Rainbow Children's Hospital

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 7 D (F)
Dr. GANESH R

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		11:30AM	NO VOMITING				
Activity Sheet update by Pharmacy		11:35am					

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 6 D (F)
Dr. GANESH R

UHID No: .....

Date of Admission: .....

Room / Bed No: .....

Ward: .....

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

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

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/07/26	12.35AM	ER	405	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/7/26	Blood C/S, Rp-2	26024951	[illegible]
30/7/26	Urine C/S	24358	[illegible]
31/7/26	USG abdomen	10303	[illegible]
1/8/26	CBC	24593	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/7/26	Infusion Pump	1 AM	30/7/26 9pm	34767	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/1/26	IV line placement	(1)	1734723	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 31/1/26 Time: 11 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Renu 01/2/26			

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DISCHARGE TRACKING SHEET

DATE : 1/2/26

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses	1/2/26			
3	Pharmacy Clearance	11:30 am		Jaffrey 62004	
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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Patient Name	Baby TAMIRA HARI SHANKAR	Patient Ph.No	9566054069
Age	6 Y 7 M 8 D	Requisition No	R2618-010303
Gender	Female	Collected on	31-07-2026 11:43 AM
IP / Bill No.	IP18-00036678	Received On	31-07-2026 12:00 PM
UHID No.	GUC-00020033	Reported On	31-07-2026 12:00 PM
Ref. Doctor	GANESH R	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 82 x 30 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 81 x 39 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites / Lymphadenopathy.

No e/o bowel wall thickening / edema.

Impression

Ultrasound features suggestive of Normal Study.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 31-07-2026 12:00 PM Printed By : ARUN

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited

CHENNAI : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015

SHOLINGANALLUR : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

For Appointments call: 1800 2122

info@rainbowhospitals.in

www.rainbowhospitals.in

CIN : L85110TG1998PLC029914

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 : IP18-00036678 **Admit Date** : 29-Jul-2026 **Admit Time** : 11:31 PM **UHID** : GUC-00020033

Patient Details :

Patient Name	: Baby TAMIRA HARI SHANKAR	**Age**	: 6 Y 7 M 6 D
Guardian	: MR HARI SHANKAR R S	**DOB**	: 23-12-2019
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: RAMS APARTMENTS, 12/1, SADHULLAH STREET, T NAGAR, CHENNAI Thygaraya Nagar Chennai Tamil Nadu INDIA 600017	**Phone No**	: 9566054069
		E-mail	: iandurgahere@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 HARI SHANKAR R S **Relationship** : D/O

Contact Address : RAMS APARTMENTS, 12/1, SADHULLAH STREET, T NAGAR, CHENNAI Thygaraya Nagar Chennai Tamil Nadu INDIA 600017 **Phone No** : 9566054069

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby TAMIRA HARI SHANKAR**	**Age :**	**6 Y 7 M 6 D**
IP No:	**IP18-00036678**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned a[illegible] 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 cle[illegible]nce. 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: Mr HARI SHANKAR. R.S

Relationship: FATHER

Date: 29/07/26 Time: 11:31 AM

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:

RAMS APARTMENTS, 12/1,
SADHULLAH STREET, T NAGAR,
CHENNAI Thygaraya Nagar
Chennai Tamil Nadu INDIA 600017

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BILLING POLICY

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

DECLARATION

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

Patient Name : Baby THANIRA HARI SHANKAR	UHID Number : 20073
Self/Attendant Name : Mr. HARI SHANKAR. P.S	Relation : FATHER
Self/ Attendant Signature : Phone Number : 8861	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 6 D (F)
Dr. GANESH R

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Tamira Hari Shankar Age/Sex 6y/F

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/O - Fever x 11days

Cough & Cold x 2-3days

History of present illness :

- Fever x 11days
  on & off fever for 11day, high grade, intermittent fever, relieved on oral medication.
- ~~oo~~ Chills ⊕ occasionally
- Cough & Cold ⊕
- ? Pain while passing urine ⊕
  Rx ε oral Azithromycin x 3days

evaluation :

- CBC 12.4 > 24810 < 3.49
  79/15/6
- CRP - 17
- urine R/E - leucocyte trace
  pus cells 4-6
  Mucus ⊕

GUC-00020033
Baby TAMIRA HARI SHANKAR
23-12-2019 6Y7M6D (F)
Dr. GANESH R

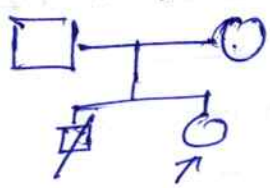
Past History : (Including details of any previous investigation or treatment)

Admitted - once RSV infection in infancy

Birth & Neonatal History:

~~ET~~/ LSCS/ ~~Emg~~ - CIAB/ NB NICU stay

Family Chart



Birth & Socio Economic History:

About Father :

About Mother : NCM

Any additional Information :

Developmental History :

(N) for age

Immunization History :

Up to date

Anthropometry :

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

Weight (kgs) 22.3 Kg (Centile _____)

On Examination :

Temperature : 96°F Pulse Rate : 90/min B.P. 84/68 mmHg SPO2 98% @ RA.

Resp.rate and type of breathing : 26/min - all PP-wf - CRT < 2 sec

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : b/l AE equal, No added sounds

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 ⊕,

Any murmur : No murmur

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

Per Abdomen :

Inspection :

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 :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

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Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 6 D (F)
Pati Dr. GANESH R

Reflexes : **Superficials:**

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:
~~Suspected~~ ? UTI.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- Blood C/S
- Urine C/S
- RP-2

Planned Management

IV line
- IVF - DNS

- IV Ceftriaxone 1gm BD.
- IV Pantoprazole 25mg

Signature of the Doctor: T. Yuvaraj

Name of the Doctor: T. Yuvaraj

Date & Time: 29/1/26 & 11:30PM

Signature of the Consultant:

Name of the Consultant: R. Hariram

Date & Time: 30/1/26

(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-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 6 D (F)
Dr. GANESH R

Docu.

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

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6Y7M7D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 3am	S/B Dr. Gayathri	
	? Urinary Tract infection	
	BG: Fever x 11 days. cough & cold x 3 days.	
	OPD → TC →	24810 (79/15/6).
	CRP -	17.
	Urine RE:	pus cells 4-6 LE (+).
	After admission,	no fever. no new complaints oral intake - better UO - good peripheries - warm PPRF (+) vitals - Stable Sys. Exam - (N).
	Plan (1) To cont IVF / xone / pan (2) (-) urine c/s	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 9AM	S/B Dr Chandiralaya	
	Δ- ? U.T.I	
	c/o Fever - on & off for 10 days	
	c/o cough, on & off x 10 days	
	no c/o vomiting, loose stools	
	c/o ear pain (+)	
	↓ Activity (+).	
	After admission:	
	No fever spikes since admission	
	Urine output - good	
	Oral intake - Improving.	
	cough (+)	
	O/E	
	Afebrile	
	CVS - S1 S2 (+)	
	RS - clear	
	P/A - soft.	
	External genetalia - no cyanosis.	
	B/L EAC : wax (+)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Investigations:	
	TC - 24,810	Sr. electrolytes ✓ (N)
	N/L 79/15	RFT
	Plt - 3,49	Urine R/E
	CRP - 17	pus cells - 4-6
		leukocyte - Trace.
	Adv:	
	- monitor vitals.	
	- IV Fluids @ 40ml/hr.	
	- Inj ceftriaxone 1gm IV Q12H	
	- Inj. Pantoprazole. 25mg Q24H	
	- Syp. Zyster 2.5ml Q12H	
	- W/F fever spikes.	
	- Inform (SOS)	
	19/12	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/20 4.49pm	S/B Dr. Chandrakala,	
	Δ – ? UTI	
	Child examined Alert, Active no fever spikes cough ↓↓ Tolerating oral feeds well.	
	O/E	
	Afebrile	BP – 90/52 mm Hg
	CVS-S1S2 (+)	PR – 100/min
	RS – Clear	
	PA – Soft	
	Hydration – PPWT CRT < 2 sec	
	Adv:	
	– Inv Monitor vitals.	
	– continue ceftriaxone, pantoprazole & syp ter	
	– W/F fever spikes	
	– usg b/s to be traced in morning	
	SD 19/7	

Tamire

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 8:30pm	S/B Dr. Manasa	
	Reviewed.	
	Afebrile.	
	No other complaint.	
	Intake fair	
	PPxr, olnt, ach.	
	R	
	- Recommended	
	- Cont same	
	S/B Dr. Chandrasekar	
31/7/26 9 AM	D- ?UTI	
	Child reviewed.	
	Alert, Active	
	no c/o fever spikes	
	Tolerating oral feeds well.	
	no new complaints.	
	cough ↓↓	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear.	
	P/A - soft	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	urine c/s -	
	mixed growth.	Adv:
		- monitor vitals
		- W/F fever spikes,
		- Inj. ceftriaxone 1gm IVBD
		- Inj. Pantoprazole 25mg OD
		- syp. zyrtec 5ml PO QHS
		- Inform DOS)
	14/12/24	
31/7/24 11.30AM	S/B Dr. Ganesh sir	
	A - UTI	
		- TO do USG Abdomen today
		- TO do CBC tmrw

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23-12-2019 6 Y 7 M 8 D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/16 4.30pm	S/B Dr. Chandrakala.	
	Δ - UTI	
	Child recovered Afebrile, active no fever spikes oral intake, activity good.	
	O/E Afebrile CVS - S1 S2 (+) RS - Clear P/A - Soft	BP - 90/57 mm Hg. PR - 80/min.
	Urine C/S - No growth USG Abdomen: (N) study.	Adv: - monitor vitals - W/F fever spikes - continue ceftriaxone, pantoprazole - Perform (SOC) - TO do CBC in morning

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 9AM	S/B Dr. Chandiralogy	
	D – UTI	
	Child received alert, Active no c/o fever spikes cough – reduced Tolerating oral feeds well. Hydration – PPWT CRT < 3 secs	
	O/E	
	Afebrile CVS – S_1S_2 (+) RS – Clear P/A – Soft	BP – 90/51 mm Hg PR – 80/min
	USG Abdomen – (N) study	Adv - monitor vitals
	urine c/s } no growth. Blood c/s }	- Inj. ceftriaxone 1gm IV Q12H - Inj. pantoprazole 25mg IV OD. - Syp. zyetec 3.5ml PO Q12H. - W/F fever spikes
	TC – 11,500. N/L – 54/40 Plt – 397,000	- R
	Dr. Nidhi	

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Baby TAMIRA HARI SHANKAR
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Tamira Hari Shankar

RESULT SHEET

	OPD.	(IP)				
Date	29/7/26		7/8/26			
Time						
Hb	12.4		12.5			
PCV	37		37			
RBC	4.86		4.82			
WBC	24,810	4/1	11,500.			
N/L	79/15		54/40			
Platelets	3.49		3,97,000			
CRP	17					
ESR						
PCT						
RBS						
Na	139	139				
K	3.9	3.9				
Cl	104.	104.				
Ca/Mg		1.08				
Phosphate / HCO_3		/16				
Urea	19.	19				
Creatinine	0.43	0.43.				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	29/7/26.					
Time						
CUE - Alb	trace					
CUE - Sugar	-					
CUE - Ketones.	1+					
CUE - PUS Cells.	4-6					
CUE - RBC Cells	1-2					
CUE Mucus	present					
Bacteria	present					
Leucocyte	trace.					
Nitrate	-					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Urine c/s - NO growth

Blood c/s - NO growth

Radiology : USG : (N) study.

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: (405)

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 : D. Yuvaraj

Date & Time : 30/7/26

Nurse Name & Signature: M.

Date & Time : 30/7/26 @ 12:30pm

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

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DRUG CHART

Date of Admission: 29/7/2019 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 P. 500				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	P/O	Q6H	29/7	
Doctor's Signature	Valid Period	Pharm.		
T.Y.J				
Additional Instructions: If temp > 100°F				

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 22.3kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	Q12H	29/7

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

Additional Instructions: After sending urine c/s

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7	1/8
6AM	10am PPA	PSP R1	PSA/P4
	10am BI	R2	
6PM	8pm PSA	CS	SA
	P1	D2	D3

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
25mg	IV	Q24H	29/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7	1/8
	12:30 am	PSP	
	6AM	RJ	PSA/P3

DRUG : Syp ZYRTEC

Dose	Route	Frequency	Start Date
3.5ml	P/o	Q12H	29/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7	1/8
8AM	1:30am PSA R3	BI/AV	LM/BL
8PM	PS R3	DJ	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. 22.3kg Ward. 405

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 22.3kgs Ward. .....

Date	Time	Composition of 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
30/7/26	1 AM	DNS	IV	60	T.K	RA RS	30/7/26 Noon		
30/7/26	10 am	DNS	IV	40ml/h			30/7/26 5PM		
30/7/26	4.40pm	DNS		30ml/h			30/7 6PM		
			stopped						

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

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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 : 30/12/19 Time 8pm 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98°F, 97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 90/68, 52/131, 53

Note: BP does not score in early warning scoring

Heart Rate (Number): 90bpm 80bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 2 1 — 24, 24

Resp Rate (Number): 24bpm 24bpm

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

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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Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 7 D (F)
Dr. GANESH R

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/01/26 Time:	8AM	12pm	4Pm	8pm	12AM	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98°F	97.5F	97.5°F	97.9°F	98F	97.F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	99 (71) 80	92 (60) 50	95 (62) 53	96 (70) 60	100 68	90 (62) 51
Heart Rate (Number)	112b/m	106b/m	98b/m	100b/m	96b/m	80b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26b/m	28b/m	26b/m	24b/m	22b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99% RA	98% RA	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	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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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. GANESH R

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FLUID CHART

Sheet No. : 1

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

Date: 29/7/26	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	Child	Received from OT @ 12 AM							✓	0	RF
	01:00 am	H2O	100ml	60ml								
Total Intake :		100ml + 60ml				Total Output :	1 time urine passed					
	02:00 am	H2O	100ml	60ml							0	RF
	03:00 am	H2O	50ml	60ml						✓	0	RF
	04:00 am			60ml							0	RF
	05:00 am			60ml							0	RF
	06:00 am	H2O	100ml	60ml							0	RF
	07:00 am			60ml								
Total Intake :		250ml + 360ml				Total Output :	1 time urine					

Total 24 hrs. Intake	860ml	Total 24 hrs. Output	2 time urine passed

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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.

30/8/20

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Water	100ml	60ml.			motion			✓	0	NS
	09:00 am			60ml			✓				0	NS
	10:00 am	Tchat	150ml	60ml			motion			✓	0	NS
	11:00 am			40ml.			✓				0	NS
	12:00 pm	Water	100ml	40ml						✓	0	NS
	01:00 pm	Water	50ml.	40ml								
Total Intake : 400 ml. + 300. ml.						Total Output : 3 times urine pass						
	02:00 pm			40ml							0	Sri
	03:00 pm	water	50ml	40ml						✓	0	Sri
	04:00 pm	water	50ml	40ml							0	Sri
	05:00 pm			40ml						✓	0	Sri
	06:00 pm	water	100ml	40ml							0	Sri
	07:00 pm	water	50ml	40ml						✓	0	Sri
Total Intake : 250 ml + 240ml						Total Output : 3 times urine passed						
	08:00 pm			40ml						✓	0	RFs
	09:00 pm	water	100ml	40ml							0	RFs
	10:00 pm	water	200ml	Dc						✓	0	RFs
	11:00 pm										0	RFs
	12:00 am										0	RFs
	01:00 am											
Total Intake : 300ml + 80ml						Total Output : 2 times urine passed						
	02:00 am										0	RFs
	03:00 am										0	RFs
	04:00 am										0	RFs
	05:00 am										0	RFs
	06:00 am										0	RFs
	07:00 am									✓	0	RFs
Total Intake :						Total Output : 1 times Urine passed						

Total 24 hrs. Intake	1,570ml.	Total 24 hrs. Output	9 times urine passed

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NURSING CARE RECORD

Date: 30/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance (N)
- ☐ 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	45 Hours	→ To Maintain fluid balance of the child		→ Assessed the fluid balance of the child → monitored vital sign → Maintained I/o chart → Administered IV fluids as per orders	Improving & Maintaining fluid balance	child was stable Reassessment was done	RSy 02374

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NURSING CARE RECORD

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Date: 30/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	TO promote Health Hygiene	8am	TO Assess the general condition. TO monitor vital sign. TO maintain Dlo chart. TO maintain hand hygiene.	monitored the personal hygiene.	Reassessment was done.	Nurse
Afternoon	2pm	maintain Good nutritional status	7pm	Assess clinical condition monitor vitals. Administer medication as per orders	oral intake good	Reassessment done	Nurse
Night	7pm	→ To maintain fluid balance of the child		→ Assessed the fluid balance of the child → monitored vital sign → Maintained Dlo chart → Encouraged to take more oral fluids	→ Improving & maintaining fluid balance	child was stable Reassessment was done.	Nurse

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies
☐ Drug Allergies ..... Not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/12/19	12.45 AM	Receiving note child Received from AE to 4th floor cot via walking, while receiving child is conscious, oriented and afebrile, acl-ifis, skin Assessment done, IV line is present at patent, no pain or redness, on INF DNS @ 60ml/hr on flow	Rfm 020749
	1 AM	vitals checked and recorded all are hemodynamically Stable	Rfm 020749
		CP ++ PP ++ CBE CSSee	
	1 AM	Due medication given at 1 AM as doctor chart	Rfm 020749
	2 AM	child slept well, no specific complaints.	
	4 AM	vitals checked and recorded all are hemodynamically Stable	Rfm 020749
		CP ++ PP ++ CBE CSSee	
	6 AM	Strict I/o chart maintained	Rfm 020749
	7.30 AM	child details handed over to Morning duty staff Nurse using ISBAR method.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← 30/7/2026 ON Morning Duty →	
30/7	7.30am	The child details handing over taken from night duty Spr child conscious & oriented. child activity are good. IV line (+) no swelling & pain.	
	9.00 am	vital signs checked & Recorded vitals are stable now	

CP	PP	CRT
++	++	<2sec

	Mam.	Dr. Ganesh sir seen by a child he advised continue the same treatment. and water for feva spika.
	12pm	Vital signs are checked and recorded. vital are stable

CP	PP	CRT
++	++	<2sec.

	1pm.	Plo chart was maintains. no other complaints of pain, vomiting.
	1.30pm	The child details handing over given to evening duty staff
		Evening duty Notes on 30/7/26
	3.30p	The child details handover taken from the morning duty staffs The child is conscious and active

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6Y7M7D (F)
Dr. GANESH R

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NURSES NOTES

☑ No Known Drug Allergies NOT KNOWN
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/1/26		continue (30/1/26)	
	2pm	Administer the medication as per doctor's orders	
		IV fluids 0.9% 4hrs @ 40ml/hr on flow	
	4pm	vitals are checked and recorded temp is normal	
		PP ++ / CP ++ / CRT <2s.	
	5pm	H/O chart is maintained No any other complaints	
	6pm	Administer the medication as per doctor's orders	
	7.30pm	The child details handover given to night duty staffs.	
		Night duty note on 29/1/2026	
30/1/26	7pm	Child details taken over from evening duty staff and via DBAP method. On Assessment child is conscious, oriented and afebrile. Cell-ish, Skin Assessment done, IV line is present and patent, no pain or edema, on INFDNC @ 30ml/hr	
	8pm	vitals checked and recorded, all are hemodynamically stable.	
		P PP CRT / 98 ++ <3sec	

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Patient Sticker

NURSES NOTES

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☑ ~~No Known Drug Allergies~~

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continue note →	
30/7/26	8³⁰ PM	AD - Ganesh sir came and seen	
		Informed about the child condition	[signature]
		adviced to follow as per	
		progress notes	
	9PM	All medication given as per	
		the drug chart	
31/7/26	12AM	vitals checked and recorded	[signature]
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3 secs	
	2AM	child slept well, no specific	[signature]
		complaints	
	4AM	vitals checked and recorded, all are	
		hemodynamically stable.	
		CP ++ / PP ++ / CRT <3 secs	
	6AM	All medication given as per	[signature]
		the drug chart	
	7AM	Strict I/O chart maintained	
	7³⁰ AM	child details handed over	
		to morning duty staff nurse	[signature]
		w/o [illegible] sedated	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 7 D (F)
Dr. GANESH R

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

Patient Name : .....

Age..... Ge

					Date :	30/7	M	30/12	30/7
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.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	27	27	27
					Evaluator's Name				

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 7 D (F)
Dr. GANESH R

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. 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
30/7	12 AM 40	Fluid Management	Explained about the importance of fluid management	Grand Father	None	Oral	Respect values	Verbalizes understood	Good	Ref. Doctor
31/7	8 AM	Oxygen Care	explained about the importance of oxygen care	Grand	None	Oral	Respect values	Verbalizes understood	Good	Nitha

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: 12.40 Am - 30/12/18 Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... NKA ..... Body Weight: 22.3 Kg

..... Height: ..... cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Family History: .....
.....

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

If yes please list, ...

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

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

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

Observations: Weight: 22-3kg Length: - Head Circumference (< 2 years): .....

Temp.: 97°F HR: 97b/mt RR: 24b/mt BP: 90/50 (68) mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

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

Character of Pain - Location - Frequency - Duration -

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

(P.T.O)

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... Family .....

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 ..... family .....

Nurse's Name: R Reeve ..... Date: 8/7/26 ..... Time: 12.40 PM Signature

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23-12-2019 6 Y 7 M 6 D
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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PATIENT TRANSFER FORM

GUC-00020033 IP18-00036678
Baby TAMIRA HARI SHANKAR
23-12-2019 6 Y 7 M 6 D (F)
Dr. GANESH R

Date & Time of Admission	Date & Time of Transfer Order
29/07/26 @ 11:31 pm	30/7/26 @ 12.35 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Ganesh	Dr. Yuvaraj	fever management

From Unit	To Unit	Information to Attendant
ED	(304)	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500 ml	(1)
2.	Intraflow	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
30/7/26 Iman.	T. Yuvaraj

Patient & Clinical Records Received by : S/N Irene 020749

Date & Time of Patient Received : 12.50 AM on 30/7/26

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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EMERGENCY ROOM TRIAGE FORM

Wt - 22.3kg

Patient's Name : Tbamirra Hari. Age : 6 Y 7M Gender: ☐ Male ☐ Female

Date : 2017 Time of Arrival : 11.10PM.

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 96°F PR: 90 BP: 84/68(74) RR: 26 SpO_2: 99

Chief Complaints: C/o- fevers. × 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

*. CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2min

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Signature of Triage Nurse : 178894

Name of Triage Nurse : Iman

Date & Time : 2017 @ 11.15PM.

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/7/26 Time of arrival : 11:10PM

Chief Complaints: c/o fever x 1 day. RBS: —

Height : — Weight : 22.3kgs 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): 29/7/26 0:11:18pm

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 11:25pm

(P.T.O.)

Time	Nursing Notes
12:10 pm	pts came to ER c̄ c/o fever x 1 day.
	OP Basis Blood sample collected Report seeing
	Dr. Yuvaraj inform to Dr. Ganesh
	Advised for Admission. IV line placement done
	Vital sigs Ensured. OP Basis. Urine
	Sample collect. 4 UTI.
	pts Shift to Ward, OP File given to
	Parents.

Samples collected by: S/N: Iman. Time: 12:25 AM

Samples sent by: S/N: Arti. Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
30/7/24	Inj. Pan	IV	25mg given.	Tyler	(signature)

Condition of patient at time of shift - out :

HR: 90 b/m BP: 84/68 CFT: <3 sec

RR: 26 b/m SPO$_2$: 99%

GCS: 15/15 Temperature: 96.7°F

Pain Score: 0/10

Repeat RBS (if applicable): –

Details of Shift - out

Shift - out from ER to: (405)

Time of Shift - out: @ 12.35 AM

Handover given to: (Nurse's Name) S/N - Anuja.

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. (R) Metacarpal 22G Venflon.

Name of the Nurse: M. Arthi

Signature of the Nurse: (signature)

Date & Time: 29/7/24 @ 11:12 pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Date : 29/7/26

Admitting Doctor : Dr. Ganesh

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

Start Time of Assessment: .....

Weight: 22.3 kg

Allergic History: .....

Chief Complaints:
- Fever on & off × 10 days
- URI
-

Pediatric Assessment Triangle

A Appearance - TICLS (N)

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

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

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Breathing
Rate: 24/min SpO_2 on FiO_2 98% @ RA

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

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary) .....

(P.T.O.)

Circulation HR: 98/min CFT [Central ..... Peripheral 2 sec] Any urgent interventions needed: ☐ Yes ☐ No

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

If Yes .....

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 °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 charted inside

Treatment Planned: As charted inside

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

Final Diagnosis with possible Differential Diagnosis (If necessary): ? UTI

Assessment done by

Name of the Doctor: T. Yuvaraj

Signature: T.Y. @ 11.20pm

Date & Time: 29/7/26

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....