Rainbow Children's Hospital

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

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: ..... IP No: .....

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-11-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

Dept: .....

Date of Admission: ..... T..... harge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/07/26	8pm	C-12	5/2	CHC

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Vaishnavi	19/7/26	to be raised	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/07/26	CBC, &RD-2	26023257	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/07/26	IV placement	(1)	1729823	CH. Alex
19/07/26	Chest x-ray	(1)	9743	CH. Alex
19/07/26	Neb c O_2	(3)	1729824	
20/7/26	Neb c O_2	(4)	1729932	P. Udh
20/7/26	Neb O_2	(2)	1730228	P dly
20/7/26	Neb c O_2	(1)	1730305	P dly
21/7/26	Neb c O_2	(3)	1730586	P. Udh
21/7/26	Neb c O_2	(2)	1730656	P. Udh 21113

ANY OTHER INFORMATION:

Date: 21/7/26 Time: 10 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P. Udh 02113			

Rainbow Children's Hospital | BirthRight

5th Floor.

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTAI

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		10 am			
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 : IP18-00036531 **Admit Date** : 19-Jul-2026 **Admit Time** : 07:10 PM **UHID** : GUC-00048731

Patient Details :

Patient Name	: Baby ANU KRITHI	**Age**	: 3 Y 5 M 20 D
Guardian	: Mr MR.ALAGAPPAN A L	**DOB**	: 30-01-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B1A,B1B,GAYATHRI FLATS,FLAT NO:F3,21ST ST,AMBAL NAGAR Keelakattalai Kanchipuram Tamil Nadu INDIA 600117	**Phone No**	: 9790758195
		E-mail	: ALAYAPPA.1992@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 512 **Ward Name** : 5F-SEMI PRIVATE

Room No : SPVT 512 **Admission Type** : First Visit

Contact Details :

Name : Mr MR.ALAGAPPAN A L **Relationship** : D/O

Contact Address : B1A,B1B,GAYATHRI FLATS,FLAT NO:F3,21ST ST,AMBAL NAGAR Keelakattalai Kanchipuram Tamil Nadu INDIA 600117 **Phone No** : / 9790758195

Signature

Doctor Details :

Doctor Name : Dr. NATARAJ PALANIAPPAN **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 5000.00

Payor Name : SELFPAY

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. Anu Krithi	UHID Number : CUC-00048731
Self Attendant Name : S.Karthic	Relation : Mother
Self Attendant Signature : S. Karl Phone Number : 9629394450	Name & Signature of Financial Counselor A. Sh

Rainbow Children's Hospital

BirthRight
BY RAINBOW HOSPITALS

DAY CARE DIET SHEET

S.No	Date	Time	Food Item	Quantity	Name (Signature)

இந்திய அரசாங்கம்
Government of India

A. அழகப்பன்
Al Alagappan
பிறந்த நாள் / DOB: 13/01/1992
ஆண்பால் / Male

Issue Date: 23/12/2021

4923 3969 4776

எனது . எனது அடையாளம்

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

முகவரி: அ அழகப்பன், பி1ஏ மற்றும் பி1பி,முதல் மாடி காயத்திரி குடியிருப்பு, 21 வது தெரு, அம்பாள் நகர், சர்ச் அருகில் கீழகட்டளை, கீழ்கட்டளை, காஞ்சிபுரம், தமிழ் நாடு, 600117

Address: A ALAGAPPAN, B1A and B1B, 1st FLOOR, GAYATHRI FLAT, 21st street, AMBAL NAGAR, NEAR CSI CHURCH, KILKATTALAI, Keelkattalai, Kancheepuram, Tamil Nadu, 600117

Print Date: 23/12/2021

4923 3969 4776

1947 help@uidai.gov.in www.uidai.gov.in

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

GUI:-00048731
Baby ANU KRITHI IP18-00036531
30-11-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

& Physical Examination

Name: _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o cough x 3 days
occ. → ↑e in intensity since morning

c/o fast breathing - since today afternoon.

Chest indrawing - since afternoon.

No h/o runny nose / fever / loose stools

Vomit - 1 episode - post feeds.

oral intake / activity | fed since afternoon

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

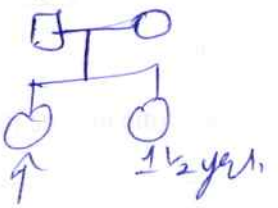
Is of any previous investigation or treatment)

No h/o previous admissions / previous nebulization

Birth & Neonatal History:

Term / NVD / BT. Wt - 2.9 kgs
UAB / no NICU stay

Family Chart



Birth & Socio Economic History:

About Father : Nil significant

About Mother :

Any additional Information :

Developmental History :

Dev - (N)

Immunization History :

Vaccinated upto date acc. to IAP schedule.

Anthropometry :

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

Weight (kgs) 11.6 kgs (Centile _____)

On Examination :

Temperature : 97.2°F Pulse Rate : 152/min B.P. _____ SPO2 92-93% → Post Neb 97%

Resp.rate and type of breathing : 54/min

SSR(+), SCR(+), ICR(+) Alert

Rash DPWS, CRT < 3sec.

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System : mild SSR(+) / SCR(+) / ICR(+)

Inspection (any s/o distress) : B/L NVBS (+)

Air entry & breath sounds : B/L wheeze (+)

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) CXR - B/L Hyperinflation (R) paracardiac infiltrates (B)

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft, non-tender

Ausculation :

Spine : (N) External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power >3/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acute exacerbation of Wheeze - ? viral triggered

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC ✓
RP2 –
CXR ✓

Planned Management

Neb levolin q/2h
Neb. Budecort q/12h

Signature of the Doctor: .....

Name of the Doctor: Dr. Kavitha

Date & Time: 19/7/26 8pm

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge: .....

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Do

Da

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	S/B Dr. Kavitha / Dr. Vaishnavi	
9.30pm		
	Child reviewed	
	Distress settling	
	Oral intake - better	
	O/E - Alert, active	
	PPNF	
	Vitals - RR - 38/min	
	HR - 136/min	
	SpO2 - 99% @ RA	
	RS - mild SSR (+), ICR (+), SCR (+)	
	B/L NVBS (+)	
	B/L wheeze (+) - expiratory	
	Other system - NAD	
		Advice
		Neb. LEVOLIN q2h
		↓
		q4h.
		Neb Budecort.
		Syp Azithromycin
		Monitor vitals
		W/f increase in distress / hypoxia
		Vaishnavi
		[signature]

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	S/B Dr. Kanthga	
6.45am		
	Distress ded	
	Cough ⊕	
	O/E - Asleep	
	AFNF, Pulse volume - good	
	CRT < 3 secs	
	Vitals - HR -	
	RR - 35/min	
	SpO_2 - 98% in RA	
	RS - minimal ICR, SCR ⊕	
	B/L NVBS ⊕	
	B/L expiratory wheeze ⊕	
	Ⓡ Basal crepts ⊕	
	CVS - S1 S2 ⊕, no murmur	
	Other systems - WNL.	
		Advice
		T/c Neb. levolin q4h
		Neb Budecort q12h
		Monitor vitals
		W/f ↑ in distress / hypoxia
		Plan to add Neb Ipravent
		Order
		IVF to continue

Inj Hydrocort i.v. Stat

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

GUC:-00048731
Baby ANU KRITHI IP18-00036531
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 9am	S/B Dr. Gayathri	
	A - Acute exacerbation of wheeze	
	Child on room air. awake & alert. No fever. cough - better No distress since yesterday night oral intake - good. U/O - good	
Vitals HR - 120/min RR → 32/min SpO_2 → 97% on RA	Meds: ✓ On Neb. Levolin → spaced out from Q2H → Q4H. ✓ On Neb. Budecort Q12H 2.5ml BD. Syp. Azithromycin 2.5ml BD. O/E: Child active & playing around	
CXR (R) lung fields.	RS: B/L AE (+).	
Labs	No distress.	
Hb: 12.1	Mild wheeze (+) (R) > (L) in infraaxillary regions.	
WBC - 13,140 (58/32/1)	RR - 32/min	
Plt - 3.98	No crepts.	
Na/K/Cl - 138/3.7/102	CVS: S_1S_2 (+)	
HCO_3 - 21	CRT < 2sec.	
CXR → (R) sided, patchy infiltrate (+) in the MZ. (perihilar region).	PPWF (+)	
	pulse vol - good.	

Patient Sticker

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Abd - soft,	not tender
	no organomegaly	
	CNS - GCS: 15/15 ·	
	Plan	
	(1) Encourage orally	
	(2) Cont Syp. AZITHROMYCIN (D2)	
	2.5ml - 0 - 2.5ml.	
	(3) Cont Neb. Levolin 0.63mg Q4H. (at present)	
	(4) Monitor vitals	
	(5) Inform if SpO2 < 93%. Or RR > 40/min	
	(6) Stop IVF	
	(Dr. Gayathri) 76559	
29/7/26 11am	S/B Dr. Nalini	
	WARD	
	↓ levolin to 0.64	
	change to cetirizine - LS tomorrow &	
	discharge	
	Stop IVF	
	65753	

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

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 10pm	S/B Dr. Gayathri	
	Child reviewed	
	No fresh complaints	
	on room air	
	No distress	
	cough (+)	
	Chest - clear	
	RR - 30/min	
	SpO_2 - 98% on RA	
	Plan:	
	Cont the same	
	drugs as pr chart.	
21/7/26 9AM	S/B - Dr. Yuvaraj	
	A - WALRI	
	Child reviewed.	
	O/E alert, active, afebrile	
	oral intake - good	
	WOB (N)	
	SpO_2 - 100% @ RA	
	RR - 28/min	
	RS - b/l AE equal, no added sounds	
	PA - Soft, non tender	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CVS - S1 S2 (+), no murmur	
	CNS - NFND	
	Plan:	
	(D3) Syp Azithromycin	2.5ml Q24H
	Neb Levolin	0.63mg Q6H → Stop
	Syp Mucolite	3.5ml Q8H
	Neb Budecort	0.5mg Q12H
		Syp Cheston LS 3ml Q8H
	Plan discharge	today after rounds.
		J.Y
21/7/26	S/b D. Nalay	
7' am	Discharge	
	Review for	
	MUcolite	3 - 3 - 3ml x (5) d
	Syp. Cheston LS	2
	Syp. Cheston - LS	3ml/hs
		88781

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	19/7/26					
Time						
Hb	12.1					
PCV	37					
RBC	4.39					
WBC	13,40					
N/L /M	58/32/6					
Platelets	3.98					
CRP						
ESR						
PCT						
RBS						
Na	139					
K	3.7					
Cl /HCO3-	102/21					
i.Ca/Mg	1.21					
Phosphate						
Urea	27					
Creatinine	0.36					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00048731 IP18-00036531
Baby ANU KRITHI (F)
30-01-2023 3 Y 5 M 20 D
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: 512

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 : Dr. Kavitha [signature]

Date & Time : 19/7/26 7pm

Nurse Name & Signature: Ch. Aishwarya ICU [signature]

Date & Time : 19/7/26 @ 6.45pm

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

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 19/07/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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: Inj. EMESET				Date / Time
Dose	Route	Frequency	Start Date	
1mg	IV	SOS	19/7/26	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: if vomit (P)				

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 .....

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

REGULAR PRESCRIPTIONS

Weight. 11.6 kg Ward. 5th

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Date
0.63mg	Neb	9/2h	19/7/26

Name & Signature of the Doctor Starting the Drugs: ×3 times

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	19/7	20/7
10pm	RV	
12AM	RV	
2AM	RV	

charged

DRUG : NEB. BUDECORT

Dose	Route	Frequency	Start Date
0.5mg	Neb	9/12h	19/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	19/7	20/7	21/7
8AM		SN SA	
8pm	RV SL		

DRUG : SYP. AZITHROMYCIN

Dose	Route	Frequency	Start Date
2.5ml	P/O	9/24h	19/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 200mg 5ml

Daily Doctor's Endorsement by a Sign

Date/Time	19/7		20/7	21/7
10 pm	RV			
		2pm	TP KS	
	D1	D2	D3	

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Date
0.63mg	Neb	9/4h	19/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	20/7
2AM	
6AM	RV
10AM	SN SA
2pm	
6pm	
10pm	

85 78

GUC-00048731 IP18-00036531
Baby ANU KRITHI 5 Y 5 M 20 D (F)
20-01-2023
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Weight 11.6kg Ward 5th

Sheet No: ....

DRUG : Neb. Levolin	Date: 20/7, 21/7
Dose: 0.63mg; Route: neb; Frequency: Q6H; Start Dt.: 19/7	Time: 4AM, 10AM, 4PM, 10PM
Name & Signature of the Doctor Starting the Drugs: [signature] 85781	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

DRUG : Syp. Mucolite	Date: 20/7, 21/7
Dose: 3.5ml; Route: PO; Frequency: TDS; Start Dt.: 19/7	Time: 8am, 2pm, 10pm
Name & Signature of the Doctor Starting the Drugs: [signature]	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

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

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 108

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7/26	6.30pm.	Neb. Levolin	0.3mg	Neb		
19/7/26	7pm	Neb. LEVOLIN	0.3 mg	Neb		
19/7/26	7.10pm	NEB. LEVOLIN	0.3mg	Neb		

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

I.V. FLUIDS CHART

Weight. .... 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
19/7/26	8pm	IVF DNS	40ml/hr		[signature]	[signature]	20/7/26 9AM		VR
20/7/26	9AM	↓ IVF 5	86		[signature]		20/7/26 11AM		[signature] SA

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

Ref. No. F/INPR/12

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

Patient Name : GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

Registration No.

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/7	00.00	Neb c̄ O2 → (4)	[illegible] 02113	S. Karl
20/7	8.00 am	Neb Budecort — (1)	S. Arrj 9931	S. Karl
	10.00	Neb - levolin — (1)		S. Karl
	3.00	Neb c̄ O2 levolin — (1)	[illegible] 10193	
	4.00	Neb c̄ O2 → (3)	[illegible] 02113	
	5.00	Neb c̄ O2 → (2)	[illegible]	
	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			

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

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

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/7/25 Time:	8-10pm	12AM	4AM	
Doctor / Nurse / Family Concern?				
Temperature (°F)	98°F	98.2°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	91 / 59	100 / 60	98 / 56	
Heart Rate (Number)	136 bpm	132 bpm	120 bpm	116 bpm
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	32 bpm	36 bpm	32 bpm	30 bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	96-95%	99%	97%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

(2)

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7/26 Time: 8pm 10pm 4pm 8pm 12Am 4Am.

Doctor / Nurse / Family Concern?

Temperature (°F): 98.2F, 98.2F, 98.6F, 98.2, 98.6, 98.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 12bpm, 110bpm, 121bpm, 100bpm/110bpm, 115bpm

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

Resp Rate (Number): 26bpm, 28bpm, 28bpm, 28bpm/28bpm, 28bpm.

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 01

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.

19/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	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	←			Received					→		
	09:00 pm	H2O	30 ml							✓	0	A
	10:00 pm										0	A
	11:00 pm	H2O	20ml								0	A
	12:00 am									✓	0	A
	01:00 am	H2O	50ml								0	A
Total Intake :		100ml				Total Output :				2 times		
	02:00 am	H2O	20ml								0	A
	03:00 am										0	A
	04:00 am										0	A
	05:00 am										0	A
	06:00 am	H2O	50ml							✓	0	A
	07:00 am										0	A
Total Intake :		70ml				Total Output :				1 times		

Total 24 hrs. Intake	170ml	Total 24 hrs. Output	3 times

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 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.

20/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Motion ~~Diarrhoea~~	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am									✓	0	
	09:00 am	H2O	100ml				✓				0	
	10:00 am	Soup	10ml							✓	0	
	11:00 am										0	
	12:00 pm	water	20ml							✓	0	
	01:00 pm						✓			✓	0	
Total Intake :			130ml			Total Output : 4 times						
	02:00 pm	H2O	50ml								0	
	03:00 pm	H2O	60ml							✓	0	
	04:00 pm										0	
	05:00 pm	H2O	40ml							✓	0	
	06:00 pm										0	
	07:00 pm	H2O	40ml								0	
Total Intake :			240ml			Total Output : 2 times						
	08:00 pm	H2O	50ml								0	
	09:00 pm									✓	0	
	10:00 pm	H2O	60ml								0	
	11:00 pm										0	
	12:00 am									✓	0	
	01:00 am	H2O	100ml								0	
Total Intake :			210 ml.			Total Output : 2 times						
	02:00 am	H2O	100ml								0	
	03:00 am										0	
	04:00 am	H2O	60ml								0	
	05:00 am										0	
	06:00 am	H2O	30ml.							✓	0	
	07:00 am										0	
Total Intake :			190 ml			Total Output : 1 times						

Total 24 hrs. Intake	770 ml...	Total 24 hrs. Output	9 times

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		—		—	—	—	—
Afternoon		—		—	—	—	—
Night	8pm	To Maintain Personal hygiene	9pm	Assessed the child condition Monitored vital signs maintained I/O chart	The child was stable	The child vital signs are stable	[signature] 02443

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

NURSING CARE RECORD

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

Date: 20/07/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain personal hygiene		⇒ Assess the child condition ⇒ Maintain the oral hygiene	⇒ Maintained personal hygiene	⇒ Re assessment done	
Afternoon	2 Pm	To Maintain fluid Balance		Maintain by administer Iv fluid	Evaluated by Input & output chart	fluid Maintain well & normal	
Night	8 Pm	maintain good nutritional status		~~Assess the~~ provide good nutritional food.	monitored Intake & output charts	Reassessment done.	2m

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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
		Reciving notes	
	8pm	The child Handing over taken from ER staff the child was concious & Oriented IV line present & Pattern →	[signature] 02/1/23
		vital signs are checked & Recorded vital signs are stable →	[signature] 02/1/23
		The child came complaines of cough 3 day and fast breathing today afternoon. The child diagnosis of actute exstrapation of wheeze.	
	10pm	DR. Kavitha mam seen the child advice to levoline 2nd / hrly 8times →	[signature] 02/1/23
		neb. levolin was given as per drug chart order	
	12AM	vital signs are checked & Recorded vital signs are stable [12AM | CP ++ | PP ++ | CRT <3sec] →	[signature] 02/1/23
	2A	Neb. levolin was given as per drug chart order.	
	2AM	The child was comfortable Position no any fresh complaints	

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
20/7		continue	
		Neb: levolin was given as	
		Per drug chart order.	
	4AM	Vital signs are checked &	
		Recorded vital signs are	
		stable [4AM / CP ++ / PP ++ / CRT <3sec] →	[signature] 02113
	6AM	Neb. levolin was given as	
		per drug chart order →	[signature] 02113
	7AM	Maintained I/O chart &	
		Recorded	
	7.30AM	The child Handing over	
		given to morning duty	
		Staff →	[signature] 02113
		Morning duty 20/07/26	
20/7	7:30am		
		child details handing	
		over from the night duty	
		SIN. child was conscious and	
		oriented. child was stable.	
		child in line pattern →	[signature] 602741
		child activity was good.	
	8:00am	child vitals are checked &	
		recorded. vitals are stable	
		8am / CP ++ / PP ++ / CRT <3sec →	[signature] 602741

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

②

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
20/7/26	8.00am	Neb. Budecort was given as per drug chart order	[signature]
	10.00am	Neb. Levolin 0.63mg was given as per drug chart order	[signature]
	11.00am	=> The rounds visit Dr. Nataraj sir advice to syp. Mucolite & Neb Levolin 6th hourly & Syp. [illegible] - 15 tim [illegible]	[signature]
	12pm	=> The patient vital sign closely recorded. P/O ++ / CP ++ / CRT [illegible] => The child is conscious maintaining comfort	[signature]
	1.30pm	=> syp. mucolit 3.5 ml is given as per drug chart maintaining comfort. => The child handed over from evening duty staff.	[signature]
		Evening duty (20/7/26)	
	1.30pm	child Handover taken from morning duty staff Nurse and child was conscious & oriented and child under room air and IV line present.	[signature]
	2pm	Due medication given as per drug chart order. &	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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
		documented.	
20/7	4pm	Neb Levolin as advised as per drug chart daily	[signature] 019346
		→ vitals are checked and recorded vitals are stable	
		Time / CRT / CP / PP — <3sec / +ve / +ve	[signature]
	6pm	→ child was clinically stable. SpO_2 was maintained in room air	019346
	7pm	maintaining records & reports	[signature] 019346
	7.30 pm	child Handed over to night duty staff Nurse	[signature] 010304
		Night Duty	
20/7/26	7.30 Pm	child details handover taken from evening duty staff	[signature]
		IV line healthy (+)	
		child conscious & oriented	
	8pm	child vital signs checked & Recorded	
		CP / PP / CRT — +ve / +ve / <3	[signature]
		Deleritization given as per charts.	
		IV fluids stop.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:..

MRD NO:. GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

Age :........ : ☐ M ☐ F

Consultan...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 19/07/26 Time: @ 7:30pm
Location : (Lt) meleno)
Size : 22 g
Cannula inserted by : Dr. Kavitha.

CANNULA 2

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign	Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
19/7	7.30pm	☐Yes ☑No	☐Yes ☑No	obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	8 pm	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	10pm	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
20/7	12AM	☐Yes ☑No	☐Yes ☑No	obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	2AM	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	4AM	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	6 AM	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
	8am	☐Yes ☑No	☐Yes ☑No	observ	[signature]			☐Yes ☐No	☐Yes ☐No		
	12pm	☐Yes ☑No	☐Yes ☑No	Observe	[signature]			☐Yes ☐No	☐Yes ☐No		
	2pm	☐Yes ☑No	☐Yes ☑No	Ob serv	[signature]			☐Yes ☐No	☐Yes ☐No		
	4pm	☐Yes ☑No	☐Yes ☑No	obsed	[signature]			☐Yes ☐No	☐Yes ☐No		
	6pm	☐Yes ☑No	☐Yes ☑No	obsed	[signature]			☐Yes ☐No	☐Yes ☐No		
	10pm	☐Yes ☑No	☐Yes ☐No	Obser	[signature]			☐Yes ☐No	☐Yes ☐No		
21/7/2	2Am	☐Yes ☑No	☐Yes ☐No	Obse	[signature]			☐Yes ☐No	☐Yes ☐No		
	4Am	☐Yes ☑No	☐Yes ☐No	obs	[signature]			☐Yes ☐No	☐Yes ☐No		
	6Am	☐Yes ☑No	☐Yes ☑No	Obserd	[signature]			☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No					☐Yes ☐No	☐Yes ☐No		
		☐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 1:
Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

Cannula 2:
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

Doc. No. : RCH / GDY / FRM / CLINICAL / 137

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

(1)

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : / Time :	19/7 N	20/7 M	20/7 E	21/7 N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
				TOTAL SCORE		28	28	28	28
				Evaluator's Name		[signature] 021143	[signature] 602141	[signature] 07730	[signature]

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute exacerbation of wheeze.

Arrival Time: 8pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No allergic 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
Previous nebulization	Nil	Nil

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

Temp.: 98°F HR: 136 bpm RR: 32 BP: 91/59

Pain Score: - Specify Site: O/C (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING:

☐ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

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: R. Vaishnavi ..... Date: 19/7/26 ..... Time: 8.25pm ..... Signature

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-11-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil / English 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. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
19/7	8pm	7	Health Education about the Hand hygiene	Mother	nil	Oral	none	Verbal good	good	[signature] 021113
20/7	8am	7	Health education about infection control programme	mother	nil	oral	none	Verbal	good	[signature] 60746

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:-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 19 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	19/7	20/7							
Doctor's Orders	Followed	Followed							
Carried out or not	Carried	Carried							
Bed Side									
Structured Handover done	✓	✓							
IV Site	✓	✓							
Central Lines	X	X							
Arterial Lines	X	X							
Feeding Catheter	X	X							
Urinary Catheter	X	X							
Skin Care	X	X							
Eye Care	X	X							
Mouth Care	X	X							
Sterillum Bottle, Stethoscope	✓	✓							
Suction Bottle (Should be clean & empty)	X	X							
Intubation Tray	X	X							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X							
Ventilator Tubing,(Any Water, Blood)	X	X							
Humidification	X	X							
Check all Infusion (Labelling,Correct Preparation)	X	X							
Chest Physio & Neb	X	X							
Handed Over By Name :	R. Udhi	S. Nithya							
Signature :	R. Udhi								
Date & Time:	19/7 8am	20/7 2pm							
Hand Over Taken By Name :		Sneh							
Signature :									
Date & Time:	20/7	21/7							

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-11-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/07/26 Time of arrival : 6:30pm

Chief Complaints: H/o. cold x cough x 2 days H/o. fast breathing x 1 day. RBS: .....

Height : ..... Weight : 12.6 kg BMI : ..... Head Circumference (<2 years) .....

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

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
NIL

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: NIL (Date/Time): —

Social History: Lives With Parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 child

Time of Initial assessment completed by ER Nurse : 10 mins

(P.T.O.)

Time	Nursing Notes
19/07 6.35pm	The pt came for ER c/o. cough & cold x 2 day
	H/o. Fast breathing x 1 day. vitals are
	checked & Recorded. d/s/b Dr. Vaishnavi
	To Advice the Admission. IV line
	Secured. blood sample sent to Lab
	CXR - done. Neb. levolin 0.31mg - back to
	back given. pt shift to ward

Samples collected by: /

Time: /

Samples sent by : /

Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
19/07 6.35pm	Neb. levolin	P/N.	0.31mg + 2ml NS back to back (3)		CR [signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 152 BP: 98/72(88) CFT: <2sec	Shift - out from ER to: 5/2
RR: ~~152~~ 30 SPO_2: 98%	Time of Shift - out: 8pm
GCS: 15/15 Temperature : 97.5F	Handover given to: (Nurse's Name) S/N
Pain Score: 0/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): - IV placement done. (Lt) meleural Cannulation - 24G.

Name of the Nurse : CR. Akshaya [illegible]

Signature of the Nurse : CR [signature]

Date & Time : 19/07/26 @ 6.45pm

GUC:-00048731 IP18-00036531
Baby ANU KRITHI
30-11-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Vaishnavi Date : 19/7/26

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

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

Allergic History: .....

Chief Complaints: c/o cough / cold x 2 days
Fast breathing
x 1 day

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: 54/min SpO2 on ~~FiO2~~ RA 92-93%
Rhythm: regular
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 .....

(P.T.O.)

Circulation

HR: 152/min CFT Central ..... Peripheral 3 sec

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central ..... Peripheral good

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

Pupils: Responsive ☑ Non-Responsive ☐

Size Right ..... Left 3mm

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 97.2 F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Final Physiological Status:

☑ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

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

.....

.....

Labs Planned: .....

.....

Mentioned inside

.....

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

.....

.....

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: D. Kavitha

Signature: .....

Date & Time: 19/7/26 6.40pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Wt: 11.6kg

Patient's Name : Baby. Anu Krithi Age : 3y5m Gender: ☐ Male ☑ Female

Date : 19/1/26 Time of Arrival : 6.30pm

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.4F PR: 152 BP: 98/72(85) RR: 54 SpO2 92%-93%.

Chief Complaints: c/o cold cough x 2days, foot breathing x 1day

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

S. Barl
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 : Sowmya

Date & Time : 19/1/26 at 6.32pm

Signature of Triage Nurse : Sowmya

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00048731 IP18-00036531
Baby ANU KRITHI
30-01-2023 3 Y 5 M 20 D (F)
Dr. NATARAJ PALANIAPPAN

	Date & Time of Admission	Date & Time of Transfer Order
	19/07/26 @ 7:10pm	19/07/26 @ 8pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Vaishnavi	Dr. Kavitha	Further management
From Unit	**To Unit**	**Information to Attendant** Yes ☐ No ☐
ER	5/2	✓ Yes
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
9	0	✓ Yes

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
CHC Aksharani, CHC [signature]	[signature]

Patient & Clinical Records Received by : R. [signature]

Date & Time of Patient Received : R. [signature] 19/7/26 @ 8.05PM.

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

Rainbow Children's Hospital

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 : IP18-00036531 **Admit Date** : 19-Jul-2026 **Admit Time** : 07:10 PM **UHID** : GUC-00048731

Patient Details :

Patient Name	: Baby ANU KRITHI	**Age**	: 3 Y 5 M 19 D
Guardian	: Mr MR.ALAGAPPAN A L	**DOB**	: 30-01-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B1A,B1B,GAYATHRI FLATS,FLAT NO:F3,21ST ST,AMBAL NAGAR Keelakattalai Kanchipuram Tamil Nadu INDIA 600117	**Phone No**	: 9790758195
		E-mail	: ALAYAPPA.1992@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 MR.ALAGAPPAN A L **Relationship** : D/O

Contact Address : B1A,B1B,GAYATHRI FLATS,FLAT NO:F3,21ST ST,AMBAL NAGAR Keelakattalai Kanchipuram Tamil Nadu INDIA 600117 **Phone No** : / 9790758195

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby ANU KRITHI**	**Age :**	**3 Y 5 M 19 D**
IP No:	**IP18-00036531**	**Sex:**	**Female**
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 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: Mr. Alagappan
Relationship: father
Date: 19/07/2026 Time: 07:10pm
Witness Name: A. Sivasankari
Witness Signature:

Patient Address:
B1A,B1B,GAYATHRI FLATS,FLAT NO: F3,21ST ST,AMBAL NAGAR
Keelakattalai Kanchipuram Tamil Nadu INDIA 600117