Rainbow Children's Hospital

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	31/7/21 a 9.30a						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: .....

UHID No: GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

sultant: ..... Dept: .....

Date of Admission: .....

te of Discharge: ..... Time: .....

Room / Bed No: ..... Ward: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/22	6:55pm	ER	408	

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
29/7/26.	CBC, CRP, RBS	26024321	
	Blood c/s		
	SGOT, SGPT	26024322	
29/7/26	Urine c/s Urea Plc	24342	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/7/26	Infusion pumb	7pm	30/7/26 6pm	34646	[illegible] 5834

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/7/26.	IV line placement	(1)	1734608	[signature]

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 30/7/26 Time: 7AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01/8/26			

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 7 D (F)
Dr. GANESH R

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DISCHARGE TRACKING SHEET

DATE : 31/7/26

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses			Reseve	
3	Pharmacy Clearance			31/7/26 @ 7AM	
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036675 **Admit Date** : 29-Jul-2026 **Admit Time** : 05:12 PM **UHID** : GUC-00094428

Patient Details :

Patient Name	: Baby JALYN KEZIA	**Age**	: 4 Y 1 M 6 D
Guardian	: Mr JEBA KIBEON	**DOB**	: 23-06-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO-6, 4TH ST, KARUMARIAMMAN NAGAR, VIJAYA NAGAR, VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042	**Phone No**	: 7447422885
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr JEBA KIBEON	**Relationship**	: Father
Contact Address	: NO-6, 4TH ST, KARUMARIAMMAN NAGAR, VIJAYA NAGAR, VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042	**Phone No**	: 7447422885

Signature

Doctor Details :

Doctor Name	: Dr. GANESH R	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr. Ganesh R	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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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 JALYN KEZIA**	**Age :**	**4 Y 1 M 6 D**
IP No:	**IP18-00036675**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Jeba Kibeem

Relationship: Father

Date: 29-07-2026 Time: 05:12

Witness Name: Aswin

Witness Signature:

Patient Address:

NO-6, 4TH ST, KARUMARIAMMAN NAGAR, VIJAYA NAGAR, VELACHERY Velacheri Chennai Tamil Nadu INDIA 600042

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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 : > Jalyn Kezia	UHID Number : 94428
Self/Attendant Name : > Jeba Kibeom	Relation :> Father
Self/ Attendant Signature : > Phone Number : > 8148838170	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

Department: _____

Consultant: _____

(P.T.O.)

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- c/o fever x 3days
  vomiting x 2 days
  loose stools x 2 days

History of present illness :

Apparently well child,

- c/o fever x 3days
  non-documented.
  dull during interfebrile period
- c/o vomiting x 2days
  non-bilious, non-projectile
  multiple episodes
  not blood stained
- c/o loose stools (multiple episodes) x 2days
  watery, not blood stained, not foul smelling
  ~~watery~~
- H/O abdominal pain
- No fast breathing | palpitation | swelling of legs
- No rash | joint pain
- ↓ intake
- ↓ urine output

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Patient Dr. GANESH R

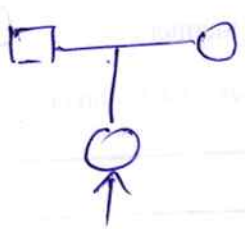
Past History : (... details of any previous investigation or treatment)

- H/o? hepatitis @ → ? viral @ 2½ years (?Hep A) (History not properly given by ut-paunts).

Birth & Neonatal History:

LSCS | Full Term | AGA | CIAB | BW :- 3.2 kg | NO NICU stay

Family Chart



Birth & Socio Economic History:

About Father :
About Mother : NCM.
Any additional Information :

Developmental History : Dev - (N).

Immunization History : as per IAP / NIS for 3 months | vaccination was done as per Dubai schedule after 3 months.

Anthropometry :

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

Weight (kgs) 12.9 kg (Centile _____)

On Examination :

Temperature : 97.5°F Pulse Rate : 115/min B.P. 90/60 (70) SPO2 97% in RA

Resp.rate and type of breathing : 28/min

Rash (-)
Lymphadenopathy (-)
Oedema : (-)
Allergies (if any): Not known.

Child sick looking
oral mucosa - dry
PPWF (+) Bounding
CRT < 2sec.

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

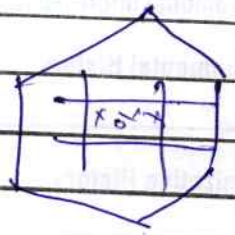
Per Abdomen :

Inspection : mild

Palpation : soft, ~~non~~ tenderness no om @ epigastrium

Ausculation :

Spine : External Genitelia :



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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

Reflexes :

DTR 2+ **Superficials:** +

Plantars ↓

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: A - AGE c̄ some dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBC ✓
- CRP ✓
- RP-2 ✓
- urine R/E, C/S
- Blood C/S
- SGOT/SGPT ✓

Planned Management

1. IVF 0.9% NS (30ml/kg) 390ml over 4hrs
   ↓
   0.9% DNS 40ml/hr
2. Inj. XONE IV BD 500mg
3. Inj. EMESET 1.5mg TID.
4. ~~BIFILAC~~ GG sachet 1-0-1.
5. ZCG D drops 1ml OD
6. IV PAN OD

1-1-1 Enterogermina

Signature of the Doctor: 165579

Name of the Doctor: Dr. Gayathri

Date & Time:

Signature of the Consultant:

Name of the Consultant:

Date & Time: 29/7/26 7214

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Rainbow® Children's Hospital
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Date: ..... Department: ..... Shift: .....

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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-00094428 IP18-00036675
Baby JALYN KEZIA 4 Y 1 M 6 D (F)
23-06-2022
Dr. GANESH R

Rainbow Children's Hospital — It takes a lot to treat the little.
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 11:55 pm	S/B Dr. Gayathri	
	A - AGE c̄ some dehydration	
		Labs
	Child afebrile	TC - 5500
	No vomiting	CRP - 9
	loose stools (+) - 2 episodes semisolid large quantity foul smelling	134/102 4.2/12 LFT - (N) OT/PT - 40/21
	peripheries - warm	
	PPNF (P)	
	IV Hydration - on flow (maintenance [illegible] IVF)	
	Activity - good	
	BP - 109/60 mmHg	
	HR - 112 / min	O/E: CVS / RS NAD
	SpO_2 - 99%	
		Abd - soft, BS (P) not [illegible]
		CNS : No FND
	Plan	
	1) Cont IVF / XON / pan / emeset / probiotics	
	2) Y/O charting	
	3) Monitor vitals	
		[signature] T6598

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 9AM	S/B Dr. Chandirasekar	
	c/o Fever x 3 days	
	vomiting, loose stools x 2 days	
	↓ oral intake, activity (N)	
	After admission:	
	no fever	
	no vomiting	
	Loose stools – changed in consistency, decreased in frequency.	
	no new complaints	
	Oral intake – Improving	
	urine – voided 2 times.	
	O/E mild pallor.	
	Afebrile	Bp – 93/52 mmHg
	CVS – S1S2 (N)	PR – 92/min.
	RS – clear	
	P/A soft	
	Hb – 12.1	Sr. electrolytes, RFT, SGOT/SGPT } (N)
	TC – 5500	
	N/L – 59/32	
	Plt – 2,72,000	
	CRP – 9.	

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

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Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Urine routine	Blood C/S } Awaited
	pus cells - 2-4	Urine C/S }
	ketones - NIL	
	Adv:	
	- monitor vitals	
	- W/F fever spikes, loose stools, vomiting	
	- IV Fluids @ 20 ml/hr	
	- Inj. ceftriaxone 500mg IV BD	
	- Enterogermina 1 BD	
	- Zt D, Pan, Emeset	
	- Inform (SOS)	
	19/12/24.	
	S/B Dr. Chandralega.	
30/7/24 4.30pm.	D - AGE ☐ some dehydration	
	Child examined.	
	Alert, Active	
	no fever Spikes, loose stools	
	Tolerating oral feeds well.	
	no vomiting	

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 7 D (F)
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..S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile.	
	CVS - S1S2 (+)	BP - 93/52 mmHg
	RS - B/L AE (+)	PR - 92/min
	P/A - soft	
	Adv:	
	- Monitor vitals	
	- Enterogermina, Z&D drops, pantoprazole	
	- W/F fever spikes, loose stools	
	- Inform SOS	
	Sd/- AIZY	
30/7/26		
8:30p	S/B Dr - Manoma	
	Reviewed	
	Afebrile	
	No loose stool	
	Intake fair	
	No vomit	Rx
	PR LF -	→ Stop IVF
	Active	- Cont same
Sd/-		

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

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

RESULT SHEET

Date	29/7/26					
Time						
Hb	12.1					
PCV	36 ~~3~~					
RBC	~~3~~ 4.61					
WBC	5500					
N/L	59/32					
Platelets	2.75L					
CRP	9					
ESR						
PCT						
RBS	69					
Na	134					
K	4.2					
Cl	102					
tCa/Mg	1.27					
Phosphate / Bicarb	/12					
Urea	27					
Creatinine	0.46					
ALP						
SGPT	21					
SGOT	40					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	29/7/20					
Time						
CUE - Alb	Trace					
CUE - Sugar	nil					
CUE - Ketones	4 ⊕					
CUE - PUS Cells	2-4					
CUE - RBC Cells	2-4					
CUE Leukocyte	Neg					
Nitrate	- Neg					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood cs -

Urine cs -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Dr. GANESH R

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00094428 IP18-00036675
Baby JALYN KEZIA (F)
23-06-2022 4 Y 1 M 6 D
Dr. GANESH R

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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: 408

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Gayathri

Date & Time : 29/7/26 5pm

Nurse Name & Signature: Praveen

Date & Time : 29/7/26 5:00pm

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

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Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
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DRUG CHART

Date of Admission: NIL Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P-250				Date / Time
Dose: 4ml	Route: P/O	Frequency: SOS	Start Date: 29/7	
Doctor's Signature: S	Valid Period	Pharm.		
Additional Instructions: (T > 100°F)				

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

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

Signature

VERIFIED BY : Name

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 12.9kg Ward. ....

DRUG : Inj. XONE				Date / Time: 29/07, 9pm
Dose	Route	Frequency	Start Date	
500mg (650mg)	I.V	Q12H	29/7	
Name & Signature of the Doctor Starting the Drugs: 165559				
Additional Instructions:				D1
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. EMESET				Date / Time: 29/7, 30/7
Dose	Route	Frequency	Start Date	6 Am, 1 pm, 7 pm, 10pm
1.5mg	I.V	Q8H	29/7	Stopped
Name & Signature of the Doctor Starting the Drugs: 165559				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. PAN				Date / Time: 29/7/20, 30/7, 31/7
Dose	Route	Frequency	Start Date	5:30pm, 6 Am
13mg	IV	Q24H	29/7	
Name & Signature of the Doctor Starting the Drugs: 165559				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : BIFILAC GG Sachet				Date / Time
Dose	Route	Frequency	Start Date	
1 sachet	P/O	Q12H	29/7	
Name & Signature of the Doctor Starting the Drugs: 165559				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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23-06-2022 4 Y 1 M 6 D (F)
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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 12.9 kg Ward ....

DRUG:	Z & D drops
Dose	1 ml
Route	p/o
Frequency	Q24H
Start Dt.	29/7
Name & Signature of the Doctor Starting the Drugs:	165535
Additional Instructions:	1ml / 20mg
Date / Time	29/7: 2 pm; 30/7: 9.30 pm; 31/7
Daily Doctor's Endorsement by a Sign	

DRUG:	ENTEROGERMINA
Dose	1 tube
Route	P/o
Frequency	TID
Start Dt.	29/7
Name & Signature of the Doctor Starting the Drugs:	T. Y
Additional Instructions:	
Date / Time	29/7, 30/7, 31/7: 8 am; 2 pm; 10 pm; 9.30 pm
Daily Doctor's Endorsement by a Sign	

DRUG:	Inj. XONE
Dose	500mg
Route	IV
Frequency	Q12H
Start Dt.	29/7
Name & Signature of the Doctor Starting the Drugs:	165535
Additional Instructions:	
Date / Time	30/7: 6 am; 6 pm — Stopped.
Daily Doctor's Endorsement by a Sign	

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

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

Patient Sticker

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

VARIABLE DOSE	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : Enterogermina Liq		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: 1 tab PO TID	Start Date	Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

I.V. FLUIDS CHART

Weight. 12.9 kg. Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = ml/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/7	5:30pm	IVF 0.9% NS 390ml overnight	I.V	97ml/hr		PK / SD	29/7/22 10pm		
29/7	10pm	↓ 0.9% DNS	I.V	40ml/hr			30/7/22 9am		
30/7	9AM	0.9% DNS	IV	~~20ml~~/hr			Stop 1 hr		

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

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-08-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

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

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

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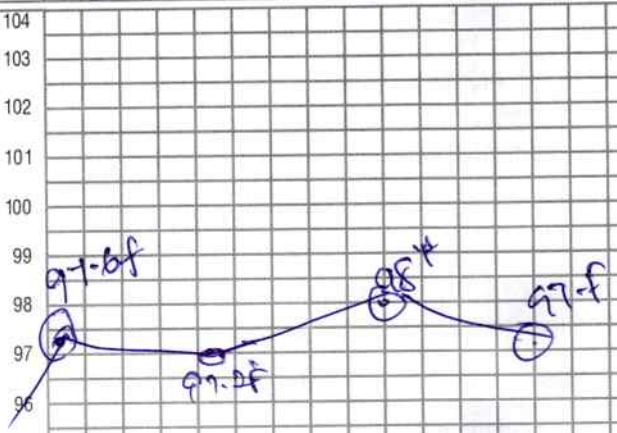
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/9/26 Time: 1pm 8pm 12AM 4AM

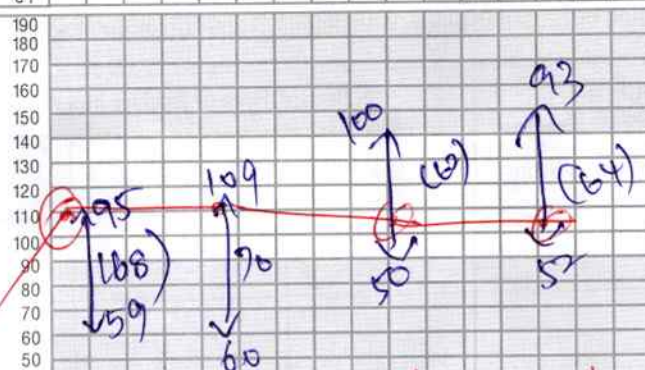
Doctor / Nurse / Family Concern?

Temperature (°F)



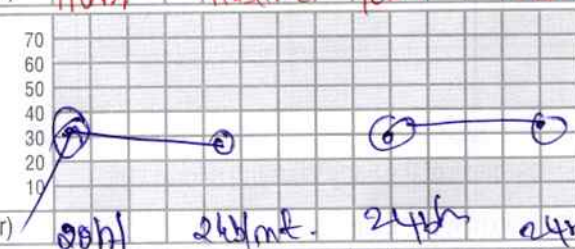
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 110bt 120bt/mt 120bt/m 92bt/m

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



Resp Rate (Number) 20bt/ 24bt/mt. 24bt/m 24bt/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓ ✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	98% 97%
Conscious Level	Normal / Altered	✓	✓	✓ ✓
GCS *		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				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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 25/7/26 Time:	8AM	12pm	4PM	8PM	12AM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.6°F	97.8°F	97.7°F	97.8°F	97.9°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	93/63 (70)	100/50 (60)	100/56 (67)	97/56 (66)	106/56 (65)	109/59 (70)
Heart Rate (Number)	130 b/m	110 b/m	104 b/m	110 b/m	100 b/m	104 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26 b/m	24 b/m	26 b/m	24 b/m	24 b/m	26 b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA				
O_2 Saturations (%)	99%	99%	100%	98%	98%	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

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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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)

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Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
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FLUID CHART

Sheet No. : 1

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

29/7/22

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											
	05:00 pm											
	06:00 pm	→ child Received from ER to 4th floor @ 6.55 pm									0	Dy
	07:00 pm	NS 97ml										
Total Intake :				97ml		**Total Output :**						
	08:00 pm	H2O	50ml	97ml						✓	0	PSD
	09:00 pm			97ml			Motion Passed				0	PSD
	10:00 pm	H2O	50ml	97ml							0	PSD
	11:00 pm			40ml							0	PSD
	12:00 am			40ml							0	PSD
	01:00 am			40ml			Motion Passed				0	PSD
Total Intake :		100ml + 41 ml				**Total Output :**	1 times urine Passed					
	02:00 am	H2O	50ml	40ml			Motion Passed Stool				0	PSD
	03:00 am			40ml							0	PSD
	04:00 am			40ml							0	PSD
	05:00 am			40ml							0	PSD
	06:00 am			Dc						✓	0	PSD
	07:00 am			IV							0	PSD
Total Intake :		50ml + 160ml				**Total Output :**	1 time urine Passed					

Total 24 hrs. Intake	618ml	Total 24 hrs. Output	2 times urine Passed.

GUC-00094428 IP18-00036675
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FLUID CHART

Sheet No. : 20

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.

30/4/22

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	Glock	100ml	40ml			stool				0	Jan
	09:00 am			40ml						✓	0	Jan
	10:00 am	Soup	50ml	20ml							0	Jan
	11:00 am			20ml						✓	0	Jan
	12:00 pm	TC Milk	70ml	20ml							0	Jan
	01:00 pm	water	50ml	DL						✓	0	Jan
Total Intake : 270ml + 140ml.						Total Output : 3 times passed urine						
	02:00 pm	Soup	20ml	20ml							0	Jan
	03:00 pm	water	30ml	20ml							0	Jan
	04:00 pm	TC water	30ml	20ml							0	Jan
	05:00 pm	water	50ml	20ml							0	Jan
	06:00 pm	water	30ml	20ml						✓	0	Jan
	07:00 pm	water	50ml	DC							0	Jan
Total Intake : 210ml + 100ml						Total Output : 1 time urine passed						
	08:00 pm	Tea	100ml	DC						✓	0	Rfm
	09:00 pm										0	Rfm
	10:00 pm	Tiffin	150ml								0	Rfm
	11:00 pm										0	Rfm
	12:00 am									✓	0	Rfm
	01:00 am										0	Rfm
Total Intake : 250ml						Total Output : 2 time urine passed						
	02:00 am										0	Rfm
	03:00 am										0	Rfm
	04:00 am										0	Rfm
	05:00 am										0	Rfm
	06:00 am									✓	0	Rfm
	07:00 am										0	Rfm
Total Intake :						Total Output : 1 time urine passed						

Total 24 hrs. Intake	910ml	Total 24 hrs. Output	9 times urine passed

GUC-00094428 IP18-00036675
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NURSING CARE RECORD

Date: 29/1/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		—		—	—	—	
Afternoon	1pm	maintain good Nutritional Status.		Assessed child condition. Maintain vital sign's and I/O chart. Maintain hand hygiene.	Encourage oral intake	Reassessment was done vital are stable	[signature] 0C8900
Night	9pm	Maintain Fluid Balance	10pm	Assess child condition monitored vitals Administer medication maintain I/O chart	Maintained Fluid Balance	Reassessment Done Child was Stable	[signature] Q5354

By. Jalyn Kezia
Gnu-94428 491/ee.

Patient Sticker

NURSING CARE RECORD

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

Date: 30/7/26

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	so far	To maintain fluid Balance.		To Asses the general condition. To monitor vital signs. To maintain I/O chart.	maintained fluid volume	Reassessment was done.	[signature]
Afternoon	2pm	maintain Good nutritional status		Assess clinical condition monitor vitals Administer medication as per order	Oral intake improved	Reassessment done	[signature] 5/5/20
Night	8pm	Prevent infection	9pm	Assess the child condition monitor vitals Administer neb Maintain I/O chart	Prevented infection	Reassessment Done child was stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-08-2022 4Y1M6D (F)
Dr. GANESH R

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes On:- 29/7/26 E	
29/7			
	7pm	Child Received from ER to	
		4th floor child complaint's	
		of (AGE c̄ some dehydration	dy
		child is conscious & oriented	018950
		Child IV cannula pattern	
		vital sign's checked and	
		Recorded vital are stable	
		CP | PP | CRT	
		++ | ++ | <3sec	dy
		child NS 390ml over 4hours:	018950
		97ml per on flow	
		I/O chart maintained	
		No any complaint's	
	7.30pm	child details hand over	dy
		given to night duty staff	018950
		→ Night Duty 29/7/26	
	7.30pm	child details Handing	
		over taken from evening	
		duty S/N. Child was conscious	
		and oriented. IV line	
		present & pattern. currently	
		under the room air. child	
		had soft. IVF - NS - onflow	P.S.Divya
			01524

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue note ←	
29/7/26	8pm.	Vitals are checked & recorded.	
		Vitals are stable (PP/CP/CPT ++ ++ C3)	
	9.	NO fever.	
	9.30pm	Enterogermina & ZnDrops - 1ml	
		P/O given as per order.	
		after medicine no vomiting	
	1opm.	NS correction completed	P.S.Divya
		Inj - ... given & IVF	093...
		DNS - ... 500ml in 40ml/hr	
		on connected	
30/7/26	12AM	Vitals are checked & recorded.	
		Vitals are stable (PP/CP/CPT ++ ++ C3)	
	2AM	NO any fresh	
		complaints. child sleeping	
		well. IVF - DNS 40ml/hr	P.S.Divya
		on going.	093384
	4AM	vitals are checked & recorded.	
		vitals are stable. (PP/CP/CPT ++ ++ C3)	
	6Am.	Due medication	
		given as per drug chart	
		order. remaining I/O chart	
	7.30AM	Child details Handing over	P.S.Divya
		given to the morning duty s/n.	093384
		→ Morning duty ←	
30/7/26	7.30AM	child taken over from	
		night duty staff conscious	...

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GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		——> continue ←	
		and awake.	
30/7/26	7AM	vital signs checked & recorded - no other compliants.	
		PP ++ | CP ++ | CRT <3sec	n8/0180f.
		child taken Breakfast. no compliants of vomitting due medication. was given.	
	10.45am	DR. Ganesh. sir. seen by a child. he adviced stop Inj. Emset, and contine the same treatment plan. discharge tomorrow. if no loose stool.	n8/0180f
	12pm	vital signs checked & Recorded vitals are stable now	
		CP ++ | PP ++ | CRT <3sec	
		I/O chart maintained	Jeel 0200f.
	1.30pm	The child details handing over given to Evening duty staff.	n8/0180f
		Evening duty Notes on 30/7/26	
	1.30pm	The child details handover taken from the morning duty staffs The child is conscious and active	015200

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

Patient Sticker

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		continue (30/7/26)	
	2pm	Administer the medication as	[signature]
		per doctor's order	515280
	4pm	vitals are checked and recorded	
		temp is normal PP ++ / CP ++ / CRT <2s	
	5pm	I/O chart is maintained	
		No any other complaints	
	6pm	Administer the medication as	
		per doctor's order	
	7.30pm	The child details handover given	[signature]
		to night duty staffs.	515280
		→ NIGHT Duty 30/7/26 ←	
	7.30pm	Child details Handing over	
		taken from sleeiy duty s/n.	
		Child was conscious & accepted.	
		IV line present & patent.	
		Child under the room air.	
		Child had sofo diet:	[signature]
	8pm	Vitals are checked &	015321
		recorded. Vitals are stable	
		reo peri. PP ++ / CP ++ / CRT <3s	
	9pm	Dr. Ganesh sir came &	
		seen the child advice to	[signature]
		tomorrow plan Discharge.	015329

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GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 8 D (F)
Dr. GANESH R

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 —	
20/7/26	10pm.	Due medication given as per drug chart order.	P.S.Ruys 01539
21/7/26	12AM	vitals are checked & recorded. vitals are stable. PR/CR/CRT HR/RR/C3	
	2AM	Child sleeping well. No any fresh complaints. Child was stable.	P.S.Ruys 01539
	4am	vitals are checked recorded. vitals are stable PR/CR/CRT HR/RR/C3 no fever.	
	6AM	maintained I/O chart. Due medication given.	
	7.30AM	child details handing over given to the morning duty.	P.S.Ruys 01538 4

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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GUC-00094428 IP18-00036675
Baby JALYN KEZIA
25-06-2022 4 Y 1 M 6 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/4 E	DATE 29/7 N	DATE 30/4 M	DATE 30/7 E	DATE 30/7 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					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3.	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2.	2	2.	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12.	12	12

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		—	—	N/A	NA	NA
Other Intervention(s) Specify		—	—	N/A	NA	NA
Nurse's Name:		Angel	Seema	USHA	Anitha	Seema
Signature:						
Date:		29/4	29/7	30/4	30/7	30/7
Time:		4pm	8pm	8am	8pm	8pm

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094428 IP18-00036675
Baby JALYN KEZIA 4 Y 1 M 6 D (F) F
23-06-2022
Dr. GANESH R

IP No.:

					29/7	29/7	30/7	30/7
					E	N	M	E
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.	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	[signature] 028900	[signature]	[signature]	[signature]

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
29/7	1pm	Treatment care	Explain about treatment care	mother	No learning Barrier	oral	None	verbalizes understanding	good	[signature] OC890
30/7.	9am.	Infection control. measures	Health education given. on. hand wash & hand hygiene.	mother	no.	Oral.	none.	verbalizes understand	good	[signature]

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:
Arrival Time: 6.55pm Mode of Arrival: Holding Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil

Body Weight: 12.9 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hepatitis ? viral 2½ years? Hep. A.	—	—

Family History: —

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

If yes please list, ...

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

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

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

Observations: Weight: 12.9 kg Length: — Head Circumference (< 2 years): —

Temp.: 97.6 f HR: 110 bt RR: 28 bt BP: 95/59 (68)

Pain Score: ..... Specify Site: Abd (Follow Pain Assessment Sheet & Document)

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

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

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

FUNCTIONAL SCREENING:
☐ No Abnormalities Detected ✓
☐ Mobility Problem
☐ Developmental Delay
☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:
☑ No Abnormalities Detected
☐ Underweight
☐ Feeding Problem
☐ Overweight
☐ Special diet
☐ Special Feeding Method
☐ No Abnormality Detected

Inform consultant for positive criteria

(P.T.O)

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: .....BN. Angel..... Date: .....29/4/16..... Time: .....7p.m..... Signature .....

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr Ganesh Date : 29/7/26

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

Start Time of Assessment: ..... Weight: 12.9 kg

Allergic History: .....

Chief Complaints:
Fever x 3 days
Vomiting x loose stools x 2 days

Pediatric Assessment Triangle

A Appearance - TICLS ..... N

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: 28/min SpO_2 on FiO_2 97% @ RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: .....
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation

HR: 115/min CFT [Central ..... Peripheral .....]

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 90/60 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: N/A AVPU: .....

Pupils: [Responsive ☐ Non-Responsive ☐]

Size [Right ..... Left .....]

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 97.5°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: Some dehydration (+)

Labs Planned: Charted investi

Treatment Planned: Charted investi

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

Final Diagnosis with possible Differential Diagnosis (If necessary): AGE + some dehydration

Assessment done by

Name of the Doctor: T Yuvaraj

Signature: TYuv

Date & Time: 29/7/26 @ 7PM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

4:15pm - Inj. Emeset - (1.5mg)

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wts 12.9 kg

EMERGENCY TRIAGE FORM

Patient's Name : JALYN KEZIA Age : 4Y1M Gender: ☐ Male ☑ Female

Date : 23/07/22 Time of Arrival : 4:00pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.3°F PR: 115/m BP: 90/60 (71) RR: 28/m SpO2: 95% on RA

Chief Complaints: H/O loose stool x 2 days, vomiting x 2 days.

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 : Shibu Debnath

Signature of Triage Nurse : HSD

Date & Time : 23/07/22 @ 4:02pm

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

GUC-00094428 IP18-00036675
Baby JALYN KEZIA
23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

Rainbow Children's Hospital
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Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/7/26 Time of arrival : 4pm

Chief Complaints: C/O loose stool × 2day, Vomiting × 2day RBS: 77 mg/dl

Height : — Weight : 12.9kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:
- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:
- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
- ☑ Escort while ambulating
- ☑ Assist Patient
- ☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected
- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

—

Nutritional Screening: ☑ No Abnormalities Detected
- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 15 mins

Time	Nursing Notes
4pm.	patient came to ER for c/o
	loose stools x 2days, vomiting x 2day
	after investigation Dr. Ganesh 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: s/n Shiba

Samples sent by: s/n Praveen

Time: 5:30pm.

Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105 BP: 97/67(70) CFT: <3sec	Shift - out from ER to: 408
RR: 28 SPO$_2$: 100%	Time of Shift - out: 6:55 pm
GCS: 15/15 Temperature : 96.4°F	Handover given to: S/N Abishe (Nurse's Name)
Pain Score: 0/10.	
Repeat RBS (if applicable): 77 mg/dl.	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done (L) metacarpal 22G.

Name of the Nurse : Praveen

Signature of the Nurse : [signature]

Date & Time : 29/7/26 at 5.pm.

PATIENT TRANSFER FORM

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23-06-2022 4 Y 1 M 6 D (F)
Dr. GANESH R

Date & Time of Admission	Date & Time of Transfer Order
29/7/26 at 5:12pm.	29/7/26 6:58pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Ganesh	Dr. Gayathri	Further management

From Unit	To Unit	Information to Attendant
ER	408	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(9)	–	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NS 500ml	(1)
2.	Intrafloo	(1)
3.		
4.		
5.		

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

Δ - AGE č some dehydration

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Praveen	16 SRF.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 29/7/26 @ 7pm

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

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	5:30pm	77 mg/dl	–	

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