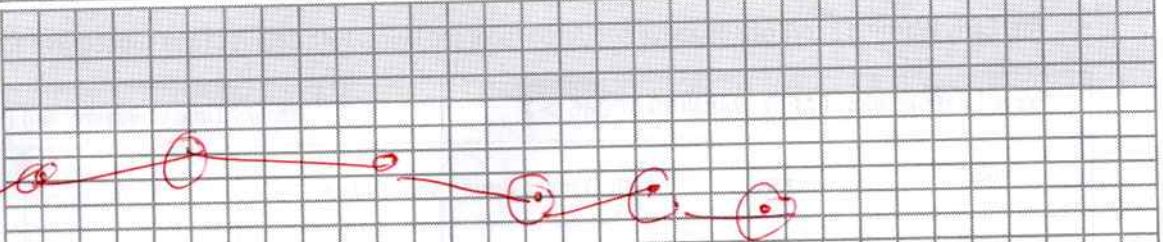
Date: 19/9 Time:	8AM	12PM	4PM	8PM	12 AM	4AM	
Doctor/Nurse/Family Concern?							

Temperature (°F)



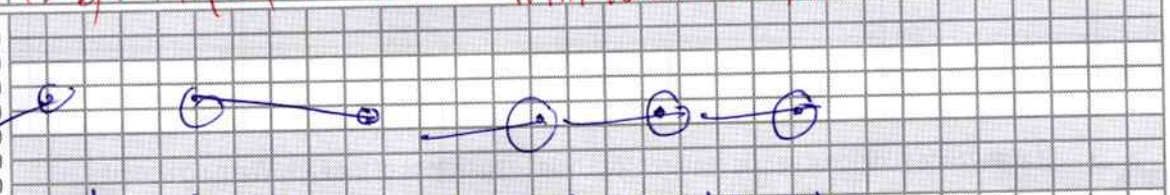
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	136b/m	140b/m	184b/mt	119bt	126bt	124bt

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



Resp Rate (Number)	36b/m	25b/m	32b/mt	30bt	30bt	30bt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	RA 99%	100%	98%	98%	98%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PRV	PRV	RJ	PRV	PRV	PRV

ACTIONS

NB: Scores 3 should be recorded overleaf

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Baby ESHAN PRAKASH KUMAR
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Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

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: 20/7 Time:	8am	12pm	4pm	8pm	12 am	4Am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98.2F	98.5F	97.5F	97.8f	98f	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)						91 / 62 / 55
Heart Rate (Number)	120b/mt	119b/m	118b/mt	120bt	126bt	124b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	32b/mt	32b/m	30bM	30bt	30bt	30b/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	99%.	97%	98%	98%.	98%
Conscious Level — Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE / Number of shaded boxes	0	0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

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FLUID CHART

Sheet No. : (1)

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

18/1/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	→ Child Received from ER to 4th floor @ 9:30 pm									0	Dy
	09:00 pm			32ml							0	Dy
	10:00 pm	water	30ml	32ml			loose stool			✓	0	Dy
	11:00 pm	kanji	50ml	32ml							0	Dy
	12:00 am			32ml							0	Dy
	01:00 am	water	50ml	32ml						✓	0	Dy
Total Intake :		130ml	+ 160ml			**Total Output :**					2 time urine passed	
	02:00 am	water	50ml	32ml							0	Dy
	03:00 am			32ml							0	Dy
	04:00 am	water	30ml	32ml							0	Dy
	05:00 am			32ml			loose stool			✓	0	Dy
	06:00 am			32ml							0	Dy
	07:00 am	water	30ml	32ml							0	Dy
Total Intake :		110ml	+ 192			**Total Output :**					1 time urine passed	

Total 24 hrs. Intake	592ml	Total 24 hrs. Output	3 time urine passed.

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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

19/9/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	water	60ml	DC			loose stool			✓	0	RP
	09:00 am			30ml				✓			0	RP
	10:00 am			30ml							0	RP
	11:00 am	TC wat	100ml	DC						✓	0	RP
	12:00 pm			DC			✓ loose stool				0	RP
	01:00 pm	wat	30ml	20ml						✓	0	RP
Total Intake :			180ml	+ 84ml			Total Output :			3 times urine passed		
	02:00 pm			20ml							0	RP
	03:00 pm	water	20ml	20ml						✓	0	RP
	04:00 pm	water	30ml	20ml			watery loose stool ✓				0	RP
	05:00 pm	Feed	100ml	DC			watery loose stool			✓	0	RP
	06:00 pm	orange juice	100ml	DC			loose stool				0	RP
	07:00 pm			DC			loose stool			✓	0	RP
Total Intake :			270ml	+ 60ml			Total Output :			3 times urine passed		
	08:00 pm	grapes	100ml	20ml			✓				0	dy
	09:00 pm			DC			✓			✓	0	dy
	10:00 pm			20ml			✓				0	dy
	11:00 pm	Grapejuice	100ml	20ml						✓	0	dy
	12:00 am			20ml							0	dy
	01:00 am			20ml							0	dy
Total Intake :			200ml	+ 100ml			Total Output :			2 times urine.		
	02:00 am			20ml							0	dy
	03:00 am	Glucose	50ml	20ml						✓	0	dy
	04:00 am			20ml			✓				0	dy
	05:00 am			20ml							0	dy
	06:00 am	ORS	100ml	20ml							0	dy
	07:00 am			20ml						✓	0	dy
Total Intake :			170ml	+ 120ml.			Total Output :			2 times urine.		

Total 24 hrs. Intake	1184ml	Total 24 hrs. Output	10 times.

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
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FLUID CHART

Sheet No. : 5

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
20/9/25												
	08:00 am	Ilami	120ml	-						✓	0	RSP
	09:00 am			-			Semi loose stool				0	RSP
	10:00 am	H2O	30ml	-							0	RSP
	11:00 am			-						✓	0	RSP
	12:00 pm	Ilami	120ml	15ml							0	RSP
	01:00 pm			15ml			Loose stool 1time			✓	0	RSP
Total Intake :		240ml & 30ml				Total Output :				3 times urine passed		
	02:00 pm										0	Jay
	03:00 pm	water	30ml				✓			✓	0	Jay
	04:00 pm	water	20ml								0	Jay
	05:00 pm									✓	0	Jay
	06:00 pm	Kanji	50ml								0	Balu
	07:00 pm	water	20ml				✓			✓	0	Balu
Total Intake :		120ml				Total Output :				3 times urine passed		
	08:00 pm	Kanji	50m	15ml							0	Dy
	09:00 pm			15ml						✓	0	Dy
	10:00 pm	H2O	20m	~~20~~							0	Dy
	11:00 pm										0	Dy
	12:00 am	milk	150m							✓	0	Dy
	01:00 am										0	Dy
Total Intake :			170m			Total Output :				2time.		
	02:00 am											Dy
	03:00 am									✓		Dy
	04:00 am											Dy
	05:00 am						vomit					Dy
	06:00 am	150ml	100m							✓		Dy
	07:00 am											Dy
Total Intake :			100m.			Total Output :				2time		

Total 24 hrs. Intake	780m	Total 24 hrs. Output	10 time

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE c̄ some dehydration

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

Surgery / Procedure:

BACKGROUND

Post OP Day:

Date / Shift	18/1/26 Night	19/1/26 M	19/1/26 E	20/1/26 Night	20/1/26 M	20/1/26 E
Medical Condition (Any special condition to be noted):	Noted	Noted	noted	Noted	noted	Noted.
Diet:	Soft diet	Soft diet	Soft diet	Soft diet	Soft diet	Soft diet
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	97.6F	97.5°F	100.2F	97.6F	98°F	97.5F
Res:	30bt	36 b/m	32b/mt	32bt	32 b/mt	32b/mt
SpO_2:	98%	99%	99%	98%	99%	98%
Pulse:	128bt	130 b/m	132b/mt	119bt	120b/mt	122b/mt
BP:	—	—		—		—
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	—	13	13	13	13	13
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	—	27	27	24	27	27
Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Soft diet	—	—	—	—	—
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	—	—	—
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Angel	Abitha	Jathiya	Angel	Jessy	Jathiya
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	18/1/26	19/1/26	19/1/26	20/1/26	20/1/26	20/1/26
Time:	7:30am	@1.30pm	7pm	7:30am	@1:30pm	7:30pm
Taken Over By Name :	Abitha	Jathiya	Angel	Angel S	Jathiya	Angel
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	18/1/26	19/1/26	19/1/26	20/1/26	20/1/26	20/1/26
Time:	@7:30	2pm	7:30pm	7:30am	2pm	7:30am

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

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR (M)
13-09-2025 0 Y 10 M 5 D
Dr. V V VIVEKANAND

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NURSING CARE RECORD

Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9.30 pm	Maintain fluid Balance		Assessed child condition Maintain vital sign's and I/o chart Maintain hand hygiene	Improved fluid Volume	Reassessment was done vital are stable	018950

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR (M)
13-09-2025 0 Y 10 M 6 D
Dr. V V VIVEKANAND

NURSING CARE RECORD

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Date: 19/4/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	prevent infection		Assess child condition monitor vitals Administer Medication as per doctors order	infection was reducing	Requirement done	
Afternoon	2pm	to promote Health Hygiene		→ Assess child condition. → Vital monitoring → Encourage Hand + oral Hygiene	maintained personal Hygie	Reassessment done	
Night	8pm	Maintain good Nutritional status		Assessed child condition => Maintain vital Sign's and Stochart => Maintain hand hygiene	Nutritional pattern was improved	Reassessment was done vital are Stable	

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

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 On:- 18/1/26.	
18/1/26.			
	9pm.	Child Received from ER to	
		4th floor child came for age	
		c some dehydration child is	[signature]
		conscious & oriented child.	018950
		IV cannula patent —	
		vital sign's checked and	
		Recorded vital are stable	
		CP ++ / PP ++ / CRT <3sec —	[signature] 018950.
		Child take soft diet —	
	10pm	IV fluid DNS 32ml per on flow.	
		Due to medication was	
		given as per doctor's order	
		I/O chart maintained —	[signature]
	12am	vital sign's checked and	018950
		Recorded vital are stable	
		CP ++ / PP ++ / CRT <3sec —	
			[signature]
		Continue IV fluid DNS 32ml	01895
		per on flow —	
		Child sleeping pattern was	
		good IV cannula patent —	
	4am	vital sign's checked	[signature]
		and Recorded vitals	018950.
		are stable —	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26		→ continue 18/7/26 ←	
		CP ++ / PP ++ / CRT <3 sec	[signature] 018950
	6am	Due to medication was given as per doctor's order. I/O chart maintained.	
	7.30am	Child details hand over given to morning duty staff	[signature] 018950
		Morning duty Notes on 19/7/26	
	7.30am	The child details handover taken from the night duty staffs	[signature]
		The child is conscious and active	
	8am	Administer the medication as per doctor's order	
		vitals are checked and recorded temp is normal	
		PP ++ / CP ++ / CRT <2s.	[signature] 015780
	10am	I/O chart is maintained	
		& urine pattern and good	
	11am	Dr. Kavitha mam rounds was done	
		adv. to ↓ [illegible] @ 20ml/hr.	
	12pm	vitals are checked and recorded temp is normal	
		PP ++ / CP ++ / CRT <2s	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
Dr. V V VIVEKANAND

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies ..... not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		- continue (19/9/26)	
	1.30pm	The baby details handover given to evening duty staffs.	
19/9/26	1.30 PM	Evening duty note on 19/9/26	
		child details handover given from morning duty staff nurse using SBAR method. on Assessment, child is conscious, oriented and afebrile. CRT - 1sec, Suji Assessment done IV line is present and patent. on IVF DNS @ 20ml/hr on flow, no pain or redness.	
	4PM	vitals checked and recorded, all are hemodynamically stable. T - 100.2°F	
		Regarding T - 100.2°F informed to Dr. Vaitheeswaran advised to give P 120 5ml - stat order followed	
	4.30 PM	Dr. given sir came and seen informed about the child condition advised to follow as per physician note	
	6PM	Due medication given as per the drug chart	
	7PM	Strict I/O chart maintained	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26		← Continue notes →	
	9³⁰pm	child details handed over to	
		night duty staff nurse using	[signature]
		SBAR method	03749
		→ Night duty on: 19/7/26 ←	
	7.30pm	child details hand over taken	
		from evening duty staff	
		Child is conscious & oriented	[signature] 018950.
		Child IV cannula pattern	
	8pm	vital signs checked and	
		Recorded vital are stable	
		CP ff / PP ff / CRT <3sec	[signature] 018950.
		Due to medication was	
		given as per doctor's order	
		Child intake was good	
	10pm	Child complaint of loose stool	
		Continue informed to mam.	
		Dr Kavitha mam advise	
		Racecadotril Sachet given as	[signature] 018950.
		per doctors order	
		IV fluid DNS 20ml per	
		On flow	[signature] 018950.
	12am	vital signs checked	
		and Recorded vital	
		are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR (M)
13-09-2025 0 Y 10 M 6 D
Dr. V V VIVEKANAND

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NURSES NOTES

☐ ...Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 19/4/26 ←	
19/4/26		CP ++ | PP ++ | CRT <3sec	[signature] 01890
	2am	Child sleeping pattern was good. No any complaints. Child IV cannula patent. I/O chart maintained	
	4am	Vital sign's checked and recorded. Vital are stable. CP ++ | PP ++ | CRT <3sec	[signature] 01890
	6am	Due to medication was given as per doctor's order. I/O chart maintained	[signature] 01890
	7:15 Am	Dr. Vivek sir seen by a child. He advised to add syp. Domstal TDS, stop Inj. Emeset, continue [illegible]	[signature] 01801
	7:30 am	The child details handing over given to morning duty staff	[signature] 01801
20/7/26	7:30 Am	Morning duty note on 20/7/2026. Child details taken over from night duty staff nurse using ISBAR method. On assessment, child is conscious, oriented and afebrile all-time, skin assessment done	[signature] 02749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26		← Continue notes →	
		IV line is present and patent, no	
		pain or redness, on IVF DNS @ 15ml/hr	
		on flow	
	8am	vitals checked and recorded	Rfer
		All are hemodynamically stable.	02149
		CP | PP | CRT / ++ | ++ | <3sec	
	8am	Due medication given as per	Rfer
		the drug chart	02149
	10am	Child was activity is good.	
		No any fresh complaints	
	12pm	Vitals are checked & recorded.	
		Vitals are stable PP | CP | CRT / ++ | ++ | <3s	
		maintained	
		I/O chart.	
	1:30pm	IVF DNS - 15ml/hr on going	
		child details Handing over	
		given to the evening duty s/n.	P.S[illegible]
		Evening Duty Notes:-	25384
	1:30	child details	
	pm	handing over taken from	
		morning duty s/n - child	
		conscious & oriented. child	
		activity are good. IV line	
		(+) no swelling & pain.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR (M)
13-09-2025 0 Y 10 M 6 D
Dr. V V VIVEKANAND

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NURSES NOTES

☐ Known Drug Allergies

☐ Drug Allergies .... nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	2pm	Due medication are given as per drug chart order.	
	4pm	Vital signs checked & recorded vitals are stable now	
		CP ++ | PP ++ | CRT <2sec	
	6pm	Due medication are given as per drug chart order I/O chart maintained.	Jeey / Rotty
	7:30pm	Handing over given to night duty S/N	Jeep / 02004
		→ Night duty on 20/7/26	
	7:30pm	child details hand over taken from evening duty staff Child is conscious & oriented Child IV cannula patent	[signature] 018950
	8pm	vital signs checked and recorded vital are stable	[signature] 018950.
		CP ++ | PP ++ | CRT <3sec	
		Child intake was good Child IV fluid stop I/O chart maintained	
	10pm	Due to medication was given as per doctor's Order	[signature] 018950

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 20/7/26 ⊂	
20/7/26	12am	Vital Sign's checked and	
		Recorded vital are stable	
		CP | PP | CRT	
		ff | ff | <3sec	[signature] 018950
		Child sleeping pattern was	
		good No any complaint's	
		Child IV cannula patten	[signature] 018950
	4am	Vital Sign's checked	
		and Recorded vital are stable	
		CP | PP | CRT	
		ff | ff | <3sec	
21/7/26	6AM	Due to medication was	[signature]
		given as per doctor's order	018950
		I/O chart maintained	
		No any complaint's	
	7:30 AM	Baby details handover	[signature]
		given to morning duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
MRD NO: 13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND
Age :....... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 18.07.2026 Time: 8:40pm
Location : (R) mefacaypalr
Size : 24G.
Cannula inserted by : Dr. chandrikalaga.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
18.7.26	9.00pm	☐Yes ☐No	☐Yes ☐No	pattern	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
19/7/26	12am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4PM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
20/7	12am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	12PM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
21/7	12am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]

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

CANNULA 2

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/7	2am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 6 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	18/7 M DATE N	M DATE 19/7	E DATE 19/7	N DATE 19/7	M DATE 20/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	13	13	13

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		NA	NA	NA	NA	NA
Other Intervention(s) Specify		NA	NA	NA	NA	NA
Nurse's Name:		Angel	[illegible]	[illegible]	[illegible]	Jen
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		18/7	19/7	19/7	19/7	20/7
Time:		9pm	@ 8am	2pm	8pm	8am

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

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BRADEN 'Q' SCALE

(for Paediatric use)

. Gender : ☐ M ☐ F IP No.: .....

					Date : 18/7	19/7	19/7	19/7
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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PAIN ASSESSMENT FORM

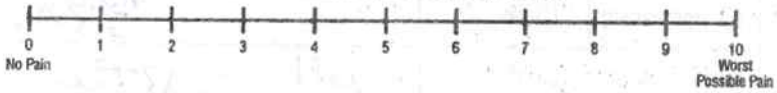
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	9pm	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	018900
19/7/26	4am	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	01895
19/7/26	8am	0|0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	01500
19/7/26	2pm	0|0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02049
19/7/26	8pm	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	01895
20/7/26	4am	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	018900
20/7/26	8am	0|0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02049
20/7/26	9pm	0|0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
20/7/26	8pm	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	018900
21/7/26	4am	0|0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	018900

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

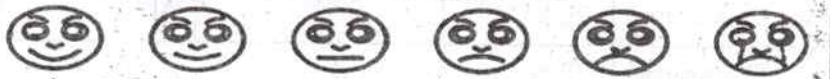
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Part - I.
Patient's / Learner Language: Tamil, English Patient / Learner Literacy: ☐ Read ☐ Write ☐Speak W... ealthcare Literacy: Yes☐ No☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
18/7	10pm	treatment care	Explain about treatment care.	mother	No learning Barrier	oral	None	verbalize understanding	good	[signature] 018906
19/7/26	8am	fall risk education	Explained about side rails call bell	mother	no	oral	None	verbalizes understanding	-	[signature]
20/7/26	8am	Nutritional management	Explained about the importance of nutritional management	mother	no	oral	none	verbalizes understand	-	[signature]
21/7/26	8am	Infection control	explained parents Hand hygiene handwashing technique	mother	none	oral	none	verbalizes understand	Good	[signature]

Part - III: CODES

Who was taught:	PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ....
Learning Barriers:	1. No Learning Barriers 2. Physical Impairment 3. Emotional Barriers 4. Language Barrier 5. Educational Level 6. Desire / Motivate to Learn 7. Impaired Thought Process/Cognitive limitations 8. Responsibilities at Home 9. Cultural Differences 10. Financial Difficulties 11. Beliefs and Values 12. Impaired Vision/ or Hearing 13. Cultural/Religion Practice 14. Others (Specify ....
Teaching Tools Used:	A: Audio D: Demonstration V: Video O: Oral P: Printed
Mechanism/s to overcome barrier/s:	1. None 2. Obtain translator 3. Reassurance & Support 4. Teach Family / Others 5. Respect values & beliefs 6. Respect Cultural / Religion Preference 7. Other, Specify ....
Understanding:	1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9am Mode of Arrival: Holding Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 8.2 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: 8.2 kg Length: — Head Circumference (< 2 years): —

Temp.: 97.8 F HR: 128 bt RR: 30 bt BP: —

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

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

Risk of Pressure Sore (Braden Q Score 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
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ No Abnormalities Detected
☐ Underweight
☐ Overweight
☐ Special Feeding Method
☐ Feeding Problem
☐ Special diet
☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With .....

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: ..... SIN Angel ..... Date: ..... 18/4/26 ..... Time: ..... 9:30pm Signature ..... 018950.

GUC-00094036 IP18-00036522
Baby ESHAN PRAKASH KUMAR
13-09-2025 0 Y 10 M 5 D (M)
Dr. V V VIVEKANAND

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/07/25 Time of arrival : 8:00pm

Chief Complaints: H/O loose stool x 6 times, vomiting x 5 times RBS: 103 mg/dl

Height : — Weight : 8.2kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0to0 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?) 02

Time of Initial assessment completed by ER Nurse : 8:10pm

Time	Nursing Notes
8:30 pm	patient come to the ER with the C/O vomiting, loose stool x 1 days. Recorded [illegible] chartinalgn. molon. - monitored for vital signs. IV line placement dr- blood sample collected and pt shifted to the ward.

Samples collected by: S/N Shibu Time: 8:40 pm

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 136/m BP: 86/50(61) CFT: <3sec	Shift - out from ER to: 404
RR: 28/m SPO₂ : 98% RA	Time of Shift - out: 9 pm
GCS: 15/15 Temperature : 98.2°F	Handover given to: (Nurse's Name) S/N Angel
Pain Score: 0/10	
Repeat RBS (if applicable): 103mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement (R) metacarpals/ 24 G

Name of the Nurse : Shibu Debnath Signature of the Nurse : [signature] 17890

Date & Time : 18/07/26 @ 8:40pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Chandrasekar

Date : 18/7/25

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

Start Time of Assessment: .....

Weight: .....

Allergic History: .....

Chief Complaints: .....

vomiting x 5 episodes

loose stools x 6-7 episodes

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: 30/min SpO_2 on FiO_2 99 : RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L AE (+)

Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

(P.T.O.)

Circulation

HR: 136/min · CFT [Central ..... / Peripheral .....]

BP: 86/50 mmHg

Pulse Volume: [Central ..... / Peripheral .....]

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability

GCS: 15/15 AVPU: .....

Pupils: [Responsive ☑ / Non-Responsive ☐]

Size [Right ..... / Left .....]

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

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 97.8 F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned: .....

As per chart

Treatment Planned: .....

As per chart

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

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

Assessment done by

Name of the Doctor: Dr. Chandiraleka

Signature: .....

Date & Time: 18/7/24

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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EMERGENCY ROOM TRIAGE FORM

alb 8.2kg.

Patient's Name : ESHAN Age : 10M Gender: ☐ Male ☐ Female

Date : 18/07/25 Time of Arrival : 8:00pm

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

Source of Information : ☐ Parents ☐ Others (Specify) Nil

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.8°F PR: 136/m BP: 86/50(6) RR: 30/m SpO2: 98% RBS → 103 mg/dl

Chief Complaints: H/O vomiting, loose stool (x 1 day)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

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 : Shibu Debnath.

Signature of Triage Nurse : 18/7/25

Date & Time : 18/07/25 @ 8:02pm.

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

CBC
CRP
PS
RFT
LFT
Se ele.
Stool

32 m/hr.

Pan 10mg
Eme ~~OSS~~·1 IV BD
Bif 1 BD
Zin 5ml/20mg 2·5ml.

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	18.07.2026 @ 8.30pm	18.07.2026 @ 9pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. vivek anand	Dr. Chandralega.	further Management
From Unit	**To Unit**	**Information to Attendant**
ER.	4014	Yes ☐ No ☑
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Total sheets 14	nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	0.45-DNS 500 ml	1
2.	Infraffix	1
3.		
4.		
5.		

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

Acute gastroenteritis c̄ some dehydration

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
01613h Godwin Jain.	Dr. Chandralega 18/7/24

Patient & Clinical Records Received by : SN Angel 01898 @ 9.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

Docu. No. : RCH /FRM / CLINICAL / 102

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
18/07/26	8pm	103 mg/dl	—	[signature]

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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