Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 11 D (M)
Dr. MAHARAJAN PALRAJ

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	2-11-20 11:40am		Jael				
Activity Sheet update by Pharmacy		11:50					

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: .....

UHID No: ..... IP GUC-00094261 IP18-00036605 nt: ..... Dept: .....
Master K V MAGIZHAN SIVASAI
Date of Admission: ..... 15-09-2020 5 Y 10 M 11 D (M) Discharge: ..... Time: .....
Dr. MAHARAJAN PALRAJ

Room / Bed No: ..... ed Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	9:35pm	ER	402	

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
24/1/26	CBC, CRP, Blood C/S.	26023831	
	Electrolytes, ~~Dengue~~,		
	RBS	26023830	
24/1/26	urine C/S, R/E	26023834	
24/1/26	Dengue Dem	26023837	
	SOF		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/2/26	Infusion pump	9. 40pm	26/7/260 9AM	24774	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	IV line placement	(1)	1732460	
	X-ray chest	(1)	1204	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 26/7/26 Time: 10.30AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P.S. Devi 26/7/26			

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 11 D (M)
Dr. MAHARAJAN PALRAJ

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DISCHARGE TRACKING SHEET

DATE :

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses	27/7/20 a 11am		Jeeva [illegible]	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036605 **Admit Date** : 24-Jul-2026 **Admit Time** : 08:50 PM **UHID** : GUC-00094261

Patient Details :

Patient Name	: Master K V MAGIZHAN SIVASAI	**Age**	: 5 Y 10 M 9 D
Guardian	: Mr KARTHIKEYAN	**DOB**	: 15-09-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: C 7 25 RIVER DALE APPARTMENT Kotturpuram Chennai Tamil Nadu INDIA 600085	**Phone No**	: 9884139787
		E-mail	: N@NM.M

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 KARTHIKEYAN **Relationship** : Father

Contact Address : C 7 25 RIVER DALE APPARTMENT Kotturpuram Chennai Tamil Nadu INDIA 600085 **Phone No** : 9884139787

R-Karthikeyan.

Signature

Doctor Details :

Doctor Name : Dr. MAHARAJAN PALRAJ **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr MAHARAJAN **Phone No** :

Co-Consultant : Dr. GANESH R

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:	**Master K V MAGIZHAN SIVASAI**	**Age :**	**5 Y 10 M 9 D**
IP No:	**IP18-00036605**	**Sex:**	**Male**
Consultant:	**Dr. MAHARAJAN PALRAJ**	**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 [redacted] of the patient.

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

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

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

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

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

Signature of Patient/Relative: R. Karthikeyan (FATHER)

Name: R. KARTHIKEYAN
Relationship: FATHER
Date: 24-07-2026 Time: 8:50
Witness Name: ASWIN
Witness Signature:

Patient Address:
C 7 25 RIVER DALE APPARTMENT
Kotturpuram Chennai Tamil Nadu
INDIA 600085

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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 : > K.V.MAGIZHAN SIVASAI	UHID Number : 94261
Self/Attendant Name : > KARTHIKEYAN	Relation > FATHER
Self/ Attendant Signature : > K. Karthikeyan Phone Number : > 9884139787	Name & Signature of Financial Counselor

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00094261 IP18-00036605 _____

Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

Department: _____ _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Mast Magizhan Age/Sex 6 Yrs/M

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Fever x 5days
cough x 5days
↓ oral intake x 2 days.

History of present illness :

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

c/o cough x 5 days, dry in nature.
c/o running nose x 1 day
c/o decreased oral intake x 2 days.
Urine output - good, 2-3 hrs once.

Evaluated & treated as OPD basis, as Fever spikes persists and decreased oral intake the child was admitted.

no c/o vomiting, loose stools
no c/o sore throat, ear discharge.

Patient Sticker

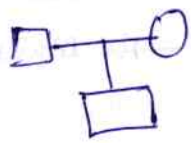
Past History : (Including details of any previous investigation or treatment)

—

Birth & Neonatal History:

NVD | Term | B.wt - 2.9kg | no NICU stay

Family Chart



Birth & Socio Economic History:

About Father : Non Contributory

About Mother :

Any additional Information :

Developmental History :

milestones attained at appropriate age

Immunization History :

Immunised upto age according to IAP guidelines

Anthropometry :

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

Weight (kgs) 17kg. (Centile _____)

On Examination :

Temperature : 101.9F Pulse Rate : 128/min B.P. : _____ SPO2 100% RA

Resp.rate and type of breathing : 28/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : BL AE (P)

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (P)

Any murmur : no murmur

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness/Flue like illness
Days

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
Blood C/S
Electrolyte
Chest x ray
Dengue IgM
Urine R/E, C/S

Planned Management

IV Fluids
Inj Pantoprazole 40mg OD
~~Inj. Emeset.~~
Syp Oseltamivir · 3·5ml BD
Inj. ceftriaxone 750mg BD

Signature of the Doctor:

Name of the Doctor: Dr. Chandiralega

Date & Time: 28/7/16,

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: .....

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

Doc

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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15-09-2020 5 Y 10 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/20 11.00pm	S/B Dr. Chandiralaga.	
	A - Acute febrile illness Day 5-6	
	? Enteric / ? Flu / ? UTI	
	child reviewed	
	c/o: nausea (+)	
	no fever spikes	
	cough (+)	
	oral intake - minimal.	
	Hydration - PPWT, CRT < 3secs	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A soft	
		Adv
		- Syp. oseltamivir 3.5ml BD
	TC - 6380	- Inj ceftriaxone 750mg IV BD
	CRP - 89	- monitor vitals
	N/L - 77/19	- Inj. pantoprazole 20mg OD
		- IV Fluids.
	[signature] 19/20	

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
25/7/20 8 PM	S/B Dr. Chandralekha.	
	D - Acute febrile illness ? Enteric ? Flu like illness	
	child received Fever spikes present cough - Improving oral intake - minimal urine output - 3 times / night 2 episodes of vomiting at night	
	O/E Afebrile CVS - S1S2 (+) RS - clear P/A - soft Hydration - PPWT, CRT < 2 secs	
	TC - 6280 N/L - 77/19 Plt - 2,35,000 CRP - 89 Urine routine - 3-5 pus cells Dengue IgM - Negative	BP - 92/52 mm Hg PR - 112/mn
	Blood c/s urine c/s } Awaited	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- INJ Ceftriaxone 700mg IV BD	
	- Inj. Pantoprazole 20mg IV OD	
	- Inj. Emeset 2mg IV TDS	
	- Syp. Oseltamivir 3.5ml BD	
	- W/F fever spikes, vomiting	
	- IV Fluids @ 60ml/hr	
	- Inform (SOS)	
	[signature] 19/2/24.	
25/7/26 10 55 AM	V/B Dr [illegible]	
	Reviewed.	
	Fever settles.	
	intake ↓	
	Rs clear	
	Fw Vs [illegible]	
	Avoid [illegible]	
		Rx a chart
	[signature]	- Syp-mucolite 3ml - 3ml - 3ml

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
25/7/26 4.50pm	S/B Dr. Chandiralega.	
	child received	
	Alert, Active	
	NO fever spikes for 16 hrs	
	Oral intake - good	
	Cough - reduced in intensity	
	Urine output - voided 3-4 times	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - Soft	
		Adv
		- IV Fluids @ 40 ml/hr
BP - 107/63 mm Hg		- monitor vitals
PR - 104/min		- W/F fever spikes / vomiting
		- continue ceftriaxone, azithromycin, montelukast
		- Inform (SOS)
		- TO Trace Blood & urine C/S
	19/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 9.00Am	S/B Dr. Chandrakala. / [illegible]	
	A - Flu like illness.	
	child reviewed	
	Alert, Active	
	Afebrile for 48hrs.	
	(cough (+) (Improving)	
	oral intake - good	
	urine output - voided every 3hrs.	
	O/E	
	Afebrile	BP - 98/55mmHg
	CVS-S1S2 (+)	PR - 110/min
	RS - B/L AE (+)	
	P/A - soft	
	Hydration - PPWF, CRT < 2secs	
		Adv:
		- monitor vitals.
		- WR TO stop IV fluids
		- Inj ceftriaxone 700mg IV BD
		- syp oseltamivir 3.5ml Q12H
		- Syp. mucolite 3ml Q8H
		- W/F fever spikes
		- Tinfoem (SOS)
	[signature] [illegible] 19/24.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Mathavanjan	
11 AM		
	No fm Spins	
	Comp LL	
	2/0 fnd	
	Cn / m	
An 10/6		
	Pr. Som. BD	
w.v.b		
+vr/w		
		Adv
		Ct for My.

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

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Date & Time	Progress Notes	Doctor's Order
26/7/20 5:20 pm	S/B Dr. Chandiralega	
	Child reviewed	
	no fever spikes	
	cough improving	
	Tolerating oral feeds well.	
	O/E	
	Afebrile	BP - 91/52 mmHg
	CVS - S1S2 (+)	PR - 100/min
	RS - B/L AE (+)	
	P/A - soft	
		Adv:
		- Continue ceftriaxone + Oseltamivir
		- W/F fever spike
		- Inform (SOS)
	[signature] 19/2/21	

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
27/7/24 9AM.	S/B Dr. Chandiralogs.	
	Δ - Flu like illness	
	Child reviewed	
	Afebrile for 72hrs	
	no new complaints	
	Tolerating oral feeds well	
	cough - Improving	
	Hydration - voiding urine every 3-4hrs	
	O/E	
	Afebrile	
	CVS - S_1S_2 (+)	
	RS - B/L AE (+), clear	
	P/A - soft	
		Adv
		- monitor vitals
		- Inj ceftriaxone 750mg IV Q12H
		- Syp oseltamivir 3.5ml PO Q12H
		- Syp mucolite 3ml Q8H
		- Inform (SOS)
	[signature] 9/7/24	

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

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15-09-2020 5 Y 10 M 9 D (M)
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RESULT SHEET

Date	24/7/20					
Time						
Hb	12.0					
PCV	35					
RBC	4.14					
WBC	6,280					
N/L	77/19					
Platelets	235,000					
CRP	89					
ESR						
PCT						
RBS	85					
Na	130					
K	3.9					
Cl	92					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	25/7/26					
Time						
CUE - Alb	1+					
CUE - Sugar	–					
CUE - Ketones	4+					
CUE - PUS Cells	3 – 5					
CUE - RBC Cells	–					
CUE Leukocyte esterase, nitrate	negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue IgM	Negative					

Culture and Sensitivities : Blood C/S } SFNG
Urine C/S }

Radiology : USG :

X-Ray : perihilar infiltrates

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Dr. MAHARAJAN PALRAJ

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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: Nil Shifted to: 402

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

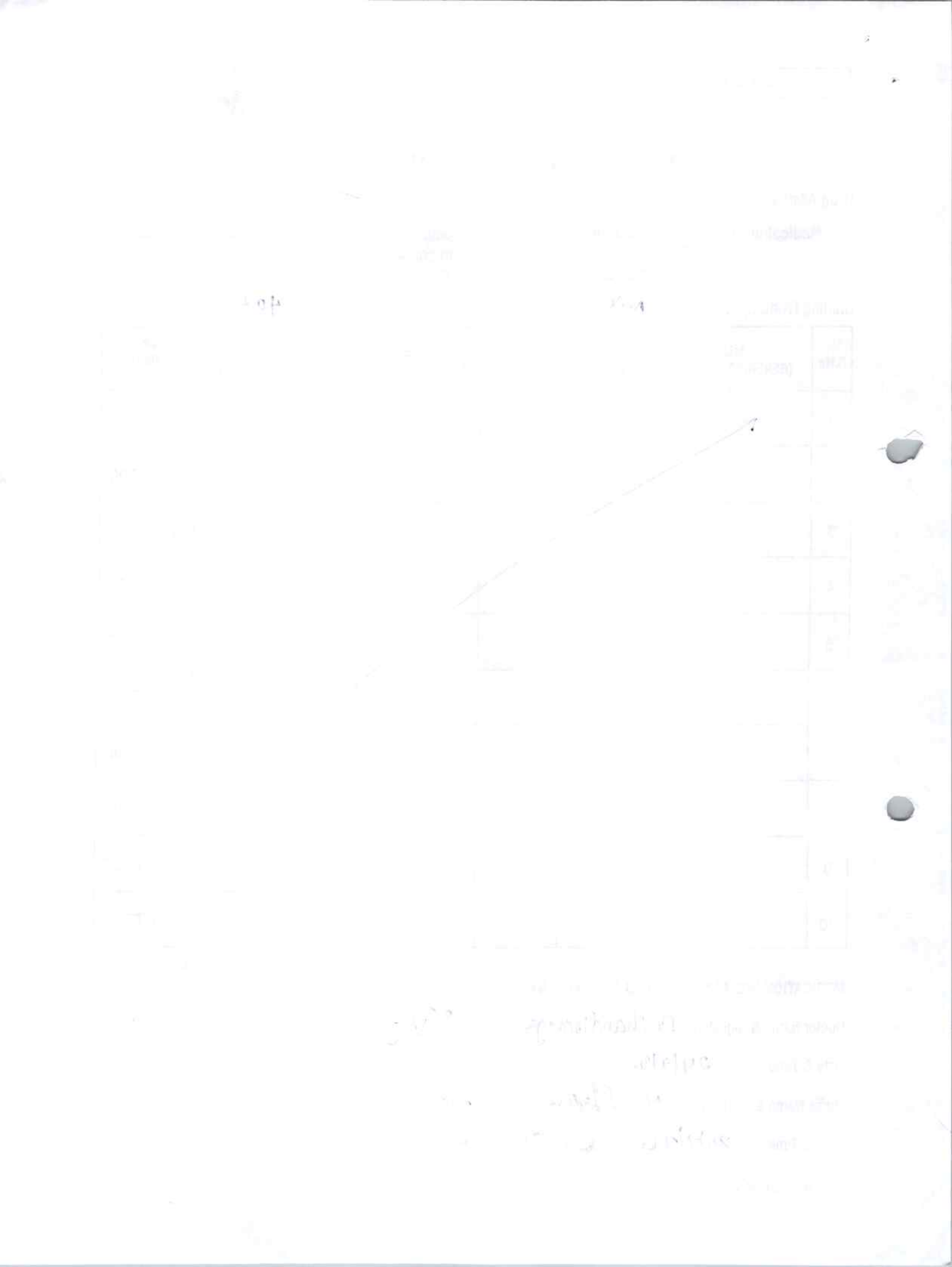
Doctor Name & Signature : Dr. Chandiraleka

Date & Time : 24/7/24

Nurse Name & Signature: M. Keerthi

Date & Time : 24/7/24 0400hrs

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



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DRUG CHART

Date of Admission: 24/7/20 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL				Date / Time	25/7
Dose	Route	Frequency	Start Date		12.30 Am CS SA
5ml	PO	SOS	24/7/20		
Doctor's Signature	Valid Period	Pharm.			5.10 PM HAA PN
[signature]					
Additional Instructions: 250mg/5ml every 6th hourly if Temp>100F					

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 17 kg Ward. .....

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	Q24H	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	24/7		25/7	26/7
Time				
9:30 pm	RD I.D	6 Am	DA CS	CS SA

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
750mg	IV	Q12H	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	24/7	25/7	26/7	27/7
Time				
6 Am		DA CS	SA CS	SA CS
6 pm	11pm SA CS	MA PN	BL PP	

DRUG : SYP. OSELTAMIVIR

Dose	Route	Frequency	Start Date
3.5ml	PO	Q12H	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

12mg/ml

Daily Doctor's Endorsement by a Sign

Date	24/7	25/7	26/7	27/7
Time				
8 Am		DA BL	MA PA	SA BL
8 pm	11pm SA CS	DA CS	SA CS	

DRUG : INJ. EMESET

Dose	Route	Frequency	Start Date
2mg	IV	Q8H	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	25/7	26/7
Time		
6 Am	1am CS SA	
1 pm	AM DA BL	
7 pm	MA PN	

stopped

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : SYP. NUCOLITE

Dose	Route	Frequency	Start Dt.
3ml	PO	OD A	25/7/16

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	25/7	26/7	27/7
8AM	BL PSD	MA PSD	BL BC
2PM	MA PR	BL PP	
10PM	CL	CL	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/7	1am	Neomol suppository	250mg	P/R -		SA ES

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I.V. FLUIDS CHART

Weight. 17 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7/26	9.40 PM	0.9-1-DNS	IV	60ml/hr ↓ 40ml	19/7/26	25/7/26 01895	25/7/26		01895
						01895	26/7/26		
		sly							

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

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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 : 24/7/26 Time:	9.45 pm	12 AM	8 AM	4 AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	100.4°F	101.6°F	100°F	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 (75) 64	99 (62) 57	94 (58) 52	
Note: BP does not score in early warning scoring				
Heart Rate (Number)	122 bpm	124 bpm	112 bpm	
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	28 bpm	28 bpm	28 bpm	
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild	✓	✓	✓	
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	
Conscious Level: Normal	✓	✓	✓	
Conscious Level: Altered				
GCS *	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	
Pain Score	0	0	0	
Observer's Initials				

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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15-09-2020 5 Y 10 M 9 D (M)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/7/26

Time:	8am	10:30AM	12pm	9pm	6:45 pm	8PM	12AM	4Am
Doctor / Nurse / Family Concern?								
Temperature (°F)	97.6F	99.2F	98.9F	99.9f	98.4F	97.7F	97.8F	98F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/63 (72)		107/63 (78)	98/61 (69)		103/65 (75)	100/62 (70)	96/52 (64)
Heart Rate (Number)	100b/m		104b/m	108b/m		118b/m	110b/m	118b/m
Resp. Rate (bpm) (Over 1 Minute) * / Resp Rate (Number)	26b/m		26b/m	26b/m		26b/m	26b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild	✓		✓	✓		✓	✓	✓
Receiving O_2 (l/min)	RA		RA	RA		RA		
O_2 Saturations (%)	98%		97%	98%		99%	98%	99%
Conscious Level: Normal / Altered	✓		✓	✓		✓	✓	✓
GCS *	15/15		15/15	15/15		15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0		0	0		0	0	0
Pain Score	0		0	0				
Observer's Initials	[illegible]		[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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:

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/7/21 Time: 8am 12pm 4pm 8pm 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 98.5 | 98.6 | 98.3 | 98.1 | 98.5 | 98.1

Heart Rate (bpm) and Blood Pressure (mmHg) *: 98 (64) | 93 (70) | 90 (64) | 102 (67) | 91 (57) | 97 (63)

Note: BP does not score in early warning scoring

Heart Rate (Number): 110/m | 100/m | 100/m | 105/m | 100/m | 98/m

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

Resp Rate (Number): 28/m | 26/m | 24/m | 24/m | 24/m | 24/m

Resp Distress	Mod/ Severe					
	None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)		98%	97%	99%	98%	98%	99%
Conscious Level	Normal	✓	✓	✓	✓	✓	✓
	Altered						
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials			PSR				

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Date	Time	Early Warning Score	Date	Time	Name

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

Sheet No. : C1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :**						
23/7/26	08:00 pm											
	09:00 pm				On admission from ER to 402							
	10:00 pm	water	20ml	60ml							0	RN
	11:00 pm			60ml						✓	0	RN
	12:00 am	water	20ml	60ml				✓			0	RN
	01:00 am			60ml				✓			0	RN
Total Intake :		80ml + 240ml				**Total Output :**				1 time urine passed		
	02:00 am			60ml							0	RN
	03:00 am			60ml						✓	0	RN
	04:00 am			60ml							0	RN
	05:00 am			60ml							0	RN
	06:00 am			60ml							0	RN
	07:00 am	water	20ml	60ml						✓	0	RN
Total Intake :		80ml + 360ml				**Total Output :**				2 time urine passed		

Total 24 hrs. Intake	660ml

Total 24 hrs. Output	3 time urine passed

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI (M)
15-09-2020 5 Y 10 M 9 D
Dr. MAHARAJAN PALRAJ

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

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	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
			Mouth	I.V	N.G							
	08:00 am	wats	50ml	DC			loose stools			✓	0	Jay
	09:00 am	wats	50ml	DC							0	Jay
	10:00 am			60ml						✓	0	Jay
	11:00 am	wats	50ml	60ml							0	Jay
	12:00 pm			60ml							0	Jay
	01:00 pm	wats	50ml	60ml						✓	0	Jay
Total Intake :		200ml + 240ml				Total Output :		2 times urine passed				
	02:00 pm	water	50ml	60ml							0	Jay
	03:00 pm	water	30ml	60ml			loose stool			✓	0	Jay
	04:00 pm			60ml							0	Jay
	05:00 pm	water	30ml	60ml						✓	0	Jay
	06:00 pm			DC							0	Jay
	07:00 pm	water	50ml	DC						✓	0	Jay
Total Intake :		160ml + 240ml				Total Output :		3 time urine passed				
	08:00 pm			DC							0	Jay
	09:00 pm	water	50	60						✓	0	Jay
	10:00 pm	water	30	60							0	Jay
	11:00 pm			60							0	Jay
	12:00 am	water	30	60						✓	0	Jay
	01:00 am			60							0	Jay
Total Intake :		110ml + 300ml				Total Output :		2 times urine Passed				
	02:00 am			60							0	Jay
	03:00 am	water	30	60						✓	0	Jay
	04:00 am			60							0	Jay
	05:00 am			60							0	Jay
	06:00 am	water	50	DC							0	Jay
	07:00 am	water	30	60						✓	0	Jay
Total Intake :		130ml + 300ml				Total Output :		2 times urine Passed				

Total 24 hrs. Intake	1,680ml	Total 24 hrs. Output	10 tiry urine Passed

GUC-00094261 IP18-00036605
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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
26/7/20	08:00 am	water	100ml	40ml						✓	0	dy
	09:00 am			DC							0	dy
	10:00 am	water	150ml	Rx							0	dy
	11:00 am	water	100ml	fluid						✓	0	dy
	12:00 pm			Stop							0	dy
	01:00 pm	water	50ml								0	dy
Total Intake : 500ml + 40ml						Total Output : 3 times urine passed						
	02:00 pm	water	50ml								0	dy
	03:00 pm									✓	0	dy
	04:00 pm	water	100ml								0	dy
	05:00 pm									✓	0	dy
	06:00 pm	water	100ml								0	dy
	07:00 pm									✓	0	dy
Total Intake : 250ml						Total Output : 3 Times urine passed						
	08:00 pm	water	50ml								0	dy
	09:00 pm									✓	0	dy
	10:00 pm	water	100ml								0	dy
	11:00 pm	water	50ml								0	dy
	12:00 am									✓	0	dy
	01:00 am										0	dy
Total Intake : 300ml						Total Output : 2 times urine passed						
	02:00 am										0	dy
	03:00 am									✓	0	dy
	04:00 am										0	dy
	05:00 am										0	dy
	06:00 am	water	50ml								0	dy
	07:00 am	water	100ml							✓	0	dy
Total Intake : 150ml						Total Output : 2 times urine passed						

Total 24 hrs. Intake	1,140ml	Total 24 hrs. Output	10 times urine Passed.

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00094261 IP18-00036605
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15-09-2020 5 Y 10 M 9 D (M)
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NURSING SHIFT HAND OVER FORM

Section	Item						
SITUATION	Diagnosis: Flu like illness	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure: —	Post OP Day:					
BACKGROUND	Date / Shift	24/7/26 N	25/7/26 M	25/7/26 Evening	25/7/26 N	26/7/26 morning	26/7/26 E
	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted	Noted
	Diet:	N diet	N diet	N diet	N diet	N diet	N diet.
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	100.4 F	97.6 F	99.9 F	97.6 F	98.5 F	98.3 F
	Res:	28 b/m	28 b/m	28 b/m	28 b/m	26 b/m	24 b/m
	SpO_2:	99 %	98 %	98 %	98 %	98 %	99 %
	Pulse:	122 b/m	100 b/m	106 b/m	112 b/m	110 b/m	100 b/m
	BP:	102/64	100/63 (72)	98/61 (69)	94/52 (72)	98/55 (60)	90/59
	LOC:	Conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:				—	—	—
	Pain Score:	0/10	0/10	0/10.	0/10	0/10	0/10
	Skin Integrity	—	—	—	—	—	—
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N diet	N diet	N diet	N diet	N diet	N diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Rasi	Anis	Angel	Ashitha	Angel	Jothija
	Signature / ID :	[illegible]	[illegible]	01890	[illegible]	01890	[illegible]
	Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26
	Time:	@ 7.30 AM	1.30 PM	7.30 pm	@ 7.30	1.30 pm	7 pm
	Taken Over By Name :	Anis	Angel	Ashitha	Angel	Jothija	Ashitha
	Signature / ID :	[illegible]	01890	[illegible]	01890	[illegible]	[illegible]
	Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7	26/7/26
	Time:	7.30 AM	1.30 pm	@ 7.30 pm	7.30 am	2 pm	@ 7.30 pm

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

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

NURSING CARE RECORD

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

Date: 24/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	7.30 Pm	Maintain fluid Balance		Assess child condition monitor vital Signs maintain I/o chart Encourage oral fluids Administered IV Fluids	Improving fluid Balance	Reassessment Done	021893

GUC-00094261 IP18-00036605
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15-09-2020 5 Y 10 M 10 D (M)
Dr. MAHARAJAN PALRAJ

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

NURSING CARE RECORD

Date: 25/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain nutritional status	10am	Assess the child condition monitored vitals Administered medicine Maintained I/O chart	Child was/ overall is good.	Reassessment Done child was stable	[signature] a9384
Afternoon	2pm	maintain fluid Balance		Assessed child condition. => maintain vital signs and I/O chart => Maintain hand hygiene	Improved fluid volume	Reassesment was done vital are Stable	[signature] 018900
Night	8pm	Prevent Infection		Assess child condition monitor vitals Administer the medication as per doctor's order	infection was reducing	Reassessment done	[signature] 015280

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

Rainbow® Children's Hospital
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26		Recieving Notes	
	9.40 Pm	The child recieved from ER to 402. The child details handing over taken from evening duty staff. Child is conscious and oriented. child is on room air. IV line present IV line Pattern.	[signature] 021893
	9.45 Pm	vital signs are checked and recorded. vital signs are stable. CP ++, PP ++, CRT <3sec	[signature] 021893
		IV fluids 0.9% DNS 60ml/hr on flow.	
	10 Pm	Urine culture sample sended to the lab.	[signature] 021893
	12am	Vitals are checked and recorded temp 101.6°F and mild have c/o. vomiting 3 episodes cough (P). informed to Dr. chandralekha adv. to given Inj. Emeset 4mg + Neomol suppository 250mg, given @ 1am.	
	2am	H/o chart is maintained No any other complaints IV line pattern and good	[signature] 015250

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (25/7/26)	
	4am	vitals are checked and recorded	
		temp is normal CP ++	
		PP ++	[signature]
		CRT <3sec	62189B
	6am	Administer the medication as	
		per doctor's order	
	7.30am	The baby details handover given	
		to morning duty staffs	
		Morning Duty Notes :-	
	7.30	Child details handing	
25/7/26	am	over taken from night	
		duty SN. child conscious &	
		oriented. child activity	
		are good SN like (+)	
		no swelling & pain IVF	
		DNS: 6ml/hr.	
	9.00	vital signs checked & Recorded	
	am	vitals are stable now	
		CP ++ | PP ++ | CRT 2 sec	
		Due medication are given	
		as per drug chart order.	
	10.55Am	Dr. Utansh sir came &	
		seen the child advice	
		add syp. mucolit. 3ml	[signature] 52064

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/21	12pm	Vital signs checked & recorded	
		Vitals are stable now	
		CP | PP | CRT	
		++ | ++ | <3sec	Jacy 80048.
	1pm	I/O chart maintained.	
	1.30pm	Child details handing are	
		given to the evening duty S/N.	
		→ Evening duty On: 25/7/21	
	1.30pm	child details hand over taken	
		from morning duty Staff —	018900.
		Child is conscious & oriented	
		Child is cannula patteen—	
		Child intake was good —	
	2pm	Due to medication was	
		given as per doctor's order	
		Child IV fluid DNS 60ml per	018950
		On flow	
	4pm	Vital Sign's checked and	
		Recorded vital are stable.	
		CP | PP | CRT	
		++ | ++ | <3sec	018950.
	6pm	Due to medication was	
		given as per doctor's order	
		I/O chart maintained —	
		No any complaint's —	018950.

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
		→ continue 25/1/26 ←	
25/1/26	7-30pm	Child details band Over given to night duty Staff	[signature] 018950
		Night duty Notes on 25/1/26	
	7.30 pm	The baby details handover taken from the Evening duty staffs The baby is conscious and active	[signature] 015760
	8 pm	Administer the medication as per doctor's order	
		vitals are checked and recorded temp is normal PP ++, CP ++, CRT <2s	
	8.10 pm	Dr. Ganesh sir seen the child adv! to continue the same	[signature] 015760
	10pm	Eo line pattern and good	
	12am	vitals are checked and recorded temp is normal PP ++, CP ++, CRT <2s	
	2am	I/O chart is maintained No any other complaints	
	4Am	vitals are checked and recorded temp is normal PP ++, CP ++, CRT <2s	
		The baby is sleeping well	[signature] 015760

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GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 10 D (M)
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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26		continue (26/7/26)	
	6 Am	Due medications are given as per Doctor's order	021893
		I/o chart maintained	
	7-30 Am	The child details handing over given to morning duty staff.	021893
		→ morning duty On:- 26/7/26	
	7:30am	Child details hand over taken from night duty staff. Child is conscious & oriented. Child Iv cannula patteen	018900.
	8am	vital sign's checked and Recorded vital are stable. (CP ++) PP ++ / CRT <3sec	018900.
		Child intake was good. Iv fluid DNS 40ml per onflow. Due to medication was given as per doctor's order	
	10am	I/O chart maintained. No any complaint's	018950.
	11-45am	child Dr Ganesh sir seen the Child sir advise Iv fluid stop continue same	018950.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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
		→ continue 26/7/26 ←	
26/7/26	12pm	vital signs checked and Recorded vital are stable	
		CP ++ / PP ++ / CRT <3sec	[signature] 018950
		I/O chart maintained — No any complaints — Dr. Maharajan sir seen the Sir advise sir advise Tomorrow plan discharge	[signature] 018950
	1:30pm	Child details hand Over given to evening duty staff	[signature] 018950
		Evening Duty Notes: child details	
	1:30 pm	handing over taken from morning duty S/N. Child conscious and oriented. IV cannula present and patient I/O chart maintained properly →	[signature] 018900
	2 Pm	vital signs monitored and Child is stable. CP/PP/CRT ++/++/<3s Food taken well without any discomfort / vomiting. →	P. Baskar 018655
	4 Pm	Baby sensorium is good with presence of spontaneous cry and activities and oriented to place time and person →	P. Baskar (018655)

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Patient's Name: GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
MRD NO:.... 15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ
Age :........... Sex : ☐ M ☐ F
Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/7/26 Time: 9:00 pm
Location : (R) dorsum of hand
Size : 24 G
Cannula inserted by : S/N: [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
7/26	9:00 pm	☐Yes ☐No	☐Yes ☐No	patent	[illegible]
	10 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
25/7/26	12 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8 am	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	10 am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	12 pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	2 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
26/7	12 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6 am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	8 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	12 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2 PM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	4 PM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10 pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
27/7	12 am	☐Yes ☐No	☐Yes ☐No	observed	[illegible]

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

CANNULA 2

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7	2 Am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	4 Am	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
	6 Am	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	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		

Cannula removed : ☐Yes ☐No, if yes date and time : 27/7 @ 6am
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

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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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/7	DATE 25/7	DATE 25/7	DATE 25/7	DATE 26/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	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	3	3	3	3	3
	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	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					
	Total		1/13	1/13	1/13	1/13	1/13

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		X	—	—	NA	—
	Other Intervention(s) Specify		X	—	—	NA	—
	Nurse's Name:		Sam	Jothiga	Angel	Angel	Angel
	Signature:		Sam 25/7/20	Jothiga	Angel	Angel 25/7/20	Angel
	Date:		24/7/20	25/7/20	25/7	25/7	26/7
	Time:		10pm	8am	2pm	8pm	8am

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BRADEN 'Q' SCALE

(for Paediatric use)

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

IP No. :

					Date :	N 24/7	M 25/7	E 25/7	N 25/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		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				

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9.40 Pm Mode of Arrival: with Attender Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... — Body Weight: 17 Kg

..... Height: ..... cm

.....

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

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

Family History: —

.....

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

If yes please list, —

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

.....

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

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

Observations: Weight: 17kg Length: — Head Circumference (< 2 years): —

Temp.: 100.4°F HR: 122b/mt RR: 32b/mt BP: 102/64 mmHg

Pain Score: 0/10 Specify Site: — (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: 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 ..... Parents .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: C. Bacilla ..... Date: 29/7/26 ..... Time: 10pm ..... Signature 021893

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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PATIENT TRANSFER FORM

GUC-00094261 IP18-00036605
Master K V MAGIZHAN SIVASAI
15-09-2020 5 Y 10 M 9 D (M)
Dr. MAHARAJAN PALRAJ

	Date & Time of Admission	Date & Time of Transfer Order
	24/11/20 8:50PM	24/11/20 @ 9:35 PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Karthik	Dr. Karthik	further management
From Unit	To Unit	Information to Attendant
ER	402	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(10)		Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS	(1)
2.	IV set	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rishi (signature) (020336)	Dr. Chandrasekar (signature) 19/12/24.

Patient & Clinical Records Received by : (signature) 24/11/20 @ 9.40PM

Date & Time of Patient Received :

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

Unavailable Bed   Nurse not Available   Available Bed not ready

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

PATIENT TRANSFER FORM

6.40pm - Neomol

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EMERGENCY ROOM TRIAGE FORM

wt - 17 kg

Patient's Name : Magizhan Age : 5Y. Gender: ☑ Male ☐ Female

Date : 24/7/26. Time of Arrival : 8.15PM

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: 101.9°F PR: 128 BP: — RR: 28 SpO_2: 100

Chief Complaints: C/o - fever x 5 days / cough 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

R. Vidhya
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 : Iman

Signature of Triage Nurse : 17894

Date & Time : 24/7 @ 8.20 PM.

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

IV Fluid

Pan, anemet

CBC
CRP
Renge.
Blood c/s
Urine RE
urine c/s

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/7/2026 Time of arrival : 8:15pm

Chief Complaints: c/o fever x 5days. cough x 5days. RBS: .....

Height : ..... Weight : 17.4kg. BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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): 24/07/26

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 8:30pm

(P.T.O.)

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

Time	Nursing Notes
9:00pm	Baby came for ER c/o. fever x5 days, & cough x5 days.
	Vital signs & recorded. S/b Dr. Kavitha.
	Baby Refer to Dr. Maharajan. Inform to Dr. Ganesh
	Advised for Admission. IV line placement
	done. Blood sample collected sent to lab.
	Baby was stable shift to ward.
	op File given to parents.

Samples collected by: / Imran Time: / 9:15 pm

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 145 b/m BP: 110/72 CFT: < 3 sec	Shift - out from ER to: 402
RR: 30 b/m SPO₂ : 98%.	Time of Shift - out: 9:35 pm
GCS: 15/15 Temperature :	Handover given to: (Nurse's Name) S/N Abitha
Pain Score: 0/10	
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV line placement done. 24/7/26.

Name of the Nurse : M. Sathi Signature of the Nurse : [signature]

Date & Time : 24/7/26 @ 9:00pm.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ..... Date : .....

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

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

Allergic History: .....

Chief Complaints: .....

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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 .....
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Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

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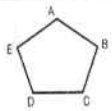
Primary Assessment



Airway

☐ Open
☐ Maintainable
☐ Not Maintainable

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

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

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

HR: .....

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

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Disability

GCS: ..... AVPU: .....

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

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

Signs of Neurological compromise .....

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Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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Exposure

Temp.: .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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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: .....

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Labs Planned: .....

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Treatment Planned: .....

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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: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....