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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: GUC-00081766 Baby S SHASTIK IP18-00036296

UHID No: ..... 02-10-2023 2 Y 9 M 4 D (M) Gender: .....

Ward: ..... Dr. GANESH R Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 6/7/26

Time: 01:35 6/7/26 11:35 AM

Phakmacy Sign

Date: 6.7.26

Time: 11.56 am

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

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 4 D (M)
Dr. GANESH R

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			Shilpa 01/9/23				
Activity Sheet update by Pharmacy			6/9/23 11:35 PM				

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No ..... ultant: ..... Dept: .....

GUC-00081766
Baby S SHASTIK
02-10-2023
Dr. GANESH R
IP18-00036296
2 Y 9 M 1 D
(M)

Date of Admission: ..... charge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	2.40am	ER	509	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7/26	RFT, Blood S/S		
	SGOT, SGPT	21021068	
3/7/26	Bicarbonate ✓	26021068	
3/7/26	Urine culture ✓	26021071	
3/7/26	Typhoid 2gm ✓	21113	
	Radiology		
3/7/26	X-ray chest	8864	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/8/26	Infusion pump	3.00am	4/7/26 4pm	170084[illegible]	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	Iv placement	(1)	1720835	

ANY OTHER INFORMATION:

Date: 6/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

5th floor

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DISCHARGE TRACKING SHEET

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 4 D (M)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSU

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing			Siv 01/3/20		
Preparation of Discharge Summary			6/7/20 @ 11:35 PM		
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 : IP18-00036296 **Admit Date** : 03-Jul-2026 **Admit Time** : 01:48 AM **UHID** : GUC-00081766

Patient Details :

Patient Name : Baby S SHASTIK
Guardian : Mr SHANMUGANATHAN S
Gender : Male
Occupation :
Address (H) : PLOT NO 1/2 SRI PERUMAL NAGAR Madipakkam Chennai Tamil Nadu INDIA 600091

Age : 2 Y 9 M 1 D
DOB : 02-10-2023
Religion :
Martial Status :
Phone No : 9500105409/ 9677244252
E-mail : vaijayanthi.petro1991@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 103 **Ward Name** : 0F-EMERGENCY
Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : Mr SHANMUGANATHAN S **Relationship** : Father
Contact Address : PLOT NO 1/2 SRI PERUMAL NAGAR Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : 9500105409

S Jothifaramurugan
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

Rainbow Children's Hospital

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby S SHASTIK**	**Age :**	**2 Y 9 M 1 D**
IP No:	**IP18-00036296**	**Sex:**	**Male**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 103**

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 ca[redacted] 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.
(R[redacted]eivers 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:> S Jothibalamurugan

Name:> S Jothibala murugan

Relationship:> paternal uncle

Date: 03-07-2026 Time: 01:48

Witness Name: ARWIN

Witness Signature:

Patient Address:

PLOT NO 1/2 SRI PERUMAL NAGAR
Madipakkam Chennai Tamil Nadu
INDIA 600091

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BILLING POLICY

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

DECLARATION

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

Patient Name : > Shashik	UHID Number : 81766
Self/Attendant Name :> S Jothibalamurugan	Relation : > paternal uncle
Self/ Attendant Signature : > SJothibalamurugan Phone Number : > 8838187378	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00081766 IP18-00036296 Baby S SHASTIK 02-10-2023 2 Y 9 M 1 D (M) Dr. GANESH R _____

UHID ID: _____ _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O. fever intermittent for 4 days
settled ~ paracetamol

C/O. Vomiting 1 episode for 1 day
Loose stools
2 - episodes x 1 day

C/O. nausea ; occasional cough
↓ Oral intake
child appears lethargic

Child was initially treated as OPD
& evaluated
↓
CRP - 115

Patient Sticker

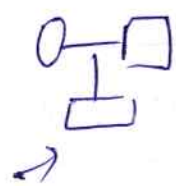
Past History : (Including details of any previous investigation or treatment)

Nil

Birth & Neonatal History:

NVD | 2.4kg | CTAB | NO NICU

Family Chart



Birth & Socio Economic History:

About Father : (N)

About Mother : (N)

Any additional information :

Developmental History :

(N)

Immunization History :

uptodate IAP

Anthropometry :

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

Weight (kgs) 14kg (Centile ______)

On Examination :

Temperature : 102.2°F Pulse Rate : 138/min B.P. 98/70 mmHg SPO2 98% RA

Resp.rate and type of breathing : (N)

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Allergies (if any): (−)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBS (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : Soft/NT

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power (N)

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR (+)

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Adv: Fever ↓ Evaluation
Cs → AGE

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
Dengue NS1
IgM
Widal RIF

Done on OPD

Urine & Blood C/S
RFT
SGOT
SGPT
HCO3-

Planned Management

Tab PCM 700mg IV K12H
Tab PAN 40mg IV K24H
Inj. DNS 40ml/hr
Tab Emeset 1.5mg IV K8H

Signature of the Doctor: C. Deepak
Name of the Doctor: C. Deepak
Date & Time: 3/7/24 @ 2:45 AM

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: .....

Docu. No.

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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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-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 3 M 1 D (M)
Dr. GANESH R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/12e 9AM	S/B Dr. Chandiralega.	
	A - Acute febrile illness / ? Enteric	
	? AGE	
	H/o fever x 5 days, high grade, intermittent not associated with chills & rigor.	
	H/o loose stools on monday → resolved now recurring.	
	H/O Vomiting ⊖	
	H/O poor oral intake, decreased activity ⊕.	
	H/O PICA on Iron supplements ⊕	
	O/E	
	Afebrile	
	CVS - S1S2 ⊕	
	RS - B/L AE ⊕	
	P/A - soft	
	Hb - 8.6 Na - 128↓↓	
	TC - 4,440↓ RFT - Ⓝ	
	CRP - 115	
	Plt - 1,85,000	
	Dengue IgM, NS1 Negative	
	SGOT / SGPT - 68 / 50	

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
	At present Low grade fever spikes (+) · cough (+)	
		Adv - continue IV fluids - Inj ceftriaxone 700mg IV BD - pantoprazole, emeset - monitor vitals - Inj Perm (SOS)
	Blood & urine c/s reports awaited	
	Rd 19/2/26	
3/2/26 9.30 AM		S/B - Dr Yuvaraj Khanna
	Previously well child. H/o - Fever - 4 days Loose stools - 3-4 episode x 3-4 days Vomiting - 1 episode yesterday	
	No other focus.	
	O/E Alert, active, afebrile (N).	

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2Y 9M 1D (M)
Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
RS -	b/L AE (+), Clear	
P/A -	Soft, non tender, no organomegaly	Throat - (N)
CVS		B/L ears - mildly congested
CNS	NML	
	Evaluation:	
	CBC - 8.6 > 4400 < 1.85L, 65/26	128/100 | 2.8
	CRP - 115 ↑	SGOT/SGPT - 68/50
		Urine R/E - (N)
	Blood & urine C/S } - awaited	Dengue NS1 & IgM ⊖ve
	Impression: Fever ↓ evaluation - AGE c̄ some dehydration ? enteric fever	
	Plan: - Diet as advised	
	- Continue IVF - DNS	
	IV Xone 700 mg BD	
	IV Pam OD	
	IV Emeset 1.5 mg PRN	
	- Plan to add prolongation of loose stool pers...	
Plas w/up		
	- Trace blood & urine C/S.	
To d	chest x-ray, typhoid IgM	[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
8/7/20 3.50pm.	S/B Dr. Chandiralega.	
	Child reviewed	
	Persistant fever spike every 5 hrs	
	cough ⊕.	
	no vomiting, loose stools.	
	oral intake - minimal.	
	O/E	
	Febrile	
	CVS - S1S2 ⊕	
	RS - clear.	
	P/A - soft	
	Typhoid IgM - Negative	Adv
		- monitor vitals
	Chest xray - Ⓝ study	- continue ceftriaxone, nuclelt
		+V fluids
	Blood C/S - GNB Growth	- Infoam(SOS).
	[signature] 19/2024	

GUC-00081766
Baby S SHASTIK IP18-00036296
02-10-2023
Dr. GANESH R 2 Y 9 M 1 D (M)

(B)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 8.20AM	S/B Dr. Chandiralega.	[illegible]
	Δ - Enteric fever	→ Typhoid fever
	Child reviewed.	
	Fever spikes present but grade reduced	and spacing out (every 7-8hrs)
	c/o cough ⊕.	
	no vomiting, loose stools	
	Oral intake - Improving.	
	O/E	
	Afebrile	
	CVS-S_1S_2⊕	
	RS- B/L AE⊕, clear	
	P/A soft	
	Hydration - PPWT, CRT < 3secs	
	PR - 130/min	Adv
		- monitor vitals
	Blood C/S - GNB growth.	- Inj ceftriaxone 700gm IV BD
	Urine C/S - SFNG	- Syp. Mucolite 2.5ml TDS
		- pantoprazole
		- W/F fever spikes, loose stools
		- Inform (SOS)
	[signature] 4/12/24.	[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
4/7/26 4.30pm	S/E Dr. Chandrakala	
	A:- Typhoid fever.	
	Child reviewed Alert, Active Fever spikes - spacing out tolerating oral feeds well. O/E Afebrile CVS / RS / PA P/A soft. PR - 114/min	
	Blood C/s - Salmonella Typhi Sensitive to ceftriaxone Azithromycin cefixime.	Adv - continue IV fluids @ 20ml/h - ceftriaxone, meronite, pantoprazole. - monitor vitals.
	19/2/26	

GUC-00081766 IP18-00036296
Baby S SHASTIK 2 Y 9 M 2 D (M)
02-10-2023
Dr. GANESH R

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4/7/26	S/R 2 hand
	840h	
	typhoid fever	
	fever spikes	
	well hydrated	
		G a chosen
	S/B Dr. Chandiralaga.	
5/7/26 8.30 Am.		
	Δ - Typhoid fever	
	Child reviewed	
	Low grade fever spikes present - spacing out.	
	Alert, Active.	
	Tolerating oral feeds well	
	no loose stools / vomiting.	
	urine - 2-3 times / night.	
	O/E	
	Afebrile	BP - 110/65mmHg
	CVS - S1S2 (+)	PR - 125/min
	RS - B/L AE (+)	
	P/A - soft	

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
	Hydration - PPWF, CRT < 3secs.	
	Adv:	
	- monitor vitals	
	- W/F fever spikes, loose stools	
	- continue ceftriaxone.	
	- IV Fluids reduced to 10ml/hr.	
	- Inform (SOS)	
	[signature] 19/12/24.	
5/1/26 11.20am	STB Angeatte	
	Entire fem	
	fem ⊕ spacing out	
	occ cough	
	in take improving	
	afebrile	
	chest conducted sounds.	
	Check IV line site	Cont. Done
	change IV line if pain / swelling	pan mucolite
	CBC / CRP } if IV line change	[signature] 28/11

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

(5)

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/hr 5:45pm	S/B Dr. Deepak	
	Dx: enteric fever	
	→ fever spacing out	
	↳ last fever spike 102'F at 5:50PM	
	→ Occasional cough	
	→ intake good	
	O/E:	
	Child alert, 11.00kg around	
	CVS: S1S2 ⊕	
	R: VBS ⊕	
	P/A: soft	
	CNS: NFND	
	IV fluids stopped	
		Rx
	CBC, CRP] if any line change	→ continue all pre-ct...
		→ To monitor fever spike/vitals /sensory
		[signature] 1/7/4/5

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
6/7/20 9AM	S/B Dr Chandrakala	
	Δ - Typhoid Fever	
	Child remained Alert, Active	
	Low grade fever spike at 4am (spacing out)	
	Tolerating oral feeds well.	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	BP - 100/60mmHg
	RS - B/L AE (+)	PR - 120/min
	P/A - soft	
	Urine output good.	
	No new complaints	
	cough - Improving	
		Adv:
		- Monitor vitals
		- Continue ceftriaxone, mucolite
		- W/F fever spikes
		- Inform (SOS)
	[signature] 19/12/24	[signature]

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

GUC-00081766
Baby S SHASTIK
02-10-2023
Dr. GANESH R

IP18-00036296
2 Y 9 M 4 D
(M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20	S/B Dr Ganesh sir	
	T. Taxim O 100mg	2 — 0 — 1 x 7 days
		in 5ml water
	Review on 11/07/26	
	Typhoid	Vaccine After 6 week
	[signature]	
	R. [illegible] 7214	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00081766 IP18-00036296
Baby S SHASTIK
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RESULT SHEET

Date	31/10					
Time						
Hb	8.6					
PCV						
RBC	4.52					
WBC	4,440					
N/L	65 / 26					
Platelets	1,85,000					
CRP	115					
ESR						
PCT						
RBS						
Na	128					
K	3.8					
Cl	100					
Ca/Mg						
Phosphate / HCO_3^-	/ 28					
Urea	16					
Creatinine	0.33					
ALP						
SGPT	50					
SGOT	68					
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						

Date						
Time						
CUE - Alb						
CUE - Sugar	-Ve					
CUE - Ketones	-Ve					
CUE - PUS Cells	2-4					
CUE - RBC Cells	NIL					
CUE Leukocytes	-Ve					
Nitrites	-Ve					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1	-Ve					
IgM	-Ve					
Typhoid Igm	-ve					

Culture and Sensitivities : Urine c/s - No growth

Blood c/s - Salmonella typhi
↳ sensitive to xone

Radiology : USG : .....

X-Ray : (N) study

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 3/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 P-250				Date / Time	3/7	4/7	5/7	6/7
Dose	Route	Frequency	Start Date		7:30 PM SA	2am SA	12am SA	4am SA
4ml	P/O	QID	3/7		12pm SN	8AM		
Doctor's Signature		Valid Period	Pharm.			9am KS	PV	
T.Y.H						4pm KS	PV 5:40 pm KS	
Additional Instructions: If temp > 100°F								

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-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 14.6kg Ward. .....

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
15mg	IV	Q24H	5/7

Name & Signature of the Doctor Starting the Drugs: C.A

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/7	4/7	5/7	6/7
6am	3.7ml SA	SA	SA	SA

DRUG : Inj XONE

Dose	Route	Frequency	Start Date
700mg	IV	Q12H	3/7

Name & Signature of the Doctor Starting the Drugs: C.A

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/7	4/7	5/7	6/7
6am	4.4ml Am SA	SA	SA	SA
6pm	KS	KS	KS	

(1) (2) (3) (4)

DRUG : Inj ETHER

Dose	Route	Frequency	Start Date
1.5mg	IV	Q8H	3/7

Name & Signature of the Doctor Starting the Drugs: C.A

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/7	4/7
6am	3am SA	SA
2pm	KS	
10pm	SA	

Stopped

DRUG : ~~ENTEROGERMINA~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Syp Mucolite

Dose	Route	Frequency	Start Dt.
2.5ml	P/O	TID	3/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7	5/7	6/7
6am	/	KG	RV / RL	KG
2pm	PW / S.N	KS	KS	
10pm	SN / MY	SA / RAJ	SA	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... 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 ....

Patient Sticker

Weight. 4kg Ward. ....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	2.40 Am	Neomol Suppository	250mg - (3/4)th	P/R	T.Y.	[signature]

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Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

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
3/7/26	3.15 pm	NS Over 4 hrs ↓	IV	60ml/hr	(sign)	SA	3/7/26 at 6.30am		SD
3/7/26	6.30am	0.9% DNS	IV	40ml/hr	(sign)	SA	3/7/26 @ 18:30 (sign)		(sign)
4/7/26	11.00am	0.9% DNS	IV	20ml/hr	(sign) 19124	KS	4/7/26		(sign)
5/7/26	8am	0.9% DNS ↓ STOPPED	IV	10ml/hr	(sign) 1912	KS	5/7/26 6pm		KS

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

GUC-00081766
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02-10-2023
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IP18-00036296
2 Y 9 M 1 D
(M)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKA ☐ 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: 509

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 : .....

Date & Time : .....

Nurse Name & Signature: ..... Sonjuf Sonjuf

Date & Time : ..... 31/05 at 2.40pm

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Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 03/10/23 .... Time: 2.46Am | 4am | 5am | 6am | 7.26Am | 12am

Doctor / Nurse / Family Concern?

	2.46Am	4am	5am	6am	7.26Am
Temperature (°F) (scale 94–104)	102.2F	101.3F	100.6F	99.9F	101.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	HR ~145; BP 90/60 (70)		HR ~125; BP 110/65 (79)		
Heart Rate (Number)	150 bpm		125 bpm		
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	~30		~30		
Resp Rate (Number)	30bpm		30bpm		
Resp Distress: Mod/ Severe / None / Mild	✓ (None / Mild)		✓ (None / Mild)		
Receiving O_2 (l/min) / O_2 Saturations (%)	RA 99%		RA 100%		
Conscious Level: Normal / Altered	✓ (Normal)		✓ (Normal)		
GCS *	15/15		15/15		
TOTAL SCORE Number of shaded boxes	0		0		
Pain Score	0		0		
Observer's Initials	✓		✓		

Note: BP does not score in early warning scoring

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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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-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 03/10/23 Time: 8 am | 9.30 am | 12 pm | 1.30 pm | 2 pm | 2.30 pm | 3.50 pm | 4 pm | 5.30 pm | 5.30 pm | 6.15 pm | 8.30 pm | 10.15 pm | 12 am

Doctor / Nurse / Family Concern?

Temperature (°F) (scale 94–104): 100°F, 98.6°F, 100.1°F, 101.6°F, 99.7°F, 100°F, 103.8°F, 103°F, 101.5°F, 99.2°F, 97.5°F, 102.6°F, 99.7°F, 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190): 132/min, 150/m, 157/min; BP 116/64, 83/51, 96/68

Note: BP does not score in early warning scoring

Heart Rate (Number)	132/m	150/m	152/m	157/min	120 b/m	125 b/m	130 b/m
Resp. Rate (bpm) (Over 1 Minute) *	30/min						
Resp Rate (Number)	30/min	36/m	34/m	38/min	30 b/m	36/m	32/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	98%	98%	93%	96%	97%	98%
Conscious Level — Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	01	01	01	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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* 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

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

3

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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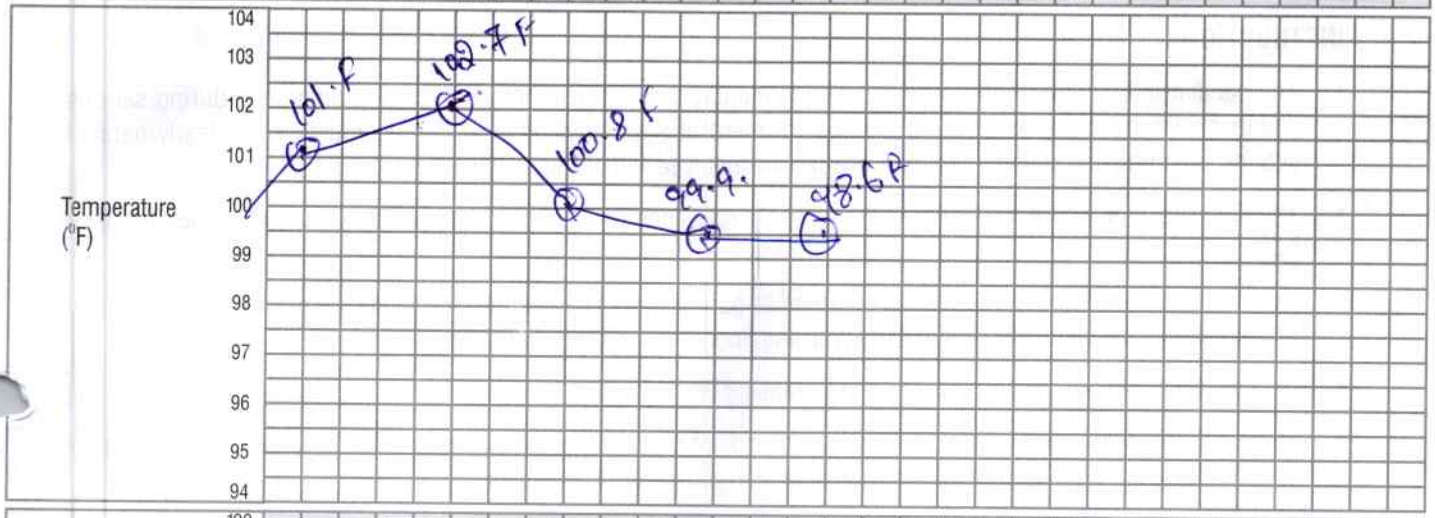
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7/26 Time:	2am	8:30pm	4:30am	8:30am	6:30pm	
Doctor / Nurse / Family Concern?						



Heart Rate (Number)	126bpm

Resp Rate (Number)	24

Resp Distress	Mod/ Severe	
	None / Mild	✓
Receiving O_2 (l/min)		2L
O_2 Saturations (%)		98%
Conscious Level	Normal	✓
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		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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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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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.
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GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 3 M 2 D (M)
Dr. GANESH R

(4)

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

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

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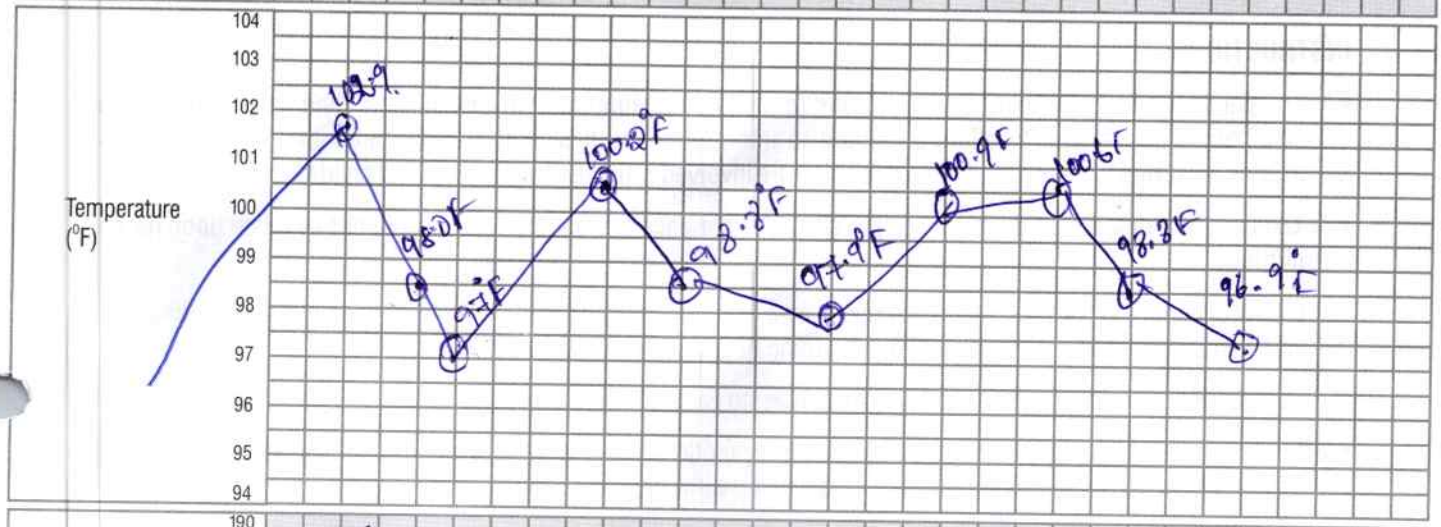
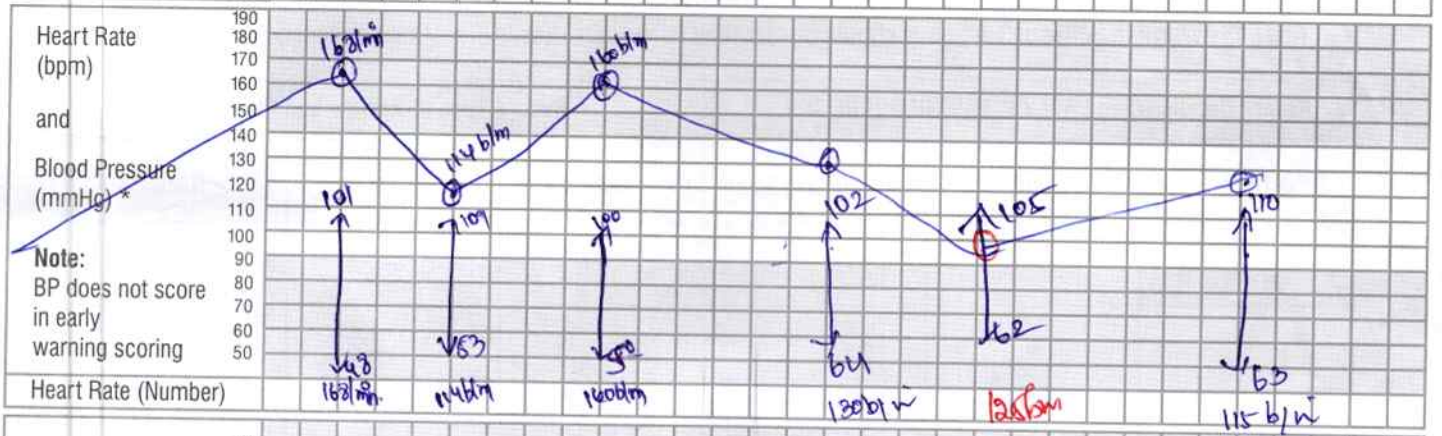
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7/26 Time: 8am 9am 11am 1pm 4pm 6pm 8pm 10pm 1am 2am 4am

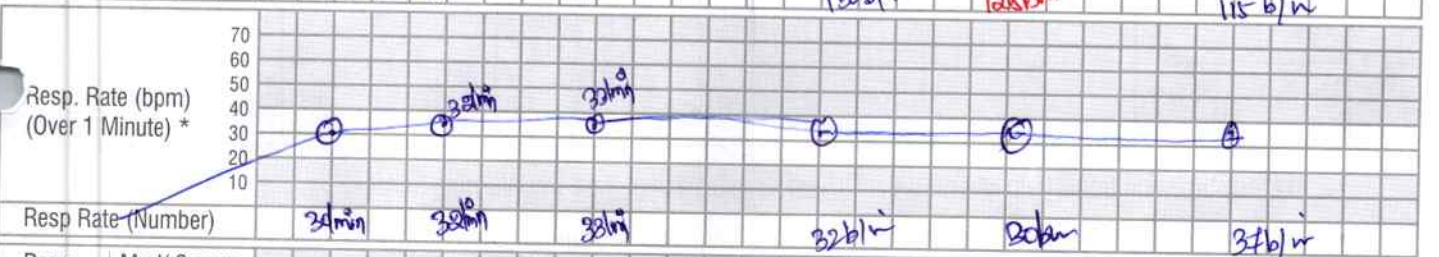
Doctor / Nurse / Family Concern?





Note:
BP does not score in early warning scoring

Heart Rate (Number)



Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	✓	✓	—	—	✓	—
Receiving O_2 (l/min)						RA	RA
O_2 Saturations (%)		99%	98%	98%	98%	99%	98%
Conscious Level	Normal / Altered	✓	✓	—	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	1	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]	✓	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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:

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

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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-00081766
Baby S SHASTIK IP18-00036296
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

(5)

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 : 05/07 Time: 9am, 12pm, 4PM, 5:40 pm, 6:40pm, 7:30 pm, 8pm, 12AM, 3:30am, 4:00am

Doctor / Nurse / Family Concern?

Temperature (°F) (scale 94–104): 100.9°F, 97.6°F, 99.9°F, 102.6°F, 100.2°F, 97.5°F, 97.2°F, 96.6°F, 99.1, 100.1°F

Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)

Note: BP does not score in early warning scoring

BP: 109/63 (79), 100/53 (71), 100/53, 106/62 (70), 100/60 (70), 105/62 (70)

Heart Rate (Number): 126b/mt, 120b/mt, 155b/m, 120bpm, 126bpm, 126

Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)

Resp Rate (Number): 28b/mt, 30bpm, 30b/m, 30bpm, 28bpm, 30bpm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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PRESCHOOL (1-5 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	
Doctor / Nurse / Family Concern?	
Temperature (°F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10
Resp Rate (Number)	
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level: Normal / Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
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GUC-00081766
Baby S SHASTIK IP18-00036296
02-10-2023
Dr. GANESH R 2 Y 9 M 1 D (M)

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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.

3/7/26		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											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		Receiving		NS	In ward.						
	03:00 am	H2O	30ml		70ml						0	
	04:00 am				70ml					✓	0	
	05:00 am				70ml						0	
	06:00 am				DNS 40ml						0	
	07:00 am	Milk	100ml		40ml					✓	0	
Total Intake :		130ml + 290ml				**Total Output :**					25ms	

Total 24 hrs. Intake	420ml

Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : 17

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.

2/7/26		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			40ml							0	PN
	09:00 am	coffee	100ml	40ml							0	PN
	10:00 am			40ml						✓	0	PN
	11:00 am			40ml							0	PN
	12:00 pm	coffee	50ml	40ml							0	PN
	01:00 pm	coffee	50ml	40ml						180ml	0	PN
Total Intake :		200ml + 200ml				Total Output : 180ml + 1 Him Diaper changed.						
	02:00 pm	Rice		DC							0	dy
	03:00 pm	H20	20ml	DC						✓	0	dy
	04:00 pm			40ml							0	dy
	05:00 pm			40ml						✓	0	dy
	06:00 pm	Ragi	10ml	40ml						✓	0	dy
	07:00 pm	Jelly		40ml			✓			✓	0	dy
Total Intake :		30ml + 160ml				Total Output : Urine once						
	08:00 pm	H20	50ml	40ml							0	M.M
	09:00 pm	H20	50ml	40ml							0	M.M
	10:00 pm	H20	50ml							✓	0	M.M
	11:00 pm										0	M.M
	12:00 am									✓	0	M.M
	01:00 am										0	M.M
Total Intake :		150ml + 180ml				Total Output : 2 times						
	02:00 am										0	
	03:00 am									✓	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am									✓	0	
	07:00 am	Milk	100ml								0	
Total Intake :		100ml				Total Output : 2 times						

Total 24 hrs. Intake	920ml	Total 24 hrs. Output	9 times + 180ml.

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FLUID CHART

Sheet No. : 3

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.

4/7/23		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	Iddly		40			✓			✓	0	
	09:00 am	Dosai		40							0	
	10:00 am	H20	20ml								0	
	11:00 am									✓	0	
	12:00 pm	H20	20ml								0	
	01:00 pm									✓	0	
Total Intake :		40ml + 80ml				Total Output :				3 times		
	02:00 pm	Rice		20ml						✓	0	
	03:00 pm	H20	30ml	20ml							0	
	04:00 pm	H20	40ml	20ml						✓	0	
	05:00 pm	Milk	100ml	NC							0	
	06:00 pm			NC						✓	0	
	07:00 pm			NC							0	
Total Intake :		170ml + 60ml				Total Output :				3 times		
	08:00 pm	H20	100ml								0	
	09:00 pm	H20	50							✓	0	
	10:00 pm	Milk	50ml								0	
	11:00 pm									✓	0	
	12:00 am									✓	0	
	01:00 am										0	
Total Intake :		200ml.				Total Output :				3 times		
	02:00 am										0	
	03:00 am										0	
	04:00 am									✓	0	
	05:00 am										0	
	06:00 am									✓	0	
	07:00 am	Milk	100ml								0	
Total Intake :		100ml.				Total Output :				2 times		

Total 24 hrs. Intake	650ml	Total 24 hrs. Output	11 times

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02-10-2023
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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.

5/07/26		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	H2O	50ml								0	Jay
	09:00 am						Motion			✓	0	Jay
	10:00 am	H2O	50ml								0	Jay
	11:00 am										0	Jay
	12:00 pm	H2O	50ml								0	Jay
	01:00 pm	H2O	50ml								0	Jay
Total Intake : 200 ml.						Total Output : 1 times.						
	02:00 pm	RL									0	Jay
	03:00 pm	H20	10ml								0	Jay
	04:00 pm	H20	70ml							✓	0	Jay
	05:00 pm										0	Jay
	06:00 pm	H20	50ml								0	Jay
	07:00 pm	H20	30ml							✓	0	Jay
Total Intake : 160 ml						Total Output : 2 times						
	08:00 pm	H2O	100ml								0	Baby
	09:00 pm	H2O	150ml							✓	0	Baby
	10:00 pm	Milk	100ml							✓	0	Baby
	11:00 pm									✓	0	Baby
	12:00 am										0	Baby
	01:00 am										0	Baby
Total Intake : 250ml						Total Output : 2 times						
	02:00 am										0	Baby
	03:00 am										0	Baby
	04:00 am									✓	0	Baby
	05:00 am										0	Baby
	06:00 am									✓	0	Baby
	07:00 am	Milk	150ml								0	Baby
Total Intake : 150ml						Total Output : 2 times						

Total 24 hrs. Intake	760ml

Total 24 hrs. Output	8 times

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02-10-2023 2Y9M1D (M)
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(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Fever evaluation ? AUE			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	3/7/26 N	3/7/26 M	3/7/26 E	3/7/26 N	4/7/26 M	4/7/26 E
	Medical Condition (Any special condition to be noted):	Noted	Noted	noted	Noted	Noted	Noted.
	Diet:	(N) diet	(N) diet	(N) diet	(N) Diet	(N) Diet	(N) Diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	102.2	101.3°F	99.2°F	98.6°F	102.9°F	102.2°F
	Res:	20bpm	34/mt	30b/m	32 b/m	30/min	38b/m
	SpO_2:	99%.	98%.	99%.	98%.	99%.	98%.
	Pulse:	150bm	152/mt	157b/m	130b/m	168b/min	150b/m
	BP:	90/60(74)	116/64mmhg	83/51	96/68	101/42mm	100/80
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	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):	Dependent	Dependent	dependent	dependent	dependent	Dependent
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		S Amutha	S. Nisha	[illegible]	[illegible]	S. Nisha	S. Nisha
Signature / ID :		[illegible]	[illegible]	401834	[illegible]	607941	607941
Date:		3/7/26	3/7/26	3/7/26	4/7/26	4/7/26	4/7/26
Time:		7:30am	1:30pm	8pm	7:30am	2:00 pm	[illegible]
Taken Over By Name :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[illegible]	401834	607184	401834	[illegible]	[illegible]
Date:		3/7/26	3/7/26	3/7/26	4/7/26	4/7/26	4/7/26
Time:		7:30AM	1:30pm	@8pm	8am	2pm	7:30

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

Rainbow® Children's Hospital
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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:							

Patient Sticker

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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-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Date: ....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8PM	⇒ To Maintain Nutritional status.	7AM	⇒ To Adequate high rich diet ⇒ To Monitoring I/O chart	⇒ To improve Nutritional Status	The child vital signs stable.	[signature] 8/10/23

Docu. No: RCH /FRM / CLINICAL / 148

GUC:-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 3 M 2 D (M)
Dr. GANESH R

NURSING CARE RECORD

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

Date: 3/7/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8.00 am	Prevent infection		⇒ Maintain strict hand hygiene ⇒ Administered antibiotic Order	⇒ Maintained strict hand hygiene	⇒ To prevent infection	
Afternoon	1.30 pm	Maintain personal hygiene		⇒ Maintain the personal hygiene ⇒ Maintain hand hygiene	⇒ Maintained the personal hygiene	⇒ To maintained personal hygiene	
Night	8 pm	Prevents falls and injury.	10 pm	keep the bed in low lying position with side rails up.	Baby was placed in bed with side rails up & wheels locked	Prevented falls	

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Baby S SHASTIK
02-10-2023 2 Y 3 M 2 D (M)
Dr. GANESH R

(2)

NURSING CARE RECORD

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

Date: 4/7/26

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	⇒ Maintain Good Nutritional Status		⇒ To Take the high rich diet ⇒ Adequate H2O intake	⇒ Maintain Good Nutritional Status	⇒ Maintained Good Nutritional Status	
Afternoon	1.30 pm	Improve Activity Tolerance		⇒ Assess the Baby condition ⇒ provide play Therapy	⇒ Ensure Activity Tolerance	⇒ Improve Activity Tolerance	
Night	8pm	To Maintain Nutritional Status		⇒ To Maintain encourage high rich diet	⇒ To Improve Maintained Status	The child vital Signs Stable	

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

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NURSING CARE RECORD

Date: 5/10/23

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To promote Health Hygien		→ Assessed child condition → vitals monitoring → encourage oral & Hand Hygiene	maintained personal Hygiene	reassment done	[signature]
Afternoon	2pm	Prevent infection		⇒ Assessed the child condition ⇒ Vital monitoring ⇒ Encourage Strict hand washing	Maintained Prevent Infection	Reassessment done	[signature] Gomathi
Night	8pm	To improve child's nutritional status	9pm	→ Assess the Child's nutritional status → I/O Chart maintain → Encourage oral Feeds.	Maintained good nutritional status.	Reassessment done	Balaji 020685

Patient Sticker

NURSING CARE RECORD

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

Date: .....

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							

Patient Sticker

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: .....

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							

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

(1)

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
3/7/26	2.40pm	Receiving Notes	
		→ The child is receiving from ER. Child is conscious oriented. IV line is present.	
		→ The child is admitted in fever y evaluation & Are	S. Amish
		→ The child vital signs cheking recorded.	0/23
		T. 102.2 F Pulse - 150 bpm	
		RR - 30 bpm SpO2 - 99% BP: 90/60(72)	
		→ The child is Neomal suppository 250 mg is given as per drug chart mainten y domene.	S. Amish 0/23
	3Pm	→ The child visit Dr. Deepak by advice to sodium level low NS correction Done over 4 hours. y RBS cheking.	
		I will check to RBS ... Infom to Dr. Deepak sir advice continue NS correction.	S. Amish 0/23
	4.00am	→ The child Temperature check 101.2 F fever is reduced Re-assessment done.	
	4.00pm	→ The child is urine sample collected. after antibiotic dose start.	S. A 0/23

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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☑ No Known Drug Allergies
☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26		Inj. Xone 700mg is given as	
		per drug Maintain 4 document	[signature]
	6.30 a.m.	The child I/O chart	
		maintain 4 document	
	7.25	⇒ The child Temperature	
		check Fever 101.8F Inform to	
		Dr. Deepak sir advice to	
		Syp. P-250 4ml is given cold	
		Sir.	[signature]
		P-250 4ml is given as	
		per drug chart maintain 4	
		document.	
	7.30am	⇒ The child hand over	
		from morning duty staff	[signature]
3/7/26		Morning duty Notes on 3/7/26	
	7.30AM	Pt handed over taken from	
		Night duty S/N:	[signature]
	8am	Vital Sign Checked and	
		recorded IV line patent.	
		IV fluid 0.9 DNS 40ml/hr flow on	[signature]
	10.30am	Doctor Ganesh Sir seen by	
		Patient Advised to X-ray Chest	
		add. Syp. Mucolite 2ml TDS →	[signature]
	12pm	Syp. Mucolite 2.5ml P/O given	
		as per doctor order. IV fluid	
		Continue →	[signature]

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GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

(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
9/7	12.40pm	Vital Sign checked and recorded	
		Tem - 100.1°F, Syp. P-250 - 4 ml	
		p/o given as per doctor order	[signature]
	1.30pm	Tem - 101.6°F, Pulse - 152/mt RR-34/mt.	
		Baby stable. active good. no	
		vomiting, no loose stool	[signature]
	1.35pm	Baby handed over given to	
		Evening duty S/N	[signature]
		← Evening duty →	
	1:30 pm	→ Child handing over taken by	
		Morning duty S/N → [illegible] 019346	
		→ Child was Conscious and	
		[illegible] child was active &	
		alert 2 IV line pattern	[signature] 019346
	2pm	→ Due medication as given	
		as per dr chart order	
	2:00	- Temperature checked 99.7°F	
	2:30 pm	→ Re-assess the temperature increased	
		[illegible] 100.5 F, Cold sponge applied	
		- Dr. Yuvaraj [illegible] advice to	
		give Syp. Ibugesic 4ml through	[signature] 019346
		phone call order	
	3:50pm	→ Re-assess the Temperature was	
		increased 103.5 F / Syp. Ibugesic	
		4ml as given	[signature]
	4pm	Vitals are checked and	019346
		Recorded vitals are stable	

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Patient Sticker

NURSES NOTES

Rainbow Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7		Temperature is 100.8 - cold sponge applied	
		-) SpO2 - 99%. ORS and the ontflow	
	5pm	Re assess the temperature	
		fever reduced	019346
	6pm	-> The medication are given as	
		per drug chart daily	
	7pm	maintaining records & reports	
		-) child detail Handing	
	7.30	Over given to Night	
	pm	duty S/N	019346
3/7	7.30pm	Night duty	
		=> The child hand over	
		from evening duty staff.	
		child is conciously Oriented.	
		IV line is patent. child is	
		under room air.	
	8.00pm	=> The child vital signs	
		clearly recorded.	
	8.30pm	=> The child visit Dr. Nandu	
		visit in child advice to	
		Continue medicine.	0/9357
		T. 102.2 F clearly record	
		Paracetamol line is given	
		as per drug chart	
		maintaining document.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00081766
Baby S SHASTIK IP18-00036296
02-10-2023 2 Y 9 M 2 D
Dr. GANESH R (M)

(5)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight
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☑ No Known Drug Allergies
☐ Drug Allergies ...Nil...

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	10pm	→ The child Temperature recheck. 99.6 F. → Due Medication is given as per drug chart maintained.	S.Amf 9/9/26
	12:00am	→ The child was P/O / CP / CRT signs recorded. ++ ++ ++	
	2:00am	→ The child is sleeping is well. child is no any Oxygen ...pulse. IV line is patent	S.Amf 9/9.
		The child is T 102.1 it was given Para-200mg - 4ml is given as per drug chart maintained-	S.Amf 9/9
	3:30am	→ Recheck T. 102.1. Tepid sponge given.	
	4:30am	→ The child is Temperature Check- 100.6 Fever is reduced	S.Amf 9/9
	6am	→ Due Medication is given as per drug chart maintained	
		→ The child ... chart maintained	S 9/9
	7:30am	→ The child hand over to morning duty	

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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7		Morning duty	
	7:30 am	→ child detail Handing over taken by Night duty sta → child was conscious and oriented child was active & alert IV line pattern	019346
	8am	→ vitals are checked and vitals are stable [Time / CRT <3sec / CP +ve / PP +ve] → due medication as given as per day chart today	019346
	9am	Temperature 102.1F syp para given IVf – 0.9% DNS record on flow	019346
	10:30 am	→ Dr Ganesh Sir saw the child and gave advice to attender Doctor advice to IVf – reduced 20ml/hr and continue same	
	11am	→ Re-assess the temperature 98.0F Temperature reduced	
	12pm	→ vitals are checked and recorded vitals are stable	019346
	1pm	Maintaining records & reports	019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7	2pm	→ Due medication as given	
	4pm	→ Vitals are checked and	
		Recorded Temperature is 100.2 F	
		Syp. para given	018340
	6pm	→ Due medication as given	
		As per drug chart	
	8pm	Re-assessment done Temperature	
		reduced	
	7pm	→ Maintaining I/O & Input	018340
		→ patient detail stability	
	7.30 pm	over given to Night duty Sr	018340
4/7	7.30pm	Night duty	
		→ The child hand over	
		from evening duty staff. child	
		is conscious oriented. Iv line	S. 01083
		is patent.	
	8.00pm	→ The child vital / PP / CP / CRT	
		signs cheny recorded ++ / ++ / <3	
		→ The child visit Dr. Anand,	
		sir advice Ravoon Sam. Trauma.	S. 01081.
	10.00pm	→ Due medication is given	
		as per drug chart maintain	
		by diamond	
	12.00am	→ The child vital / PP / CP / CRT	SDF
		signs cheny recorded ++ / ++ / <3	

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7		T. 100.9 F will given to para-500mg- 4ml is given as per drug chart maintain. 4 dose	
	1.00am	T. 100.6. Fever is reduce apply to Tapid sponge is given.	S. Roop 5/7/25.
	2.00am	The child is sleeping is well. Check is no any other complaints IV line is pattern	
	4.00am	→ The child vital signs clearly recored / PP ++ / CP ++ / CRT done → due medication is given as per drug chart maintain 4 dose → The child I/O chart maintain 4 dose	S. Roop 5/7/25
	7.30am	→ The child hand over from morning duty Staff	[illegible]
		Morning Duty Notes :-	
5/7/25	7.30 am	Child details handing over taken from night duty staff. Child conscious & oriented. Child activity are good. IV line no swelling & pain	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

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
5/7/24	8am	Vital signs checked & recorded vitals are stable now	
		CP ++ / PP ++ / CRT <3sec	
		Due medication are given as per drug chart order.	Jeey 82061
	11:30 am	Dr. Geetha mam seen by child advised continue same IV line change CBC, CRP	
	12pm	Vital signs checked & recorded vitals are stable now	
		CP ++ / PP ++ / CRT <3	
		I/O chart maintained	Jeey 82061
	1:30 pm	Handing over given to evening duty staff	
		← Evening duty →	
5/7/26	1:30 pm	→ Child detail handing over taken by Morning duty s/n	018540
		→ Child was conscious and oriented child was active and alert IV line patent	018540
	2pm	Due medication are given as per drug chart order	
	4pm	→ Vitals are checked and recorded vitals are stable	018540

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7	5:40 pm	Temperature 102.6 F Supp. pcm given	Sign 017946
	6pm	Due medication as given as per day chart today	
	7pm	→ Monitoring records & reports	
	7:30 pm	→ Child handing over given to Night duty staff	Sign 017946
		Night duty Notes.	
5/7/26	7.30pm	The child details handing over taken from evening duty staff. child is conscious. IV line present and patency. →	Balu/020685
	8pm.	Vital signs checked & Recorded Vitals are stable | CP | PP | CRT | ++ | ++ | <3sec | →	Balu/020685
	10pm.	Due to medications are given as per drug chart	→ Balu/020685
6/7	12Am	The child vital sign checked Recorded | PP | CP | CRT | ++ | ++ | 2sec	
	2:00am	⇒ The child is sleeping is well child is no any other complaints. IV line patent.	S. [illegible] /0/9
	4:00am	⇒ The child vital signs checked recorded | PP | CP | CRT | ++ | ++ | <3	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Rainbow® Children's Hospital
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Patient's Name:..... IP18-00036296 .....
MRD NO:..... GUC-00081766 Baby S SHASTIK 02-10-2023 Dr. GANESH R 2 Y 9 M 1 D (M) .....
Age :..... ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 3/7/26 Time: 2.20 am
Location : Rt metacarpal
Size : 24
Cannula inserted by : SNV subhadip

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
3/7/26	2.20am	☐Yes ☐No	☐Yes ☐No	Observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	Observed	
	8am	☐Yes ☑No	☐Yes ☐No	Observed	
	10am	☐Yes ☐No	☐Yes ☐No	observed	
	12pm	☐Yes ☐No	☐Yes ☐No	observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
4/7/26	12am	☐Yes ☐No	☐Yes ☐No	observed	
	2am	☐Yes ☐No	☐Yes ☐No	observed	
	4am	☐Yes ☐No	☐Yes ☐No	observed	
	6am	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	observed	
	10am	☐Yes ☐No	☐Yes ☐No	observed	
	12pm	☐Yes ☐No	☐Yes ☐No	observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
5/7	8pm	☐Yes ☐No	☐Yes ☐No	observed	
5/7	12am	☐Yes ☐No	☐Yes ☐No	observed	
	4am	☐Yes ☐No	☐Yes ☐No	observed	
	7am	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	observed	
	10am	☐Yes ☐No	☐Yes ☐No	observed	

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

CANNULA 2

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
5/7	12pm	☐Yes ☑No	☐Yes ☐No	observed	
	2pm	☐Yes ☑No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
6/7	2am	☐Yes ☐No	☐Yes ☐No	observed	
	6am	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : 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-00081766 IP18-0003629€
Baby S SHASTIK
02-10-2023 2Y 9M 1D (M)
Dr. GANESH R

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			3/7	3/7	3/7	3/7	4/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	14	14

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

	Bed in low position		✓	✓	✓	✓	–
	Call device within reach		✓	✓	✓	✓	
	Wheels Locked		✓	✓	✓	✓	–
	Room free of clutter		✓	✓	✓	✓	–
	Adequate lighting		✓	✓	✓	✓	–
	Wheel chair support		NA	NA	–	–	–
	Other Intervention(s) Specify		NA	NA	–	–	–
	Nurse's Name:						
	Signature:						
	Date:		2/7	3/7	3/7	3/7	4/7
	Time:		3pm	8am	8pm	8pm	8am

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			4/7	5/7	5/7	6/7	6/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		NA	–	–	–	–
	Other Intervention(s) Specify		NA	–	–	–	–
	Nurse's Name:			Joy		Balaji	
	Signature:						
	Date:		4/7	5/7	5/7	5/7	6/7
	Time:		8pm		8pm	8pm	8 AM

Patient Sticker

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

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

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

	Bed in low position						
	Call device within reach						
	Wheels Locked						
	Room free of clutter						
	Adequate lighting						
	Wheel chair support						
	Other Intervention(s) Specify						
	Nurse's Name:						
	Signature:						
	Date:						
	Time:						

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little
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					Date :	3/7	3/7	3/7	3/7
					Time :	8am	8pm	2pm	8pm
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				

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	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

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Baby S SHASTIK
02-10-2023 2 Y 9 M 2 D (M)
Dr. GANESH R

(2)

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little
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	1	2	3	4	Date: 4/7 Time: 8am	Date: 4/7 Time: 8pm	Date: 5/7 Time: 2am	Date: 5/7 Time: 2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'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]	[signature]	[signature]	[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
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BRADEN 'Q' SCALE

Patient ID

				Date :				
				Time :				
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				TOTAL SCORE				
				Evaluator's Name				

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7/26	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 01931
3/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 01247
3/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 01954
3/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 6077
4/7/26	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 60[illegible]
4/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 607741
4/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	S. [illegible] 01938
5/7/2	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	S. [illegible]
5/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 02664
5/8/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607471

Re-assessment Frequency:

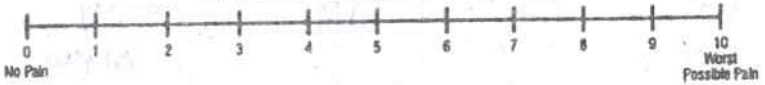
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 – 60 minutes after pain relief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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
3/7/26	8am	10	Health education Teach about call bell, Fall risk education	Mother	No	oral	none	verbalise understand	Good	
4/7/26	8am	10	health education Teach about call bell, Nutritional status education	Mother	No	oral	None	understand	good	
5/7/26	8am	2	explain about treatment & care	mother	no	oral	None	understood	good	
6/7/26	8am	1	Health education Teach about the Maintain personal hygiene	Mother	no	oral	None	understand	good	

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Fever & Evaluation.

Arrival Time: 2:40pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil Body Weight: 14 kg Kg

Height: .... cm

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

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

Family History: NVD 1 baby CIABS: X10 Allergy

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

If yes please list, ...

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

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

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

Observations: Weight: 14 kg Length: – Head Circumference (< 2 years): ....

Temp.: 102.2F HR: 150 bpm RR: 30 bpm BP: 90/60 (70)

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

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

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: – 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: Dr. Vranesh (Date/Time): 3/7/26 at 7am.

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: S. Anoo 01991 Date: 3/7/26 Time: 8.20 Signature

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BED SIDE CHECK LIST FOR NURSES

Date:	3/7/26	4/7/26	5/7/26	6/7/26					
Doctor's Orders	Dr. Deepthi	Dr. Deepthi	Dr. Deepthi	Dr. Ganesh					
Carried out or not	yes	yes	yes	yes.					
Bed Side									
Structured Handover done	yes	yes	yes	yes					
IV Site	yes	yes	yes	yes					
Central Lines	No	No	No	No.					
Arterial Lines	No	No	No	No					
Feeding Catheter	No	No	No	No					
Urinary Catheter	No	No	No	No					
Skin Care	No	No	No	No					
Eye Care	No	No	No	No					
Mouth Care	No	No	No	No					
Sterillum Bottle, Stethoscope	yes	yes	yes	yes					
Suction Bottle (Should be clean & empty)	yes	yes	yes	yes					
Intubation Tray	No	No	No	No					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	No	No	No	No					
Ventilator Tubing,(Any Water, Blood)	No	No	No	No					
Humidification	No	No	No	No					
Check all Infusion (Labelling,Correct Preparation)	yes	yes	yes	yes					
Chest Physio & Neb	No	No	No	No					
Handed Over By Name :	S. [illegible]	S. [illegible]	S. [illegible]	S. [illegible]					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	3/7/26 7am	4/7/26	5/7/26	6/7/26 8am					
Hand Over Taken By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	3/7/26 1pm	4/7/26 2pm	5/7 2pm.						

Patient St

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
03/07/26	3.10 pm	94 mg/dl	-	

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

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10p-8 4m 10 pm

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wt - 14kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby - Shaltik Age : 2yrs 8m Gender: ☑ Male ☐ Female

Date : 3/7/26 Time of Arrival : 1-45am

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 102.2°F PR: 138 BP: 98/70(86) RR: 30 SpO$_2$: 98%

Chief Complaints: c/o fever x 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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

M. Vafy.
Signature of Parent / Guardian

Triage Completion Time : 2min

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 : Sarup [signature]

Signature of Triage Nurse : Sarup [signature]

Date & Time : 3/7/26 at 1:45am

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

GUC-00081766 IP18-00036296
Baby S SHASTIK
02-10-2023 2 Y 9 M 1 D (M)
Dr. GANESH R

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/11/26 Time of arrival : 1.45 AM

Chief Complaints: c/o fever x 1 days RBS: —

Height : — Weight : 14 kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

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.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 1.50 Am

Time	Nursing Notes
1.45 AM	patient came in ER, c/o fever at 7 days
	patient Scened by DR. Deepak Sir
	& Advised Admission under DR.
	Ganesh Sir,
	* vital signs check & recorded
	* patient Scened by DR. Deek sir &
	Advice IV placement & Blood ~~test~~, done,
	* Shift to ward

Samples collected by: - S/N Subhadip — Time: 2.20 AM

Samples sent by: - S/N Senjin — Time: 2.25 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 138 c/m BP: 98/70 CFT: L3SCC	Shift - out from ER to: 509
RR: 28 c/m SPO_2: 98% R/A	Time of Shift - out: 2.40 AM
GCS: 15/15 Temperature: 102.2°F	Handover given to: S/N Amritha (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

22 G (L) metacarpal

Name of the Nurse: Subhadip

Signature of the Nurse:

Date & Time: 3/7/26 & 2.30 AM

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DEEPAK Date : 3/7/20

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

Start Time of Assessment: ..... Weight: 14kg

Allergic History: Nil

Chief Complaints:
C/O: fever 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: ..... SpO_2 on FiO_2 98% / RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE

Palpation Findings (If necessary).....

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

Circulation

HR: 138/min

CFT — Central: <2 — Peripheral: <2

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 98/70 mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☒ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: Alert

Pupils: Responsive ☐ Non-Responsive ☐

Size — Right ..... Left .....

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

Exposure

Temp.: 102.2°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: .....

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Labs Planned: .....

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Treatment Planned: .....

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

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

Assessment done by

Name of the Doctor: C. D'Cruz

Signature: .....

Date & Time: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

PATIENT TRANSFER FORM

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Baby S SHASTIK 2 Y 9 M 1 D (M)
02-10-2023
Dr. GANESH R

	Date & Time of Admission: 3/7/26 12:40am	Date & Time of Transfer Order: 3/7/26 2:40am
Treating Consultant Name: Dr Ganesh	Transfer Ordered by: Dr. Deepak	Reason for Transfer: Further management
From Unit: ER	To Unit: 509	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (13)	Number of Imaging Films: Nil	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical Records Received by : S. Amin 0198 3/07/26 at 3:00pm

Date & Time of Patient Received : 3/7/26 at 3:00pm

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