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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00054270
Baby THASHWANTH N
27-08-2023 3 Y 0 M 20 D (M)
Dr. VAISHNAVI CHANDRAMOHAN
IP18-00036498

Name of the Patient: .....

UHID No: .....

Ward: .....

Date: 18/7/26

.....

Gender: .....

Room No: 704

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 18/7/26.

Time: 6 am.

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 20 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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Name: ..... Dept: .....

UHID No: ..... IP No GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN
harge: ..... Time: .....

Date of Admission: .....

Billable bed type: .....

Room / Bed No: ..... Wa

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7	7:15pm	ER	704	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16/7/26	CBC, CRP, RP-2/1 LFT	26022934	
	Blood C/S, PS,		
16/7/26	Urine Routine	26022938	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7/26	Infusion pump	7 PM.	18/7/26 9 am.	1728526.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7/24	IV placement	(1)	1728484	
17/7/24	Neb c O2	(1)	1729077	
17/7/24	Neb c O2	(3)	1729157	

ANY OTHER INFORMATION:

Date: 17/7/24. Time: 6am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00054270 IP18-00036498
Baby THASHWANTH N (M)
27-06-2023 3 Y 0 M 20 D
Dr. VAISHNAVI CHANDRAMOHAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11:30Am				
	INTIME	OUT TIME			
Arrangement of File by Nursing		18/7/26 @11:20am	6077356		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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Birthright by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036498 **Admit Date** : 16-Jul-2026 **Admit Time** : 06:01 PM **UHID** : GUC-00054270

Patient Details :

Patient Name	: Baby THASHWANTH N	**Age**	: 3 Y 0 M 21 D
Guardian	: MR.NITESH.D	**DOB**	: 27-06-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9840245367
		E-mail	: no@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 704 **Ward Name** : 7F-PVT/SUITE

Room No : PVT 704 **Admission Type** : First Visit

Contact Details :

Name : MR.NITESH.D **Relationship** : S/O

Contact Address : 135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : 9840245367

Signature

Doctor Details :

Doctor Name : Dr. VAISHNAVI CHANDRAMOHAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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Rainbow Children's Hospital - Guindy

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby THASHWANTH N**	**Age :**	**3 Y 0 M 21 D**
IP No:	**IP18-00036498**	**Sex:**	**Male**
Consultant:	**Dr. VAISHNAVI CHANDRAMOHAN**	**Ward/Bed No:**	**7F-PVT/SUITE/PVT 704**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Nithesh. D
Relationship: Father
Date: 16-06-26 Time: 6:01Pm
Witness Name: Pavithra. P
Witness Signature:

Patient Address:
135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET
Saidapet West(mer with sdp) Chennai
Tamil Nadu INDIA 600015

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Thashwanth. N	UHID Number : RUC-0005420
Self/Attendant Name : Mr. Nithish-D	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00054270
Baby THASHWANTH N
IP18-00036498
27-08-2023
3 Y 0 M 19 D
(M)
Dr. VAISHNAVI CHANDRAMOHAN

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BED SIDE CHECK LIST FOR NURSES

Date:	16/7/17	16/7	17/7	18/7					
Doctor's Orders	YES	YES	YES	YES					
Carried out or not	YES	YES	YES	YES					
Bed Side									
Structured Handover done	YES	YES	YES	YES					
IV Site	YES	YES	YES	YES					
Central Lines	NA	NA	NA	NA					
Arterial Lines	NA	NA	NA	NA					
Feeding Catheter	NA	NA	NA	NA					
Urinary Catheter	NA	NA	NA	NA					
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)	NA	NA	NA	NA					
Intubation Tray	NA	NA	NA	NA					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA					
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA	NA					
Humidification	NA	NA	NA	NA					
Check all Infusion (Labelling,Correct Preparation)	YES	YES	YES	YES					
Chest Physio & Neb	NA	NA	NA	NA					
Handed Over By Name :		USHA							
Signature :									
Date & Time:	16/7/17 9pm		17/7	18/7/17 1:30pm					
Hand Over Taken By Name :									
Signature :									
Date & Time:	16/7/17 9pm	8pm	17/7 9pm						

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036498 **Admit Date** : 16-Jul-2026 **Admit Time** : 06:01 PM **UHID** : GUC-00054270

Patient Details :

Patient Name	: Baby THASHWANTH N	**Age**	: 3 Y 0 M 19 D
Guardian	: MR.NITESH.D	**DOB**	: 27-06-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9840245367
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : MR.NITESH.D **Relationship** : S/O

Contact Address : 135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : 9840245367

Signature

Doctor Details :

Doctor Name : Dr. VAISHNAVI CHANDRAMOHAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby THASHWANTH N**	**Age :**	**3 Y 0 M 19 D**
IP No:	**IP18-00036498**	**Sex:**	**Male**
Consultant:	**Dr. VAISHNAVI CHANDRAMOHAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned a[redacted] 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 [redacted]ve received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

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

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Witness Name:

Witness Signature:

Patient Address:

135, 5A, NEW VISWASHANTHI APARTMENTS, LDG ROAD, SAIDAPET
Saidapet West(mer with sdp) Chennai
Tamil Nadu INDIA 600015

Patient Sticker

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Past History : (Including details of any p... on or treatment)

Birth & Neonatal History:

Fullterm / LSCS / 3.4kgs / CIAB / NO NICU stay

Family Chart

Birth & Socio Economic History:

About Father : (N)

About Mother : (N)

Any additional information : h/o fever in father (URI) x4 days

Developmental History :

Developmentally app for age

Immunization History :

Immunized upto age (IAP)

Anthropometry :

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

Weight (kgs) 14.4kgs (Centile ____)

On Examination :

Temperature : 102.5°F Pulse Rate : 128/min B.P. 99/60 SPO2 98% @RA

Resp.rate and type of breathing :

Rash (N)

Lymphadenopathy (N)

Oedema : (N)

Allergies (if any):

pallor ⊕
Throat (congested)
Dull looking
CRT < 3sec
PP - well felt
warm peripheries

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE ⊕ / N O added nds.

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 ⊕ / N o murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft NT ⊖, no organomegaly

Ausculation :

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Ref. No. F/INPR/12

GUC-00054270 IP18-00036498
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
17/7/26	00.00 3pm	Neb 3% Salin 4ml	S/N S. Madhumitha	
17/7/26	1.00 9pm	Neb 3% Salain 4ml	021296	
18/7/26	2.00 3AM	Neb. 3%. Salain 4ml		
18/7/26	3.00 9AM	NEB - 3% Salain 4ML	Priyanga T	
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Patient

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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BS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
10/7/26	6:40pm.	76 mg/dl	-	Dr. Isaac.

Docu. No. : RCH /FRM / CLINICAL / 185

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

UHID ID:

Department:

Consultant:

GUC-00054270 IP18-00036498
Baby THASHWANTH N (M)
27-06-2023 3 Y 0 M 19 D
Dr. VAISHNAVI CHANDRAMOHAN

(P.T.O

Docu. No. : RCH /FRM / GENERAL / 065

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 4days
c/o sore throat x 4days
c/o cough / cold x 4days

History of present illness :

c/o fever x max temp: 102.6°F
c/o sorethroat x 4days
c/o cough / cold x 4days, no post tussive vomiting
c/o reduced oral intake
c/o reduced urine output
H/o - Travel to Palani

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Patien

Reflexes :

DTR 2+

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

? Acute pharyngitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC / PS
CRP
Blood C/S
RP2
LFT
Urine routine
CXR - AP view

Planned Management

IV fluids
IVF 0.9 DNS - 72 ml/hr x 4 hrs
↓
IVF 0.9 DNS 48 ml/hr
1) IV Paracetamol 150mg IV (SOS)
2) IV Pan 15mg IV Q 24H

Signature of the Doctor: Lucky...
203327

Name of the Doctor: LUCKY VIGNESH

Date & Time: 16/11/26, 6:40 PM

Signature of the Consultant: Vaishnavi

Name of the Consultant: Dr. Vaishnavi

Date & Time: 16/7/26, 7pm

(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 Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In:

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 11:30PM	S/B Dr. Lvl [illegible] Dr. Vaishnavi	
	Δ: Influenza like illness	
	Child Reviewed.	
	fever spikes +	
	c/o cough ⊕	
	oral intake - Improving	Drull lovely
	urine output - adequate	
	Hydration - Adequate	
	vitals : stable	
	RS: Clear	CVS: S1S2⊕ / No murmur
	PA: soft NT, no organomegaly	CNS: NFND.
		Advice
		1) continue Antipy/ [illegible] / paracetamol/ neb.
		2) w/f RR - distress / SpO2 < 92%. inform SOS.
	[illegible] 203377	[signature]

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/20 9:30AM	S/B Dr. DEEPAK / Dr. Vardhamani	
	Dx: Flu like illness	
	Child reviewed	
	Child had last fever spike	
		100°F at 10:00AM
	O/E: Child is alert, oriented	
	CVS: S1S2 (+)	
	RS: NVBS (+)	
	P/A: Soft / NT	No organomegaly
	CNS: NFND	
		Vitals stable
		Rx
		- TO Monitor vitals / sensorium
		- TO Continue as per chart
		C2
		- IV fluids
		- change cough syrup to nebs
		Vardhamani

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

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 20 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/23 4:45PM	S/B Dr. DEEPIKA / Dr. Vaishnavi	
	Adv:- Flu like illness	
	child reviewed Child had last fever spike	
	O/E: child alert, oriented	
	CVS: S1S2 (+) RS: VBS (+) P/A: soft CNS: NFND	
	Vitals stable	
	Keep suman ready	Pf TO Monitor for fever spikes TO Monitor sensorium / V/O TO continue as prescribed TO continue IV fluids
	Plan d/c tomorrow & review on	Wednesday
	- Taper IV fluids acc. to intake	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/24	S/B Dr. DEEPAK	
9:20 AM		
	Dsa: Flu like illness	
	Child reviewed	
	Child had last fever spike at	
	1:30 AM - 100.7 F	
	Oral intake better	
	O/E:	
	Child is alert, afebrile	
	CVS: S1S2 ⊕	
	RS: NVBS ⊕	
	P/A: Soft	
	CNS: NFND	
		Rx
		To continue as per chart
		To monitor vitals / sensorium
		To plan D/C today
		[signature]
		10:45

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PROGRESS NOTES AND DOCTOR'S ORDER

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

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RESULT SHEET

Date	16/7/26					
Time						
Hb	10.9					
PCV	32					
RBC	4.20					
WBC	3780					
N/L	68/29/3					
Platelets	2.14					
CRP	7					
ESR						
PCT						
RBS	75					
Na	136					
K	3.9					
Cl	100					
Ca/Mg iCal/Bicarb	1.12/20					
Phosphate						
Urea	14					
Creatinine	0.32					
ALP						
SGPT	13					
SGOT	34					
T.Bill/Conj	0.5/0.0					
T.Protein	7.0					
S.Albumin	4.3					
S.Globulin	2.7					
A/G Ratio TGAT	1.5/12					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	16/7/26					
Time						
CUE - Alb	1+					
CUE - Sugar	–					
CUE - Ketones	4+					
CUE - PUS Cells	3-5					
CUE - RBC Cells	0-1					
CUE nitrate	Neg					
leucocyte	Neg					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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MEDICATION RECONCILIATION FORM

☑ Not known any Drug Allergies

Drug Allergies: NIL

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

Shifting From: ER Shifted to: 704)

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] 203377

Date & Time : 16/7/26, 6:40PM

Nurse Name & Signature: M. Sasthi [signature]

Date & Time : 16/7/26 @ 7:00pm

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

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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: IV Paracetamol				Date / Time	17/7/26	18/7
Dose	Route	Frequency	Start Date	2AM	AA / SS	2:30AM AA / SS
150mg	IV	SOS	16/7			
Doctor's Signature	Valid Period	Pharm.		10AM	P.K / N.S	
[signature]						
Additional Instructions:				7PM	Sm / VA	

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 14.4 kg Ward. 7th floor

DRUG: Inj PAN				Date / Time	16/7/23	17/7	18/7
Dose	Route	Frequency	Start Date	6:40pm	6 am	SS / AD	SS / AD
15mg	IV	Q24H	16/7	PK			
Name & Signature of the Doctor Starting the Drugs: Lucky 20337							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Syp. MUCOLITE				Date / Time	16/7	17/7
Dose	Route	Frequency	Start Date	8 am	/	NS / PK
2.5ml	PO	Q6H	16/7	2pm	/	
Name & Signature of the Doctor Starting the Drugs: Lucky 20337				8pm	SS / AD	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP — Vaishnavi 83535 17/7 1:30pm

DRUG: Syp. FLUVIR				Date / Time	16/7	17/7	18/7
Dose	Route	Frequency	Start Date	10 am	/	NS / PK	EP / PK
4ml	PO	Q12H	16/7	10 pm	SS / AD	AD / SS	
Name & Signature of the Doctor Starting the Drugs: Lucky 20337							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Neb 3% SALINE				Date / Time	17/7	18/7
Dose	Route	Frequency	Start Date	3pm	SM / VA	
4ml	neb	Q6hrs	17/7 1.30 pm	9pm	SS / AD	
Name & Signature of the Doctor Starting the Drugs: Vaishnavi				3AM	[illegible]	AA / SS
Additional Instructions:				9AM	/	E.P / P.K
Daily Doctor's Endorsement by a Sign						

Patient Sticker

Weight. 14.1 kg Ward. 7th floor.

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby THASHWANTH N
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Dr. VAISHNAVI CHANDRAMOHAN

I.V. FLUIDS CHART

Weight. 14.4 kgs Ward. .....

		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/7	6:40 pm	IVF 0.9 NS	IV	72ml/hr			17/7/26 1.30 pm		
				↓ 4 hrs					
16/7	11.30 pm	IVF 0.9 NS	IV	48ml/hr			17/7/26 5:30pm		SM VA
17/7	5.30 pm			↓ 32ml/hr		SM VA			

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

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No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16.7.26. Time:	8AM	12PM	4PM	8PM	12AM	1.50AM	3AM	4AM	
Doctor / Nurse / Family Concern?									

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

98.4F 98.2F 99.2F 100.5F 99F 99.4F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

123/61 M

Heart Rate (Number)	123/61 M	120bpm	135bpm	136bpm	129bpm	120bpm

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

Resp Rate (Number)	30bpm	30bpm	30	32bpm	32bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild	—	✓	✓	—	—	—
Receiving O_2 (l/min)	RA	RA				
O_2 Saturations (%)	100%	99%	98%	98%	100%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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

(2)

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/26 Time: 8AM 10AM 12PM 4PM 7PM 8PM 12AM 1:30AM 3AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 99%	RA	RA 98%	RA 99%	RA 98%	RA 96%	RA 98%	RA 95%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0
Observer's Initials		P.K	N	✓	✓	✓	✓	✓	✓

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : .....

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.

16/11/26		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	———	———	>	On Admission	———						
	04:00 pm											
	05:00 pm											
	06:00 pm	H2O	50ml	~~60~~ ml						100ml	0	
	07:00 pm	H2O	30ml	~~30~~ ml							0	
Total Intake : H2O - 80ml						Total Output : U - 100ml						
	08:00 pm	H2O	20ml	72ml								
	09:00 pm	H2O	30ml	72ml						100ml	0	
	10:00 pm	Milk	50ml	72ml								
	11:00 pm			72ml							0	
	12:00 am			48ml								
	01:00 am			48ml							0	
Total Intake :						Total Output : 1 Time - Urine						
	02:00 am			48ml								
	03:00 am			48ml							0	
	04:00 am			48ml								
	05:00 am			48ml							0	
	06:00 am			DC								
	07:00 am			DC							0	
Total Intake : 180ml + 578						Total Output : Nil						

Total 24 hrs. Intake	758 ml	Total 24 hrs. Output	200ml

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FLUID CHART

Sheet No. : 2

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

17/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			48 ml							0	SD
	09:00 am			48ml							0	SD
	10:00 am	H2O	50ml	48ml						100ml	0	SD
	11:00 am			48ml							0	SD
	12:00 pm	H2O	30ml	48ml						150ml	0	SD
	01:00 pm			48ml							0	SD
Total Intake : H2O – 80ml + 288ml → 368ml						Total Output : U – 300ml						
	02:00 pm			48							0	SD
	03:00 pm	H2O	25	48						100	0	SD
	04:00 pm			48							0	SD
	05:00 pm	H2O	25	48						150	0	SD
	06:00 pm			48							0	SD
	07:00 pm	H2O	100	48						Diaper change	0	SD
Total Intake : 150 + 256 = 406ml						Total Output : 2 time						
	08:00 pm			32							0	AA
	09:00 pm	H2O	50ml	32						✓	0	AA
	10:00 pm	Nutes	200ml	32							0	AA
	11:00 pm			32							0	AA
	12:00 am			32						✓	0	AA
	01:00 am			32							0	AA
Total Intake : 250 ml +						Total Output : 2 time						
	02:00 am			32							0	AA
	03:00 am			32						✓	0	AA
	04:00 am			32							0	AA
	05:00 am			DC							0	AA
	06:00 am			DC						✓	0	AA
	07:00 am	Nutes	150ml	DC							0	AA
Total Intake : 150ml + 92ml.						Total Output : 2time.						

Total 24 hrs. Intake	1,450ml.	Total 24 hrs. Output	4time.

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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

NURSING CARE RECORD

Date: 6/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	pain management related to relieve pain.		Patient mother said that dehydrate stand or fluid	Evaluate the Baby condition.	Re-assessment is done.	[signature] 607998
Night	10pm	maintain good nutritional status	10.30 pm	maintain of good nutritional status	Encourage oral intake.	Reassessment is done	[signature] 09102

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 17/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the general condition Maintain I/o chart due medication given as per order	1pm	Assessed the general condition Maintained I/o chart medication given as per order	Has no specific complaints at present	Reassessment done	SNO one
Afternoon	2pm	Assess the general condition maintain I/o chart. Due medication given as per order.	6pm	Assessed the general condition Maintained I/o chart Due medication given as per order.	Vitals are stable.	Done.	SNO 6935,3
Night	8pm.	Assess the general Condition Maintain I/o chart Due medication given as per order.	10pm.	Assessed the general condition Maintained I/o chart Monitored vitals.	vitals Sign are Stable.	Reassessment done.	02/29/25

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

(1)

NURSES NOTES

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	7PM	Receiving Notes 16/7/2024	
		child Recived from ER	
		at 7PM child is	
		Consious & Oriended.	
		No oxygen Requirement/	
		GCS E4 V5 M6, pain score	
		1/10. Chief chif complains	
		of fever and cough	
		vital signs are Monitored	
		Recorded done. child has	
		fever. inj. pan given	02 1875
		IVF, 0.9 DNS. 48 ml/hr flow	
		Blood investigation. - CBG.	
		CRP. RPII. LFT. Blood C/S	
		PS Sended to lab investigation	
	7.30PM	child vitals Monitored	
		and Recorded done and	
		child details handover	
		given to Night duty	
		Staff Nurse	02 1875
		Night Duty Notes.	
	7.30	Handover Received from	
	pm	evening Duty Staff.	
		patient is active and	
		oriented. IV line present.	
		IVF - 0.9% DNS - 312 ml Once.	
		4 hours - 78ml/hr.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		maintenance IV fluid 0.9% DNS-48ml/hr. Dr. Vaishnavi mam advice to add syp Antiflu 4ml.	Sowmya [signature]
16/7/26	8pm	checked vital sign and Recorded. PP ++ CP ++ CRT <2sec	Sowmya [signature]
	10pm	IVF-0.9% DNS-78ml/hr. connection on flow. Baby attender complaining cough for baby. Inform Dr. Lucky Vignesh sir advice to add syp. Mucolit 2.5ml.	Sowmya [signature]
	11pm.	syp. mucolit 2.5ml given as per chart. IV fluid connection	Sowmya [signature]
	[illegible]	finished @ 11:30pm maintenance IVF-0.9% DNS-48ml/hr connected.	
17/7/26	12am.	checked vital sign and Recorded.	Sowmya [signature]
	2am.	Baby sleeping well. there is no other complaint.	Sowmya [signature]
	4am.	vital signs are checked and recorded. vital signs are stable. CP ++ PP ++ CRT <3sec	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

(2)

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	
17/7	6am.	Due medication was given.	
		As per drug chart order.	n181/01901
		Flochart was maintaining	
	7³⁰am.	The child details handing	n181/01901
		over given to morning duty staff.	
		c Evening duty on 17/7/06 &	
	7³⁰am	Child Report taking dues (N)	[signature]
		duty staff.	
	8am	child general condition is	
		assessed and IV line is	
		present and IV fluid on	
		flow and, Blood culture	
		report due, vitals checked	
		and recorded.	
		8AM | PP ++ | PP ++ | CFT <2sec	TP. Kaumozi 607261
	10.00 AM	patient Temperature 100.5°F	
		Inj. parac 150mg given IV	
		due medication Syp. amoxlik	
		2.5mL, Syp. Flavir 4ml oral	
		and recorded.	TP. Kaumozi 607261
	12.00PM	child Temperature reassessed	
		100.2°F, vitals checked and	
		Recorded.	
		12PM | CP ++ | PP ++ | CFT <2sec	TP. 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	1-30pm	Dr-Vaishnavi mam come and see advised syp. mucolite changed Neb. 3% saline 6 6H, oral intake better tommorrow Discharge plan, IVF-48ml/hour	
	1.40pm	patient details handover given to oncoming duty staff	P. Kaumar 607261
		Evening Duty	P. 607261
	1:40PM	child details Hand over taken from Morning Duty staff. child vitals are stable. maintained Tlo chart. Syp. mucolite stop, 3% Nacl neb Q6Hrly added, same and continue order. W/F fever spike, IVF 40ml/hr. on flow →	
	2pm	child vitals signs checked and recorded. vitals are stable. maintained tlochart. →	60735
	3pm	3% Nacl neb P/O given as per order, maintained Tlo chart. →	6073.
	4pm	child vitals T- 99.5°F informed to Dr. Deepak sir no need for medication. →	6073.
			607363.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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

Patient's Name:......................................
MRD NO:
GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN
Sex: ☐ M ☐ F
Age :....
Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 16/7/26 Time: 6:10 PM
Location : metacorpal
Size : 22G venflan
Cannula inserted by : S/N praveen

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
16/7	6:10	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	8 PM	☐Yes ☐No	☐Yes ☑No	path	[illegible]
	10 PM	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
17/7	12 AM	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
	2 am	☐Yes ☑No	☐Yes ☑No	obsn	Sf
	4 am	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
	6 am	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
		☐Yes ☑No	☐Yes ☑No	observ	Sl
	9 Am	☐Yes ☑No	☐Yes ☑No	observa	Sl
	11 AM	☐Yes ☑No	☐Yes ☑No	observe	Sl
	1 pm	☐Yes ☑No	☐Yes ☑No	observ	Sl
	3 pm	☐Yes ☑No	☐Yes ☑No	obser	Sl
	7 pm	☐Yes ☑No	☐Yes ☑No	pattom	AA
	9 pm	☐Yes ☑No	☐Yes ☑No	pattom	AA
	11 pm	☐Yes ☑No	☐Yes ☑No	patton	AA
18/7	3 AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	5 AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	7 AM	☐Yes ☑No	☐Yes ☑No	pattern	G A
	9 Am	☐Yes ☑No	☐Yes ☑No	patter	V A
	11 Am	☐Yes ☑No	☐Yes ☑No	patt	E'I'
	1 pn	☐Yes ☑No	☐Yes ☑No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Location : Time:

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :

Location : Time:

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00054270 IP18-00036498
Baby THASHWANTH N
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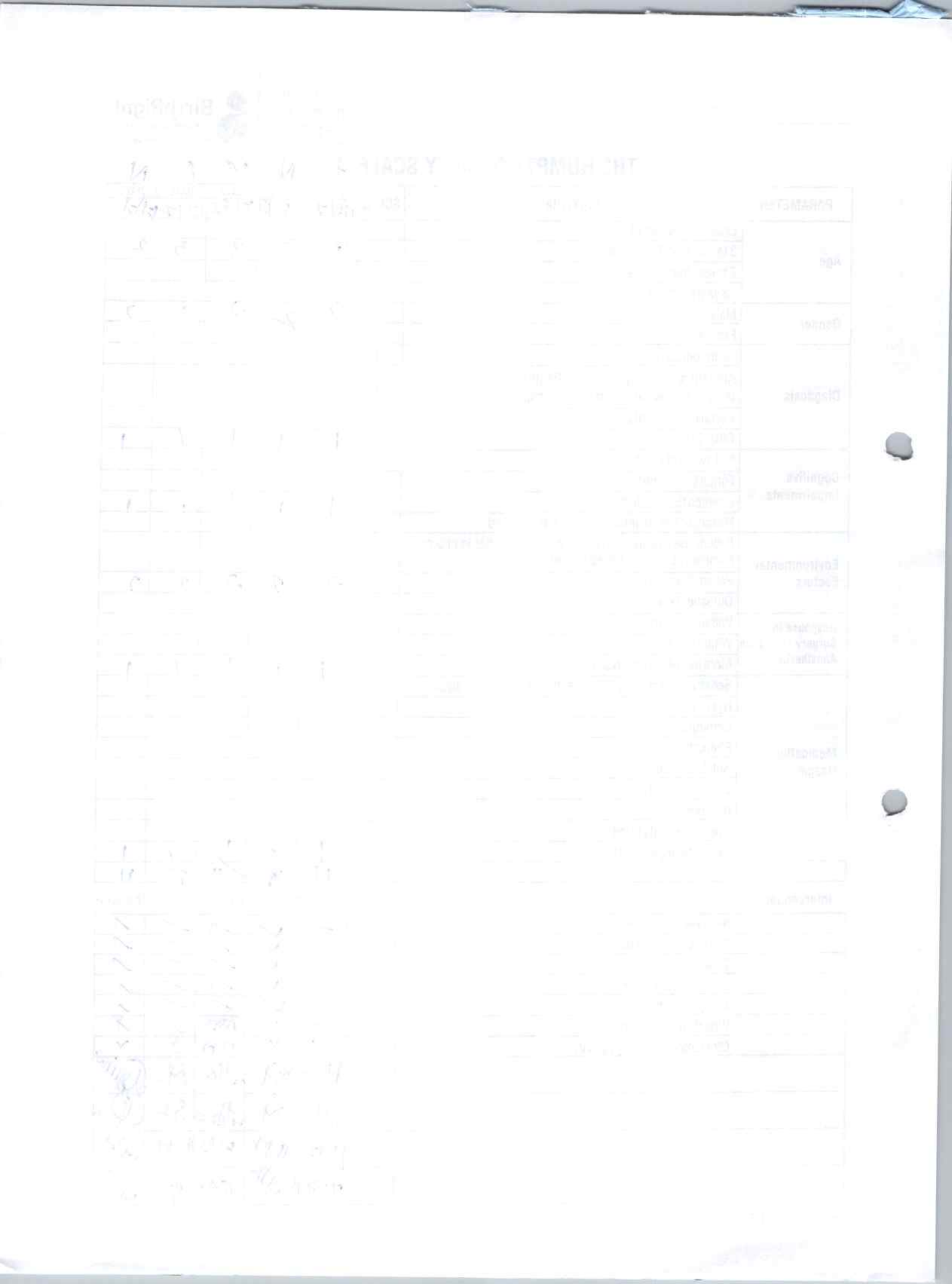
THE HUMPTY DUMPTY SCALE E N M E N

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			16/7	16/7	17/7	17/7	17/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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

	Bed in low position		—	✓	—	—	✓
	Call device within reach		—	✓	—	—	✓
	Wheels Locked		—	✓	—	—	✓
	Room free of clutter		—	✓	—	—	✓
	Adequate lighting		—	✓	—	—	✓
	Wheel chair support		x	x	NA	x	x
	Other Intervention(s) Specify		-x	x	NA	x	x
	Nurse's Name:						
	Signature:						
	Date:		16/7	16/7	17/7	17/7	17/7
	Time:		7:30pm	8pm	8am	8pm	8pm



Patient Sticker

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			8/7				
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1				
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	N/A				
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	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				
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				
	Total		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		X				
Other Intervention(s) Specify		X				
Nurse's Name:						
Signature:						
Date:		8/7/25				
Time:		1.30PM				

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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

Patient Name : .....

Age.....

					Date :		M	E
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.		1	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		2	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	23	23	23	23
					Evaluator's Name				

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

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 20 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Rainbow Children's Hospital
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BRADEN 'Q' SCALE

					Date :	17/7	18/7		
					Time :	8PM	8AM		
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		
"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		
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		
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		
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		
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					TOTAL SCORE	23	23		
					Evaluator's Name				

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

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

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score of -2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: / Time:	Date: 16/7/23 / Time: N	Date: 17/7 / Time: M	Date: 17/7 / Time: E	Date: 17/7 / Time: N	Date: 18/7 / Time: M
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1		0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	1		0	0	0	0	0
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1		0	0	0	0	0
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1		0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	1		0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	1		0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1		0	0	0	0	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1		0	0	0	0	0
9	Previously documented DVT (Assess for both legs)	1		0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2		0	0	0	0	0
	Total Score			0	0	0	0	0
	Signature of the Nurse							

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

Patient Sticker

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: / Time:	Date: / Time:	Date: / Time:	Date: / Time:	Date: / Time:	Date: / Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1						
2	Bedridden recently >3 days or major surgery within four weeks	1						
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1						
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1						
5	Entire leg swollen (Assess for both legs)	1						
6	Localized tenderness along the deep venous system (Assess for both legs)	1						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1						
9	Previously documented DVT (Assess for both legs)	1						
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2						
	Total Score							
	Signature of the Nurse							

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	7PM	1/10	full body	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Inj. para	[signature]
17/7/26	3AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
17/7/26	10Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. [signature] 607261
17/7/26	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
17/7/26	9PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
18/7/26	3AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 021295
18/7/26	10AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

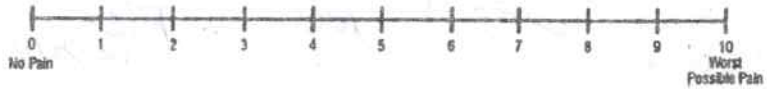
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Patient Sticker

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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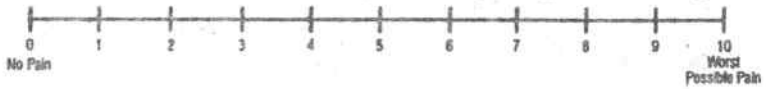

Wong - Baker (Pediatrics) Above 7 Years

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
16/7/26	7PM	yes	Explain the pain Management	mother Fath.	yes	Tamil	no barrier	yes	good	[signature]
17/7/26	10Am	yes	encourage oral intake	mother	yes	oral	NO	yes	good	[signature]

Part - III: CODES

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

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

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

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

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

GUC-00054270 IP18-00036498
Baby THASHWANTH N
27-06-2023 3 Y 0 M 19 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:
Arrival Time: 7:PM Mode of Arrival: Wheelchair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 14.4 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Family History: –

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

If yes please list, –

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

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

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

Observations: Weight: 14.4 Length: – Head Circumference (< 2 years): –

Temp.: 102.F HR: 128 b/M RR: 30 b/M BP: 99/60 (68)

Pain Score: 1/10 Specify Site: – (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain – Location – Frequency – Duration –

FUNCTIONAL SCREENING:
☑ No Abnormalities Detected
☐ Mobility Problem
☐ Developmental Delay
☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

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

Inform consultant for positive criteria

(P.T.O)

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: ..... 16/7/2026 ..... (Date/Time): ..... 7 PM .....

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 .....

Nurse's Name: E. Doryanga ..... Date: 16/7/2026 Time: 7:30PM Signature

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PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 6:6:01 pm	16/7/26 16/7/26 at 7:15pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Vaishnavi	Dr. Vignesh	futhr management
From Unit	**To Unit**	**Information to Attendant**
ER	704	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(10)	– (1) Xray chest films	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500ml	(1)
2.		
3.		
4.		
5.		

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

Fever under evaluation (? Acute pharyngitis /

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Praveen P/ Staff	Lenkyoth 20337

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Vaishnavi Date : 16/7/26

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

Start Time of Assessment: 16/7/26 Weight: 14.4kgs

Allergic History: No Allergies

Chief Complaints:
c/o fever x 4 days
c/o Soremouth x 4days
c/o cough @ 1 and x 4days

Pediatric Assessment Triangle

A Appearance - TICLS Alert

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

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

Significant Past History: -

Medication History: -

Relevant Investigations: -

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 28/min SpO_2 on FiO_2 100% @RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BLAS @ INS added sounds
Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 128/min

BP: 99/60 mmHg

Pulse Volume: Central ...... Peripheral ......

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

CFT: Central ...... Peripheral ......

Murmurs: ☐ Yes ☑ No

Liver Span: ......

ECG: ......

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ......

Disability

GCS: 15/15 AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right ...... Left ......

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

Signs of Neurological compromise ......

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ......

Exposure

Temp.: 102.5 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: A.S. Charted

Treatment Planned: As charted

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

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

Assessment done by

Name of the Doctor: [signature]

Signature: Lucky Munem -2023.22

Date & Time: 16/7/26 6:30 PM

Sr. Doctor on Duty (If necessary)

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

Signature: ......

Date & Time: ......

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 5:15 pm

Chief Complaints: c/o Fever x 4 days RBS: –

Height : – Weight : 14.4kg BMI : – Head Circumference (<2 years) –

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

If yes , identify –

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: – (Date/Time): –

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 10 min

Time	Nursing Notes
5.45 pm	* patient came in ER, c/o Fever × 4 days.
	* vital signs check & recorded.
	* patient screened by DR Lucky sir & Advised Admission under DR. Vaishnavi ma'am,
	* IV line Done, Blood sample collected & send lab.
	* shift to ward.

Samples collected by: S/N Praveen — Time: 6.10 pm

Samples sent by: S/N Subhadip — Time: 6.15 pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 128 b/m BP: 99/60(68) CFT: 2.35sec	Shift - out from ER to: 704
RR: 30 b/m SPO_2: 98% R/A	Time of Shift - out: 7:15 pm
GCS: 15/15 Temperature : 102°F 99.6°F	Handover given to: S/N Madhumita (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

22G (R) metacarpal.

Name of the Nurse : Subhadip — Signature of the Nurse : 01726a

Date & Time : 16/7/26 @ 6.00 pm

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5:10pm NOamd 250mg 3/4th P/A given

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EMERGENCY ROOM TRIAGE FORM

wt: 14.4 kg.

Patient's Name : B/o Lavanya Age : 3y
Date : 16/7/26 Time of Arrival : 5:45pm
Gender: ☑ Male ☐ Female

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 102.5°F PR: 128 BP: 99/60 (68) RR: 30 SpO_2: 98

Chief Complaints: c/o fever x 4 days,

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2mins

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Pravee

Signature of Triage Nurse :

Date & Time : 16/7/26 at 5:46 pm

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