ACTIVITY RECORD FOR BILLING

Plan (1)

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

Name: GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

UHID No:

.... Consultant: ..... Dept: .....

Date of Admission: .....

..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	10.30PM	ER	PICU	
26/7/26	12.30pm	PICU	6th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Kaustuv Surya (2D Echo)	25/07/2026	010058	
2.				
3.	Dr. Padhama Balaji	26/7/26	1733234	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/7/26	(P.S. Albumin, LDH → 26023832		
	(3, Dp-2.) Cholestrol → 26023836		
25/7/26 6AM	TSH, T3, T4	26023850	
	RBS	26023849	
1.30pm.	Urine R/E	26023898	
25/7/26.	RBS	26023912	
25/7/26 11pm	S. IgE	26023926	
25/7/26 11pm	S. epinephrine and Nor epinephrine (To be raised → Cost Addn)	26023961	
26/7/26 6AM	RBS	26023943	
26/7/26 11:30AM	ANA, DS DNA, P-ANCA, C-ANCA, ~~urine for metanephrines~~, ESR.	26023963	
26/7/26 C2pm	Urine for metanephrine	26023967	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7/26	Infusion Pump	10.30 pm	25/7/26, 7P.M	1732549	Sayan 01545

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26 10.30pm	IV placement	(OS)		
25/7/26	USG abdomen	1	18-10042	
25/7/26	ECG	1 hr	10043	
25/7/26	MRI Brain, MRA, MRV, MRI SPINE	1	1732514	
	~~MRI CONTRAST~~			
25/7/26	2D Echo + Consultation	1	010052	
25/7/26	ECG	1	010068	
~~27/7/26~~	~~IV placement~~	~~1~~		
			~~0106~~	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 26/7/26 Time: 12pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
010042	GO7		

6th floor

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID: GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 6 D (M)
Dr. PRAHLAD N

No: ..... Consultant: ..... Dept: .....

Date: ..... Time: ..... Date of Discharge: ..... Time: .....

Room: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Swathy (Ped Endo)	27/2/26	To be raised	
2.				
3.		28/2/26	~~To be raised~~	
4.	Dr. Swathy (Ped endo)	01/3/26	to be raised	
5.				
6.	Dr. Srinivasan (Ped Pulmonist)	01/3/26	to be raised	
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/7/26	RBS	24098	
27/7/26	RBS	26024114	
28/7/26.	RBS.	26024113.	
28/7/26.	PTH, FBS, PHOSPHOROUS,		
	LIPID PROFILE, HBA1C,	24148	
	VIT D, HEMOGRAM, LFT, KFT.		
28/7/26	INSULIN	24149.	
28/7/26	RBS	2600185	
28/7/26	RBS	2600185.	
29/7/26	RBS	26024218	
29/7/26	RBS	26024232	
29/7/26	RBS	26024231	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/20	IV Placement	(1)	1733490	
25/7/20	Renal doppler	(1)	0106	
28/7/20	chest-xray	(1)	10191	
29/7/20	POP screening with retinal imaging	(1)	1734455	

ANY OTHER INFORMATION:

Date: 29/7/20 Time: 11:30AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 9 D (M)
Dr. PRAHLAD N

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		20/4/16 11:30AM					
Activity Sheet update by Pharmacy							

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/20	IV Placement	1	1733490	[signature]
27/7/20	Renal dopplar	1	0106	[signature]
28/7/20	chest - xray	1	10191	[signature]
29/7/20	POP screening with retinal imaging	1	1734455	[signature]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 29/7/20 Time: 11.30AM Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sathya 2004/20	6th floor		

Rainbow Children's Hospital

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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	29/7 11Am	/26 11:45	[illegible signature]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 8 D (M)
Dr. PRAHLAD N

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TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☑ Telephone Order ☐ Verbal Order ☑ Critical Result Reporting

Name of Reporter: MS. Shalini

A. Order as per Medication Chart ☑ N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any)	☐ N/A ☑ Intervention for Critical Results?
S. CORTISOL AD. 8 ug/dl	continue CBG monitor 6 hr

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver Sathya 0500HO		
Read Back by the recipient Sathya 0500		
Confirmed by the reporter MS. Shalini		

Receiving by:	Ordering Doctor Signature
Name :	Name :
Receiving Time : 10 AM Date: 28/ 04 / 20	Signature Time : Date: / /
Signature:	

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

Sankara Nethralaya Case summary

Name: Mohammed Faazil 9ys /male GUC: 94260
1/181, 2nd floor , Prabhu complex, Velachery main road, Santosh puram
9600571494
MRD:
Phone- Date: 28.07.2026
Admitted with abdominal pain diagnosed to have hypertensive emergency
Eye examination: Both eyes, CF at 3 metres
External examination: Both eye : Normal
CSM, no nystagmus, orthophoric
EOM full and free.
Anterior segment : normal
Posterior segment:
Both eyes : Disc , and macula ok , Vessels mild tortuous
Advice :
Review in 2-3 weeks in Sankara Nethralaya
Contact Reception (6379905263) for appointment in Rainbow childrens hospital
Contact Mrs. Anuradha (9383573815) for appointment in Sankara Nethralaya

Dr Suganeswari
drgsi@snmail.org
60041
Senior Consultant
Vitreoretina and oncology services
Sankara Nethralaya.

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Radiology Report

Patient Name	Master.A MOHAMEED FAAZIL	Patient Ph.No	9600571494
Age	9 Y 4 M 7 D	Requisition No	R2618-010106
Gender	Male	Collected on	27-07-2026 11:08 AM
IP / Bill No.	IP18-00036604	Received On	27-07-2026 11:34 AM
UHID No.	GUC-00094260	Reported On	27-07-2026 11:34 AM
Ref. Doctor	PRAHLAD N	Ward / Bed No	/

RENAL DOPPLER

Right kidney – 89 x 41 mm, Left kidney – 89 x 47 mm.
The kidneys are normal in size and position. Renal cortical echoes and corticomedullary differentiation are normal on both sides.
Pelvicalyceal system on both sides is not dilated. No calculus seen.

No obvious perinephric fluid collection seen.

MAIN RENAL ARTERIES
Normal calibre
Normal flow velocity (73.5 cm/s on right side and 60 cm/s on left side)
Normal flow waveform
Normal RI (0.65 on right side and 0.69 on left side)

INTRARENAL ARTERIES
Normal flow pattern
Normal flow velocities
Normal RI
Normal S/D ratio
Normal AT

Bilateral renal veins and IVC are within normal limits.

Normal Study.

Suggested clinical correlation.

Approved By : PRASANNA KUMARAVEL MBBS, MDRD
SENIOR CONSULTANT RADIOLOGIST
92729

Note: Clinically correlate , Kindly discuss if necessary

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 : IP18-00036604 **Admit Date** : 24-Jul-2026 **Admit Time** : 08:33 PM **UHID** : GUC-00094260

Patient Details :

Patient Name	: Master A MOHAMEED FAAZIL	**Age**	: 9 Y 4 M 4 D
Guardian	: Mr B AMANULLAH	**DOB**	: 20-03-2017
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1/18 12 FLOOR PRABHU COMPLEX VELACHERY MAIN ROAD SANTHOSA PURAM Selaiyur Chennai Tamil Nadu INDIA 600073	**Phone No**	: 9600571494
		E-mail	: N@M.M

Admission Details :

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

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

Contact Details :

Name : Mr B AMANULLAH **Relationship** : Father

Contact Address : 1/18 12 FLOOR PRABHU COMPLEX VELACHERY MAIN ROAD SANTHOSA PURAM Selaiyur Chennai Tamil Nadu INDIA 600073 **Phone No** : 979088434

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : BETHESDA HOSPITAL **Phone No** :

Co-Consultant : Dr. KARTHIK NARAYANAN R

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:	**Master A MOHAMEED FAAZIL**	**Age :**	**9 Y 4 M 4 D**
IP No:	**IP18-00036604**	**Sex:**	**Male**
Consultant:	**Dr. PRAHLAD N**	**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: Amanullah
Relationship: Father
Date: 24-07-2026 Time: 8:33
Wittness Name: Aswin
Wittness Signature:

Patient Address:

1/18 12 FLOOR PRABHU COMPLEX
VELACHERY MAIN ROAD SANTHOSA
PURAM Selaiyur Chennai Tamil Nadu
INDIA 600073

BILLING POLICY

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

DECLARATION

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

Patient Name : A MOHAMEED RAZIL	UHID Number : 94260
Self/Attendant Name : Amanullah	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

Name: Mast Age/Sex 9yrs/M

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Abdominal pain x 2days
vomiting, loose stools x 2days
Urticarial rash x 1 day.
?10C x 4 episodes x 1 day.

History of present illness :

A 9yrs old male came with c/o Abdominal pain x 2 days diffuse, associated with vomiting 4-5 episodes/day non bilious, non blood stained, non projectile x 2 days
c/o loose stools for 2 days. Not associated with mucous, blood, watering in consistency.
H/o urticarial rash over abdomen & thighs, wanchales associated with Itching.
H/o loss of impaired consciousness for 4 episodes for past 1 day, regained consciousness after 10 mins. ? seizures.
No H/o fever, Breathing difficulty, facial swelling
no H/o any abnormal limb movements
no H/o hematuria, limb edema, Abd distension
no H/o any Trauma.
H/o outside food consumption 2 days back.
H/o recent weight gain in the past 1 year.

NO H/o drug intake

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

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

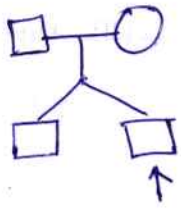
—

H/o Aggressive behaviours & insomnia on lamotrigine & melatonin

Birth & Neonatal History:

LSCS | Term | B.Wt - 3.2 Kg | no NICU stay

Family Chart



Birth & Socio Economic History:

About Father : 7th std.

About Mother :

Any additional Information :

Developmental History :

Milestones attained at appropriate age.

Immunization History :

Immunized upto vaccine according to age of 7 months

Anthropometry : BMI - 22.76 (>obese centile)

Head Circum (cms) _____ (Centile _____) Height (cms): 161 cm (Centile) > 97th centile)

Weight (kgs) 59 Kg (Centile > 97th centile)

On Examination : Urticarial rash over Abdomen, Back & inner thigh
Small purpuric rash over B/L upper & lower limbs - melanchalde

Temperature : 97.9F Pulse Rate : 128/min B.P. 138/96 SPO2 100% eczema over left hand.

Resp.rate and type of breathing : 28/min

Rash — post inflammatory hyperpigmentation over face +

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

Patient Sticker

Respiratory System :

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

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

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : no murmurs

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

Per Abdomen :

Inspection : (N)

Palpation : soft, diffuse tenderness, urticarial rash over abdomen, thighs and back

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone : (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

Reflexes :

DTR DTR - 3+ 3+ **Superficials:**

Plantars withdrawal.

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Hypertensive emergency | URTICARIA
AGE c some dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

RFT.
Albumin / Cholesterol.
LDH
PS
C3
Stool routine / biopsie X - No need
USG Abdomen.
ECHO

Planned Management

Nicardia 20mg 8, 4, 12.
Perdonet XL 7.5mg (SOS)
Ofloxacin 100ml BD
metronidazole 7.5ml 8th
Oral Atarax 10mg BD
Rantac 75mg BD

	SBP	DBP
50th centile	99	60
90th centile	110	73
95th centile	115	76
95th + 12mmHg	127	88

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Chandralegha
Date & Time: 24/7/18 @ 10.39pm

Signature of the Consultant: for [signature]
Name of the Consultant:
Date & Time: 24/7/18 @ 10.30pm

(P.T.O.)

Patient Sticker

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

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CROSS CONSULTATIO

Doctor Name: DR. Karthik Surya Date: 25/07/26. Time: 12:59pm.

Diagnosis: Urticaria Hypertension emergency AKE

Hospital: RCH

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations:

25/07/2026
12:1pm

DrKarthik Surya

Thank you!

had 3 episodes of ? near syncope

- HR: 80/min
- SpO2: 97%.

(N) heart sounds, no murmur

Echo
(N) Study.

EF: 74%.

Sugg:
ECG

Dr Karthik Surya
7932

Consultant:

Name: Dr. Karthik Surya Signature: .... Date & Time: 25/7/26 @ 12:59pm.

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

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CROSS CONSULTATION FORM

Doctor Name: .... Date: 26/7/26 .... Time: 10:30AM

Diagnosis: ....

Hospital: ....

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations:

26/7/2026

S/B Dr. Padma

Thank for referral
Mohammed Fazil / male / GUC-94260

Adm with
- Hypertension
- Urticaria
- Episode of
convergence ~6 x → till before admission
- was well in bet
- had AGE / abd pain prior x 2 day.

Consultant:

Name: .... Signature: .... Date & Time: ....

Doc. No.: RCH / FRM / CLINICAL / 049

P/H/O - fever c̄ rash + nt
- behavioral issue
↓
excessive anger
poor sleep
on fluoxetine / memantine]
melatonin / lamotrigine.

stopped.
? { memantine
lamotrigin
Now

alert
Ⓝ neural Exam
has urticarial rash all over.
No meningeal sign
Ⓝ fundus

- No seizure [& well neurology] after hospital > 30 hours. Now

on anti hypertensive - MRI - Ⓝ

suggest levetiracetam if next seizure

plan -
(1)
(2) systemic work-up for rash & Hypertension
↓
(3) vasculitis work-up] if negative
may do serum auto immune
Encephalitis panel including CASPR antibodies
(4) Child psychiatry opinion -/. → regarding drug!
(5) Happy to review anytime

Dr [illegible] 20/7/20[illegible]

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9Y4M7D (M)
Dr. PRAHLAD N

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CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations : S/B Dr Swathi P (Ped Endo)

27/7/26
1.30pm

Many thanks for referral.

Child c̄. Behavioral disorder x 5-6 yrs → on. Floxetine. Lamotrigen. memantine
- Wt gain 20 kgs in 2 years.
- 2-3 episodes ?LOC → RBS- 160mg/dl.
- AGE c̄ dehydration
- Urticaria →
- HTN emergency → now resolved.
→ Nifedipine
Prolomet- XL.

O/E: A h/o ↑ wt gain along ↑ food consumption. eats large qualities.
- Food gracing.
- Junk food consumption - Sedentary.

Consultant :

Name : .... Signature : .... Date & Time : ....

Doc. No. : RCH / FRM / CLINICAL / 049

9y 4m

O/E: no goitre
Axr (+) neck, axilla.
no neurocutaneous markers.
no striae.

Ht: +3.77 SDS
Wt: +2.76 SDS
Bmi: 22.76.

SMR - buried penis (A1 P2)
SPL → N 6cms
TVL - 4cc.

Δ - Obesity ~~Overweight~~ Obesity - class I.
- HTN
- Behavioral disorder.
- Insulin resistance ? r/o Metabolic syndrom.

~~Adv~~

Δ's → ? Nutritional Obesity
?? Rothad syndrom. (points against)
→ No hypothermic.
→ Electrolyte (N).

Adv.

To follow up report → Plasma metanephrine / nor metanephrine.
→
TFT (N).

Todo:

Fasting sample.
- S. Cortisol 8am
- HbA1c, FBS
- Lipid profile
- ~~S. Prolactin~~
- ~~Ca~~, SPO4. Vit D (25OHD)
- PTH.
- Fasting Insulin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26		
11:30 hr	d/s/B Dr. Pavan (fellow)	
	child reviewed in PICU	
	On background of behavioural issues	
	sudden outbursts of anger	
	on Fluoxetine, Memantine (? for skin picking)	
	& melatonin for insomnia	
	Now c̄ h/o loose stools & abdominal pain	
	vomiting 1 d	
	F/w child had 2 episodes of unresponsiveness	
	each lasting for 5-10 minutes.	
	Taken to Bethesda Hospital	
	BP- 170/110 - given stat depin & lasix	
	& referred to RCH	
	A - maintained	
	E RBS - polymorphic rash (P)	B - RR - 12-18; SpO2 98-99% ĒRA; BAE (P) no added sounds
	D - B/L pupil equal in size 3 mm, reacting to light	C - HR - 120/m; BP - 138/89; CRT - <3 sec; all pulses felt

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan	
	1. Oral feeds to contn	
	2. Cont nicardia + protont SOS	
	3. PTA thyroid profile	
	2-DECHO USG abdo for my	
	4. W/F headache	
	seizures	
		[signature] 198607

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 9.30am	C/S/B Dr PAVAN/Dr SURYAKALA/Dr GOKUL/Dr. AJAY (PICU fellow)	
	Background of Behavioural Issues ? Sudden bouts of anger on Fluoxetine, Memantine, Lamotrigine, Melatonin (for insomnia)	
	Now ? c/o Pain Abdomen } X 2 days Loose Stools } Vomiting X 1 day 4 episodes of ? Loss of consciousness Urticaria since Yesterday	
	Issues - Urticaria Hypertension	
	Fluids - On IVF - Maintenance - DNS ? 5ml KCl Now stopped.	I - 895, O 895 U/O - 0.47ml/kg/hr (over 10 hours)
	R - RR. 20/1 SpO_2 - 98% Chest - Clear	
	I - No fever. CRP - 3, TLC - 15000 (N77 L8) on Ofloxacin, Metronidazole	
	C - CVS - S_1S_2 (+), BP - 131/72 (>95+12 th Centile) on Nicardia, Prolomet	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	H- Hb-15, PLT- 3,4000	
	No bleeding manifestations	
	M. GRBS -106	
	Na - 142 → 138	
	K- 4.5 → 3.3	
	Cl-100 → 98	
	iCa - 1.15	
	A- P/A- Soft, Non Tender	
	No organomegaly	
	Passing urine adequately	
	Not passed stools since admission	
	N- GCS 15/15	
	No focal neurological deficits	
	Plan	
	- USG Abdomen Today	
	- Trace Peripheral smear, C2	
	- To discuss regarding need for neuro imaging, Renal Doppler	

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20-03-2017 9 Y 4 M 5 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10 Rum	C/S/O Dr. NATARAJ	
	Adv	
	1) Echo	
	2) USG Abdomen & Renal Doppler (SOS Almonral)	
	3) Inj Avil Stat	
	4) Neuro opinion & Dr Manish	
	5) Plan for MRI	
25/7/18 11:11 PM	C/D/W Dr. Prahalad.	
	* To send for S. IgE	
	* To deworm him	
	T. Albendazole 400mg HS stat. ↓ after 2 wks 2nd dose.	
	* To go ahead &	✓ Echo
		✓ USG Abdomen & Renal doppler.
		✓ MRI Brain & contrast HS

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/16 11 am	S/B Dr. Keerthana	
	Systemic hypertension c AGE c some dehydration	HT emergency (resolved) c c Urticaria c Obesity
F	On oral feeds UO - 0.7ml/kg/hr	
R	On room air RR - 22/m, SpO_2 - 100%, chest - clear	
I	No fever spikes On Inj. metro & ofloxacin	
C	HR - 98/m CRT < 3 sec BP > 95th centile, on nifedipine 20mg TDS & prolomet XL 50 mg OD HT workup: • ECG & Echo → Normal, • U.alb + 1+, C_3 - N, USG KUB & renal doppler - N, Interstitial nephritis can be a possibility • Past H/o recurrent episodes of fever c rash for past 1 year. Post inflammatory hyperpigmentation + ANA, dsDNA, pANCA & c-ANCA, ESR sent to r/o vasculitis • ? Drug induced: Memantine can cause hypertension • TFT - N, Electrolytes → N, (Urine for metanephrines sent for neural crest tumours MR screening of adrenal gland - N	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
H	Hb - 15.1	
M	K-3.3, euglycemic	
A	soft, BS+	
	passed stools	
N	No seizures / behavioural issues noted	
	GCS - 15/15, B/L PERL,	
	No focal deficit	
	Neurologist opinion obtained: to stop ~~flu~~ melatonin,	
	child psychiatry opinion for fluoxetine.	
	Adv:	
	- Shift to ward	
	- Salt restricted diet	
	- C/L ANA, dsDNA, ANCA profile, ESR, Urine Metanephrines	
	- Stop melatonin & lamotrigine & memantine	
	- Continue IV ABx	
	- BP monitoring Q4H, titrate antihypertensives,	
	skip if BP < 100/60.	
	12585	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 12pm	Shifting notes	
	9y 4m / M	
	Developmentally (N) child	
	Admitted on 24/7/26 c AGE c urticaria c brief episodes of unresponsiveness.	
	BP - 170/110 at Bethesda hospital, so referred here.	
	Past H/O recurrent fever c rash +, ↓ increased anger + advised memantine, fluoxetine, lamotrigine & melatonin.	
	At presentation, BP - 138/96, urticaria +, GCS - 15/15. Started on IV fluids, IV Abx - ofloxacin & metronidazole, nifedipine & pedemet XL. lamotrigine & memantine was stopped.	
	During the course of stay, BP was controlled on oral medications. Currently on nifedipine 20mg TDS & pedemet XL 50mg OD. Hypertension evaluation done and samples sent. ECG, Echo, USG KUB & renal doppler - normal.	
	No repeat seizure or behavioural disturbance noted. Ped neurologist opinion obtained - advised to stop melatonin and child psychiatry opinion.	
	Vitals stable at present. So shifted to ward.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- salt restricted diet.	
	- Continue IV ABx	
	- BP monitoring Q4H, skip antihypertensive if BP < 100/60.	
	- Collect pending reports.	
	- Ask if child psychiatry opinion to be taken regarding fluoxetine.	
	Dr. 125882	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26	S/B Dr DEEPAK	
9:30AM	Δsis: Systemic HTN	
	HT Emergency (resolved)	
	AGE c̄ some dehydration	
	Urticaria c̄ Obesity	
	Child reviewed	
	Child has c/o: itching all over the body	
	c̄ redness	
	O/E:	
	Child is active, alert	
	CVS: S1S2 ⊕	BP: 106/52 mmHg
	RS: VBS ⊕	PR: 92/min
	P/A: Soft	SpO2: 98% RA
	CNS: NFND	
Meds		Renal doppler
	T. PROLOMET XL 50mg HS-0	(N)
	T. Nicardia 20mg Q8H Retard	℞
		→ To plan renal doppler
	T. Ofloxacin 200mg Q12H	→ To Review c̄ Psychiatrist if needed after discussing c̄ 1' physician
	T. Atarax 20mg Q8H	→ To monitor T/O / BP monitoring
	T. FLUOXETINE 10mg 1-0-0	(signature) 10:35
	T. Metrogyl 500mg Q8H	

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20-03-2017 9 Y 4 M 6 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/20	S/B Dr. Karthik	
	Essential hypertension	c Visual Alt's &
		vestibular rash
	Plan	
	→ Ped Endocrine opinion	
	→ To give Inj. Hydrocortisone	
		100mg I.V Q6hrly
	→ To review after Endo opinion	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/24 3:05pm	S/B Dr. DEEPAK	
	Acw: Systemic HTN HT Emergency (resolved) AGE c some dehydration Urticaria c obesity	
	Child reviewed Child has c/o: itching all over the body c redness ↓	
	O/E: Alert, active	
	CVS: S1S2 (+) RS: NVBS (+) P/A: Soft CNS: NFND	
	Fasting Sample	R To do tomorrow early morning sample of S. Cortisol HbA1c, FBS Lipid profile Fasting insulin S. PO4, VIT D (25 OH) PTH
	Monitor BP/Sensorium vitals	

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20-03-2017 9 Y 4 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SBP	DBP
	50th 101	61
	90th 114	73
	95th 118	75
	95th 130	87
	+12mm Hg	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 9.30am	SB Dr. GAYATHRI	
	A- Essential hypertension.	
	C Nasal AGE	
	C urticarial rash	
	C ? Nutritional obesity & Behavioural disorder (Class I)	
	• child reviewed	
	• itching & urticaria settled	
	• No anger like behavioural issues noted during the ward stay	
	• oral intake] good.	
	• urine output]	
	• BP ~ 90th centile throughout the day (27/7/26)	
	O/E - child alert & active	
	CVS - S_1S_2 (+)	No murmurs.
	RS - BIL AE (+)	No added sounds
	Abd - soft, BS (+)	
	CNS - NO FND.	
	Vitals 132/71	Plan
	BP- ~~100/66~~ (80)	1) Encourage orally
	HR → 95/min	2) Cont T. Prolonet XL 50mg OD
	SpO_2 - 98%.	T. Nicardia Retard 20mg. TID
		3) Cont IV OFOXACIN BD
		4) T. ATARAX 20mg QSH
		5) Inj Hydrocort 150mg QSH. (D2)
		6) Syp. Rantac 3ml BD

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20-03-2017 9 Y 4 M 8 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		7) Inj. Metrogyl 500mg Q8H
		8) T. FLUOXETINE 40mg PO OD.
	To Trace	9) CBG monitoring Q6H
	(1) S. epinephrine / S. Norepinephrine	urine for metanephrine
	(2) ANA ds DNA P-ANCA C-ANCA.	
	(3) (A) PTH, lipid profile, HbA1C., Vit D, S. cortisol Fasting insulin	
	(4) BMI = 22.7% Ht = +3.77 SD Wt = +2.76 SD.	CBG → 241mg/dl (1hr PP). 2hr PP → .
	pending: (1) ophthal opinion (2) To Trace pending reports ↓ ? psychiatrist opinion on. T. Fluoxetine	
	CT 16525.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/26. 3:30 pm	S/B Dr. S. Naveshkumar.	
	A: Hypertension for evaluation. Probably essential hypertension	
	on 2 Antihypertensives	BP well Controlled
	Child doing well No fresh complaints. Urine output - Adequate	
		Plan - Cont. all
	To skip T. Nicardia if BP < 100/60 mm Hg.	- To consider discharge after Dr. Prahlad sir rounds.
	- Psychiatrist Opinion Awaited	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26. 8am	SB Dr. Gayathri	
	A:- Essential Hypertension - Nutritional obesity (class I) & Behavioural disorder - Behavioural disorder. - Insulin resistance bo - R/o Metabolic syndrome.	
	• Child reviewed. • panic attack in the form of sudden breathlessness · settled within 10mins yesterday • oral intake] good • UO]	
	• 90th - 95th centile → Blood pressure	
	• On T. Nicardia & T. Prolonol. • On IV Ofloxacin (D5) IV Metrogyl. T. Fluoxetine.	
	• Plan ① Cont ABx | Anti Hypertensives | Fluoxetine | Atarax | Ranitac | pan ② Psychiatrist opinion today, Dr. Suseela mam R/w. ③ ⓓ Today	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	24/7/26	24/7/26	28/7/26			
Time	(OS)	RCH				
Hb	15.1					
PCV	41					
RBC	5.1					
WBC	15100					
N/L	77/15					
Platelets	3,40,000					
CRP	33					
ESR / AEC	/330	11				
PCT						
RBS		160				
Na	142	138				
K	4.5	3.3				
Cl	100	98				
Ca/Mg		1.15				
Phosphate / HCO_3	/21	/25	4.4.			
Urea	22	25				
Creatinine	0.6	0.67				
ALP	191					
SGPT	31					
SGOT	23					
T.Bill/Conj	0.8/0.2					
T.Protein	7.7					
S.Albumin	4.5	5				
S.Globulin	3.2					
A/G Ratio	1.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	24/7/20	25/7				
Time						
CUE - Alb	[illegible]	1+				
CUE - Sugar	-	Nil				
CUE - Ketones	-	Neg				
CUE - PUS Cells	2-4	0-1				
CUE - RBC Cells	-	Nil				
~~CUE~~ FBS →		122				
Total Chol →	139					
TGL →	46					
HDL →	45					
~~Stool Pus Cell~~ LDL →	81					
OVA / ~~Cyst~~						
~~Occult Blood~~ S. cortisol →		40.2				
LDH		213				
02 level		1.9 (0.7 - 1.80)				
Vit D →	22					
PTH →	40.~~7~~					
FT3	3.78					
FT4	1.31					
TSH	4.35					
Estimated Avg glucose →		114				
Fasting insulin →		66.4				
HbA1c →		5.6				

Culture and Sensitivities : P.smear - normocytic normochromic WBC count is increased

(25) 7) S-IgE - 131 C-ANCA - Neg P-ANCA - Neg

Radiology : **USG :**

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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DAILY INVESTIGATION SHEET

Patient Na GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

Age : .....

No. :.....

Date	Investigation	Ward	Signature	Bill No.	Received Date & Signature
	- M. Tgt.				
25/7/26	- Serum epinephrine - Serum Nor epinephrine - Serum Tgt	PICU.	Blue (26023963)		
26/7/26	ANA, dsDNA, P-ANCA, c-ANCA, Urine for metanephrines, ESR	PICU	Blue (26023963)		

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DRUG CHART

Date of Admission: 24/7 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 : T. PROLOMET XL				Date Time 25/7 9am
Dose 75mg	Route PO	Frequency SOS	Start Date 24/7/17	5D
Doctor's Signature		Valid Period	Pharm.	
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 .....

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20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

REGULAR PRESCRIPTIONS

Weight. 59kg Ward. R1W

DRUG : T. NICARDIA RETARD

Dose	Route	Frequency	Start Date
20mg	PO	Q8H	24/7/16

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

Additional Instructions: 8pm — 4Am — 12pm.

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7 8.30 PM; 25/7; 26/7; 27/7; 28/7; 29/7 — 4 AM, 12 PM, 8 PM

DRUG : INJ OFLOXACIN

Dose	Route	Frequency	Start Date
100ml (200mg)	IV	BD	24/7/16

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7; 26/7; 27/7; 28/7; 29/7 — 1 AM, 1 PM, 8AM, 8PM, 9Am — D1, D2, D3, D4, D5

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Date
75ml	IV	Q8H	24/7/16

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7 — 12 AM, 8 AM, 4 PM

STOP (25/7) 26 @ 9am. DR. Gokul 102959.

DRUG : T. ATARAX

Dose	Route	Frequency	Start Date
20mg	PO	Q8H	24/7/16

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7; 26/7; 27/7; 27/7; 28/7; 29/7 — 12 AM, 8 AM, 4 PM, 8AM, 2PM, 10pm, 9AM

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REGULAR PRESCRIPTIONS

Weight 59.8 Kg Ward PICU.

Sheet No. ....

DRUG : T-RANTAC

Dose	Route	Frequency	Start Dt.
75mg	PO	Q12H	24/7/26

Date/Time: 25/7, 26/7
6 AM: 2AM SM JL; 2M SL
6 PM: AS MN
Stop 26/7 @ 8am (125852)

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T-FLUOXETINE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	24/7/26

Date/Time: 25/7, 26/7, 27/7, 28/7, 29/7
10 AM: SM SM; AS NS; SL PB; AA PB

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T-MELATONIN

Dose	Route	Frequency	Start Dt.
3mg	PO	HS	24/7/26

Date/Time: 24/7, 25/7, 26/7
11 PM: 12am SM JL; SM JL
Stop 125882 26/7/26 11am

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T-LAMOTRIGINE

Dose	Route	Frequency	Start Dt.
25mg	PO	BD	24/7/26

Date/Time: 24/7, 25/7, 26/7
10 AM: / ; WH
10 PM: 11pm SM JL; WH
Stop 125882 26/7/26 11 am

Name & Signature of the Doctor Starting the Drugs: [signature] 19/7/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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Sheet No: (8)

REGULAR PRESCRIPTIONS

Weight ..31kg...... Ward ....PW....

DRUG: T. MEMANTINE

Dose	Route	Frequency	Start Dt.
5mg	PO	BD	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7, 25/7, 26/7 — 11 AM; 11 PM, 12 am; 8 PM — STOP 125882 26/7/26 12 am

DRUG: INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	Q8H	25/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7, 26/7, 27/7, 28/7, 29/7 — 12 AM, 6 AM; 8 AM, 2 PM; 4 PM, 10 PM — D3, D4, D5

DRUG: INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	Q24H	

Name & Signature of the Doctor Starting the Drugs: 468

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7, 26/7, 27/7 — 6 am; 2 pm — STOP 27/7/26 6.00 AM

DRUG: TAB. PROLOMET XL

Dose	Route	Frequency	Start Dt.
50mg	PO	OD	26/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions: skip if BP < 100/60.

Daily Doctor's Endorsement by a Sign

Date/Time: 26/7, 27/7, 28/7, 29/7 — 3 pm

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

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

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Sheet No: 3

REGULAR PRESCRIPTIONS

Weight 59 kg Ward 607

DRUG: Iv HYDROCORTS				
Dose	Route	Frequency	Start Dt.	
150mg	Iv	Q6H	27/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions: 2.5mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

Date / Time	27/7	28/7	29/7
9 Am	/	AP	PS
		PS	
3 pm	2.25pm AP	SP	
	SP	CL	
9 pm	SS	SL	
	MM	SP	
3 Am	/	SS	CS
		MM	HM

Stop 8 1652

DRUG: SYRUP RANTAC				
Dose	Route	Frequency	Start Dt.	
3ml	P/O	Q12H	27/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions: 75mg/5ml				
Daily Doctor's Endorsement by a Sign				

Date / Time	27/7	28/7	29/7
6 AM	/	8.30 Am AA	CS
		PS	HM
6 pm	6pm SS	SL	
	MM	SP	

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 ....

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

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 ....

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

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Weight. 59 Kg. Ward. 607

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

VARIABLE DOSE

DRUG :		Date ▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
			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
25/7	9.30 pm	T. Albendazole	400 mg	P.O	[illegible] 1461	[illegible] 01545
25/7	11am	Inj. Avil	1cc.	IV	[illegible] 1465	[illegible] 01545 / [illegible] 00626
26/7	11.15 am	INJ. HYDROCORT	100mg	IV	[illegible]	[illegible] 0150

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

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I.V. FLUIDS CHART

Weight. 59kg Ward. PICU

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
24/7/26	10.30 pm	0.9% DNS + 7.5ml KCl	IV	50 ml/hr			25/7/26 at 10am		
25/7/26	11AM	IVF DNS + 7.5ml KCl	IV	50ml/hr			25/7/26		

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: PICU

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	T. Fluoxetine	40mg	PO	OD	24/7/26	☑C ☐DC
2	T. Melatonin	3mg	PO	HS	24/7/26	☑C ☐DC
3	T. Lamotrigine	25mg	PO	BD	24/7/26	☑C ☐DC
4	T. Memantine	5mg	PO	BD	24/7/26	☑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. Chandralega 19/7/24.

Date & Time : 24/7/26 @ 10pm

Nurse Name & Signature: Sreeja / Iman

Date & Time : 24/7 @10pm

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

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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: PICU Shifted to: 607

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	INJ. OFLOXACIN	200mg	IV	BD	26/7 1am	☑C ☐DC
2	INJ. METRO	500mg	IV	Q8H	26/7 8am	☑C ☐DC
3	INJ. PAN	40mg	IV	OD	26/7 6am	☑C ☐DC
4	T. NICARDIA RETARD	20mg	PO	Q8H	26/7 12pm	☑C ☐DC
5	T. PROLOMET XL	50mg	PO	OD		☑C ☐DC
6	T. ATARAX	20mg	PO	Q8H	26/7 8am	☑C ☐DC
7	T. FLOXETINE	40mg	PO	OD	26/7 10am	☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 26/7/26 12pm

Nurse Name & Signature: Sharmila A/018776

Date & Time : 26/7/26 @12pm

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

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(V)

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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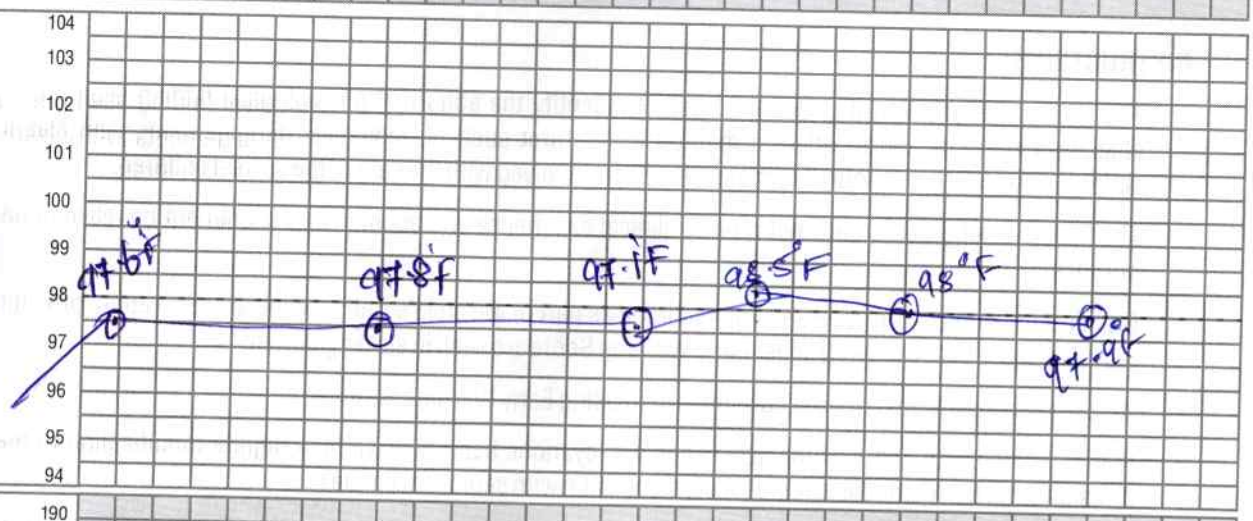
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/7/96 Time:	8 Am	12 pm	12.30 pm	3 pm	4 pm	8 pm	12 am	4 am
Doctor / Nurse / Family Concern?								

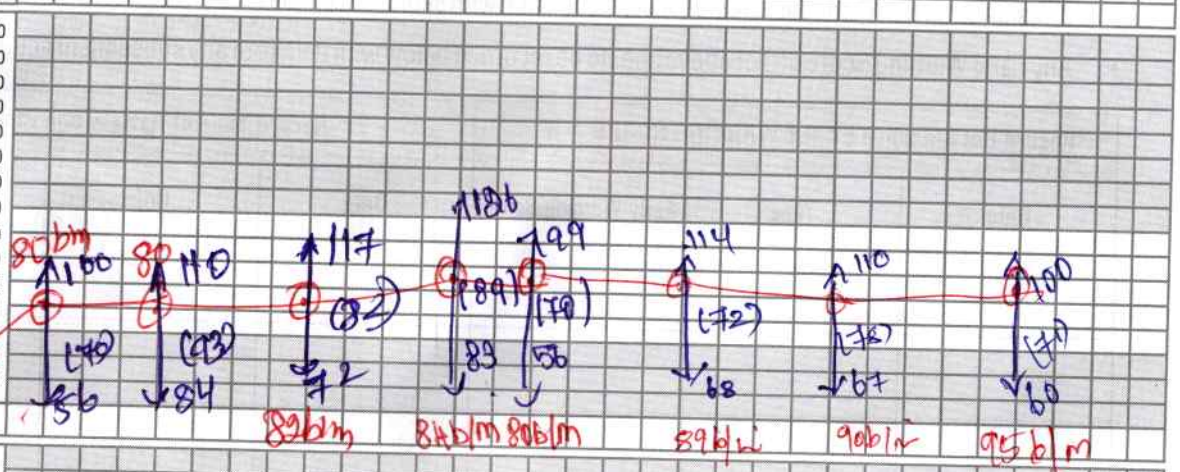
Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94



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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50



Heart Rate (Number)	80 bpm	89 bpm	89 bpm	84 bpm	80 bpm	89 bpm	90 bpm	95 bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 2 1

Resp Rate (Number)	20 rpm	28 rpm	24 bpm	24 bpm	25 bpm	24 bpm	24 bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA	✓
O_2 Saturations (%)	98%	100%	99%	100%	98%	98%	100%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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

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(2)

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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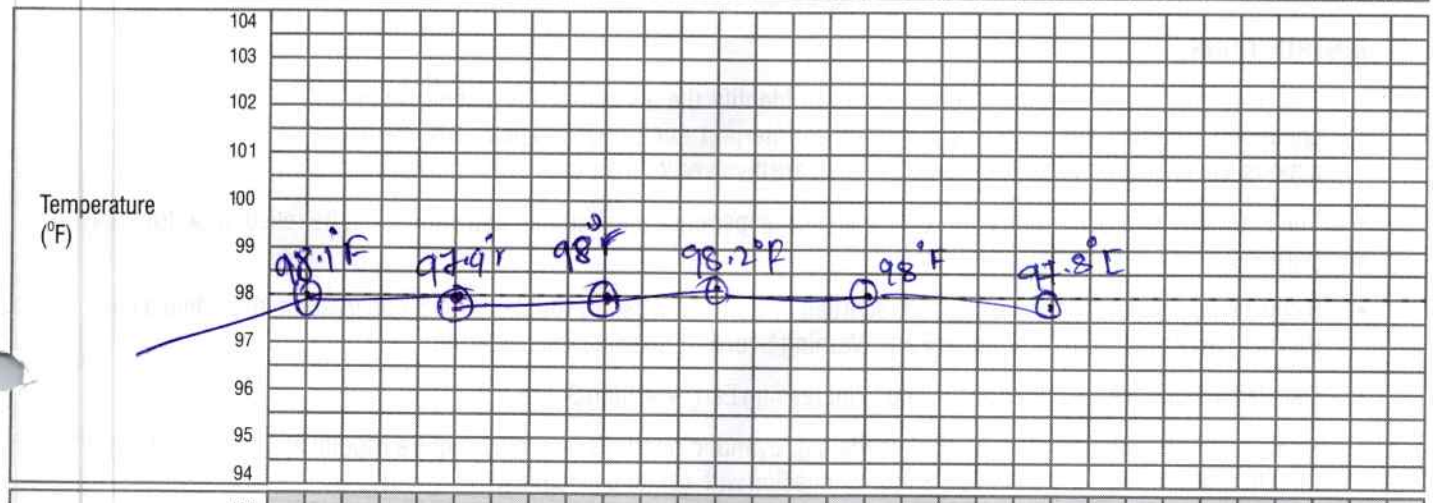
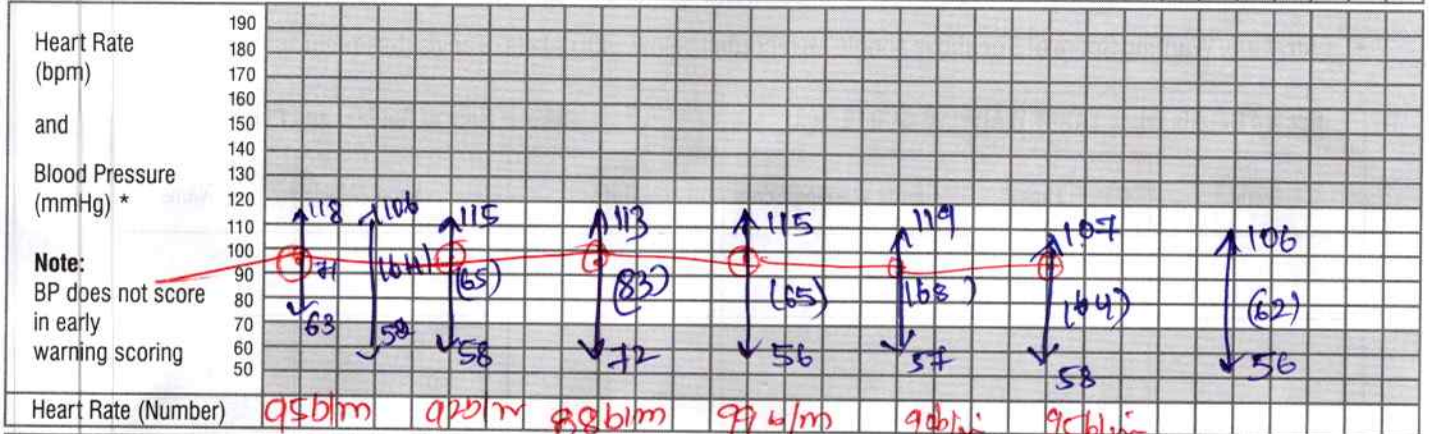
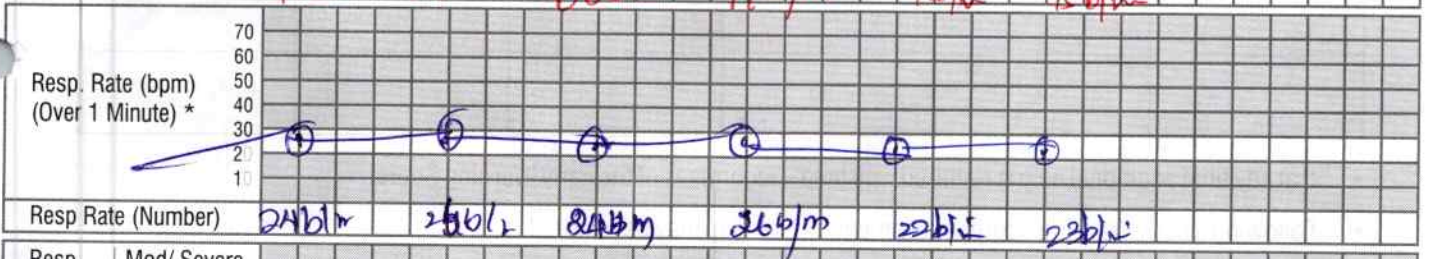
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/7/26 Time:	8AM	10AM	noon	3pm	8pm	12am	4am	6AM
Doctor / Nurse / Family Concern?								





Heart Rate (Number)	95 b/m	92 b/m	88 b/m	92 b/m	96 b/m	95 b/m



Resp Rate (Number)	24 b/m	26 b/m	24 b/m	26 b/m	22 b/m	23 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)			RA	RA	RA	RA
O_2 Saturations (%)	98%	98%	99%	100%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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- 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

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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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Dr. PRAHLAD N

(3)

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/7/26

Time	8AM	10AM 12PM 3PM	4PM	8PM	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	97.8°F	98°F	98°F	98.3°F	98°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	132/71 (86)	107/60 (70); 130/80 (79)	121/59 (81); 115/61	128/68 (81)	113/63 (74)	112/62 (76)
Heart Rate (Number)	86b/m	90b/m	97b/m	89b/m	90b/m	92b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	24b/m	22b/m	22b/m	22b/m	24b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	97%	99%	98%	98%	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	[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
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)

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(1)

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.

Date	Time	Nature of Fluid	Intake – Route: Mouth	I.V	N.G	Output: NG	Stool (~~Diarrhoea~~)	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/7/18	08:00 am	H2O	205ml	neetno 100ml						2	0	[signature]
	09:00 am						✓			✓		
	10:00 am											
	11:00 am	Jelly H2O	180ml				✓			✓	0	[signature]
	12:00 pm											
	01:00 pm	H2O	50ml								0	[signature]
Total Intake :		535ml				Total Output :	2H me					
	02:00 pm										0	[signature]
	03:00 pm	H2O	100ml				✓					
	04:00 pm	H2O	50ml							✓	0	[signature]
	05:00 pm	Juice	50ml				✓					
	06:00 pm	H2O	50ml							✓	0	[signature]
	07:00 pm											
Total Intake :		250ml				Total Output :	2Hme 6					
	08:00 pm											
	09:00 pm	H_2O	10ml								0	[signature]
	10:00 pm	H_2O	20ml							✓		
	11:00 pm						✓					
	12:00 am	H_2O	20ml							✓	0	[signature]
	01:00 am											
Total Intake :		50ml				Total Output :	U-2; M-1				0	[signature]
	02:00 am											
	03:00 am	H_2O	20ml									
	04:00 am	H_2O	10ml								0	[signature]
	05:00 am	H_2O	30ml							✓	0	[signature]
	06:00 am											
	07:00 am	H_2O	20ml								0	[signature]
Total Intake :		80ml				Total Output :	U-1					

Total 24 hrs. Intake	915ml	Total 24 hrs. Output	U-7, M-5

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FLUID CHART

Sheet No. : 2

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

27/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea (Motion)	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	150m								0	
	09:00 am									✓		
	10:00 am	H20	100m								0	
	11:00 am											
	12:00 pm	H20	250m								0	
	01:00 pm											
Total Intake :		450ml				Total Output :				1 time		
	02:00 pm	H2O	100ml							✓	0	
	03:00 pm											
	04:00 pm	SOUP	200ml				✓			✓	0	
	05:00 pm											
	06:00 pm	milk	150ml							✓	0	
	07:00 pm	H2O	100ml									
Total Intake :		550ml				Total Output :				3 time ; M-1		
	08:00 pm	H2O	100ml								0	
	09:00 pm	Juice	100ml									
	10:00 pm	TC	100ml				✓			✓		
	11:00 pm	H2O	50ml								0	
	12:00 am	N										
	01:00 am	P								✓	0	
Total Intake :		350ml				Total Output :				V-2 ; M-1		
	02:00 am											
	03:00 am	N									0	
	04:00 am									✓		
	05:00 am	P									0	
	06:00 am	O										
	07:00 am										0	
Total Intake :						Total Output :				V-1		

Total 24 hrs. Intake	1,450 ml	Total 24 hrs. Output	V-7 ; M-2

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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.

28/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml							✓	0	
	09:00 am											
	10:00 am	SOUP	150ml							✓	0	
	11:00 am	H2O	100ml									
	12:00 pm									✓	0	
	01:00 pm	H2O	100ml									
Total Intake : 450ml						Total Output : 3 times						
	02:00 pm	H2O	100m							✓	0	
	03:00 pm	H2O	100m									
	04:00 pm	H2O	200m									
	05:00 pm									✓ more	0	
	06:00 pm	H2O	200m									
	07:00 pm										0	
Total Intake :		600 ml.				Total Output :				2+1 ml		
	08:00 pm										0	
	09:00 pm	H2O	100ml								0	
	10:00 pm	H2O	50ml				✓			250ml	0	
	11:00 pm										0	
	12:00 am	H2O	75ml				✓			200ml	0	
	01:00 am											
Total Intake :		225 ml				Total Output :						
	02:00 am										0	
	03:00 am										0	
	04:00 am		✓								0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		Nil				Total Output :				Nil		

Total 24 hrs. Intake	1275 ml	Total 24 hrs. Output	7 time (450 ml)

M-2

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE c SOME DEHYDRATION / URTICARIA / HYPERTENSION EMERGENCY

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: N/L

Surgery / Procedure:

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	24/7 N	25/7 M	25/7 E	25/7/26 N	26/7/26 M	26/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Noted.	Noted	Noted	Noted.	Noted	Noted
BACKGROUND	Diet:	(N) diet	(N) diet	(N) diet	(N) diet.	(N) diet	Salt restricted diet
ASSESSMENT	Allergy: Body Rash.	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Vital Signs: Temp:	98.3F	98.7°F	97.7°F	98F	98F	97.1F
ASSESSMENT	Res:	26 b/m	20 m/b	23 b/m	22 b/m	20 b/m	24 b/m
ASSESSMENT	SpO_2:	98%	98%	99%.	97%	100%	100%
ASSESSMENT	Pulse:	102 bpm	90 bpm	85 b/m	88 bpm	80 b/m	80 b/m
ASSESSMENT	BP:	122/70 (92)	120/78 (84)	125/86 (99)	118/69	110/84 (93)	99/56
ASSESSMENT	LOC:	15/15	15/15	15/15	15/15	15/15	15/15
ASSESSMENT	Fall Risk Score:	14	16	14	14	14	14
ASSESSMENT	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
ASSESSMENT	Skin Integrity	Intact (27)	27	Intact (28)	Intact (28)	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Recommendations	Physiotherapy:	—	—	—	—	—	—
Recommendations	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	Special Diet:	(N) diet	(N) diet	(N) diet	(N) diet	(N) diet	(N) diet, Salt restricted diet
Recommendations	Critical Lab Test / Values:	—	—	—	—	—	—
Recommendations	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	ADL (Dependent / Non Dependent):	—	—	—	—	Nil	Nil
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	SAYAK	Sreya	Sharmila	SAYAK	Sharmila	Sathya
	Signature / ID :	(signature) 01545	(signature)	(signature) 13328	(signature) 01545	(signature)	(signature)
	Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26
	Time:	8AM.	2pm.	@8pm	8AM.	@2pm.	8PM
	Taken Over By Name :	Sharmila devi	Sharmila	SAYAK	Bharathi	Sathya	Mythili
	Signature / ID :	(signature)	(signature) 18736	(signature) 01545	(signature)	(signature)	(signature) 60744
	Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26
	Time:	@8AM	@2pm	8pm	8AM	2PM	@8PM

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

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(2)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE c some Dehydration / Urticaria / Hypertension Emergency

Surgery / Procedure:

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: ..........N.A..........

Post OP Day:

Date / Shift	26/7/26 N	27/7/26 M	27/7/26 E	27/7/26 N	28/7 M	28/7 E
BACKGROUND						
Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted	Noted
Diet:	salt restricted diet	salt rest diet	salt restr	Soft dt	salt restr	salt res
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:	98.2°F	98.2	98°F	98.2°F	98 F	98.2
Res:	24 b/m	24 b/m	24 b/m	26 b/m	24 b/m	24 b/m
SpO_2:	100%	100%	99%	100%	96%	98%
Pulse:	86 b/m	95	99%	99 b/m	99 b/m	99 b/m
BP:		115/58	113/72(83)	115/56(63)	130/80	115/61
LOC:	15/15	15/15	15/15	15/15	15/15	15/15
Fall Risk Score:	14	14	14	14	14	14
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	No risk	no risk	No risk	No risk
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:	salt restricted diet	salt restr diet	salt restr diet	salt restr	salt dt	salt res
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):	Nil	ND	Dependent	dependent	Dependent	depen
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	[illegible]	Snehan	Anupriya	Sem	Anupriya	Snehan
Signature / ID :	[illegible] 784	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	27/7/26	27/7/26	27/7/26	28/7/26	28/7/26	28/7/26
Time:	@ 8am	@ 2pm	@ 8pm	8am	2pm	8pm
Taken Over By Name :	Sathya	Anupriya	Seroji	Anupriya	Sem	[illegible]
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	27/7/26	27/7/26	27/7/26	28/7/26	28/7/26	28/7/26
Time:	8AM	2pm	8pm	@ 8AM	@ 2pm	@ 8pm

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 24/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10.30 Pm	Assess patient gen condition Monitor vital sign Administer medication Maintain IV Clot		Assessed patient gen condition Monitored vital sign Administered medi. Maintained IV Clot	Provided medication and care Patient improved.	Re-assessed done.	Sayali 25/7/26

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NURSING CARE RECORD

Date: 25/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ☑ 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	Assess the child condition Vital monitor I/O chart monitor Administered medication as per drug chart	1pm	Assessed the child Monitored vital's Maintained I/O Administered medication as per doctor's order	Child vital's are stable	Reassessment done	Sig 08:24
Afternoon	2pm	-Assess the child condition -maintain I/O chart -monitor vital sign -Follow doctor order -Administer medication	8pm	-Assessed the child condition. -maintained I/O chart -monitored vital sign -Followed doctor order -Administered medication	• child vitals stable	• Re-assessment done	08:00 esp
Night		Assess Baby gen condition Monitor vital sign Administer medication Maintain I/O chart		Assessed Baby gen condition Monitored vital sign Administered medication Maintained I/O Chart	Provided medication and care Baby improved	Re-assessment done	07:45

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NURSING CARE RECORD

Δ urticaria hypertension emergency Age ē some Dehydration

Date: 26/7/26

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	• Assess the child condition • maintain I/O chart • monitor vital sign • Follow doctor order • Administer medication	2pm	• Assessed the child condition • maintained I/O chart • monitored vital sign • Followed doctor order • Administered medication	• Evaluated the child vitals stable	• Re-assessment done	[signature] 018756 26/7/26 @ 12:30pm
Afternoon	2 pm	Prevent Falls and Injury.	4 pm	keep in in low position with side rails up. ensure call bell is with in reach.	the side both sides rails ed up	the patient safety answered	
Night	8pm	promote adequate nutritional for healing and recovery.	9pm	⇒ assess nutritional status and appetite.	⇒ patient clinically stable	⇒ Patient intake and output is good	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9Y4M6D (M)
Dr. PRAHLAD N

Patient Label

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/7/26

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	8 AM	Prevent Falls and injury.	10 AM	Keep in bed low position. call bell in reach in bedside.	The prevented Falls and injury.	The Baby Bed side rails up position both side.	0200Hs.
Afternoon	2pm	Early detection and prevention of complication	3pm	monitor vital signs.	monitored vital signs	Child was stable	0200hs
Night	8pm	Ensure hydration & electrolytes	10pm	Child intake & output chart maintained → Encourage oral feeds.	→ Child intake is better now.	Child clinically better & well.	0100hs

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

(1)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	10:30pm	Receiving notes on 24/7/26	
		Patient handing over	
		details taken from IP	
		at 10.30pm. Baby is	
		alert and active. All	
		medication given. Baby is	Sayak
		on Room air. Baby's	015451
		IVF 0.9% DNS + 7.5ml KCl	
		@ 50ml/h. on flow.	
		Baby's orally normal	
25/7	1AM	diet. Baby's IV line	
		outside line only. monitor	
		vital and marked it	Sayak
		on vital chart.	015451
		Baby is active and alert	
		Tomorrow. USG Abdomen	
		+ ECHO is there.	
	3AM	Morning care given	
		Baby is sleeping nicely	
		passed urine also full	
		body washed applied Lotion.	Sayak
		Baby is active and alert	015451
		sleeping pattern also	
		normal. IV line outside	
	5AM	IV line. Morning	
		care given for Baby	
		morning RBS 106mg/dl.	Sayak
			015451

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/26	7Am	morning TSH, T3, T4	
		Sample send. and Stool	
		routine and biofire is	
		pending. All medication	
		given. IV line is on	Sayan
		father. GCS 15/15, patient	015451
		is on Room air morning	
		Care given and mouth care	
		also. Baby is having	
		Normal diet. Baby's	
		handing over details given	
	7.50 AM	to morning duty staff	Sayan
		nurse.	015451
		Morning Duty 25/7/26	
	8Am	Handing over taken	
		From Night duty Staff	
		Nurse. Child activities good	
		vital's checked and Recorded	
		vital's are stable now.	
		IV line present. IVF 0.9% DNS	Deepa
		+ 7.5ml KCL → 50ml/hr.	016241
		Body full rash ⊕. Applyed	
		calosoft cream. continue	
		Monitoring vital's.	
	8:30 am.	Inj - metrogyl 75ml given	Deepa
		over 1hr IV.	016241
		Child had Normal diet.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL (M)
20-03-2017 9 Y 4 M 4 D
Dr. PRAHLAD N

(2)

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9[10] am.	BP - 136/88 (102) Informed to Dr. Pavan Sir. Advice: T. Prolomet XL 25mg Need to given.	
	9[15] am	T - Prolomet XL given.	Sign 01/6/21
	10[10] am	Seen by Dr Nataraj Sir. Advice: - To do MRI, Echo. EEG & Opthal opinion. To stat dose Inj. - Avil WHT - Lamotrigine 25mg. To get Neuro opinion.	Sign 01/6/21.
	11am.	Phone call order Dr - Prahlad. → Next prick IgE To send → T - Albendazole 400mg HS. After 2wks 2nd dose.	Sign 01/6/21
	12pm	Urine R/E Pending Stool R/E & Biofire Pending Opthal opinion Tuesday EEG Ⓡ follow, USG abd Ⓡ follow T - Nicardia Retard to Not given. BP - 105/86 (94) mm Hg.	Sign 01/6/21
	1pm.	Echo done by Dr. Karthik Sir. Advice: To do ECG Now. Inj - Ofloxacine given for Dr.	Sign 01/6/21

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1:30 pm.	Handing over given to Evening duty Staff	01639
		← Evening duty 25/7/26 →	
	1:30pm	child details taken over from morning duty staff nurse. child is on room air ventilation. child is on hemodynamically stable checked and recorded. IV line ⊕ no pallor. IVF 0.9% DNS + 7.5ml kcl @50ml Chron flow. child Body Full rash ⊖. child is on NPO @ 10 AM about MRI Scans. →	Shi 018326
	2pm	child is on active & alert. child is on hemodynamically stable checked and recorded →	Shi 018326
	5pm	child came after MRI vitals stable checked. and recorded. child oral allowed.	
	5:30pm	Due medication given as per drug chart. child is on active and orally taken	Shi 01822
	6pm.	child had apple juice 150ml. Dr. Karthic Surya Sir advised to ECG, ECG done →	Shi 01822
	6:40pm	Due medication given as per drug chart child is on hemodynamically stable checked and recorded →	Shi 01822
	7:30pm	child details handing over given to Night duty staff Nurse →	M. Vishnu 021582

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

(3)

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
25/7/26	8pm	Night Duty on 25/7/26	
		Babys / patient handing over details taken from evening duty staff nurse Using By ISBAR technique. Baby is on Room air.	Sayar 015451
	10 pm.	GCS 15/15. All medication given. Baby's IVF Stoped oral intake need to give.	Sayar 015451
		EEG, MRI (B) need to Collect. Baby's S.IgE sample send. S. Epinephrine and Nor-epinephrine sample send. informed lab brother manoj last add order need to raised and Billing clearing done.	Sayar 015451
26/7/26	1Am	Baby is active and alert oral only liquid he is taking like juice, H2O. Baby's fell body rashes are present.	Sayar 015451
	3Am.	All medication given as per physician order. full body Calosoft AF lotion applied. Babys sleeping pattern is normal. Urine output	Sayar 015451

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	5Am	also good monday USG.	
		Renal doppler is there.	
		DR - prahlad Sir order	
		by phone call. Morning	Sayak
		RBS 120 mg/dl.	7/5/7/9
		Morning care given. ~~morning~~	
		Baby is alert active.	
		Baby's handing over	
		details given to morning	
	7.40 Am	duty Staff nurse.	Sayak 07/5/7/9
		← morning duty on 26/7/26 →	
	7:30AM	child ditails taken over night duty	
		Staff Nurse. child is on room air	
		ventilator, child is on hemodynamically	
		Stable checked and recorded. IVF stop.	
		PR 260, GCS-15/15 CFT-<3sec. IV line (+)	
		patton, child (N) diet, RBS OD [MRT, EEG	
		(R) due, Renal doppler-plan monday, opthal	
		opinion plan Tuesday, Albendazole tab	
		2 week later next dose]. →	Sh... 01/8/7/26
	8AM.	Due medication given as per drug	
		chart. Child whole body rash (+)	
	9Am	child is on active & oriented. child	
		had one plate Dosa. →	Sh... 01/8/7/26
	9:30 Am	child passed urine and motion	
	10Am	Due medication given as per drug chart →	Sh...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

(4)

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
26/7/26.	10:30pm	Dr. padmaa Balaji mam Seen the child.	
		Mam Advised some Lab investigation ANA,	
		dsDNA, P-ANCA, C-ANCA, urine for	
		metanephrines, ESR. Sample Sended to	
		Lab ® due. →	[signature]
	11Am	Due medication given as per drug chart	
		child is on active and alert. child	
		is on hemodynamically stable checked	
		and recorded. →	[signature]
	11:30 Am	Dr. prahlad Sir child shift to	
		ward. →	[signature]
	12pm.	Due medication given as per drug chart.	
	12:30pm	Dr Geetha mam advised given one	
		inj Hydrocot 100 mg given →	[signature]
	12:30p	child details handing over given to	
		6th Floor staff Nurse →	[signature]
		Receiving Notes	
26/7/26	12:30pm	patient received from PICU to 607	
		patient detail hand over taken	
		from PICU S/N, patient conscious IV line	
		& oriented Pt c/o Abdominal	
		pain, vomitting, loose stool.	
		today Dr. Padmabalaji mam opinion	
		done. MRI, USG, ECG, Echo done ®done	
		EEG done ® due Renal Doppler	
		Tommorow and opthal opinion	
		Tuesday) normal diet + salt restricted	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital
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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	12.30pm	→ patient vital signs checked and record, vitals are stable. PP: ++, CP: ++, CRT: <2sec	
	1pm	→ patient intake and output chart maintained & record.	[signature]
	1.20pm	→ patient detail hand over given to evening duty S/N.	[signature]
26/7/26		evening duty notes	
	1.30PM	→ Patient details handing over taken from morning duty S/N, IV line ⊕, salt restricted diet, BP 4th hourly, conscious oriented.	[signature]
	2PM	→ Patient had food. No vomiting no complaints.	
	3PM	BP - 136/83 (99) informed Dr. Chandra lekha. mam advicely give T. Prolomet XL 50mg (OD) now. Due medication given as per order	[signature]
	4PM	vitals checked and recorded. PP: ++, CP: ++, CRT: <2	[signature]
		BP - 99/56 (70).	
		Due medication given as per drug chart orderly. Urine observed.	
	7am	maintained I/O chart recorded.	[signature]
		Tomorrow plan to do Renal doppler, Opthal opinion Tuesday	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 6 D (M)
Dr. PRAHLAD N

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	7.30pm	Handing over given to night duty SIN.	
		Night duty 26/7/26	
26/7/26	7.30pm	=> Patient handover taken by evening duty SIN →	
		=> Patient clinically stable	
	8pm	=> Checked vital Signs	
		=> patient vitals is normal BP is 114/68(72). Informed to DR. Chandralekha mam, doctor advice Give T. Nicardip rodent 20mg. Given as per drug chart order and	
	10pm	doctor phone call advice => provide health education	
		=> Provide comfortable bed position	
27/7/26	12am	=> again checked vitalsigns	
		=> patient vitals is Stable.	
		CRT / CP / PP	
		2sec / ++ / ++ →	
	2am	=> child slept well. No other complaints →	
	4am	- Child vitals are checked & recorded. vitals are stabled.	
		CP / PP / CRT	
		++ / ++ / 2sec →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		BP -100/60. So. T. Nicardia	
		is with Hold for Morning dose	
		as per doctor's ordered. →	[signature] 00771Y
	6 am	Due Medications was given	
		as per doctor's ordered →	[signature] 00770
	7 am	Maintained I/O chart.	
	7.30am	Child details are handing	
		over given to Morning duty Staff →	[signature] 00771
27/7/20		Morning duty notes.	
	7.30am	child details handing over taken	
		from night duty S/N. Nurse (f),	
		today Renal doppler, tuesday	[signature] 00046
		optical opinion plan. salt restricted	
		diet.	
	8am	vitals checked and recorded [PP +e, CP +e, CRT <2s]	[signature] 0047
		BP - 118/63(71) informed Dr. Chandravathi	
		mam advice now T. Nicardia	
		20mg (stat) given.	[signature] 0047
	8.30am	patient IV line pain (+) IV line	
		removed. ice back given.	
		patient had food. Due medication	
		given as per order	[signature] 00046
		Renal dopplers photo sent	
		to Dr prahlad Sir, Karthik Sir	
	12pm	Child vital signs Checked	
		& Recorded. BP- 115/58(62)	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 6 D (M)
Dr. PRAHLAD N

(6)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	12.10 pm	Dr manonmoni maam advised give Tab Nicardia retired 20 mg given as per chart.	
		Dr karthik Sir advised TO opinion Dr Swathy maam and inj Hydrocotsone.	
	1.20 pm	Dr Swathy maam advised To do Sample Fasting Sample S. Cortisol HBA1C, FBS, Lipid Profile SPO4, Vit D, PTH, Fasting insulin	
		maintain Dlo charts	
27/7/26	1.30 pm	Child details handovers given to evening duty staff	
		Evening Duty Notes	
27/7/26	1.30pm	→ child detail hand over taken from morning duty SIN child conscious & oriented IV line (P), (A), IVF stop. Salt restricted diet tommorow opthal opinion as there. kept in RA.	
	2pm	→ child due medication given as per order. chart	
	3pm	→ child. RBS 3.20pm checked. 84 mg/dl informed to Dr. Deepak Sir	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26		· Bp checked 113/72 (83) Tab. prolonet	
		XL 50mg given. Inj. Hydrocort 150mg	
		given as per order chart	Anu
	4pm	→ child vitals signs checked	
		are stable PP / CP / CRT	
		++ / ++ / <2sec	Anu
	6pm	→ child intake and output	
		chart maintained & record	Anu
	7·30pm	→ child detail hand over	
		given to night duty S/N	Anu
		Night duty Notes.	
27/7/26	7.30pm	child details hand over	
		taken form taken form	
		evening duty staff. child	
		consious & active. →	Sen 01592
	8pm.	child vitals checked & recorded	
		temp is normal. CP / PP / CRT	
		++ / ++ / 2sec	
		Due medication given as per	
		drug chart. →	
	9.30pm	child CBG checked CBG. is 102	
		mg/dl. is there. →	
	10pm	child IV line (+) IV line	
		observed & heavy. →	Sen 01592

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 7 D (M)
Dr. PRAHLAD N

(7)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/96	12am	Child vitals are checked & recorded.	
		vitals are stabled.	
		CP / PP / CRT	
		++ / ++ / <3sec →	mythili 607784
		Child was in NPO from 12 am.	
	2am.	Today - Morning Fasting sample to take	
		S. cortisol, HBA1C, FBS, Lipid Profile.	
		SPO4, vit D, PTH, Fasting Insulin →	mythili 607784
	4am	Child vitals are checked & recorded	
		vitals are stabled. CP / PP / CRT	
		++ / ++ / <3sec →	mythili 607784
		BP - 107/58. Inform to Dr. Lucky sir	
	5 am	Again rechecked BP - 106/56	
		Inform to Dr. Lucky sir. Sir told	
		to check again BP in Morning time	
		that time High-BP means to give	
		T. Nicardia & Now no need to give →	mythili 607784
	6 am	Maintained I/O chart for the child	607784
	7:30am	Child details are handing over	
		given to Morning duty staff →	mythili 607784
		Morning Duty notes	
28/7/96	7.30AM	→ child detail hand over taken	
		from Night duty S/N. NVNE(E), salt	
		restricted diet, NVNE(D),	[signature] 060046
	8AM	Morning Fasting sample S. cortisol	
		HBA1C, FBS, Lipid profile, Fasting.	
		Insulin, Vit-D, PTH, SPO4 sample done	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26		Vitals vital signs checked and recorded	
		Vitals are stable,	
		BP - 132/71 (86) mmHg T. Nicardia	
		Retard 20 mgs given. as per order	
	9AM	→ child due medication given	
		as per order chart	
	10AM	→ child CBG checked at 10.30	
		AM → 241 mg/dl. Informed to Dr.	
		Gayathri mam. advised repeat 1 hrs	
		to recheck the CBG.	
	11.30AM	→ child repeat CBG → 248 mg/dl	
		Informed to Dr. Gayathri mam.	
28/7/26	12.15AM	Vitals checked and recorded	
		BP - 130/80 mmHg. informed Dr. Gayathri	
		T. Nicardia record done given.	
	2.30PM	Patient had Breathing difficulty.	
		Informed Dr. Gayathri. mam	
		seen patient. SPO2 - 94 - 92 %. PR - 96/m	
		BP - 131/73 mmHg, mam advised.	
		now to do Chest x-ray Bedside.	
	2.50PM	x-ray done. continuous monitor.	
		SPO2 - 94-93 %. RA.	
	1.15PM	Patient comfortable. SPO2 - 96 % RA.	
		mam advised psychiatric opinion	
	1.30PM	maintained I/O chart recorded.	
		Handing over given to evening	
		duty SIN.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 7 D (M)
Dr. PRAHLAD N

(8)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/12	1:30pm	Evening Duty	
		child details handover	
		taken from morning	
		duty staff. IV line	
		healthy. +	[signature]
	2pm	child conscious &	
		oriented.	
		child BP checked	
		medication given as per	
		orders.	
		child opthal opinion	
		done.	
		Dr Naresh Sir advised	[signature]
		tomorrow plan discharge	
		after rounds.	
	4pm	child vital signs	
		checked & Record CP PP C02 / 66 66 23	
		maintain. I/O charts,	
	6pm	Due to medication	[signature]
		given as per charts.	
		child RBS is checked &	
		and Recorded. Value 107 mg/dl	[signature]
	7:30pm	Hand over given from	
		Night duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26		Night Duty	
	7.30pm	The child details handing over taken from evening duty staff. Child is conscious and oriented child is on room air IV line present. IV line pattern.	Basi 021893
	8pm	vital signs are checked and recorded. vital signs are stable.	
		CP ++ / PP ++ / CRT <3sec	Basi 021893
		Due medication are given as per Doctor's order.	
	10pm	No any other fresh complaints. Child is stable.	
29/7/26	12Am	vital signs are checked and recorded. vital signs are stable.	Basi 021893
		CP ++ / PP ++ / CRT <3sec	
	2Am	The child is sleeping well no any other fresh complaints child is stable	Basi 021893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient's

GUC:-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 7 D (M)
Dr. PRAHLAD N

MRD NO .....

Age :..... SEX: ☐ M ☐ F

Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/7 Time: 8.pm.

Location : (R) metacarpal

Size : 22G

Cannula inserted by : outside.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7	8.40pm	☐Yes ☐No	☐Yes ☐No	Patten	
	10 pm	☐Yes ☐No	☐Yes ☐No	Patten	
25/7	12 am	☐Yes ☐No	☐Yes ☐No	Patten	
	2am	☐Yes ☐No	☐Yes ☐No	patten	
	4 am	☐Yes ☐No	☐Yes ☐No	Patten	
	6 am	☐Yes ☐No	☐Yes ☐No	patten	
	8 am	☐Yes ☐No	☐Yes ☐No	patten	
	10 am	☐Yes ☐No	☐Yes ☐No	Patten	
	12 pm	☐Yes ☐No	☐Yes ☐No	patten	
	2 pm	☐Yes ☐No	☐Yes ☐No	patten	
	4 pm	☐Yes ☐No	☐Yes ☐No	Patten	
	6 pm	☐Yes ☐No	☐Yes ☐No	Patten	
	8 pm	☐Yes ☐No	☐Yes ☐No	Patten	
	10 pm	☐Yes ☐No	☐Yes ☐No	Patten	
26/7	12 pm	☐Yes ☐No	☐Yes ☐No	Patten	
	2 am	☐Yes ☐No	☐Yes ☐No	Patten	
	4 am	☐Yes ☐No	☐Yes ☐No	Patten	
	6 am	☐Yes ☐No	☐Yes ☐No	Obsen	
	8 am	☐Yes ☐No	☐Yes ☐No	obsen	
	10 am	☐Yes ☐No	☐Yes ☐No	Obsen	
	12 pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	4 pm	☐Yes ☐No	☐Yes ☐No	Obsen	
	8 pm	☐Yes ☐No	☐Yes ☐No	Obsen	
27/7	12 am	☐Yes ☐No	☐Yes ☐No	Health	
	4 am	☐Yes ☐No	☐Yes ☐No	Health	
	8 am	☐Yes ☐No	☐Yes ☐No	Health	
		☐Yes ☐No	☐Yes ☐No	RV Given	

Cannula removed : ☐Yes ☐No, If yes date and time : 27/7/18 at 8.30 AM

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score: 1/5 ICR Balle given

CANNULA 2

Date : 28/7/26 Time: 9.45AM

Location : (L) metacarpal

Size : 22G

Cannula inserted by : S/N Sathya

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
28/7/26	10AM	☐Yes ☐No	☐Yes ☐No	health	
	2 pm	☐Yes ☐No	☐Yes ☐No	health	
	6 pm	☐Yes ☐No	☐Yes ☐No	health	
	10pm	☐Yes ☐No	☐Yes ☐No	Obsn	
28/7/2	2Am	☐Yes ☐No	☐Yes ☐No	Obsen	
	6 am	☐Yes ☐No	☐Yes ☐No	Obsen	
	8 AM	☐Yes ☐No	☐Yes ☐No	Obsen	
	12 pm	☐Yes ☐No	☐Yes ☐No	Obsen	
	3pm	☐Yes ☐No	☐Yes ☐No	obsen	
	7pm	☐Yes ☐No	☐Yes ☐No	Obse	
	9pm	☐Yes ☐No	☐Yes ☐No	obsn	
	11pm	☐Yes ☐No	☐Yes ☐No	Obsen	
29/7	1Am	☐Yes ☐No	☐Yes ☐No	obsen	
	3Am	☐Yes ☐No	☐Yes ☐No	Obsen	
	5Am	☐Yes ☐No	☐Yes ☐No	Obsn	
	7Am	☐Yes ☐No	☐Yes ☐No	Obsen	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, If yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

(1)

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THE HUMPTY DUMPTY SCALE

N m E N m

PARAMETER	CRITERIA	SCORE	DATE 24/7	DATE 25/7	DATE 25/7	DATE 25/7	DATE 26/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	(2)	2	2	2	2	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)	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
	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		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		✓	✓	✓	✓
	Other Intervention(s) Specify		✓	✓	✓	✓
	Nurse's Name:		SAYAK	Shruti	Jasmin	SAYAK	Bharathi
	Signature:						
	Date:		24/7	25/7	25/7	25/7	26/7
	Time:		11pm	08am	02pm	11pm	8am

Docu. No. : RCH /FRM / CLINICAL / 005

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20-03-2017 9 Y 4 M 6 D (M)
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2

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/7 E	DATE 26/7 N	DATE 27/7 M	DATE 27/7 E	DATE 27/7 N
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	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
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					
	Outpatient Area	1	1	1	1	1	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		9	9	9	9	9

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		x	x	x	x	x
Other Intervention(s) Specify		x	x	x	x	x
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/7	26/7	27/7	27/7	27/7
Time:		8 PM	10 pm	9 AM	2pm	8pm

Docu. No. : RCH /FRM / CLINICAL / 005

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PAIN ASSESSMENT FORM

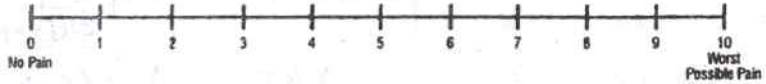
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sayan 0745
25/7/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sayan 0745
25/7/26	10am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Spoorthy 0745
25/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Vishwa 0745
25/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Saheb 0745
26/7/26	4Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Saheb 0745
26/7/26	10am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0745
26/7/26	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0745
26/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sayan 0745
27/7/26	4am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sayan 0800

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

(for Paediatric use)

(1)

GUC-00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 4 D (M)
Dr. PRAHLAD N

o.: F/HW/BRD-Q/NSG/04

Patient Name : ....

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

					N	M	E	N
				Date :	24/7	25/7	20/7	25/7
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 (meal, 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	1	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	2?	27
				Evaluator's Name	[signature] 015457	[signature]	[signature]	[signature] 015415

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC 00094260 IP18-00036604
Master A MOHAMEED FAAZIL
20-03-2017 9 Y 4 M 5 D (M)
Dr. PRAHLAD N

Patient Name : .....

Age..... Ge

Ref.No.: F/HW/BRD-Q/NSG/04

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 though 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-exdstent. 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.	1	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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	25	27	27	27
				Evaluator's Name				

Date :	M 26/7	E 26/7	A 26/7	M 27/7

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094260 IP18-00036604 HW/BRD-Q/NSG/04

Master A MOHAMEED FAAZIL

20-03-2017 9 Y 4 M 6 D (M)

Dr. PRAHLAD N

Patient Name : .....

Age..... Gende .....

				Date :	E 27/7	N 27/2	M 28/7	R 28/7
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
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				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature