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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 28/7/26

Name of the Patient: GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 28 D (M)
Dr. GEETHA JAYAPATHY

Gender: Male

UHID No: .....

Room No: 707

Ward: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign P. Kavitha 607361

Date: 28/7/26

Time: 6 AM

Pharmacy Sign

Date: .....

Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00084167 IP18-00036528
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 28 D (M)
Dr. GEETHA JAYAPATHY

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		8AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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GUC-00084167 IP18-00036628
Baby AADHAV KRISH
Name 30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

UHID

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/1/26	9.40pm	ED	707	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/7/26	Neb. @ O2 ~~IV line placement~~	~~0~~ (3)	1733328	
26/7/26	Neb @ O2	(1)	173356	P.V607261
26/7/26	Neb @ O2	(1)	1733415	P.V607261
26/7/26	Neb @ O2	(1)	1733416	P.V607261
27/7/26	Neb @ O2	(5)	1733696	P.V607261
27/7/26	Neb @ O2	(2)	1733839	
28/7/26	Neb @ O2	(3)	173392	P.V607261
28/7/26				

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 28/7/26 Time: 6 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P.V607261			

Children's Hospital | Birthright

DISCHARGE TRACKING SHEET

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 28 D (M)
Dr. GEETHA JAYAPATHY

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	28/7/26 at 9AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		28/7/26 at 9AM	Sinathu 607372		
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-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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BED SIDE CHECK LIST FOR NURSES

Date:	26/7	27/7	28/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	NA	NA	NA						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	NA	NA	NA						
Eye Care	NA	NA	NA						
Mouth Care	NA	NA	NA						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	yes	yes						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	PDS	Suf	Suf						
Signature :	PDS	Suf	Suf						
Date & Time:	26/7/25 9pm	27/7 3pm	28/7 8am						
Hand Over Taken By Name :	Sinhal								
Signature :	Suf								
Date & Time:	27/7 8AM	28/7							

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 : IP18-00036628 **Admit Date** : 26-Jul-2026 **Admit Time** : 08:46 PM **UHID** : GUC-00084167

Patient Details :

Patient Name	: Baby AADHAV KRISH	**Age**	: 1 Y 5 M 26 D
Guardian	: Mr SURESH	**DOB**	: 30-01-2025 06:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SUPRAJA PROPERTIES 14/17 RANGANATHAN STREET Nehrunagar Chennai Tamil Nadu INDIA 600044	**Phone No**	: 6385927825
		E-mail	: 1052SRINIDHI@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr SURESH **Relationship** : Father

Contact Address : SUPRAJA PROPERTIES 14/17 RANGANATHAN STREET Nehrunagar Chennai Tamil Nadu INDIA 600044 **Phone No** : 6385927825

J. Srinidhi
Signature

Doctor Details :

Doctor Name : Dr. GEETHA JAYAPATHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Geetha Jayapathy **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy
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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AADHAV KRISH**	**Age :**	**1 Y 5 M 26 D**
IP No:	**IP18-00036628**	**Sex:**	**Male**
Consultant:	**Dr. GEETHA JAYAPATHY**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: > G. Sri Nidhi

Name: > Sri Nidhi

Relationship: > Mother.

Date: 26-07-2026 Time: 8:46

Witness Name: Aswin

Witness Signature:

Patient Address:
SUPRAJA PROPERTIES 14/17
RANGANATHAN STREET Nehrunagar
Chennai Tamil Nadu INDIA 600044

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 : > Adhav Kavish	UHID Number : 84167
Self/Attendant Name : > Sri Nidhi	Relation : > Mother.
Self/ Attendant Signature > Sri. Sri Nidhi Phone Number : > 6385927825	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

GUC-00084167
Baby AADHAV KRISH IP18-00036628
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
Name: 30-01-2025 1 Y 5 M 27 D (M) Age/Sex 1Y 2mon
Dr. GEETHA JAYAPATHY
Informat Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o cough, running nose x 2days
Fast breathing x 1 day.

History of present illness :

A 1Y 4mon old male came with complaints of cough, running nose for past 2 days,
Fast breathing x 1day
Sensorium (N)
oral intake reduced.

Evaluated & treated as ARD basis
Nebulisations given
↓
Cough settled
Tachypnoea persisted
Saturation maintaining
WOB increased.

Chest xray - Hyperaeration (+)

Hence admitted

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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

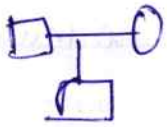
Admitted for acute exacerbation of wheeze 1 month back

H/o frequent Nebulizations in past 4 months

Birth & Neonatal History:

Elec LSCS | Term | Wt 3.25kg | no NICU stay

Family Chart



Birth & Socio Economic History:

About Father : NCM.

About Mother :

Any additional Information :

Developmental History :

Milestones attained at appropriate age.

Immunization History :

Immunized upto age according to IAP guidelines

Anthropometry :

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

Weight (kgs) 11.3kg (Centile _____)

On Examination :

Temperature : 98.8F Pulse Rate : 160/min B.P. _____ SPO2 96.1.RA

Resp.rate and type of breathing : 60/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 27 D (M)
Dr. GEETHA JAYAPATHY

Inspection (any s/o distress) : B/L AE (+)

Air entry & breath sounds : wheezes → settled

Any addes sounds :

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

Chest xray - Hyperaeration

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender

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: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

F

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute exacerbation of wheeze

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

Neb Levolin 0.63m Q 3H
Neb Budecort 0.5mg Q12
Syp. Omnacetil 5mg/5ml 5-5ml/BD
Syp Relent pluss 2.5ml/BD.

Signature of the Doctor: 19/2/26

Name of the Doctor: Dr. Chandiralega

Date & Time: 26/7/26

Signature of the Consultant:

Name of the Consultant: Angeetha 7884

Date & Time: 27/7/26 @ 11am

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 1am	S/B Dr. Chandiralaga.	
	Child received	
	alert, active	
	no Tachypnoea, distress	
	WOB - (N)	
	RS - B/L AE (+)	
	occational wheeze (+)	
	RR - 45/min	
	SpO2 - 99% RA	
	Adv:	
	- continue oral ompracetil.	
	- Nebulizations as per chart.	
	- W/F Tachypnoea, distress, desaturation <92%.	
	- Inform (SOS)	
	[signature] 1am.	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2026 9:40AM	S/B Dr. S. Mahalakshmi.	
	A: Acute exacerbation of wheeze	
	C/o cough ⊕	
	Oral intake } Good.	
	Activity	
	urine output	
	On Salbutamol Neb Q3H	
	Budecort Neb BD	
	SYP. OMNACORTIL BD.	
	O/E: Alert, euthermic	
	WOB - Ⓝ	
	Vitals: Stable, RR - 36/min	
	SpO2 - 98% RA	
	S/E: RS: B/L AE ⊕, B/L wheeze ⊕	
	others - Ⓝ.	
	Advice:	
	T/c Same Rx.	
	T/c Nebulizations in same frequency	
		[signature] 12:15

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 27 D (M)
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/25 11am	S/B Dr Geetha	
	Viral triggered Wheeze	
	admitted in view of persistent tachypnoea and poor response to OP nebulisation for 24 hours.	
	cough (+) tachypnoea better.	
	Afebrile RR - 36/min B/L wheeze (+).	
	2 episodes in 2 months requiring admission ↓ Start Budecort NDS (100) 2-0-2 x 1 week ↓ 1-0-1	Levolin 8 3H Neb Cont Budecort Relent + Saline drops Omnacortil.
		Reassess evening

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26	S/B Dr. Geetha	
5pm	No tachypnoea	
	Wheeze (+) on exertion	
	intake } (N)	
	activity }	
	Cont same.	[signature]
28/7/26	S/B Dr. Geetha	
	Viral triggered wheeze.	
	slept well.	
	Cough +	
	Alert	
	WOB (N)	
	chest [illegible] wheeze (+)	
	(D) today	Adv
		Budecort MDI (100) 2-0-2 x 1 wk
R/ on 30/7/26 for early review		to 1-0-1 x 2 months
	Levolin	MDI 2 puffs
	[signature]	Q 3 H x 1 day
		Q 4-6 H x 3-5 days

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

Neymo Jmo

Cont Omnacortil] 2 days
Relent plus]

GUC-00084167 IP18-00036628
Baby AADHAV KRISH (M)
30-01-2025 1 Y 5 M 28 D
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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MEDICATION RECONCILIATION FORM

Drug Allergies: N.I.L ☐ 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: 707

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 26/1/26 @ 9.30PM.

Nurse Name & Signature: M. Asha

Date & Time : 26/1/26 @ 9:30PM

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp Paracetamol				Date Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS		
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: 3.5ml/5ml Q6H if Temp >100F				

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

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

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 27 D (M)
Dr. GEETHA JAYAPATHY

REGULAR PRESCRIPTIONS

Weight. 11.3kg Ward. 7th Floor

DRUG : Neb Levolin

Dose	Route	Frequency	Start Date
0.63	P/N	Q3H	26/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/7	27/7	28/7
9Am	P.K E.P		
5Am	E.P P.K	E.P PK	
8Am			
11Am			
2Pm			
5Pm			
11Pm	P.K E.P		

DRUG : Neb · Budecort

Dose	Route	Frequency	Start Date
0.5mg	P/N	Q12H	26/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/7	27/7	28/7
9am		NS Sm	
9pm	P.K E.P (10pm)	E.P P.K	

DRUG : Syp. Relent plus

Dose	Route	Frequency	Start Date
2.5ml	PO	Q12H	26/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/7	27/7	28/7
9Am		NS Sm	
9pm	P.K E.P (11pm)	E.P P.K	

DRUG : Syp. Omnacortil

Dose	Route	Frequency	Start Date
5.5ml	PO	BD	26/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

5mg/5ml

Daily Doctor's Endorsement by a Sign

Date/Time	26/7	27/7	28/7
	7.25 pm IKD		
8Am		NS Sm	
8pm		EP DK	

GUC-00084187 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 27 D (M)
Dr. GEETHA JAYAPATHY

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)
				11.3kg.

REGULAR PRESCRIPTIONS

DRUG : NEXPRO JUNIOR Sachet

Dose	Route	Frequency	Start Dt.
1	PO	OD	27/7/26

Date / Time	27/7	28/7
8AM	Sm/NS (12pm)	

Name & Signature of the Doctor starting the Drugs: Dr 78841

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

Weight. 11.3 kg Ward. .....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/7/26	5.10PM	Neb Levolin x2 Hrs	0.63	P/N		
26/7/26	7.25 PM	Duolin LD	3ml	P/N		

Patient Sticker

I.V. FLUIDS CHART

Weight. 113kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/7/26	10.00 pm	Neb. Budecort - 1	P. [illegible] 607261	J. Srinidhi
	11.00 pm	Neb. Levolin - 0.63mg - 1		
27/7/26	2.00 am	Neb. Levolin - 0.63mg - 1	P. [illegible] 607261	J. Srinidhi
	6.00 am	Neb. Levolin - 0.63mg - 1		
27/7/26	9 AM	Neb. Budecort - 1	[illegible]	J. Srinidhi
	9.20 am	Neb. Levolin - 1	Jansi	
	1.00 pm	Neb. Levolin - 1	[illegible]	J. Srinidhi
27/7/26	2.30 pm	Neb. Levolin c̄ O_2 - 1	[illegible]	[illegible]
	6.15 pm	Neb. Levolin c̄ O_2 1		
	11 PM	Neb. Levolin c̄ O_2 1		
	9 pm	neb. Budecort O_2 1	Priyanga	[illegible]
28/7/26	2 AM	Neb. Levolin c̄ O_2		
	5 AM	neb. Levolin c̄ O_2		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 27 D (M)
Dr. GEETHA JAYAPATHY

No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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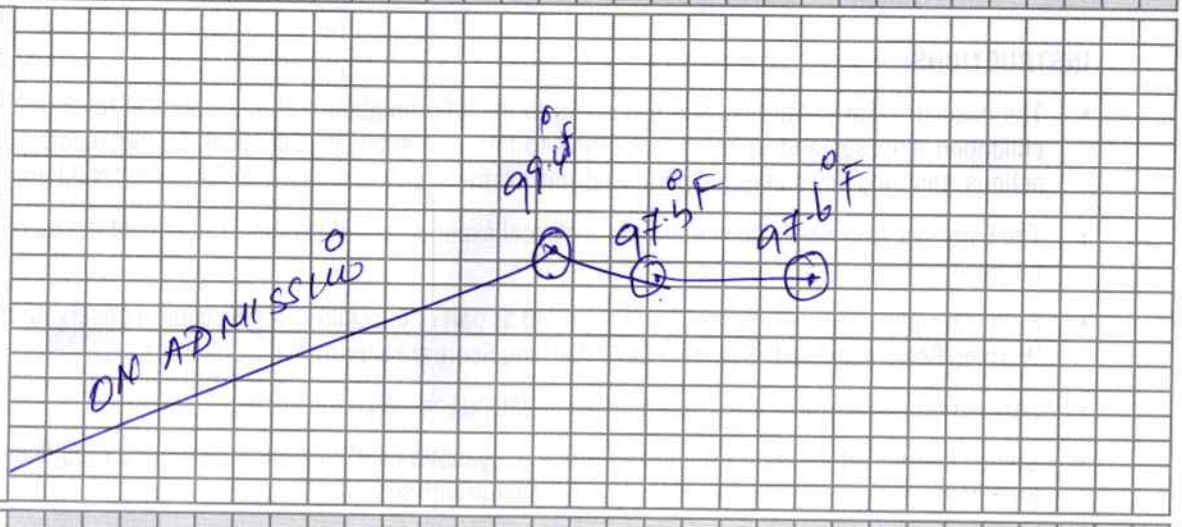
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/7/26 Time:	10 AM	12 PM	4 PM
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)	130 b/m	134 b/m	128 b/m

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	44 b/m	40 b/m	38 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)	RA	RA	RA
O_2 Saturations (%)	100%	100%	100%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	PK	PK	PK

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/7/26

Time	8am	12pm	4pm	8PM	12PM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	98.8F	98.8F	97.9F	98.5F	98.0F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)						
Heart Rate (Number)	130b/m	120b/m	122b/m	140b/m	132b/m	130b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	32b/m	30b/m	32b/m	40b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) / O_2 Saturations (%)	99% RA	99% RA	100% RA	100% RA	RA 98%	RA 99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE: Number of shaded boxes	6	6	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

Rainbow Children's Hospital
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Your Right to a Safe Delivery

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm	—	—	ON	ADMISSION			—	—	—	NO	P.G
	11:00 pm	H2O	100								IV	P.G
	12:00 am							✓		50		P.G
	01:00 am	H2O	50								line	P.G
Total Intake :	150ml					Total Output :				50ml		
	02:00 am											P.G
	03:00 am	H2O	50							✓	NO	P.G
	04:00 am											P.G
	05:00 am	H2O	50								IV	P.G
	06:00 am									✓		P.G
	07:00 am	H2O	30								line	P.G
Total Intake :	130ml					Total Output :						

Total 24 hrs. Intake	130ml	Total 24 hrs. Output	Urine : 50ml + 2 times diaper change

motions : - 1 time

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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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	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										NO	Sd
	09:00 am	Similac	100							Diapers changed		Sd
	10:00 am										IV	Sd
	11:00 am									Diapers changed	line	Sd
	12:00 pm	Similac	100									Sd
	01:00 pm	H20	50									Sd
Total Intake : 250ml						Total Output : 2times						
	02:00 pm										NO	
	03:00 pm	H20	500ml							Happy wet		
	04:00 pm										IV	
	05:00 pm	H20	50ml									
	06:00 pm									Diaper wet	line	
	07:00 pm											
Total Intake : 100ml						Total Output : 2nm diaper chs						
	08:00 pm											
	09:00 pm	H20	100				✓			✓	NO	
	10:00 pm											
	11:00 pm	H20	100								IV	
	12:00 am									✓	line	
	01:00 am	H20	50									
Total Intake : 250 ml						Total Output : 2 times urine passed						
	02:00 am									✓		
	03:00 am										NO	
	04:00 am	H2O	50							✓	IV	
	05:00 am											
	06:00 am	H20	50								line	
	07:00 am	H2O	50							✓		
Total Intake : 150 ml						Total Output : 3 times pass.						

Total 24 hrs. Intake	850ml	Total 24 hrs. Output	9 times urine passed 1 time Bowel opended

UC-00084167 IP18-00036628
aby AADHAV KRISH
0-01-2025 1 Y 5 M 26 D (M)
r. GEETHA JAYAPATHY

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NURSING CARE RECORD

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							
Afternoon				ON ADMISSION			
Night	10.00 pm	Assess the child condition monitor vitals maintain I/O Administer medication	7 Am	Assessed the child condition monitored vitals maintained I/O Administered medication	child is vitals stable	child feel better	P.Gopi 6078

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
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NURSING CARE RECORD

Date: 27/7/26

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	maintain Airway and oxygenation	12pm	Assess the child condition monitored vital signs maintain flowchart.	Vitals are stable.	Done.	Simmadhu 607353.
Afternoon	2pm	Maintain good nutritional status.	2.30 pm	Maintained of good nutritional status.	Engauge oral intake ⊙	Reassessment done	[signature]
Night	7.30 pm	maintain good Nutrional status	8 PM	maintains the good Nutrional status	Engarem the Oral intake	ReAssesment Done	[signature]

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	10.00pm	Admission Noted Child details handover taken from ER staff. Child is NO IV line, Neb Levolin Q3H, Budecort Q12H OP basis x-Ray done, Temperature 99.4°F, watch for distress. Last Neb. 6PM Duolin LD	P. Kavi 60726
	10.40pm	Child Neb budecort given and recorded	P. Kavi 60726
	11.00pm	Child Neb Levolin 0.63mg given and recorded	P. Kavi 60726
26/7/26	12.00am	Child vitals checked and recorded. 12am | CP ++ | PP ++ | CFT <250	P. Kavi 60726
	1.00am	Dr. Chandralekha Mam come and see advised No Need IV line, Continue Nebulization	P. Kavi 60726
	2.00am	Child due medication Neb. Levolin 0.63mg given and bill Raised.	P. Kavi 60726
	4.00am	Child vitals checked and Recorded. 4Am | CP ++ | PP +1 | CFT <2sec	P. Kavi 60726

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	6.00 Am	Child Neb. dilacolin 0.63 mg given and Recorded. Intake / output chart Maintained	→ P. Kaur 607261
	7.30 Am	Child details handing given to morning duty staff	→ P. Kaur 607261
		Morning Duty	
	7.30 Am	Child details Hand over taken from Night Duty staff. child vitals are stable. No need for IV line, only Neb. Levolin 0.63 Hrly, Neb. Budecort 0.5mg Q12, syp. ontacortil 5mg/5ml p/o BD, Syp. Cetrizine 2.5ml/BD, WF, Distress, Tachypenia	→ Suf 607383
	8 Am	child Vital signs checked and recorded. Vitals are stable. maintained Flo chart.	→ Suf 607383.
	9 Am	Neb. Levolin 0.63mg given P/N as per order, maintained Flo chart. Due medication given syp. Robent plus 2.5ml p/o, syp. ontacortil 5.5ml p/o as per order.	→ Suf 607383.
	10 Am	child vitals are stable. maintained Flo chart.	→ Suf 607383.
	11 Am	child Dr. Preetha Nair come and seen assessed the child condition A/B,	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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
2/1/26	11AM	Neb. Levolin 0.6mg Q3Hrly Continue, Neb. Budecort @ 12 Hrly. continue, On discharge advice Budecort puff 2-0-2 x 2 weeks after that 1-0-1 x BD 1 month continue. Nexpro Junior Sachet added, tomorrow as plan. →	Suf 609383.
	12pm	Neb. Levolin given as per order. Maintained flochart. →	Suf 609383.
	1:30pm	child details Handover given to Evening duty staff. →	Suf 609383
		Evening Duty Notes.	
	1:30pm	Handover received from morning duty staff. child is active and alerted. NO IV line. tomorrow plan discharge.	Sowmya
	2:30pm	Administered due medication as per chart and Recorded.	Sowmya
	4pm	Checked vital sign and recorded. PR: ++ CR: ++ CRT: <2SEC	Sowmya
	5:30 pm	Neb. levolin NOF milky for patients. 6:45pm Neb. levolin given	Sowmya
	7pm	Monitored vital and output chart updated.	
	7:30pm	Handover given to night Duty staff	Sy.

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
		Night duty ON 27/7/2024.	
		patient condition and details	
		handing over taken from Evening	
		duty staff Nurse child is	
		Cosciouns Oriended ous 15/15	
	8PM	child vitals are mornitore &	
		Recorded done H.D stable	
	9PM	nebulaization and due	
		Medications given as per the	
		Drug chart	0218
	10PM	Encourage the Oral dit peth	
	12AM	Recheked the vitals H.D stable	
		Recorded done	
	2AM	Nebulaization given done	
	4AM	Rechek vitals H.D stab	
		CD PP CFT	
		++ ++ <3s	
	5AM	Nebulaization given as	
		To fallow the orders	
	6AM	medications given as drug	
		chart	
	7:30PM	Child H stable and details	
		handover given to morning	
		duty staff Nurse	0218

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Rainbow® Children's Hospital
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Patient's Name: ....
MRD NO:......... ....
Age :.................. Sex: ☐ M ☐ F
Consultant :..

GUC-00084167 IP18-00036628
Baby AADHAV KRISH (M)
30-01-2025 1 Y 5 M 26 D
Dr. GEETHA JAYAPATHY

PHLEBITIS ASSESSMENT

CANNULA 1

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 2

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)........ 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-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 26/7	M DATE 27/7	E DATE 27/7	N DATE 27/7	M DATE 28/7
Age	Less than 3 years old	4	4	4	9	9	9
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2			2	2	2
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	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		14	14	12	12	12

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

Intervention						
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:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/7	27/7	27/7	27/7	28/7
Time:		10pm	8Am	8pm	[illegible]	8Am

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patien

Age....

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

No. :

					N 26/7	M 27/7	E 27/7	N 27/7
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 though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"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.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	24	24	24	24
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

Name : .....
☐M ☐F IP No. : .....
Date : M

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.	28/7			
"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.	3			
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			
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.	3			
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."	3			
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			
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.	3			
				TOTAL SCORE	24			
				Evaluator's Name	[illegible]			

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23

RUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

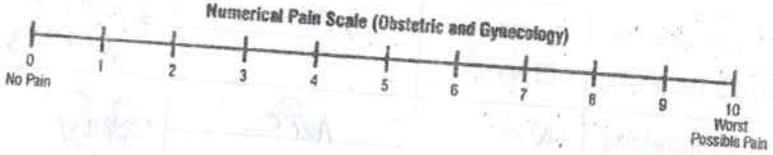
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7/26	10pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. 607261
27/7/26	4Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. 607261
27/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607373
27/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
27/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
28/7/2	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
28/7	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607373
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

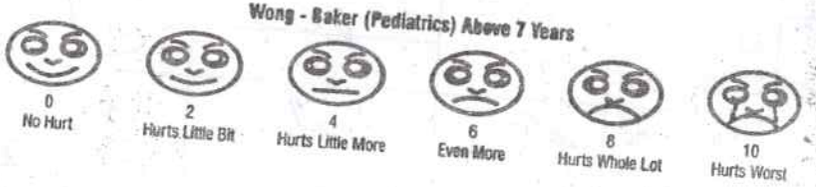
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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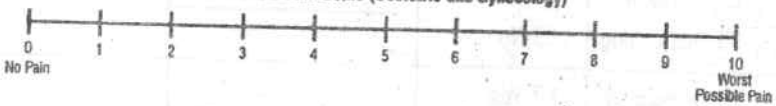

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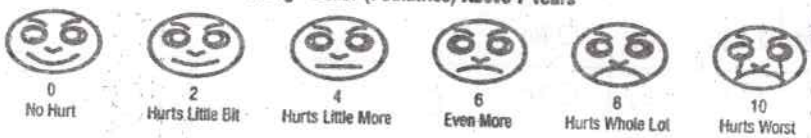

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GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
26/7	10pm	yes	Explian about Room orientation	Mother	NO	oral	None	yes	good	[signature] 60226
27/7	8AM	yes	Explain about plenty of oral fluids	mother	NO	oral	None	yes	Good	[signature]
28/7	8Am	yes	Explain about plenty of oral fluids	mother	NO	oral	None	yes	Good	[signature]

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:
Arrival Time: 10.00 PM Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil Body Weight: 11.3 Kg
Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	Acute bronchiolitis with wheeze 1 month back

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 11.3 Kg Length: – Head Circumference (< 2 years): –
Temp.: 99.4° F HR: 130 b/m RR: 44 b/m BP: .....

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

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

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

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

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ... Mother

Nurse's Name: P. Kanmozi Date: 26/7/26 Time: 10.00PM Signature

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Docu. No. : RCH /FI

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

PATIENT TRANSFER FORM

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Dr. GEETHA JAYAPATHY

	Date & Time of Admission	Date & Time of Transfer Order
	26/1/26 @	26/1/26
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Geetha Kiran	Dr. chandiralega	further management
From Unit	**To Unit**	**Information to Attendant**
ER	707	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(10)	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Levolin (0.63) —	(1)
2.	Budecort (0.5) —	(1)
3.		
4.		
5.		

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

Acute exacerbation of wheeze

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
1,7894 / Iman.	Dr. Chandiralega

Patient & Clinical Records Received by : Sheeba Staff Nurse

Date & Time of Patient Received : 26/1/26 at 10pm

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

Unavailable Bed Nurse not Available Available Bed not ready

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Chandralaya Date : .....

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints: .....

Acute exacerbation of wheezy

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☐ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

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

Significant Past History: Admitted 1 month back

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 60/min SpO_2 on FiO_2 96-1:RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L AE (+) wheeze (+)

Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation HR: 160/min CFT [Central ..... Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: ..... mmHg

Pulse Volume: [Central ..... Peripheral .....]

If in Shock: [Compensated ..... Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability GCS: 15/15 AVPU: .....

Pupils: [Responsive ☑ Non-Responsive ☐] Size [Right ..... Left .....]

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure Temp.: 98.8°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

.....

.....

Labs Planned: .....

.....

As per chart

.....

.....

.....

.....

Treatment Planned: .....

.....

As per chart

.....

.....

.....

.....

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

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

Assessment done by

Name of the Doctor: Dr. Chandirabage

Signature: .....

Date & Time: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/1/26 Time of arrival : 5:02PM

Chief Complaints: cold cough x 2days, Fast breathing RBS: —

Height : — Weight : 11.3kgs BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

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

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

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

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

Inform consultant for positive criteria

—

—

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: — (Date/Time): 26/1/26 @ 5:02pm.

Social History: Lives With —

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

Time of Initial assessment completed by ER Nurse : 5:16 pm

(P.T.O.)

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
8:55pm	Baby came to ER c̄ c/o cold & cough x 2 days.
	Fast breathing x1 days.
	Cheked vital sigs & record. S/b Dr. Chandralekha
	Advised for Admission. IV line placement done.
	Blood sample collected sent to lab, SpO2 - 96% RA.
	Nebu levolin stat 1time, Followed by Syp. Omnacortil
	5.5ml given. Baby shift to ward.
	OP, Basic x-ray done. OP File given to parents.

Samples collected by: /

Samples sent by : —

Time: /

Time: —

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 160 b/m BP: Cry CFT: < 3sec	Shift - out from ER to: 7 D T
RR: 46 b/m SPO2 : 96% RA	Time of Shift - out: 9.40 pm
GCS: 15/15 Temperature : 98.8°F	Handover given to: (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. (R) Metacarpal 24G, 26/7/26 @ 9:00pm

Name of the Nurse : M. Arti

Signature of the Nurse : [signature]

Date & Time : 26/7/26 @ 9:00pm

GUC-00084167 IP18-00036628
Baby AADHAV KRISH
30-01-2025 1 Y 5 M 26 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

11.3 kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : AADHAV Age : 1y5m Gender: ☑ Male ☐ Female

Date : 26/07/25 Time of Arrival : 5:00 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.8°F PR: 160/m BP: - RR: 60/m SpO2: 95-96 %

Chief Complaints: H/O cold cough (+), fast breathing (+).

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☑ Unstable :
- ☑ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 min

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☐ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ **Not applicable**

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shibu Deborah.

Signature of Triage Nurse : .....

Date & Time : 26/07/25 @ 5:02pm

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

5:10pm - Levolin (0.63mg)

5:30pm - Levolin (0.63mg)

6pm - Duolin LD

7:25pm - Syp. Omnacortil (5.5ml)

Levolin. 3H

BW 12.

Hydro

Relent plus 2.5ml

Pan.

CBC

Electrolyte.