GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 7 M 0 D (M)
Dr. GANESH R

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT- 5th Floor.

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		11.57 am					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/07	2 AM	ICU	511	17/7/24

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
	Blood c/s - RP-2		
17.7.2026	Typhoid igm	26022948	
D1	U/A, U/R	22961	
18/7	CRP	23108	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/7	Infusion pump	9.20 am	12th 6pm	28638	017340

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/07	IV line placement	(1)	1728632	1890

ANY OTHER INFORMATION:

Date: 18/7/26 Time: 11:55 Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby FRANK HERSTEIN
17-12-2024 1 Y 7 M 0 D (M)
Dr. GANESH R

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTAN

5th floor

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		18th floor			
Preparation of Discharge Summary		11.55 am			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

Patient Name: _____ Bed Category: 511

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

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 : IP18-00036502 **Admit Date** : 17-Jul-2026 **Admit Time** : 12:48 AM **UHID** : GUC-00073822

Patient Details :

Patient Name	: Baby FRANK HERSTEIN	**Age**	: 1 Y 6 M 30 D
Guardian	: JIM HERSTEIN J	**DOB**	: 17-12-2024 09:35 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO:1B/2, SBS COLONY VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Phone No**	: 7358721973/ 7598646810
		E-mail	: tanyagladstone@gmail.com

Admission Details :

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

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

Contact Details :

Name : JIM HERSTEIN J **Relationship** : Father

Contact Address : PLOT NO:1B/2, SBS COLONY VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087 **Phone No** : 7358721973

Signature

Doctor Details :

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

Referral Doctor : Dr. Ganesh R **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby FRANK HERSTEIN**	**Age :**	**1 Y 6 M 30 D**
IP No:	**IP18-00036502**	**Sex:**	**Male**
Consultant:	**Dr. GANESH 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 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: > Jim Herstein J

Relationship: > father

Date: 17-07-2026 Time: 1248

Witness Name: DSWIN

Witness Signature:

Patient Address:

PLOT NO:1B/2, SBS COLONY
VALASARAVAKKAM Alwar Tirunagar
Chennai Tamil Nadu INDIA 600087

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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 :> Frank Herstein	UHID Number : 73822
Self/Attendant Name :> Jim Herstein J	Relation :> father
Self/ Attendant Signature : > Phone Number : > 7358721973	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN (M)
17-12-2024 1 Y 6 M 30 D
Dr. GANESH R

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o cough/cold × 10days
c/o fever × 5days

History of present illness :

c/o cough/cold × 10days
Rhinorrhea ⊕.
NO PTV.

c/o fever × 5days, (max temp : not recorded)
relieved c paracetamol

. Reduced oral intake
Urine passing well.

CXR:

Patient Sticker

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

-

Birth & Neonatal History:

37 weeks / NVD / CLAB / No NICU stay / 2.65 kgs

Family Chart

Birth & Socio Economic History:

About Father :

About Mother : Clo fever / URI in grandmother +.

Any additional Information :

Developmental History :

Developmentally age for age

Immunization History :

Immunized upto age

Anthropometry :

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

Weight (kgs) 8.9 kgs (Centile _____)

On Examination :

Temperature : 97.4°F Pulse Rate : 130/min B.P. - SPO2 100% @ RA

Resp.rate and type of breathing : 28/min

Rash Absent

Lymphadenopathy (N) No palpable

Oedema : CRT < 3 sec

Allergies (if any): No Allergies Pallor

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILATERAL NO added sounds

Any addes sounds :

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

CXR: mild perihilar infiltrates

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 NO murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : SOFT NT, NO organomegaly

Ausculation :

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 :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes : 2+

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: fever under evaluation (?Typhoid / UTI)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP X-ray] OPD Basis
Dengue IgM

Blood C/S ✓
Urine R/E ✗
Typhoid IgM ✓
Urine routine
RP 2 ✓

Planned Management ~ 8.9 kgs

1) IVF - 0.9 DNS 36 ml/hr
2) Inj CEFTRIAXONE 450mg IV 12H
3) Inj PAN 10mg IV Q24H
4) Syp CETIRIZINE 1.5ml - 0 - 1.5ml
5) Syp MUCOLITE 2ml - 2ml - 2ml

Signature of the Doctor: [signature] 2017 H.

Name of the Doctor: LUCKY VALENTAM

Date & Time: 17/7/26 1:10 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 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

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight
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Date: ..... ıent: ..... 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

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

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

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

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Baby FRANK HERSTEIN
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Dr. GANESH R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B - Dr. Lucky ...	
17/12/24		
	Child ...	
	Afebrile	
	oral intake - DBF / Feeding well	
	not taking solids	
	Hydration - Adequate	
	vitals - stable	
	No c/o cough	
	RS: clear	CVS: S1S2 ⊕ / no murmur
	PA: soft/NT, no organomegaly	CNS: NFND.
	Typhoid IgM - Negative	Advice
		1) continue as charted
		2) continue ... fluids
		3) ... trace for urine ... routine.
	Lucky ... 20/12/24	

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
17/7/20 9 AM	S/B Dr. Chandiraleka.	
	C/o cough, Running nose x 10 days C/o fever x 5 days. Reduced oral intake, Reduced acting x 2 days no c/o vomiting. loose stools	
	O/E Afebrile CVS - S1S2 (P) RS - B/L CA E (P) P/A - Soft Hydration - PPWT, CRT < 3 secs urine output - Not passed since 5 am	
	TC - 12940 N/L 52/43 PLT 4,13,000 CRP - 83 SGOT/SGPT Sr. electrolytes (N.) Urine routine Typhoid, Dengue - Igm - Negative Chest x-ray - Perihilar infiltrates	

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Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- IV Fluids 35ml/hr.	
	- Inj. ceftriaxone 450mg IV BD	
	- cetirizine, mucolite.	
	- w/f fever spikes	
	SRW 19/12/24. 17/7/25 S/2 Dr. Ganesh	
	11.30AM	
	Prof. Adenosine CR	
	R a chart	
	[signature]	
17/7/26 4.30pm.	S/B Dr. Chandralega.	
	child reviewed.	
	sleeping	
	one episode of low grade fever spike.	
	cough (+)	
	oral intake good	
	urine output - reduced	

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
	O/E	
	Afebrile	
	CVS-S1S2(+)	
	RS-B/L AE(+), clear	
	P/A-soft	
	L/E : no phimosis	
	Adv:	
	- continue IV fluids	
	- T/o monitoring	
	- continue ceftriaxone, cetrizine,	
	mucolite	
	- Syrform (SOS)	
	[signature] 19/7/24	
18/7/26 9.00AM	S/B Dr. Chandiralega.	
	Δ - Probable Adenoviral LRI	
	Child received	
	Alert, Active	
	no fever spikes for 24 hrs	
	cough - Improving.	
	Tolerating oral feeds well	
	Play Activity - good	
	urine output - good - c/o pain	
	during micturition.	

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile.	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - soft.	
	External genitalia - (N)	
		Adv
	Blood C/S } SNNG	- monitor vitals
	Urine C/S }	- Inj. Ceftriaxone 450mg IV BD
		- cetirizine, mucolite,
		- W/F fever spikes, urine output
18/7/20 11:30AM		- Enform (SOS)
	[signature] 19/7/20	
	S/B Dr. Ganesh	
	Δ - prob Adenoviral infection	
	Discharge today	
	Adv!	
	- To do Repeat CRP.	
	- Syp cetirizine 2.5ml BD x 3 days	
	- Syp mucolite 2.5ml TDS x 3 days	
	- Review 22/7/20	
	Tbact ointment L/A. x TDS [signature]	

[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	17/12/26					
Time						
Hb	11.7					
PCV	34					
RBC	4.83					
WBC	11940					
N/L	52 / 43					
Platelets	4.13					
CRP	83					
ESR						
PCT						
RBS						
Na	139					
K	4.1					
Cl	103					
iCa/Mg	1.19					
Phosphate / HCO3	/ 21					
Urea	9					
Creatinine	0.25					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-4					
CUE - RBC Cells	1-2					
CUE Leucocytes, Nitrate	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue IgM	Neg					
Typhoid Ig M	Neg.					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 17/07 Drug Allergies: NKA ☐ 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 P 120				Date / Time	17/7													
Dose	Route	Frequency	Start Date	12pm	SA													
~~5 ml~~	Po	8 6H	17/7															
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 .....

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS Weight. 8.9 kg Ward. 511

DRUG: Inj CEFTRIAXONE				Date/Time	17/7	18/7
Dose	Route	Frequency	Start Date	6 pm	5:30 am KS	KS
450mg	IV	Q12H	17/7			
Name & Signature of the Doctor Starting the Drugs: Lushyith						
Additional Instructions: 2033				6 pm	RST	
					N1	N2
Daily Doctor's Endorsement by a Sign						

DRUG: Inj PAN				Date/Time	17/7	18/7
Dose	Route	Frequency	Start Date	1:40 pm	SG KS	6 pm KS
10mg	IV	Q24H	17/7			
Name & Signature of the Doctor Starting the Drugs: Lushyith						
Additional Instructions: 2033						
Daily Doctor's Endorsement by a Sign						

DRUG: Syp. CETRIZINE				Date/Time	17/7	18/7
Dose	Route	Frequency	Start Date	8 am	SRY KS	RST
2.5ml	PO	Q12H	17/7			
Name & Signature of the Doctor Starting the Drugs: Lushyith						
Additional Instructions: 2033				8 pm	KS	
Daily Doctor's Endorsement by a Sign						

DRUG: Syp. MUCOLITE				Date/Time	17/7	18/7
Dose	Route	Frequency	Start Date	6 pm	3:20 CGY KS	KS
2ml	PO	Q8H	17/7			
Name & Signature of the Doctor Starting the Drugs: Lushyith				2 pm	RST	
Additional Instructions: 2033				10 pm	KS	
Daily Doctor's Endorsement by a Sign						

Patient Sticker

Weight. 8.94 Ward. 511

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

I.V. FLUIDS CHART

Weight. 8.9 kg Ward. 511

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
17/7	9.20 am	2NF 0.9NS	2V	35ml/hr					
18/7	9.40am			20ml/hr					

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

GUC:-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N.K. ..... ☐ ~~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: ..... 3rd floor .....

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. MUCOLITE	2.0ml	Po	1-0-1		☐ ~~C~~ ☐ DC
2	Syp. CETRIZINE	2.5ml	Po	1-0-1		☐ ~~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 : 17/7/24, 11:00PM .....

Nurse Name & Signature: .....

Date & Time : .....

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

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Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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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 : .....

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

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/12

Time:	3:30am	5am
Doctor / Nurse / Family Concern?		
Temperature (°F) (scale 94–104)	98.5°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	● 138	● 130
Note: BP does not score in early warning scoring		
Heart Rate (Number)	138b/m	130b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	● 32	● 30
Resp Rate (Number)	32b/m	30b/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild	✓	
Receiving O_2 (l/min)	RA	RA
O_2 Saturations (%)	98%	99%
Conscious Level — Normal	✓	✓
Conscious Level — Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[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 in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

(2)

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

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

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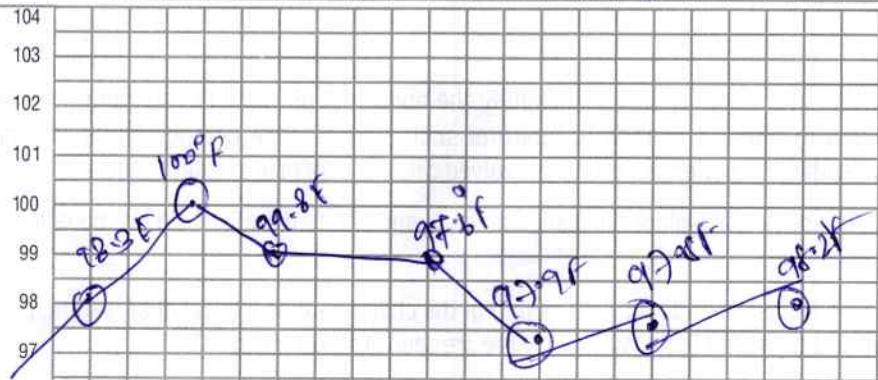
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/12 Time: 8am 12pm 4pm 8pm 12am 4am

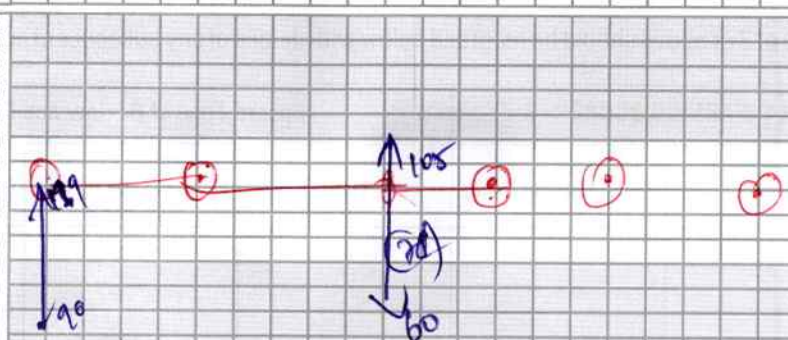
Doctor / Nurse / Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	124bpm	132bpm	120bpm	121bpm	128bpm	130bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26bpm	32bpm	20bpm	30bpm	30bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	✓	✓	✓
O_2 Saturations (%)	97%	99%	97%	98%	99%	97%
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
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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 FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH 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.

12/12

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	DBF			85ml						0	dy
	03:00 am	+120	25		85ml						0	dy
	04:00 am	DBF			85ml						0	dy
	05:00 am	+120	20		nc						0	dy
	06:00 am	DBF			80					15ml	0	dy
	07:00 am	+120	30		35						0	dy
Total Intake :		3DBF + 75 + 115ml				**Total Output :**				15ml		

Received

Total 24 hrs. Intake	3DBF + 75ml + 115	Total 24 hrs. Output	15ml

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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FLUID CHART

empty diaper - 16

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.

12/7		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		3.5ml							0	SA
	09:00 am	H2O	20ml	35ml							0	SA
	10:00 am			35ml							0	SA
	11:00 am	DBF		DC							0	SA
	12:00 pm			35ml							0	SA
	01:00 pm			30ml						11ml	0	SA
Total Intake : 2 DBF + 20ml + 135ml						Total Output : 11 ml						
	02:00 pm	DBF		35ml							0	
	03:00 pm	DBF		85ml							0	
	04:00 pm	H2O	10ml	35ml							0	
	05:00 pm			35ml						Lact.	0	
	06:00 pm	H2O	10ml							42ml	0	
	07:00 pm	DBF									0	
Total Intake : 3 DBF + 20ml + 140ml						Total Output : 42ml + Urine						
	08:00 pm	DBF									0	SA
	09:00 pm	Kanji	15 sips							60	0	SA
	10:00 pm	DBF								38	0	SA
	11:00 pm										0	SA
	12:00 am										0	SA
	01:00 am	DBF									0	SA
Total Intake : 3 DBF						Total Output : 132 ml + 95 ml						
	02:00 am	DBF									0	SA
	03:00 am										0	SA
	04:00 am	DBF									0	SA
	05:00 am	DBF									0	SA
	06:00 am	DBF								70	0	SA
	07:00 am										0	SA
Total Intake : 4 DBF						Total Output : 80 ml + 70 ml						

Total 24 hrs. Intake	13 DBF + 140ml + 140ml	Total 24 hrs. Output	221 ml

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN (M)
17-12-2024 1 Y 6 M 30 D
Dr. GANESH R

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight
BY RAINBOW HOSPITALS
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Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		Maintaincy Nutritional Status	8	→ Encouraged to take oral → provided oral fluids	Evaluate input & output	child stable	[signature] 0/N/26

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 12/7/26

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	⇒ To Maintain Nutritional status.	8 Am	⇒ To encourage high protein diet	⇒ To improve Nutritional Status	The child vitals are stable	[signature] 0/0935
Afternoon	2pm	To Prevent the Infection	2 pm	> Assess the condition > follow the aseptic > monitor I/O chart > Administer medic.	child was stable.	Prevent the Infection	[signature]
Night	7:30 pm	Maintain personal hygiene	8 pm	→ Maintained Strict hygiene	Prevent infection	Child Stable	[signature] 013840

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

(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
		← Received notes →	
17/7	2:20 am	→ Child Receiving from ER to 5th floor →	[signature] 019346
		→ Child detail handing are taken by FRS[illegible] to 5th floor (S W) →	[signature] 019346
		→ Child was Conscious and [illegible] child was active & alert IV line pattern	[signature] 019346
	2:20 am	→ Inf - 0.9% DNS 35 ml/hr is on connected	
	2:30 am	Vitals are checked and Recorded vitals are stable	
	3 am	→ Syp. Cetrizine 1.5ml as give as per day chart daly	
	3:20 am	→ Syp. Mucolite as give as per day Chart daly →	[signature] 019346
	5 am	→ vitals are checked and Recorded vitals are stable	
	5:30 am	→ Inset a 6Fr. feeding and Collect the urine sample → urine Culture & urine Routine sended to lab	
	5:30 am	→ Inj - [illegible] as give as per day Chart daly →	[signature] 019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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 .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7	7am	Weight taking, length & depth	
	7.30 am	- child detail - Handing over given to relieving duty s/o	[signature] 0175
17/7	7.30am	Morning duty	
		→ The child hand over from night duty staff.	
		child is conscious oriented.	
		IV line is present.	
	8.00am	The child vital sign chart record | PP | CP | CRT | ++ | ++ | [illegible]	S. Arif 0935
	9.00am	→ The child [illegible] hr connected & maintain & [illegible]	
	11.00am	→ The child visit Dr. [illegible] sir advice to [illegible] Adnan [illegible] & continue antibiotic. inform to Dr [illegible] Baby is urine Not passed	[signature] 0935
	12pm	→ The child vital sign chart record | PP | CP | CRT | ++ | ++ | [illegible]	
		→ The child is temperature 100.F, Syp. Para [illegible] given as per drug chart maintain & document	S. Arif 0F3G.
		→ The child I/O chart maintain & document.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/12	1.30pm	The child hand over from evening duty staff	[signature]
		Evening duty.	
	1.30pm	child details handover taken from the morning duty staff. child was conscious & oriented. Dr line pattern. fever was reduced.	[signature]
	2pm	Due medication as given for the drug chart order.	[signature]
	4pm	check the vital after vitals are the stable. [?P / PR / CRT : ?? / ++ / <3s] No fever spike.	[signature]
	6pm	Due medication as given for the drug chart. Child was passed urine well. Dr line pattern.	[signature]
	7pm	monitor I/O chart. No other complaints. Dr line pattern	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7:30pm	child details handover given to the Night duty staff of Night duty →	[signature]
10/7	7.30 pm	→ child details Handing over taken by evening duty S/N → Child was conscious and oriented. Child was active, alert, in his pattern	[signature] 019346
	8pm	→ Vitals are checked and Recorded vitals are stable → Due medication as per drug chart today	[signature] 019346
		Time / CRT <3sec / CP +ve / PP +ve	[signature] 019346
	8.30 PM	→ Dr. Ganesh sir saw the patient and gave advice to attendee Doctor advice to continue same	
	10pm	→ Due medication as given as per drug chart today	[signature] 019346
	12am	→ vitals are checked and Recorded vitals are stable	
		Time / CRT <3sec / CP +ve / PP +ve	[signature] 019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:..

MRD NO:.... GUC-00073822 IP18-00036502
Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

Age :........... : ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 17/07/24 Time: 1:00am

Location : (R) Metha carpal

Size : 24 G

Cannula inserted by : S/N Shibu.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
17/7	01:30Am	☐Yes ☑No	☐Yes ☑No	path	[illegible] 17/7
	2.20am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obsv	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obsr	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
18/7	12am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	2am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	obsvd	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	obsvd	[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		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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Baby FRANK HERSTEIN
17-12-2024 1 Y 6 M 30 D (M)
Dr. GANESH R

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			17/12	17/12	17/12	17/12	18/12
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	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
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	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		12	12	12	12	12

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		–	–	X	–	X
	Other Intervention(s) Specify		–	–	X	–	X
	Nurse's Name:						
	Signature:						
	Date:		17/12	17/12	17/12	17/12	18/12
	Time:		8:30 PM	8 PM	4P	8PM	8AM

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Patient ID

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BRADEN 'Q' SCALE

					Date :	17/12	17	17/12	17/12
					Time :	N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.'		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
				TOTAL SCORE		28	28	28	28
				Evaluator's Name		[signature]	[signature]	[signature]	[signature]

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Fever ? Enteritis ? UTI ? Typhoid

Arrival Time: 2:20 am Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 8.09 Kg

UTI Height: ..... cm

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

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

Family History: —

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

If yes please list, —

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

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

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

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

Temp.: 98.6 F HR: 140 b/m RR: 30 b/m BP: —

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 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 ..... Family .....

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

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

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: ..... Sreesha ..... Date: 17/7/26 ..... Time: ..... 3 AM ..... Signature 019346

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: English 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		
17/7	3pm	2	Explain about Treatment and Cab	Mother	NO	Oral	Nil	Yes	Good	[signature]
18/7	8pm	10	Explain about the Fall risk Education	mother	no	Oral	nil	Yes	good	[signature]

Part - III: CODES

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

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

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

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

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

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Dr. GANESH R

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17.07.2096. Time of arrival : 12:50 pm

Chief Complaints: fever 5days. Cold. Cough++, RBS: –

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: 0/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

–

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 17.07.2096.

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : 1:00 pm

Time	Nursing Notes
1:00	patient came to the ER with the
am	H/o fever x 5 days, usual intake
	monitored the vitals signs. Recorded
	Dr. lucky sir. IV line placement done.
	Blood sample collected and pt
	shifted to the ward.

Samples collected by: S/N Shibu

Samples sent by :

Time:

Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 128/m BP: — CFT: < 3 sec	Shift - out from ER to: Room 511.
RR: 28/mn SPO$_2$: 98% RA.	Time of Shift - out: 2:00 am
GCS: 15/15 Temperature : 97.4°F	Handover given to: S/N Sireesha. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): Nil.	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Shibu Debnath. Signature of the Nurse : [signature] 91878

Date & Time : 17/oct/26 - 1:10 am.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. GANESH Date : 17/7/26

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

Start Time of Assessment: 1:00AM Weight: 9kgs

Allergic History: No Allergy

Chief Complaints:

c/o fever x 5 days

c/o cough + cold x 10 days

Pediatric Assessment Triangle

A Appearance - TICLS : Amt

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

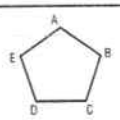
If Yes .....

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_2 100% @RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BLAE No added sounds

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Circulation

HR: 125/min CFT [Central ..... / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... 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: Alert

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: [Responsive ☑ / Non-Responsive ☐]

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

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

Signs of Neurological compromise .....

.....

Exposure

Temp.: 97.4°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: .....

.....

.....

As charted

.....

.....

.....

Treatment Planned: .....

.....

.....

As charted

.....

.....

.....

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: .....

Signature: .....

Date & Time: 17/7/26 1:15PM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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wt 8.9 kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : FRANK Age : 1Y6M Gender: ☐ Male ☐ Female

Date : 17/12/24 Time of Arrival : 12:50 PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.4°F PR: 128/m BP: — RR: 30/m SpO_2: 100% ↓ RA.

Chief Complaints: H/O fever x 5 days. ↓ oral intake.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 min

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shibu Dchonath.

Signature of Triage Nurse : 17/12/24

Date & Time : 17/12/24 @ 12:52 PM

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

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	17/07/26 @ 12:48PM	17/07/26 @ 2:20PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR- Ganesh.	Dr Lucky	Treatment
From Unit	To Unit	Information to Attendant
ER	~~402~~ 511	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500ml	1
2.	IV set	1
3.	Inj: Xone 500g	1
4.		
5.		

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

fever under evaluation (? typhoid / ? UTI)

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 17890	Luckyrija 203312

Patient & Clinical Records Received by : [signature] 013346

Date & Time of Patient Received : 17/7/26 @ 2:32PM

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

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature