Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

Baby. A. Jayakrishnan
2y | M
QUC: 94150
Dr. Ganesh.

UHID- FLOOR- NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: GUC-00094150 IP18-00036570
Baby AJAYAKRISHNAN
05-04-2024 2 Y 3 M 16 D (M)
Dr. GANESH R

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

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

Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	10:50 pm	ER	406	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/26	EBC, SGPT, RP-2.	26023515	
23/7/26	PCV, Platlet	23668	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/2/26 11pm	Infusion pump	11pm	23/7/26 10am	1731086	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21.07.2026	I.V placement	(1)	1731015 ✓	018134

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 23/7/26 Time: 11.15 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
D.S. Devi S 019354			

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094150 IP18-00036570
Baby A JAYAKRISHNAN
05-04-2024 2 Y 3 M 18 D (M)
Dr. GANESH R

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		23/7/26 @11.30am	Babee 1/08.05		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036570 **Admit Date** : 21-Jul-2026 **Admit Time** : 09:56 PM **UHID** : GUC-00094150

Patient Details :

Patient Name	: Baby A.JAYAKRISHNAN	**Age**	: 2 Y 3 M 16 D
Guardian	: ARUNKUMAR ANNAMALAI	**DOB**	: 05-04-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:1/136,PILLAYAR KOVIL STREET,NEAR SOMANGALAM POLICE STATION, SOMANGALAM Somangalam Kanchipuram Tamil Nadu INDIA 600069	**Phone No**	: 9087600261/ 9841133326
		E-mail	: no@gmail.com

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 : ARUNKUMAR ANNAMALAI **Relationship** : Father

Contact Address : NO:1/136,PILLAYAR KOVIL STREET,NEAR SOMANGALAM POLICE STATION,SOMANGALAM Somangalam Kanchipuram Tamil Nadu INDIA 600069 **Phone No** : 9087600261

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.SARASWATHY **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Rainbow Children's Hospital
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby A.JAYAKRISHNAN**	**Age :**	**2 Y 3 M 16 D**
IP No:	**IP18-00036570**	**Sex:**	**Male**
Consultant:	**Dr. GANESH 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: A.Rajesh.

Name: ANNAMALAI.
Relationship: FATHER
Date: 21/07/26, Time: 09:56AM
Witness Name: P. Thamaraiselvan
Witness Signature:

Patient Address:

NO:1/136,PILLAYAR KOVIL STREET,
NEAR SOMANGALAM POLICE STATION,
SOMANGALAM Somangalam
Kanchipuram Tamil Nadu INDIA
600069

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : Baby A. JAYAKRISHNAN.	UHID Number : 92150
Self/Attendant Name : ARUN KUMAR ANNAMALAI	Relation : FATHER
Self/ Attendant Signature : A. Rajeev Phone Number : 9087600261	Name & Signature of Financial Counselor

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0628/60464/00388

To
அ ஜெயகிருஷ்ணன்
A Jayakrishnan
C/O: Arunkumar Annamalai,
NO. 1/136,
PILLAYAR KOVIL STREET,
NEAR SOMANGALAM POLICE STATION,
SOMANGALAM,
VTC: Somangalam,
PO: Somangalam,
District: Kancheepuram,
State: Tamil Nadu,
PIN Code: 600069
Mobile: 8124905766

குழந்தைக்கான ஆதார்

Signature valid

Digitally signed by the Unique Identification Authority of India
Date: 2026.07.21 20:32:22 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

7156 9807 5258

VID : 9102 9376 4587 5044

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

ஆதார் 5 வயது வரை மட்டுமே செல்லுபடியாகும். 5 வயதை எட்டும்போது பயோமெட்ரிக்ஸ் புதுப்பிக்கப்பட வேண்டும். இல்லையெனில் அது செயலிழக்கப்படும்.

Aadhaar is valid till 5 years of age only. Biometrics are required to be updated on attaining 5 years of age, failing which, it will be deactivated.

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Government of India

Aadhaar no. issued: 26/07/2025

அ ஜெயகிருஷ்ணன்
A Jayakrishnan
பிறந்த நாள்/DOB: 05/04/2024
ஆண்/ MALE

இந்த ஆதார் கடிதத்தை மட்டுமே செல்லுபடியாகும்

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

7156 9807 5258

எனது ஆதார், எனது அடையாளம்

Unique Identification Authority of India

Details as on: 21/07/2026

முகவரி:
கேர் ஆப்: அருண்குமார்
அண்ணாமலை, நோ. 1/136,
பிள்ளையார் கோவில் தெரு,
சோமங்கலம் போலீஸ் ஸ்டேஷன்
அருகில், சோமங்கலம், சோமங்கலம்,
சோமங்கலம், காஞ்சிபுரம்,
தமிழ் நாடு - 600069

Address:
C/O: Arunkumar Annamalai, NO. 1/136, PILLAYAR KOVIL STREET, NEAR SOMANGALAM POLICE STATION, SOMANGALAM, Somangalam, PO: Somangalam, DIST: Kancheepuram, Tamil Nadu - 600069

7156 9807 5258

VID : 9102 9376 4587 5044

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Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00094150 IP18-00036570
Baby A.JAYAKRISHNAN
05-04-2024 2 Y 3 M 16 D (M)
Dr. GANESH R

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____

Information given by: _____ Age/Sex _____

Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever x (5d)
↓ intake x (2d)

History of present illness :

Fever x (5d)
↓
High grade intermitted fever
settled ↓ paracetamol for past 5 days

NO c/o: cough
burning micturition
loose stool
c/o: ↓ intake
tiredness | x (1d)

Child was initially treated & evaluated at outside hospital & found to have

TC - 2110
Plt - 1,50,000
PCV - 37
SNAT - 91
Dengue NS1 +ve

Patient Sticker

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

N.C

Birth & Neonatal History:

NVD | TERM | 2.5kg | CEAB | NO NICU

Family Chart

Birth & Socio Economic History:

About Father :]
About Mother :] (N)

Any additional Information :

Developmental History : (N)

Immunization History : uptodate

Anthropometry :

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

Weight (kgs) ~~11.6 kg~~ (Centile _____)

On Examination :

Temperature : 98.6 F Pulse Rate : 132/min B.P. 96/69 SPO2 99% RA

Resp.rate and type of breathing : (N)

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBS (P)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (P)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : Soft

Ausculation :

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : (N)

Motor System :

Nutriton : (N)

Tone: (N)

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Power (N) 5/5 all 4 limbs

Patient Sticker

Reflexes :

Superficials:

DTR (+)

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acu. Dengue fever

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC ✓
SGPT ✓
RP-2 ✓

Planned Management

IVF 0.9% DNS
40ml/hr
Syr. P250mg 3.5ml once in 6hr
iv T>100F
Inj PAN 12mg IV R24H
Inj Emset 1.2mg IV R8H
Strict I/O
BP monitoring every 4th hour

Signature of the Doctor: [signature]

Name of the Doctor: C.DEEPAK

Date & Time: 21/7/24 @ 10:10PM

Signature of the Consultant: [signature]

Name of the Consultant: R. [illegible]

Date & Time: 22/7/24

(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: .....

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00094150 IP18-00036570
Baby A.JAYAKRISHNAN
05-04-2024 2 Y 3 M 17 D (M)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24 5:00 AM	S/B DR. DEEPTH Adv. Dengue fever Child reviewed child has no further fever spikes O/E: child is asleep CVS: S1S2 (+) RS: VBS (+) P/A: SOFT/NT CNS: NFND Plt - 1,26,000 TC - 3,340 R'P-) - (-ve) SGPT - 37	Rx - IVF 0.9% + DNS 45ml/hr -) TO Monitor vitals / Sensorium - TO Monitor strict I/O -) Every 4th hourly BP monitoring C.S 16/7/24

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24 9 AM	S/B Dr. Chandrabegh.	
	Δ- Dengue fever - A febrile phase	
	c/o Fever x 5 days, high grade intermittent not associated with chills no c/o cough, vomiting, loose stools c/o decreased oral intake x 2 days Urine output, Activity - good. 1.1 ml/kg/hr	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	BP - 106/68 mm Hg
	RS - B/L AE (+)	PR - 122/min
	P/A - Soft	
	Hydration - PPMT, CRT < 3 sec	
	Urine output passes 2 hrs once	
	Adv:	
	Plt - 1,50,000 → 1,26,000	- monitor vitals
	PCV - 37 → 33	- W/F Rash, fever, Abd pain, Hypotension
	RP Negative.	- IV Fluids at 45ml/hr
	SGPT - 91	- To decide on Repeat Plt, PCV after 6pm grounds
	Electrolytes, RFT, SGPT (N)	- Tefcom (SOS)
	19/24	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10:45AM		S/B Dr. Ganesh
	Dengue fever	
		afebrile ∵ adm.
		intake slightly better
		4.00
	all pulses were felt	
	CRT < 3 sec	
	PP (N)	
		stable
		Ganesh
	hey	
22/7/26 4:30pm	S/B Dr. Chandiralegha	
	~~Δ - Dengue circulation of volume~~	
	Δ - Dengue fever - afebrile phase	
	child reviewed	
	sleeping	
	no fever spikes	
	Oral intake - only liquids	
	urine output ≈ 2.8 ml/kg/hr	
	no c/o abd pain, rash, vomiting	

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
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear	
	P/A - soft	
	Hydration - PPWT, CRT < 2 secs	
	Adv	
	- Monitor vitals	
	- W/F fever spikes, rash, hypotension,	
	- Abd pain	
	- Strict I/O maintaining	
	- Inform (SOS)	
	- To do PCV, Platelets in morning 7am	
	[signature] 1/12/24	
	S/B Dr. Chandrakala	
23/7/24 8Am		
	D - Dengue fever - Afebrile phase.	
	Child reviewed	
	Alert, Active	
	no fever spikes	
	no c/o rash, Abd pain, vomiting	
	Tolerating oral feeds well.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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RESULT SHEET

Date	21/7/26	22/7/26				
Time	(outside)					
Hb	11.5	11.6				
PCV	37.4	33				
RBC	4.92	4.54				
WBC	2110	3340				
N/L	32/62	15181				
Platelets	1.5	1,26,000				
CRP	0.83					
ESR	6					
PCT						
RBS						
Na		138				
K		4.0				
Cl		104				
Ca/Mg		1.13				
Phosphate						
Urea		20				
Creatinine		0.31				
ALP						
SGPT		37				
SGOT	91 ↑					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
OPD → Dengue NS1	+ve					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: HDU

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : C. [signature]

Date & Time : 21/1/26 @ 10:10 PM

Nurse Name & Signature: Rishi [signature] (102033361)

Date & Time : 21/1/26 @ 10:15 pm

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

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DRUG CHART

Date of Admission: 21/1/26 Drug Allergies: NKDA ☑ 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 : Sy. P250mg				Date Time
Dose: 3.5ml	Route: P/O	Frequency: SOS	Start Date: 2/1/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: If T>100°F Once in 6hrs				

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:				

Signature .....

VERIFIED BY : Name .....

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Baby A.JAYAKRISHNAN
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REGULAR PRESCRIPTIONS

Weight. 11.6kg Ward. .....

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
12mg	IV	Q24H	2/7

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7		22/7
10:30 pm	Q R.B	6 AM	AA PM

DRUG : Inj ONESET

Dose	Route	Frequency	Start Date
1.2mg	IV	Q8H	2/7

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7		22/7
10:30 pm	Q R.B	6 AM	AA PM
		1 pm	
		7 pm	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

Patient Sticker

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

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

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

Signature .....

VERIFIED BY : Na...

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 11.6kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7/26	10:30 pm	0.9% DNS	IV	45 ml/hr	[illegible]	SD / RB.	22/7/26 @ 11AM		[illegible] 02.40
22/7/26	11AM	0.9 NS	IV	30 cc/hr	[illegible]	[illegible]			

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 28/7/26 Time:	11am.	4AM
Doctor / Nurse / Family Concern?		
Temperature (°F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	96, 105/57	106, 121/68
Heart Rate (Number)	106b/m	122b/m
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	28	26
Resp Rate (Number)	28b/m	26b/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild	✓	✓
Receiving O_2 (l/min)		
O_2 Saturations (%)	99%	98%
Conscious Level — Normal	✓	✓
Conscious Level — Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	pr	pw

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/2/24 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F)

98°F 98.6°F 97.3°F 98°F 98°F

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

Note: BP does not score in early warning scoring

102/88 90/66 96/(60) 103/(62) 102/(60) 101/(64)
83 50 54 61 54 58

Heart Rate (Number) 108/mt 108/mt 126/mt 120/mt 120/mt 100/mt

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

Resp Rate (Number) 26b/mt 26b/mt 26/mt 26b/mt 26b/mt 26b/mt

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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wt-11.8kg
AG-43 CM

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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/2/26	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									✓	0	NSR
	11:00 pm			45ml							0	NSR
	12:00 am	MILK	40ml.	45ml							0	NSR
	01:00 am			45ml								
Total Intake :		40ml + 90ml				Total Output :	Urine					
	02:00 am			45ml							0	NSR
	03:00 am			45ml							0	NSR
	04:00 am			45ml							0	NSR
	05:00 am	Water	10ml.	45ml						10ml	0	NSR
	06:00 am	MILK	60ml.	45ml							0	NSR
	07:00 am			45ml								
Total Intake :		70ml + 90ml				Total Output :	107ml					

Total 24 hrs. Intake	470ml.
Total 24 hrs. Output	107ml + Urine

1.1ml/kg/hr

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FLUID CHART

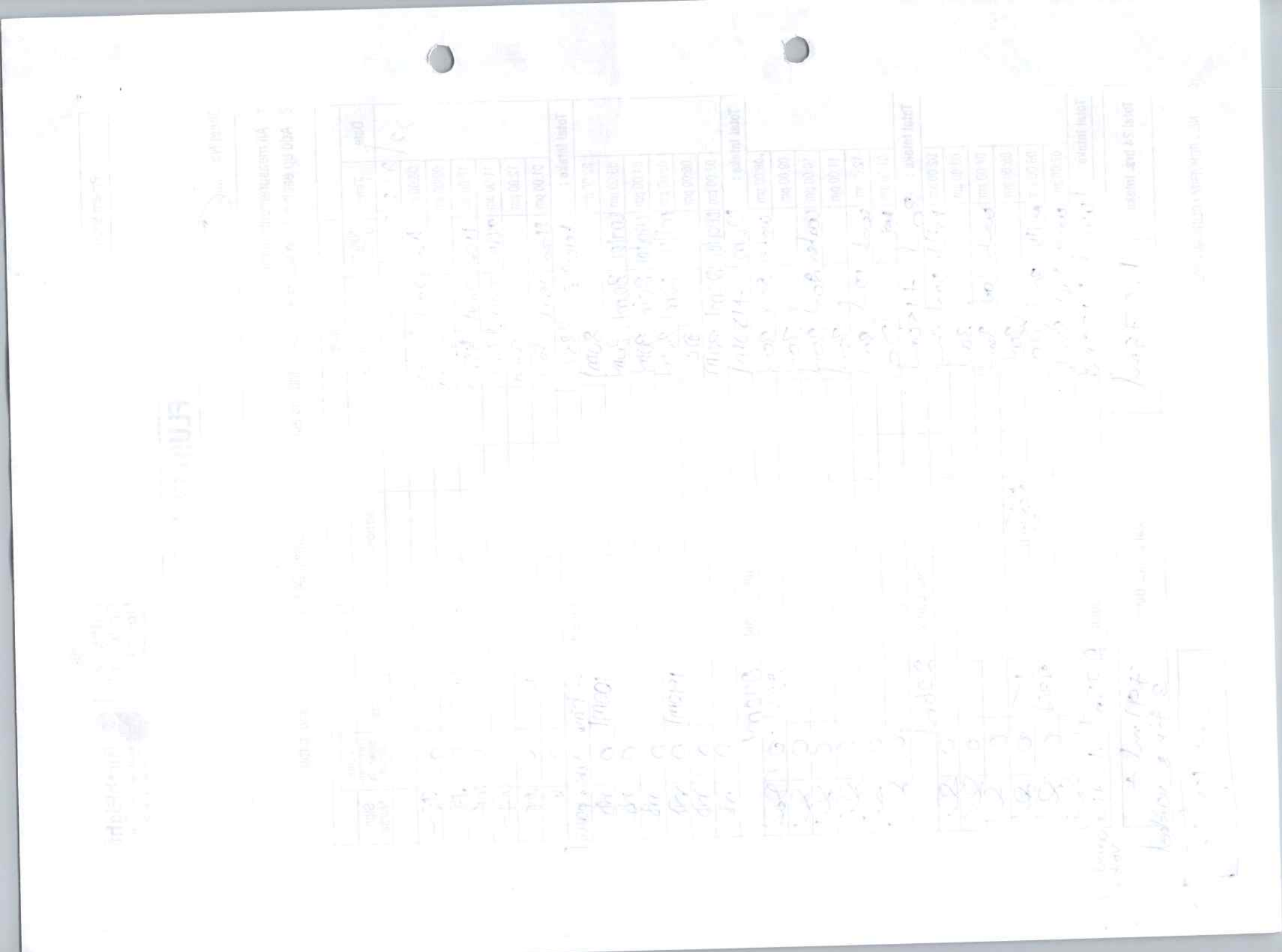
Sheet No. : 2

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/7/24	08:00 am	Aso	20ml	DNS 65ml							0	
	09:00 am			65ml						✓	0	
	10:00 am	tiffin	20ml	65ml							0	
	11:00 am	Tiffin	50ml	30ml							0	
	12:00 pm			30ml						✓	0	
	01:00 pm	Aso	10ml	30ml							0	
Total Intake : 10ml + 225ml						Total Output : 2 bms urine passed						
	02:00 pm			30ml						100ml	0	
	03:00 pm	water	30ml	30ml							0	
	04:00 pm	water	20ml	30ml							0	
	05:00 pm	milk	50ml	30ml						190ml	0	
	06:00 pm			DC							0	
	07:00 pm	water	20ml	30ml							0	
Total Intake : 120ml + 150ml						Total Output : 290ml						
	08:00 pm	water	50ml	30ml						226ml	0	
	09:00 pm			30ml							0	
	10:00 pm	water	20ml	30ml							0	
	11:00 pm			30ml							0	
	12:00 am	wat	10ml	80ml							0	
	01:00 am			DC							0	
Total Intake : 80ml + 150ml						Total Output : 226ml						
	02:00 am	milk	50ml	30ml							0	
	03:00 am			30ml							0	
	04:00 am	wat	10ml	30ml							0	
	05:00 am			30ml		motion passed				✓	0	
	06:00 am	milk	30ml	DC						275ml	0	
	07:00 am	water	10ml	80ml							0	
Total Intake : 100ml + 150ml						Total Output : 275ml + 1 time urine voided						

Total 24 hrs. Intake	1,075ml	Total 24 hrs. Output	791 ml + 3 times voided

2.8ml/kg/hr



GUC-00094150 IP18-00036570
Baby A.JAYAKRISHNAN
05-04-2024 2 Y 3 M 17 D (M)
Dr. GANESH R

NURSING CARE RECORD

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Date: 21/07/26

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	8pm	Assess the child Monitor vitals Maintain Hochart Administer medi		Assessed the Child Monitored vitals maintained I/O Administered medical	Child is stable	Reassessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	→ To maintain fluid balance of the child.		→ Assessed the fluid balance of the child → Monitored vital signs → Maintained I/O chart → Administered IV fluids as per Order	→ Emptying and maintaining adequate fluid balance.	Child was stable. Reassessment was done	
Afternoon	2pm	maintain Good Nutritional status.		⇒ Assessed child condition. ⇒ Maintain vital Signs and I/O chart ⇒ Maintain hand hygiene.	Improved nutritional pattern.	Reassessment vital are stable	
Night	8pm	maintain Good nutritional status		Assess child condition monitor vitals Encouraged to more oral intake	Oral intake good	Reassessment done	

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26		→ [illegible] notes 2/7/26	
	11pm	Child arrived from ER to 4th floor, child is conscious and alert, afebrile IV line ⓟ no other complaints	[signature] 01133
	12am	IV antibiotic given as per doctor's order.	
	2am	Child sleeping well no other complaints, vital signs checked and recorded	[signature] 01134
		IV fluid @ 0.9% DNS @ 45ml/hr on flow.	
	4am	vitals are checked and recorded temp is normal. PP ++, LP ++, CRT <2s	
	6am	Administer the medication as per doctor's orders	
		IV line patent and good	
	7.30am	The child details handover given to morning duty staffs.	[signature] 015780
		Morning duty notes on 2/7/2026	
2/7/26	7:30AM	Child details taken over from Night duty Staff Nurse using ISBAR method. On assessment, child	[signature] 020749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Combine notes →	
22/7/26			
		is conscious, oriented and afebrile,	
		ACS-total, Skin Assessment done. IV line	
		is present and patent, no ~~IV line~~ pain	
		or redness. on IVF DNS @ 45 ml/hr	
		on flow	
	8AM	vitals checked and recorded	
		all are hemodynamically stable	
		[GP / ++ | PP / ++ | CRT / <3sec]	
	9	Due medication given as per the	
		drug chart	
	11AM	Dr. Ganesh sir Came and Seen	[signature]
		informed about the child condition	020749
		advised to follow as per progress note	
	12PM	vitals checked and recorded	
		all are hemodynamically stable	[signature]
			020749
		[GP / ++ | PP / ++ | CRT / <3sec]	
	1PM	Strict I/O chart maintained	[signature]
	2PM	child details handed over to	020749
		oncoming duty staff nurse using	
		ISBAR method.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26		→ evening duty ←	
	1:30pm	Child taken over from morning duty staff conscious & awake.	
	2pm	Child taking oral liquids IV line ⊕ present & patent. IVF – 0.9 DNS 30ml/hr on flow	[illegible]
	4pm	Vital signs checked & recorded. No other complaints.	[illegible]
		PP ++ / CP ++ / CRT 13Sec	[illegible] 01890
	6pm	Child active. IV line ⊕ present & patent. I/O chart maintained.	[illegible]
	7.30pm	Child details hand over given to evening duty staff	[illegible] 01890
		Night duty Notes on 22/7/26	
	7:30pm	The child details handover taken from the evening duty staffs. The child is conscious and active	[illegible]
	8pm	Administer the medication as per doctor's order	
		IV line patent and good	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (22/2/26)	
	8pm	vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT <2s	
	9.10pm	Dr. Ganesh sir rounds was done	
		adv! to do pw, pt tomorrow	
		morning	
	10pm	The child had soft diet	
		The child is sleeping well	
	12am	vitals are checked and recorded	
		temp is normal	
		BP ++	
		CP ++	
		CRT <2s	
	2am	Ho chart is maintained	
		No any other complaints	
	4am	vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT <2s	
	6am	Administer the medications as	
		per doctors orders	
	7.30am	The child details handovered given	
		to morning duty staffs.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/7 N	DATE 22/7 M	DATE 22/7 E	DATE 22/7 N	DATE 23/7 M
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	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
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

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	Ø	NA	NA	NA
Other Intervention(s) Specify		X	Ø	NA	NA	NA
Nurse's Name:		[illegible]	Jeau	Vaishn	Abhip	Sparg
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		21/7	22/7	22/7	22/7	23/7
Time:		8pm	8AM	2pm	@ 8pm	8AM

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

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F/HW/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : F .....

				Date :	N 21/7	M 22/7	E 22/7	N 22/7
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.	3	3	3	3
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	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	26	26	26	26
				Evaluator's Name				

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

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INTER... NT / FAMILY EDUCATION RECORD

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7/26	11pm	Fall risk education	Explained about call bell & side rails	mother	No	oral	Repeat values	verbalizes understanding		
22/7/26	8AM	ongoing care	Explained about the importance of ongoing care	mother	No	Oral	Repeat values	verbalizes understanding		Refer 022749
23/7	8AM	Fall risk education	Explained about call bell.	mother	No	Oral	Repeat value	understand	—	

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11 p.m. Mode of Arrival: parents holding Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction .....

Body Weight: 11.6 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: 11.6 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98°F HR: 128/m RR: 28/m BP: 99/58

Pain Score: 0/10 Specify Site: – (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

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

Character of Pain – Location – Frequency – Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: S. Anithalakshmi Date: 22/2/26 Time: 11.30 pm Signature

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wt. 11.6kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : JAYAKRISHNAN Age : 2Y3M Gender: ☐ Male ☐ Female

Date : 21/07/26 Time of Arrival : 9:40pm

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

Source of information : ☑ Parents ☐ Others (Specify) NIL

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99F PR: 132/m BP: 94/69(78) RR: 30/m · SpO_2: 99%

Chief Complaints: H/O Fever x Ds, cold (+).

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 2 min.

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shibu Debnath.

Signature of Triage Nurse : 12:40

Date & Time : 21/07/26 @ 9:42pm

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

PATIENT TRANSFER FORM

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BirthRight™ BY RAINBOW HOSPITALS
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GUC-00094150 IP18-00036570 Baby A.JAYAKRISHNAN 05-04-2024 2 Y 3 M 16 D (M) Dr. GANESH R	Date & Time of Admission 21/7/26 @ 9:56pm	Date & Time of Transfer Order 21/7/26 @ 10:50pm
Treating Consultant Name DR. Ganesh	Transfer Ordered by DR. Manonmani	Reason for Transfer further Management
From Unit ER	To Unit 406	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 10	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	O. 9% DNS E Safrafix →	0
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Dr. Deepak FSVES

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rishi [signature] (1020336)	C. DEEPAK

Patient & Clinical Records Received by : [signature] 01860

Date & Time of Patient Received : 21/7/26 @ 11p

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

GUC-00094150
Baby A.JAYAKRISHNAN
05-04-2024
Dr. GANESH R
IP18-00036570
2 Y 3 M 16 D
(M)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
21/7/24	10:15pm	86 mg/dl	-	

GUC-00094150 IP18-00036570
Baby A.JAYAKRISHNAN
05-04-2024 2 Y 3 M 16 D (M)
Dr. GANESH R

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/7/26 Time of arrival : 9:40pm

Chief Complaints: H/o fever x 5 days, cold RBS: 87mg/dl

Height : - Weight : 11.6kg 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?) Nil

Time of initial assessment completed by ER Nurse : 30 min

Time	Nursing Notes
9:40 pm	child came for emergency c complaints of fever x 5 days. cold. vitals Maintained in normal limits. s/b DR. Muruganani discussed to DR. Cranesh advised to admission. IV cannulation done. RBS was 86 mg/dl. Samples collected and sended to labs. child shift to ward for further Management.

Samples collected by:

Samples sent by : / Shibu

Time:

Time: 10:15pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 132 BP: 94/69/78 CFT: 2 sec

RR: 30 SPO_2 : 100 %

GCS: 15/15 Temperature : 97 F

Pain Score: 0/10

Repeat RBS (if applicable): - 82 mg/dl

Details of Shift - out

Shift - out from ER to: 4 ward

Time of Shift - out: 10:50pm

Handover given to: S/N Shifter (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation done (L) metacarpal 24 G

Name of the Nurse : Rinky

Signature of the Nurse : Rinky (020336)

Date & Time : 21/7/26 @ 10:15pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DEEPAK Date : 21/7/24

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

Start Time of Assessment: ..... Weight: 11.6 kg

Allergic History: (-)

Chief Complaints:
Fever x 3d

Pediatric Assessment Triangle

A Appearance - TICLS Active

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 ☐

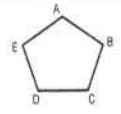
Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: NAD

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway

☑ Open
☐ Maintainable
☐ Not Maintainable

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

Breathing

Rate: ..... SpO_2 on FiO_2 98% (RA)

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary).....

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

Circulation HR: 132/min CFT — Central ... Peripheral ...

Any urgent interventions needed: ☐ Yes ☐ No ✓

If Yes ....

BP: .... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability GCS: 15/15 AVPU: Alert

Any urgent interventions needed: ☐ Yes ☐ No ✓

If Yes ....

Pupils: — Responsive ☐ Non-Responsive ☐ — Size — Right .... — Left ....

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

Signs of Neurological compromise ....

Exposure Temp.: 98.4°F

Any Rash: ☐ Yes ☑ No

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

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

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned:	**Treatment Planned:** ....
Ax Cefotaxim	

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: C. DEEPAK

Signature: [signature]

Date & Time: 2/1/2024 @ 11:05AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....