GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		03/7/26 6pm					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No: .... GUC-00008484 IP18-00036557 ..... Dept: .....
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Date of Admission: ..... Time Dr. PRAHLAD N rge: ..... Time: .....

Room / Bed No: ..... Ward: able bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26.	12.15PM	ER	705.	

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
21/7/26.	CBC, RP_2, OT, PT, Amylase lipase.	26023447	[illegible] 13894
22/7/26	Stool Roto, Stool [illegible] routine	26023519	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	Infusion pump	21/7/26 @ 12.00pm		1731524	P. V 60726

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26.	IV line placement	(1)	1730769	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 23/7/26 Time: 6 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	23/7/26 at 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		23/7/26 at 10AM	Dimeaf 607383		
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 : IP18-00036557 **Admit Date** : 21-Jul-2026 **Admit Time** : 11:32 AM **UHID** : GUC-00008484

Patient Details :

Patient Name : Ms DIVYADARSHINI J
Guardian : Mr JAGANNATHAN N
Gender : Female
Occupation :
Address (H) : FLAT GA 10 I TRUST CROSS STREET MANDAVELIPAKKAM Raja Annamalaipuram Chennai Tamil Nadu INDIA 600028

Age : 12 Y 2 M 27 D
DOB : 24-04-2014
Religion :
Martial Status :
Phone No : 9600038944
E-mail : nomail@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 JAGANNATHAN N **Relationship** : D/O
Contact Address : FLAT GA 10 I TRUST CROSS STREET MANDAVELIPAKKAM Raja Annamalaipuram Chennai Tamil Nadu INDIA 600028 **Phone No** : / 9600038944

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N **Specialisation** : PEDIATRIC NEPHROLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : SELFPAY

Printed Date / Time : 21/07/2026 11:35 Printed By : 021591

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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:	**Ms DIVYADARSHINI J**	**Age :**	**12 Y 2 M 27 D**
IP No:	**IP18-00036557**	**Sex:**	**Female**
Consultant:	**Dr. PRAHLAD N**	**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 c[illegible] 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.
([illegible]eceivers Signature:.....) J P T-M

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: J P T-M

Name: Mr. Jagannathan
Relationship: Father
Date: 21/07/2026 Time: 11:32 AM
Witness Name: A. Sivasankari
Witness Signature: A.

Patient Address:
FLAT GA 10 I TRUST CROSS STREET
MANDAVELIPAKKAM Raja
Annamalaipuram Chennai Tamil
Nadu INDIA 600028

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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 : J. DIVYADARSHINI	UHID Number : CVC-0000084884
Self/Attendant Name : P T MYTHILI JAGANNATHAN	Relation : Mother
Self/ Attendant Signature : P T M	Name & Signature of Financial Counselor A.
Phone Number : 9600038944	


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
आधार
முகவரி: D/O ப தி மைதிலி ஜெகந்நாதன், 11/6, சம்பந்தம் தெரு, ஆர்.ஏ. புரம் மந்தைவெளி, ராஜா அண்ணாமலைபுரம், ராஜா அண்ணாமலைபுரம், சென்னை, தமிழ் நாடு, 600028
Address: D/O P T Mythili Jagannathan, 11/6, SAMBANDAM STREET, R.A. PURAM MANDAVELI, Raja Annamalaipuram, Raja Annamalaipuram, Chennai, Tamil Nadu, 600028
6080 3168 4749
1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No. 1947, Bengaluru-560 001

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(P.T.O.)

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/o abdominal pain × 2 days
over epigastrium
C/o fever × 2 days
C/o vomiting – yesterday
5 episodes, non bilious, non projectile,
resolved c emeset
C/o loose stools since morning
4 episodes, not ass. c blood & mucus
C/o ↓ oral intake +
C/o lethargy +
C/o ↓ urine output +

H/o outside food intake +

Patient Sticker

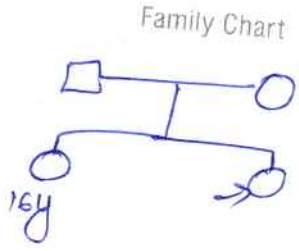
Past History : (Including details of any previous investigation or treatment)

No H/o previous admissions

Birth & Neonatal History:

Term / BW - 3kg / CIAB / No H/o NICU admissions

Family Chart



Birth & Socio Economic History:

About Father :

About Mother : } H/o similar complaints in family members

Any additional Information :

Developmental History :

N

Immunization History :

N

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 162 cm (Centile _____)

Weight (kgs) 43.8 (Centile _____)

On Examination :

Temperature : 97° F Pulse Rate : 96 B.P. 104 / 57 SPO2 100%

Resp.rate and type of breathing : 24

Rash -

Lymphadenopathy - Signs of dehydration +

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 : S_1, S_2 +

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 :

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator :

Posture : N

Involuntary Movements :

Patient St GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: AGE c some dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
RP-II
SGOT/PT
Amylase/lipase

Planned Management

RL - 500ml over 1 hour
↓
1-5 hours : RL - 1000 ml
↓
0.9% DNS
Inj. xone 2g IV BD
Metro 60ml IV Q8H
Pan 40mg IV OD
Emeset 4mg IV BD

Signature of the Doctor: 125882
Name of the Doctor: Keerthana. D
Date & Time: 21/7/26 12pm

Signature of the Consultant:
Name of the Consultant: 59835
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-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26	S/B Dr. Prahalad	
12 N00	Acute onset vomiting – 7-8 episode yesterday	
	Today: watery	Foul smelling stools.
	Fever +	
	lethargy	NPO ..
		0 — 1hr
		RL 500ml
		1hr — 6hrs
		RL 1000ml
		foll by
		. ANS @ 80ml/hr
	Stool - R/E	
	\ biofire	Inj Emeset 4mg — 4mg
		Inj Pan 40mg 1 x →
		Inj Xone 2g — 2g
		Inj Metrogyl 60ml — 8th hourly
	[signature]	
21/7/26 4.15PM	S/B Dr. Gayathri	
	Child reviewed	
	No fever	
	vomiting	} since
	loose stools	admission
	~~[struck out]~~	
	on NPO.	
	received 10ml/kg RL 1 (?) in 1hr-	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→ Now, Hydration	on flow
	1000ml RL	over 4 hours
	→ voided urine	
		O/E: CVS / NAD
	vitals	RS /
	HR - 86/min	Abd - soft
	SpO_2 - 98%.	not tender
	BP - 100/80mmHg.	No om.
		GCS - 15/15
	Imp: AGE c	
	Some dehydration	
		Plan
Labs		(1) cont IVF as advised
		(2) cont zofer / pan / emeset
Sanjeevani (N)		econorm / metrogyl.
S. Lipase		(3) Ifo charting.
		(4) Send stool for - R/E
		Biopsy
OT / PT - (N)		(5) Allow sips of
RFT - (N).		water / clear liquids
TC - 8420.		from 5am.
(88/10).		
HCO_3 - 22		

Dr.

GUC-00008484 IP18-00036557
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24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10.20am	S/B Dr. Gayathri.	
	A- AGE & some dehydration	
	└ stools : E.coli (EAEC. EPEC ETEC. EIEC)	
		Norovirus
	child reviewed	
	Afebrile	
	Last fever spike : T-100.8°F @ 5.30pm	
	oral intake - improved	
	tolerating well	
	u/o - good	
	2 episodes of loose stools since yesterday	
	pucca volume - good	
	PPWF (+)	
	peripheries - warm	
	sys examination - (N).	
Vitals - stable		
		Plan
	(1)	Cont IVF @ 40ml/hr
	(2)	Encourage orally TC water / ORS / Rice kanji / Poda Kadalai Kanji / Butter milk / idli / idiappam / curd rice

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	2)	Cont Xone
		Metrogyl
		pan
		emeset
		econorm sachet
	4)	I/o charting
	T6(13)	
		plan Discharge tomorrow: 12 Nov
	Δ: E-coli Diarrhea	
	Dehydration	

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

30

GUC-00008484 IP18-00036557
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24-04-2014 12 Y 2 M 28 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

30

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

MCV - 86
MCH - 30
MCHC - 34

Date	21/7					
Time						
Hb	12.8					
PCV	37					
RBC	4.32					
WBC	8420					
N/L	88/10					
Platelets	1.88					
CRP						
ESR						
PCT						
RBS	103					
Na	138					
K	3.3					
Cl	102					
Ca/Mg	1.10					
Phosphate / HCO_3	/ 22					
Urea	26					
Creatinine	0.51					
ALP						
SGPT	17					
SGOT	28					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase	30					
Sr.Lipase	14					
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	2-3					
OVA / Cyst						
Occult Blood	(+)					
mucus	(+)					

Culture and Sensitivities : Stool Biofire → EAEC.
EPEC.
ETEC.
EIEC.

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... 705 .....

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	T. EXMET	4mg	PO	BD	21/7 9am	☐C ☑DC
2	T. LANSOWAY 30	1 tab	PO	BD	21/7 9am	☐C ☑DC
3	SYP. FEXIMAX 100	10ml	PO	BD		☐C ☑DC
4	ECONORM SACHET	1 sachet	PO	BD		☑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 : 125882

Date & Time : 21/7/26 12pm

Nurse Name & Signature: 11419

Date & Time : 21/7/26 at 12pm

GUC-00008484 IP18-00036557
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Dr. PRAHLAD N

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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: TAB · P500				Date / Time
Dose	Route	Frequency	Start Date	21/7 5:30 PM SS / ND
1 tab	PO	SOS	21/7	
Doctor's Signature		Valid Period	Pharm.	
(signature)				
Additional Instructions:				

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

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

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

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

REGULAR PRESCRIPTIONS Weight. 43.8kg Ward. .....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
2g	IV	Q12H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7
2AM	/	E.P ES	BS SP
2PM	SM PK	4PM AA NS	
	D1	D2	D3

DRUG : INJ. METRO

Dose	Route	Frequency	Start Date
60ml	IV	Q8H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7
8AM	/	SM PK	SM NS
2PM	SM PK	5PM AA NS	
10PM	BS EP	11PM E.P ES	
	D1	D2	D3

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
40mg	IV	OD	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7
12.10 PM IKD.	6 AM	E.P ES	BS SP.

DRUG : INJ. EMESET

Dose	Route	Frequency	Start Date
4mg	IV	Q8H	21/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7
12.10 PM IKD.	6 AM	/	E.P ES
10PM	BS SP		
	6 PM	E.P ES	AA NS

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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Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

I.V. FLUIDS CHART

Weight. 43.8 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
21/7	12:20pm	IVF - RL 500 ml over 1 hour ↓	IV	500		SM / PK	21/7 01:40pm		SM / PK
21/7	1:40pm	IVF - RL 1000 ml over next 4 hours ↓	IV	250		SM / PK	5:50 pm		
21/7	6pm	0.9% DNS	IV	80 ↓			22/7/17 12pm		P.K / S.M
22/7	12pm			40ml/hr		P.K / SM			

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

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 43.8kg Ward ....

				Date ▸ Time ▾	21/7	22/7	23/7
DRUG : ECONORM SACHET							
Dose: 1 sachet	Route: PO	Frequency: BD	Start Dt.: 21/7	8 am	/	SM / PK	SM / NS
Name & Signature of the Doctor Starting the Drugs: [signature] 125882							
Additional Instructions:				8 pm	6pm SS / NR	EP / B.S	
Daily Doctor's Endorsement by a Sign							

				Date ▸ Time ▾
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date ▸ Time ▾
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date ▸ Time ▾
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

Patient Sticker

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

21/7/20 24/7/20 26/7/20 21/7/20 26/7/20.

MEDICATION CHART AUDIT CHECKLIST - IP	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME	I.V.	I.V.	I.V.	I.V.	Econorm		
FREQUENCY	XONE	Metro	PAN	Emeset	Sachet		
DOCTORS	BD		OD	BD	BD.		
2 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES	✓	✓	✓	✓	✓		
11. NON-USAGE OF GENERIC NAMES	X	X	X	X	X		
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

	MEDICATION CHART AUDIT CHECKLIST - IP						
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
1 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

c. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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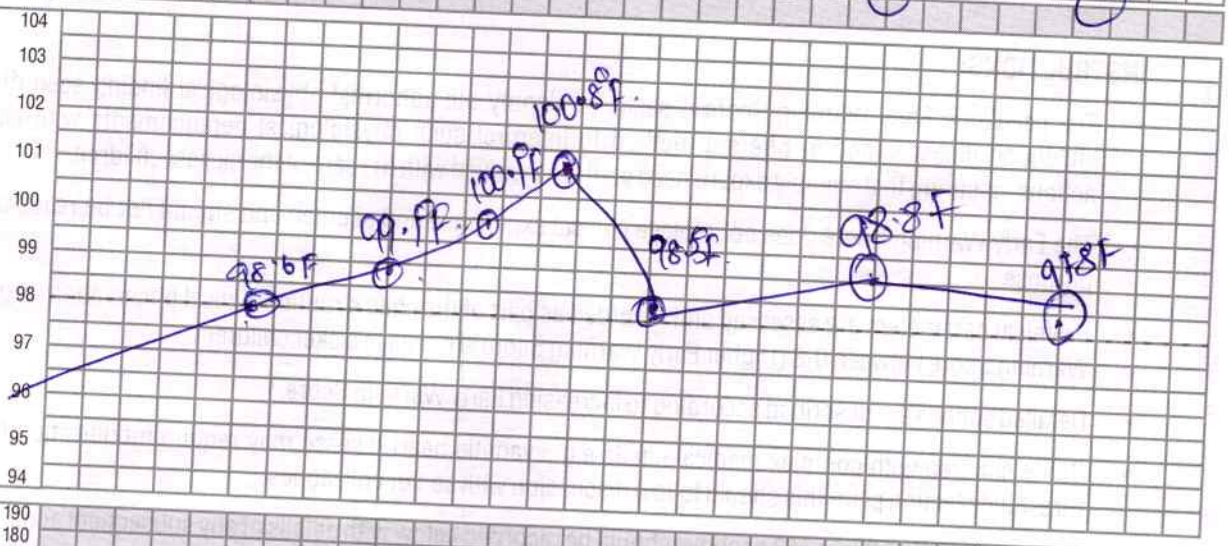
EARLY WARNING SCORE: CHILDREN'S UNIT

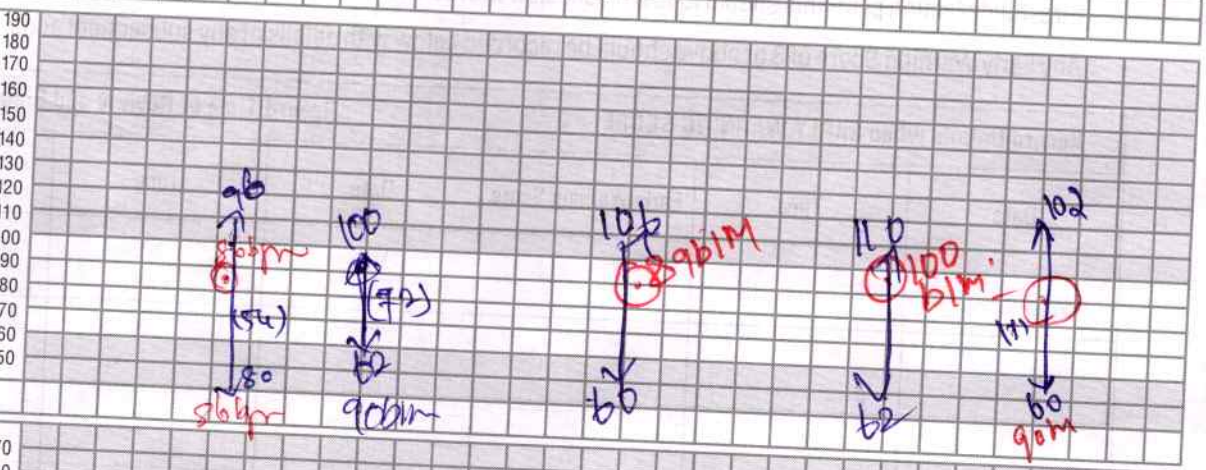
Date : 8/1/26 Time: 12.15pm 4pm 5pm 5.30pm 8pm 12 AM 4 AM

Doctor / Nurse / Family Concern?

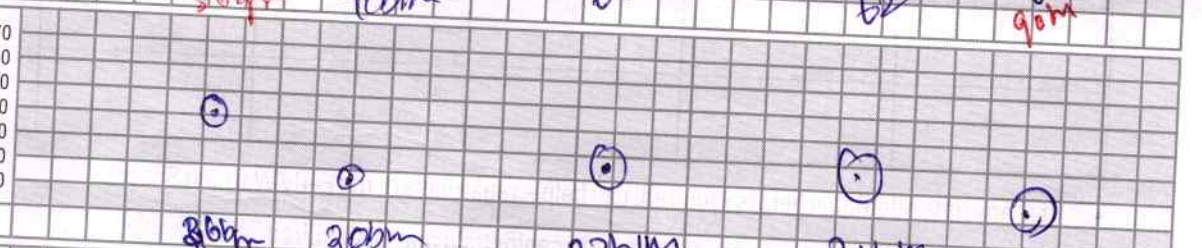


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)



Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O_2 (l/min)					
O_2 Saturations (%)		98%	RA 99%	RA 99%	99%
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					

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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Your Right to a Safe Delivery

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-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(2)

:. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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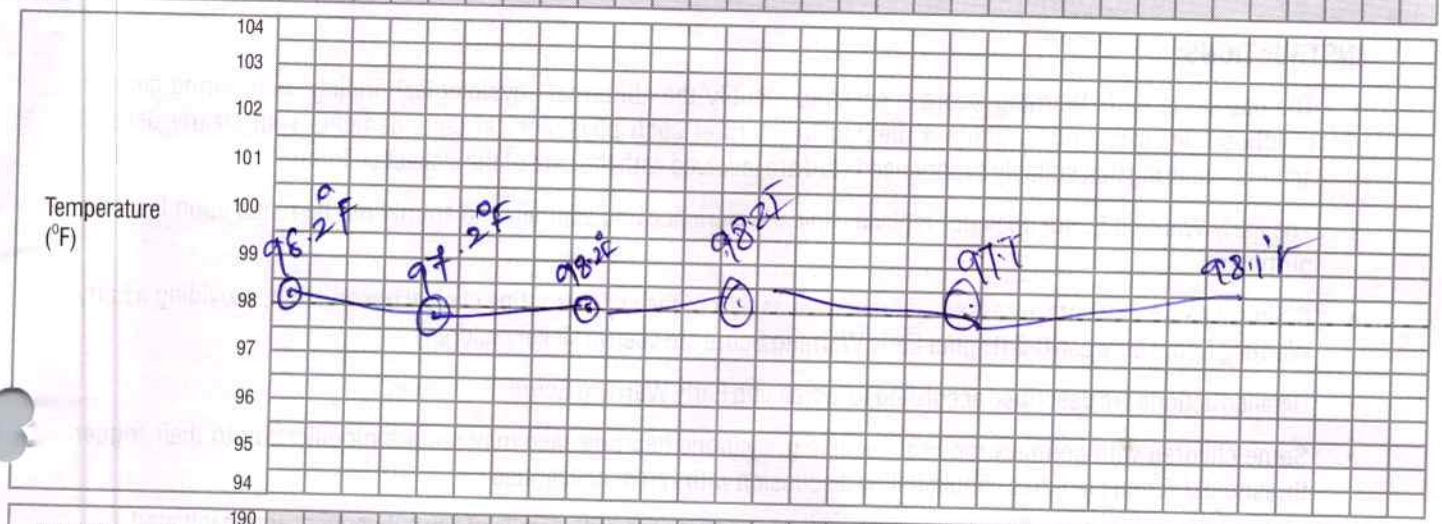
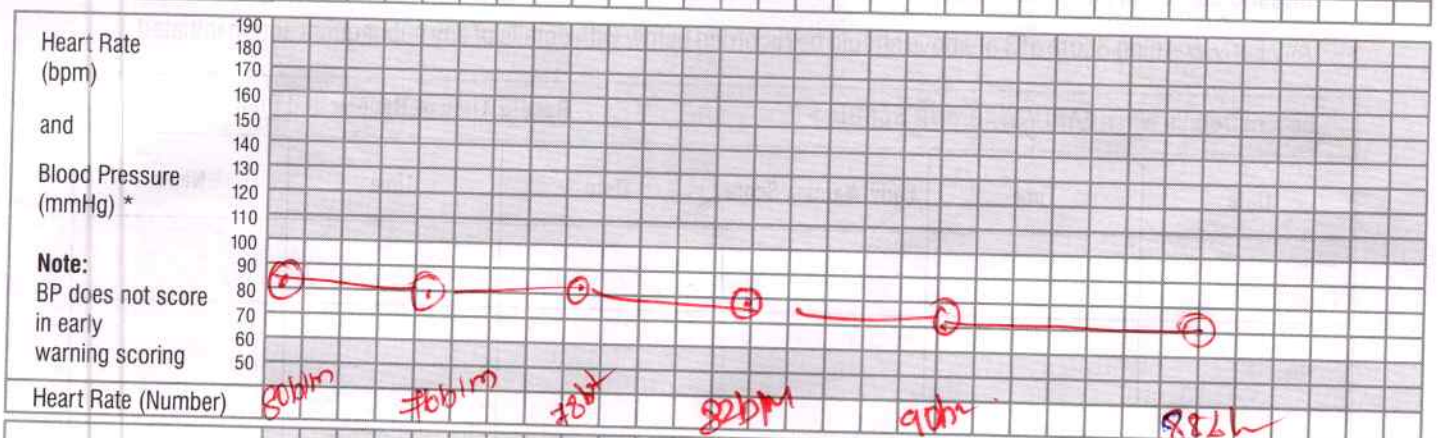
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

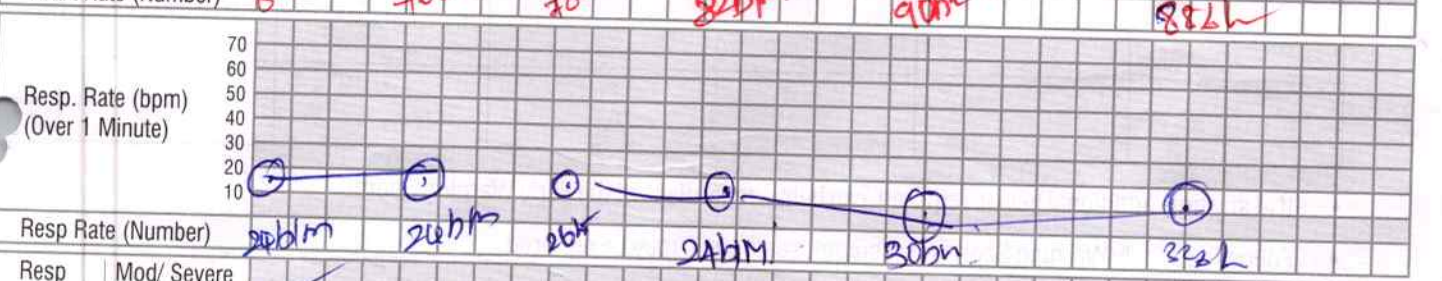
Date : 22/4/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor / Nurse / Family Concern?





Heart Rate (Number): 80bpm 76bpm 78bpm 82bpm 90bpm 88bpm



Resp Rate (Number): 20bpm 24bpm 26bpm 24bpm 30bpm 32bpm

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

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.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Detailed actions are described according to increasing Early Warning Score.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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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-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
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FLUID CHART

Sheet No. : 2

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

21/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H2O	100	250		On Admission						
	01:00 pm			250							0	V.A
Total Intake :		600ml				Total Output :				Nil		
	02:00 pm			250						110	0	
	03:00 pm	H2O	50	250							0	
	04:00 pm	H2O	50	250						200	0	
	05:00 pm	H2O	50	250							0	
	06:00 pm	H2O	50	80						250	0	
	07:00 pm			80						250	0	
Total Intake :		200ml + 1160ml				Total Output :				810		
	08:00 pm	H2O	100m								0	
	09:00 pm										0	
	10:00 pm	H2O	150m	IV 60ml						200m	0	
	11:00 pm			80							0	
	12:00 am			80							0	
	01:00 am			80m				✓		200m	0	
Total Intake :		250m + 240m = 490m				Total Output :				400m		
	02:00 am			80m							0	
	03:00 am			80m						200m	0	
	04:00 am			80m							0	
	05:00 am			80m							0	
	06:00 am			80m						250m	0	
	07:00 am	H2O	100	80m							0	
Total Intake :		100 + 480m = 580m				Total Output :				450m		

Total 24 hrs. Intake	3090m	Total 24 hrs. Output	1660 ml

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24-04-2014 12 Y 2 M 28 D (F)
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Your Right to a Safe Delivery

FLUID CHART

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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
22/4/24												
	08:00 am	TC wat	100	80ml							0	P.L
	09:00 am	.		60ml						200	0	P.L
	10:00 am	H2O	150	80ml							0	P.L
	11:00 am	Soup	100	DC						200	0	P.L
	12:00 pm	TC water	250	40ml							0	P.L
	01:00 pm	TC water	250	40ml						100	0	P.L
Total Intake : 1090ml						Total Output : 500ml						
	02:00 pm	H2O	200ml	DC						100ml	0	AA
	03:00 pm	H2O	150ml								0	AA
	04:00 pm	T. Wat	250ml							270ml	0	AA
	05:00 pm									280ml	0	AA
	06:00 pm	Butter Milk	250ml							200ml	0	AA
	07:00 pm	H2O	150ml							250ml	0	AA
Total Intake : 1000ml						Total Output : 875ml						
	08:00 pm	H2O	150	AD							0	E P
	09:00 pm		100	AD						200ml	0	E P
	10:00 pm	H2O	150	AD							0	E P
	11:00 pm			AD							0	E P
	12:00 am			AD						250ml	0	E P
	01:00 am		100	AD							0	E P
Total Intake : 450 + 240ml = 690ml						Total Output : 450ml						
	02:00 am		250	AD							0	E P
	03:00 am			AD							0	E P
	04:00 am			AD							0	E P
	05:00 am			AD						250ml	0	E P
	06:00 am			AD							0	E P
	07:00 am			AD							0	
Total Intake : 250ml						Total Output : 250ml						

Total 24 hrs. Intake	3020 ml	Total 24 hrs. Output	2075ml

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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: 21/7/26

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	8.0pm	Asses the patient condition. monitor vitals, encourage fluid ...	12:30pm	Assed the pt condition monitored vitals encouraged fluid ...	Child was stable	Reassessed was done	[signature]
Afternoon	2pm	Asses the general condition vital sign to be check & record Maintained I/O chart	4pm	Assessed the general condition vital signs are checked & recorded Maintained I/O chart	Maintained I/O chart	IO fluid on flow	[signature]
Night	8PM	Maintain fluid Balance the Adequating	10PM	Patient volume status to be Assessed and Monitored	Maintained IVF DNS 80ml	Now improve the volume	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Maintain fluid Balance the Adequate	12pm.	patient volume status to be assessed and monitored	Maintained Fluid Volume.	Done.	S. maal 607383
Afternoon	2PM	Maintain fluid Balance the Adequate	4pm	Patient volume Status to be assessed and monitored.	Maintained Fluid volume	Done	[signature]
Night	8pm	Maintain personal hygiene. Maintain fluid balance the adequate	8am	→ patient volume status to be assessed and monitored. → Maintained fluid balance and personal hygiene	Maintained Fluid Volume	Re-assessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(1)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies
☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	12:15pm	On Admission notes	
		Child details Hand over taken	
		from ER staff. Child consious	
		oriented, Vitals are stable.	
		Child c/o; Abdominal pain x 2 days,	
		over epigastrium, c/o fever x 2 days,	
		c/o vomiting yesterday x 5 episode,	
		c/o loose stools, ↓/Intake,	
		out put, c/o lethargy ⊕,	
		H/o outside food intake,	
		IV line secure, CBC/RPII,	
		SGOT/PT, Amylase/Lipase,	
		RL 500ml over 1 hours, RL 1000ml	
		over 4 HRS, Inj. Xone 2g IV BD	
		Inj. Metro 60ml IV Q8Hrly, Inj.	
		Pan 40mg IV OD, Inj. Emeset 4mg	
		IV BD. RBS, IVF-500ml/hour/hour	P.Kanmozhi 60061
	1.00pm	Child vitals checked and	
		Recorded. IVF -500mL over	
		2 hours 250ml/hour Intake/	
		output chart Maintaned	P.Kanmozhi 607261
	1.30pm	Child details hand over	
		given to Evening duty	
		staff	P.Kanmozhi 60928
		Evening duty on 2/7/26	
	1⁵⁰pm	Child Report taken over from	
		Morning duty staff	Sneu

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
21/7/20	1[10] pm	patient was conscious & oriented	
		was on NPO, iv fluid on	
		flow, vital sign are checked &	
		recorded maintained i/o chart	
		iv line patent - o/s general	
		condition is fair -	Ambika
	4[10] pm	[illegible] by Dr. Yazhini mam	
		Advice to give oral at 5pm.	
	5.50pm	IVF - RL 1000ml correction	
		done. maintenance IVfluid	Jony
		0.9% DNS - 50ml/hr connected.	
		stool Routine stool biopsy due.	Om
	6pm	econorm sachet given as	
		per chart and Recorded.	
	7pm	monitored input and	
		output chart and recorded	
	7.30pm	Handover given to night	Jony
		duty staff.	
21/7/20	7.30PM	Night duty Notes 21/7/20	
		child condition and details	
		handing over taken from	
		Evening duty staff Nurse.	
		child is conscious oriented	
		GCS 15/15 liquid diet patterns	
		IVF DNS 80ml/hr flow.	
		Bowel opened, and	
		Encourage orale nutrition	

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GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

(2)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	8PM	vital signs are Maroded Recoorded H.D stable	
	10PM	To fallow Medications Opmen as per the drug chart fallowing	
	11PM	Encourage Oral liquids & mobilaization	
	12AM	Recheck the vitals H.D stable no ubnormaluls the vitals	[signature] 10280
22/7/26	2AM	Continue IVF and Maintains hydrations. patient sleeping well	
	4AM	Porovide Comfortable Positoning	
	5AM	Personal hygeins and Samples Sended lab investigation Poruess	
	6AM	Medications Opmen as per the Doug chart To fallowing	
	7AM	callected investigation Reported done	[signature] 02187
	7:30	patient H.D stable and no other Compalains he details handover Gmento Morning duty Staff Nurse	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty	
22/7/26	7.30Am	child details handover	
		taken over from Night to	
		morning. patient IV line ⓟ	
		IVF - 80ml/hour, contine	
		medication,	→ P. Kaur 607261
	8.00Am	child vitals checked and	
		Recorded.	
		8.Am | CP | PP | CFT	
		| ++ | ++ | +++	→ P. Kaur 607261
	9.00Am	patient due medication,	
		given and recorded.	→ P. Kaur 607261
	11.00Am	patient Intake /out put	
		Chart Maintaned, Dr. Vagatri	
		Mam come and see	
		advised AVF - 40ml/hour	
		tommorrow Discharge	
		plan	→ P. Kaur 607261
	12.00Pm	child vitals checked and	
		recorded. Intake/output	
		Maintained	→ P. Kaur 607261
	1.30Pm	child details handover	
		given to Evening duty	
		staff	→ P. Kaur 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UC-00008484 IP18-00036557
e DIVYADARSHINI J
4-04-2014 12 Y 2 M 28 D (F)
r. PRAHLAD N

(3)

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
22/7/26.	7.30pm.	Evening duty Notes.	
		Patient details Handing over taken from Morning duty Staff.	
		Bed Side Assessment done.	
		Conscious & Oriented. IV line (+)	
		pattern No. Patient taken diet.	
	2pm.	vitals Sign checked & Recorded.	
		vitals are Stable. Plo chart	
		monitored. due medication & drug	
		given. patient Now IV line. Insert.	

2pm	CP	PP	CFT
	++	++	+++

	3pm.	S/B the Dr. Prahlad Sir.
		Advised. To continue the IV Antibitic
		tomorrow Discharge plan, Now the
		today ~~the~~ No any Other Complaints.
	4pm.	vitals Sign Checked & Recorded.
		vitals are Stable. Plo chart
		monitored. IV line Pattern.
		No any Other Complaints.
	6pm.	Patient done Medication & drugs.
		given as Per drug chart Order.
		vitals are Stable.
	7.30pm.	Patient details Handing Over to
		Night duty Staff.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty Note.	
22/7	7:30pm	Child condition details	
		handing over taken from →	M. Vishnu 021584.
		evening duty staff Nurse. Child	
		is conscious and oriented. GCS-15/15	
		Liquid diet pattern. CR/PP/ (+/++/chn)	
	8pm	IVF DNS 0.9% 40ml/hr →	M. Vishnu 021584.
		Bowel oriented and Encouraged	
		oral intake. Vitals	
		Checked and recorded	
	10pm	Medication given as per	M. Vishnu
		drug chart. Vital →	021584.
23/7	12AM	Checked Vitals and recorded.	M. Vishnu
		no abnormalities	021584
	2AM	continuing IVF and →	M. Vishnu
		maintains hydration.	021584.
		patient sleeping well	
	4AM.	Vitals checked and recorded	M. Vishnu
		child is comfortable	021584
	6AM	Medication given as per	M. Vishnu
		drug chart →	021584
	7:30AM	Patient is hemodynamically	
		stable. No other complaints. →	M. Vishnu 021584
		Routine handover given	
		to Morning duty Staff Nurse	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient's Name: GUC-00008484 Ms DIVYADARSHINI J IP18-00036557
MRD: 24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N
Age :
.Sex: ☐ M ☐ F
Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 21/7/26 Time: 12PM
Location : (R) metacarpal.
Size : 22G
Cannula inserted by : S/N - Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/7/26	12.10am	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	1:10pm	☐Yes ☑No	☐Yes ☑No	patter	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	Obsrv	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	Obsee	[illegible]
	6PM	☐Yes ☑No	☐Yes ☑No	Obsrv	[illegible]
	8PM	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	10PM	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	12AM	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	pathon	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	Observ	AA
	4pm	☐Yes ☑No	☐Yes ☑No	Obsv	AA
	6pm	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	pathn	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	path	[illegible]
22/7	12am	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	2am	☐Yes ☑No	☐Yes ☑No	pathn	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	path	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	patter	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

NOTE : ❋ To be assessed within 30 minutes of insertion.

❋ Every 2 hours if on fluid infusion.

❋ Every 4 hours if only on IV medication.

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

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

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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

THE HUMPTY DUMPTY SCALE

M B N 22/7/26

PARAMETER	CRITERIA	SCORE	DATE 21/7	DATE 21/7	DATE	DATE M	DATE A
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		8	11 8	8	8	8

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	X	X	X
Other Intervention(s) Specify			NA	X	X	X
Nurse's Name:						
Signature:						
Date:		21/7	21/7	21/7	22/7	22/7
Time:		2:00pm	8pm	7:30pm	8pm	2p

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THE HUMPTY DUMPTY SCALE 22/7 23/7

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

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			
Other Intervention(s) Specify		✓	✓			
Nurse's Name:		Vidya	Sd			
Signature:		Vidya	Sd			
Date:		22/7	23/7			
Time:		8 p.m.	8AM			

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	1pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607738
21/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
22/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	602127
22/7/26	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	607353
22/7/26	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02158
23/7/26	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	021584
23/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607363
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

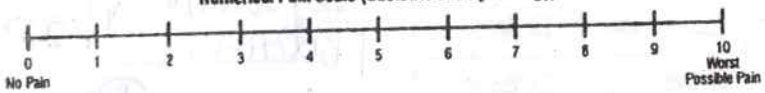
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

					Date : 21/7	22/7	22/7	22/7
					Time : M	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	~~27~~ 27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

Hospital

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

				Date :	E 22/7	N 22/7	M 23/7	
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	
"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	
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	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	
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	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	
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	
				TOTAL SCORE	27	27	27	
				Evaluator's Name				

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7/26	1pm	yes	education about NPO and fluid mx	Mother	No Learning barrier	oral	none	Verbally understands	good	607306
22/7/26	8AM	Yes	Education About Plenty of oral fluids	mother	No	oral	none	Verbal	Good	607353
23/7/26	8AM	Yes	Educated about plenty of oral fluids	mother	NO	oral	None	Verbal	Good	607321

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE & Some dehydration
Arrival Time: 12:15pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: –

Body Weight: 43.8 Kg
Height: – cm

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

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

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No
If yes please list,
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: 43.8kg Length: – Head Circumference (< 2 years): –
Temp.: 98.0°F HR: 98bpm RR: 28bpm BP: 100/60mmHg
Pain Score: 0 Specify Site: – (Follow Pain Assessment Sheet & Document)
Fall Risk Assessment: ☑ Yes ☐ No Score: (Document in the Humpty Dumpty Sheet)
Risk of Pressure Sore (Braden Q Score) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: – 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 ..... Nil .....

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: ..... S. Neethumithy ..... Date: ..... 9/1/20 ..... Time: ..... 1pm ..... Signature

Ht - 152.6 cm

GUC-00008484 IP18-00036557
Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

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EMERGENCY ROOM TRIAGE FORM

Wt - 43.8 kg

Patient's Name : DIVYA DARSHINI . J Age : 12 Y
Date : 21/7/26 Time of Arrival : 11.25 AM
Gender: ☐ Male ☑ Female

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: 97 F PR: 96 b/m BP: 104/57 (72) RR: 24 SpO_2: 100% RA

Chief Complaints: C/O Loose Stools x 4 times. Vomiting x 7 times.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking
Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding
Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification

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

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

* CTAS - Canadian Triage and Acuity Scale

PTR
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 : Subhadip

Signature of Triage Nurse : .....

Date & Time : 21/7 @ 11.30 AM.

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

PATIENT TRANSFER FORM

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Ms DIVYADARSHINI J
24-04-2014 12 Y 2 M 27 D (F)
Dr. PRAHLAD N

Date & Time of Admission	Date & Time of Transfer Order
21/7/26. 11.32AM	21/7/26 12.15PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. prahlad.	Dr. Keerthana	Further management

From Unit	To Unit	Information to Attendant
ER	705	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(4)	—	Yes ☑ No ☐ If yes, what ? file.

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500 ml	(2)
2.	Intraflow	(1)
3.	inj. Zone 1g	(2)
4.		
5.		

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

AGE c some dehydration

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Praveen Kumar.	

Patient & Clinical Records Received by :

Srimadhuri 607383 at 12:15pm

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
21/7	12.05pm	109	–	[illegible] 17894.

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/7/26 Time of arrival : 11:25 Am.

Chief Complaints: C/o Loose stools x 4 episodes RBS: 109

Height : 162cm Weight : 43.8kg 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: Yes. (Date/Time): 21/7/26 at 10:30am

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 15 mins.

Time	Nursing Notes
11:35am	patient came to ER for c/o.
	loose stools x 4 episode, vomiting x7
	episode after investigation Dr. prahlad
	advised for admission vitals are
	checked and recorded
	IV line placement done. samples
	are collected and sended to lab
	patient shifted to ward.

Samples collected by:

Samples sent by : ~~[illegible]~~ Iman

Time:

Time: 12.05PM

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: 98 BP: 104/51(70) CFT: <3sec	Shift - out from ER to: IOS
RR: 24 SPO_2: 100%	Time of Shift - out: @12.@15PM
GCS: 15/15 Temperature : 97°F	Handover given to: S/N- Madhumitha (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. 22G (R) Metacarpal

Name of the Nurse : Praveen

Signature of the Nurse : Praveen

Date & Time : 21/7/26 @ 12pm

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