5th floor

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy			01/11/26				

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: .....

GUC-00094316
Baby SRINIKA
10-02-2026
Dr. GANESH R
IP18-00036687
0 Y 5 M 20 D (F)

UHID No: .....

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

Date of Admission: .....

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

Room / Bed No: .....

Ward: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/07	3:25 pm	ER	511	TAPD

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
30/07/26	RFT	26021433	Ct. [illegible]
1/8/26	CRP	24588	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/7	Infusion pump	7.20 pm	31/7th am	350270	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/07	IV line placement	(1)	1735009	
30/7	IV line placement	(1)	1735187	

ANY OTHER INFORMATION:

Date: 1/8/26 Time: 11.40 AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
1/8/26			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTAN

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing			Suj 01/Sept 1/8/26 11:25 am		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

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 : IP18-00036687 **Admit Date** : 30-Jul-2026 **Admit Time** : 02:40 PM **UHID** : GUC-00094316

Patient Details :

Patient Name	: Baby SRINIKA	**Age**	: 0 Y 5 M 20 D
Guardian	: Mr PALANI SURENDAR. P	**DOB**	: 10-02-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO: 01, BAKTHAVATCHALAM NAGAR, 8th STREET, NANGANALLUR, CHENNAI Naganallur Chennai Tamil Nadu INDIA 600061	**Phone No**	: 8754651737/ 8778233652
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr PALANI SURENDAR. P **Relationship** : Father

Contact Address : NO: 01, BAKTHAVATCHALAM NAGAR, 8th STREET, NANGANALLUR, CHENNAI Naganallur Chennai Tamil Nadu INDIA 600061 **Phone No** : 8754651737

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

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SRINIKA**	**Age :**	**0 Y 5 M 20 D**
IP No:	**IP18-00036687**	**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: > K. PALANI SURENDAR

Relationship: > FATHER

Date: 30-07-2026 Time: 02:40

Witness Name: ARUN

Witness Signature:

Patient Address:

NO: 01, BAKTHAVATCHALAM NAGAR,
8th STREET, NANGANALLUR, CHENNAI
Naganallur Chennai Tamil Nadu INDIA
600061

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BILLING POLICY

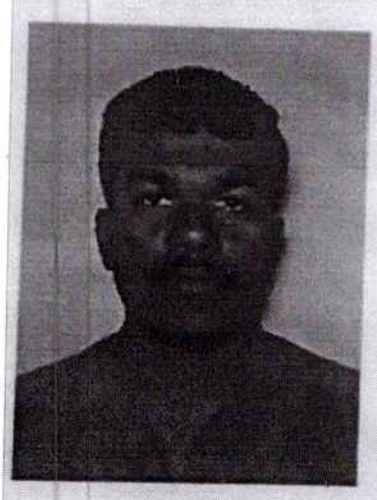
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation 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 : > Srinika	UHID Number : 94316
Self/Attendant Name : > K. Palaniswamy	Relation : > Father
Self/ Attendant Signature : P. Palaniswamy Phone Number : 8754651737	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்
Government of India



பழனி சுரேந்தர் கு
Palani Surendar K
பிறந்த நாள் / DOB: 10/12/1994
ஆண்பால் / Male

07/04/2013

9400 3945 9145

எனது ஆதார், எனது அடையாளம்

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

முகவரி: S/O: குமார், 17ஏ, பரமனை பாடுவார் தெரு, பாளையங்கோட்டை, பாளையங்கோட்டை, திருநெல்வேலி நாடு, 627002

Address: S/O: Kumar, 17 A, PARAMANAI PADUVAR STREET, PALYAMKOTTAI, Palayamkottai, Tirunelveli, Tamil Nadu, 627002

9400 3945 9145

1947 help@uidai.gov.in www.uidai.gov.in

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

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

Patient Name: _____ _____

UHID ID: _____ _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o fever - D5
high grade, recurs every 6 hours
c/o lethargy +
No c/o cough / coryza / nasal block / crying during micturition / loose stools / vomiting

Started on oral cefixime i/v/o UTI, but fever persisting so admitted.

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

; of any previous investigation or treatment)

H/O UTI @ 30 days of life → Klebsiella pneumoniae
S→ cefotaxime, piptaz, genta, septran, cefepime, meroperam, cefta - avi
R → cefazolin, amoxyclav, cipro, nitrofurantoin, ceftriaxone, amikacin
Given oral abx x 2 weeks. USG not done.

Birth & Neonatal History:

Term (38+4) / NVD / BW - 2.9 kg /
No H/O NICU admission. PT x 24 hours.

Family Chart

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Developmental History : (N)

Immunization History : (N)

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)
Weight (kgs) 6.87 (Centile _____)

On Examination :

Temperature : 100.4 °F Pulse Rate : 145 B.P. _____ SPO2 100%
Resp.rate and type of breathing : 34

Rash -
Lymphadenopathy -
Oedema : -
Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : B/L AE +

Any addes sounds : –

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1, S2 +

Any murmur : –

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

Per Abdomen :

Inspection : N

Palpation : soft, not tender, no OM

Ausculation : BS +

Spine : External Genitelia : N

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

USG abd (sol+) → (N) study

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator :

Posture : N

Involuntary Movements :

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

F

DTR **Superficials:**

Plantars N

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: UTI (2nd episode)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

RFT

Planned Management

IV fluids
Inj. ceftriaxone

Signature of the Doctor: 125882

Name of the Doctor: KEERTHANA. D

Date & Time: 30/1/26 1.45pm

Signature of the Consultant:

Name of the Consultant: R. Ganesh

Date & Time: 30/1/26

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

Docu. No. : RCH /FR

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

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

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

GUC-00094316
Baby SRINIKA
10-02-2026
Dr. GANESH R
IP18-00036687
0 Y 5 M 20 D (F)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 4.30pm	S/B Dr. Chandiraleka. 25/7 26/7 27/7 29/7	
	c/o fevers 5 days no c/o vomiting, irritability, burning micturition no c/o cough, rhinorrhoea, loose stools oral intake - good.	
	After admission: no fever spikes Tolerating breast feeds well.	H/O UTI at 30 days of life.
	O/E Afebrile CVS - S1S2 (+) RS - Clear P/A - Soft External genitalia (N)	TC - 11.1 N/L 58/34 CRP - 75 Leukocyte - 2+. 8-10 pus cells. USG Abd - (N) study, no c/o pyelonephritis
	Urine C/S - GNB growth.	Adv: - monitor vitals - Inj. ceftriaxone 250mg IV BD 12H - Inj. Pantoprazole 10mg IV OD - W/F fever spikes. - Tab Para (SOS)

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

Patient Sticker

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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/20	S/B Dr-Manomai	
8pm	Reviewed	
	fever spikes (-)	
	Had 2 Episodes of Loose stool	
	No vomiting	
	takes feeds well	
	PP- HR=, peripheries warm	
	P/A soft, Non tender	
	others - nm	
	R	
	→ Cont IV antibiotics, IVF	
	- If Loose stools persist - add	
	Entogermina 1/2 BD	
	- trace urine c/s	
10pm		

GUC-00094316 IP18-00036687
Baby SRINIKA
10-12-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 9.30pm.	S/B Dr. Chandirvalage	
	Δ - UTI	
	child reviewed	
	Alert, Active	
	Low grade fever spikes (+)	
	Tolerating breast feeds well.	
	no c/o vomiting / loose stools.	
	O/E	
	Afebrile	BP-90/60mmHg
	CVS-S1S2 (+)	PR - 140/min
	RS - clear	
	P/A - soft	
	Urine c/s -	Adv
	GNB growth	- monitor vitals
		- Inj. Ceftriaxone 300mg Q12H
		- Inj. Pantoprazole 10mg OD
		- IV Fluids @10ml/hr
		- w/F fever spikes
		- Infoem SOS)
	[signature] (M)2m.	

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

Patient Sticker

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/2026	S/n	2 hands
11:15 AM	E W U D	
	Fever spiked	
	Hydrated	
	Well looking	
		[illegible]
	[illegible]	
31/7/26 4:50pm	S/B Dr. Chandrakala	
	D - UTI.	
	child examined	
	Alert, Active	
	no fever spikes	
	Tolerating breast feeds well	
	PPWT, CRTL 3secs	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	To do CRP in morning
	RS - clear	
	P/A - soft	
		Adv:
		- monitor vitals
		- IV Fluids - stopped
	[signature] 31/7/26	- continue ceftriaxone
		- Enform (SOS)

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

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

(3)

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 9pm	S/B Dr. Chandrakala	
	D – UTI / E.coli	
	child seen	
	Alert, Active	
	no fever spikes	
	no new complaints	
	Tolerating breast feeds well.	
	O/E	
	Afebrile	
	CVS-S1S2 (+)	
	RS – clear	
	P/A – soft	
	Hydration – voided urine 6 times	
	PPWT, CRT < 2 secs	
	Adv:	
	BP 90/70mm Hg	– monitor vitals
	PR – 110/min	– Inj. ceftriaxone 500mg IV BD
		– Inj. Pantoprazole 10mg IV OD
	CRP – 117	– Inform (SOS)
	[signature] 19/24	

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

Patient Sticker

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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01.8.26	S/? 2 hours	
11.15AM	E coli UTI.	
	no fever.	
	clinically well	
	d/s today	
	Adv	
	T. [illegible] (50mg) DT	
	1 — 0 — 1 x 5 Days	
	R. on 5/8/26	
	Rpt CRP @ review	
	[signature]	

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

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

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RESULT SHEET

Date	29/7		1/8/26			
Time						
Hb	11.1					
PCV	32					
RBC	4.21					
WBC	11360					
N/L	58/34					
Platelets	5.2 l					
CRP	75		117			
ESR						
PCT						
RBS						
Na		134				
K		4.6				
Cl		103				
Ca/Mg						
Phosphate						
Urea		11				
Creatinine		0.28				
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	29/7					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	8 – 10					
CUE - RBC Cells						
CUE	Leucocytes 2+					
	bacteria +					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Urine C/S (29/7) → E.coli

sensitive to Meropenam, piptaz

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

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DRUG CHART

Date of Admission: 30/07 Drug Allergies: ..... ☐ 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 : P100 DROPS

Dose	Route	Frequency	Start Date
1ml	PO	OD	30/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:
if T > 100 F

Date / Time	30/7		31/7
	7.30 pm	SN BD 4.0 hr	PST

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
70mg	IV	SOS	30/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:
if T > 100 F

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date / Time

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

GUC-00094316 IP18-00036687
Baby SRINIKA 0 Y 5 M 20 D (F)
10-02-2026
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 6.87 kg Ward. ....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
300 mg	IV	Q12H	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7	1/8
Time			
6AM	/	PST	PST
6pm	3:40pm RU / KB	MA / EP	
	D1	D2	D3

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
10mg	IV	OD	30/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7	1/8
Time	8:00 pm	6AM PST	PST

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

I.V. FLUIDS CHART

Weight. 6.87kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/7	4.20 pm	0.9% DNS (1/2 maintenance)	IV	15	[signature]	RN / KS	30/7 9pm		[signature]
	9pm			↓ 10 cc/hr		RST	31/7/26		[signature]

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

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Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
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	CALPOL DROPS	1ml	PO	SOS	30/1 1.15pm	☑C ☐DC
2	T. TAXIMODT	50 mg	PO	BD	30/1 9am	☐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 : 30/1/26 1.45pm

Nurse Name & Signature: .....

Date & Time : 30/01/26 1.30pm

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Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

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

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

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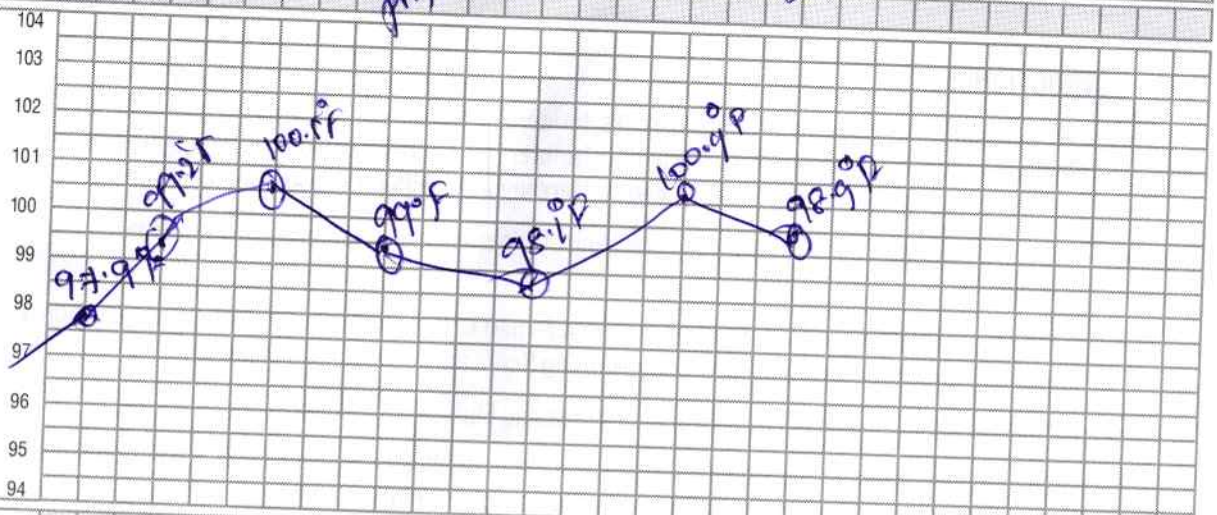
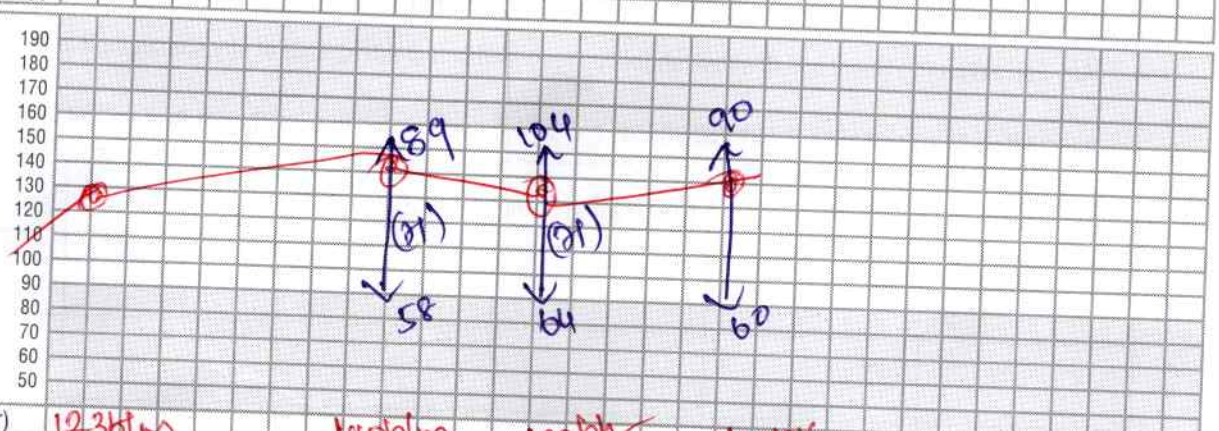
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/7/26 Time: 3.30pm 7pm 7.30pm 8.30 pm 12am 4am 5am

Doctor/Nurse/Family Concern?





Heart Rate (Number)	123bt/m	140bt/m	132bt/m	140bt/m
Resp. Rate (bpm) (Over 1 Minute) *	42	40	40	42
Resp Rate (Number)	42bt/m	40bt/m	40bt/m	42bt/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

(2)

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

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

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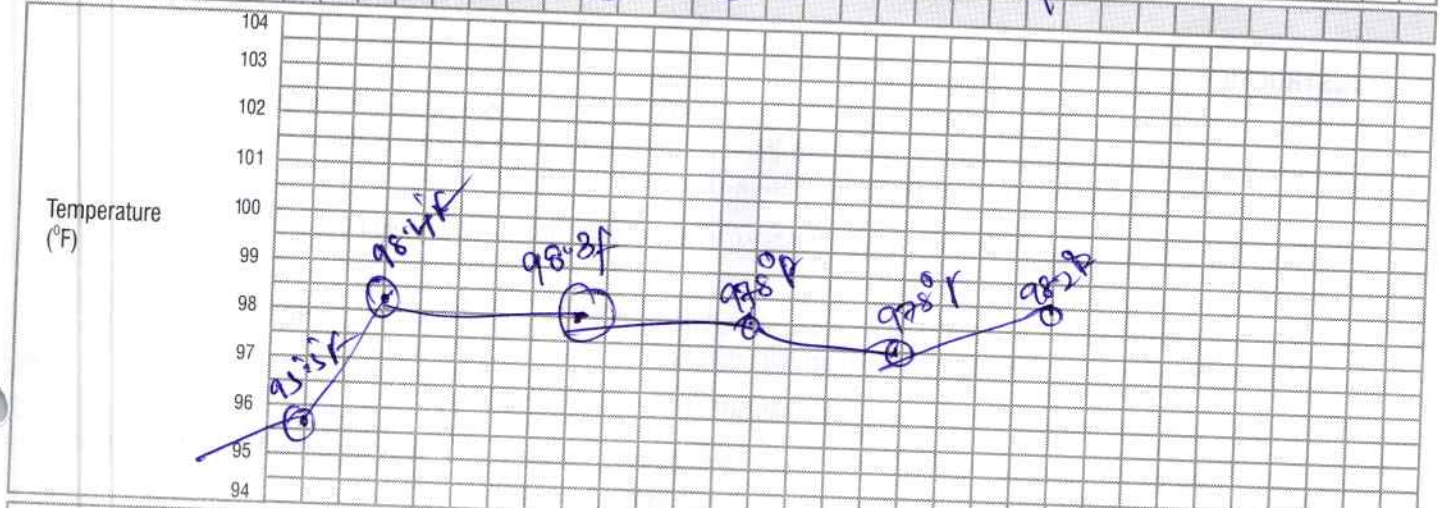
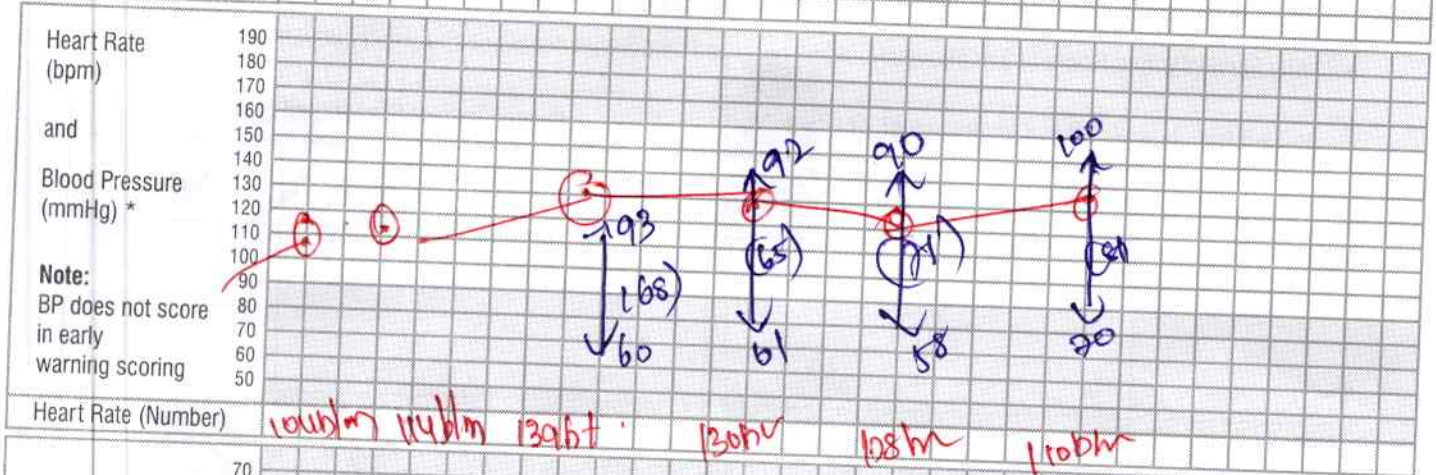
EARLY WARNING SCORE: CHILDREN'S UNIT

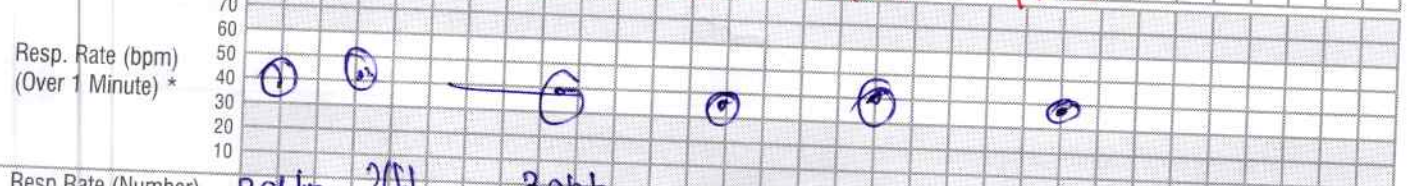
Date: 31/7/26 Time: 8am 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?





Heart Rate (Number)	100b/m	114b/m	130bt	130b/m	108b/m	110b/m



Resp Rate (Number)	38b/m	36b/m	30bt	30b/m	28b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)	96%	96%	98%	97%	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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Patient Sticker

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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 SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
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.

30/7/26		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											
	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	—				Received						
	05:00 pm	DBF		15							0	
	06:00 pm			15			✓			✓	0	
	07:00 pm	DBF		15							0	
Total Intake :		2 DBF + 45ml				**Total Output :**				Urine		
	08:00 pm	DBF		15ml							0	
	09:00 pm	DBF		15ml						✓	0	
	10:00 pm			DC							0	
	11:00 pm	DBF		DC						✓	0	
	12:00 am			10ml			✓			✓	0	
	01:00 am	DBF		10ml							0	
Total Intake :		4 DBF + 50ml				**Total Output :**				3 times		
	02:00 am			10ml						✓	0	
	03:00 am	DBF		10ml							0	
	04:00 am			10ml							0	
	05:00 am	DBF		10 ml							0	
	06:00 am			DC							0	
	07:00 am	DBF		D						✓	0	
Total Intake :		3 DBF + 40ml				**Total Output :**				2 times		

Total 24 hrs. Intake	135ml + 9 times	Total 24 hrs. Output	6 times

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FLUID CHART

Sheet No. : 7

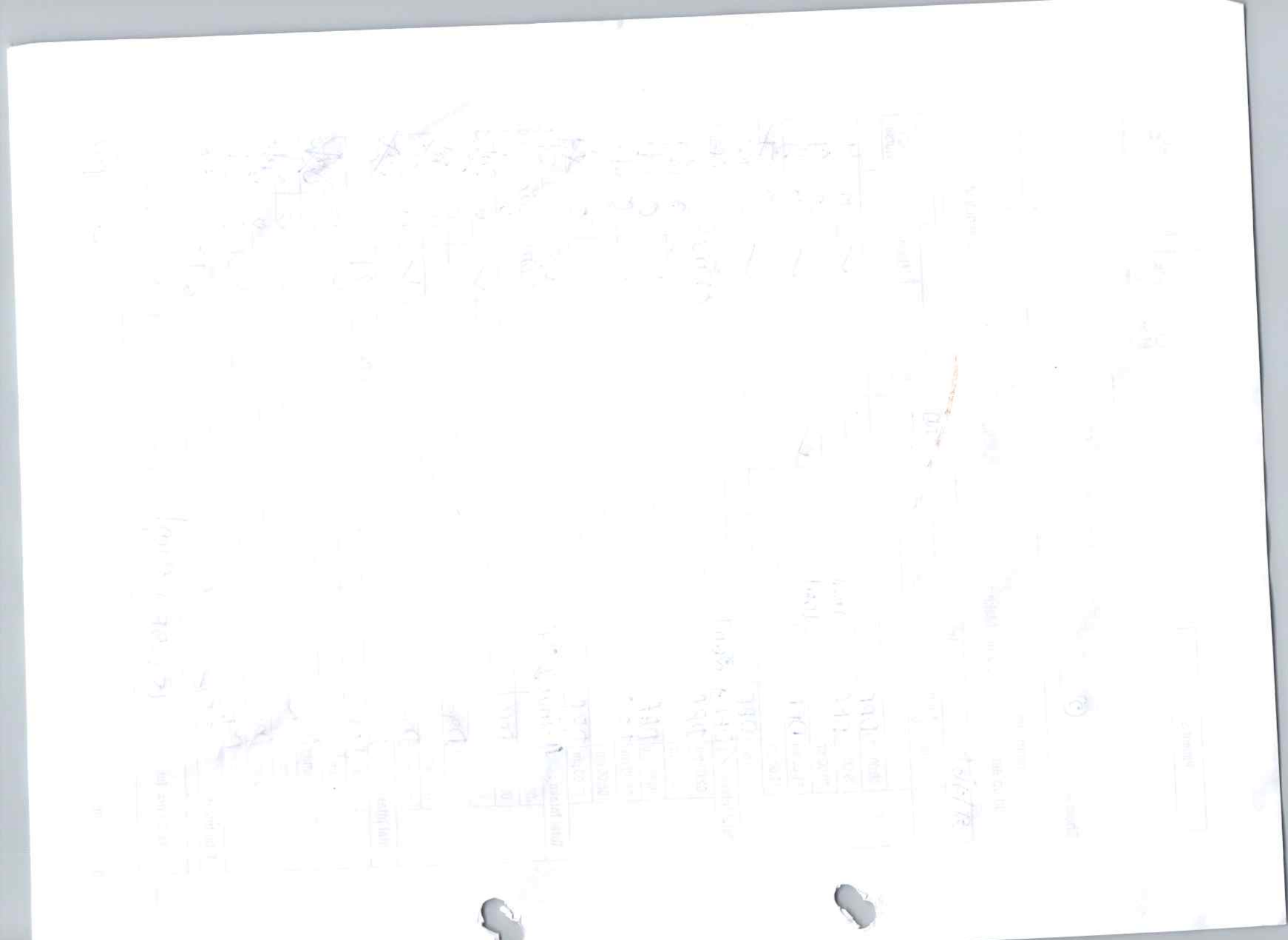
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

3/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea (NAD)	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	DBF										
	09:00 am	DBF		10ml						✓	0	
	10:00 am			10ml							0	
	11:00 am	DBF					✓			✓	0	
	12:00 pm										0	
	01:00 pm	DBF								✓	0	
Total Intake : 4 DBF + 20ml						Total Output : 4 times						
	02:00 pm	DBF								✓	0	
	03:00 pm										0	
	04:00 pm	DBF								✓	0	
	05:00 pm	DBF									0	
	06:00 pm									✓	0	
	07:00 pm	DBF								✓	0	
Total Intake : 4 time DBF						Total Output : 4 time urine passed						
	08:00 pm										0	
	09:00 pm	DBF								✓	0	
	10:00 pm										0	
	11:00 pm	DBF									0	
	12:00 am										0	
	01:00 am	DBF								✓	0	
Total Intake : 3 DBF						Total Output : 2 time						
	02:00 am	DBF								✓	0	
	03:00 am										0	
	04:00 am	DBF								✓	0	
	05:00 am										0	
	06:00 am	DBF								✓	0	
	07:00 am	DBF									0	
Total Intake : 4 DBF						Total Output : 3 time						

Total 24 hrs. Intake	15 DBF + 20ml	Total 24 hrs. Output	13 times

Urine passed



GUC-00094316
Baby SRINIKA
IP18-00036687
10-12-2026
0 Y 5 M 20 D
Dr. GANESH R
(F)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: UTI (2nd episode)

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND	Date / Shift	30/7 E	30/7 N	31/7 M	31/7/26 evening	31/7/26 N	
	Medical Condition (Any special condition to be noted):	Noted.	Noted	noted	Noted	Noted	
	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	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.9°F	99.1°F	95.5 F	98.8 F	98.6 F	
	Res:	42 b/m	40 b/m	38 b/m	30 b/m	30 b/m	
	SpO_2:	98%	97%	96%	98%	99%	
	Pulse:	123 b/m	140 b/m	10 b/m	139 b/m	130 b/m	
	BP:	—	84/58	—	98/60(68)	92/60	
	LOC:	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:		14	14	14	14	
	Pain Score:	0/10	0/10	0/10	0/10	0/10	
	Skin Integrity	intact	intact	intact	intact	intact	
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	
	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	non Depen	Non depdent	Dependent	Dependent	
	Post Operative Procedure Special Orders:	—	—	—	—	—	
	Handed Over By Name :	R. Usha	Thoul	[illegible]	Angel	Thulasi	
	Signature / ID :	R. Usha	[illegible]	4015[illegible]	4018905	[illegible]	
	Date:	30/7	30/7	31/7	31/7/26	1.8.26	
	Time:	7.30pm	7.30 Am	7.30pm	7.30 pm	7.30am	
	Taken Over By Name :	Thulasi	[illegible]	Angel	[illegible]	[illegible]	
	Signature / ID :	[illegible]	4019346	4018905	[illegible]	4019334	
	Date:	30/7	31/7	31/7/26	31/7	1/8/26	
	Time:	7.30 P	7.30am	1.30pm	7.30pm	8 AM	

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10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

NURSING CARE RECORD

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

(1)

Date: 30/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	To Maintain Personal hygiene	3pm	Assessed the child condition monitor vital signs maintained I/O chart	The child was stable	The child vital signs are stable	Rishi 021113
Night	8pm	To maintain the good Nutritional status	8 pm	> Assess the condition > check vital sign > monitor I/O chart > Administer medi.	Child was stable	Child was active	[signature] 820

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

NURSING CARE RECORD

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

Date: 31/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- E ☐ 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	7.30 am	→ Maintain good nutritional status	8 am	→ Encourage to take food → provide Iv/f	→ Maintained hydration	Child Stable	01934c
Afternoon	2pm	Maintain fluid Balance		=> Assessed child condition => Maintain vital sign's and Isolation => Maintain hand hygiene.	Nutritional Pattern was improved	Reassessment was done Vital are stable	dy 01895o.
Night	8pm	TO Prevent The Infection	8pm	Assess The condition > check vital > monitor Plo chart	Child was Stable	Child was active	

GUC-00094316
Baby SRINIKA IP18-00036687
10-12-2026
Dr. GANESH R 0 Y 5 M 20 D (F)

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
30/7/26		Receiving notes on (30/7/26.	
	3-25pm	The child receiving from ER to 5th Floor the child Handing over taken from ER staff the child was concious & active Vital signs are checked & Recorded vital signs are Stable. →	[signature] 02113
		The child complaints of fever Ds and lethargy. The child diagnosis of UTI →	[signature] 02113
	3.40pm	inj. xone was given as per drug chart order.	
	5pm	The child was comfortable Position no any fresh complaints →	[signature] 02113
		Ivf - 0.2% DNS 15ml/hr iv on Connected	[signature]
	7pm	→ Maintaining Needs & hygiene → Checked Temperature 98.2°F	019346
	7.30pm	→ Child detail Handing over given to Night duty s/n	[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.

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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty.	
	7.30pm	child details handover taken from the Evening duty Staff. child was conscious & oriented. IV line patent. Temperature was 100.5°F. given to the Syp. para. as per the order.	
30/7/22			[signature]
	8pm	Check the vital signs vitals are the stable.	
	9pm	Temperature was recorded - 99°F	CP ++ / PP ++ / CRT <3s	[signature]
		Dr. Ganesh sir see the child Sir Adviced to IVF. continue Same Treatment.	[signature]
		Temperature was reduced	
	10pm	Start IVF 10 ml/hr. No other complaint. Child was stable.	[signature]
	10.30pm	IV line out remove the IV line. Inform to the Dr. manonmani mam. mam Advised put New IV line No blood sample.	[signature]
	11.20pm	Put New IV line. line was patent. No other compln.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094316
Baby SRINIKA IP18-00036687
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... N/L .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		monitor Rlo chart.	
	12AM	Check the vital sign. vitals	
3/2/26		are the stable. CP: ++ PP: ++ CRT: <3sec.	
		No fever spike.	
	2AM	child was well sleeping	
		No other complaint.	
		Dr IPre patter. continue RVP.	
	4AM	check the vital sign.	
		Tem - 100.4°F. given to	
		the syp para as per the	
		order. CP: ++ PP: ++ CRT: <3sec.	
	5AM	Reassess the child condition	
		Temp was reduced	
		98.4°F	
	6AM	Due medication as given for	
		the drug chart.	
		No other complaint	
		Dr IPre pattern	
	7AM	monitor Rlo chart No	
		other complaint	
		Dr IPre patter.	
	7.20AM	child details handover	
		given to the morning duty	
		staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7		← Morning duty →	
	7.30 am	→ Child details handing over taken by night duty s/o	Sig 019340
		→ child was conscious and oriented child was active about IV in pallor	Sig 019340
	8am	→ Vitals are checked and recorded vitals are stable	
		Time / CRT <3sec / CP +/- / PP +/-	
	9am	→ IVF - 0.9% DNS 10ml/hr is on flow	Sig
		→ Recorded temperature 95.5 no fever	019340
	11:15 am	→ Dr Ganesh sir saw the child and gave advice to attender. Doctor advice to IVF - 100c and observation today, if child stable plan discharge tomorrow.	Sig 019340
	12pm	→ Vitals are checked and recorded	
		Time / CRT <3sec / CP +/- / PP +/-	
		I/O chart maintained	Sig
	1:30pm	child details hand over given to morning duty staff	01690

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ Known Drug Allergies
☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Evening duty On: 31/1/86 ←	
31/1/86			
	1:30pm	child details hand over taken	
		from morning duty staff	
		child is conscious & oriented –	018950
		child IV cannula pattern –	
	2pm	child intake was good –	
		I/O chart maintained –	
	4pm	Vital sign's checked and	
		Recorded vital are stable	018950
		CP ++ | PP ++ | CRT 3sec –	
	6pm	Due to medication was given	
		as per doctor's order –	
		I/O chart maintained –	018950
		No any complaint's –	
		9am morning CRP need to send	
	7:30pm	child details hand over	
		given to night duty staff –	018950
		Night duty	
	7:30pm	child details handover taken	
		from the Evening duty	
		staff. child was	
		conscious & oriented	
		IV line patten	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8pm	Check The vital sign, vitals are the stable. CP ++ PP ++ CRT <3s. IV line patten	
	9PM	Dr Ganesh sir See the	[signature]
31/7		child sir Adviced continue same Treatment	
		T/m plan for Discharge	
	10 PM	child was stable No other complaints. IV line patten-	[signature]
	12AM	Check The vital sign vitals are the stable. CP ++ PP ++ CRT <3s.	[signature]
	2AM	Child was stable. & well sleeping No other complaints IV line	[signature]
1/8		patten.	
	4AM	Check The vital sign vitals are the stable. CP ++ PP ++ CRT <3s. No fever spike.	[signature]
	6AM	To collect the sample CRP. Send to The Lab.	
	6:30AM	Due medication as given for the drug chart order. monitor vital	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Na GUC-00094316 IP18-00036687 ....
Baby SRINIKA
MRD NO:.... 10-02-2026 0 Y 5 M 20 D (F) ....
Dr. GANESH R
Age :.......... : ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 30/07 Time: 3 pm
Location : metacarpal
Size : 24 G
Cannula inserted by : S/N Ramanaj

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/07	3pm.	☐Yes ☐No	☐Yes ☐No	patl	
	5pm	☐Yes ☐No	☐Yes ☐No	observed	
	7pm	☐Yes ☐No	☐Yes ☐No	obsn	
	9pm	☐Yes ☐No	☐Yes ☐No	obsn	
	10:30	☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	removed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 : 30/7th at 10:30 pm
RX any initiated : ☑Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1/5

CANNULA 2

Date : 30/7/26 Time: 11:20pm
Location : (I) metacarpal
Size : 24G
Cannula inserted by : S/N Muthuselvi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/7	11:20pm	☐Yes ☐No	☐Yes ☐No	patency	
31/7	1AM	☐Yes ☐No	☐Yes ☐No	observed	
	3AM	☐Yes ☐No	☐Yes ☐No	observed	
	5AM	☐Yes ☐No	☐Yes ☐No	observed	
	7AM	☐Yes ☐No	☐Yes ☐No	observed	
	8AM	☐Yes ☐No	☐Yes ☐No	observed	
	10AM	☐Yes ☐No	☐Yes ☐No	observed	
	12PM	☐Yes ☐No	☐Yes ☐No	observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
1/8th	12AM	☐Yes ☐No	☐Yes ☐No	observed	
	4AM	☐Yes ☐No	☐Yes ☐No	observed	
	6AM	☐Yes ☐No	☐Yes ☐No	observed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 30/7	DATE 20/7	DATE 31/7	DATE 31/7	DATE 31/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	1	1	1	1	1	1
	Female	2					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	1
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total		13	13	13	13	13

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✗	✗	—	=	✗
Other Intervention(s) Specify		a ✗	✗	-	=	✗
Nurse's Name:		Rubi	Thej	Suj	Angel	Rubi
Signature:		Rubi	Thej	Suj	Suj	Rubi
Date:		30/7	20/7	31/7	31/7	31/7
Time:		4pm	8pm	8pm	8pm	8pm

GUC-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
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BRADEN 'Q' SCALE

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

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	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	E	N	M	E
Date :					30/7	30/7	31/7	31/7
Time :								
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	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 waking 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	23	28
				Evaluator's Name	DR.		RB	

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

0C890

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	◍ Regular Turning Schedule ◍ Enable as much activity as possible ◍ Protect the heels ◍ Use pressure redistribution surfaces ◍ Manage moisture, friction and shear ◍ 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	◍ Use the Same Protocol as for **"At Risk"** Patients ◍ 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	◍ Follow the same protocol as for **"Moderate Risk"** Patients ◍ In addition to regular turning schedule ◍ 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	◍ Use same protocol as for **"High Risk"** Patients ◍ 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

GUC:-00094316 IP18-00036687
Baby SRINIKA
10-02-2026 0 Y 5 M 20 D (F)
Dr. GANESH R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: UTI

Arrival Time: 3:25pm Mode of Arrival: Walking Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 6.8 kg Kg

No allergic reaction. Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
UTI @ 30 day of life	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: .....

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

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

Observations: Weight: 6.8 kg, Length: ..... Head Circumference (< 2 years): .....

Temp.: 97.9°F HR: 123 b/m RR: 42 b/m BP: —

Pain Score: — Specify Site: O/C (Follow Pain Assessment Sheet & Document)

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

Risk of Pressure Sore (Braden Q Score 28) (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: Dr. Ganesh (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

R. Vaishnavi 02MB

Nurse's Name: R. Vaishnavi Date: 30/7/26 Time: 8:50pm Signature

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

1. Diagnosis Plan
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	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
30/7	4pm	7	Health Education about the Hand hygiene	Mother	nil	Oral	none	verbal	Good	[signature]
31/7/26	8am	7	Health education about the Personal hygiene	Mother	Nil	oral	none	verbal	Good	[signature]
1/8	8am	5	Explain about medication therapy	Mother	nil	Oral	na	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

1:15pm . P100 drops 1ml oral given. ~~5:30pm~~

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EMERGENCY ROOM TRIAGE FORM

wt: 6.87 kg

Patient's Name : Baby. Srinika Age : 5m Gender: ☐ Male ☑ Female

Date : 30/1/26 Time of Arrival : 1:10pm

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: 100.4°F PR: 145 BP: - RR: 32 SpO_2: 100

Chief Complaints: c/o. fever x 5 days

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 : 6min

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 : Praveen

Signature of Triage Nurse : .....

Date & Time : 30/1/26 at 1:12pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/01/26 Time of arrival : 1:10pm

Chief Complaints: H/O Fever x 5 days RBS: .....

Height : ..... Weight : 6.8kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify ..... Nil

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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?) Nil

Time of Initial assessment completed by ER Nurse : 1:20pm

(P.T.O.)

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

Time	Nursing Notes
1:30 pm	patient came to the ER with the H/O
	fever x 5 days. Monitored the vital
	signs. Recorded Dr Keerthana ma'am.
	IV line placement done; Blood sample
	collected and pt shifted to the
	ward.

Samples collected by: S/N Ajith Time: 3:00 pm

Samples sent by: Godwin. Time: 3:02 pm

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: 145/m BP: — CFT: < 3 sec	Shift - out from ER to: 511
RR: 32/m SPO₂: 100% RA	Time of Shift - out:
GCS: 15/15 Temperature: 100.4°F	Handover given to: S/N Ajith. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done in ® metadorsal line 24 G is placed.

Name of the Nurse: A. Ajith Signature of the Nurse: [signature]

Date & Time: 30/7/26 @ 3pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ganesh Date : 30/1/26

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

Start Time of Assessment: 1.30 PM Weight: 6.87 kg

Allergic History: .....

Chief Complaints: .....
40 fever - D5

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: 32 SpO_2 on FiO_2 100%
Rhythm: N
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: equal
Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 145

CFT — Central <3 — Peripheral <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central 2+ — Peripheral 2+

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

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: A

Pupils: Responsive ☑ Non-Responsive ☐

Size — Right 2mm — Left 2mm

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 100.4 °F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

.....

.....

Labs Planned: .....

Detaile ceiside

.....

.....

.....

.....

.....

Treatment Planned: .....

Detaile ceiside

.....

.....

.....

.....

.....

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

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

Assessment done by

Name of the Doctor: Keerthana. D

Signature: .....

Date & Time: 30/7/26 1:30pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

PATIENT TRANSFER FORM

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	Date & Time of Admission 30/07 @ 2:40 pm.	Date & Time of Transfer Order 30/07 @ 3:20 pm
Treating Consultant Name Dr Ganesh	Transfer Ordered by Dr Keerthana.	Reason for Transfer treatment
From Unit Eh	To Unit 511	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (?)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Sreeja 018346 30/7/26 @ 3:20pm

Date & Time of Patient Received : 30/7/26 @ 3:20pm

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

Unavailable Bed Nurse not Available Available Bed not ready

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature