Rainbow Children's Hospital

CHARGE TRACKING SHEET

UHID- GUC-00093884 IP18-00036473
Baby A S SHIVIK
01-08-2023 2 Y 11 M 15 D (M)
Dr. GANESH R

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	16/7/26 11:20						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00093884
Baby A S SHIVIK
01-08-2023
Dr. GANESH R
IP18-00036473
2 Y 11 M 13 D (M)

UHID No: .....

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
14/07/26	9:A[illegible]	CR	605	CHC [signature] 01/10/25

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
14/7/26	CBC, CRP, RBS,	26022095	
	LFT, PT, Dengue NS1,		
	Blood c/s.		
14/7/26	Urine routine.	22697	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7/26	infusion pump	10.15pm	16/7/26 9am	M87290.	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/07/26	IV placement (outside)	(1)	NIL	CK Alm

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 16/7/26 Time: 11.20 am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sreed OIR			

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00093884 IP18-00036473
Baby A S SHIVIK
01-08-2023 2 Y 11 M 15 D (M)
Dr. GANESH R

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	16/7/26 11:00 am				
	INTIME	OUT TIME			
Arrangement of File by Nursing	16/7/26	11:00 am			
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 : IP18-00036473 **Admit Date** : 14-Jul-2026 **Admit Time** : 08:48 PM **UHID** : GUC-00093884

Patient Details :

Patient Name	: Baby A S SHIVIK	**Age**	: 2 Y 11 M 13 D
Guardian	: Mr ARUNKUMAR T	**DOB**	: 01-08-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 103 S2 SHRIYA HOMES IYYENCHERY Urapakkam Chennai Tamil Nadu INDIA 603210	**Phone No**	: 9884807030/ 9600188387
		E-mail	: N@M.M

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr ARUNKUMAR T **Relationship** : Father

Contact Address : 103 S2 SHRIYA HOMES IYYENCHERY Urapakkam Chennai Tamil Nadu INDIA 603210 **Phone No** : 9884807030

Signature

Doctor Details :

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

Referral Doctor : Dr. Ganesh R **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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BirthRight by Rainbow

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby A S SHIVIK**	**Age :**	**2 Y 11 M 13 D**
IP No:	**IP18-00036473**	**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: Arunkm

Name: Arunkumar
Relationship: Father
Date: 14-07-2026 Time: 08:48
Witness Name: Aswin
Witness Signature:

Patient Address:
103 S2 SHRIYA HOMES IYYENCHERY
Urapakkam Chennai Tamil Nadu INDIA
603210

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 : A.S. Shivik	UHID Number : 93809
Self/Attendant Name : Arunkumar T	Relation : Father
Self/ Attendant Signature : Amkmr Phone Number : 9884807030	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00093884 IP18-00036473
Baby A S SHIVIK
01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Shink Age/Sex

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o fever since early morning
Tmax - 102°F
every 4 hours once.
not associated with chills & rigors

↓

c/o seizure at 9am today characterised by uprolling of eyes & stiffening of all 4 limbs lasting for less than 2 minutes. ← Clobayam given

↓

Activity
Oral intake } reduced.

No c/o cough / cold / vomit / loose stools / rash / crying while micturition.
No h/o travel / eating outside.

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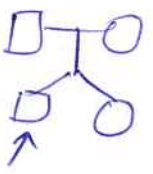
Pa ... any previous investigation or treatment)

H/o admission on 15/6/26 - for Atypical febrile seizure
treated c Lenpil / Clobazam
Discharged on 17/6/26
Lenpil stopped on 24/6/26

Birth & Neonatal History: IVF conception

37wks / LSCS / Bt wt - 2.58kgs
CIAB / no NICU stay.

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Dev. (N)

Immunization History :

Vaccinated uptodate acc. to IAP schedule

Anthropometry :

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

Weight (kgs) 9.8 kgs (Centile _____)

On Examination :

Temperature : 101.3°F Pulse Rate : 163/min B.P. 100/67 mmHg SPO2 100%

Resp.rate and type of breathing :

Rash - Dull looking Erythematous lips.

Lymphadenopathy -

Oedema : -

Allergies (if any): -

(P.T.O.)

Patient Sticker

Respiratory System :

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

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

Any addes sounds : -

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

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, no organomegaly

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 :

Tone: (N) Power >3/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

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Baby A S SHIVIK
01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

Reflexes / DTR: 3+ | 3+

Plantars Flexors - B/L

Superficials:

Sensory System :
No meningeal signs

Bladder / Bowel :

Clinical Summary & Diagnostic:
AFI ↓ evaluation
c Febrile seizures.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:
CBC ✓
CRP, Blood c/s
Dengue NS1 -
OT/PT -
RP2 -
Urine R/E.

Planned Management
IVF 0.9% - DNS
Syp. P2.5 O

If TC/CRP high - to do Urine c/s & Start on IV Abx

Signature of the Doctor:
Name of the Doctor: Dr. Kavitha
Date & Time: 14/7/26 9pm

Signature of the Consultant:
Name of the Consultant: R. Ganesh
Date & Time: 14/07/26

(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: .....

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01-08-2023 2 Y 11 M 13 D (M)
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①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/28 4.45am	S/B Dr. Kavitha	
	Child reviewed	
	Last fever spikes at 11.45am - high grade (settled)	
	No seizures since admission	
	Oral intake - better	
	O/E - Asleep	
	PPWF	
	Vitals - stable	
	CNS - [illegible]	
	B/L Plantar - withdrawal	
	B/L DTR - 3+	
	B/L Tone (N)	
	B/L Power > 3/5	
	Other systems - WNL	
	Labs - s/o viral infection	Advice
		- Ctc IVF / Antipyretics
		Monitor vitals
		w/f seizure episode
		[signature]

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9AM.	S/E Dr. Chandiraleka.	
	c/o Fevers since 4am (+)	
	Running nose, cough (+).	
	c/o seizure in the form of stiffening of all (+) limbs & uprolling of eye balls < 2 mins	
	no c/o vomiting, loose stools.	
	Oral intake } reduced.	
	Activity }	
	O/E	
	Afebrile,	
	Active	Fever spikes every 4-5 hrs
	CVS - S1 S2 (+)	
	RS - B/L AE (+)	
	P/A - Soft.	
	CNS - B/L pupil RTC	
	TONE N/N | N/N	
	DTR 2+ 2+	
	Plantar - Flexor	
	Investigations:	
	TC - 6170 Sr. electrolytes } (N)	Dengue NS - Negative
	N/L - RFT	
	PLT - 2,48,000 SGOT/SGPT	
	CRP < 5 urine routine	

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- continue IV Fluids 40ml/hr.	
	- Paracetamol (SOS)	
	- Syp. Clobazam 1ml BD.	
	- W/F fever spikes, seizures	
	[signature] 17/12/24	
		s/n 2, [illegible]
11.15 Am 16/7/20	Febrile Seizure	
	Prob. viral	
	@ [illegible]	
	[illegible]	
		[illegible] chart
	[signature]	
		Dr. [illegible] 9.21

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
15/7/26 4.40pm.	S/B Dr. chandiraleger.	
	child reviewed	
	no fever spikes since 9AM	
	no further episodes of seizures	
	oral intake - improving.	
	urine output - good	
	O/E	
	afebrile	
	CVS - S1S2 (+)	
	RS - clear.	
	P/A - soft	
		Adv:
		- monitor vitals.
		- continue IV fluids + paracetamol
		- no trace blood c/s.
		- Inform (SOS)
	Dr 19/7	

GUC-00093884 IP18-00036473
Baby A S SHIVIK
01-08-2023 2 Y 11 M 14 D (M)
Dr. GANESH R

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 8 AM.	S/B Dr. Chandiralega.	
	Febrile seizure - second episode.	
	child recovered	
	Alert, active	
	Fever spacing out.	
	no further episodes of seizures.	
	Oral intake - good	
	urine output - 1 every 4 hrs once	
	O/E	BP - 101/55 mm Hg
	Afebrile	PR - 120/min.
	CVS - S_1S_2 (+)	
	RS - B/L AE (+) clear.	
	P/A - Soft	
		Adv
		- monitor vitals.
		- W/F fever spikes, seizures
		- IV Fluids @ 20ml/hr.
		- Inf Perm (SOS)
	19/12/24.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/2026 11AM.	C/o [illegible]	[illegible]
	2nd episode febrile	same
	no fever / [illegible]	
	CVS (N)	
	D/S [illegible]	
	R on 21.7.2026	
	Syp. FRISIUM 1ml	— 0 — 1ml
		× 1st 2 days
		from the onset of fever
	Syp cefzine 2.5ml	BID × 3 days
	(signature)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Date & Time	Progress Notes	Doctor's Order

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5th floor

RESULT SHEET

Date	14/7/26					
Time						
Hb	10.9					
PCV	31					
RBC	4.13					
WBC	6170					
N/L						
Platelets	2.48					
CRP	<5					
ESR						
PCT						
RBS						
Na	137					
K	4					
Cl /18	104 /18					
i. Ca/Mg	1.18					
Phosphate						
Urea	23					
Creatinine	0.46					
ALP						
SGPT	23					
SGOT	45					
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	14/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar						
CUE - Ketones	1+					
CUE - PUS Cells / Blood	1-3 / 1+					
CUE - RBC Cells	2-4					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1 (-ve)						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 12/07/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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: Syp. P250				Date / Time	15/7	16/7
Dose: 3ml	Route: P/o	Frequency: SOS	Start Date: 14/7/26		5:30 AM JB	8:10 PM SB
Doctor's Signature	Valid Period	Pharm.		10 AM	AA	
					SG	
Additional Instructions: If Temp. > 100°F (98.4)				6:00 PM	SP	
					MM	

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

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

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

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01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 9.8 kg Ward. 605

DRUG : SYP. CLOBAZAM

Dose	Route	Frequency	Start Date
1ml	P/O	9/12h	14/7/23

Name & Signature of the Doctor Starting the Drugs: 15/7/23

Additional Instructions:
2.5mg/ml
0.5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7	16/7
10 AM		QZ AA	PS MM
10 PM	10.30 PM	PS	SL JB

DRUG : NASOCLEAR Nasal Drops

Dose	Route	Frequency	Start Date
2	P/N	2-2-2-2	15/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7
12 AM		JB SL
6 AM		JB SL
12 PM		
6 PM	JB	JB

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00093884 IP18-00036473
Baby A S SHIVIK
01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

Weight. 9.8kg Ward. BOYS

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	9.30PM	Neomol suppository	170mg (3/4th)	P/R		

Patient Sticker

Baby. Shivik.
CHC-93884

I.V. FLUIDS CHART

Weight. 9.8 Kg Ward. 605

Date	Time	Composition of 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
14/7/26	10.15 PM	IVF 0.9% DNS	40ml/hr				16/7/26 at 8AM		
15/7/26	8 AM	IVF 0.9% DNS	30ml/hr				16/7/26 at 9AM		
16/7/26	9AM		20ml/hr.						

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

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Pati Dr. GANESH R

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... Shifted to: .....

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 : Dr. Kavitha

Date & Time : 14/7/26 8.45pm

Nurse Name & Signature: CTC: Akshaya nisth ICU

Date & Time : 14/07/26 @ 8.30pm.

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2 Y 11 M 13 D (M)

(1)

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

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

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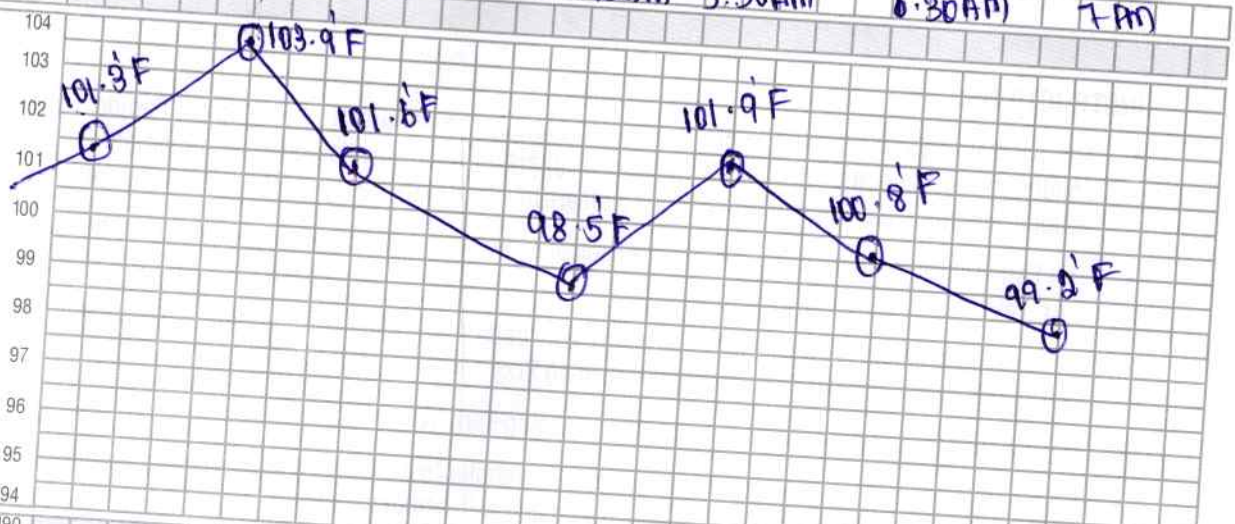
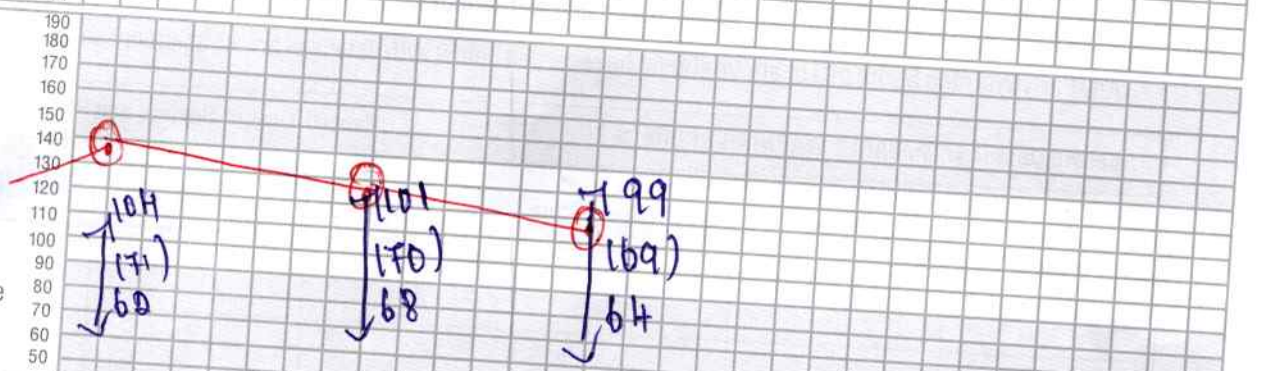
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7/26 Time: 10.20PM | 11.45PM | 1.30AM | 3.45AM | 5.30AM | 6.30AM | 7AM

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number)	140 b/m	138 b/m	130 b/m

Resp Rate (Number)	38 b/m	38 b/m	30 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA
O_2 Saturations (%)	98-1.	100-1.	99-1.
Conscious Level: Normal / Altered	✓	✓	✓
GCS *	15/15	15/15	15/15
TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[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.
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)

GUC-00093884
Baby A S SHIVIK
01-08-2023
Dr. GANESH R
IP18-00036473
2 Y 11 M 13 D (M)

Doc. 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 : 15/7/26 Time: 6am 10am 12pm 3pm 4pm 6pm 8pm 12Am 4Am 8:10Am

Doctor / Nurse / Family Concern?

Temperature (°F): 100.5°F, 100.2°F, 98.2°F, 99.8°F, 98.3°F, 100°F, 98.2°F, 97.5°, 98.1°, 100.2°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 107/59/68; 99/60/52; 96/(+1)/64; 102/71/65; 98/71/54; 101/61/55

Note: BP does not score in early warning scoring

Heart Rate (Number): 112b/m; 110b/m; 130b/m; 120b/m; 110b/m; 120b/m

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

Resp Rate (Number): 28b/m; 30b/m; 29b/m; 28b/m; 28b/m; 28b/m

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

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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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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Baby A S SHIVIK
01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

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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.

15/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	Received from E.R to 60.5										
	10:00 pm	H2O	20ml	40ml							0	
	11:00 pm	H2O	20ml	40ml						✓		
	12:00 am			40ml							0	
	01:00 am	H2O	10ml	40ml								
Total Intake :		50ml + 160ml				Total Output :	1 times					
	02:00 am			40ml							0	
	03:00 am	H2O	20ml	40ml								
	04:00 am			40ml							0	
	05:00 am			40ml						✓		
	06:00 am	H2O	30ml	40ml							0	
	07:00 am			40ml								
Total Intake :		50ml + 240ml				Total Output :	1 times					

Total 24 hrs. Intake	100ml + 400ml = 500ml	Total 24 hrs. Output	2 times.

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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.

1H17/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			40ml								
	09:00 am	H20	20ml	40ml							0	DHe
	10:00 am			DC						✓		
	11:00 am	H20	25ml	DC							0	
	12:00 pm	Soup	20ml	40ml						✓		
	01:00 pm			DC							0	Rula
Total Intake :		65ml + 120ml				Total Output :				2 times		
	02:00 pm			40ml								
	03:00 pm	H2o	50ml	40ml						✓	0	
	04:00 pm	Soup	50ml	DC								
	05:00 pm	H2O	100ml	DC						✓	0	Rula
	06:00 pm			DC								
	07:00 pm			DC						✓	0	Rula
Total Intake :		200ml + 80ml				Total Output :				U - 3		
	08:00 pm	H20	50	DC							0	Sm
	09:00 pm	H20	50	DC						✓		
	10:00 pm			DC								
	11:00 pm	milk	50	40ml							0	S2m
	12:00 am	n		40ml								
	01:00 am			40ml							0	S2m
Total Intake :		150 ml + 120ml				Total Output :				1Hml		
	02:00 am			40ml								
	03:00 am	H20	50	40ml							0	Sm
	04:00 am			DC						✓		
	05:00 am	H20	20	DC							0	S2m
	06:00 am			DC								
	07:00 am	Milk	50	DC						✓	0	Sm
Total Intake :		120 ml + 80m				Total Output :				2Hml		

Total 24 hrs. Intake	935 ml	Total 24 hrs. Output	8Hml

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NURSING CARE RECORD

Date: 14.7.26

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	10 PM	Prevent Falls and Injury.	12 AM	Keep bed in low position with side rails up. Ensure call bell is with in reach	side rails pulled.	Prevented falls and injury.	

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NURSING CARE RECORD

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Date: 15.7.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	prevent fall risk and risk	9AM	Keep maintain low position	Keep maintain bed rails	-> patient was stable	Anu Gowri
Afternoon	2 Pm	Ensure adequate hydration and electrolyte balance.	4 Pm	-> Assess for dehydration -> Monitor Iv fluids as prescribed -> Monitor I/o chart	IVf - 40 ml/hr is on flow	Maintained Child's hydration level.	Ayathiri Gowri
Night	8 Pm	Promote cleanliness and Comforts	10 Pm	-Assess to daily bath. - maintain hand hygiene oral care.	Child vitals signs Stable.	maintain handhygiene	Dr 2 Pm

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Dr. GANESH R

(1)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26		Receiving notes.	
	9.45pm	Baby received from ER to	
		ward. Handing over taken from	
		ER S/N. Baby c/o ① episode seizure,	
		high grade fever. Baby outside	
		IV line (L)(BI), IVF 0.9 DNS → 40ml/hr	[signature]
		onflow, urine R/E due. Further	
		treatment after blood reports.	
	10.20pm	Vitals checked and recorded. PP ++ / RR + / HR L	
		Temp →	
		IVF 0.9 DNS → 40ml/hr connected.	[signature]
		IV line observed.	
	10.30pm	Urine R/E sample send lab. (raised). Blood reports send	
		Dr. Ganesh, Kavitha via whats app	
		images	[signature]
	11PM	Dr. Kavitha mam phone call	
		advised Syp. clobazam 2.5mg/ml	
		1ml BD, now 1ml given.	[signature]
15/7/26	12AM	Vitals checked and recorded. T-103.9F. informed Dr. Kavitha. Syp Ibugesic 3ml PO given.	
		IVF 0.9 DNS → 40ml/hr onflow	
	1.30AM	T-101.8F. Baby sleep well.	[signature]
	3.44AM	Vitals checked and recorded. PP ++ / RR + / HR L	
		T-98.5F	

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
15/7/Ob	5.30AM	T - 101.9°F P-250 3ml P/O given. IVF 0.9 DNS @ 40ml/hr on flow. Baby sleep well	
	6am	input output chart maintd	
	7.30am	Hand over given to the morning duty staff. →	Seal
		Morning Duty Notes	
	7.30AM	→ child detail hand over taken from morning duty S/N child consciously Oriented IV via ⊕ IVF DNS 40 ml/hr	
	8AM	→ child vital signs checked and record. vitals are stable PP CP CRT ++ ++ <sec	
	10AM	→ child due medication given as per order chart	
	11am	→ DR. Ganesh Sir seen the pt, doctor advice - tommorow D/C if no fever spic. and continue IVF →	
	12pm	→ Checked Vital Signs → Patient vitals is stable → CRT CP PP <sec ++ ++ →	
	1.30pm	→ Patient handover given to evening duty S/N →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Baby A S SHIVIK
01-08-2023 2 Y 11 M 13 D (M)
Dr. GANESH R

(2)

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening Duty Notes.	
15/7/26	1:30pm	child details are handing over taken from Morning duty staff. IV- line (+). IV Fluids - 40 ml/hr. If there is no fever means, tommorow discharge plan for the child →	Nythili - 607784.
	2pm	child was stabled. IV-fluid 40 ml/hr is on flow →	Nythili - 607784.
	3pm	Child Temperature checked T-99.8°F. No other complaints →	Nythili - 607784.
	3:30pm	Dr. Deepak Sir came and saw the child's general condition →	Nythili - 607784.
	4pm	child vitals checked and Recorded. Vitals Normal	

CR	PP	CRT
T.	RR	Spo2

→ Praise on

	6pm	Temperature checked for the child T-100°F. Syrup. Para-250 (3 ml) is given as per doctor's stat order → Nythili 607784
	7pm	Maintained I/O chart for the baby.
	7:30pm	child details are handing over given to Night duty staff → Nythili 607784
	7:30 pm	Night Duty child details handovers taken from evening duty staff child conscious & oriented

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
		Child IV line Healthy	
	8pm	Child vital Signs	
15/7/26		Checked & Recorded	
		Temp - 98.2°F	
		IVF 0.9% DNS 40ml/hr going on child sleeping Comfortable No complaints	
	10pm	Due to medication given as per chart IV line healthy child vital Signs	
16/7/26	12AM	checked & Recorded IVF 0.9% DNS 40ml/hr going on. IV line healthy	
	4am	vitals checked and recorded Nasoclear Nasal drops given	
		IO chart maintained and recorded	PP CP CRT ++ ++ <2s
		child details handovers given to morning duty staff	
	7.30 AM	Morning duty notes.	
16/7/26	7.30AM	The baby details handing over taken from night duty SIN. IVD and	
	8 am	child vitals are checked & recorded vitals are stabled.	CP ++ PP ++ CRT <3sec

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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BRADEN 'Q' SCALE

(for Paediatric use)

(1)

Patient Name : .....

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

					N	N	E	N
				Date :	14/7	15/7	15/7	15/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during waking 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.	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	27	27	27	28
				Evaluator's Name				

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI) evaluation c febrile seizure

Arrival Time: 9.45 PM Mode of Arrival: carry with parents Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: – Body Weight: 9.8 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	Atypical febrile seizure on 15/6/23 treated

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: 9.8 Length: ..... Head Circumference (< 2 years): .....

Temp.: 101.3°F HR: 140 b/m RR: 30 b/m BP: 106/57

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (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 ..... parents .....

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: ..... Saraya ..... Date: 14.7.26 Time: 10.10 AM Signature

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	14/07/26 @ 8:48 pm	14/07/26 @ 9:40 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Ganesh	Dr. Ravitha	Further management
From Unit	**To Unit**	**Information to Attendant**
CR	Gos	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
9		Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	0.9% DNS stand	1
2.	Intraflow	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
CK. Akshaya mitha, CK Manjo...	[signature]

Patient & Clinical Records Received by : Sathya 0200116

Date & Time of Patient Received : 14/7/26 at 9.45PM

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

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/07/2026 Time of arrival : 8:20pm

Chief Complaints: H/o Fever x since morning K/C/O Febrile seizure x 2nd episode RBS: .....

Height : ..... Weight : 9.8kg BMI : ..... Head Circumference (<2 years) : —

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

If yes , identify ..... NIL .....

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?) .....

Time of Initial assessment completed by ER Nurse : 10 mins

(P.T.O.)

Time	Nursing Notes
14/07/26 8.20pm	The pt came for ER c/o. fever since morning c/o. febriles seizure ~~one episode~~ ~~blood~~ ~~vomiting~~. vitals re checked & recorded. c/s/b Dr. Kavitha intimation to Dr. Ganesh TO advice the Admission outside IV line secured. blood sample sent to Lab. pt shift to comfy.

Samples collected by: S/N Akshaya Time: 9:30pm

Samples sent by : S/N Ajith Time: 9:32pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 128/min BP: 100/64 CFT: <2sec	Shift - out from ER to: BDS
RR: 28/min. SPO_2 : 99%	Time of Shift - out: 9.40 pm
GCS: 15/15 Temperature : 99.2F	Handover given to: S/N Sathya. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): RCM

Name of the Nurse : CHC. Akshaya mm

Signature of the Nurse : CHC Akshaya

Date & Time : 14/07/26 @ 8.30pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr Ganesh Date : 14/7/26

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

Start Time of Assessment: ..... Weight: 9.8 kgs

Allergic History: .....

Chief Complaints: .....
c/o fever since / today

Pediatric Assessment Triangle

A Appearance - TICLS ..... Dull looking

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 ☐

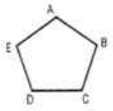
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway

- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 30/min SpO_2 on ~~FiO_2~~ RA 100%
Rhythm: regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: equal
Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 163/min CFT [Central ..... / 2 secs
Peripheral .....

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

BP: ..... mmHg

Pulse Volume: [Central ..... / good
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 looking

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

Pupils: [Responsive ☑ / Non-Responsive ☐
Size [Right ..... / 3mm
Left .....

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

Signs of Neurological compromise .....

Exposure

Temp.: 101.3°F → Para given

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

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

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: Dr. Leanitha

Signature: .....

Date & Time: 14/7/26 8.45pm

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

4:30pm Tom 101.8F- P250y 4th P/o.

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Wt - 9.8Kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Shivik Age : 3y/m. Gender: ☑ Male ☐ Female

Date : 14/7/26. Time of Arrival : 8:15pm.

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: 101.3°F PR: 163bpm BP: 100/64(79) RR: 30bpt SpO2: 100%.

Chief Complaints: c/o Fever today. 3rd episode of seizures. Cold 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

Ankm
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: Syantfive

Signature of Triage Nurse : Syant

Date & Time : 14/7/26 @ 8:15pm

0180

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

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Docu. No. : RCH /FRM-

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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Pati

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature