GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 21 D (M)
Dr. KARTHIK NARAYANAN 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	30/1/26 @						
Activity Sheet update by Pharmacy		4.20 pm					

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

nt: ..... Dept: .....

Date of Admission: .....

Discharge: ..... Time: .....

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/1/26	5PM	ER	401	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16/7/26	Blood Gs, SGOT	26022924.	
	SGPT		
	CXR	9615	
	RBS.	26022923.	
17/7/26.	RBS	26023010	
18/7/26	RBS	26023078	
18/7/26	RBS.	26023080	
18/7/26	CBC, CRP, OT, PT	3119	
19/7/26	RBS.	23210	
19/7/26.	RBS	23211.	
19/7/26	RBS	23258	
20/7/20	RBS	23289.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Infusion Pump.	5pm.	18/7/26 10am	8517 ✓	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7/26	IV line placement	(1)	1728438.	
18/7/26	IV placement	(1)	9378	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 19/7/26 Time: 7a Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	26/7/26				
Preparation of Discharge Summary	12AM				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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28-01-2023 3 Y 5 M 18 D (M)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
16/7/26.	4:45pm.	59 mg/dl	10D	
16/7/26	6.15pm	88mg/dl	—	
17/7/26	1pm	70mg/dl	—	
17/7/26	11Pm	112mg/dl	—	
18/7/26.	7Am	93mg/dl	—	
18/7/26	7pm	88mg/dl	—	
19/7/26	7Am.	91mg/dl	—	
19/7/26	7pm	90mg/dl	—	
20/7/26	7Am.	96mg/dl	—	

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 : IP18-00036496 **Admit Date** : 16-Jul-2026 **Admit Time** : 04:14 PM **UHID** : GUC-00093958

Patient Details :

Patient Name	: Baby SARANMATHIVEL.S	**Age**	: 3 Y 5 M 18 D
Guardian	: Mr K.SIVA SUBRAMANIAN	**DOB**	: 28-01-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT I, ABHYA PARADISE, 31/59 FIIRST MAIN ROAD, CHROMPET Chromepet Chennai Tamil Nadu INDIA 600044	**Phone No**	: 8939053324/ 9940238410
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr K.SIVA SUBRAMANIAN **Relationship** : Father

Contact Address : FLAT I, ABHYA PARADISE, 31/59 FIIRST MAIN ROAD, CHROMPET Chromepet Chennai Tamil Nadu INDIA 600044 **Phone No** : 8939053324

Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SARANMATHIVEL.S**	**Age :**	**3 Y 5 M 18 D**
IP No:	**IP18-00036496**	**Sex:**	**Male**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Siva Subramanian
Relationship: Father
Date: 16/07/2026 Time: 4.15 pm
Witness Name: Pavithra
Witness Signature:

Patient Address:

FLAT I, ABHYA PARADISE, 31/59 FIIRST MAIN ROAD, CHROMPET Chromepet Chennai Tamil Nadu INDIA 600044

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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 : Baby · Saranmathivel. S	UHID Number : G0C-0009395 8
Self/Attendant Name : K. Sivakumar	Relation : Father
Self/ Attendant Signature : K. Sivakumar Phone Number : 8939053324	Name & Signature of Financial Counselor

भारत सरकार
GOVERNMENT OF INDIA

சிவசுப்ரமணியன் குழந்தைவேலு
Sivasubramanian Kulanthaivelu
பிறந்த நாள்/ DOB: 25/12/1982
ஆண் / MALE

5790 9680 9918

எனது ஆதார், எனது அடையாளம்.

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:
S/O: குழந்தைவேலு, 1/138,
கிழக்கு தெரு, நெடுவாசல்
கிழக்கு, ஆலங்குடி
தாலுக்கா,
நெடுவாசல்கீழ்பாதி,
புதுக்கோட்டை,
தமிழ் நாடு - 622304

Address:
S/O: Kulanthaivelu, 1/138, EAST STREET, NEDUVASAL EAST, ALANGUDI TALUKA, Neduvasal East, Pudukkottai, Tamil Nadu - 622304

5790 9680 9918

MERA AADHAAR, MERI PEHACHAN

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00093958 IP18-00036496 _____

Baby SARANMATHIVEL.S

28-01-2023 3 Y 5 M 18 D (M)

Dr. KARTHIK NARAYANAN R

Department: _____ _____

Consultant: _____

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o fever x 7days
c/o cold x 7days, cough x 7days
C/o Abdominal pain x 7days

History of present illness :

C/o fever x 7days (max temp : 103°F)
c/o cough & cold x 7days, 1 episode of PTV
c/o Abdominal pain x 1day

Reduced oral intake
reduced ine output (2 times/day).

No H/o vomiting / loosestools / vomiting.

No H/o outside food intake (recently).

No H/o Recent Travel

treated outside for 2days c Cephalexin

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

Pat

Past Histor… …ous investigation or treatment)

—

Birth & Neonatal History:

Full term / LSCS / No NICU stay / CIAB /
H/o neonatal jaundice (2days)

Family Chart

Birth & Socio Economic History:

About Father : —
About Mother : —
Any additional Information : —

Ⓝ

Developmental History :

Developmentally app for age

Immunization History :

Immunized upto age (IAP)

Anthropometry :

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

Weight (kgs) 13kgs (Centile ______)

On Examination :

Temperature : 96.4°F Pulse Rate : 130/min B.P. 99/71mmHg SPO2 99% @RA

Resp.rate and type of breathing : 28/min

Rash —
Lymphadenopathy — Ⓝ
Oedema : —

Well looking
Alert.
CRT <3 sec
PP well felt
Warm peripheries

Allergies (if any): No Allergies

(P.T.O.)

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAE⊕ IN o added sounds

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2⊕IN murmur

Any murmur : _____

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

Per Abdomen :

Inspection : _____

Palpation : Soft NT, ~~no~~ organomgaly – mild Hepatomgaly

Ausculation : _____

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient S: GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

Reflexes :

DTR

Superficials:

Plantars 1+

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Fever under evaluation - ? Typhoid fever
? Influenza.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Blood C/S
SGOT
SGPT

RBS - 59mg/dl

Planned Management

1) IVF - 0.9 DNS - 45ml/hr
2) Inj ZONE 650mg IV BD 12H.
3) Inj PAN 150mg ~~OD~~ ~~BD~~ Q24H.
4) Syp. P 250 4ml (temp > 100°F & 6th hrly)
5) Repeat sugar at 5:45 PM.

Signature of the Doctor: Lucky
20577
Name of the Doctor: LUCKY VIGNESH
Date & Time: 16/7/26, 4:30 PM

Signature of the Consultant:
Name of the Consultant:
Date & Time:

(P.T.O.)

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/1/23 7:40 PM	SIB. Dr - LUCKYVIJAYEN	
	Δ: Fever under evaluation (Evolving pneumonia)	
	RBS: 88 mg/dl (at 1 hr)	
	child playing	
	fever spikes ⊕.	
	c/o cough/cold ⊕.	
	vitals: Stable	
	RS: clear	CVS: S1 S2 ⊕ / No murmur
	PA: Soft NT, No mass	CNS: NFND.
		Advice
		1) IVF - 0.9 NS - 45 ml/hr.
		2) Inj CEFTRIAXONE 650mg IV OD.
		3) Inj PAN 15mg OD.
		4) Syp. P250 4ml (if temp > 100°F every 6th hourly)
	Luckyjith 20/1/23	

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

(2)

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

Date & Time	Progress Notes	Doctor's Order
17/7/26 9.30AM	S/B - Dr. Yuvaraj.	
	A - (R) Middle lobe Consolidation (Round pneumonia) τ Transaminitis	
	Child reviewed.	
	O/E alert, afebrile	- D8 of fever τ Cough & Cold - post-tussive vomiting
	WOB - (N)	
	SpO2 - 98% @ RA	
		Rx τ 2 days oral Cephalexin.
	RS - BAE equal (R) crepts (+)	
	PA - Soft, non tender, liver palpable 1-2 cm ↓ SCM	
(SGOT - 344 SGPT - 311)	CVS / RS / CNS	intake - poor
	Plan: (D2) - Ceftriaxone 650 mg BD	
	(D4) Fluvi 3.5ml BD	
	IVF - DNS - 45ml/hr	
	Trace blood C/s	
17/7/2026	S/B Dr. Karthik	T.Y
	- D Start on Oral Levofloxacin	
	- To repeat CBC, LFT, SGOT/SGPT day after tomorrow	
	- To do RBS Q12hrly	

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

(3)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 4.30 PM	S/B - Dr Yuvaraj	
	Child received.	
	O/E ~~alert, active~~ sleeping	
	vitals stable	
	RS- B/L AE ↓ on (R) side mildly when compared to Lt.	
	Crepts (+)	
	PA - Soft, non tender	
	CVS / NSD.	
	CNS	
	Plan :- Monitor vitals closely	
	- Continue IV Xone & oral Amoxclav.	
	- on 19/7/26 - CBC, CRP, SHOT/SHOT.	
	- Q12 H - CBG	
18/7/26 11:00 AM	S/B. Dr. LAKSHMIGNESH	
	Δ: (R) middle zone pneumonia / Pneumonitis	
	Child received	
	Afebrile	(clo PTV Settled).
	Activity improved	compared to yesterday
	Food intake improving	/ clo cough (+) T.D
	not passed stools	since monday (6 days.)
	WOB - (N)	
	RR : 30	
	SpO2 : 98% @ RA	mild pallor (+).
	RS: No retractions /	distress.

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S (M)
3 Y 5 M 19 D
28-01-2023
Dr. KARTHIK NARAYANAN R

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	RS: B/L AE ⊕, No added sounds.	
	mildly reduced over the	
	Right (mamary / Inframamary / Infra axilary)	
	minimal crepts ⊕.	
	PA: fecal mass ⊕	
	(left iliac / lumbar regions)	
	Other systems - (N)	
	Advice: 1) To watch for fever spikes / distress / PWOR	
	2) To do CBC/CRP/SGOT/PT on sunday (morning) (Tomorrow)	
	3) ? To do chest USG	
	4) continue Inj Ceftriaxone / oral linezolid / fluvir	
	5) Dulcolax supp. 5mg stat (P/R).	
	[signature] 203377 (18/7/26).	

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/1/2023	S/B Dr. Karthik	
	(R) Leg coordination (+)	
	Ans: reacting (+) on (R) side	
	Rp	
	→ To continue Antibiotics.	
	→ To send CBC, CRP, SGOT, SGPT.	
	→ Syp. Levolin	10 ml — TDS
	→ Stop I.V. fluids.	× 3 days
18/1/23 6pm.	S/B Dr-Chandralekha.	
	Child resistant	
	no fever spike	
	cough (+)	
	oral intake good	
	Activity - Improving	
	Hydration - Adequate	

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 20 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile	
	CVS-S_1S_2(+)	
	RS-B/L AE (+)	
	minimal crepts on Right	
	P/A - soft	
		Adv
		- monitor vitals
	CRP-43	- continue IV Antibiotics and other drugs as per chart
		- Pufoen(SOS)
	[signature] 19/12/24	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 8 AM.	S/B Dr. Chandiralaya / Dr. Karthik	
	Δ - Right middle lobe consolidation	
	Child reviewed	
	[struck], Activity - improving.	
	no fever spikes x 3 days.	
	Wet cough ⊕ / No tachypnoea / no distress.	
	1 episode of vomiting yesterday	
	Tolerating oral feeds well	
	urine output good.	
	O/E - Asleep	
	Afebrile	Bp - 98/52 mmHg
	CVS - S1S2 ⊕	PR - 106/min
	RS - B/L AE ⊕, ↓ on Right - mild reduction / ® ? Dull note on percussion	
	Occ. [struck] crepts WOB (N)	
	P/A - soft; hepatomegaly ⊕ - soft, non-tender	
Hb - 12 → 11.5		
PCV - 36.4 → 34	Adv.	
TC - 6750 → 9000	- monitor vitals	
N/L - 72/22 → 45/42	(D4) - Inj. ceftriaxone 650mg Q12H.	
Plt - 2.9 → 5.5	D5/5 - Syp Flumix 3.0ml Q12H To stop today	
CRP - 152 → 43	(D2) - Syp. Leneyolid 6ml Q8H	
Procal - 1.2	- mucolite, zerconit, Lactulose.	
	- Enterogermina (Enjormisos)	
OT - 344 → 100		
- 31 → 335 [signature]		
ARUN.		[signature]

RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 10.20am	S/B Dr. Karthik	
	Lethargy ↓ed	
	Cough ⊕	
	(R) AE better improved	
	Transaminitis - improving	
	Advice	
	Continue IV Abx / Oral Linezolid	
	(N) Diet c̄ high protein (avoid non-veg)	
	Plan - Discharge tomorrow	
		[signature] 19/7
19/7/26 5pm	S/B Dr. Karthik	
	NO fever x 3 ½ days	
	Cough ⊕	
	Oral intake, Activity } better	
	U.O - good	
	O/E - Alert, active	
	PPWF. Vitals - stable	
	RS - WOB (N) No tachypnoea	
	(B) AE better / No added sounds	

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

Other system - WNL.

[signature]

Advice
T/C ac chan

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(1)

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RESULT SHEET

Date	16/7/26	16/7/26	18/7/26			
Time						
Hb	12.0		11.5			
PCV	36.4		34			
RBC	4.6		4.18			
WBC	6750		9,000			
N/L	72/22		45/42			
Platelets	2.94		5,52,000			
CRP	152		43			
ESR	46					
PCT						
RBS			112			
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT		311	355			
SGOT		344	100			
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						

(2)

Date	16/7/26					
Time						
CUE - Alb	Trace					
CUE - Sugar	-ve					
CUE - Ketones	2+					
CUE - PUS Cells	2-3					
CUE - RBC Cells	-					
CUE nitrite	-ve					
leucocyte	-ve					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1	Neg					
Dengue IgM	Neg					

Culture and Sensitivities : Blood c/s

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil.

☐ Not known any Drug Allergies

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

Shifting From: ER

Shifted to: 401

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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature : [signature]

Date & Time : 16/7/26, 4:30pm 203377

Nurse Name & Signature: Praveen [signature] 18749

Date & Time : 16/7/26 at 4.pm.

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

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①

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: Syp. P250				Date / Time	16/7	17/7	18/7
Dose	Route	Frequency	Start Date		6.30 pm	DI VR	12:00am MA
4ml	PO	SOS	16/7			6am MA PN	
Doctor's Signature	Valid Period	Pharm.					
[signature] 2377							
Additional Instructions:							

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

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

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight. 13 kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
650mg	IV	Q12H	16/7

Name & Signature of the Doctor Starting the Drugs: [signature] 20337

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7	18/7	19/7	20/7
6AM	/	MA/PN	PN/MA	PN/MA	PN/MA
6PM	VR/BL	VR/RJ	BL/SD	BL/RJ	
	D1	D2	D3	D4	D5

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
15mg	IV	Q24H	16/7

Name & Signature of the Doctor Starting the Drugs: [signature] 20337

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7	18/7	19/7	20/7
	4:45pm PK				
6AM		MA/PN	PN/MA	PN/MA	PN/MA

DRUG : Syp. FLUVIR

Dose	Route	Frequency	Start Date
3.5ml	PO	Q12H	16/7

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

Additional Instructions: 20337
(x 2days)
(already taken for 3days).

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7	18/7	19/7	
8AM	/	BD/CA	VR/SA	RD/BD	
8PM	9.45pm MA/PN	MA/PN	MA/PN		Stop [signature]
	D3	D4	D5		

DRUG : Zytee gel

Dose	Route	Frequency	Start Date
–	L/A	Q8H	17/7

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

Additional Instructions:
Before food

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7	19/7	20/7
6AM	9.30am BD/SA	PN/MA	PN/MA	PN/MA
2PM	VR/	BL/SA	BL/RJ	
10PM	MA/PN	MA/PN	MA/PN	

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

DRUG : Syp LINEZOLID

Dose	Route	Frequency	Start Dt.
6ml	P/o	TDS	17/7

Name & Signature of the Doctor Starting the Drugs: T.Y.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7	19/7	20/7
8AM	/	VR	BP/BS	BP/RJ
2PM	1PM VE	BL/SA	BL/RS	
10PM	MA/PN	MA/PN	MA/PN	
	D1	D2	D3	D4

DRUG : Syp MUCOLITE

Dose	Route	Frequency	Start Dt.
3ml	PO	Q8H	18/7

Name & Signature of the Doctor Starting the Drugs: Lucky 203377

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7	20/7
8 AM	/	BP/SA	BP/RJ
2 pm	BL/SA	BL/BL	
10 pm	MA/PN	MA/PN	

DRUG : Syp. ZINCOVIT CL

Dose	Route	Frequency	Start Dt.
5ml	Po	Q24H	18/7

Name & Signature of the Doctor Starting the Drugs: Lucky 203377

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7	20/7
9 AM	/	BP/SA	BP/RJ
2.30 pm	2.30 pm BL/SA		

DRUG : SYP. LACTULOSE

Dose	Route	Frequency	Start Dt.
10ml	PO	TDS	18/7

Name & Signature of the Doctor Starting the Drugs: 19/7/23

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7
	/

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

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

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Baby SARANMATHIVEL.S
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : BIFILAC GG sachet

Dose	Route	Frequency	Start Dt.	Date / Time
(1)	P/O	q12h	20/7/26	20/7 8AM; 8pm

Name & Signature of the Doctor Starting the Drugs: [signature] 17824

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Weight. 13 Kg Ward.

VARIABLE DOSE	Date► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG: Syp. Linezolid 6ml TDS		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date: x 7 days		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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7	4:45PM	10% Dextrose	65ml	IV	Leelajith 20337	[illegible] 18945
18/7	11.30AM	S. Dulcoflex Supp.	5mg	P/R	Leelajith 20337	Sulthana, Aruls 25271

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

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight. 13 kg 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
16/7/26	8pm	IVF - 0.9DNS	IV	~~[illegible]~~ 45ml/hr	[signature] 20331	[signature]	17/7/26 12:15pm	[signature]	[signature]
17/7/26	12:15 pm	IVF - 0.9DNS	I.V	30ml/hr	[signature]	[signature]	18/7/26 12pm		[signature]

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

Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 20 D (M)
Dr. KARTHIK NARAYANAN R

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16/7 to 16/7 to 16/7 to 17/7 to 18/7 to 18/7 to .

MEDICATION CHART AUDIT CHECKLIST - IP

	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME	Inj.	Inj.	Syp.	Syp.	Syp.	Syp.	
FREQUENCY	XONE	PAN	PLUS IR	LINEZOLID	Mucolite	2incorit-LC	
DOCTORS	BD.	OD	BD	TDS	TDS	Q24hrs.	
1 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES	✓	✓	✓	✓	✓	✓	
11. NON-USAGE OF GENERIC NAMES	✓	X	X	✓	✓	✓	
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

* Syp. 2incorit-LC. Frequency Prescribed as (OD) Timing was mentioned as (BD) (9AM & 9PM).

	MEDICATION CHART AUDIT CHECKLIST - IP						
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
2 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

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Baby SARANMATHIVEL S
28-01-2023 3 Y 5 M 18 D (M)
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c. No. : RCH/ FRM / CLINICAL / 125

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

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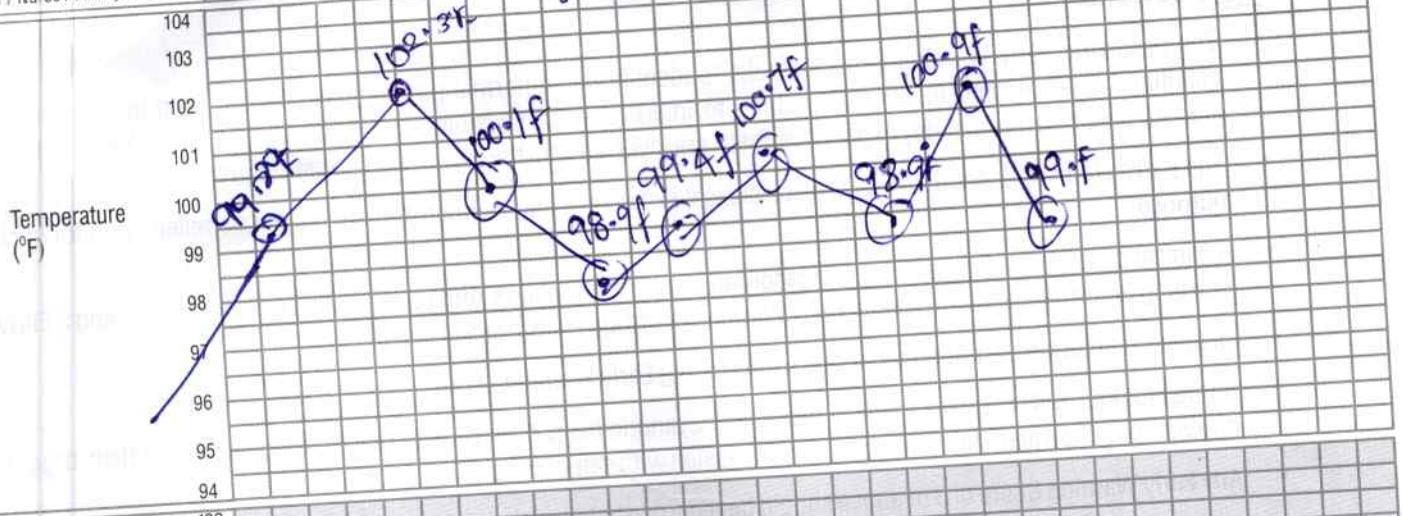
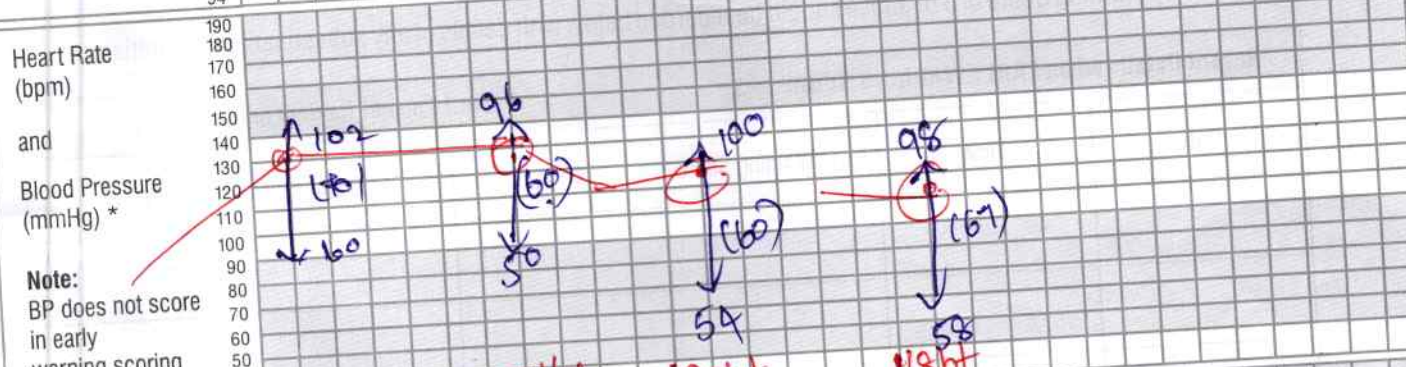
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7 Time: 5pm 6:30pm 8pm 11:20 am 12:15 am 1:20 am 4am. 6am 7:15 am

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number)	132bpm	128bpm	120bpt	118bpt

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
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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-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN 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.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/1/24 Time: 8AM 12pm 4pm. 8pm. 12AM. 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 97.8°F | 97.7°F | 98.2°F | 98°F | 97.4°F | 98°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 106/m | 104/m | 108/m | 98/m | 102/m | 108/m

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

Resp Rate (Number): 28/m | 24/m | 24/m | 26/m | 26/m | 26/m

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

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.

Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		PSR	PSR	RS	PM	PM	PM

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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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

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

Date : 19/7 Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.F	97.8F	98.F	97.6f	98°F	97.9f
Heart Rate (bpm) and Blood Pressure (mmHg) *	90/54 (63)	91/60 (70)	98/53 (61)	104/58 (66)	93/55 (61)	95/53 (60)
Heart Rate (Number)	109b/m	106b/m	103bpm	110bt	114b/m	116bt
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28b/m	24b/m	24b/m	26bt	24b/m	24bt
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA					
O_2 Saturations (%)	98%	98%	99%	98%	99%	98%
Conscious Level: Normal	✓	✓	✓	✓	✓	✓
Conscious Level: Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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28-01-2023 3 Y 5 M 18 D (M)
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FLUID CHART

Sheet No. : 01

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

16/7/26 Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	→		ON		Admission ←						
	05:00 pm			40ml							0	nd
	06:00 pm			40ml							0	nd
	07:00 pm	water	50ml	40ml						✓	0	nd
Total Intake :		50ml + 120ml				Total Output :					1time urine passed	
	08:00 pm			40ml							0	Dy
	09:00 pm	water	100ml	40ml							0	Dy
	10:00 pm			40ml						✓	0	Dy
	11:00 pm	water	50ml	40ml							0	Dy
	12:00 am			40ml							0	Dy
	01:00 am	water	30ml	40ml							0	Dy
Total Intake :		180ml + 240ml				Total Output :					1time urine passed	
	02:00 am			40ml						✓	0	Dy
	03:00 am	water	50ml	40ml							0	Dy
	04:00 am			40ml							0	Dy
	05:00 am			40ml							0	Dy
	06:00 am			40ml							0	Dy
	07:00 am	water	100ml	Pr						✓	0	Dy
Total Intake :		150ml + 200ml				Total Output :					0 times urine passed	

Total 24 hrs. Intake	940ml	Total 24 hrs. Output	4 times urine passed

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FLUID CHART

Sheet No. : 07

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

17/1/24		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			DC						✓	0	DSP
	09:00 am	H20	50ml	45ml							0	DSP
	10:00 am			45ml							0	DSP
	11:00 am	H20	50ml	45ml							0	DSP
	12:00 pm	Tender	100ml	30ml							0	DSP
	01:00 pm	H20	30ml	30ml						✓	0	DSP
Total Intake :		230ml + 195ml				Total Output :				2 times		
	02:00 pm	H20	50ml	30ml							0	NS
	03:00 pm	H20	50ml	30ml							0	NS
	04:00 pm	H20	150ml	30ml							0	RSP
	05:00 pm			30ml						✓	0	RSP
	06:00 pm	Tea	30ml	DC							0	RSP
	07:00 pm			30ml							0	RSP
Total Intake :		280ml + 150ml				Total Output :				1 time urine passed		
	08:00 pm	TC Milk	50ml	30ml							0	NSP
	09:00 pm			DC							0	NSP
	10:00 pm	Milk	30ml	DC						✓	0	NSP
	11:00 pm			30ml							0	NSP
	12:00 am			30ml							0	NSP
	01:00 am			30ml							0	NSP
Total Intake :		80ml. + 120ml.				Total Output :				1 time urine passed		
	02:00 am	Milk	20ml	30ml							0	NSP
	03:00 am			30ml							0	NSP
	04:00 am			30ml						✓	0	NSP
	05:00 am			30ml							0	NSP
	06:00 am	Water	50ml	30ml							0	NSP
	07:00 am			30ml						✓	0	NSP
Total Intake :		70 ml. + 180ml.				Total Output :				2 times urine passed		

Total 24 hrs. Intake	1305ml.

Total 24 hrs. Output	6 times urine passed.

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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.

28/7.		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	water	100ml	30ml						✓	0	NB
	09:00 am			30ml							0	NB
	10:00 am			30ml							0	NB
	11:00 am	Tea water	150ml	DC			✓			✓	0	NB
	12:00 pm			Stop							0	NB
	01:00 pm	water	100ml							✓	0	NB
Total Intake :		350ml + 90ml				Total Output :				3 times urine passed		
	02:00 pm	water	100ml								0	Jay
	03:00 pm									✓	0	Jay
	04:00 pm	water	50ml								0	Jay
	05:00 pm	Tea water	50ml								0	Jay
	06:00 pm	water	50ml							✓	0	Jay
	07:00 pm										0	Jay
Total Intake :		250ml				Total Output :				2 Times urine passed.		
	08:00 pm										0	NS1
	09:00 pm	water	100ml								0	NS1
	10:00 pm									✓	0	NS1
	11:00 pm	water	100ml								0	NS1
	12:00 am										0	NS1
	01:00 am	water	50ml							✓	0	NS1
Total Intake :		250ml				Total Output :				2 times urine passed		
	02:00 am										0	NS1
	03:00 am	water	50ml							✓	0	NS1
	04:00 am										0	NS1
	05:00 am										0	NS1
	06:00 am	water	100ml								0	NS1
	07:00 am									✓	0	NS1
Total Intake :		150ml				Total Output :				2 times urine passed		

Total 24 hrs. Intake	1,090ml	Total 24 hrs. Output	9 time urine passed

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FLUID CHART

Sheet No. : 04

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

19/1		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	water	100ml								0	PSN
	09:00 am	water	50ml				potty				0	PSN
	10:00 am									✓	0	PSN
	11:00 am	Juice	200ml							✓	0	PSN
	12:00 pm	Juice	100ml								0	PSN
	01:00 pm										0	PSN
Total Intake :			450ml							Total Output :	2 times urine passed	
	02:00 pm	H2O	100ml							✓	0	Jay
	03:00 pm										0	Jay
	04:00 pm	Tetoo	200ml				motion passed			✓	0	Jay
	05:00 pm										0	Jay
	06:00 pm	H2O	50ml								0	Jay
	07:00 pm									✓	0	Jay
Total Intake :			350ml							Total Output :	2 times urine passed	
	08:00 pm	H2O	50ml								0	NSG
	09:00 pm	Water	100ml							✓	0	NSG
	10:00 pm										0	NSG
	11:00 pm	Water	50ml								0	NSG
	12:00 am									✓	0	NSG
	01:00 am	Water	30ml								0	NSG
Total Intake :			230ml							Total Output :	2 times urine passed	
	02:00 am										0	NSG
	03:00 am	Water	50ml								0	NSG
	04:00 am									✓	0	NSG
	05:00 am										0	NSG
	06:00 am										0	NSG
	07:00 am	Water	100ml							✓	0	NSG
Total Intake :			150ml							Total Output :	2 times urine passed	

Total 24 hrs. Intake	1180ml

Total 24 hrs. Output	8 times urine passed

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URSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: fever Evaluation.	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
Surgery / Procedure:	Post OP Day:	

	Date / Shift	16/7 E	16/7 N	17/7 M	17/7 E	17/7 N	18/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Noted	Noted	noted	Noted.	Noted.	Noted
	Diet:	(N) diet	soft diet	soft diet	soft diet	soft diet.	soft 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:	99.8°F	100.1°F.	97.8°F	98.8°F	98°F	98°F
	Res:	20b/m	32b/mt	32b/m	30b/m	26b/mt.	28b/m
	SpO₂:	98%·RA	98%.	98%.	98%.	99%.	98%.
	Pulse:	132b/m	124b/mt	110b/m	116b/m	96b/mt	110b/m
	BP:	100/60.	96/50	109/[illegible]	102/56(69)		92/54(63)
	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	intact	·Intact·	Intact	intact	Intact	Intact
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:	(N) diet	soft diet	soft diet	soft diet	soft diet.	soft 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.
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Jothi [illegible]	NISHA	[illegible]	[illegible]	NISHA.	[illegible]
	Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26
	Time:	·8 pm	at 7.30am.	1.30pm	7.30pm	at 7.30am.	at 1.30pm
	Taken Over By Name :	Angel ·	Abhirup	[illegible]	Angel	Anitha	Aishwarya
	Signature / ID :	[illegible] 18950.	[illegible]	[illegible]	[illegible] 18905	[illegible]	[illegible]
	Date:	16/7/26.	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26
	Time:	7.30pm.	@7.30am	@1.30pm	7.30pm	7.30Am.	@1.30pm

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	TO Maintain fluid Balance.	6pm	⇒ Assess general condition ⇒ Monitored vital signs ⇒ Monitored I/O chart.	TO Improve Child condition.	Improving Child condition.	
Night	8pm.	TO prevent infection.	9pm.	TO Asses the general condition. TO monitor vital signs. TO maintain hand hygiene.	Infection will be prevented.	Reassessment was done.	

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 17/7/26.

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 Nutritional Status	9AM	Assess the child condition Monitored vitals Administered medicines Maintained Hygiene	Maintained good nutritional status.	Reassessment Done child oral intake is good	
Afternoon	1:30PM	TO prevent infection.		⇒ Assessed general condition ⇒ Monitored vital signs ⇒ Monitored I/O chart.	To improve child condition.	To improve child condition	
Night	9pm.	TO maintain. Fluid Balance.	9PM	TO Asses the general condition. TO monitor vital signs. TO maintain. I/O chart - Administer IV Fluids As pe doctor's order.	maintained Fluid volume.	Reassessment was done.	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 19 D (M)
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 12/7/26.

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	7.30AM	⇒ TO Maintain fluid Balance	8AM	⇒ Assessed general condition. ⇒ Monitored vital signs ⇒ Monitored I/O chart.	TO improve fluid condition. Encourage oral	Improving child condition.	
Afternoon	2pm	→ TO promote Health Hygiene.		→ Assessed child condition. → Vitals monitoring → encourge oral & Hand Hygiene	child is active & stable	Reassessment done	
Night	8pm.	TO Assess the general condition. TO monitor vital signs. TO maintain I/O chart.	9pm	Assess the general condition monitored vital signs. maintained I/O chart	Infection will be prevented	Reassessment carry done.	

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 20 D (M)
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

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Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain nutrition status	10am	Assess the child condition Monitor vitals Administer medicines Maintained Hygiene	Maintained good nutritional status Oral intake is good	Reassessment Done Child is stable	
Afternoon	4pm	To promote Health Hygiene		→ Assessed child condition. → Vitals monitoring → Encourage oral & Hand Hygiene	maintaining personal Hygiene	Reassessment done	
Night	8pm	To maintain. Fluid Balance.	8pm	To Assess the general condition. To monitor vitalsigns To maintain Dry chart.	Maintained Fluids Balance.	Reassement done.	

GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Receiving Notes ←	
16/7/26	5pm	Child taken over from	
		ER to 4th floor conscious &	
		awake. s/ fever & evaluation	[signature] 01704
		Vital sign checked &	
		recorded - No other	
		complaints.	
		PP ++ / CP ++ / CRT 1350	
		IV line ⊕ present & patten.	
		No other complaints.	[signature] 01704
		due medication's are given as	
		per doctor's order	
		I/O chart maintained.	
	6.00pm	Temp : 102°F. Syp. P 250 4ml p/o	
		given as per drug chart	
		order. I/O chart maintained.	
	7.30 pm	Handing over given to night	
		duty S/N.	[signature] 5200423
		← 16/7/26 on Night duty →	
16/7.	7.30pm.	The child details handing over	
		taken from Evening duty to	
		night duty. The child is conscious	[signature]
		and oriented. IV line present. no	01980
		pain, no swelling. IV line pattern.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ......Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue notes.	
16/7.	8pm	vital signs are checked and recorded. vital signs are stable	[signature] 01980.
		CP H / PP H / CRT <3sec	
		Due to medication was given as per doctor's Order.	[signature] 018980
	10pm	child intake was good - child Iv fluid DNS 40ml. per on flow	
	12am	vital Signs checked and Recorded vital are Stable	[signature] 01890
		CP ++ / PP ++ / CRT <3sec	
		child sleeping pattern was good No any Complaints	[signature] 01890
		I/O chart Maintained	
		IV cannula pattern -	
	4am	vital sign's checked and Recorded vital are stable	[signature] 01890
		CP ++ / PP ++ / CRT <3sec	
	6am	Due to medication was given as per doctor's Order -	[signature] 018980.
		I/O chart Maintained	
		No any complaint's -	

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Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 17/7/26 ←	
17/7/26	7-30am	child details hand over given to morning duty staff.	[signature] 018950.
		→ Morning Duty 17/7/26 ←	
	7.30am.	Child details handing over taken from night duty s/n. Child was conscious & oriented. IV line present & patent. Child under the room air. Child taken feeds may due.	[signature] 019354
	8Am.	Due medication given as per drug chart order. Vitals are checked, sedated. Vitals are stable PR/CR/ PP/CP/[illegible] C34	[signature] 019354
	9.30Am	Dr- Yuvaraj sir came & seen the child advice to add zytee gel applied. IVF- DNS 500ml @ 45ml/hr on going.	
	12.30pm	Dr. Karthik sir seen the child advice to add the Syp- Linizolid 6ml TDS to repeat CBC, CRP, CT, PT tomorrow & to do RBS 12 hourly. reduce the IVF.	[signature] 019354

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue Notes ←	
17/7/26	12:30pm	Vitals are checked recorded.	
		Vitals are stable [PP/CP/CRT ++/++/<3s]	
		No fever.	P. Priya
		Checked the RBS.	019384
		to given the Syp. Linizolid	
		6ml p/o given as per drug chart	
		order.	
		Maintained I/O chart.	
	1:30pm	child details Handing over	P. Priya
		given to the Evening duty staff	019384
		→ Evening duty ←	
17/7/26	1:30pm	child taken over from	
		morning duty staff	
		conscious & awake	
	2pm	child taken orally, no other	
		complaints	017806
		PIV line (R) present &	
		patten IVF 0.9DNS 30ml/hr	
		on flow.	
	4pm	vital signs checked &	
		recorded. No other	
		complaints.	017806
		[PP/CP/CRT ++/++/<3s]	
	6pm	due medication's are given as	

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Baby SARANMATHIVEL.S
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NURSES NOTES

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

NPI.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26		→ continue ←	
		per doctor's order, NCO other complaints.	
	7pm	I/o chart maintained	
	7.30pm	Child details handed over to night duty staff nurse using SBAR method.	
		← 17/7/26 ON Night duty →	
17/7.	7.30pm.	The child details handing over taken from evening duty to night duty. The child is conscious and oriented. IV line present. no pain, no swelling. IV line patent.	
	8pm.	Vital signs are checked and recorded. Vital are stable.	

CP	PP	CRT
++	++	<3sec

	10pm.	Due medication was given. As per drug chart order. IVF DNS 30ml/hr IV on flow.
	12Am.	Vital signs are checked and recorded. Vital are stable.

CP	PP	CRT
++	++	<3sec

18/7	2AM	IVF 0.9 DNS 30ml/hr IV on flow. Child is sleeping well. no complains

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Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 19 D (M)
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... NP

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
18/7	4Am	vital signs are checked and recorded. vital are stable	[illegible] / 09501
		CR ++, PP ++, CRT L3Sec	
	6Am	Due medication was given. As per doctor's order.	[illegible] / 09501
		I/o chart was maintaining	
	7.30am	The child details handing over given to morning duty staff.	[illegible] / 019501
		→ Morning duty ←	
18/7	7.30AM	child taken over from night duty staff conscious & awake.	
	8 AM	vital signs checked & recorded. No other complaints	[illegible]
		PP ++, CP ++, CRT L3Sec	
		due medication's are given as per doctor's order.	[illegible]
	10AM	IV line Ⓐ present & pattern 0.9 DNS 30ml/hr on flow.	
	12PM	vital signs checked & recorded. No other complaints. PP ++, CP ++, CRT L3Sec	[illegible]

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NURSES NOTES

☑ No Known Drug Allergies
☐ Drug Allergies .... nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue ←	
13/7/23		Dr. Karthik seen the	
		child advised to Added	
		Syp. Mucolite & syp Zincovit	
		TOM – CBC, CRP, OT, PT & Physio	
		I/O chart maintained	[signature]
	1.30pm	child handing over given	
		to evening duty staff	
		Evening Duty Notes :-	
	1.30	child details	
	pm	handing over taken from	
		morning duty S/N. child	
		conscious & oriented. child	
		activity are good. IV line	
		(+) no swelling & pain.	
		IVF – DNS – 30ml / hr.	
	2pm	Due medication are given as	[signature]
		per drug chart order.	
	4pm	vital signs checked & recorded	
		vitals are stable now	
		CP: ++, PP: ++, CRT: <3s	
	5pm	I/O chart is maintained	
		No any other complaints	
	6pm	Administer the medication as	
		per doctor's order	[signature]
		IV line patent and good	

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (18/7/26)	
	7.30pm	The vital details handovers	
		given to Night duty staffs	
		← 18/7/26 ON Night duty →	
18/7	7.30pm	The child details handing over	
		taken from evening duty to night	
		duty. The child is conscious	
		and oriented. IV line present.	
		no pain no swelling. IV line patten.	
	8pm	vital signs are checked and	
		recorded. vital are stable	
		CP ++ / PP ++ / CRT Less	
	10pm.	Due medication. was given. As	
		doctor's orde.	
19/7.	12AM	vital signs are checked and	
		recorded. vital signs are stable	
		CP ++ / PP ++ / CRT Less	
	2AM.	child sleeping well no other	
		complains of pain, vomiting.	
	4AM	vital signs are checked and	
		recorded. vital are stable.	
		CP ++ / PP ++ / CRT Less.	
	6AM	Due medication. was given. As per	
		doctors Order.	

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28-01-2023 3 Y 5 M 20 D (M)
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue notes.	
19/7/26	7:30am	The child details handing over given to morning duty S/677.	[signature] 019801.
		→ Morning Duty ←	
	7:30Am	child details Handing over taken from night duty S/o, Child was conscious & oriented. IV line present & patent. child under the loope as - child taken soft diet.	P.S. [signature] 019354
	8am.	Due medication given as per drug chart order. Vitals are checked & recorded. Vitals are stable. PR/RR/CRT NO fever.	P.S. [signature] 019354
	9Am.	Due medication given as per drug chart order.	
	10.30Am	Dr. Karthik sir came & seen the child advice to proceed high with protein diet. Continue IV Antibiotics. tomorrow plan Discharge.	P.S. [signature] 019354
	11am	Dr. Karthik sir rounds was done adv! to plan discharge tomorrow & continue the same	

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Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 20 D (M)
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (19/2/26)	
	12pm	vitals are checked and recorded	
		temp is normal — PP ++, CP ++, CRT <2s	
	1.30pm	The child details handover given to Evening duty staffs	[signature]
		Evening duty notes:-	
19/2/26	1.30 pm	child details handing over taken from morning duty s/n. child conscious & oriented child activity are good. IV line ⊕ no swelling & pain. IV F stop.	Jancy [signature]
	2pm	Due medication are given as per drug chart order.	
	4pm	vital signs checked & Recorded vitals are stable now — CP ++, PP ++, CRT <2s	
	6pm	Due medication are given as per drug chart order I/O chart maintained.	Jancy [signature]
	7.30 pm	Handing over given to night duty s/n Jancy [signature]	Jancy [signature]

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Patient's Name:.....

MRD NO:..... GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

Age :.....

☐ M ☐ F

Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 16/7/26 Time: 4:45pm.
Location : (L) metacarpal
Size : 24 G.
Cannula inserted by : S/N Sulhadip.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
16/7/26	4:45pm	☐Yes ☑No	☐Yes ☑No	patten	
	5pm	☐Yes ☑No	☐Yes ☑No	obsve	ne
	6pm	☐Yes ☑No	☐Yes ☑No	obsve	ne
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	nsh
	10pm	☐Yes ☑No	☐Yes ☑No	Observed	dly
17/7/26	12am	☐Yes ☑No	☐Yes ☑No	observed	dly
	2am	☐Yes ☑No	☐Yes ☑No	Observed	dly
	4am	☐Yes ☑No	☐Yes ☑No	Observed	dly
	6am	☐Yes ☑No	☐Yes ☑No	Observed	dly
	8am	☐Yes ☑No	☐Yes ☑No	observed	DSP
	10am	☐Yes ☑No	☐Yes ☑No	obsed	SPS
	12pm	☐Yes ☑No	☐Yes ☑No	obsed	PSP
	2pm	☐Yes ☑No	☐Yes ☑No	Obsve	ne
	4pm	☐Yes ☑No	☐Yes ☑No	Obsve	ne
	6pm	☐Yes ☑No	☐Yes ☑No	Obsve	ne
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	nsh
	10pm	☐Yes ☑No	☐Yes ☑No	Observed	nsh
18/7	12AM	☐Yes ☑No	☐Yes ☑No	observed	nsh
	2AM	☐Yes ☑No	☐Yes ☑No	Observed	nsh
	4AM	☐Yes ☑No	☐Yes ☑No	Observed	nsh
	6AM	☐Yes ☑No	☐Yes ☑No	Observed	nsh
	8AM	☐Yes ☑No	☐Yes ☑No	Obsve	ne
	10AM	☐Yes ☑No	☐Yes ☑No	Obsve	ne
	12pm	☐Yes ☑No	☐Yes ☑No	Obsve	ne
		☐Yes ☑No	☐Yes ☑No		
		☐Yes ☑No	☐Yes ☑No	IV line removed	
		☐Yes ☑No	☐Yes ☑No		

Cannula removed : ☐Yes ☑No, if yes date and time : 12pm 17/7/26
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 01

CANNULA 2

Date : 17/7/26 Time: 1PM
Location : (R) metacarpal
Size : 22G
Cannula inserted by : SN. Vaithnavi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
17/7/26	1PM	☐Yes ☐No	☐Yes ☐No	Observe	ne
	2pm	☐Yes ☐No	☐Yes ☐No	Observe	dsp
	4pm	☐Yes ☐No	☐Yes ☐No	Observed	dsp
	6pm	☐Yes ☐No	☐Yes ☐No	Observed	dsp
	8pm	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	10pm	☐Yes ☐No	☐Yes ☐No	Observed	nsh
18/7.	12am	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	2AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	4AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	6AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	8am	☐Yes ☐No	☐Yes ☐No	obsel	ane
	10am	☐Yes ☐No	☐Yes ☐No	Obsel	DM
	12pm	☐Yes ☐No	☐Yes ☐No	Observed	DSP
	2pm	☐Yes ☐No	☐Yes ☐No	observe	dsp
	4pm	☐Yes ☐No	☐Yes ☐No	observe	dsp
	6pm	☐Yes ☐No	☐Yes ☐No	observe	dsp
	8pm	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	10pm	☐Yes ☐No	☐Yes ☐No	Observed	nsh
20/7.	12AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	2AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	4AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
	6AM	☐Yes ☐No	☐Yes ☐No	Observed	nsh
		☐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-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

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THE HUMPTY DUMPTY SCALE

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

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		NA	N/A	—	NA	N/A
Other Intervention(s) Specify		NA	N/A	—	NA	N/A
Nurse's Name:		Vaun	NISHA	Aufs	Vaun	NISHA
Signature:						
Date:		16/7	16/7	17/7	17/7	17/7
Time:		5pm	8pm	8am	2pm	2pm

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28-01-2023 3 Y 5 M 19 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/7 M	DATE 18/7 E	DATE 18/7 M	DATE 19/7 M	DATE 19/7 E
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		N/A	—	N/A	—	—
Other Intervention(s) Specify		N/A	—	N/A	—	—
Nurse's Name:						
Signature:						
Date:		18/7/23	18/7	18/7	19/7	19/7
Time:		8AM	2pm	8pm	8pm	2pm

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GUC-00093958 IP18-00036496
Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

BRD-Q/NSG/04

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐

				Date :	C 16/7	N 16/7	D 17/7	E 17/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 19 D (M)
Dr. KARTHIK NARAYANAN R

/BRD-Q/NSG/04

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : ....

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

	1	2	3	4	M	M	E	N
				Date :	17/7	18/7	12/7	18/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during 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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible signature]	VR [illegible signature]	[illegible signature]	[illegible signature]

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

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28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

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PAIN ASSESSMENT FORM

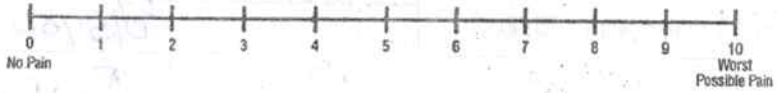
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	5pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
16/7/26	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil.	
17/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
17/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
17/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil.	
18/7/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
18/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil.	

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

(P.T.O)

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 brawn 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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Baby SARANMATHIVEL.S
28-01-2023 3 Y 5 M 18 D (M)
Dr. KARTHIK NARAYANAN R

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
16/1/23	5pm	Infection control Measures	Health education given about infection control measures	Mother	No	Oral	None	Verbalize	good	
17/1	8am	Nutrition Diet	encouraged the oral intake avoid outside foods	Mother	No lang Barrier	Oral	None	Verbalizes understands	good	
18/1	8AM	Treatment & care	Health education given about treatment care to parents	Mother	No	Oral	None	Verbalize	good	
19/1	8am	Nutrition & DC	encouraged oral intake. avoid outside foods	Mother	No lang Barrier	Oral	None	Verbalizes understands	Good	

Part - III: CODES

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

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 ..... Nil

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 ..... Nil

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 5.15pm Mode of Arrival: self Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 13 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
Nil	Nil	Nil

Family History: Nil

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: LSCS

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

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

Observations: Weight: 13 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 99.3°F HR: 130b/m RR: 30b/m BP: 102/60 (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 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: ...Vaishnavi..... Date: ...16/12/20... Time: ...5pm... Signature

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EMERGENCY ROOM TRIAGE FORM

wt: 13 kg.

Patient's Name : Saranmathivel Age : 3y 5m. Gender: ☑ Male ☐ Female

Date : 16/07/26 Time of Arrival : 4:10 pm.

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: 96.4°F PR: 131 BP: 99/71(80) RR: 34 SpO_2: 99

Chief Complaints: c/o. fever x 7days, cold x 7days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 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 : Praveen

Signature of Triage Nurse : .....

Date & Time : 16/7/26 at 4:12 pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 4:10pm.

Chief Complaints: Fever x 2days, cold x 2days RBS: 59 mg/dl

Height : - Weight : 13.5kg BMI : - Head Circumference (<2 years) -

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

If yes , identify -

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

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

-

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: Yes (Date/Time): 16/7/26 3pm

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 15min

Time	Nursing Notes
4:10pm	patient came to ER for c/o.
	fever x 7days, cold x 7days. After
	investigation Dr. [illegible] advised for
	admission. Vitals are checked and
	recorded. IV line placement done.
	samples are collected and sended
	to lab. patient shifted to
	ward.

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 136 BP: 99/71(80) CFT: <3sec	Shift - out from ER to:
RR: 34 SPO$_2$: 99%	Time of Shift - out:
GCS: 15/15 Temperature : 96.4°F	Handover given to: (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 line placement done.

Name of the Nurse : Praveen Signature of the Nurse : [signature]

Date & Time : 16/7/26 at 4:12pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Karthik Narayanan Date : 16/7/26

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

Start Time of Assessment: ..... Weight: 13kgs

Allergic History: No Allergy

Chief Complaints: .....

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 ☐

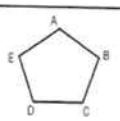
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: —

Medication History: —

Relevant Investigations: .....

Primary Assessment



Airway

☑ Open
☐ Maintainable
☐ Not Maintainable

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

Breathing

Rate: 24/min SpO_2 on FiO_2 99% @RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BLAE@ / NO Added sounds

Palpation Findings (If necessary).....

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

Circulation

HR: 130/min

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

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 99/71 mmHg

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

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

.....

Disability

GCS: 15/15 AVPU: Alert

Any urgent interventions needed: ☐ Yes ☑ No

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .....

Left .....

If Yes .....

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

Signs of Neurological compromise .....

.....

Exposure

Temp.: 96.4 F

Any urgent interventions needed: ☐ Yes ☑ No

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

If Yes .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

.....

.....

Labs Planned: .....

As charted

Treatment Planned: .....

As charted

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

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

Assessment done by

Name of the Doctor: Lucky Vincent 20337

Signature: Lucky Vincent S

Date & Time: 16/7/16 4:20 PM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 at 4:14pm.	16/7/26 at 5pm.
Treating Consultant Name: Dr. Karthik.	Transfer Ordered by: Dr. Vignesh.	Reason for Transfer: Further management
From Unit: ER	To Unit: 401	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (9)	Number of Imaging Films: (1) CXR	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.	Inj. Xone 1g	(1)
2.	ONS 500ml	(1)
3.		
4.		
5.		

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

Fever under evaluation (? Typhoid, ? Influenza)

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

Patient & Clinical Records Received by : Vaishnavi 5.15pm.

Date & Time of Patient Received :

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

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