



Rainbow
Children's
Hospital

DISCHARGE TRACKING SHEET

NAME OF CONSULT

UHD-

FLOOR-

GUC-00093302
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 5 D
Dr. KARTHIK NARAYANAN R (F)
IP18-00036277



ACTIVITY	INTIM E	OUT TIME	NAME & SIGNATUR E	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		7/7/26 10.00am	<i>Plu</i> 01/2/26				
Activity Sheet update by Pharmacy			<i>[Signature]</i>				

ACTIVITY RECORD FOR BILLING

PRBL-01

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: GUC-00093302 IP18-00036277 .. Dept:
UHID No: IP No: Baby YOGA DEEKSHA S
Date of Admission: Time: 01-04-2024 2 Y 3 M 0 D (F)
Room / Bed No: Ward: Dr. KARTHIK NARAYANAN R
Suggested Discharge:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	11:30pm	BR	405	[Signature]
3/7/26	10:50am	405	OT	[Signature]
3/7/26	1:40pm	OT	PIW	[Signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Dhinesh Babji	01/07/26	1720302	[Signature]
2.	Dr. Dhinesh Babji	2/7/26	20715	[Signature]
3.	Dr. Nandhini	4/7/26	1721655	[Signature]
4.	Dr. Dhinesh Babji	5/7/26	to be raised	[Signature]
5.	Dr. Dhinesh Babji	7/7/26	to be raised.	[Signature]
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)	
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[illegible]

PROCEDURE

[illegible]

ANY OTHER INFORMATION: OT

$$3 \mid 1 \mid 25$$

IN TIME: 12:10 pm

OUT TIME: 1.40pm

Procedure: VATS & Drainage of abscess

Surgeon : Dr. Dinash Balaji Dr. Nandhini

Dr. Anas Thakur : Dr. Mohan / Dr. Ashwini

Date: 7/7/20

Time:

Prepared By:

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

ACTIVITY RECORD FOR BILLING



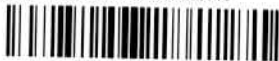
Name: GUC-00093302 IP18-00036277

Baby YOGA DEEKSHA S

UHID No: 01-04-2024 2 Y 3 M 2 D (F)

Dr. KARTHIK NARAYANAN R

Date of Admiss



Consultant:

Dept:

Date of Discharge:

Time:

Room / Bed No:

Ward:

Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/2/26	4:30 pm	PICU	5 th floor	Chanderi

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr Dhingra	6/7/26	To be seen	Phu
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5th floor 3/7/26	Chest x-ray	(1)	08905	[Signature]
3/7/26	SLV placement	(1)	22046	[Signature]
6/2/26	Chest-x-Ray-AP	(1)	9055	[Signature]
1st 6/2/26	physiotherapy	(1)	22824	[Signature]
2nd 6/2/26	physiotherapy	(1)	22976	[Signature]
7/7/26	Physiotherapy	(1)	23258	[Signature]

ANY OTHER INFORMATION:

Date: 7/7/26

Time: 10.20am

Prepared By: [Signature]

Staff Nurse

[Signature]

Shift / Ward

Billing Assistant

Billing Supervisor

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	07/7/26 10 AM		D. V. S. S. 02/11/23		
	INTIME	OUT TIME			
Arrangement of File by Nursing		07/7/26 @ 11:30 PM	D. V. S. S. 02/11/23		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036277

Admit Date : 01-Jul-2026

Admit Time : 10:41 PM UHID : GUC-00093302

Patient Details :

Patient Name : Baby YOGA DEEKSHA S

Age : 2 Y 3 M 0 D

Guardian : Mr SANKAR

DOB : 01-04-2024

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : SARWESH WARAN NAGAR NAGAL ROAD
Gudiyattam R S Vellore Tamil Nadu INDIA
635803

Phone No : 9003515624/ 7094862693

E-mail : n@m.m

Admission Details :

Bed Type : DAY CARE

Bed No : ER 101

Ward Name : 0F-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr SANKAR

Relationship : Father

Contact Address : SARWESH WARAN NAGAR NAGAL ROAD
Gudiyattam R S Vellore Tamil Nadu INDIA
635803

Phone No : 9003515624

B. P. Sub
Signature

Referral Details :

Doctor Name : Dr. KARTHIK NARAYANAN R

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : DR SUNIL SANDHIYA HOSPITAL VELLORE

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby YOGA DEEKSHA S	Age :	2 Y 3 M 0 D
IP No:	IP18-00036277	Sex:	Female
Consultant:	Dr. KARTHIK NARAYANAN R	Ward/Bed No:	0F-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *B. Ruba.*

Name: *B. Ruba.*

Relationship: *Aunt*

Date: *01-07-2026*

Time: *10:41*

Witness Name: *Swini*

Witness Signature: *AS*

B. Ruba.

Patient Address:

SARWESH WARAN NAGAR NAGAL
 ROAD Gudiyattam R S Vellore Tamil
 Nadu INDIA 635803

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 be applicable.
- ▶ 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 be 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 and 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 : > YOUNA DEEKSHA . S	UHID Number : 93302
Self/Attendant Name : > B. Ruba	Relation : > Aunt
Self/Attendant Signature : > B. Ruba Phone Number : 7094862693	Name & Signature of Financial Counselor 



OPERATION NOTES

Surgeon : Dr. Dhinash Balaji / Dr. Nandini Asst. Surgeon :

Anesthetist : Dr. Mohan / Dr. Ashwini OT Nurse : S / N Sani / S / N Sini

Pre-Operative Diagnosis: ? lung abscess.

Surgical Procedure :

VATS and drainage of lung abscess.

Weight : 7.6 kg

Date : 3/7/26

Start Time : 12:10 pm End Time : 1:20 pm

Post Operative Diagnosis: findings:

Peri-Operative Complications: - pus filled lingular lobe, pushing the upper and lower lobe away

Operation Notes: - around 30cc of thick pus was

Findings: noted within.

- ? extra lobar sequestration without bronchial communication was noted over the diaphragm.

Procedure Notes: procedure

- VETGA + erector spinae block, (C) hemithoracic ports → (3x5mm) were made
- lung abscess was drained, thorough lavage was given
- cavity was laid open
- ICD was placed, wound was closed in layers.

Amount of Blood Loss:

- ~50 ml

Blood Transfused (in ML)

80ml PRBC
40ml ffp

Name and Number of Surgical Specimen sent for examination:

Pus for - culture sensitivity
- gene-scan for MTB

Patient Sticker

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

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Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

POST OP ORDERS (7.6 kg)

Wound Care:

- NPO x 4 hours
- Shift to PICU.

Drain /Special Lines/Catheters:

- IVF, IVAB as per intensivists orders.

Special Patient Positioning and Requirements:

- Inj. PARA 110mg IV TID

Nutritional Instructions:

- To do check xray chest after 4 hours.

When to Start Mobilization:

- Inform LOS.

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Name of the Surgeon: Dr. Dhinesh Barasi, J.D.

Signature of the Surgeon: [Signature]

Date & Time: 03/07/2026 1:30pm



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 0 D
Dr. KARTHIK NARAYANAN R (F)



Pediatric Multiorgan History & Physical Examination

Name: Yoga Deeksha Age/Sex _____Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness:

Preterm 34wks / cried at birth / Dev (N)

do Fever x 24 days

since 8/6/26

only 4 hrs once initially - low grade spikes in the morning. →

No w/o cough / any other focus history

started on oral Abx - since day 1 of fever -
Amoxycylav / Cefpodoxime / Azithromycin

Fever persisted.

22/6/26 Inv. - hb - 9.4 / TC - 17,400 N/L 50/43 / PT - 3.14

CRP - 106

25/6/26 Admitted on Dis of fever

Started on IV Kone (75mg/10g)

27/6/26 TC - 1910, CRP - 87.7 CXR - (L) lobe - cystic lesion

Abx - changed to IV Amoxycylav & IV Amikacin - continuing step.

Fever spikes persisted.

Mantoux x (pre) CT chest - possibility of CPDs infected lung abscess

Patient Sticker

Restarted on IV Xone (100mg/kg) & IV vancomycin.
fever spikes - spacing out. (q6 - 8 hours once)

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

H/O nebulization since 1yr of age
for viral triggered wheeze.

Birth & Neonatal History:

AN exam (N)
failed WI - (4) (Em. LSCS - leaking PV)
34wks / cried at Birth / Bt.wt - 2.2kgs
No NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : 39 yrs / @ conception.
About Mother : 32 yrs
Any additional Information :

Developmental History :

Dev. (N).

Immunization History :

Vaccinated up to date acc. to IAP schedule

Anthropometry :

Head Circum (cms) 42cm (Centile <3rd) Height (cms): 74.7cm (Centile <3rd)
Weight (kgs) 7.6kgs (Centile <3rd) MUAC - 12.5cm

On Examination :

Temperature : 96.8°F Pulse Rate : 138/min B.P. 98/76 mmHg SpO2 96% JRA.

Resp. rate and type of breathing : 28/min WOB (N)

Playful

PPWT, CRT <3sec

Pulse volume

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Respiratory System :Inspection (any s/o distress) : WOB (N)Air entry & breath sounds : R/L NVBS (P) (L) Basal > apex
AE heardAny added sounds : 29/6/26Relevant data from outside (Chest X-Ray, ABG, etc.,) : CT chest - 4x4.5x5.5 cm
(Plain) mild well defined lesion**Cardiovascular System :**Inspection of precordium : m (L) lingular lobe E ax-filled level displaying the
Hilar UL & LL bronchovascular structuresHeart Sounds : S1S2 (P)Any murmur : T

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

Per Abdomen :

Inspection : _____

Palpation : Soft, non-tender

Auscultation : _____

Spine : (P)External Genitalia : (N)

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

Central Nervous System :Level of Consciousness : AVPU/GCS score : GCS 15/15

Cranial Nerves : _____

Motor System :Nutrition : Thin builtTone : (N)Co-ordinator : (N)Power : >3/5Posture : (N)Involuntary Movements : -

Reflexes :

DTR

Plantars

Sensory System :

Superficials:

Bladder / Bowel :

Clinical Summary & Diagnostic:

Prolonged Fever ↓ evaluation → ? Infected CPAM
 → Lung abscess.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC

CRP

Blood c/s

Coagulation profile

ECHO - tomorrow.

To collect old CXR from
 parents

Signature of the Doctor:

Name of the Doctor:

Date & Time:

B. K. K. K.

Dr. Kanthia

11/1/26

10.45 pm

Planned Management

IV Ceftriaxone

~~IV Ceftriaxone~~

IV Pan

IV Linezolid

Dr. Nandini / Dr. Dinesh
 opinion → to do CECT Chest
 tomorrow. (oral & IV)
 (ECD)

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge:

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:

☐ Self Care

☐ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication

☐ Yes

☐ No

☐ Bathing

☐ Yes

☐ No

☐ Eating

☐ Yes

☐ No

☐ Walking

☐ Yes

☐ No

☐ Dressing

☐ Yes

☐ No

☐ Toileting

☐ Yes

☐ No

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient

☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient

☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s:

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

☐ Patient

☐ Family Member

☐ Others:

Doctor Signature:

Doctor Name:

Date and Time:



CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

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

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

Signature: _____

Findings and Recommendations :

4/6/26
12 noon

S/S of the condition

2 yrs - D VADS

bad chills - seen

on chills or habs
or few spikes.

- chills plus

- seen on

Consultant :

Name : Signature : Date & Time :

GUC-00093302

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Baby YOGA DEEKSHA S

01-04-2024

2 Y 3 M 4 D

(F)

Dr. KARTHIK NARAYANAN R



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CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Signature: _____

Findings and Recommendations :

S/B/Vinayak IPS

06/07/26.
1st visit

A - (L) lung abscess -
S/B VAS & ICP on (L) side

O/O :-

- ICP (L) on (L) lower lobe

- Vitals : stable

- State : - non-cooperative. Awake.

O/E :-

- Length (+)

- No distress

- No stridor.

- AE slightly ↓ on (L) side

Rx : - Ctx given on previous visit.

N. S. S.

Consultant :

Name : Signature : Date & Time :

06/07/26

S/B/Vinayak/B5

A- ① long answer
S/B VAC.

O/e:-

- On RA
- V. take = stake
- PCP - removed
- State is aware / non-cooperative

O/e:-

- Long ① (wild)
- NO distress
- No order.

Re:-

are given.

N. V. V. V.



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/2024 10:45pm	SIR Dr. Dhruvash Balaji J.D.	
	Ref - A case of ? infected cyst / infected Bronchogenic cyst - persistent fever spikes	
	Plain CT xray chest y noted	
	O/E Comfortable	
	Rs -> ↓ AC @ side	
	may I suggest.	
	-> to do: CBC, PT, aPTT, INR, CRP, AP2	
	-> CECT thorax tomorrow.	
	-> Shall review.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10 AM	S/B - Day 1 Δ - Prolonged fever & evaluation ? infected CPAM / lung abscess	
	Child reviewed Sleeping comfortably WOB - (N) No stridor SpO ₂ - 98% @ RA.	
	RS - low AE ↓ on (L) side. Anterior mammary region & back. Minimal crepts (L)	
	PA - Soft, non tender, no organomegaly	
	CVS NAD	
	CNS	
	Plan: • Continue IVF maintenance - 25% DMS	
	• Ty Xone 400mg BD	
	• Ty Unicef 80mg Q8H	
	• IV Pam 8mg QD	
	- To repeat CECT.	
		T. V. J.

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D
Dr. KARTHIK NARAYANAN R

(F)



2

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 3:30 PM	S/B - Dr. Yuvraj	
	Child under IV sedation.	
	CECT chest was done (IV + oral contrast).	
	IV ketamine 5mg	
	IV propofol 5mg + 5 + 5mg	
	IV midazolam 0.5mg + 0.5mg	gwa.
	Child remained hemodynamically stable	
	vitals - HR - 180/min	
	PP - w/	SpO ₂ - 98% @ RA
	WOB - (N)	
	Plan: - Start oral when completely awake & stop IVF	
	- Continue IV antibiotics & other medication	
	- Trace CECT chest report & inform	
	D/w - Dimer in	
	↓	
	1) plan for VATS + Thoracotomy tomorrow	T.Y.
	2) Anesthetic fitness	
	3) Reserve 2PRBC & 1 FFP.	
	- Anesthesia	
	- 2PRBC + FFP	

Dr. KARTHIK NARAYANAN R



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Hospital**
It takes a lot to treat the wrong



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/10/2026 4:30pm	SIB Dr. Dhinesh Balaji J.D.	
	- A care of ? infected bronchogenic cyst / cpm.	
	- O/E	
	Stable on RA	
	<u>Plan:</u>	
	- VATS to And proceed	
	- NPO from 5am.	
	- to receive PRBC - 140ml/kg FFP → 20 ml/kg.	
	- Anaesthetist fitness for surgery	
	- Informed consent for surgery.	
	- Inform soc.	
		✓

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 2:00 PM	child or paver (yellow)	
	Δ (2+) ok lung abcess slp VATS	
	child secured in place for port op con.	
	<u>Intrap</u> :- some blood on some PRBC + some Hb given + 3A 1-1 ORL 200ml given + 3A 1+ lung abcess cavity opening Fed in tube.	
	<u>Vitals on x-ray</u> :- HR - 160/- BP - 108/63 RR - 38-40 SpO2 100% on 5LPM a/cr 15/15	
	<u>Plan</u> 1. NPO until 2. Hpt Cerebral glucose 3. monitor vitals	

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 3 D

Dr. KARTHIK NARAYANAN R

(F)



④

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/24 9am	SpB Dr. Sanyakala / Dr. Parani (Plur fellows) axis - 2 infected CPAM / abscess Sp VATE and drainage child relieved Ends postop stable - Repeat Xray done No fever spikes Stopped Or & fluids	① OL
	F - on oral feeds	I / 640 2 / passed 3 hmi
	U.O - not quantified	Drain - 60ml
	R - on RA, WOB (N) RR - 24/min SpO ₂ 99% CD - air column movement on crying left side - no breath sounds	
	1 - Blood Cx - no growth Gene xpert - not detected	on xme diveroid / D ₂
	e - HR - 142/min (awake) BP - 92/75 CRT < 3 sec PPWF, warm periphery	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
H6 - prep 7-9	Intraop - 80ml PRBC given + 50ml RFP	
M - euglycemic	Absent - soft, unmarked, BSA	
N - alert, awake	GCS 15/15	
P/Lax	- To continue feeds - TCD care - Continue Anticoagulants. - Repeat Hb. ?	
	Dr. Sushil 14654	

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

IP18-00036277

GUC-00093302
YOGA DEEKSHA S

01-04-2024

2Y3M2D

(F)

01-04-2024
Dr. KARTHIK NARAYANAN R



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIR Dr. Dhruv Babasi JD	
04/07/2026 4:00pm	Pop-1 Issues: 1. Fever spike → now. tolerating oral well. Stable on RA RS- clear expansion- adequate ICD intact, functioning, no air leak (L) brachial line bulge No obvious thrombophlebitis <u>Plan</u> - High protein diet - chest physiotherapy - to follow up on pus dx report - CBC, CRP on <u>Monday morning</u>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1200 m.	S/R no chandiralega child reviewed plus, active no c/o resp distress / tachypnea / Retraction low grade fever spike at 2pm oral intake - good <u>QIC</u> Afebrile CVS - S1S2 ⊕ RS - B/L ACP, ↓ on left TCD intact - during meal Circulation ⊕, serious RR - 44/min SpO₂ - 97% RA <u>Adv</u> - monitor vitals - w/ resp distress, desaturation, tachypnea, fever spikes - continue ceftriaxone, Unesol - Inform (SOS) <u>Sul</u> 19 Dec	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/24 8:20 PM	S/P Dr. Chandrasekhar	
	A - Infected CPAM / Abscess - (L) UL.	
	S/P - VATS and drainage -	
	Child reviewed	
	sleeping	
	comfortable in room air	
	no Tachypnea, resp distress, retractions	
	gcp site - draining well & column movement (+)	
	Drain - 10ml	
	low grade fever spikes present.	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	RR - 36/min
	RS - R/LCPBP,	SpO ₂ - 96% RA
	WOR - (N)	
	no retractions	
	Adv:	
	- Continue ceftriaxone, Ibuprofen	
	- monitor vitals -	
	- W/F resp distress, desaturation	
	- Inform (SOS)	
	S/P	
	11/24	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/2026 1pm	IB Dr. DW resu. Bava's 7.0 POD-2 issues -> fever spikes x 2 (100°F) tolerating oral well O/E irritable (+ assl) Rs -> AE improved Plan: - Chest physiotherapy - TID - High protein diet - TID planned for removal tomorrow	Dr. DW

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10 AM	S/B - Dr. Yuvraj Δ - (L) Lung abscess S/P - VATS & ICD on (L) side Child reviewed - fever settled, afebrile ~ 2 days intake - good on Room air. Comfortable vitals stable RS - b/c AECB AE improved on (L) side (L) ICD on place - clamped today morning other system - WNL Plan: - Plan ICD removal today - Chest physiotherapy - High protein diet (DS) IV xone 400 mg BD (DS) IV linezolid 80mg TID	pus/s - NG ICD - No drain in 24h 6/7 CRP - 14.2 T TC - 15.120 Hb - 9.8 Plt - 5.98 T. Yuvraj

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 1:15 PM	S/B - Dr. Kestrick AE slightly down @ mid	
	<u>Adv</u>	
	- Plan repeat CXR	
	- plan remove ICD Removal today after surgery team review	
		Y. Zy
06/07/2026 3pm	S/B Dr. Dhresh Baloch afebrile No distress ICD output -> NL	
	- ICD clamped & removed	
	- Small review.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 5 PM	S/B - Dr Yamaraj Child reviewed alert, active afebrile WOB - (2)	
	AE slightly ↑ on (L) side but present No added rashes ICD removed	
	Plan - Monitor vitals - Continue same - plan discharge tomorrow after rashes	
7/7/26 12:45 AM	SLB for lumpy rashes child mild active / alert afebrile As: AE ⊕ (↓ on left side) / No added rashes ICD removed.	T.2 ↓
	1) Administer 2) Plan for discharge after rash 3) monitor vitals / RRT signs	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/26 9am	SIR Dr. Dhivya Balaji JD - pop - 4 - afebrile x 48 hours - tolerating oral med. O/E Stable RS - clear. may I suggest - High protein diet - chest physiotherapy. - to discuss with Dr. Karim Narayanan Sir regarding discharge and follow-up.	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9:10am	S/B Dr. Kantika	
	Δ - Lung abscess	
	S/P - VATS POD-4	
	No fever	
	Minimal cough (+) / Rhinorrhea	
	No tachypnea / distress	
	O/E - Alert, active	
	PPWT	
	Vitals - stable	
	RS - norm (+)	
	B/L AE (+)	
	(+) basal AE improved	
	No added sounds	
	(+) ICD site (-)	
	no erythema / non-tender	
	no subcut. emphysema	
	CUS - Sx (+)	
	Other systems - wnl.	
		Advice
	Discharge on Oral Amoxiclav / zinc and	
	Growth monitoring	
		Gth.
		12826

Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 0 D (F)
 Dr. KARTHIK NARAYANAN R



Yoga Deeksha

RESULT SHEET

Date	22/6/26	25/6/26	27/6/26	27/6/26		
Time						
Hb	9.4		8.2	8.2		
PCV	30		28.9	28.9		
RBC	5.01		4.22	4.62		
WBC	17,400		17,400	19,230		
N/L	50/63			61/33		
Platelets	3.14			2.22		
CRP	106.2			87.7		
ESR						
PCT						
RBS						
Na		137				
K		4.1				
Cl / H ₂ O ₂		107/18				
Ca/Mg						
Phosphate						
Urea		27.6				
Creatinine		0.36				
ALP		213.2				
SGPT		11.6				
SGOT		37				
T.Bill/Conj		0.26 < 0.06				
T.Protein		7.6				
S.Albumin		4.4				
S.Globulin		3.2				
A/G Ratio / GAT		1.38 / 24				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024

2 Y 3 M 1 D

(F)

Dr. KARTHIK NARAYANAN R



Yoga deeksha

nos

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RESULT SHEET

Date	27	6/1/26			
Time					
Hb	7.9	9.8			
PCV	26	31			
RBC	4.29	4.64			
WBC	16120	15180			
N/L	59/34	65/20			
Platelets	4.83	5.90			
CRP	127	142			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	13.5/0.96				
APTT	24.9				
CSF Protein / Sugar					
Cells					
N/L					



DRUG CHART

Date of Admission: 11/7/26 Drug Allergies: NT ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>Syp. P120</u>				Date Time	2/7	3/7														
Dose	Route	Frequency	Start Date		2:30pm	3:50pm														
<u>5ml</u>	<u>P/O</u>	<u>SOS</u>	<u>11/7/26</u>		<u>2:30pm</u>	<u>3:50pm</u>														
Doctor's Signature		Valid Period	Pharm.		<u>9:15pm</u>	<u>2:30pm</u>														
<u>[Signature]</u>					<u>VB</u>	<u>PSA</u>														
Additional Instructions:																				

DRUG : <u>Dr Paracetamol</u>				Date Time	4/7	5/7													
Dose	Route	Frequency	Start Date		<u>5pm</u>	<u>5:45pm</u>													
<u>75mg</u>	<u>PV</u>	<u>SOS</u>	<u>4/7/26</u>		<u>5pm</u>	<u>5:45pm</u>													
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

VERIFIED BY : Name

Weight. 7.6 kg Ward. PICU.

[illegible]

Patient Sticker

REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:		REGULAR PRESCRIPTIONS						Weight	Ward
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									

VERIFIED BY : Name

Signature

VERIFIED BY : Name _____

Patient Sticker

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature _____

VERIFIED BY: Name:



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/26	9:30 AM	Inf GUYA PROPHYL	one (40mg)	SV	Ludipal	PN
21/7/26	1:30 PM	Inf MIDAZ	0.5mg + 0.5mg (1mg)	SV	Ludipal	PN
21/7/26	1:35 PM	Inf PROPHYL	0.5mg + 0.5mg (1mg)	SV	Ludipal	PN
21/7/26	1:35 PM	Inf KEEPMWE	0.5mg (0.5mg)	SV	Ludipal	PN
3/7/26	12 PM	Inf. CEFTRIAXONE	400mg	iv	d. Ashwin	PS
3/7/26	12:30 PM	Inf. DEXAMETHASONE	1mg	iv	d. Ashwin	PS
3/7/26	1 PM	PARACETAMOL SUPPOSITORY	170mg	P/R	d. Ashwin	PS

Weight. 76 lb Ward. PICU

Page: 4/4

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 3 D (F)
 Dr. KARTHIK NARAYANAN R



MEDICATION RECONCILIATION FORM

Drug Allergies: NT

☐ 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: ICU

Shifted to: ICU floor 5th floor (108)

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	INJ. XONE	400mg	IV	Q12h	12pm	☒ C ☐ DC
2	INJ. LINEZOLID	800mg	IV	Q8h	10 am	☒ C ☐ DC
3	INJ. PANTOP	8mg	W	OD	6am	☒ C ☐ DC
4	INJ. PARACETAMOL	110mg	IV	SOS	2pm	☒ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: [Signature]

Date & Time: 4/4/26

Nurse Name & Signature: [Signature]

Date & Time: 21/1/26 @ 3pm



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: OT

Shifted to: Wardside PICU

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	<u>INT. CEFTRIAXONE</u>	<u>400mg</u>	<u>iv</u>	<u>stat</u>	<u>3/7/26</u> <u>12 PM</u>	☐ C ☒ DC
2	<u>INT. DEXAMETHASONE</u>	<u>1mg</u>	<u>iv</u>	<u>stat</u>	<u>3/7/26</u> <u>12:35 PM</u>	☐ C ☒ DC
3	<u>PARACETAMOL SUPPOSITORY</u>	<u>120mg</u>	<u>P/R</u>	<u>stat</u>	<u>3/7/26</u> <u>2 PM</u>	☐ C ☒ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashwinis S. Ashwinis
 101348

Date & Time : 3/7/26 12 PM

Nurse Name & Signature: S/r Sugathi S. Sugathi
 519581

Date & Time : 3/7/26 @12pm

MEDICATION REORDER

Drug Allergies: _____
Medication Reorder: _____
Patient Name: _____
Room: _____
Date: _____

Sl. No.	Medication Name	Strength	Frequency	Route	Time	Remarks
1	Insulin	100 units/ml	1/2	iv	8/1/20	
2	Insulin	100 units/ml	1/2	iv	8/1/20	
3	Insulin	100 units/ml	1/2	iv	8/1/20	
4						
5						
6						
7						
8						
9						
10						

Doctor Name & Signature: _____
Date & Time: 8/1/20
Nurse Name & Signature: _____
Date & Time: 8/1/20
Pharmacy Name: _____

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 0 D (F)
 Dr. KARTHIK NARAYANAN R



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MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

Shifting From: ICU Shifted to: Ward

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	IV Xone	@ 100mg /kg			30/6/26 9:30pm	☒ C ☐ DC
2	IV Vancomycin	@ 400mg /kg			30/6/26 8pm	☒ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Karthik [Signature]

Date & Time: 1/7/26 11:15pm

Nurse Name & Signature: [Signature] [Signature]

Date & Time: 1/7/26 11:30pm

MEDICATION RECONCILIATION

Drug Allergies:

Medication History (List all drugs in the past 30 days in the form of the following):
 (Example: 10-10-10 10-10-10)

Starting From:

S.No	Medication (Generic Name, Brand Name, Strength)	Start Date	End Date	Reason for Discontinuation
1	10-10-10	10-10-10	10-10-10	
2	10-10-10	10-10-10	10-10-10	
3				
4				
5				
6				
7				
8				
9				
10				

MEDICATION HISTORY (List all drugs in the past 30 days)

Doctor Name & Signature

Date & Time

Nurse Name & Signature

Date & Time

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 2 D (F)
Dr. KARTHIK NARAYANAN R



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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: 405 Shifted to: OT

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	CEFTRIAXONE	400mg	IV	Q12H		☒ C ☐ DC
2	LINEZOLID	80mg	IV	Q8H		☒ C ☐ DC
3	PANTOPRAZOLE	8mg	IV	Q24H		☒ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: T. Yuvraj & T. Y

Date & Time: 3/11/24

Nurse Name & Signature: Jahangeer B.

Date & Time: 3/11/24 @ 10:30am

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

1	CEFTIOXONE	IV	1000	QID
2	LINEZOLID	IV	600	BID
3	LANCETASOLE	IV	200	QID
4				
5				
6				
7				
8				
9				
10				

2
2
2

1000
600
200

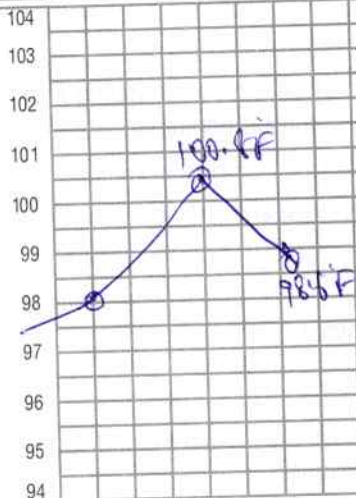
Date & Time: 10/10/17
 Nurse Name: J. Smith
 Doctor Name: J. Smith
 Medication: 1. 1000mg IV QID
 2. 600mg IV BID
 3. 200mg IV QID

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 2/7/25 Time: 12:00 PM 2:00 PM 4:00 PM

Doctor / Nurse / Family Concern?

Temperature
 (°F)



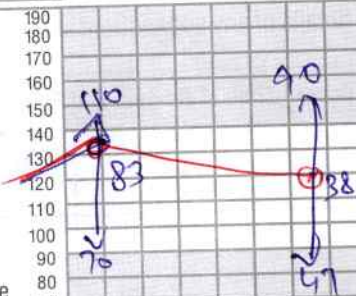
Heart Rate
 (bpm)

and

Blood Pressure
 (mmHg) *

Note:

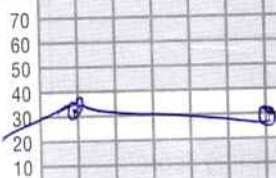
BP does not score
 in early
 warning scoring



Heart Rate (Number)

130 bpm 120 bpm

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



Resp Rate (Number)

30 bpm 30 bpm

Resp Mod/ Severe
 Distress None / Mild

✓ ✓

Receiving O₂ (l/min)
 O₂ Saturations (%)

98% 99%

Conscious Normal
 Level Altered

✓ ✓

GCS *

15/15 15/15

TOTAL SCORE

Number of shaded boxes

0 0

Pain Score

0 0

Observer's Initials

PS PS

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

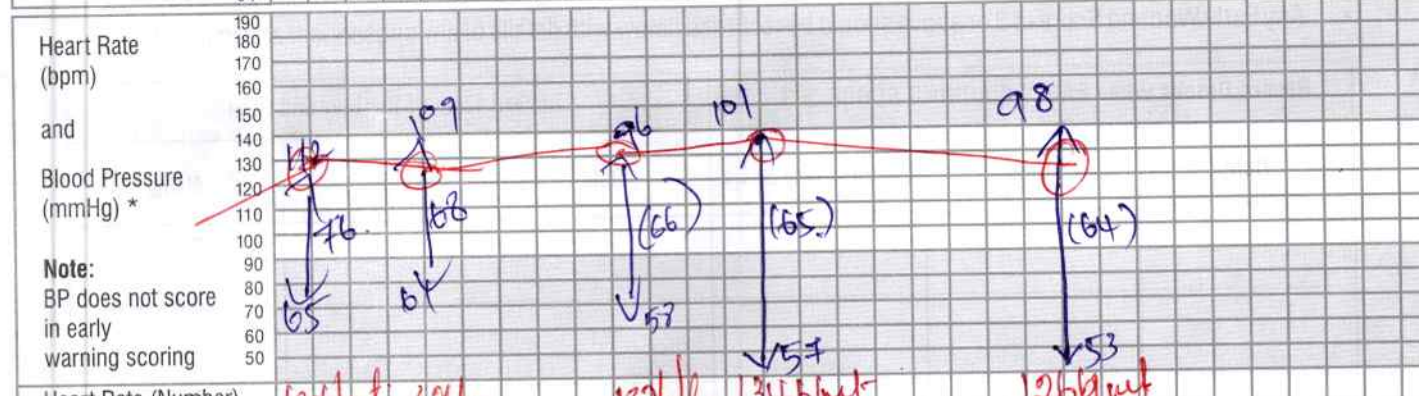
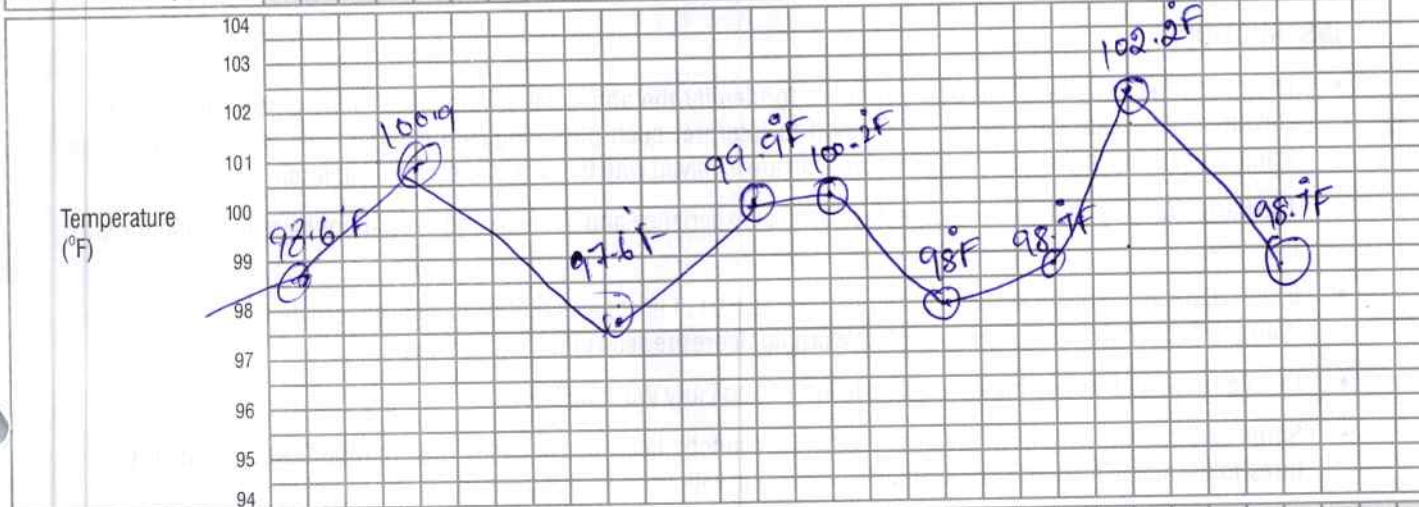
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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted 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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/08 Time: 8am 12pm 4pm 8pm 9.15pm 10.30pm 12am 3.50am 5.30am
Doctor / Nurse / Family Concern?



Heart Rate (Number) 132b/min 109b/min 96b/min 101b/min 98b/min



Resp Rate (Number) 28b/min 26b/min 26b/min 30b/min 28b/min

Resp Mod/ Severe Distress None / Mild ✓ ✓ ✓ ✓ ✓

Receiving O₂ (l/min) O₂ Saturations (%) 99% 98% 99% 98% 98%

Conscious Level Normal Altered ✓ ✓ ✓ ✓ ✓

GCS * 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials PN PN PN PN PN

ACTIONS
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GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-11-2024 2 Y 3 M 1 D

Dr. KARTHEK NARAYANAN R

(F)

U: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation &
Early Warning Scoring ChartRainbow®
Children's
Hospital
It takes a lot to beat the title.BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7 Time: 8am 10:30am 5:30pm

Doctor / Nurse / Family Concern?

Temperature
(°F)104
103
102
101
100
99
98
97
96
95
94Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50104
116
52

128 bpm

135 bpm

110

17 bpm

Resp. Rate (bpm)
(Over 1 Minute) *70
60
50
40
30
20
10

26 bpm

30 bpm

30 bpm

Resp Rate (Number)

Resp Mod/ Severe
Distress None / MildReceiving O₂ (l/min)
O₂ Saturations (%)Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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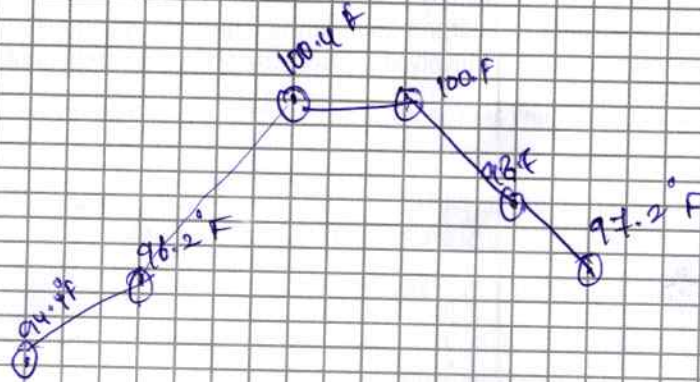
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/7/26 Time: 6pm 9pm 12am 1am 2am 4am
Doctor / Nurse / Family Concern?

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94



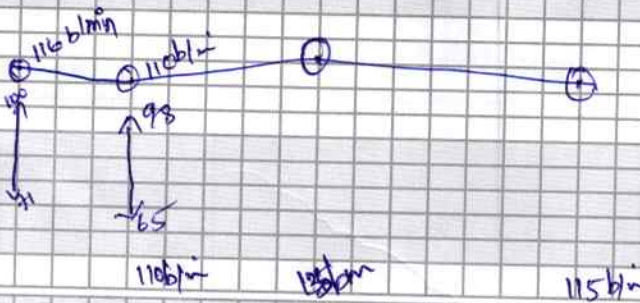
Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

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



Heart Rate (Number)

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

70
60
50
40
30
20
10



Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

✓	✓	✓	✓
98%	98%	98%	98%
✓	✓	✓	✓
15/15	15/15	15/15	15/15
0	0	0	0
0	0	0	0
15/15	15/15	15/15	15/15

ACTIONS

NB: Scores 3 should be
recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 05/04/24	Time : 2am	12pm	4pm	8pm	9pm	12am	4am
Doctor / Nurse / Family Concern?							
Temperature (°F)	99.5	99.5	99.5	99.2	98.5	96.5	97.2
Heart Rate (bpm)	160	121	152	110	109	120	120
Blood Pressure (mmHg) *	61/52	62/50	65/55	67/60	67/59	67/58	67/58
Heart Rate (Number)	160 bpm	120 bpm	152 bpm	130 bpm	128 bpm	120 bpm	120 bpm
Resp. Rate (bpm) (Over 1 Minute) *	30	32	32	30	30	32	32
Resp Rate (Number)	30 bpm	32 bpm	32 bpm	30 bpm	30 bpm	32 bpm	32 bpm
Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min) O ₂ Saturations (%)	98%	99%	98%	99%	98%	99%	99%
Conscious Level Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	JK	JK	JK	JK	JK	JK	JK

ACTIONS

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GUC-00093302
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 3 D
Dr. KARTHIK NARAYANAN R (F)

ICH/ FRM / CLINICAL / 125

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/24	Time: 8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.3°F	98.5°F	97°F	98.6°F	98.2	98.1
Heart Rate (bpm)	103/min	138bly	130/min	103 (70)	104 (40)	98 (40)
Blood Pressure (mmHg) *	106/53	110/61	109/67	104/62	98/56	
Resp. Rate (bpm) (Over 1 Minute) *	30/min	40bly 32/min	30/min	28/min	28/min	
Respiratory Distress	✓	✓ RA	✓ RA	✓ RA	✓ RA	
Receiving O ₂ (l/min)	0%	0.5 l	0%	0%	0%	
O ₂ Saturations (%)	99%	95% 96%	98%	99%	98%	
Conscious Level	✓	✓	✓	✓	✓	
GCS *	15/15	15/15 15/15	15/15	15/15	15/15	
TOTAL SCORE	0	0	0	0	0	
Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials	NRB	NRB	NRB	NRB	NRB	

ACTIONS

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GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D (F)
 Dr. KARTHIK NARAYANAN R



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

17/26		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	child received from M @ 11:30										
	12:00 am	R.V	100ml							✓	0	RF
	01:00 am									✓	0	RF
Total Intake : 100ml						Total Output : 1 time urine passed						
	02:00 am									✓	0	RF
	03:00 am									✓	0	RF
	04:00 am									✓	0	RF
	05:00 am									✓	0	RF
	06:00 am	with 200ml								✓	0	RF
	07:00 am									✓	0	RF
Total Intake : 200ml						Total Output : 2 times urine passed						
Total 24 hrs. Intake		300ml										
Total 24 hrs. Output		3 times urine passed										



FLUID CHART

Sheet No. : 2

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

21/12		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										0	nee
	09:00 am									✓	0	nee
	10:00 am										0	nee
	11:00 am			25ml							0	nee
	12:00 pm			25ml						✓	0	nee
	01:00 pm			DC							0	nee
Total Intake :			50ml			Total Output :			2 times voided			
	02:00 pm	NPO		25ml							0	nee
	03:00 pm	NPO		25ml						✓	0	nee
	04:00 pm	NPO		25ml							0	nee
	05:00 pm	Milk 100ml		25ml							0	nee
	06:00 pm			25ml							0	nee
	07:00 pm			25ml						✓	0	nee
Total Intake :			100ml + 150ml			Total Output :			2 times voided			
	08:00 pm	Kanji 50ml									0	Bali
	09:00 pm										0	Bali
	10:00 pm	Milk 200ml								✓	0	Bali
	11:00 pm										0	Bali
	12:00 am										0	Bali
	01:00 am										0	Bali
Total Intake :			250ml			Total Output :			1 time voided			
	02:00 am									✓	0	Bali
	03:00 am										0	Bali
	04:00 am										0	Bali
	05:00 am	Milk 130ml		25ml						✓	0	Bali
	06:00 am	P		25ml							0	Bali
	07:00 am	O		25ml							0	Bali
Total Intake :			130ml + 75ml			Total Output :			2 times voided			
Total 24 hrs. Intake			755ml			Total 24 hrs. Output			7 times voided			

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D (F)
 Dr. KARTHIK NARAYANAN R



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 Children's
 Hospital**
 It takes a lot to trust the little.

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			25ml							0	day
	09:00 am			25ml							0	day
	10:00 am			25ml							0	day
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

10/6	0
11/6	0
12/6	0

fine
fine
fine

doe kshg

FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	Wilk 100ml										
	04:00 pm											
	05:00 pm	Wilk 100ml										
	06:00 pm											
	07:00 pm	H2O 20ml										
Total Intake :			270ml			Total Output :			2 times			
	08:00 pm	H2O 100ml	100ml									
	09:00 pm	Kanj 100ml	100ml									
	10:00 pm		100ml									
	11:00 pm		100ml									
	12:00 am		100ml									
	01:00 am		100ml									
Total Intake :			120 ml + 100ml			Total Output :			2 times			
	02:00 am	Wilk 100ml	100ml									
	03:00 am		100ml									
	04:00 am		100ml									
	05:00 am		100ml									
	06:00 am		100ml									
	07:00 am	Wilk 100ml	100ml									
Total Intake :			100ml + 100ml			Total Output :			2 times			
Total 24 hrs. Intake			610ml			Total 24 hrs. Output			6 times			

Drain - 100ml

Baby's Name: [illegible]

Date: 12/2/02



FLU



10/10/02

All measurements in mm

Add up all 7 counts and multiply by 10

Time	Rate	Count
10:00	100	1000
10:10	100	1000
10:20	100	1000
10:30	100	1000
10:40	100	1000
10:50	100	1000
11:00	100	1000

Total counts:

10:00	100	1000
10:10	100	1000
10:20	100	1000
10:30	100	1000
10:40	100	1000
10:50	100	1000
11:00	100	1000

10:00	100	1000
10:10	100	1000
10:20	100	1000
10:30	100	1000
10:40	100	1000
10:50	100	1000
11:00	100	1000

10:00	100	1000
10:10	100	1000
10:20	100	1000
10:30	100	1000
10:40	100	1000
10:50	100	1000
11:00	100	1000

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 3 D (F)
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FLUID CHART

Sheet No. : 3

Today drain - 10ml.

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	H ₂ O 50ml								✓	0	Jef	
	09:00 am	Kangri 50ml									0	Jef	
	10:00 am	H ₂ O 50ml								✓	0	Jef	
	11:00 am										0	Jef	
	12:00 pm	H ₂ O 50ml					✓			✓	0	Jef	
	01:00 pm										0	Jef	
Total Intake :			200 ml.			1+times			Total Output :			3times	
	02:00 pm	Milk 60ml									0	Jef	
	03:00 pm	H ₂ O 10ml								✓	0	Jef	
	04:00 pm										0	Jef	
	05:00 pm	H ₂ O 20ml								✓	0	Jef	
	06:00 pm	Milk 120ml									0	Jef	
	07:00 pm	H ₂ O 10ml					✓			✓	0	Jef	
Total Intake :			320ml			Total Output :			5times				
	08:00 pm	H ₂ O 10ml									0	Bali	
	09:00 pm	H ₂ O 50ml								✓	0	Bali	
	10:00 pm	Milk 100ml									0	Bali	
	11:00 pm									✓	0	S.A	
	12:00 am										0	S.A	
	01:00 am										0	S.A	
Total Intake :			200ml			Total Output :			2times				
	02:00 am	Milk 100ml									0	S.A	
	03:00 am									✓	0	S.A	
	04:00 am										0	S.A	
	05:00 am										0	S.A	
	06:00 am									✓	0	S.A	
	07:00 am	Milk 100ml									0	S.A	
Total Intake :			200ml			Total Output :			2times				
Total 24 hrs. Intake		920ml											
Total 24 hrs. Output		116ml											

Today drain = Nil



FLUID CHART

Sheet No. : 3

Today Green - nil

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

Date		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						
6/4/20											
	08:00 am	Adly							✓	0	Ly
	09:00 am	H ₂ O 30ml								0	Ly
	10:00 am	Milk 20ml							✓	0	Ly
	11:00 am	Soup 10ml								0	Ly
	12:00 pm	Kaif								0	Ly
	01:00 pm	H ₂ O 30ml							✓	0	Ly
Total Intake : 230ml					Total Output : 3 times						
	02:00 pm	H ₂ O 20ml							✓	0	Adh
	03:00 pm	H ₂ O 100ml								0	Adh
	04:00 pm	milk 120ml							✓	0	Adh
	05:00 pm									0	Adh
	06:00 pm								✓	0	Adh
	07:00 pm	Soup 10ml								0	Adh
Total Intake : 310ml					Total Output : 3 times						
	08:00 pm	H ₂ O 20ml							✓	0	S/A
	09:00 pm	H ₂ O 20ml								0	S/A
	10:00 pm	Milk 100ml								0	S/A
	11:00 pm								✓	0	S/A
	12:00 am									0	S/A
	01:00 am								✓	0	S/A
Total Intake : 200ml					Total Output : 3 times						
	02:00 am									0	S/A
	03:00 am	Milk 100ml								0	S/A
	04:00 am									0	S/A
	05:00 am								✓	0	S/A
	06:00 am								✓	0	S/A
	07:00 am	Milk 100ml								0	S/A
Total Intake : 200ml					Total Output : 2 times						
Total 24 hrs. Intake			740ml								
Total 24 hrs. Output			11 times								

Page 2 of 2

10/10/10

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NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: Fever / Evaluation Lung abscess						Any Infection: ☒ Yes ☐ No ☐ Not Known	
		Surgery / Procedure: VATS POD-1						If Yes Specify: lung	
		Post OP Day: 1							
BACKGROUND	Date	3/7/26	4/7/26	4/7/26	4/7/26	5/7/26	5/7/26		
	Shift	N	N	E	N	M	E		
ASSESSMENT	Medical Condition (Any special condition to be noted):	No bad	Noted	Noted	Noted	Noted	Noted		
	Diet:	Soft diet	Soft diet	Soft diet	High protein	High protein	High protein		
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No		
	Vital Signs:	Temp: 99.2 F	97.6 F	100.1 F	98.2	98.2 F	96.9 F		
	Res:	35 bpm	31/12	45/4	30/4	28/4	32/4		
	SpO ₂ :	95%	100%	99%	99%	99%	98%		
	Pulse:	124 bpm	135/12	156/4	130	120/4	100		
	BP:	101/47/61	94/43/51	103/64/44	-	-	102/110/5		
Recommendations	LOC:	15/15	15/15	15/15	15/15	15/15	15/15		
	Fall Risk Score:	13	13	13	13	13	13		
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Physiotherapy:	NIL	NIL	NIL	NIL	NIL	NIL		
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Special Diet:	NIL	NIL	NIL	NIL	NIL	NIL		
	Critical Lab Test / Values:	NIL	NIL	NIL	NIL	NIL	NIL		
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No			
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No			
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent			
Post Operative Procedure Special Orders:		NIL	NIL	NIL	NIL	NIL	NIL		
Handed Over By Name :		Rajesh	Vishu	Kishu	A. Anishu	R. Vishu	S. Anishu		
Signature / ID :		2018304	Vishu	Kishu	A. Anishu	R. Vishu	S. Anishu		
Date:		4/7/26	4/7/26	4/7/26	4/7/26	4/7/26	4/7/26		
Time:		@ 8am	@ 2pm	@ 3pm	@ 4pm	@ 5pm	@ 6pm		
Taken Over By Name :		Vishu	Kishu	A. Anishu	R. Vishu	S. Anishu	A. Anishu		
Signature / ID :		Vishu	Kishu	A. Anishu	R. Vishu	S. Anishu	A. Anishu		
Date:		4/7/26	4/7/26	4/7/26	4/7/26	4/7/26	4/7/26		
Time:		@ 2pm	@ 8pm	@ 8pm	@ 8pm	@ 8pm	@ 8pm		

Handwritten notes in a cursive script, likely a ledger or journal. The text is organized into several columns and rows, with some entries appearing to be dates or numerical values. The handwriting is somewhat faded and difficult to decipher in many places.

Key entries include:

- Top section: "1/10", "1/11", "1/12", "1/13", "1/14", "1/15", "1/16", "1/17", "1/18", "1/19", "1/20", "1/21", "1/22", "1/23", "1/24", "1/25", "1/26", "1/27", "1/28", "1/29", "1/30", "1/31", "2/1", "2/2", "2/3", "2/4", "2/5", "2/6", "2/7", "2/8", "2/9", "2/10", "2/11", "2/12", "2/13", "2/14", "2/15", "2/16", "2/17", "2/18", "2/19", "2/20", "2/21", "2/22", "2/23", "2/24", "2/25", "2/26", "2/27", "2/28", "2/29", "2/30", "2/31", "3/1", "3/2", "3/3", "3/4", "3/5", "3/6", "3/7", "3/8", "3/9", "3/10", "3/11", "3/12", "3/13", "3/14", "3/15", "3/16", "3/17", "3/18", "3/19", "3/20", "3/21", "3/22", "3/23", "3/24", "3/25", "3/26", "3/27", "3/28", "3/29", "3/30", "3/31", "4/1", "4/2", "4/3", "4/4", "4/5", "4/6", "4/7", "4/8", "4/9", "4/10", "4/11", "4/12", "4/13", "4/14", "4/15", "4/16", "4/17", "4/18", "4/19", "4/20", "4/21", "4/22", "4/23", "4/24", "4/25", "4/26", "4/27", "4/28", "4/29", "4/30", "4/31", "5/1", "5/2", "5/3", "5/4", "5/5", "5/6", "5/7", "5/8", "5/9", "5/10", "5/11", "5/12", "5/13", "5/14", "5/15", "5/16", "5/17", "5/18", "5/19", "5/20", "5/21", "5/22", "5/23", "5/24", "5/25", "5/26", "5/27", "5/28", "5/29", "5/30", "5/31", "6/1", "6/2", "6/3", "6/4", "6/5", "6/6", "6/7", "6/8", "6/9", "6/10", "6/11", "6/12", "6/13", "6/14", "6/15", "6/16", "6/17", "6/18", "6/19", "6/20", "6/21", "6/22", "6/23", "6/24", "6/25", "6/26", "6/27", "6/28", "6/29", "6/30", "6/31", "7/1", "7/2", "7/3", "7/4", "7/5", "7/6", "7/7", "7/8", "7/9", "7/10", "7/11", "7/12", "7/13", "7/14", "7/15", "7/16", "7/17", "7/18", "7/19", "7/20", "7/21", "7/22", "7/23", "7/24", "7/25", "7/26", "7/27", "7/28", "7/29", "7/30", "7/31", "8/1", "8/2", "8/3", "8/4", "8/5", "8/6", "8/7", "8/8", "8/9", "8/10", "8/11", "8/12", "8/13", "8/14", "8/15", "8/16", "8/17", "8/18", "8/19", "8/20", "8/21", "8/22", "8/23", "8/24", "8/25", "8/26", "8/27", "8/28", "8/29", "8/30", "8/31", "9/1", "9/2", "9/3", "9/4", "9/5", "9/6", "9/7", "9/8", "9/9", "9/10", "9/11", "9/12", "9/13", "9/14", "9/15", "9/16", "9/17", "9/18", "9/19", "9/20", "9/21", "9/22", "9/23", "9/24", "9/25", "9/26", "9/27", "9/28", "9/29", "9/30", "9/31", "10/1", "10/2", "10/3", "10/4", "10/5", "10/6", "10/7", "10/8", "10/9", "10/10", "10/11", "10/12", "10/13", "10/14", "10/15", "10/16", "10/17", "10/18", "10/19", "10/20", "10/21", "10/22", "10/23", "10/24", "10/25", "10/26", "10/27", "10/28", "10/29", "10/30", "10/31", "11/1", "11/2", "11/3", "11/4", "11/5", "11/6", "11/7", "11/8", "11/9", "11/10", "11/11", "11/12", "11/13", "11/14", "11/15", "11/16", "11/17", "11/18", "11/19", "11/20", "11/21", "11/22", "11/23", "11/24", "11/25", "11/26", "11/27", "11/28", "11/29", "11/30", "11/31", "12/1", "12/2", "12/3", "12/4", "12/5", "12/6", "12/7", "12/8", "12/9", "12/10", "12/11", "12/12", "12/13", "12/14", "12/15", "12/16", "12/17", "12/18", "12/19", "12/20", "12/21", "12/22", "12/23", "12/24", "12/25", "12/26", "12/27", "12/28", "12/29", "12/30", "12/31".

DATE	DESCRIPTION	AMOUNT
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NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	11/12/26	2/17/26	2/17/26	2/17/26	3/17/26	3/17/26	
	Shift	N	M	E	N	M	E	
ASSESSMENT	Medical Condition (Any special condition to be noted):	noted	Noted.	Noted	Noted	Noted	Noted	
	Diet:	sgg	NPO	NPO	Soft diet	Soft diet	NPO	
	Allergy:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6	98.6	98.6	99.9	99.2	97.2
	Res:	34b/m	22b/m	20b/m	30b/m	22b/m	26b/m	
	SpO ₂ :	98%	99%	99%	98%	99%	98%	
	Pulse:	138b/m	130b/m	129b/m	134b/m	123b/m	116b/m	
	BP:	110/70	112/65	90/42	101/57	98/50	99/56	
LOC:	15/15	15/15	15/15	15/15	15/15	15/15		
Fall Risk Score:	16	16	16	16	16	13		
Pain Score:	0/10	0/10	0/10	0/10	0/10	1/10		
Skin Integrity	27	27	27	27	27	25		
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Special Diet:	Soft diet	NPO	NPO	NPO	NR	NPO	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent	
	Post Operative Procedure Special Orders:	-	-	-	-	-	-	
Handed Over By Name :	R. Jeyaraj	N. Latha	A. Jeyaraj	B. Jeyaraj	J. Jeyaraj	S. Jeyaraj		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	2/17/26	2/17/26	2/17/26	3/17/26	3/17/26	3/17/26		
Time:	7:30am	1:30pm	7:30pm	7:30am	7:30pm	7:30pm		
Taken Over By Name :	N. Latha	A. Jeyaraj	B. Jeyaraj	J. Jeyaraj	S. Jeyaraj	R. Jeyaraj		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	2/17/26	2/17/26	2/17/26	3/17/26	3/17/26	3/17/26		
Time:	7:30am	1:30pm	7:30pm	7:30am	7:30pm	7:30pm		

Concentration of Inhibitor (M)	Rate of Reaction (1/min)
0.00	1.00
0.02	0.80
0.04	0.60
0.06	0.40
0.08	0.20
0.10	0.10

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D (F)
 Dr. KARTHIK NARAYANAN R



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 01/07/26

Goals

- ☒ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 PM	→ To maintain adequate airway & oxygenation	7 AM	→ Assessed the breathing pattern of the child → monitored vital signs → maintained no chest → administered medication as per orders	child was stable Improving oxygenation level	Improving adequate airway & oxygenation Assessment was done	R. Jay 020149

NURSING CARE RECORD

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

Date: 02/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7 AM	TO maintain fluid balance.	8 AM	TO assess the general condition. TO monitor I/O chart → TO Encourage oral fluids	Maintained fluid volume	Reassessment was done.	Neel 02/07/26
Afternoon	2 PM	Relieve pain & discomfort		Assess wound condition monitors vitals Administers the medication as per orders	Pain was reducing	Reassessment done	Arpita 02/07/26
Night	8 PM	TO Improve good nutritional status	9 PM	→ Assess the child's nutritional status → I/O Chart maintain in → Encourage oral feeds	Maintained good nutritional status	Reassessment - done	Balraj 02/07/26



NURSING CARE RECORD

Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ to promote health hygiene		→ Assessed child condition → vitals monitoring. → changed bed sheet & dress → Hand hygiene maintained	Maintained personal hygiene.	Reassessment done	Jay
Afternoon	2pm	* Assess the child condition * monitor vital * Comfort position		* Assessed the child condition * monitored vital * comfortable position	Child vital stable	Reassessment done	Gerth
Night	8pm	→ Assess the general condition. → Monitor vitals → Monitor intravenous → Provide medication		→ Assessment done → vitals assessed. → U/O monitored. → medicines given.	Child is stable.	Reassessment done. Pain done 9/10	Pai 010304.

GUC-00093302 IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 2 D (F)

Dr. KARTHIK NARAYANAN R



NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 4/07/26

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☐ Ensure Safety

- ☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Assess the child condition → Maintain I/O chart. → Monitor vitals. → Administer Medication as per drug chart.	2 PM	→ Assessed the child condition. → Maintained I/O chart. → Monitored vitals. → Administered Medication as per drug chart.	Vitals monitored stable.	Re-assessment done	Ushy ouson
Afternoon	2 PM	Assess the child condition monitor vitals maintain I/O chart.		Assessed child condition monitored vitals maintained I/O chart.	Vitals are stable.	Re-assessment done	6/4/16
Night	8 PM	To maintain nutritional status.		To Assess child condition To encourage high milk intake	To improve nutritional status.	The child's vital signs stable.	8/4/16



NURSING CARE RECORD

Date: 05/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote Health Hygiene		→ Assessed child condition → Vitals monitoring → encourage oral & Hand Hygiene	Maintained Health Hygiene	Reassessment done	Deepa
Afternoon	2pm	Ensure Safety.		→ Assess the child condition → monitoring vital signs → Bed in low lying position	Prevent fall injury	Reassessment done	Deepa
Night	8pm	Maintain good nutritional status	9pm	→ Assess the child's condition. → I/O Chart maintain → encourage oral fluids	Maintained good nutritional status	Reassessment done	Deepa



NURSING CARE RECORD

Date: 6/2/20

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	7:30 am	maintain personal status	8 am	Encouraged to take oral	Evaluate input & output	Child stable	01830
Afternoon	2pm	Maintain personal hygiene		→ Assess the baby → provide proper hand washing techniques	Maintained personal hygiene	Re-assessment done	
Night	8pm	→ To maintain Nutritional status		→ To encourage high rich diet.	To improve Nutritional status	Two clear blood signs stable.	

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies None Known

Drug Allergies		SIGNATURE							
DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
		Receiving notes							
1/7/26	11:50 PM	child received from Dr to ortho floor for x2 casting, while receiving child is conscious, oriented and alert. GCS-15/15, RR 20/min, HR 110/min. child is alert and playful no pain or tenderness	R. Jay 02/14/26						
	12:00 AM	vitals checked and recorded all are hemodynamically stable	R. Jay 02/14/26						
		<table border="1"><tr><td>Q</td><td>PP</td><td>RR</td></tr><tr><td>118</td><td>118</td><td>20/min</td></tr></table>	Q	PP	RR	118	118	20/min	
Q	PP	RR							
118	118	20/min							
	12:00 AM	one medication given as per the drug chart	R. Jay 02/14/26						
	1:00 PM	one medication given as per the drug chart							
	2:00 PM	child kept well, no specific complaints							
	4:00 PM	vitals checked and recorded all are hemodynamically stable	R. Jay 02/14/26						
		<table border="1"><tr><td>Q</td><td>PP</td><td>RR</td></tr><tr><td>118</td><td>118</td><td>20/min</td></tr></table>	Q	PP	RR	118	118	20/min	
Q	PP	RR							
118	118	20/min							
	6:00 PM	one medication given as per drug chart	R. Jay 02/14/26						
	7:00 PM	strict NPO chart maintained							
	7:30 PM	child details handed over to coming duty staff nurse							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
21/12/26	7 ³⁰ am	The child details handing over. taken from night duty to morning duty. The child is conscious and oriented. Ix lie present. no pain, no swellings. Ix lie pattern.	na/01/2027						
	8am	Vital signs are checked and recorded. vital are stable.	na/01/2027						
		<table border="1"> <tr> <td>CP</td><td>PP</td><td>RT</td></tr> <tr> <td>TT</td><td>TT</td><td>CSA</td></tr> </table>	CP	PP	RT	TT	TT	CSA	na/01/2027
CP	PP	RT							
TT	TT	CSA							
	10am	Due medication was given. as per doctor's order.	na/01/2027						
	10am	Dr. Yuvraj sir seen by a child for a CECT and child on npo. to start Ix F Dns 25ml 12 Ix ora followed	na/01/2027						
	12pm	Vital signs are checked and recorded. vital are stable.	na/01/2027						
		<table border="1"> <tr> <td>CP</td><td>PP</td><td>RT</td></tr> <tr> <td>TT</td><td>TT</td><td>CSA</td></tr> </table>	CP	PP	RT	TT	TT	CSA	na/01/2027
CP	PP	RT							
TT	TT	CSA							
	1:30pm	No chart maintained. child handing over given to evening duty staff.	na/01/2027						
	1:30pm	child on CECT scan sent on sedation. D. nitro 2, Ix/kefuro, D. predni D. cipro given under monitoring. Bas approached well.	na/01/2027						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES



☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continued	
	2p	CG CT was done @ 2.5 l/min on flow via face mask. child co-operated well.	ng / 01/20/21
	3pm	oral contrast was done. under monitoring CG CT was done child co-operated well.	ng / 01/20/21
	3 ³⁰ pm	Evening duty Notes on 2/2/26 The child details handed over taken from the morning duty staff. The child is conscious and active. In fluids 0.9% NaCl @ 2ml/kg of flow.	Apw / 01/20/20
	4pm	vitals are checked and recorded temp is normal PP / ++ CP / ++ CRT / COS	
	5pm	Dr. Dhinesh Balaji's rounds was done adv to receive PRBC @ 2U FFP @ 1U & to get Anesthetic fitness procedure tomorrow VATS & proceed	Apw / 01/20/20
	6pm	Administer the medication as per doctor's orders	
	6.40pm	Dr. Rangitha's rounds was done	
	7.30pm	The child details handed over given to night duty staff.	Apw / 01/20/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<i>Night duty Notes.</i>	
2/7/20	7.30pm	The child details handing over taken from evening duty staff. Child is conscious. IV line presents patency.	
	8pm	Vital Signs checked & Recorded Vitals are stable CPPPCRT ++++43sec	Baluy/020685
	9.15pm	Temp: 99.9°F Temperature checked. Temp: 100.2°F	Baluy/020685
	10.30pm	Syp Pl20mg - 5ml given Temperature rechecked.	Baluy/020685
3/7	12AM	Temp: 98°F Vital Signs checked & Recorded Vitals are stable CPPPCRT ++++43sec	Baluy/020685
	2am	Taj. Xone - 400mg given Taj. Linezolid 800mg given as per drug chart	Baluy/020685
	3.50AM	Temperature checked & Recorded Temp: 102.2°F. Informed to Dr. Deepak Sir. Advised to give Syp. Pl20mg - 5ml given Vital Signs checked & Recorded Vitals are stable.	Baluy/020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D (F)
 Dr. KARTHIK NARAYANAN R



NURSES NOTES

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Your Right to a Safe Delivery

☒ No KNOWN Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue notes	
3/7		CP PP CRT ++ ++ 43cc →	Balraj 02/06/25
	5.30am	Temperature rechecked. Temp: 98.7°F. child NPO →	Balraj
		from 5am. IVF 0.9% DNS 500ml 25ml/hr on flow →	Balraj 02/06/25
	6am	I/O chart maintained. Today plan VATS & Thoracotomy @ 11am →	Balraj 02/06/25
	7.30am	The child details handing over given to morning duty Staff →	Balraj 02/06/25
		Morning Duty notes:- child details	
	7.30 am	handing over taken from night duty staff. child conscious & oriented child activity are good. IV line @ no swelling & pain IVF-DNS 25ml/hr	Jay 02/06/25
	8.00 am	Vital signs checked & recorded vitals are stable now CP PP CRT ++ ++ 2cc	Jay
	10.00 am	Due medication are given as per drug chart order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☐ Drug Allergies Nil

[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker



NURSES NOTES

- ☐
- No Known Drug Allergies

- ☐
- Drug Allergies

[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

IP18-00036277

01-04-2024

2Y3M2D

(F)

Dr. KARTHIK NARAYANAN R



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Hospital**
It takes a lot to treat the little.



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies☒ Drug Allergies

N/C

[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26	7:30 pm	Night duty on 3/7/26. child handover given to evening duty staff. ISBAR followed. while receiving the child is on RA, MCS-15/15, PR-2+, CRT C3 pupils reacting to light both. on oral tips of water, (RT) don ICD present, blood drainage presentation on diaper, abdomen soft. pp line present, on ECV 0.9% DNS-30ml/hr outflow. →	Raj/010304.
	10pm	child is active and alert, passed stool and urine, abdomen soft. →	Raj/010304.
	12Am	All due medicines given on Pee charted. →	Raj/010304.
	2Am	One medication given. Temp- 99°F marked. Pain score 1/10. →	Raj/010304.
	4Am	All morning routine care given to the child. →	Raj/010304.
	6Am	ICD care given - bowel drain. →	Raj/010304.
	8Am	child handover given to morning duty staff. ISBAR followed. (late entry:) 3Am → Pain reassessment done, Pain score-0/10. →	Raj/010304.

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NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies

Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/20	8 AM	Morning duty on 4/7/20. Child handover taken from night duty S/Dt Rajesh. PSBAR method followed. Child w on RO, Gcs - 15/15, PR = (T), CRT = < 3 sec. Pupils reacting to light both. on oral Diet soft diet. pupils reacting to light Rt eye = 2+, Lt eye = 2+, 20 G Rt ICD present, Today morning drain serum bag emptied = 60ml. Abdomen soft, on diaper, One IV line present pattern (T), on IVF 0.9% DNS 30ml/hr.	M. Vals 021584.
	9 AM	Vitals monitored and recorded child Wake up and alert and conscious	M. Vals 021584.
	10 AM	Due Medication given as per drug chart. Vitals monitored and recorded	M. Vals 021584.
	10:30 AM	Dr. Nataraj sir visited the child and advised to give protein rich diet	M. Vals 021584.
	11 AM	Vitals monitored and recorded	M. Vals 021584.

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
04/12/26	12 pm	Vitals monitored and recorded. Due Medication given as per drug chart - Vitals monitored and recorded	M. Visher 04/12/26
	12:30 pm	Dr. Mandhaini man visited the child and advised to shift to ward - and start chest physio and PCD Care	M. Visher 04/12/26
	1:00 pm	Vitals monitored and recorded.	M. Visher 04/12/26
	1:30 pm	Vitals checked. Child details handing over given to Evening duty Staff Nurse	M. Visher 04/12/26
4/12/26	8 pm	Evening duty on 4/12/26 Child hand over from morning duty staff. Child is on Room A/C. GCS/SLIS, PR-24, CAT - Uses Rapids etc. equally reacting. 24H, ICD present 24 once again. Dyspnoea - BD, ROS - OD Vitals are stable. Child plan forward shift.	
	8 pm	Child shift forward	Handed over

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NURSES NOTES

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☐ Drug Allergies

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Received notes →	
4/7	4:00 pm	→ Child Received by PICU to 5th floor	1/ 01934
		→ Child was conscious and oriented child was active & alert, Temp 100.4, PaO ₂ 100, SpO ₂ 100	01934
		→ New IV line inserted by s/w Dhavalakshmi	
		→ Int - 0.9% NaCl (one liter) is connected	01934
	11:30 pm	→ Dr Divesh Balaji S.D. saw the patient and gave advice to attend to the advice to CBL, CFP on Monday and Chest physiotherapy and High protein diet	01934
	12:30 pm	→ vitals all checked and vitals are stable	
		level reduced	
	6pm	Due medications at 6pm day chit done	01934
	7pm	→ Maintaining feeds & Sept 8	
	7:30 pm	→ Child detail handling and gain to night duty s/w	01934

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/18/26	7:20pm	Night duty The child hand over room evening duty staff. child is conscious oriented IV line is present, child is under room air. ICD main is present.	S. Amish 01/26
	8:00pm	The child vital / PP / CP / JCR signs clearly record TT TT	
	10pm	The child is no any other complaints.	S. Amish 01/26
	12:00am	The child vital signs / PP / CP / JCR clearly record TT TT Due Medication is given as per drug chart maintained by document. The child is sleeping is well child is no any other complaints. IV line is patent. The child is fever 100.6 ultram to chondrololela main advice to initiate fentanyl is given.	S. Amish 01/26
	1:00pm	The child record 7. 100.4 fever is reduced, ICD main is present.	S. Amish 01/26

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/11/24	4:00am	→ The child near PP / CP / CR Sign deeply recorded / TT / TT / 23x	
	6:00am	→ Our medication is given as per drug chart maintained by doctor.	S. H. / 01/11
		→ The child is morning care is given	
		→ The child's diet chart maintained by doctor	S. H. / 01/11
	7:30am	→ The child has a over from mom's duty staff.	J. H. / 01/11
		Morning duty on 5/11/24.	
	7:30am	The child handling over taken from night duty staff child conscious & oriented. child activity are good. On line no swelling & pain.	
	8:00 am	Vital signs checked & recorded Vitals are stable now	
		CP / PP / CR TT / TT / 23x	
		Our medication are given as per drug chart order.	
	10:00 am	Child stable no special complaints & chart maintained.	J. H. / 02/01/24

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/21	12pm	Vital signs checked & recorded vital are stable now CP / PP / CRT IT / IT / 22k	
		Pls chart maintenance	Joney 02/09/21
	12pm	Dr. Chhabra seen by child advised by tomorrow CBC, CRP, plan Rebin removal & physio TLO	
	1:30 pm	Handing over given to evening duty staff nurse	Joney 02/09/21
	1:30 pm	Evening duty → → Child detail regarding over taken by morning duty SL	
5/7		→ child was active & alert conscious and oriented child feeding pattern	Sim 01/9/21
	2pm	→ Dr Katteric saw the child and gave advice to attendees Doctd advice to attendees Doctd advice to chest physiotherapy TDS and high protein diet and FED Removal plan tomorrow and CBC, CRP tomorrow FED clamps at evening	Sim 01/9/21

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Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/2	8:18 pm	- Child had complaint of Cough & fever. Informing to Dr. Nephro. Doctor advised to give Mucolyte 0.6 ml TDS.	Sun 01/9/24
	9 pm	- Mucolyte 0.6 ml at given as per day Chart entry	
	4 pm	-> vitals are checked and Recorded vitals are stable	Raj 01/9/24
	6 pm	-> Due Medication at given as per day Chart entry	
	7 pm	-> Due Medication at given as per day Chart entry	Raj 01/9/24
	7:30 pm	-> Child detail Handing over given to Night duty	
5/2	7:30 pm	Night duty -> The child hand over from evening duty staff. Child is conscious oriented IV line is patent. ICD trace is present.	S. Anand 01/9/24
	8:00 pm	-> The child vital signs deeply recovered.	
	10:00 pm	-> The child is stable. Child is no any other complaints	S. Anand 01/9/24
5/2	12:00 am	-> The child vital / PP / CO / CRT signs deeply recovered	

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7	2:00am	One Medication is given as per drug chart maintain document.	
	4:00am	The child vital / PP/CP per sign clearly recorded	
	6:00am	One Medication is given as per drug chart maintain document.	
		The child No chart maintain document.	
	7:00am	One Medication is given as per drug chart maintain document.	
		The child is morning is can. Drain output ni	
6/7	7:30 am	The child hand over room morning duty	
		← relieving duty →	
	7:30 am	-) child detail handing over take by Night duty SW	
		-) child was conscious and directed child was active & alert in the patient. ICD down dump done by 7:45am	
	8:00am	Vitals are checked and recorded vitals as per chart	
		Time / CRP / CP / PP /	
		130 / 12 / 12	

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NURSES NOTES

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Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7		→ Nicotyls drops as given as per day sheet 10 day	Signature 219346
	10am	→ All medication as given as per day sheet 10 day	Signature 019346
	11.30 am	→ Dr. Kartik Sir saw the child and gave advice to attend doctor advice to repeat chest x-ray plan to remove Icn play after surgery team reviewed and all inj-antibiotics changed to oral tomorrow	Signature 019346
	12pm	→ vitals are checked and recorded vitals are stable	Signature 019346
		→ X-Ray done Scaled to Dr. Dinesh Sir, Dr. Yuvraj Sir Dr. Kartik Sir	Signature 019346
	4pm	→ Maintaining feeds & fluids → Physiotherapy done	
	1.30 pm	→ Child detail handing over given to Evening Duties	Signature 219346

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NURSES NOTES

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nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
		Evening duty.							
1/5/22	1:30pm	child details handover taken from the the morning duty staff. child was conscious & oriented.	Shub over						
	2pm	Dr line patan child was stable no other complaints							
	3pm	Dr line patan. Dr. Dinesh s/o see the child. s/o removed DOD drain. child was stable.	Shub over						
	4pm	check the vital signs. Vitals are the stable. no fever spike.	Shub over						
		<table border="1"><tr><td>CP</td><td>PP</td><td>CR</td></tr><tr><td>11</td><td>11</td><td>100</td></tr></table>	CP	PP	CR	11	11	100	
CP	PP	CR							
11	11	100							
	6pm	Due medication as given per the drug chart order.	Shub over						
	7pm	monitor I/O chart. no other complaints. Due medication as given as per the order.	Shub over						
	7:30pm	child details handover given to the night duty staff	Shub over						

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8

NURSES NOTES

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☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/4	7:30pm	Night duty → The child hand over room evening duty staff. child consciously oriented. IV line is present.	S. Anubh 01/08/24
	8:00pm	→ The child vital PP CP CRT sign duty record. TT TT Dose	
	10:00pm	→ The child is no any other complaints	
7/4	12:00am	→ The child vital PP CP CRT sign duty record. TT TT Dose → per Medication is given as per drug chart maintain by document	S. Anubh 01/08/24
	2:00am	→ The patient is sleeping is well. The patient is no any other complaints	S. Anubh 01/08/24
	4:00am	→ The child vital sign PP CP CRT duty record. TT TT Dose	
	6:00am	→ per Medication is given as per drug chart maintain by document → The child to check Mauley document. per Medication is given as per drug chart maintain by document	S. Anubh 01/08/24
	7:30am	→ The child hand over room morning duty staff	S. Anubh 01/08/24

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Patient Sticker

NURSES NOTES



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[illegible]

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Patient's Name:.....

MRD NO:.....

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 0 D
Dr. KARTHIK NARAYANAN R

Age :

1 M O F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

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

Phlebitis score:

CANNULA 2

Date :

Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
3/7/26	12:10p	☐ Yes ☒ No	☐ Yes ☒ No	obs	R
	1:00pm	☐ Yes ☒ No	☐ Yes ☒ No	obs	R
	3:00pm	☐ Yes ☒ No	☐ Yes ☒ No	Patient	R
	5:00pm	☐ Yes ☒ No	☐ Yes ☒ No	Patient	R
	7:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
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	1:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	3:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	5:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	7:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	9:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	11:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	1:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	3:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	5:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	7:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	9:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	11:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	1:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	3:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	5:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	7:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	9:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	11:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	1:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	3:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	5:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	7:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	9:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	11:00pm	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	1:00am	☐ Yes ☒ No	☐ Yes ☒ No	parent	201304
	3:00am	☐ Yes			

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.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : 4/07/26

Time: 6:30 pm

Location : (R) Metacarpal

Size : 24 4

Cannula inserted by : SM1 : Dhana Lakshmi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/7/1	8pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
4/7/1	10pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
4/7/1	12am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	2am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	4am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	6am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	8am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	10am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
6/7/1	12am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	2am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	4am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	6am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	8am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	10am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
8/7/1	12am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	2am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q
	4am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Q

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

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 :

[illegible]

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 TREATMENT RESITE / REMOVE CANNULA



THE HUMPTY DUMPTY SCALE

N M E N M

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	11/7/24	11/7/24	11/7/24	11/7/24	11/7/24
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	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	1/16	1/16	1/16	1/16
Total			16	1/16	1/16	1/16	1/16

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		NA	NA	NA	✓	✓
Other Intervention(s) Specify		NA	NA	NA	✓	✓
Nurse's Name:		Seena	NISHA	Aritha	Balaji	Jathiga
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		11/7/24	2/7	2/7	2/7	2/7
Time:		11:30pm	2pm	2pm	8pm	3pm

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 2 D

Dr. KARTHIK NARAYANAN R

(F)



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	3/7/26	3/7	4/1	4/3	4/4
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3		3	3	3	
	Forget Limitations	2					
	Oriented to own ability	1	1				1
	History of Falls or Infant-Toddler Placed in Bed	4		4	4	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	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			13	12	11	12	13

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		X	X	X	X	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		X	X	X	X	NA
Wheel chair support		X	X	X	X	NA
Other Intervention(s) Specify						
Nurse's Name:		Rajesh	Vish	Shah	Shah	Shah
Signature:		Rajesh	Vish	Shah	Shah	Shah
Date:		3/7/26	3/7/26	4/7/26	4/7/26	4/7/26
Time:		2:27pm	4:30pm	4:30pm	4:30pm	4:30pm

THE HUND : JUMP

PARAMETER		UNIT	
Age	1	Year	1
	2	Month	1
Gender	1	Male	1
	2	Female	1
Height	1	cm	1
	2	in	1
Weight	1	kg	1
	2	lb	1
Cognitive	1	Test	1
	2	Score	1
Environmental	1	Factor	1
	2	Value	1
Response to	1	Stimulus	1
	2	Reaction	1
Medical	1	History	1
	2	Examination	1
Intervention	1	Procedure	1
	2	Outcome	1

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2



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE	F DATE	N DATE	H DATE	P DATE
Age	Less than 3 years old	4	5/17	5/17	6/17	6/17	6/17
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	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			14	14	14	14	14

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Jalaja	S. Nisha	ART	ART	S. Nisha
Signature:		Jalaja	S. Nisha	ART	ART	S. Nisha
Date:		5/17	5/17	5/17	6/17	6/17
Time:		2pm	2pm	2pm	2pm	2pm

BRADEN 'Q' SCALE

(for Paediatric use)

 Patient Name: **GUC-00093302** IP18-00036277
Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D (F)
 Dr. KARTHIK NARAYANAN R

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.	4.1 Makes major and frequent changes in position without assistance.
'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.
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.
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.
FRICITION-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.
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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.
TOTAL SCORE				27
Evaluator's Name				Dr. K. N. Narayanan

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

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name :

Age..... Gender : ☐ M ☐ F IP No. :

GUU-00093302 IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 1 D (F)

Dr. KARTHIK NARAYANAN R

3RD-Q/NSG/04.



					Date :	3/12	3/12	3/17	4/7
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 through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	2	2	2
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	3	4	4
Highest Risk : 7 High Risk : 8-16 Mild Risk : 17-21 No Risk : 22-28					TOTAL SCORE	24	25	27	27
					Evaluator's Name	Jay	Raj	Ran	Vish

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BRADEN 'Q' SCALE

(for Paediatric use)



Patient Name :
Age :
Gender :

GUC-00093302
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 3 D
D. KARTHIK NARAYANAN R
IP18-00036277
BRD-Q/NSG/04

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.
'Activity The degree of physical activity'	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate: OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.
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.
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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.
Nutritional Usual food intake pattern	1. Very Poor: NP/O 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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TOTAL SCORE	21	4	4	4	4
Evaluator's Name	Dr. Kartik Narayanan R				

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

GUC-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 3 D (F)
 Dr. KARTHIK NARAYANAN R



BRADEN 'Q' SCALE

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

BirthRight[™]
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	5/4	6/7	6/7	6/7
					Time :	8pm	8pm	2pm	2pm
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
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TOTAL SCORE						28	28	28	28
Evaluator's Name						8/12/24	24	24	24

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	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 3 D (F)

Dr. KARTHIK NARAYANAN R



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7/26	6pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
3/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
3/7/26	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
4/7/26	12Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Raj 01/03/04
4/7/26	2Am	1/10	8x site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Combat position	Raj 01/03/04
4/7/26	3Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
4/7/26	5Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
4/7/26	7Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
4/7/26	10Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Raj 01/03/04
4/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Raj 01/03/04

Re-assessment Frequency:

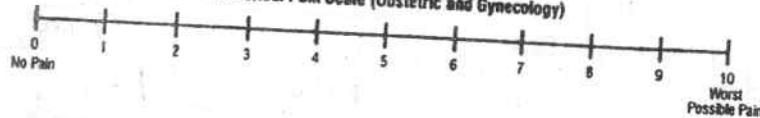
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		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

Wong - Baker (Pediatrics) Above 7 Years





2

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/12/24	2am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	S. Prof 2/25
5/12/24	6am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Jay 2/25
5/7/24	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NPI	N. Prof 6/7/41
6/12/24	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	S. Prof 2/25
6/17/24	2am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	S. Prof 2/25
6/17	5am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	S. Prof 2/25
6/17	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NPI	S. Prof 6/7/41
6/17	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	S. Prof 2/25
7/7	2am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	S. Prof 2/25
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

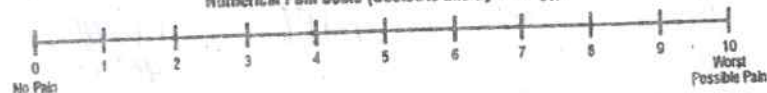
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

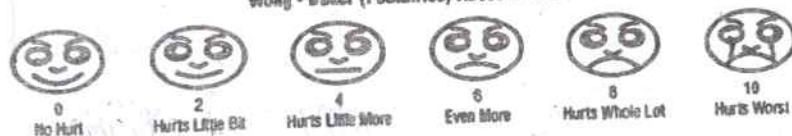
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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Wong - Baker (Faces) Above 7 Years



PATIENT TRANSFER FORM

GUC-00093302 IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 3 D (F)

Dr. KARTHIK NARAYANAN R



Date & Time of Admission <i>3/7/26 @ 1:40 PM</i>		Date & Time of Transfer Order <i>4/7/26 @ 3:15 PM</i>
Treating Consultant Name <i>Dr. Karthik</i>	Transfer Ordered by <i>Dr. Karthik</i>	Reason for Transfer <i>Patient management</i>
From Unit <i>PICU</i>	To Unit <i>5th floor (S08)</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>2p file - 1</i>	Number of Imaging Films <i>Xray - 1 CT film - 1</i>	Personal belongings including clinical documents. If any handed over to attendant - Yes ☐ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring <i>[Signature]</i>		Name of Person Ordered Transfer <i>A. Srinivas 14600</i>
Patient & Clinical Records Received by : <i>[Signature]</i> <i>019346</i>		
Date & Time of Patient Received : <i>[Signature]</i> <i>4/7/26 4:30 PM</i>		

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

10/10/10

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D (F)
Dr. KARTHIK NARAYANAN R



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Part - I.

Patient's / Learner Language: English Patient / Learner Literacy: ☐ Read ☒ Write ☐ Speak

Willingness to Learn: ☒ Yes ☐ No

Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|-----------------------|--|---------------------------------|---|
| 1. Diagnosis | Plan | 6. Discharge Medication | 10. Fall Risk Education |
| 2. Treatment and Care | 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| | 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 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		
2/7/26	12 AM	Ongoing case	Appraised about the importance of ongoing cases	Mother none	none	oral	Respect values	Verbalizes understanding	Good	Rf
2/7/26	8 AM	Treatment & care	explained about treatment & care	Mother	none	oral	Respect values	Verbalizes understanding	good	df
4/7/26	2 PM	Plan case	Explained about the main aim the personal hygiene	Mother	none	oral	Respect values	Verbalizes understanding	Good	df

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

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

Mechanism/s to overcome barrier/s:

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

Understanding:

1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient Name: John Doe Date: 10/15/2023
 Referring Physician: Dr. Smith Location: Room 101
 Referral: For patient education regarding diabetes management
 Date of Referral: 10/15/2023 Referral Source: Endocrinology

Topic	Discipline	Education Provided	Family Understanding	Family Action Plan
Diabetes Management	Endocrinology	Reviewed blood sugar logs, discussed insulin administration techniques, and reviewed dietary guidelines.	Family understands the importance of consistent blood sugar monitoring and insulin administration.	Family will continue to monitor blood sugar levels daily and administer insulin as prescribed.
Diabetes Management	Nutrition	Reviewed carbohydrate counting principles and provided resources for meal planning.	Family understands the relationship between food intake and blood sugar levels.	Family will use the provided resources to plan meals and maintain a balanced diet.
Diabetes Management	Exercise	Reviewed safe exercise guidelines for patients with diabetes.	Family understands the benefits of regular physical activity for blood sugar control.	Family will encourage the patient to engage in regular, safe exercise.

Date of Education: 10/15/2023 Location: Room 101
 Educator: Dr. Smith Family Signature: [Signature]
 Patient Signature: [Signature] Date: 10/15/2023

ANNAI TERESA BLOOD BANK & APHERESIS CENTRE

(Run by Little Roses Trust)

LICENCE No.: 506/28C

No.946, 1st Floor, Bazaar Road, Ram Nagar (South) Madipakkam, Chennai - 91. Ph.: 044-22580803, 48616108
Mobile : 9840143108, 9840333108 E.mail : annaiteresabloodbank@gmail.com web : www.annaiteresabloodbank.com

COMPATIBILITY REPORT

Patient's Name: BLO YOGA DEEKSHA Age: 2 yrs Sex: —

Patient's Blood Group & Rh Typing: OPOS IP No: — Ward: —

Hospital Name: Rainbow Hospital (G.V.C.)

Bag Blood Group & Rh Typing: OPOS DATE: 3.7.26 TIME: —

S.No.	BAG NUMBER	COMPONENTS	DATE OF COLLECTION	DATE OF EXPIRY	SEG.No.
1	2819	DRBC	2.7.2026	13.8.26	MD069742
2	2779	FFP	27.6.26	27.6.27	25L212050

Major X Matching : Saline / Alb / AHG / Column (Gel)

Minor X Matching : Saline / Alb / AHG / Column (Gel)

COMPATIBLE

Dr. C. G. GENCE, MBBS

Medical Officer

s Matched by [Signature]

Checked by

OF INTEREST

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PRESCRIPTION FORM FOR SCHEDULE X DRUGS

Date : 02-07-2026

Patient Name : YOGA DEEKSHA Age : 2 yrs Gender : M ☐ F ☒

UHID / IP No : 00036277 Ward : PEDIATRIC WARD

Treating Doctor's Name : DR. KARTHIK NARAYANAN Reg. No : 56781

Sl. No.	Drug Name	Qty.
1	Inj - Ketamine 2 ml	1

Others if any :

Prescribing Doctor:

Signature :

Name : DR. S. MAHALAKSHMI

Date & Time : 02/07/2026, 12:45PM

Issued by (Pharmacist):

Signature :

Name : 21/1/26 1:10PM

Date & Time :

Note : Please fill all the fields. All fields are mandatory. Incomplete forms can be rejected.

FOR OFFICIAL USE ONLY

UNITED STATES GOVERNMENT

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

REPORT NUMBER

DATE

AUTHOR

TITLE

PERFORMING ORGANIZATION

REPORT NUMBER

DATE

AUTHOR

TITLE

PERFORMING ORGANIZATION

REPORT NUMBER

DATE

AUTHOR

TITLE

PERFORMING ORGANIZATION

GUC-00093302

IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024

2 Y 3 M 2 D

(F)

Dr. KARTHIK NARAYANAN R



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BED SIDE CHECK LIST FOR NURSES

Date:	E	N	M	F					
Doctor's Orders	3/1/26 Followed	3/1/26 Yes	3/1/26 Yes	4/7/26 Yes					
Carried out or not	Carried out	Yes	Yes	Yes					
Bed Side									
Structured Handover done	Yes	Yes	Yes	Yes					
IV Site	Yes	Yes	Yes	Yes					
Central Lines	No	No	No	No					
Arterial Lines	No	No	No	No					
Feeding Catheter	No	No	No	No					
Urinary Catheter	No	No	No	No					
Skin Care	Yes	Yes	Yes	Yes					
Eye Care	Yes	Yes	Yes	Yes					
Mouth Care	Yes	Yes	Yes	Yes					
Sterillum Bottle, Stethoscope	Yes	Yes	Yes	Yes					
Suction Bottle (Should be clean & empty)	Yes	Yes	Yes	Yes					
Intubation Tray	No	No	No	No					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	No	No	No	No					
Ventilator Tubing, (Any Water, Blood)	No	No	No	No					
Humidification	No	No	No	No					
Check all Infusion (Labelling, Correct Preparation)	Yes	Yes	Yes	Yes					
Chest Physio & Neb	No	No	No	No					
Handed Over By Name :	Karthik	Rajesh	Vishu	Nishu					
Signature :	Karthik	Rajesh	Vishu	Nishu					
Date & Time:	3/1/26 2:30 PM	3/1/26 2:30 PM	3/1/26 2:30 PM	4/7/26 4:30 PM					
Hand Over Taken By Name :	Rajesh	Vishu							
Signature :	Rajesh	Vishu							
Date & Time:	3/1/26 2:30 PM	3/1/26 2:30 PM							

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 0 D (F)
Dr. KARTHIK NARAYANAN R



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BirthRight[®]
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Your Right to a Safe Delivery

RBS CHART.

[illegible]



Patient Name	Baby YOGA DEEKSHA S	Patient Ph.No	9003515624
Age	2 Y 3 M 1 D	Requisition No	R2618-008844
Gender	Female	Collected on	02-07-2026 10:44 PM
IP / Bill No.	IP18-00036277	Received On	03-07-2026 02:03 AM
UHID No.	GUC-00093302	Reported On	03-07-2026 02:06 AM
Ref. Doctor	KARTHIK NARAYANAN R	Ward / Bed No	

CECT - CHEST

CT study of chest was performed in helical mode with contrast.

FINDINGS:

The lung parenchyma appears normal in attenuation pattern.

The trachea and major bronchi are patent.

A well-defined thick-walled hypodense cystic lesion with an internal air-fluid level is seen in the left upper lobe extending into the lingular segment, with pleural attachment, measuring approximately 51 x 44 x 50 mm. The lesion demonstrates peripheral post-contrast wall enhancement, with maximum wall thickness of approximately 3 mm. No calcification, fat component, or internal enhancing solid component is identified. No obvious communication with the tracheobronchial tree is seen. The lesion causes displacement of the adjacent left upper and lower lobe bronchi and is closely related to the adjacent bronchi.

The thoracic aorta and its branches are normal. The lesion lies in close proximity to the pericardium with mild indentation over the pericardium, without evidence of vascular invasion.

The main pulmonary artery and its branches are normal. The cystic lesion is in close apposition to the left upper and lower lobe pulmonary arteries and the left main pulmonary vein.

The right and left brachiocephalic trunks and the superior vena cava are normal.

Print Date/Time : 03-07-2026 02:03 AM

Printed By : SURIYA N

Page: 1 of 3

*Note: Clinically correlate , Kindly discuss if necessary***Rainbow Children's Medicare Limited****CHENNAI** : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015**SHOLINGANALLUR** : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

For Appointments call: 1800 2122

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in



Patient Name	Baby YOGA DEEKSHA S	Patient Ph.No	9003515624
Age	2 Y 3 M 1 D	Requisition No	R2618-008844
Gender	Female	Collected on	02-07-2026 10:44 PM
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UHID No.	GUC-00093302	Reported On	03-07-2026 02:06 AM
Ref. Doctor	KARTHIK NARAYANAN R	Ward / Bed No	

In addition to the above-described cavitory/cystic lesion, multiple thin linear atelectatic bands are present in the left upper and left lower lobes. The remaining visualized lung parenchyma shows no focal air-space consolidation or diffuse interstitial abnormality.

Mild to moderate left pleural effusion is present. The lesion is pleural based/pleurally attached and appears fixed to the left major fissure. No pleural nodularity or pleural thickening is seen elsewhere.

No significant hilar or mediastinal lymphadenopathy is present.

The thoracic esophagus is normal in caliber without mural thickening. No spillage of oral contrast into the lesion is seen, and no obvious communication with the esophagus is identified. The gastroesophageal junction is normal.

No obvious bony erosion is seen in the visualized thoracic cage.

Print Date/Time : 03-07-2026 02:03 AM

Printed By : SURIYA N

Page: 2 of 3

Note: Clinically correlate , Kindly discuss if necessary**Rainbow Children's Medicare Limited****CHENNAI** : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015**SHOLINGANALLUR** : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

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Patient Name	Baby YOGA DEEKSHA S	Patient Ph.No	9003515624
Age	2 Y 3 M 1 D	Requisition No	R2618-008844
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IP / Bill No.	IP18-00036277	Received On	03-07-2026 02:03 AM
UHID No.	GUC-00093302	Reported On	03-07-2026 02:06 AM
Ref. Doctor	KARTHIK NARAYANAN R	Ward / Bed No	

Impression

Well-defined thick-walled peripherally enhancing hypodense cystic lesion with internal air-fluid level in the left upper lobe extending into the lingular segments described above.

Associated mass effect on the adjacent left upper and lower lobe bronchi, with close proximity to the left pulmonary arteries, left main pulmonary vein, and pericardium causing mild pericardial indentation, without obvious bony erosion.

- Possibility of infected CPAM / abscess to be considered.

Mild to moderate left pleural effusion with associated thin linear atelectatic changes in the left upper and lower lobes.

Please correlate clinically.

Dr. PRASANNA KUMARAVEL

MBBS, MDRD
Reg No: 92729

Rainbow Children's Medicare Limited

CHENNAI : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015

SHOLINGANALLUR : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

PRE - OPERATIVE CHECK LIST

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Date: 2/2/26

Patient's Name: BABY. YOGA DEEKSHA Age: 24 Gender: ☐ M ☒ F
Blood Group: UHID: 93302
Planned Surgery: VATS AND PROCEED Surgeon: DR. DHINESH BALAJI
Anaesthetist: Date & Time of Operation: 2/2/26

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	YES	NO	NA
1.	Weight checked and recorded?	☒	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☒	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☒	☐	☐
4.	Enema given / Bowel Preparation	☒	☐	☐
5.	Remove all ornaments, etc and sterile gown given	☒	☐	☐
6.	Is Blood arranged as required?	☒	☐	☐
7.	If Blood has been ordered - is Blood bag ready?	☒	☐	☐
8.	IV Cannula to be placed / IV fluids if Indicated	☒	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☒	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☒	☐	☐
11.	Skin Preparation	☒	☐	☐
12.	Site is marked	☒	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☒	☐	☐
14.	Implants are available	☒	☐	☐
15.	Equipment is available	☒	☐	☐
16.	Other (if any)	☐	☒	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance taken

Billing Executive Name: Delli Balu C Nurse In-Charge Name: Aritha Lakshmi

Billing Executive Signature: C. Delli Balu C Signature of Nurse In-Charge: Aritha Lakshmi

Date & Time: 2/2/26 8:27am Date & Time: 2/2/26 8:55pm

Doc. No. : RCH / FRM / CLINICAL / 107



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : YOGA DEEKSHA Gender: ☐ Male ☐ Female Age :

UHID No : Date :

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

VIDEO ASSISTED THORACOSCOPY AND PROCEED

upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and/or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained about the reuse of single use device after appropriate reprocessing. If required during the surgery or procedure in consonance with good clinical practices.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Wound healing, infection, recurrence, infection, bleeding, conversion to thoracotomy

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Dhivresh Balaji J.D

Consentee :

Signature :

Name :

Date & Time :

Witness :

Signature : [Signature]

Name : Sangeetha

Date & Time : 3/7/2026 10:30

Patient Attendant :

Signature : B. Deepalakshmi

Name :

Relationship with Patient: Mother

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Dhivresh Balaji J.D

Date & Time : 02/07/2026 4:30pm

அறுவை சிகிச்சை அல்லது சிறப்பு சிகிச்சைக்கு தகவலறிந்த ஒப்புதல் படிவம்

நோயாளியின் பெயர் : வயது : பாலினம்: ஆண் ☐ பெண் ☐

UHID எண் : தேதி :

நிபந்தனைகள்:

இந்த ஒப்புதல் படிவத்தில் நோயாளி (18 வயதுக்கு மேற்பட்டவராக இருந்தால்) அல்லது நோயாளி மைனராக இருந்தால் (Minor) அல்லது தகவலறிந்து தகவலின் அடிப்படையில் முடிவு எடுக்கும் திறன் இல்லாதவராக இருந்தால், பெற்றோர் / பாதுகாவலர் கையொப்பமிடவேண்டும். இந்த தகவலை நீங்கள் பெற்றுள்ளீர்களா என்பதையும், உங்களுக்கு பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை அல்லது சிறப்பு சிகிச்சை நடைமுறைக்கு உங்கள் சம்மதத்தை அளித்துள்ளீர்களா என்பதை சரிபார்ப்பதே இந்தப் படிவத்தின் நோக்கமாகும்.

மின்வரும் செயல்பாடுகள் அல்லது சிகிச்சை நடைமுறைகளை செயல்படுத்துவதற்கு இதன்மூலம் நான் முழுஒப்புதல் அளிக்கிறேன் (மருத்துவ சுருக்கங்களைப் பயன்படுத்தவேண்டாம்/தொழில்நுட்ப சொற்களைத் தவிர்க்கவும்).

.....மேற்கொள்ளவுள்ள மருத்துவசெயல் முறைகளில் உள்ள நன்மைகள் மற்றும் இதன் தேவை காரணம் குறித்தும் எனக்கு அறிவுறுத்தப்பட்டுள்ளது. மருத்துவப்பயிற்சி என்பது ஒரு அறிவியல் மட்டுமன்றி ஒரு கலை என்பதை நான் அறிவேன், எனவே மருத்துவ சிகிச்சையின் வெற்றி அல்லது சிகிச்சையினால் குணமாகும் சாத்தியக்கூறு குறித்து எந்த உத்தரவாதமும் இல்லை அல்லது செய்யமுடியாது என்பதை ஒப்புக்கொள்கிறேன். நோயாளியின் (எனது) நிலை, பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை மற்றும் அதன் விளைவு குறித்த எனது கேள்விகளுக்கு இந்தப்படிவத்தில் அறுவை சிகிச்சை நிபுணர் கையொப்பமிடுவதற்கு முன்பே, நான் திருப்தி அடையும் வகையில் புதிலளிக்கப்பட்டுவிட்டது.

அறுவைச் சிகிச்சை அல்லது மருத்துவ நடவடிக்கையின் போது தேவையானால், நல்ல மருத்துவ நடைமுறைகளுக்கு ஏற்ப, ஒருமுறை பயன்படுத்தப்படக் கூடுகின்ற சரியான முறையில் மறுசெயலாக்கி மீண்டும் பயன்படுத்தலாம் என்பதை எனக்கு விளக்கியுள்ளனர்.

இந்த அறுவை சிகிச்சை செயல்முறையில் உள்ள அபாயங்கள் மற்றும் இதற்கு உள்ள நியாயமான மாற்று சிகிச்சைகள் மற்றும் மாற்று சிகிச்சையில் தொடர்புடைய அபாயங்கள், பக்கவிளைவுகள் மற்றும் சிகிச்சையை தொடராமல் இருப்பதால் ஏற்படக்கூடிய விளைவுகள் குறித்து எனக்கு விளக்கப்பட்டது.

.....அதனால்.....
.....நோயாளியின் பெயர்.....

மின்வரும் சிக்கல்கள் அரிதானவை என்றாலும் சாத்தியமுள்ளது என்று எனக்கு விளக்கப்பட்டது. எனவே எந்தவொரு அசம்பாவிதத்திற்கும் அறுவை சிகிச்சைநிபுணர், மயக்கமருந்து நிபுணர் அல்லது மருத்துவமனை ஊழியர்களை நான் பொறுப்பாக்கமாட்டேன்.

இந்தப்படிவத்தில் எனது கையொப்பம் கீழ்க்கண்டவற்றை குறிக்கிறது:

1. இந்தப்படிவத்தில் கொடுக்கப்பட்டுள்ள தகவல்களை நான் படித்துப் புரிந்துகொண்டேன்.
2. மேலே குறிப்பிட்ட அறுவை சிகிச்சை அல்லது சிகிச்சை செயல்முறையில் உள்ள மேற்குறிப்பிட்ட சிக்கல்கள் ஆகியவற்றோடு இதிலுள்ள அபாயங்கள், நன்மைகள் மற்றும் பிறதகவல்களை எனது மருத்துவர் எனக்குப் போதுமான அளவு விளக்கினார்.
3. எனது அறுவை சிகிச்சை நிபுணரிடம் கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு அளிக்கப்பட்டது. அறுவை சிகிச்சை அல்லது மருத்துவசெயல்முறை குறித்து நான் விரும்பும் அனைத்து தகவல்களையும் பெற்றுள்ளேன்.
4. அறுவை சிகிச்சை அல்லது மருத்துவ நடைமுறையைச் செயல்படுத்துவதற்கான ஒப்புதலை நான் வழங்குகிறேன்.

ஒப்புதல் அளிப்பவர்:

கையொப்பம்:

பெயர்:

தேதி / நேரம்:

சாட்சி:

கையொப்பம்:

பெயர்:

தேதி மற்றும் நேரம்:

நோயாளியின் பாதுகாவலர்:

கையொப்பம்:

பெயர்:

நோயாளியுடனான உறவு :

தேதி / நேரம்:

மருத்துவர் (ஒப்புதல் பெறுபவர்):

கையொப்பம்:

பெயர்:

தேதி / நேரம்:

CONSENT FOR SEDATION

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D (F)
Dr. KARTHIK NARAYANAN R

Patient Name: Gender: ☐ Male ☒ Female
UHID No: 43302 Department: Paediatrics Date: 21/12/26

I, B. Deepalakshmi S/D/W/O Sankar
Here by give consent for procedure for my patient: Yoga deeksha

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : IV Sedation
- Possible complications from the procedure of sedation:
Bradycardia / Hypotension

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : B. Deepalakshmi
Name : B. Deepalakshmi
Relationship with Patient : Mother
Date & Time : 21/12/26, 1:30 PM

Witness :

Signature : B. Ruba
Name : B. RUBA
Date & Time : 21/12/26, 1:30 PM

Doctor (who is taking the consent) :

Signature : Dr. Kartik Narayan
Name : Dr. Kartik Narayan
Date & Time : 21/12/26, 1:30 PM

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CONSENT FORM FOR ANAESTHESIA

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D (F)
Dr. KARTHIK NARAYANAN R



Patient Name : Age : Gender : Male ☐ Female ☐

UHID NO: Surgeon Name: Dr. Vandhini / Dr. Shree Balaji

Anaesthesiologist : SATHISH / MOHAN Operative procedure planned : Thyroidectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : Severe Anemia Hb = 7.9 / whege @

- Doctor to document in medical record also if necessary (Cross-out if not applicable) NEED FOR BLOOD TRANSFUSION / INTROR Support

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☒ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant : X
Signature : B. Deepalakshmi
Name : B. Deepalakshmi
Relationship with Patient : Mother
Date & Time : 2/7/26

Witness :
Signature : S. Santhi
Name : S. SANIKAR
Date & Time :

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Rajesh Kumar Date & Time : 2/7/26

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC:00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: _____ Age: _____ Sex: _____ UHID.No: _____

Date: 2/Jan Time: 7 pm Proposed Operation: VATS/Thyroid

Diagnosis: 9 Injunct CPAN / Lung Abscess

B.P / CRT: 91/76 mm Hg Weight: 7.6 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Pediatric wheezier

Laboratory Data:			
Hgb: 9.4 8.2 7.9	Glucose: _____	Protein: 7.6	HIV: _____
PCV: 30 28.9 26	Urea: 27.6	Alb: 4.4	HBS Ag: _____
WBC: 5.01 4.62 4.29	Creat: 0.36	Total Bil: 0.26	HCV: _____
Plate: 3.14 2.22 4.83	Na: 137	Dir. Bil: 0.02	Blood group: _____
PT: 13.5	K: 4.1	LDH: _____	T3: _____
PTT: 24.9	Ca++: _____	Alk phos: 213.2	T4: _____
INR: 0.96	Mg++: _____	Amylase: _____	TSH: _____
	Cl: 107/18	SGOT/SGPT: 37/11.6	

Allergies: N/A

Medical History: CVS: Atelectasis - Lungs - Onid immobility, at 2-25

RESP: Wheezing @ NO NICU @ Diabetes: _____

CNS: 6 spinal block Vaccinated @ HIT @

Renal: _____

Hepatic / GE: _____ Physical Activity: _____

Others: _____

Past Anaesthetic History: _____

Physical Exam: ☒ 1

Airway: MP 1 2 3 4 Mouth Opening: _____ Mentohyoid Distance: _____ Neck: _____ Teeth: _____

Lungs: NYM @

Heart: S2 @

CNS: _____

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: ☒ Dorsal 7-8 Spine Exam for regional: _____

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: ☐ Standard ☒ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: _____

Signature: _____ Name: Dr. Rajesh

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: C/n SuganthiTime Received: 1:40 pmTime Discharged: 1:40 pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SP0 ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: _____ ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting: ☐ Yes ☐ No Drug: _____ NG Tube: ☐ Yes ☐ No Drain: ☐ Yes ☐ No Urinary Catheter: ☐ Yes ☐ No Chest Tube: ☐ Yes ☐ No Nil Oral: ☐ Yes ☐ No IV Fluids: _____ Oral Feeds: _____

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	2				A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:	
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2					
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		10					

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/7/26	2pm	0/10	child shifted to Rev 2 support & iv-antibiotic as advised	D. Selvi 10/13/26

Pain Tool Used: ☐ N PASS ☒ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: DR. ASHWINI SAnaesthesiologist Signature: D. SelviDate & Time: 3/7/26 2pmPACU Nurse Name: S/n SuganthiPACU Nurse Signature: S. SuganthiDate & Time: 3/7/26 @ 2pm

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): S/n SuganthiDate & Time: 3/7/26 @ 2pm

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE / Spinal / Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

[illegible]

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

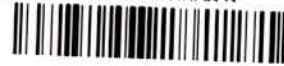
Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED	REMARKS
PREOPERATIVE			
1	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	yes	
2	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	yes	
3	Antibiotic prophylaxis given within 60mts prior to skin incision	yes	
4	Use a checklist based on the world health organization's 19 item surgical checklist to ensure adherence to best practice	yes	
INTRAOPERATIVE			
5	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	yes	
6	Maintain normothermia during the surgical procedure (>36 deg C)	yes	
POSTOPERATIVE			
7	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl		
8	Application of incisional negative pressure wound dressing		

CONSENT FOR BLOOD TRANSFUSION



GUC:-00093302 IP18-00036277
 Baby YOGA DEEKSHA S
 01-04-2024 2 Y 3 M 1 D
 Dr. KARTHIK NARAYANAN R (F)

Name:

UHID.No :



Age: Gender: Male ☐ Female ☐

Date:

- Type of Blood Product:
- | | | |
|--|---|---|
| ☐ Fresh Frozen Plasma | ☐ Packed Red Blood Cells | ☐ Random Donor Platelets |
| ☐ Cryoprecipitate | ☐ Single Donor Platelet | ☐ Whole Blood |
| ☐ Albumin | ☐ Red Blood Cell | ☐ Others |

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: B. Deepalakshmi

Name: B. Deepalakshmi

Date & Time

Doctor (Who is talking the consent)

Signature: T. Yf

Name: T. Yumary

Date & Time 3/7/26 @ 9.30AM

Witness

Signature:

Name:

Date & Time

3/7/62 T. Wany T. W. T.

(Faint handwritten notes)

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Ref. No. : F / HW / BTM / NSG / 03

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 2 D (F)
Dr. KARTHIK NARAYANAN R



Name of the patient : Baby. Yoga Deeksha UHID : 93302 I.P. No. : 36277
Age : 2yr Gender : F Department : OT Ward : OT
Blood group of the patient : O pos Blood group on the Blood bag : O pos
Blood bank issue no : 2779 Date of collection : 27.6.26 Date of expiry : 27.6.27
Date & Time of starting transfusion : 3/7/26 @ 12:20pm Planned duration of transfusion : 3/7/26 @

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12:20 pm	112	98.2°F	80/60	100%	-	-	-	-
12:50 pm	120	98.2°F	80/60	100%	-	-	-	-
1:15 pm	120	98.2°F	80/60	100%	-	-	-	-

Comments : No transfusion reaction

Nurse Name : S/n Sushila Nurse Signature : [Signature]

01 PRBC

Ref. No. : F / HW / BTM / NSG / 03

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

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Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 2 D (F)
Dr. KARTHIK NARAYANAN R



Name of the patient : Baby Yoga Deeksha UHID : 93302 I.P. No. : 36277
Age : 2 yr Gender : F Department : OT Ward : OT
Blood group of the patient : O pos Blood group on the Blood bag : O pos
Blood bank issue no : 2819 Date of collection : 2-7-2026 Date of expiry : 13-8-26
Date & Time of starting transfusion : 03/07/26 @ 12.15pm Planned duration of transfusion : 3/7/26 @

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12:15 pm	121b/m	98°F	80/40 mmHg	100%	-	-	-	-
12:30pm	122b/m	98.2°F	80/40 mmHg	99%	-	-	-	-
1:00pm	120b/m	98.2°F	80/40 mmHg	99%	-	-	-	-

Comments : no transfusion reaction

Nurse Name : S/n S. S. S. Nurse Signature : [Signature]

CONSENT FOR BLOOD TRANSFUSION

GU:00093302 IP18-00036277
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 1 D (F)
Dr. KARTHIK NARAYANAN R
Name: Age: Gender: Male ☐ Female ☐
UHID.No : Date:

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: Signature:

Name: Name:

Date & Time Date & Time

Witness

Signature:

Name:

Date & Time



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Prolonged Febrile Infection 7 days Abscess
Arrival Time: 15/2/2024 11:15 AM Mode of Arrival: Walking Admitting From: ☒ ER ☐ OPD ☐ Direct
Allergy / Adverse Reaction: Nil Body Weight: 7.6 Kg
Height: 78 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission

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: 7.6 kg Length: 78 cm Head Circumference (< 2 years): 46 cm
Temp.: 98.6 HR: 130 bpm RR: 24 bpm BP: 110/70 (98)

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

Fall Risk Assessment: ☒ Yes ☐ No Score: 100 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 15) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain: Intermittent Location: Abdomen Frequency: Intermittent Duration: Intermittent

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

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: Jean Date: 1/7/02 Time: 12:00

Signature Jean



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 11/7/26 Time of arrival: 10:25pm
 Chief Complaints: No Fever, Cough, Cold, Cough, Cough, Cough
 Height: 74.7cm Weight: 7.6kg BMI: Head Circumference (<2 years)
 RBS: 84mg/dl

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

Ambulatory Aids:

- Wheelchair
- Uses furniture for support

Gait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

Mental Status: Forgets limitations

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: 11/7/26 (Date/Time): 10:25pm

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse: 10:35pm

Time	Nursing Notes
10:25pm	ER chemo. The child chief complaints of fever, loose cold caught Doctor advised admitted to the patients vital signs checked and recorded. IV line placement done. Blood sample collected. ER shifted to the ward.

Samples collected by: S/W Subhadip
 Samples sent by: S/W Sargun

Time: 11pm
 Time: 11:05pm.

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120 BP: 98/76/50 CFT: 1250 RR: 20 SPO ₂ : 98% GCS: 15/15 Temperature: 97.2F Pain Score: 0/10 Repeat RBS (if applicable):	Shift - out from ER to: AOS Time of Shift - out: 11:50pm Handover given to: S/W Anuja (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done
 (Methicillin 2g)

Name of the Nurse: Sargun
 Date & Time: 11/7/26 at 11pm
 Signature of the Nurse: Sargun



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Kartik Narayanan

Date: 1/7/26

Type of Admission: ☐ OPD ☐ ER ☒ Referral (if referral, Doctor's Name: Dr. Sunil Raj)

Start Time of Assessment: 10.25 pm

Weight: 7.6 kgs

Allergic History: _____

Chief Complaints:

clo fever x 25 days

Pediatric Assessment Triangle

A Appearance - TICLS Alert

B Breathing ☒ Normal

C Circulation ☐ Abnormal

☐ ↑ WOB

☐ ↓ WOB

☒ Normal

☐ Gasping / Apnea

☐ Pallor ☐

☐ Cyanosis ☐

☐ Mottling ☐

☐ Bleeding ☐

Initial Physiological Status: ☒ Stable ☐ Unstable

☐ Life Threatening ☐
☐ Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No

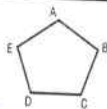
If Yes _____

Significant Past History: _____

Medication History: _____

Relevant Investigations: _____

Primary Assessment



Airway

☒ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Breathing

Rate: 25/min SpO₂ on FiO₂ RA 98%

Rhythm: regular

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: left hand led.

Palpation Findings (if necessary) _____

Any urgent interventions needed: ☐ Yes ☐ No

If Yes _____



Circulation

HR: 135/min

CFT ☐ Central ☒ Peripheral

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: 98/76 mmHg

Pulse Volume: ☐ Central ☒ Peripheral

If in Shock: ☐ Compensated ☐ Hypotensive

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span:

ECG:

Any Signs of Heart Failure: ☐ Yes ☐ No



Disability

GCS: 15/15

AVPU: Alert

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Pupils: ☒ Responsive ☐ Non-Responsive

Size: ☐ Right ☒ Left 3mm

Active Seizures: ☐ Yes ☐ No Sugars:

Signs of Neurological compromise

Exposure



Temp: 98.8°F

Any Rash: ☐ Yes ☐ No

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Final Physiological Status:

☐ Respiratory Distress

☐ Respiratory Failure

☐ Respiratory Arrest

☐ Shock - Compensated

☐ Hypotensive

☐ Cardiopulmonary Arrest

☒ Hemodynamically Stable

Secondary Assessment:

Head to toe examination with positive findings:

Labs Planned:

Mentioned inside

Treatment Planned:

As charted

Need for Oxygen: ☐ Yes ☐ No

if yes Low Flow ☐

High Flow ☐

PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary):

Assessment done by

Name of the Doctor: Dr. Karmilla

Signature: [Signature]

Date & Time: 1/7/20

10:30pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby - Yoga Deeksha Age: 2y 3m Gender: ☐ Male ☒ Female
 Date: 11/7/26 Time of Arrival: 10:25pm
 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: 96.8°F PR: 136 BP: 98/16/81 RR: 38 SpO₂: 98%
 Chief Complaints: (A fever x 2 weeks, cold cough x 2 weeks)

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	☒ Stable
☒ Normal	☐ Normal ☐ Increased	☒ Unstable:
☐ Sick Looking	☐ Decreased ☐ Gasping / Apnea	☐ Not - Life - Threatening
Circulation / Colour		☐ Life - Threatening
☒ Normal ☐ Abnormal ☐ Bleeding		

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: S. Santhosh
 Triage Completion Time: _____

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks? ☐ Yes ☒ No
- 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

- 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: _____
- 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: Sanjay

Date & Time: 11/7/26 at 10:27pm

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

Signature of Triage Nurse: Sanjay



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I S/o Mr./ Ms
hereby declare that our patient Mr. / Ms who is related to me as
..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's
Hospital on with UHID No. :

The doctors have explained to me in a language understood by me that my child has following health related
issues : Routine part of care

ICD - insert

The doctors have clearly explained to me that my patient Mr./ Ms.
during his / her stay in the PICU may undergo various medical and surgical procedures like airway
management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent
for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available
for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my
child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed
upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form
of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :
..... in the PICU fully understanding the associated risks involved from various
procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature :

Name :

Relationship with Patient:

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Pavan

Date & Time : 3/7/24

Witness :

Signature :

Name :

Date & Time :



ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☒ Operation Theater ☐ Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
 - ☐ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ Comatose Patients;
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ All types of shock/hemodynamic instability:
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- ☐ Post-Operative Patients;
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- "UNSTABLE" PATIENT IS DEFINED AS**
 - ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
 - ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: Name of the Doctor: Dr. Aravind Kumar Date & Time: 3/7

DISCHARGE CRITERIA – PICU

Discharge to:☐ HDU / Step down ICU☐ Ward☐ Outside Facility☐ Others:**Tick (✓) any of the following criteria requiring discharge / transfer from PICU**

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

**SURGICAL
SAFETY CHECKLIST**Surgeon: Dr. Dhinesh BalajiAsst. Surgeon: Dr. AravindAnaesthetist: Dr. MohanScrub Nurse: S/n SasiAge: 2 yr Gender: FSurgery Name: V.A.S.R. DrainingDate: 3/7/26 In-time: 11:50 am Out-time: 1:40 pm**Before Induction of Anaesthesia >>****SIGN IN**Time: 11:51 am**Patient Has Confirmed**Identity ☒ Yes ☐ NoSite ☒ Yes ☐ NoProcedure ☒ Yes ☐ NoConsent ☒ Yes ☐ NoSite Marked ☒ Yes ☐ No ☐ NAAnaesthesia Safety Check Completed ☒ Yes ☐ NoPulse Oximeter on Patient & Functioning ☒ Yes ☐ No**Does Patient have a:**Known Allergy? ☐ Yes ☒ No**Difficult Airway / Aspiration Risk?**Yes, & Equipment / Assistance Available ☐ Yes ☒ No**Risk of > 500ml Blood Loss
(7ml/kg In Children)?**Yes, and Adequate Intravenous Access and Fluids Planned ☒ Yes ☐ No ☐ NABlood Units Reserved ☒ Yes ☐ No ☐ NA**Has Antibiotic Prophylaxis been given
within the last 60 minutes?**☒ Yes ☐ No ☐ NASignature: S. AravindName: Dr. Aravind**Before Skin Incision >>****TIME OUT**Time: 11:53 am**Confirm all team members have**introduced themselves by Name and Role ☒ Yes ☐ No**Surgeon, Anaesthesia Professional and
Nurse Verbally Confirm**Correct Patient (Check ID Band) ☒ Yes ☐ NoCorrect Site ☒ Yes ☐ NoCorrect Procedure ☒ Yes ☐ No**Anticipated Critical Events****Surgeon Reviews:**What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☒ No ☐ NA**Anaesthesia Team Reviews:**Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA**Nursing Team Reviews:**Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NAIs Essential Imaging Displayed? ☐ Yes ☒ No ☐ NAPower Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ NoSignature: Dr. Dhinesh BalajiName: Dr. Dhinesh Balaji**Before Patient Leaves Operating Room****SIGN OUT**Time: 1:10 pm**Nurse Verbally Confirms with the Team:**The Name of the Procedure Recorded ☒ Yes ☐ NoThat Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☒ Yes ☐ No ☐ NAThe Specimen is Labelled (including patient name) ☒ Yes ☐ No ☐ NAWhether there are any Equipment Problems to be addressed ☐ Yes ☒ No ☐ NA**To Surgeon, Anaesthetist and Nurse:**What are the key concerns for recovery and management of this patient? ☒ Yes ☐ NoSignature: S. AravindName: S. Aravind

POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 3/7/26 Time: 1:40pm

Name of the Surgery: (L) VARS.

Drugs used for sedation during surgical procedure: 1mg Propofol, 1mg Fentanyl, 1mg Atacurium

IV Fluids type / amount used using surgical procedure: 1% DRL 200ml.

Input ml Output ml Blood Loss ~50 ml

Blood Transfusion if any 80ml PRBC 50ml FFP

Any intra operative event: nil

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: 122 RR: 24/min BP: CRT: <2 sec.

Peripheries: warm SpO₂: 100%

Drains: (L) 1 CP (+) functional.

ET Tube: ☐ Cuffed ☐ Uncuffed

Size of ETT: Length of Fixation of ETT:

Surgeon's Notes: ☒ Yes ☐ No

Time of Arrival to Unit: 1:35pm

Handover given by:

Anesthesiologist's Name Dr. Prayashkumar

Signature: [Signature]

Date & Time: 3/7/26

Handover taken by:

Doctor's Name Dr. Pawan

Signature: [Signature]

Date & Time: 3/7

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 11/7/20

Source of Admission: ☐ OPD ☐ Ward ☒ Other: OT

Reason for Admission: Prolonged fever in evaluation & drug abuse

Admission Diagnosis:

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Other Specify: Tamil

Do you require an interpreter? ☐ Yes ☒ No

Allergies: ☐ Yes ☒ No ☐ Medications

☐ Blood Transfusion

☐ Food

☐ Other:

If yes, identify:

Source of Information: ☐ Family ☐ Patient

☐ Others, Specify:

SIGNIFICANT HISTORY

Past Medical History

Past Surgical History

Last Hospital Admission

Nebulization
 or use for
 viral trigger
 usage

Family History:

Nil

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

If yes please list, Nil

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

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

CURRENT MEDICATIONS

Taking Medications? ☒ Yes ☐ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☒ Yes ☐ No

Observations: Weight: 7.6 kg Length: Head Circumference (< 2 years):
 Temp: 98.1 F HR: 134/min RR: 24 BP: 100/55 (TG)

Pain Score: 2 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)

Behavioural Status on Admission:

☐ Sleeping☒ Crying☐ Calm☐ Distressed/Console☐ Drowsy**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant☐ Mobility problem☐ Walking Problem☒ No Abnormality Detected☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☒ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

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

Orientation has been given regarding the following aspects:

☒ ID Band in situ☒ Bedside safety explained☒ PICU Routine: Doctor's rounds/Medication time☒ Visiting policy explainedOrientation given to: ☒ Family ☐ Others specify mother

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: Senthil V

Nurse Signature: Senthil V

Date & Time: 31.7.26 @ 2.00pm

DISCHARGE PLANSource of Information: ☐ Family ☐ FriendWill patient require transportation arrangements to go home: ☐ Yes ☐ NoWill Physiotherapy require at home: ☐ Yes ☐ NoIs home medical equipment anticipated: ☐ Yes ☐ NoIs home oxygen therapy anticipated: ☐ Yes ☐ NoAre dressing needs at home anticipated: ☐ Yes ☐ NoAny other needs anticipated: ☐ Yes ☐ No If Yes SpecifyDischarge Medications: ☒ Yes ☐ No

Details:

Final Diagnosis:

Nurse Name: Senthil V

Nurse Signature: Senthil V

Date & Time: 31.7.26 @ 2.00pm

PATIENT TRANSFER FORM

GUC-00093302
Baby YOGA DEEKSHA S
01-04-2024 2 Y 3 M 0 D
Dr. KARTHIK NARAYANAN R (F)



Date & Time of Admission 17/06/20		Date & Time of Transfer Order 17/06/20 11:50 AM
Treating Consultant Name Dr. Karthik	Transfer Ordered by Dr. Karthik	Reason for Transfer Further Management
From Unit TK	To Unit 405	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File (13)	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Karthik
Patient & Clinical Records Received by : Dr. N. Suresh 020749		
Date & Time of Patient Received : 01/7/20 01:15 PM		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

GUC-00093302 IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 2 D (F)

Dr. KARTHIK NARAYANAN R



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time of Admission

1/7/26 @ 10.41 PM

Date & Time of Transfer Order

3/7/26 @ 1.40 PM

Treating Consultant Name

Dr. Dhinish Balaji

Transfer Ordered by

Dr. Ashwini

Reason for Transfer

Further Mgmt

From Unit

OT

To Unit

PIU

Information to Attendant

Yes ☒ No ☐

Number of Sheets in Clinical File

1 p file

Number of Imaging Films

CECT film - 5

Personal belongings including clinical documents. If any handed over to attendant

Yes ☒ No ☐

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.

Item Name

Quantity

1.

2.

3.

4.

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

Name & Signature of Person who is Transferring

Dr. Subhishan

Name of Person Ordered Transfer

Dr. Ashwini

Patient & Clinical Records Received by :

Dr. Subhishan

Date & Time of Patient Received :

3/7/26 @ 1.40 PM

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Date of Transfer

From Facility

To Facility

Referring Physician

Receiving Physician

Referral Number

Transfer Date

Transfer Time

Transfer Location

Transfer Method

Transfer Status

Transfer Notes

Transfer Signature

Transfer Stamp

Transfer Date

Transfer Time

Transfer Location

Transfer Method

Transfer Status

Transfer Notes

Transfer Signature

Transfer Stamp

Transfer Date

Transfer Time

Transfer Location

Transfer Method

Transfer Status

Transfer Notes

PATIENT TRANSFER FORM

GUC-00093302 IP18-00036277

Baby YOGA DEEKSHA S

01-04-2024 2 Y 3 M 1 D (F)

Dr. KARTHIK NARAYANAN R



Date & Time of Admission <i>03/11/2024</i>		Date & Time of Transfer Order <i>03/11/2024 10:30 AM</i>
Treating Consultant Name <i>Dr. Karthik</i>	Transfer Ordered by <i>Dr. Yuvraj</i>	Reason for Transfer <i>Further management</i>
From Unit <i>ADIC</i>	To Unit <i>OT</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>30</i>	Number of Imaging Films <i>CT-report</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
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3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ <i>? Infected CPAM / Abscess</i>		
Name & Signature of Person who is Transferring <i>Jathiga B.</i>		Name of Person Ordered Transfer <i>T. Yuvraj</i>
Patient & Clinical Records Received by : <i>S/n Suganth 19501</i>		
Date & Time of Patient Received : <i>3/11/26 @ 1030 AM</i>		

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

NAME

DATE

TIME

PLACE

REMARKS

1. NAME

2. DATE

3. TIME

4. PLACE

5. REMARKS

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7. DATE

8. TIME

9. PLACE

10. REMARKS

11. NAME

12. DATE

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35. REMARKS

36. NAME

37. DATE

38. TIME

39. PLACE

40. REMARKS



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: TRANSFERRED TO:

1	Patient Identification	YES/NO	REMARKS
	a. Patient Identification Patient name, age, UHID/hospital number confirmed	YES	
	b. Surgical procedure & correct site verified	YES	
2	Airway & Breathing		
	a. Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b. SpO ₂ within safe range	YES	
	c. IFTT: position confirmed, ties secure, cuff inflated		
3	Circulation & Hemodynamic Stability		
	a. IV lines secured & infusion running correctly	YES	
	b. No active uncontrolled bleeding	NO	
	c. Last vitals recorded before transfer	YES	
	d. Central line hubs are closed	NO	
	e. Dressing Intact	NO	
4	Pain Assessment		
	a. Pain score assessed & analgesia given	NO	
	b. Reassessment done	YES	
5	Wound, Dressings & Drains		
	a. Surgical dressing intact		
	b. All drains fixed, output noted	NA	
	c. Catheter secure & urine output recorded	NA	
	d. Splints/casts/traction devices stabilized	YES	
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	YES	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	YES	
	c. Emergency meds given in OT (time & dose documented)	NA	
7	Equipment Safety & Transport Preparedness		
	a. Oxygen cylinder full & ambu bag at bedside	NA	
	b. Bed/side rails up and brakes applied	NO	
	c. Special positioning maintained as per surgery	NA	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube; underwater seal below chest level	NA	
	b. Epidural catheter secure, infusion checked	NA	
	c. Pressure areas protected (heels/elbows)	NA	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED		
10	REPORTS AND LABS HANDED OVER		
11	BIOPSY/HPE SENT		
12	Documentation		
	a. Documentation completeness	YES	
	Transferring Nurse:		
	Receiving Nurse:		S/N Gupta 019501
	Signature of Incharge:		

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Date & Time of Transfer: 3/7/26 @ 07		TRANSFERRED TO: PICU	
		YES/NO	REMARKS
1 Patient Identification			
a. Patient Identification Patient name, age, UHID/hospital number confirmed		YES	
b. Surgical procedure & correct site verified		YES	
2 Airway & Breathing			
a. Oxygen delivery (mask/cannula/ventilator) secured		YES	
b. SpO ₂ within safe range		YES	
c. If ETT: position confirmed, ties secure, cuff inflated		NO	
3 Circulation & Hemodynamic Stability			
a. IV lines secured & infusion running correctly		YES	
b. No active uncontrolled bleeding		NO	
c. Last vitals recorded before transfer		YES	
d. Central line hubs are closed		NO	
e. Dressing Intact		YES	
4 Pain Assessment			
a. Pain score assessed & analgesia given		YES	
b. Reassessment done		YES	
5 Wound, Dressings & Drains			
a. Surgical dressing intact		YES	
b. All drains fixed, output noted		YES	
c. Catheter secure & urine output recorded		YES	
d. Splints/casts/traction devices stabilized		NO	
6 Medications Pre & Post-Op Orders			
a. Medications due time noted		YES	
b. Pre & Post-op instructions (NPO, position, mobilization) communicated		YES	
c. Emergency meds given in OT (time & dose documented)		YES	
7 Equipment Safety & Transport Preparedness			
a. Oxygen cylinder full & ambu bag at bedside		YES	
b. Bed/side rails up and brakes applied		YES	
c. Special positioning maintained as per surgery		YES	
8 High-Risk Patient Safety (if applicable)			
a. Chest tube: underwater seal below chest level		YES	
b. Epidural catheter secure, infusion checked		NO	
c. Pressure areas protected (heels/elbows)		YES	
9 BLOOD AND BLOOD PRODUCTS TRANSFUSED		YES	
10 REPORTS AND LABS HANDED OVER		NO	
11 BIOPSY/HPE SENT		YES	
12 Documentation			
a. Documentation completeness		YES	
Transferring Nurse: S/w. Subhanshu			
Receiving Nurse:			
Signature of Incharge:			

Date:

01-04-2024
Dr. KARTHIK NARAYANAN R

04-2024
r. KARTHIK NARAYANAN R

Department:

Shift:

It takes a lot to treat the little



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date:

Department:

Shift:

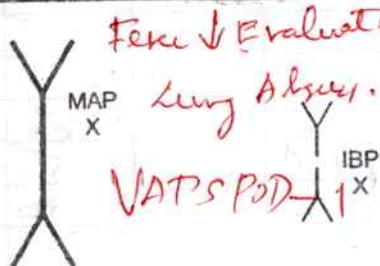
S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

DIAGNOSIS : *Prolonged*

NURSE : *S/N Vishnu*

Registrar : *Dr. Parani*

Consultant : *Dr.*



PULSE

TEMP

CENTRAL

PERIPHERAL X

COLOUR CODE

RED - PULSE

BLACK - RESP

GREEN - TEMP

BLUE - NIBP

RED - IBP

GREEN - CVP

A - ALERT

V - VOICE

P - PAIN

U - UNRESPONSIVE

E₁ - SPONTANEOUSLY

E₂ - TO SPEECH

E₃ - TO PAIN

E₄ - NONE

VERBAL

5 - ORIENTATED

4 - CONFUSED

3 - INAPPROPRIATE WORDS

2 - INCOMPREHENSIBLE SOUND

1 - NONE

- 1
- 2
- 3
- 4
- 5
- 6
- 7

PUPIL SCALE (MM)

$$PF \text{ Ratio} = \frac{PaO_2}{FiO_2}$$

$$OI \text{ Ratio} = \frac{MAP \times FiO_2 \times 100}{PaO_2}$$

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Pain Score	0/0	0/0	0/0	0/0	0/0	0/0	0/0
SPO ₂	100%	100%	100%	100%	100%	100%	100%
CFT	23sec	24	24	24	24	24	24
Mode of Ventilation	RB	RB	RB	RB	RB	RB	RB
PIP / Δ P							
PEEP							
Il							
MAP							
FiO ₂							
RATE / FREQ.							
Set Min. Vol.							
Set Tidal Vol.							
Delivered Tidal Vol.							
Ph							
PCO ₂							
ETCO ₂							
PO ₂							
HCO ₃							
BE							
O.I							
P / F Ratio	4.5	5.0	5.0	5.0	5.0	5.0	5.0
Seen by							
Change Settings							
ET Suction							
Qty. of Secretion							
Type							
AVPU							
Pupil							
Blood Sugar							
Sedation							

Ref. No.: 2

Date :

14/24 D.O.A. : ② Weight (Kg) : 7.6 kg Birth Weight (kg) :
93302/36277 Date of Admission : 3/7/26 ② Day of Ventilator : 2

Karthik

Blood Group :

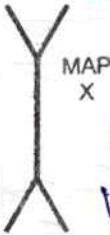
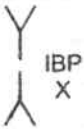
E.T. Size :

Length :

D.O.I.:

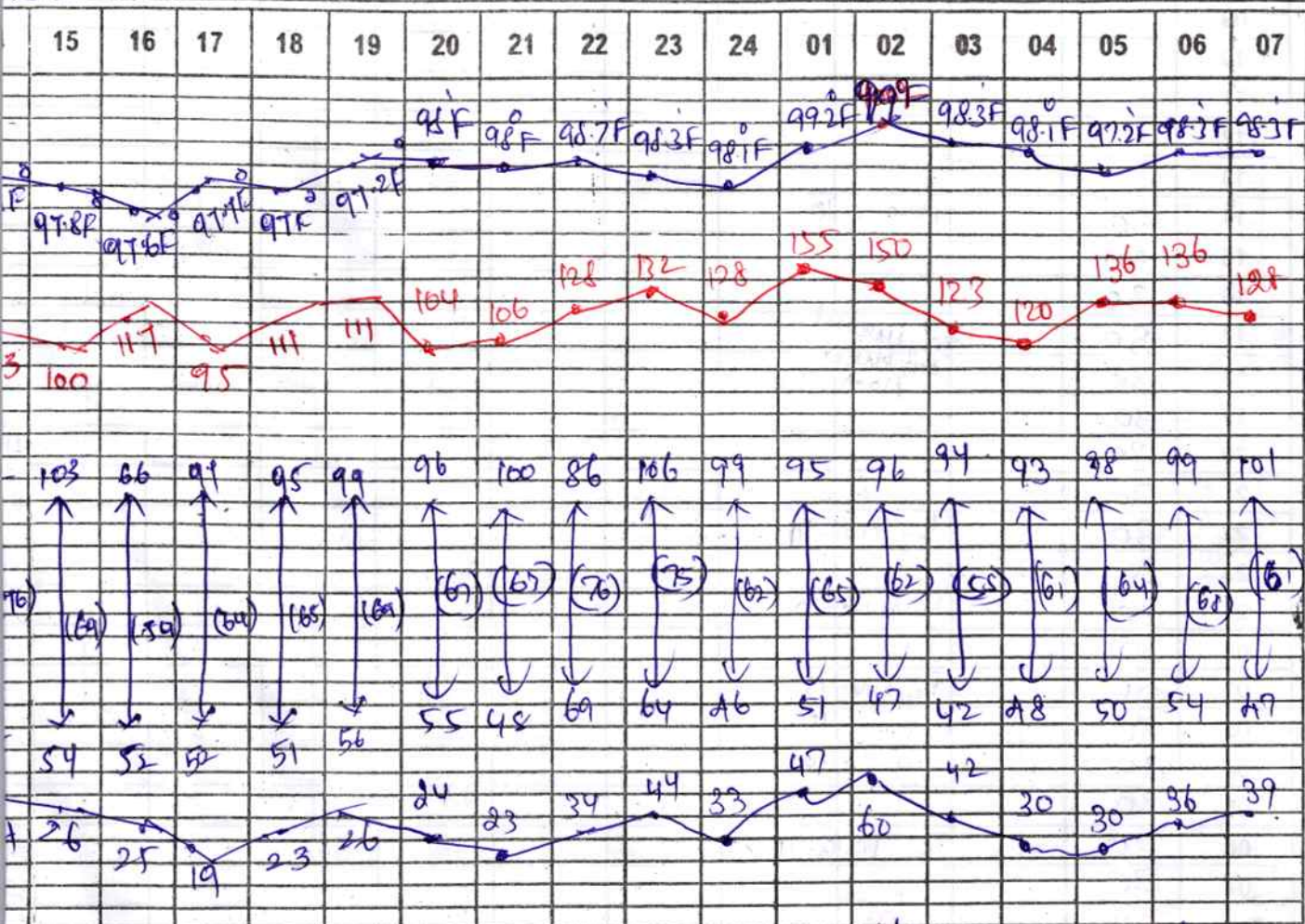
[illegible]

DIAGNOSIS : *Prolonged Revent Evaluation - ? lung abscess* NURSE : *S. N. S. S. S.* Registrar : *DR. P. P. P. P. P.* Consultant : *D.*

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PULSE TEMP CENTRAL PERIPHERAL X COLOUR CODE RED - PULSE BLACK - RESP GREEN - TEMP BLUE - NIBP RED - IBP GREEN - CVP A - ALERT V - VOICE P - PAIN U - UNRESPONSIVE E₁ - SPONTANEOUSLY E₂ - TO SPEECH E₃ - TO PAIN E₄ - NONE VERBAL 5 - ORIENTATED 4 - CONFUSED 3 - INAPPROPRIATE WORDS 2 - INCOMPREHENSIBLE SOUND 1 - NONE								
• 1 • 2 • 3 • 4 • 5 • 6 • 7 PUPIL SCALE (MM)								
PF Ratio = $\frac{PaO_2}{FiO_2}$ OI Ratio = $\frac{MAP \times FiO_2 \times 100}{PaO_2}$								
		Pain Score						
		SPO ₂						
		CFT						
		Mode of Ventilation						
		PIP / Δ P						
		PEEP						
		II						
		MAP						
		FiO ₂						
		RATE / FREQ.						
		Set Min. Vol.						
		Set Tidal Vol.						
		Delivered Tidal Vol.						
		Ph						
		PCO ₂						
		ETCO ₂						
		PO ₂						
		HCO ₃						
		BE						
		O ₂						
		P / F Ratio						
		Seen by						
		Change Settings						
		ET Suction						
		Qty. of Secretion						
		Type						
		AVPU						
		Pupil						
		Blood Sugar						
		Sedation						

Name: BABY. YOGA DEERSHA
 Age: 24 Gender: ☐ M ☒ F
 Ref. No.: F/ICU/CHART/05
 Chart No.: 1
 Date: 2/4/26
 D.O.A.: 1 Weight (Kg): 1.62 Birth Weight (kg):
93302 126272 Date of Admission: 2/4/26 Day of Ventilator: 1:40pm

R.K. DETAILS Blood Group: O+ve E.T. Size: Length: D.O.I:



Time	21:00	21:10	21:20	01:00	01:10	01:20	01:30	01:40	01:50	02:00	02:10	02:20	02:30	02:40	02:50	03:00	03:10	03:20
SpO2 (%)	100	100	100	96	97	97	100	100	100	100	100	100	100	100	100	95	96	95
HR (b/min)	100	100	100	96	97	97	100	100	100	100	100	100	100	100	100	95	96	95
BP (mmHg)	100/60	100/60	100/60	96/50	97/50	97/50	100/40	100/40	100/40	100/40	100/40	100/40	100/40	100/40	100/40	95/30	96/30	95/30
RR (b/min)	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Site	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA

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PPS-
 sample

GUC-00093302 IP18-00036277
Baby YOGA DEEKSHA S (F)
01-04-2024 2 Y 3 M 2 D
Dr. KARTHIK NARAYANAN R

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Patient Name: Baby. Yoga Deeksha Date: 03/07/26
Date of Birth: 01-04-2024 Age: 2yr.
Gender: F Ward: OT UHID No.: 93302/36277
Date of Surgery: 03/07/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: VATS DRAINAGE OF LEFT LUNG ABSCESS

Time in: 11:50am

Time Out: 1:40pm

	NAME	AMOUNT
1. Surgeon	<u>Dr. Dhresh Balaji J.D</u>	
2. Anaesthetist	<u>Dr. Mohan / Dr. Ashwini</u>	
3. Assistant Surgeon	<u>Dr. Nandhini. G</u>	
4. OT Technician	<u>Mr. Thangan / Mr. Raja</u>	
5. Circulating Nurse	<u>Smt. Sangeetha</u>	
6. Assistant Nurse	<u>Smt. Sangeetha / Smt. Siva</u>	

Special Equipment:

☒ Laparoscopy

☐ Broncoscope

☒ Harmonic

☐ Morcelator

☐ C-ARM

☐ Cystoscopy

☐ Versa Point

☐ Liver Cusa

☐ Neuro Cusa

☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:



DATE: 20.12.2017
Start + 12.10pm

25.12.2017

Ind. Kone 4000g 012.00pm

20.12.2017

20.12.2017

Patient Sticker

VATS.

CONSUMABLES OF OT

Circulating staff Dr. Suganthi Technician: Mr. Thangar Date: 3/7/26 Time:

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube 4.5 Weirco like	1		Major Pack	1		In Vit.K		
LMA			Sutures 1.2	1		Gore Clamp		
ECG leads : A/P/N	3	1				Suction Catheter		
HME filter : A/P/N						Feeding Tube 9F 8F		1
Syringes : 10 cc	4					Vacuum Suction Set		
05 cc	4		Gloves	4		Surgical Gloves		
02 cc	4					Gauze Pack		
01 cc	1					Syringe 1ml / 2ml		
Cautery plate : A/P/N	1		Surgical blade 15/15	1		Surgical Blade # 20		
IV set Drip Set	1		NG tube			Koochies (S)		
RL	1		Cautery pencil			Popin 0.2		1
NS : 10ml / 100ml / 500ml / 1000ml	2		Koochies			10cm Ex		2
			Ointments			200 HP Ex		2
			Suction Catheter			50ml syringe		2
Fentanyl	1		Cap, Mask			Blood Set		2
Morphine			Gauze Pack	1		Scop Cack		1
Ketamine			Mop Pack	1		Coxcard 50ml		1
Propofol	1		Steristrip			Nezum 20x1		2
Rocuronium			Underpad	1		Dexamid 50mg		1
Glycopyrolate			Draw sheet			Dexa		1
Myopyrolate			Abgel			Cefbact 500mg		1
Ondansetron			Foleys catheter			Atraeii		1
Pencan 25g/ Spinal Needle 22			Urobag			SD 500ml		1
Bupivacaine 0.25%	1		Chest Drainage Catheter	2		Op mask		1
Bupivacaine 0.25% (Heavy)			Romedrain bag	1				1
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Iban	1				
Anamol : 80mg / 250mg / 170 mg	1		Double J Stent					
Supridol : 100mg			Vacuum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	1				
			Microshield					
			Cotton Balls					
			Latex Gloves	1				
			Ramdone Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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

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CPV FILED Oct 11

10. 10. 1964

10. 10. 1964

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036277	Ward	2F-PICU 1
Patient Name	Baby YOGA DEEKSHA S	Bed Name	PICU 202
Age/Sex	2 Y 3 M 2 D / Female	Order No	18-0001721280
Date	03/07/2026 17:04	Prescription No	PRIP18-0624651
Payor	SELF PAY	Dispensed Date	03/07/2026 17:07
UHID	GUC-00093302		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN INJ VIAL 0.25% 20 ML	Neon Laboratories Ltd	H	V683O03	01/28	1	60.15	60.15
2	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	2	45.30	90.60
3	BLOOD SET WITH LUER LOCK	Bbraun Medical PvtLtd	GENERAL	G25I020367	08/30	1	208.00	208.00
4	CEFBACT INJ 500 MG	CIPLA LIMITED	H1	C5495005	06/27	1	53.70	53.70
5	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	VDDUI003	10/27	1	10.78	10.78
6	DEXTOMID INJ 50 MCG 0.5 ML	Neon Laboratories Ltd		1257022	11/27	1	383.40	383.40
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	4	21.83	87.32
8	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
9	DSYRINGE 50ML LEUR LOCK (NIPRO)		GENERAL	024B15K24	01/29	2	199.00	398.00
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	4	11.25	45.00
12	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0716O326	02/28	3	40.00	120.00
13	E.C.G LEADS	Phillips	GENERAL	01325RYB78AA	12/27	1	792.00	792.00
14	E.T.TUBE - 4.5 CUFFED (WELCO LIFE)			2509133	08/28	1	891.00	891.00
15	EXXACTA-STOP COCK ROMSONS		GENERAL	G26B010183	01/31	2	226.00	452.00
16	HIGH PRESSUR EXTENTION 200CM-ROMSONS	ROMSONS	GENERAL	K26B010700	01/31	2	435.00	870.00
17	INFANT FEEDING TUBE-8	ROMSONS		G25I010748	08/30	1	63.00	63.00
18	INFANT FEEDING TUBE-9	ROMSONS	GENERAL	G25J010599	09/30	1	63.00	63.00
19	LOXICARD INJ 2% 50 ML	Neon Laboratories Ltd	H	KM28096	06/28	1	55.48	55.48
20	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
21	NEEDLE 20 G	Dispovan		50532D	11/30	2	2.66	5.32
22	NEOMOL SUPPOSITORIES 170 MG 5 S	Neon Laboratories Ltd	GENERAL	BLNP487051	11/28	1	8.46	8.46
23	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26A040056	12/30	1	336.00	336.00
24	PEDIADRISET PLUS	ROMSONS		G26C020226	02/31	1	311.00	311.00
25	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2412122406	12/26	1	562.50	562.50
26	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	1	69.39	69.39
27	ROPIN INJ 0.2 % 20 ML	Neon Laboratories Ltd		1435130	12/27	1	189.30	189.30
28	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26E010512	04/31	2	460.00	920.00



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036277
Patient Name Baby YOGA DEEKSHA S
Age/Sex 2 Y 3 M 2 D / Female
Date 03/07/2026 17:04
Payor SELF PAY
UHID GUC-00093302

Ward 2F-PICU 1
Bed Name PICU 202
Order No 18-0001721280
Prescription No PRIP18-0624651
Dispensed Date 03/07/2026 17:07

Total :	5,612.86	7,224.74
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015

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VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036277
Patient Name Baby YOGA DEEKSHA S
Age/Sex 2 Y 3 M 2 D / Female
Date 03/07/2026 17:04
Payor SELF PAY
UHID GUC-00093302

Ward 2F-PICU 1
Bed Name PICU 202
Order No 18-0001721281
Prescription No PRIP18-0624647
Dispensed Date 03/07/2026 17:05

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CHEST DRAINAGE CATH 20G	ROMSONS		0K24K011030	10/29	1	353.00	353.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	3	100.00	300.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
4	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26D010015	03/31	1	532.00	532.00
5	MINOR OT PEDIATRIC DRAPE			20260604	06/29	1	1,800.00	1,800.00
6	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	2	93.94	187.88
9	POLYDRAIN	Polymed	GENERAL	06337424L	09/29	1	145.00	145.00
10	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	1	103.00	103.00
11	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
12	SURGICAL BLADE 11	Surgeon	GENERAL	O030925	08/30	1	7.10	7.10
13	SURGICAL BLADE 15	Surgeon	GENERAL	031225	11/30	1	7.67	7.67
14	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
15	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
16	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5044	08/30	1	663.00	663.00
Total :							5,962.71	6,977.65

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Rainbow
Children's
Hospital



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

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DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036277	Ward	2F-PICU 1
Patient Name	Baby YOGA DEEKSHA S	Bed Name	PICU 202
Age/Sex	2 Y 3 M 2 D / Female	Order No	18-0001721282
Date	03/07/2026 17:04	Prescription No	PRIP18-0624648
Payor	SELPAY	Dispensed Date	03/07/2026 17:06
UHID	GUC-00093302		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	4	128.00	512.00
Total :							128.00	512.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

