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: 25/7/26

Name of the Patie: GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 11 D (F)
Dr. KARTHIK NARAYANAN R

UHID No: .....

Gender: .....

Ward: .....

Room No: 603

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
Date: .....
Time: .....

Nurse Sign
Date: 25/7/26
Time: 01:30

Pharmacy Sign
Date: .....
Time: .....

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

Rainbow Children's Hospital

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 11 D (F)
Dr. KARTHIK NARAYANAN R

DISCHARGE TRACKING SHEET

OOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			Renuka 07189				
Activity Sheet update by Pharmacy			20/12/25				

ACTIVITY RECORD FOR BILLING

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Name: .....

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

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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

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

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

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

e bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	11:40pm	ER	603	

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
22/07/26	CBC, CRP, RP, H	26023576.	
	Blood c/s	[illegible].	
22/7/26	Urine routine, US	23587	
24/7/26	CRP	2377	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7/26	Infusion pump	12PM	23/7/26 4pm	1731519	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	IV line placement	(1)	[redacted] 1244	[redacted]
22/7/26.	USG Abdomen kub.	(1).	9889.	[redacted]
24/7/26	IV line placement		32197	Staff nurse

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 25/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[redacted]			

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GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 10 D (F)
Dr. KARTHIK NARAYANAN R

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	10.00 Am.		Seal		
	INTIME	OUT TIME			
Arrangement of File by Nursing	10.00 Am	10.10a	Seal		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036578 **Admit Date** : 22-Jul-2026 **Admit Time** : 10:22 AM **UHID** : GUC-00094066

Patient Details :

Patient Name	: Baby AMENDA JORIEL A J	**Age**	: 0 Y 7 M 10 D
Guardian	: Mr ARPUTHARAJ	**DOB**	: 13-12-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kunnathur Kanchipuram Chennai Tamil Nadu INDIA 600069	**Phone No**	: 8072147427
		E-mail	: n@m.m

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 603 **Ward Name** : 6F-PRIVATE

Room No : PVT 603 **Admission Type** : First Visit

Contact Details :

Name : Mr ARPUTHARAJ **Relationship** : Father

Contact Address : Kunnathur Kanchipuram Chennai Tamil Nadu INDIA 600069 **Phone No** : 8072147427

x

Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : DR.PRASHANTH SANKAR (THE CHILD HEALTH CLINIC) **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 5000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

Rainbow Children's Hospital

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AMENDA JORIEL A J**	**Age :**	**0 Y 7 M 9 D**
IP No:	**IP18-00036578**	**Sex:**	**Female**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. Arputharaj.
Relationship: Father
Date: 22/7/26 Time: 10:22am
Witness Name: Pavithra.P
Witness Signature:

Patient Address:
Kunnathur Kanchipuram Chennai
Tamil Nadu INDIA 600069

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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 : Baby. Amenda Jorick. J	UHID Number : GUC-0009 4066
Self/Attendant Name : Arup	Relation : Father
Self/ Attendant Signature : Arup Phone Number : 8072147427	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

भारत सरकार
GOVERNMENT OF INDIA

Arputharaj Asuraj
அற்புதராஜ் ஏசுராஜ்
பிறந்த நாள்/DOB : 11-01-1997
ஆண் / Male

8214 7477 6741

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:
S/O: ஏசுராஜ், பிளாட்
எண் 4, 2வது தெரு,
மாணிக்கம் நகர்,
குன்றத்தூர்,
காஞ்சிபுரம், தமிழ் நாடு,
600069

Address:
S/O: Asuraj, PLOT NO 4, 2ND
STREET, MANICKAM NAGAR,
KUNDRATHUR, Sriperumbudur,
Kancheepuram, Tamil Nadu, 600069

1947, 1800 1947

help@uidai.gov.in

www.uidai.gov.in

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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BED SIDE CHECK LIST FOR NURSES

Date:	22/7 NT.	23/7	24/7					
Doctor's Orders	yes	✓	Dr. Karthik					
Carried out or not	yes	✓	yes					
Bed Side								
Structured Handover done	yes.	✓	✓					
IV Site	yes	✓	✓					
Central Lines	No	X	X					
Arterial Lines	No	X	X					
Feeding Catheter	No	X	X					
Urinary Catheter	No	X	X					
Skin Care	yes	X	✓					
Eye Care	yes	X	✓					
Mouth Care	yes.	X	✓					
Sterillum Bottle, Stethoscope	yes.	X	✓					
Suction Bottle (Should be clean & empty)	yes	X	X					
Intubation Tray	No	X	X					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NO	X	X					
Ventilator Tubing,(Any Water, Blood)	NO	X	X					
Humidification	yes	✓	✓					
Check all Infusion (Labelling,Correct Preparation)	yes	✓	✓					
Chest Physio & Neb	No	X	X					
Handed Over By Name :	Sheeja	Celi	Divya					
Signature :								
Date & Time:	22/7/26	23/7/26	24/7 2pm					
Hand Over Taken By Name :	Sheeja	Divya						
Signature :								
Date & Time:	22/7/26	24/7 2pm						

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

7m/M

c/o fever x 5 days
high grade (Temp - 102 - 103° F),
defervile only yesterday f/b recurrence
c/o fever - 101° F yest. night
c/o sneezing initially - settled
c/o nasal block - mild
c/o crying during micturition +
c/o ↓oral intake
c/o lethargy +

started on cefixime on 20/7

Patient Sticker

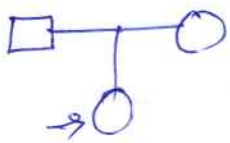
Past History : (Including details of any previous investigation or treatment)

No previous admission

Birth & Neonatal History:

Term, BW - 8.9 kg, CAB, No H/O NICU admission

Family Chart



Birth & Socio Economic History:

About Father : } Nil significant

About Mother :

Any additional Information :

Developmental History : (N)

Immunization History : (N)

Anthropometry :

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

Weight (kgs) 8.9 kg (Centile _____)

On Examination :

Temperature : 98.3°F Pulse Rate : 155 B.P. _____ SPO2 98%

Resp.rate and type of breathing : 35

Rash –

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : Bl AE +

Any addes sounds : –

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1, S2 +

Any murmur : –

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

Per Abdomen :

Inspection : N

Palpation : Soft, not tender,

Ausculation : BS+

Spine : N External Genitelia : N

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator :

Posture : N

Involuntary Movements :

Patient Sticker

Reflexes :

DTR N **Superficials:**

Plantars

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: ? UTI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
RP-II
Blood QS
Urine R/M, QS
USG KUB

Planned Management

IVF
Inj: ceftriaxone

Signature of the Doctor: 125882

Name of the Doctor: Keerthana. D

Date & Time: 22/7/26 11 am

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 Facilfty 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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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24		
4:30PM	S/B Dr. DEEPAK	
	Ash: UTI	
	Child reviewed	
	NO fever spikes since 12:00pm	
	→ last spike – 100.9°F	
	C/O: nasal block (+)	
	O/E:	
	Child is alert, afebrile	
	CVS: S1S2 (+)	
	RS: NVBS (+)	
	P/A: Soft NT	
	CNS: NFND	
	USG KUB (N)	Nasoclear drops 2ᵛ–2ᵛ–2ᵛ
	CRP – 140	Rx
	TC – 16,450	Continue as per chart
	URINE:	To monitor vitals / sensorium
	ROUTINE	To trace Blood C/S
	→ Pus cells – plenty	urine C/S
	Leukocyte: 3+	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 9am	S/B Dr. Keerthana	
	UTI c̄ Anemia (moderate)	
	c/o 1 fever spike yesterday	
	Afebrile for past 24 hours	
	Accepting feeds well	
	crying during micturition settled	
	Urine output adequate	
	No loose stool.	Hb - 9.6
		Normocytic normochromic
	On Inj. ceftriaxone - D2	
	Blood & urine c/s - awaited	
	O/E Hydration good	
	HR - 102/ min 23/7/26	IV cannula in
	RR - 30/min -/-/-	(L) hand (D2)
	SpO_2 - 98%	
	CVS NAD	
	RS	
	P/A - soft, not tender, BS+	
	Adv:	
	- Continue Inj. ceftriaxone	
	- Stop IVF	
	- f/u blood & urine c/s	
	- Hematinics at discharge	
	- DBF + complimentary feeding as advised.	
	[signature] 120882	

Patient Sticker

GUC-00094066 IP18-00036578
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 5:15AM	S/B Dr. DEEPAK Av. UTI c̄ Anemia No fever spiky Child reviewed O/E: Child is alert, afebrile CVS: S1S2 (+) RS: NVBS (+) P/A: Soft CNS: NFND No new concerns intake good U/O good passed stools thrice semisolid	vitals stable Rx → Continue as per chart → To trace Blood c/s urine c/s To monitor vitals / respiratory [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
24/7/24 9:15AM	S/B Dr. DEEPAK	
	ΔSis: UTI	
	c̄ Anemia	
	Child reviewed	
	Child has no fever spikes since 48hrs	
	O/E:	
	Child is conscious, alert, afebrile	
	CVS: S1S2 ⊕	
	RS: VBS ⊕	
	P/A: Soft	
	CNS: NFND	
	Blood C/S → SFNG	
	Urine c/s – SFNG	
	IV line out	
	↳ Repeat CRP done	Rx
		→ Continue as per chart
		→ To monitor vitals regularly
		→ To trace CRP
		[signature] 10142J

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

GUC-00094066 IP18-00036578
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(3)

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

Date & Time	Progress Notes	Doctor's Order
23/12/25	S/B Dr. Karthik	
	- Fever Absent for 24 hrs - TJc Final Urine c/s sent - D/c tomorrow.	
24/12/25 3:45PM	S/B Dr. DEEPAK Dr: UTI & Anemia Child reviewed Child has no new concerns O/E: child is conscious, alert, active CVS: RS/NAD P/A: SNT CNS: NFND CRP-31 Urine c/s / * SO far no growth Blood c/s /	KNC Vitally stable -) Continue as per chart -) To monitor vitals / observations -) D/C tomorrow KNC 16/12/25

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J (F)
13-12-2025 0 Y 7 M 9 D
Dr. KARTHIK NARAYANAN R

Docu

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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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
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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-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital
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Your Right to a Safe Delivery

RESULT SHEET

Date	19/07/26	22/7/26				
Time						
Hb	10.3	9.6				
PCV	30	28				
RBC	4.02	3.73				
WBC	16.29	16,450				
N/L	46/47	19/81				
Platelets	615	7,26,000				
CRP	49	1.40↑				
ESR						
PCT						
RBS						
Na		138				
K		4.7				
Cl		102				
Ca/Mg		1.34				
Phosphate / HCO_3^-		/19				
Urea		12				
Creatinine		0.31				
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						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	-ve					
CUE - PUS Cells	Plenty					
CUE - RBC Cells	-ve					
CUE Leukocyte	3+					
Nitrite	-ve					
Granular cast	+ve					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood c/s -> So far no growth
Urine c/s

Radiology : USG : KUB - Normal

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

Patient Stick

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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: ..... 403 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp. P120	5ml	PO	SOS	21/7 10pm	☑C ☐DC
2	Cefixime Drops		PO	BD	22/7 9 am	☐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 125852

Doctor Name & Signature : .....

Date & Time : 22/7/26 11 am

Nurse Name & Signature: Soniya Soniya

Date & Time : 22/7/26 at 11.15 am

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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: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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: .....

Date & Time : .....

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DRUG CHART

Date of Admission: 21/7/2026 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	Route	Frequency	Start Date	22/7 12:30 PM
5ml	PO	SOS	22/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 8-9kg Ward. 6th floor

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
450mg	IV	Q12H	22/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7/25	23/7	24/7	25/7
6 AM	2AM SL / SP	SL / SG	SS / SP	SH / MM
6 PM	9PM SL / SG	SS / TB	SR / AD	
	D1	D2	D3	D4

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
10mg	IV	OD	22/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7	25/7
11PM	8.5 MM			
6 AM	SL / SG	9:30A SS / SP	SH / MM	

DRUG : NASOCLEAR DROPS

Dose	Route	Frequency	Start Date
2	PIN	2-2-2	22/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7	25/7
8 AM	/	PS / SP	SS / SP	SD / CS
2 PM	/	SJ / JB	TB / AD	
10 PM	SL / SG	SG / MJ	SH / MM	

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Date
1	PO	BD	23/7/25

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7	25/7
8AM	/	PS / SP	SS / SP	SD / CS
8PM	10PM SH / SL	SH / MM	SG / MM	

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 8.4 Kg Ward 603

DRUG : Candid mouth paint			
Dose	Route	Frequency	Start Dt.
3°	oral	BD	24/7/26
Name & Signature of the Doctor Starting the Drugs: (signature)			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date ▸ / Time ▾	24/7	25/7
10 AM	8PM / [illegible] / PP	S8 / S3
10 PM	Sty / HM	

DRUG :			
Dose	Route	Frequency	Start Dt.
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions:			
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			

DRUG :			
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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Date Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. 8-9kg Ward. 6th floor.

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.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

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I.V. FLUIDS CHART

Weight. 8.9kg Ward. 6th Floor

Date	Time	Composition of Fluid (If infusion, mention ml./hr = ml./kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/12	12:00 pm	0.9% DNS (1/2 maintenance)	IV	18		PS / MM	23/12 7AM		
				STOPPED					

Signature .....

VERIFIED BY : Name .....

GUC-00094066 IP18-00036578
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13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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

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

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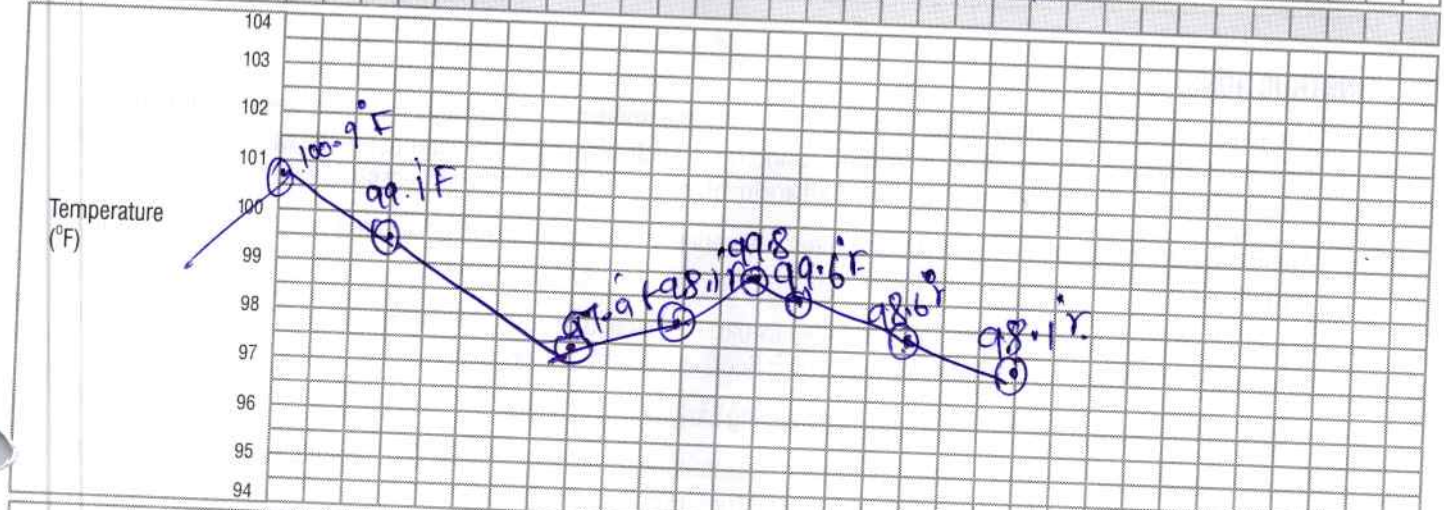
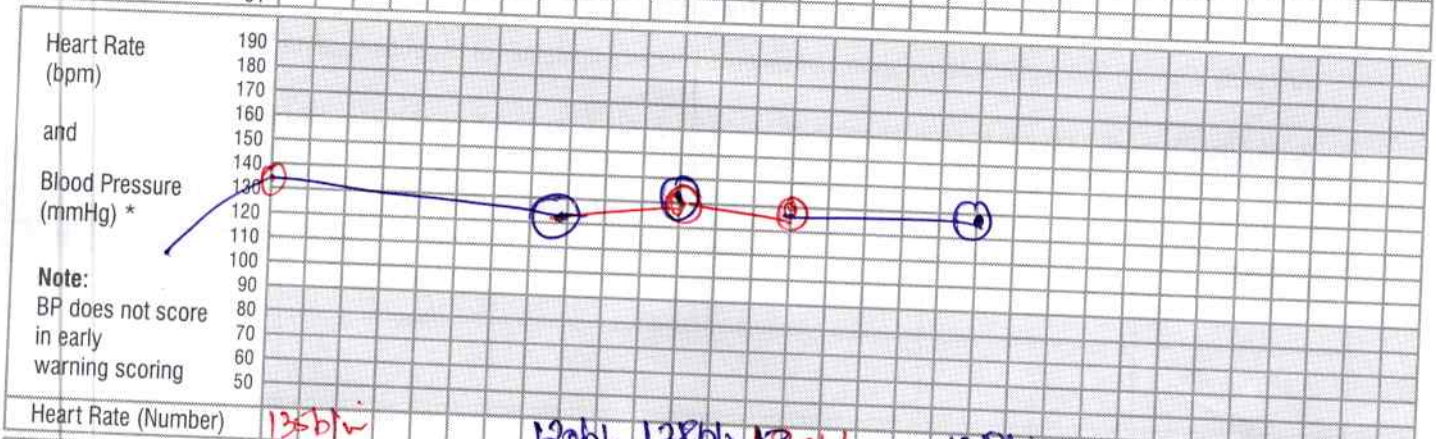
EARLY WARNING SCORE: CHILDREN'S UNIT

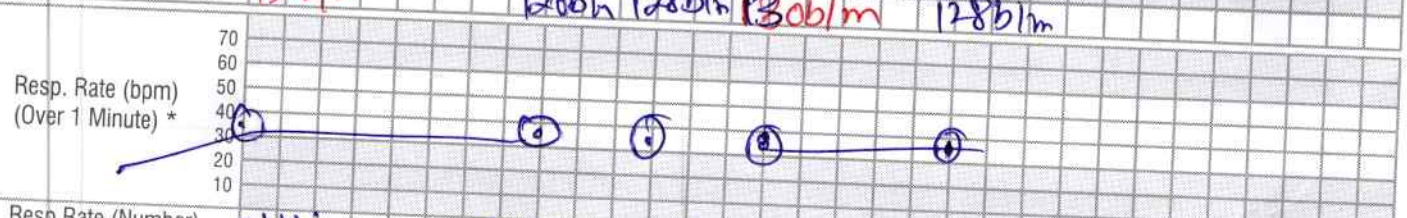
Date: 22/7/26 Time: 12:30pm & 4pm 4pm, 8pm 1:30 Am 12Am 2Am 4Am

Doctor/Nurse/Family Concern?





Heart Rate (Number)	135b/m	120b/m	128b/m	130b/m	128b/m



Resp Rate (Number)	36b/m	36b/m	30b/m	30b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild	–	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA
O_2 Saturations (%)	96%	100%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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Dr. KARTHIK NARAYANAN R

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

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

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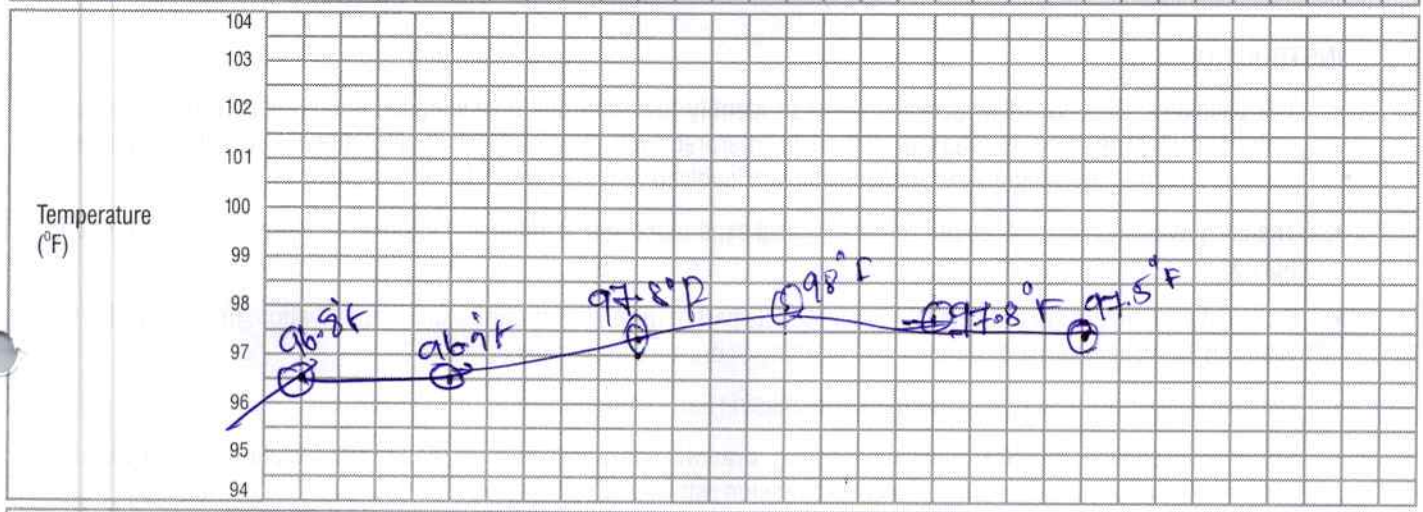
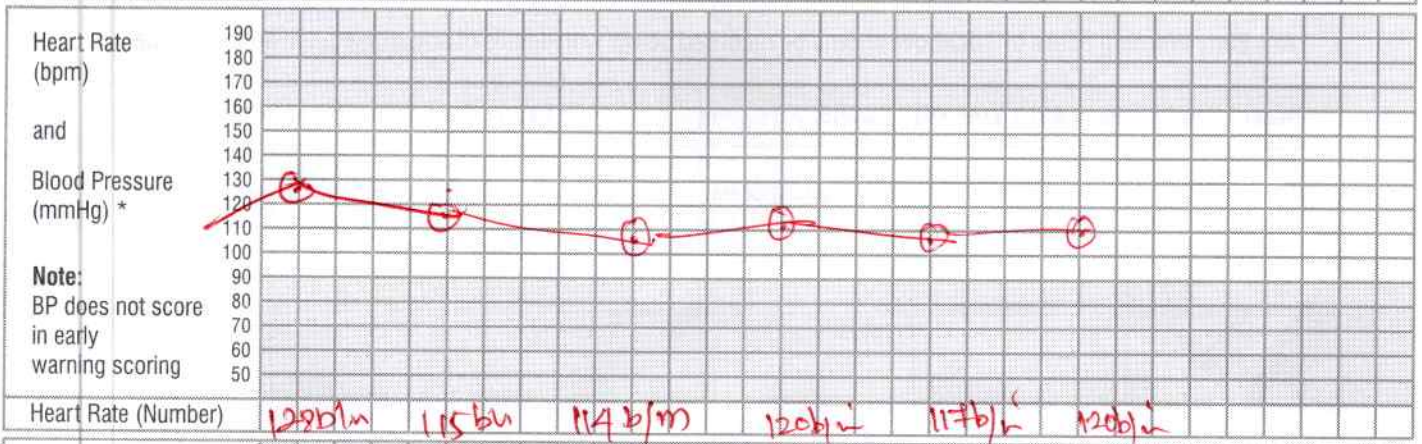
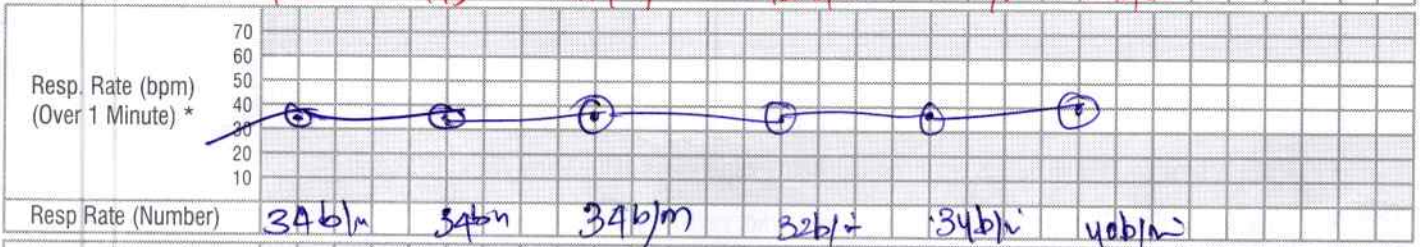
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/7/25 Time:	8am.	12pm.	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						





Heart Rate (Number)	128b/m	115b/m	114b/m	120b/m	117b/m	120b/m



Resp Rate (Number)	34b/m	34b/m	34b/m	32b/m	34b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	RA	98%	99%	98%	98%	98%
Conscious Level: Normal / Altered	~~99%~~	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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3

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: 24/7/26 Time:	8Am	12pm	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98°F	97.4°F	97.2°F	97.4°F	97.6°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	122b/m	140bl	130bl/m	132b/m	128b/m	130b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	32b/m	32b/m	30b/m	33b/m	30b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	98%	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	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-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Loose stool (~~Diarrhoea~~)	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
22/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	→ on admission										
	01:00 pm			18ml			✓			✓	0	[illegible]
Total Intake :		Nil		+ 18ml		**Total Output :**				U-1 ; M-1		
	02:00 pm	Kanji	50ml	18ml							0	Rula
	03:00 pm			18ml			(loose stool)			✓		
	04:00 pm	DBF		18ml			✓					
	05:00 pm	FC	50ml	18ml							0	[illegible]
	06:00 pm			DC								
	07:00 pm	DBF		DC.						✓	0	[illegible]
Total Intake :		(5) times DBF + 100ml + 72ml.				**Total Output :**				2 times.		
	08:00 pm			18ml							0	[illegible]
	09:00 pm	DBF		18ml			✓			✓		
	10:00 pm			DC								
	11:00 pm	DBF		18ml							0	[illegible]
	12:00 am			18ml						✓		
	01:00 am			18ml							0	[illegible]
Total Intake :		(2) DBF		+ 90ml		**Total Output :**				2 time		
	02:00 am	DBF		18ml								[illegible]
	03:00 am			DC								
	04:00 am	DBF		DC							0	
	05:00 am			D8ml						✓	0	[illegible]
	06:00 am	DBF		18ml								
	07:00 am			18ml						✓	0	[illegible]
Total Intake :		(3) DBF		54ml		**Total Output :**				2 times		

Total 24 hrs. Intake	334ml.
Total 24 hrs. Output	6 time

GUC-00094066 IP18-00036578
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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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	I.V	N.G	Output: NG	Motion (Diarrhoea)	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
28/7/20	08:00 am	DBF.									0	[illegible]
	09:00 am									✓		
	10:00 am	H_2O	50ml								0	[illegible]
	11:00 am											
	12:00 pm	Soup	50ml							✓	0	[illegible]
	01:00 pm	DBF										
Total Intake:	(2) times DBF +100ml.					Total Output:	2 times.					
	02:00 pm										0	SS/[illegible]
	03:00 pm	DBF								✓		
	04:00 pm	H_2O	50ml									
	05:00 pm										0	SS/[illegible]
	06:00 pm	Tc Water	50ml							✓		
	07:00 pm	DBF									0	SS/[illegible]
Total Intake:	DBF 2 times + 100ml.					Total Output:	2 times.					
	08:00 pm											
	09:00 pm	DBF									NO	[illegible]
	10:00 pm						✓			✓	IV	
	11:00 pm	DBF										[illegible]
	12:00 am	H_2O	15ml							✓	line	
	01:00 am	H_2O	10ml				✓					[illegible]
Total Intake:	(2) DBF + 25ml					Total Output:	U-2, M 2					
	02:00 am										NO	
	03:00 am	DBF									IV	[illegible]
	04:00 am									✓	line	
	05:00 am	DBF					✓				NO	
	06:00 am										IV	[illegible]
	07:00 am	DBF								✓	line	
Total Intake:	(3) - DBF					Total Output:	U-2; M-1					

Total 24 hrs. Intake	(9) - DBF + 225ml.	Total 24 hrs. Output	U-8; M-3

GUC-00094066 IP18-00036578
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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.

24/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	DBF										
	09:00 am									✓	NO	Sl/ou
	10:00 am	H2O	50ml								IV	
	11:00 am	DBF									0	Sl/ou
	12:00 pm											
	01:00 pm	H2O	50ml							✓	0	Sl/ou
Total Intake : DBF 2 times + 100 ml						Total Output : 2 times.					0	Sl/ou
	02:00 pm											
	03:00 pm	DBF									0	Sl/ou
	04:00 pm											
	05:00 pm	DBF									0	Sl/ou
	06:00 pm									✓		
	07:00 pm	H2O	40ml								0	Sl/ou
Total Intake : DBF 2 times + 40 ml water.						Total Output : 1 time.						
	08:00 pm	H2O	20ml									
	09:00 pm	DBF										
	10:00 pm									✓	0	Sl/ou
	11:00 pm											
	12:00 am	DBF									0	Sl/ou
	01:00 am									✓		
Total Intake : (2) DBF + 20 ml						Total Output : 2 times					0	Sl/ou
	02:00 am											
	03:00 am	DBF										
	04:00 am									✓	0	Sl/ou
	05:00 am	DBF										
	06:00 am									✓	0	Sl/ou
	07:00 am	DBF										
Total Intake : (3) DBF						Total Output : 3 times				✓	0	Sl/ou

Total 24 hrs. Intake	9 times DBF + 160ml	Total 24 hrs. Output	8 times.

GUC-00094066 IP18-00036578
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(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ? UTI			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	22/7/26 M	22/7 E	22/7 N	23/7 M	23/7 E	23/7 N
	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
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	99.1°F	97.9°F	98.2	97.9°F	97.8°F	98°F
	Res:	38 b/m	38 b/m	36 b/m	34 b/m	34 b/m	32 b/m
	SpO_2:	98%	99%	98%	99%	100%	98%
	Pulse:	135 b/m	125 b/m	125 b/m	130 b/m	114 b/m	120 b/m
	BP:	—	—	—			—
	LOC:	Alert	Alert	Alert	Alert	Alert	Alert
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ ☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	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	☐ 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 :		Sreeja	Praveena	Snehar	Praveen	Saul	Mythili
Signature / ID :		[signature] 16215	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		22/7/26	22/7/26	23/7/26	23/7/26	23/7/26	24/7/26
Time:		2pm	8pm	8am	2pm	8pm	@ 8am
Taken Over By Name :		Praveena	Snehar	Praveena	Saul	Mythili	Jeyantha
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		22/7/26	22/7/26	23/7/26	23/7/26	23/7/26	24/7/26
Time:		2pm	@ 8pm	8am	2pm	@ 8pm	@ 8am

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
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(1)

NURSING CARE RECORD

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Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the Child Monitor vital's Maentain DO. Administer medicefion.	1pm	Assessed the child monitored Vital's Maintained DO Administered medicefion.	Vital's are stable	Reassessment done	
Afternoon	2pm.	Maintain good nutritional Status		To Continue IV Fluids.	To Encourage. oral intake. Output Monitoring	Child was clinically Normal	
Night	8 pm	Promote Cleanlines and comforts		Assess the oral care, daily bath maintain handhygine	monitors intake & output Charts	Child was Clinically Stable	

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
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NURSING CARE RECORD

Date: 23/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiena
- ☐ 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	Maintained good nutritional Status.		To Encourage nutritional Status.	To monitor intake and Output chart	Child was Clinically Normal	[signature]
Afternoon	2pm	Ensure baby hydration & Electrolytes.	3pm	Monitor intake & output. → Encourage baby oral feeds.	Baby oral feeds is good	Baby clinically better & well.	Sam [signature]
Night	8 pm	Prevents falls and injury.	10 pm	→ Keep the bed in low lying Position.	Baby was Placed in bed with Side rails up.	Prevented falls	[signature]

GUC-00094066 IP18-00036578
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(1)

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 22/7/26.	
22/7/26	11.40am.	Child Received From ER to 6th floor at 11.40am. Child handing over taken From ER Staff Nurse. Vital's Checked and Recorded Vital's are Stable Now. Dr line (+). Inf 0.9% DNS 18mlhr. Urine R/E & C/S Pending sample. Child on Normal diet.	
	12pm.	Now no fever spikes. Continue monitoring. Lab Reports awaited.	
	12:30pm.	Baby temperature checked. T - 100.9°F Syrup Para 120 (5ml) - given orally as per doctor's ordered. →	
	1pm	Maintained I/O chart for the baby. IV fluids 18 ml/hr → Urine culture & Routine sample sended.	
	1:30pm	Baby details are handing over given to Evening duty Staff → Evening duty Notes.	
22/7/26	1:30pm.	Child details hand over taken from taker from Morning duty Staff. Child was Active and oriented →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26.	2pm	Child IV line patent & healthy and observed. IV Fluids is 0.9% NS @ 10 ml/h. on flow.	Raheem
		Due medication given as per drug chart	Raheem
	4pm	Child vitals checked and Recorded. Vitals Normal	

CP	PP	CRT
++	++	Less

Raheem

	5pm	Dr. deepak SR came and seen the patient. add Nasoclear Nasal drops.
	7pm.	monitored input and out put done and Recorded.
	7.30pm	Handover given to night Duty Staff
		Night Duty
22/7/26	8.30 pm	child details handovers taken from evening duty staff. IV line healthy (+) child conscious & oriented.
	8pm	child vital Signs checked Recorded.

CP	PP	CRT
free	++	<3

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GUC-00094066 IP18-00036578
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(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Due to medication given	
		as per chart	
		Complaints (loose stool)	
		informed to Dr mahalaksh	
22/7/26	10pm	maam adviced	7/21M
		Enterogermina 1 respule	
		need to given as per	
		order	
	12Am	child vital signs checked	
		& Recorded. [CP/ee, PP/ee, CRT/L3]	
		IV fluid 0.9% DNS	7/21M
		18ml/hrs going on	
		child sleeping well	
		others no complain.	
	4Am	child vital signs	
		checked & Recorded [CP/e, PP/e, CRT/L3]	02114
		maintain Dischar	
	6Am	Due to medication	
		given as per charts	
23/7/26	7.30 AM	child details handover	02114
		given to morning	
		duty Staff	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty Notes.	
23/7/26	7.30Am	Child details hand over taken from Night duty Staff. child was active and oriented →	[signature]
	8am	Child vitals checked and Recorded. vitals Normal. HR ++ / RR ++ / CFT <2s →	[signature]
	8.30am	Due medication given as per drug chart →	[signature]
		Child life pattern is healthy and observed. Dr. Keerthana madam seen the child advice from to stop IV fluid →	[signature]
	12pm	Child vitals checked and Recorded. vitals Normal. CP ++ / RR ++ / CFT <2sec →	[signature]
		Maintained Intake and output chart →	[signature]
	1.30p	Hand over given to afternoon duty Staff →	[signature]

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GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 10 D (F)
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(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes.	
23/7/26	1.30pm	child details hand over taken form morning duty staff. child consious & active.	Sen 04592
	2pm.	child due medication given as per drug chart. child IV line (+) IV line observed & heany. →	Sen 04592
	4pm.	child vitals checked & recorded temp is normal. CP ++ / PP ++ / CRT <3sec	
		child input output chart maintained. →	Sen 04592
	6pm.	Administer medication given as per drug chart. →	
	7.30pm	Hand over given to the night duty staff. →	Sen 015592
		Night duty Notes	
	7:30pm	Baby details are handing over taken from evening duty staff. IV line was out. IV fluids stop. →	Mythili 607794
	8 pm	Baby vitals was checked & recorded. Vitals are stabled. CP ++ / PP ++ / CRT <3sec →	Mythili 607794
		Due medications given as per doctor's order	

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9 PM	IV-line out was informed to Dr. Karthic Sir. Sir told to Dissuss with Dr. Keerthana mam. Mam told to put New IV line and need to take CRP-Sample in the Morning →	Mythili 607TRI
	11 PM	Baby was slept well NO other complaints →	Mythili 607TRI
24/7/24	12 am	Baby vitals are checked & recorded. vitals stabled →	Mythili 607TRI
	2 pm.	Baby was taking DBF and semi-solid foods like kanji →	Mythili 607TRI
	4 AM	Baby vitals are checked & recorded. vitals are stabled. / CP ++ / PP ++ / CRT <3sec / →	Mythili 607TRI
	6 am	→ 1 pricked IV line But line is not good. After 8am need to put also IV line and CRP Sample also need to take →	Cauvery 0889
		→ Informed to DR. Lucky Sir, doctor advice put after 8am, don't prick so many prick →	Cauvery 0889
	7 am	→ Monitored I/O Chart → Maintain records & reports	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J (F)
13-12-2025 0 Y 7 M 10 D
Dr. KARTHIK NARAYANAN R

(4)

NURSES NOTES

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☐ ... Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	7.30 am	→ Patient handover given to morning duty S/N →	[signature] 01109
		Morning duty Notes.	
24/7/26	7.30am	child details hand over taken form night duty staff. child consious & active	[signature] 01152
	8am.	child vitals checked & recoded temp is normal. CP ++ PP ++ CRT <3s	
		Due medication given as per drug chart. →	[signature] 01152
	9.30am	child new IV line changed. CRP taken & sended to the lab. →	
	11.30am	Dr. Karthik sir saw the child Dr. Karthik sir advised to contine the same. Tommorow plan discharged. →	[signature] 01152.
	12pm	child vitals checked & record temp is normal. CP ++ PP ++ CRT <3s	
		I/O chart maintaind →	[signature] 01152
	1.30pm	Hand over given to the evening duty staff. →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes	
24/07/26	1.30pm	→ Patient detail hand over taken from morning duty staff Patient in line (+)	
	2pm	→ patient due medication given as per order chart	
	4pm	→ patient vital signs checked and recorded. Vitals are stable	
		→ patient intake & output chart maintained & record	
	6pm	Due drugs given as per order Iv line healthy	
	7pm	Flo chart maintained & recorded	
	7.30pm	Hand over given to Night duty staff → Drugs	
		Night duty Notes	
	7.30pm	Baby details are handing over taken from Evening duty staff Now Iv-line is there puted at morning 9am. Iv line patient. CRP - 23 mg/dl No fever spikes. Tommorow D/s plan →	
	8pm	Baby vitals are checked & recorded vitals are stabled →	
	10pm	Due Medications was given as per doctor's ordered →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient's Name: GUC-00094066 IP18-00036578
Baby AMENDA JORJEL A J
MRD NO: 13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R
Age :....... Sex: ☐ M ☐ F
Consultant :..............................

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/7/26 Time: 10:45pm
Location : (L) medianal
Size : 24 G.
Cannula inserted by : S/W Aicshaya miss

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7/26	10.45pm	☐Yes ☐No	☐Yes ☐No	bbonned	Sap
	12pm	☐Yes ☐No	☐Yes ☐No	observ	Pfblose
	1pm	☐Yes ☐No	☐Yes ☐No	obser	Phulor
	3pm	☐Yes ☐No	☐Yes ☐No	obser	Pravlor
	5pm	☐Yes ☐No	☐Yes ☐No	obser	Pravlor
	7pm	☐Yes ☐No	☐Yes ☐No	obs	Pralors
	9pm	☐Yes ☐No	☐Yes ☐No	obse	S2
	11pm	☐Yes ☐No	☐Yes ☐No	obser	S2n
23/7	3Am	☐Yes ☐No	☐Yes ☐No	observ	S2n
	5Am	☐Yes ☐No	☐Yes ☐No	observ	S2n
	7Am	☐Yes ☐No	☐Yes ☐No	obsr	S2n
	9Am	☐Yes ☐No	☐Yes ☐No	obs	Ret
	11Am	☐Yes ☐No	☐Yes ☐No	obs	Ruv
	1pm	☐Yes ☐No	☐Yes ☐No	obser	Rulce
	5pm	☐Yes ☐No	☐Yes ☐No	obser	S/04
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 : 23/7/26 @ 7.30pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1/5

CANNULA 2

Date : 24/7/26 Time: 9:00am
Location : (R) Brecial
Size : 24 G.
Cannula inserted by : I/c - Ramya

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7/26	9.30am	☐Yes ☐No	☐Yes ☐No	Patt	Ss/on
	12pm	☐Yes ☐No	☐Yes ☐No	Obsen	Ss/on
	4pm	☐Yes ☐No	☐Yes ☐No	Observe	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
25/7/26	12 am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	healthy	S1/on
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00094066 IP18-00036578
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13-12-2025 0 Y 7 M 9 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 22/7 E	DATE 22/M	DATE 22/N	DATE 23/7 M	DATE 23/7 E
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					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			14	14	14	14	14

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		X	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	NA	NA
Other Intervention(s) Specify		X	X	X	NA	NA
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		22/7	22/7	22/7	22/7	23/7
Time:		12pm	@ 9pm	@ 8pm	@ 8am	@ 2pm

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

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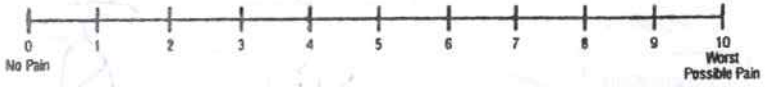
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	
22/7	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Praveen
22/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	3AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	10AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
23/7	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7	12am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7	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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

Rain… Chil… Hosp…

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F

				Date :	M 22/7	M 22/7	M 22/7	M 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.	1	1	1	1
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.	3	3	3	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	23	23	23	24
				Evaluator's Name				

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

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

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

BRADEN 'Q' SCALE

(for Paediatric use) (P)

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

..... Gender : ☐ M ☐ F IP No. : .....

						E	N	N	E
					Date :	23/7	23/7	24/7	24/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent 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.		1	1	1	1
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.		3	3	3	3
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		23	23	23	23
				Evaluator's Name		[signature]	[signature]	[signature]	[signature]

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

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11:40am Mode of Arrival: 11:45am Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NIL Body Weight: 8.9 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: NIL

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

If yes please list, NIL

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

NIL

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

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

Observations: Weight: 8.9kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4F HR: 160mkt RR: 38mkt BP: 100/60mmHg

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

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

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ 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 S/N: Meetfiela Mother.

Nurse's Name: S/N: Meetfield. Date: 22/7/26. Time: 12pm Signature [signature]

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J (F)
13-12-2025 0 Y 7 M 9 D
Dr. KARTHIK NARAYANAN R

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Baby AMENDA JORIEL A J IP18-00036578
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/7/26 Time of arrival : 10.10am

Chief Complaints: c/o fever x 5days, loose stools x [illegible] RBS: 95mg/dl

Height : .... Weight : 8.9kg BMI : — Head Circumference (<2 years) —

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

If yes , identify Nil

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: .... 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

	Yes	No
History of Falling: within past 3 months	☐	☐
Ambulatory Aids:		
• Wheelchair	☐	☐
• Uses furniture for support	☐	☐
Gait/Transferring:		
• Bedrest / immobile	☐	☐
• Weak	☐	☐
• Impaired	☐	☐
Mental Status: Forgets limitations	☐	☐

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: 22/7/2026 (Date/Time): 10.10 am

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 10.20am

Docu. No. : RCH /FRM / CLINICAL / 120

(P.T.O.)

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

Time	Nursing Notes
10:10am	ER came to the chalk - chief
	complaints fever x 5 days. Doctor sir
	advised admitted of the patient vital signs
	checked and recorded. IV line placement
	Done, Blood sample collected. ER
	shifted to the ward.

Samples collected by: Sw Akshaya prithi   Time: 10:45am

Samples sent by: Sw - Sorjur   Time: 10:50am

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: 160 BP: cry CFT: < 2sec	Shift - out from ER to: 603
RR: 38 SPO_2: 98%	Time of Shift - out: 11:30am
GCS: 15/15 Temperature: 98.2°F	Handover given to: (Nurse's Name) Sw Malathy
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 (Omalaparpal 24G)

Name of the Nurse : Sorjur   Signature of the Nurse : Sorjur 200009

Date & Time : 22/7/46 at 10:10am 200009

Patient Sti

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. karthik Date : 22/7/26

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

Start Time of Assessment: 11 am Weight: 8.9 kg

Allergic History: .....

Chief Complaints: .....

90 fever x 5 days

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Breathing

Rate: 35 SpO_2 on FiO_2 98%

Rhythm: N

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: equal

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

(P.T.O.)

Circulation HR: 160 CFT Central <3 Peripheral <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central 2+ Peripheral 2+

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability GCS: 15/15 AVPU: A

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: Responsive ☑ Non-Responsive ☐

Size Right 2mm Left 2mm

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

Signs of Neurological compromise .....

Exposure Temp.: 98.3°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: 22/7/26 11 am

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00094066 IP18-00036578
Baby AMENDA JORIEL A J
13-12-2025 0 Y 7 M 9 D (F)
Dr. KARTHIK NARAYANAN R

101. 4:30am

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EMERGENCY ROOM TRIAGE FORM

Wt: 8.9kg

Patient's Name: Baby. Amanda Joriel Age: 7M Gender: ☐ Male ☑ Female

Date: 22/7/26 Time of Arrival: 10:10am

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

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

Mode of Arrival: ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

RBS - 95mg/dl

Initial Vital Signs: Temp: 98.3F PR: 160 BP: Cry RR: 38 SpO₂: 99%

Chief Complaints: c/o fever x 5 days, loose stools x 4 episodes

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☐ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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: [signature]

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: Sangeetha [signature]
Signature of Triage Nurse: [signature] 25049

Date & Time: 22/7/26 at 10:12am

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

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PATIENT TRANSFER FORM

GUC-00094066 IP18-00036578 Baby AMENDA JORIEL A J 13-12-2025 0 Y 7 M 9 D (F) Dr. KARTHIK NARAYANAN R	Date & Time of Admission 22/7/26 @ 10.22Am	Date & Time of Transfer Order 22/7/26 @ 11.40am
Treating Consultant Name Dr. karthick	Transfer Ordered by Dr. keerthana	Reason for Transfer Further Management
From Unit ER	To Unit 603	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (13)	Number of Imaging Films (1)	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.	0.9% DNS 50ml	(1)
2.	Intra Fix set	(1)
3.		
4.		
5.		

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

? UTI

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 60049	[signature]

Patient & Clinical Records Received by : M. Nithin 608784

Date & Time of Patient Received : 22/7/26 @ 12 pm

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

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