Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	4/8/26 10 11Am						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00016021 Baby V S SHASHVI 16-09-2020 5 Y 10 M 16 D (F) IP18-00036715 Dr. GANESH R

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

UHID No: .....

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

Date of Admission: .....

Suggested Billable bed type: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/8/26	9.15 pm	ER	609	01726

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
01. Aug. 2026	CBC, CRP, RP-2, ESR. Dengue igm, SGOT, SGPT, P. Smear.	26004655	[illegible] 01/01/26
02/08/26	LFT	26024656	[illegible] 01/01/26
		24700.	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/8/26	Infusion pump	9.30pm	4/8/26 11Am.	6024	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1.Aug.26	Duplacement	(1)	1736006.	01/8/34
01.08.26.	X Ray. Chest	(1)	10599.	01/8/34
3/8/26	Echo	(1)	1801437	
3/8/26	Usg abd	(1)	1801043	

ANY OTHER INFORMATION:

Date: 04/8/26 Time: 11 Am Prepared By: Raveen

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Pres			

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DISCHARGE TRACKING SHEET

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 19 D (F)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	11.30 Hr	11Hr			
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 : IP18-00036715 **Admit Date** : 01-Aug-2026 **Admit Time** : 08:20 PM **UHID** : GUC-00016021

Patient Details :

Patient Name	: Baby V S SHASHVI	**Age**	: 5 Y 10 M 16 D
Guardian	: DR.VIGNESH GANDHI	**DOB**	: 16-09-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 25, 5TH CROSS STREET RAJALAKSHMI NAGAR VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042	**Phone No**	: 9884006056
		E-mail	: DRVIGNESH@SWISSGARNIER.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 102 **Ward Name** : 0F-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : DR.VIGNESH GANDHI **Relationship** : D/O

Contact Address : 25, 5TH CROSS STREET RAJALAKSHMI NAGAR VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042 **Phone No** : 9884006056

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Rainbow Website **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby V S SHASHVI**	**Age :**	**5 Y 10 M 16 D**
IP No:	**IP18-00036715**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: Dr. VIGNESH CHANDHI

Relationship: FATHER

Date: 01/08/26 Time: 08:20PM

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:
25, 5TH CROSS STREET RAJALAKSHMI NAGAR VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042

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.
-
- 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 V.S SHASHVI	UHID Number : 1602
Self/Attendant Name : Dr VIGNESH CHANDHI.	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Baby Shasmi

Information given by: ______ Age/Sex 5yrs 10m

Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever x 6days
Rash x 6days.
cough x 2days

History of present illness :

A 5yrs 10months old female came with complaints of fever for 6 days, high grade, intermittent, not associated with chills.

c/o Rash - macular, sand paper like, over the trunks, limbs, genitals, periorbital for past 6 days more during fever spikes, associated with Itching.

c/o cough x 2days
Oral intake - moderate
urine output - good.
no c/o ~~ab~~ vomiting, loose stools.
no H/o any travel

Evaluated + treated as OPD basis
TC - 6190
N/L 73/16
Plt - 3,03,000
CRP - 28
ASO titre - Negative

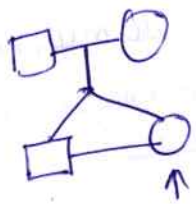
Throat swab c/s - No growth
Blood c/s - Awaited

~~Inview~~ view of persistant fever spikes + rash the child was admitted

Patient Sticker

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

Family Chart



Birth & Neonatal History:
LSCS (28 weeks) PIH | B.wt - 700gms
NICU stay for 1 month.

Birth & Socio Economic History:

About Father : 7 pcm.

About Mother :

Any additional Information :

Developmental History :
Milestones attained at appropriate ages.

Immunization History :
Immunized upto age acc' to IAP guidelines

Anthropometry :
Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 14.1 kg (Centile _____)

On Examination : Strawberry Tongue, congested throat & genetals.
Temperature : 98.2°F Pulse Rate : 124/min B.P. 90/54 SPO2 99.1 RA.
Resp.rate and type of breathing : 26/min.
Rash Macular, sandpaper like rash Cracked lips
Lymphadenopathy No c/o any lymphadenopathy. No conjunctivitis
Oedema : — No desquamation.
Allergies (if any): —

(P.T.O.)

Patient Sticker

Respiratory System :

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

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

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender, no organomegaly.

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone:

Co-ordinator : Power 5/5

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

Superficials:

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acute febrile illness Day 6 - ? scarlet. ? Kawasaki d/s.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC /
CRP /
Dengue IgM /
ESR /
RP2 /
SGOT / SGPT /
Peripheral smear.

Planned Management

IV Fluids
Inj. ceftriaxone

Signature of the Doctor:

Name of the Doctor: Dr. Chandrasekar

Date & Time: 1/8/26

Signature of the Consultant:

Name of the Consultant:

Date & Time: 01-08-2026

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In:

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

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CROSS CONSULTATION FORM

Doctor Name: Dr. Giridhar Gopal Date: 03/08/26 Time: 11:50am

Diagnosis:

Hospital:

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Situs Solitus. Levocardia.
AV/VA concordance.
Intact IAS/IVS.
Trivial TR. TR gdt 18 mm Hg.
No pericardial effusion.
All valves are normal.
Coronaries (N).
Good biventricular systolic fn.
(L) Arch. No PDA. No CoA. Pulm vein (N).

EF: 78%
FS: 45%.

LAD. 1.2 (0.87) zs
LCX - 1.6 (0.97) zs
RCA(prox) 1.9 (0.34) zs
LMCA 1.9 (-0.53) zs.

Imp: Structurally Normal heart
Normal coronaries
Good biventricular systolic fn.

Consultant :
Name: Dr Giridhar Signature: Date & Time: 3/8/26.
1150 am.

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 11pm		S/B Dr. Manomani
		? Scarlet fever.
		? Incomplete KD
	Reviewed	✓ fever 25 day
	Afebrile	✓ strawberry tongue
	Intake-reduced	✓ Cracked lips
	mild cough (P)	✗ No LN, No conj-chech
	u/o - adequate	✗ No extremity changes
	O/E	✓ Rash.
	Alert	✓ Elevated CRP (??)
	PP-WF	✓ Elevated SGOT/SGPT.
	periph warm	plt - 3.2?
	RS - clear.	
	P/A - soft, Non tender.	
	R	
	→ trace ESR, blood c/s (sent in OP basis)	
	throat culture	
	→ Continue IV antibiotics	
	→ Monitor vitals, I/O strict, M/F fever spikes	
[signature] 15/06/??		

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
2/8/20 1.50AM.	S/B Dr. Chandiralogs.	
	Child examined	
	1 episode of fever spike (100.2F)	
	cough (+) (↑ in frequency, wet in nature)	
	On IV fluids	
	Oral intake - minimal	
	O/E.	
	Afebrile	
	CVS - S1S2 (+)	BP - 101/51 mmHg
	RS - clear	PR - 61/min
	P/A - soft	
	Adv:	
	- monitor intake	
	- W/F fever spikes, new onset symptoms	
	- IV Antibiotics	
	- Syp mucolite 3ml Q8H	
	- Enforce (SOS)	
	[signature] 1/1/20	

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

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Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

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(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 7.30pm	S/B Dr. Chandiralega.	
	Child reviewed.	
	Low grade fever spikes above the base line for 7hrs	
	cough +.	
	macular rash (+).	
	no new complaints.	
	urine output - voided 2 times at night.	
	O/E	
	Afebrile	
	CVS-S1S2(+)	BP - 100/52 mmHg
	RS-clear	PR - 118/min
	P/A - soft	
		Adv:
	Blood CS - oral report no growth	- Monitor vitals
		- W/F fever spike
		- Inj ceftriaxone 700mg IV BD
	PS - oral report Neutrophilia c thrombocytosis, no platelet clumps	- Syp. mucolite 3ml QSH
		- IV fluids.
		- Inform SOS
		Dermicalm lotion E/A 1-0-1
	[signature] 19/24.	

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
2/8/20 10.55AM	5/7/20 Prob. viral illness; fever slowly settling, afebrile now; Hydrated; RS (N); abd v (N)	Lanesh
	Family counselled	4 a chart
	Le	
3/8/20 9.00 PM	S/B Dr. Chandiralega. A - Acute febrile illness (Day 8) ? viral / ? Scarlet / ? Kawasaki. Child received. Alert. Active. Afebrile from 2AM. Cough (+). Macular rash - Improving, mild Itching. Tolerating oral feeds well. Urine output - good.	

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

GUC-00015021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile	Bp - 98/47 mm Hg
	CVS - S1S2 (+).	PR - 117/min.
	RS - clear.	
	P/A - Soft.	
	no significant lymphadenopathy.	
	Blood C/S - SFNG	
	LFN - (N)	
	PS: Neutrophilia,	Adv:
	no platelets clumps	- monitor vitals
		- IV Fluids @20ml/hr
		- Inj ceftriaxone 700mg IVBD
		- Inj. Pantoprazole 15mg OD
		- Syp mucolite 3ml QIH
		- Syp cetrizine 2.5ml QIH
		- Permacalm body lotion L/A
	ECHO	- To do USG Abdomen, ECHO.
	USG abdomen	
	16/9/24	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/20 5pm.	S/B/D/ Chandiralog.	
	D- scarlet fever.	
	Child reviewed	
	Low grade fever spike at 2pm (settled)	
	Oral intake - good	
	Rash ↓↓	
	urine output- voided 3times.	
	O/E	
	Afebrile	BP- 101/56 mm Hg
	CVS- S1S2 (+)	PR- 112/min.
	RS- clear	
	P/A soft	
	Adv:	
	- monitor vitals	
	- Inj. ceftriaxone 1000mg IV 12th	
	- Mucolite, cetrizine	
	- W/F fever spikes.	
	19/8/20.	

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8/20 9 am	S/B Dr. Chandrakala.	
	Δ – ? Viral / scarlet fever.	
	Child reviewed	
	Alert, Active	
	one episode of low grade fever spike	@ 10:30pm
	Desquamous rash ⊕	
	Itching ⊕	
	no new complaints.	
	O/E	BP – 91/57 mmHg
	Afebrile	PR – 103/min.
	CVS – S1S2 ⊕	
	RS – clear	
	P/A soft, non tender	
	no organomegaly.	
	Adv.	
	- monitor vitals	
	- IV Fluids	
	- Inj. ceftriaxone 700mg Q12H	
	- Syp. mucolite 30mg Q8H	
	- Syp cetirizine 2.5ml Q12H	
	- Inj pantoprazole 15mg OD	
	- Dermacalm body lotion L/A	
(signature) 9 am	- Tenform SOS)	

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
4/8/26 10.50AM	S/R Dr. Dinesh sir.	
	Clinical scarlet fever.	
	no fever.	
	fever sand paper rash strawberry tongue cervical LN.	+ve CRP.
	Improved with 48 hrs of Antibiotic Clinically well. Discharge today Follow up with Dr. Shobana, mama	

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Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

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RESULT SHEET

Date	30/7/26	1/8/26				
Time						
Hb	11.1	11.0				
PCV	33	32				
RBC	4.01	3.92				
WBC	6,190	7.79				
N/L	73/16					
Platelets	3,03,000	3.23				
CRP		27				
ESR		72				
PCT						
RBS						
Na		135				
K		4.0				
Cl		101				
Ca/Mg		1.19/				
Phosphate / HCO_3^-		/22				
Urea		18				
Creatinine		0.39				
ALP						
SGPT		227				
SGOT		108				
T.Bill/Conj		0.4/0.0				
T.Protein		6.3				
S.Albumin		3.4				
S.Globulin		2.9				
A/G Ratio		1.1				
Uric Acid	16.6	/203				
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						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
ASO Titre	Negative					

Culture and Sensitivities : Throat swab c/s - Negative

Blood c/s - Aerated - SENG

Dengue Igm - Negative

RS :

Radiology : USG : (N) study, Fecal loading (P)

X-Ray :

ECHO : (N) study

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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DRUG CHART

Date of Admission: 1/8/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP PARACETAMOL				Date / Time	02/8	3/8
Dose	Route	Frequency	Start Date	12.50 PM	AA / SS	9 PM SL / JB
4ml	PO	SOS	1/8/26	11:30 AM	SK / SG	10:25 PM AA / SS
Doctor's Signature	Valid Period	Pharm.				
[signature]						
Additional Instructions: 240mg (5ml) Q6H If Temp>100F						

DRUG : INJ. PARACETAMOL				Date / Time	02/8	03/8
Dose	Route	Frequency	Start Date	8.25 AM	SS / AA	12.25 AM AA / SS
240mg	IV	SOS	1/8/26	3:30 PM	JB / MM	
Doctor's Signature	Valid Period	Pharm.				
[signature]						
Additional Instructions: Q6H If Temp>100F						

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. 14.10 kg Ward. 6th Floor

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
700mg	IV	BD 12H	1/8/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/8	2/8	3/8	4/8
6 Am		BS / AA	SS / AA	AA / PS
6 pm	9.30 pm SS / AA	JB / MM	SP / MM	
	D1	D2	D3	D4

DRUG : SYP. MUCOLITE

Dose	Route	Frequency	Start Date
3ml	PO	BBH	2/8/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/8	3/8	4/8
8 Am	3.30 pm SS / AA	SL / JB	SS / SP
2 pm	JB / MM	SP / MM	
10 pm	AA / SS	PS / AA	

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	OD	2/8/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/8	3/8	4/8
6 Am	SS / AA	SS / AA	AA / PS

DRUG : SYP. CETZ 2.5ml PO BD 2/8

Dose	Route	Frequency	Start Date
2.5ml	P/O	BD	2/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/8	3/8	4/8
8AM	11 Am SL / SS	SL / JB	SS / SP
8PM	AA / SS	PS / AA	

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REGULAR PRESCRIPTIONS

Weight ..14.1 kg.. Ward ....6th Floor.

Sheet No: ..(1)..

DRUG : DERMACALM

Dose	Route	Frequency	Start Dt.
1	E/A	1-0-1	2/8

Name & Signature of the Doctor Starting the Drugs: C 2 / 11.14 hrs

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	02/8	03/8	4/8
8 Am	/	CL/JB	SS/SP
2 pm	JB/AM	SP/MM.	
10 pm	SS/AA	BS/AA	

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 ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

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Weight. 14.10 kg Ward. 6th Floor

DRUG : Dexmedetomidine	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
Route: Alternate	Start Date: T.D	Dose		Dose		Dose		Dose	
Name & Signature of the Doctor		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		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	
Route:	Start Date:	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		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
2/8/20	8.30pm	Syr. Ebugesic	5ml	PO		

Signature .....
VERIFIED by : Name .....

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Dr. GANESH R

I.V. FLUIDS CHART

Weight. 14.10kg Ward. 6th

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/8/20	10.40 pm	0.9% NS	IV	48ml/hr ↓ 20cc/h			2/8/20 @ 11am.		
2/8/20	11am.								

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKA ..... ☐ 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: ..... EP ..... Shifted to: ..... 609 .....

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. Augmentin ES	3ml	PO	Q12H	1/8/26	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Chandiralega

Date & Time : 1/8/26

Nurse Name & Signature: Subhadip Eq

Date & Time : 1/8/26 Eq 9.15 pm

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16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

(1)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/8/26 Time: 9:30pm 12 AM 12:45AM 2AM 3AM 4AM 5:30AM 6:20AM 7:30AM

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

On admission ER/ 97.9°F 99°F 100.2°F 101°F 100.4°F 100.4°F 100.8°F 100.7°F 100.3°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

95 (63) 58 | 101 (64) 51 | 99 (66) 56

Heart Rate (Number) 120bpm | 122bpm | 120bpm

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

70 60 50 40 30 2 1

Resp Rate (Number) 28bpm | 26bpm | 28bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 99%	RA 100%	RA 98%
Conscious Level	Normal / Altered	✓	✓	✓
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials				

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/8/26 Time: 8:30 AM, 10AM, 12:30 PM, 2:30pm, 5:15pm, 5pm, 6:30pm, 8:20 PM, 12AM, 2AM, 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 99.0°F, 99.1°F, 100.3°F, 100.5°F, 100.7°F, 100.9°F, 100.5°F, 100.1°F, 101.4°F, 100.9°F, 98.6°F, 96.8°F, 96°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	118 b/m	119 b/m	112 b/m	130 b/m	130 b/m	90 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28 b/m	28 b/m	28 b/m	28 b/m	28 b/m	26 b/m
Resp Distress (Mod/ Severe / None / Mild)	✓	✓	✓			
Receiving O_2 (l/min)				RA	RA	RA
O_2 Saturations (%)	98%	98%	98%	97%	98%	100%
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
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

(B)

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

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

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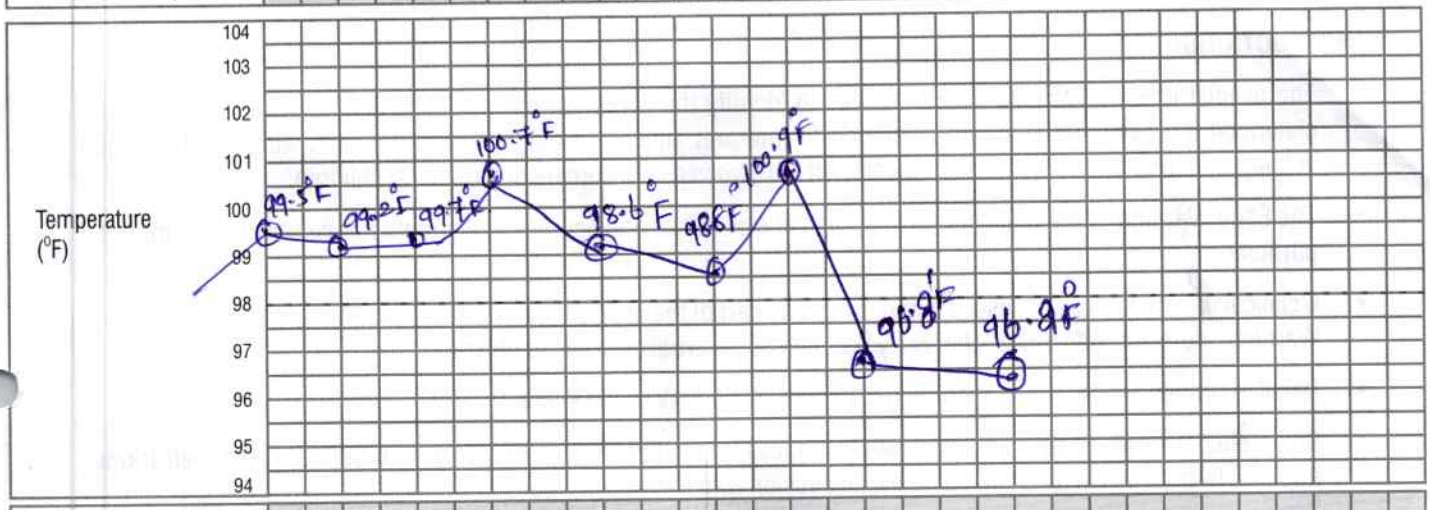
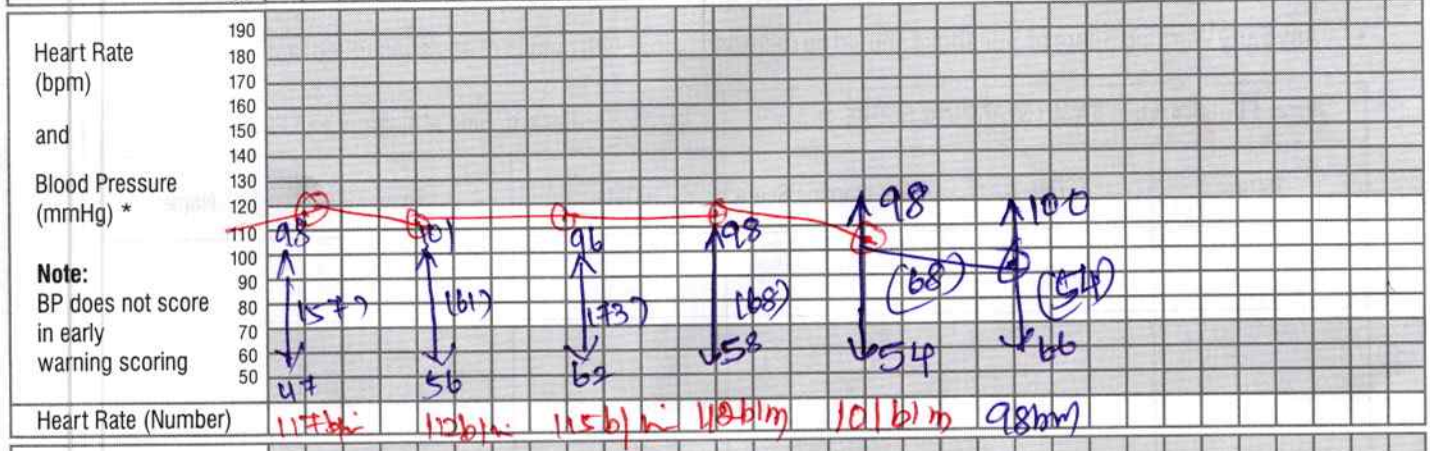
EARLY WARNING SCORE: CHILDREN'S UNIT

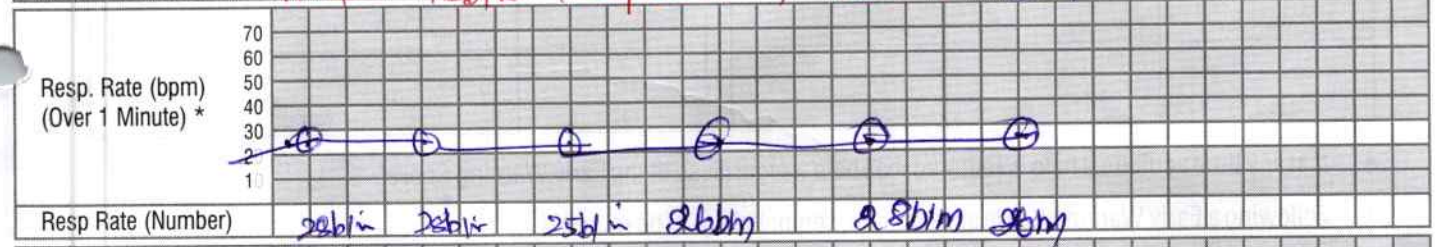
Date : 3/8/26 Time: 8am 9am 12pm 2pm 4pm 8pm 10:30pm 7AM 4AM

Doctor / Nurse / Family Concern?





Heart Rate (Number)	117bpm	113bpm	115bpm	118bpm	101bpm	98bpm



Resp Rate (Number)	26bpm	26bpm	25bpm	26bpm	28bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓ RA	✓ RA
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	100%	99%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

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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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Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 24

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.

24/8/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm			Admission on ER								
	10:00 pm	H2O	50ml								0	DU
	11:00 pm			48ml						✓		
	12:00 am	H2O	50ml	48ml							0	DU
	01:00 am			48ml								
Total Intake :		100ml + 124ml				**Total Output :**				1 time		
	02:00 am			48ml								
	03:00 am	H2O	20ml	48ml							0	DU
	04:00 am			48ml								
	05:00 am			48ml							0	DU
	06:00 am			DC								
	07:00 am	H2O	30ml	DC						✓	0	DU
Total Intake :		50ml + 192ml				**Total Output :**					1 time	

Total 24 hrs. Intake	466 ml	Total 24 hrs. Output	1 time

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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.

2/8/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			48ml							0	
	09:00 am	H20	50m	48ml								
	10:00 am			DC						✓		
	11:00 am	H20	50ml	20ml							0	
	12:00 pm			20ml						✓		
	01:00 pm			20ml							0	
Total Intake :		100ml + 156ml				Total Output :				2time		
	02:00 pm			20ml								
	03:00 pm	H20	50ml	20ml						✓	0	
	04:00 pm			20ml								
	05:00 pm	H20	50ml	20ml							0	
	06:00 pm			20ml						✓		
	07:00 pm	H20	50ml	20ml							0	
Total Intake :		150ml + 120ml				Total Output :				2time		
	08:00 pm	H20	50ml	20ml						✓	0	
	09:00 pm			20ml								
	10:00 pm	milk	100ml	20ml							0	
	11:00 pm			20ml						✓		
	12:00 am			DC							0	
	01:00 am			DC								
Total Intake :		150ml + 80ml				Total Output :				2time		
	02:00 am			DC								
	03:00 am			DC							0	
	04:00 am			20ml								
	05:00 am			20ml							0	
	06:00 am			20ml								
	07:00 am	H20	60ml	DC						✓	0	
Total Intake :		100ml + 60ml				Total Output :				1time		

Total 24 hrs. Intake	916ml	Total 24 hrs. Output	4time

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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.

23/8/26		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			DC						✓	0	
	09:00 am	H2O	50ml	20ml								
	10:00 am			20ml						✓	0	
	11:00 am	Soup	100ml	20ml								
	12:00 pm			DC						✓	0	
	01:00 pm	H2O	100ml	20ml								
Total Intake :		250ml + 80ml				Total Output :				3 times		
	02:00 pm			20ml							0	
	03:00 pm	H2o	80ml	20ml						✓		
	04:00 pm	milk	100ml	20ml							0	
	05:00 pm			20ml								
	06:00 pm	H2o	50ml	20ml							0	
	07:00 pm	H2o	30ml	DC						✓		
Total Intake :		200ml + 100ml				Total Output :				2 times		
	08:00 pm	H2O	100ml	20ml						✓	0	
	09:00 pm			DC								
	10:00 pm	milk	100ml	DC							0	
	11:00 pm			DC						✓		
	12:00 am			20ml							0	
	01:00 am			20ml								
Total Intake :		200ml + 60ml				Total Output :				2 times		
	02:00 am			20ml							0	
	03:00 am			20ml								
	04:00 am			20ml							0	
	05:00 am			DC								
	06:00 am			DC						✓	0	
	07:00 am	Milk	150ml	DC								
Total Intake :		150ml + 60ml				Total Output :				1 time		

Total 24 hrs. Intake	1100ml	Total 24 hrs. Output	8 times

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute febrile Illness Day 6.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND Date / Shift	1/8/26 N	2/8/26 M	2/8/26 E	2/8/26 N	3/8/26 M	3/8 E
Medical Condition (Any special condition to be noted):	Noted.	Noted	Noted	Noted	Noted	Noted
Diet:	(N) diet	(N) diet	(N) Diet	(N) diet	(N) diet	(N) diet
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	97.9°F	100.5°F	100.1°F	96°F	99.7°F	100.7°F
Res:	26 b/m	28 b/m	24 b/m	26 b/m	26/m	26 b/m
SpO_2:	100%	98%	98%	99%	99%	98%
Pulse:	120 b/m	120 b/m	110 b/m	118 b/m	118 b/m	115 b/m
BP:	95/58	92/56	98/57(63)	97/59(69)	101/56	100/60
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	9	09	09	9	9	9
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Normal	Normal	Intact	Normal	Normal	No rises
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:	(N) diet	(N) diet	(N). Diet	(N) diet	(N) 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 :	Serajul	[illegible]	[illegible]	Anupriya	Snehan	Praveena
Signature / ID :	Sw/01524	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26	3/8/26
Time:	8Am	@2pm	@8PM	8Am	@2pm	@8pm
Taken Over By Name :	Snehan	[illegible]	Anupriya	Snehan	Praveena	[illegible]
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26	3/8/26
Time:	@8Am	@2pm	8pm	@8AM	@2pm	8PM

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

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16-09-2020 5 Y 10 M 16 D (F)
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NURSING CARE RECORD

Date: 1/8/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9.30 pm	Ensure adequte hydration and electrolytes.	10pm	~~Cui~~ moniter intake & output Cuiid intake is bettu. * Encourge orals.	Cuiid intake is bettu & well.	Cuiid cuinicay bettu & well.	Seni OSSP

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NURSING CARE RECORD

Date: 2/8/26

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	8 Am	Promote Cleanliness and Comforts		Assess oral care hair care maintain handhygiene.	monitor intake & output charts	child clinically stable	[signature] 2ms
Afternoon	2 Pm	Ensure adequate Hydration Status	4 pm	→ Assess for dehydration → Monitor IV fluids as prescribed → Monitor I/O chart	IV fluid-20ml/hr is on flow DNS 0.9%	Child Hydration level was Good.	[signature] 60F784
Night	8pm	Early detection and prevention of complication	9pm	monitor vital signs	monitored vital signs.	Temperature is reduced.	[signature]

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GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
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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
		Admission Notes.	
1/8/26	9.15pm	child details hand over taken form ER staff child conscious & active. Child complaints of fever, rashes, cough, child IV line (+) IV line observed & heay. →	Sen 01592
	9.30pm	child vitals checked & recorded temp is normal. CP +f, PP +f, CRT <2sec. Child medication inj- xone 700 mg conents. no alergic reaction. →	Sen 01592
2/8/26	12AM	→ child vital signs checked and record. vitals are stable. PP +f, CP +f, CRT <2sec. Temperature 99.9°F repeat 12.45AM Temperature 100.2°F Syp PCM 250 4ml given as per drug chart & child c/o cough informed to Dr. chandralega mam adviced come and see the baby	[signature]
	2am.	Dr. chandra lekha mam Saw the child Dr. Chandra lekha mam advaid to give syp- mucolite 4ml →	Sen 01592

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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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
	3am.	child again coughing sys mucolite 4ml given. →	
		child temp checked & temp is 100.9°F →	Staff Nurse
	4am	child vitals checked & record temp is 100.4°F. informed Dr. Manonmani mam.	
	5.30am	child temp again checked temp is 100.8°F informed Dr. Manon mani mam advised to Recheck 6 am then given iv para 140 mg. →	Staff Nurse
	6.10am	child temp checked temp is 100.7°F informed Dr. Chandra lekha mam advised to give iv paracetomal.	
2/8/26	6.25am	iv. paracetomal 140 mg given. →	Staff Nurse
	7am	administn medication given as per drug chart. input output chart maintained.	
	7.30am	Hand over given to the morning duty staff → Morning Duty	Staff Nurse
	7.30 Am	child details handovered taken from night duty staff. IV line healthy	

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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
		child Conscious & oriented	
2/8/26	8. Am	IVF 0.9% DNS 48ml/hrs	
		child vital Signs checked	[signature]
		& Recorded CP/ee PP/ee CRT/<3	
		Tem-99.0°F informed to Dr	
		manonmonitraam others	
		no Complaints	
	10.30 Am	Dr Ganesh Sir advised IVF redu	
		ing LFT need to do advised	
	11.30 Am	again Temp - 100.3° Syp P250 given	[signature]
		as per orders.	021111
	12.30 pm	child vital Signs Checked	
		& Recorded CP/ee PP/ee CRT/<3	[signature]
			021111
		maintain I/O charts	
		IVF 0.9% 20ml/hrs going	
	1 30 pm	child details handover	[signature]
		given to evening duty	
		Staff	
		Evening Duty Notes.	
	1:30pm	child details are handing over	
		taken from Morning duty staff.	
		IV fluids 20 ml/hr is on flow	
		Morning 11:30 one fever spike is there.	
		Syrup: Para - 4ml given. →	[signature]
	2pm	Syrup. Mucolite 3ml is 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
	2:30pm	Temperature rechecked for the child. T-100.7°F. last dose given 11.30 pm only. So again Temperature recheck for After half an hour	
	3:15pm	Again Temperature was checked T-100.7°F. So. Inj Para - 140mg given through IV as per doctor order	[illegible]
	5 pm	Temperature - 100.5°F. Inform to Dr. Deepak sir.	
	6pm	Due drugs given as per order IV line healthy. →	Jey 01/8/25
	7pm	I/O chart maintained & recorded	
	7:30pm	Hand over given to Night duty staff.	
		Night Duty Notes	
02/8/26	7-30pm	→ child detail hand over taken from evening duty S/N child conscious & oriented IV line ⊕ IVF DNS 20 ml/hr.	[illegible]
	8:20pm	→ child vital signs checked and record vitals are stable. PP: H; CP: H; CRT: <3sec.	[illegible]
		Temperature 101.9°F Informed to Dr. Deepak sir advised Ibugesic plus 5ml given as per order drug chart	[illegible]

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Baby V S SHASHVI
16-09-2020 5 Y 10 M 17 D (F)
Dr. GANESH R

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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
2/8/26	10pm	→ child due medicine given as per order. repeat temperature 100.6°F reduced the temperature IV line (P) IVF DNS 20 ml/hr on flow	[signature]
03/8/26	12AM	→ child vital signs checked & record. vitals are stable T – 100.9°F inform to Dr. Deepak sir advised to give Inj. para 140mg Now Inj. para 140mg IV given at 12.15AM as per order chart	[signature]
	2AM	→ child Q10 chart maintained & record. repeat checked temperature → 96.8°F	[signature]
	4AM	→ child vital signs checked and record. vitals are stable PP ++, CP ++, CRT <3sec	[signature]
	6AM	→ child due medication given as per order chart, Q10 chart maintained	[signature]
	7.30AM	→ child detail hand over given to morning to staff	[signature]
		Morning Duty	
3/8/26	1.30 Am	child details handover taken from night duty Staff IV line working (+)	[signature]

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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
		child Conscious & oriented	
	8Am	child vital Signs	[signature]
		checked & Recorded.	2n
		CP | PP | CRT	
		IVF 0.9% DNS 20ml/hr CP fv | PP ff | CRT 23	
		going on.	
3/8/26	10Am	Dr. Ganesh Sir advised	[signature]
		Todo USG abdomen and Echo	
		others no Complaints	02m
	12pm	child vital Signs	
		checked & Recorded. CP | PP | CR	
		ev | ev | 23	
		maintain I/O charts	[signature]
	1:30	child details handover	
	Pm	given to evening	2n
		duty Staff	
		Evening duty Notes	
3/8/26	1:30pm	child details hand over	
		taken from morning duty	
		Staff. Child was active and	
		oriented →	Pravena 03083N
	2pm.	child Eviline pattern is	
		healthy and observed. Due	
		medication given as per	
		drug chart →	Pravena 03c
		IVF - 20 ml/hr is on flow.	

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Patient's Name:..........
MRD NO:....................
Age :.................... Wei
Consultant :...

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Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 1/8/20 Time: 8.50pm
Location : (L) metacorpal
Size : 24G
Cannula inserted by : S/N Subhadip

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
1/8	9.15PM	☐Yes ☐No	☐Yes ☐No	partten	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	obser	Sslout
	12 am	☐Yes ☐No	☐Yes ☐No	Obse	Sslouty
	2 Am	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	4 AM	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
2/8/20	8Am	☐Yes ☐No	☐Yes ☐No	obser	S2m
	10 Am	☐Yes ☐No	☐Yes ☐No	obser	S2m
	12pm	☐Yes ☐No	☐Yes ☐No	obser	S2m
	2 pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
2/8	4 pm	☐Yes ☐No	☐Yes ☐No	obsene	[illegible]
	6 pm	☐Yes ☐No	☐Yes ☐No	obsue	[illegible]
	8 pm	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	10 pm	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	12 AM	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
3/8	2 Am	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	4 AM	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	6Am	☐Yes ☐No	☐Yes ☐No	absence	[illegible]
	8Am	☐Yes ☐No	☐Yes ☐No	obser	S2m
	10Am	☐Yes ☐No	☐Yes ☐No	obser	S2m
	12pm	☐Yes ☐No	☐Yes ☐No	obser	S2m
3/8	2pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4 pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	6 pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	8 PM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	12AM	☐Yes ☐No	☐Yes ☐No	health	[illegible]

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

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by : (continue)

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/8	2AM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 1/8/26 (N)	DATE 2/8/26 (M)	DATE 2/8/26 (E)	DATE 2/8 (N)	DATE 3/8 (M)
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

Intervention:

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✓	✗	✗
Nurse's Name:		Suf	Sreelu	[illegible]	[illegible]	Sun
Signature:		Suf	[illegible]	[illegible]	[illegible]	[illegible]
Date:		1/8/26	2/8/26	2/8/26	2/8	3/8
Time:		@ 1.0pm	@ 8Am	@ 2Pm	@ 8pm	@ 8Am

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

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IW/BRD-Q/NSG/04

BRADEN 'Q' SCALE

(for Paediatric use)

(1)

Patient Name : .....

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

					Date :	1/8/26 N	2/8 N	2/8 E	2/8 N
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	28	27	27
					Evaluator's Name	Sun Dr			

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23

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IN ATIENT / FAMILY EDUCATION RECORD

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Patient / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
1/8/26	9.30 pm	Medica	Explaind about xone action	Father	Nil	Oral	Nil	verbal	Good	Sen
2/8/26	8AM	medi cat	Explained about medication administration action,	Mother	Nil	oral	Nil	yes	good	Sm
3/8/26	9AM	lotion	Explained about dermoColin lotion	Mother	Nil	oral	Nil	yes	good	Sm

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Febrile Illness Day 6

Arrival Time: 9.15pm Mode of Arrival: Carrying Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 14.1 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: —

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

If yes please list, ...

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems: Preterm 700 gm. NICU Stay 1 month.

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

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

Observations: Weight: 14.1 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 97-99°F HR: 120 b/m RR: 26 b/m BP: 95/58

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 9. (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... parents .....

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 ..... Father .....

Nurse's Name: ..... Sojoint ..... Date: 1/8/26 ..... Time: 10pm

Signature

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Chandisalegs .... Date : ....

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

Start Time of Assessment: .... Weight: ....

Allergic History: ....

Chief Complaints: ....

AFI

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: 28/min SpO$_2$ on FiO$_2$ 99% RA

Rhythm: ....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L AE(+)

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Circulation

HR: 128/min CFT [Central ..... Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 90/54 ..... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

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

Pupils: [Responsive ☐ Non-Responsive ☐] Size [Right ..... Left .....]

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 98.2F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

.....

.....

Labs Planned: .....

.....

As per chart

.....

.....

.....

.....

Treatment Planned: .....

.....

As per chart

.....

.....

.....

.....

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

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

Assessment done by

Name of the Doctor: Dr. Chandisalega.

Signature: .....

Date & Time: 2/8/22

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/8/26 Time of arrival : 8.15 pm

Chief Complaints: c/o fever x 6 days & cold & cough. RBS: 111 mg/dl

Height : — Weight : 14.10kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 9/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : 8.25 pm

(P.T.O.)

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

Time	Nursing Notes
8.15 pm	* patient OPD to came ER, c/o Fever x 6 days, cold & cough x 2 days - rashes h.
	* vital signs check & recorded.
	* patient scened by DR. Manonmani maam & Advised Admission under DR. Ganesh sir.
	* IV placement done, Blood Sample done
	* shift to ward.

Samples collected by: S/N Subhadip
Samples sent by : S/N Sughondha.

Time: 8.50PM
Time: 8.55pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 129 b/m BP: 90/54(66) CFT: <3sec
RR: 26 b/m SPO_2 : 100% R/A
GCS: 15/15 Temperature : 98.2°F
Pain Score: 9/10
Repeat RBS (if applicable): -

Details of Shift - out

Shift - out from ER to: 609
Time of Shift - out: 9.15 pm
Handover given to: S/N Sanjiv
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Subhadip
Signature of the Nurse :

Date & Time : 1/8/26 @ 9.15pm

GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/8/26	9 pm	111 mg/dl	–	[signature]

Docu. No. : RCH /FRM / CLINICAL / 185

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EMERGENCY ROOM TRIAGE FORM

wt. 14.10 kg

Patient's Name : Baby. Shashvi Age : 6 yrs. Gender: ☐ Male ☑ Female

Date : 01. Aug. 2026 Time of Arrival : 8.15 pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 129. BP: 90/54 (66) RR: 28 bpr SpO2: 100% RA.

Chief Complaints: Fever 5 days. Cold, cough, Rashes.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 9min

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 : Godwin Boaz.

Signature of Triage Nurse : 01/8/26

Date & Time : 01. Aug. 2026 @ 8.20pm.

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

RP2

OT | PT.

xone.

400mg IVB

maintain.

Pa

PATIENT TRANSFER FORM

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GUC-00016021 IP18-00036715
Baby V S SHASHVI
16-09-2020 5 Y 10 M 16 D (F)
Dr. GANESH R

	Date & Time of Admission	Date & Time of Transfer Order
	1/8/26 @ 8:20pm	1/8/26 @ 9:15pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Ganesh	DR. Chandiralega	Further manag

From Unit	To Unit	Information to Attendant
ER	604	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
13	1 C-XRY	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Fever under evaluation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Subhadip & [signature]	Dr. Chandiralega [signature] 19/2/24

Patient & Clinical Records Received by : Serajul [signature]

Date & Time of Patient Received : 1/8/26 @ 9.15 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