Rainbo
Children
Hospital

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 15/7/26

Name of the Patient: GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7Y4M9D (M)
Dr. NATARAJ PALANIAPPAN

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

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	Nurse Sign	Pharmacy Sign
Date:	Date: 15/7/26	Date: .....
Time:	Time: 10.30 am	Time: .....

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

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 9 D (M)
Dr. NATARAJ PALANIAPPAN

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		15/7/26 at 10:30am	15/7/26				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

UHID No: .....

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

Date of Admission: .....

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

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

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/07	2:30pm	ER	509	

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
12/07	CBC, CRP, 12P2 ✓	2600224112	12/07/10
12/7	U/C ✓	22415	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7/26	Infusion pump	12/7/26 2.30pm	13/7/26 10pm	1726115	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/07	IV line placement	(1)	1726046	Dr 1778 90
13/7/26 ~~12/07~~	Ultrasound abdomen	(1)	009422	[signature]

ANY OTHER INFORMATION:

Date: 15/7/26 Time: 10.30 Am Prepared By: [signature] 15/7/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01/27			

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DISCHARGE TRACKING SHEET

GUC:-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 9 D (M)
Dr. NATARAJ PALANIAPPAN

UHID- FLOOR- NAME OF CONSULTAI

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		11.20 AM			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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Name: KARTHIK VENKATESAN	Age / Sex: 7YRS/MALE
ID number: GUC-00093770	Date: 13.07.2026
Ref.By Dr.NATARAJ	

ULTRASOUND ABDOMEN

LIVER : Normal in size (83 mm) 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 (69mm) and echotexture.

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

KIDNEYS : Right kidney : 58 x 25mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 66 x 33mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well .No internal echoes. Wall slightly irregular.
Pre void : 95 ml Post void : 9 ml

No ascites / Lymphadenopathy.
No e/o bowel wall thickening / edema.

Impression:

Ultrasound features suggestive of Cystitis without significant Postvoid residue.

Dr. Thendral. DMRD.
Consultant Radiologist.

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 : IP18-00036437 **Admit Date** : 12-Jul-2026 **Admit Time** : 12:54 PM **UHID** : GUC-00093770

Patient Details :

Patient Name	: Master KARTHIK VENKATESAN	**Age**	: 7 Y 4 M 7 D
Guardian	: Mr M.VENKATESAN	**DOB**	: 05-03-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 10, ALALASUNDARAR STREET, SEKIZHAR NAGAR, KUNDRATHUR, KANCHEEPURAM Kunnathur Kanchipuram Chennai Tamil Nadu INDIA 600069	**Phone No**	: 9940678266/ 9962504922
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name	: Mr M.VENKATESAN	**Relationship**	: Father
Contact Address	: NO 10, ALALASUNDARAR STREET, SEKIZHAR NAGAR, KUNDRATHUR, KANCHEEPURAM Kunnathur Kanchipuram Chennai Tamil Nadu INDIA 600069	**Phone No**	: 9940678266

Signature

Doctor Details :

Doctor Name	: Dr. NATARAJ PALANIAPPAN	**Specialisation**	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master KARTHIK VENKATESAN**	**Age :**	**7 Y 4 M 7 D**
IP No:	**IP18-00036437**	**Sex:**	**Male**
Consultant:	**Dr. NATARAJ PALANIAPPAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance 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: M. Venkatesan

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: M. Venkatesan

Name: Mr. M. Venkatesan
Relationship: Father
Date: 12/07/2026 Time: 12.54 Pm
Wittness Name: Pavithra
Wittness Signature:

Patient Address:
NO 10, ALALASUNDARAR STREET,
SEKIZHAR NAGAR, KUNDRATHUR,
KANCHEEPURAM Kunnathur
Kanchipuram Chennai Tamil Nadu
INDIA 600069

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : Master. Karthik Venkatesan	UHID Number : GUC-00093770
Self/Attendant Name : M. Lakshmanan	Relation : father
Self/ Attendant Signature : M. Lakshmanan Phone Number : 9940678266	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0013/07023/01801

To

காரத்திக்

Karthik

C/O: M Venkatesan,

No 10,

Alalasundarar Street,

Sekizhar Nagar,

VTC: KUNDRATHUR,

PO: Kunnathur,

Sub District: Sriperumbudur,

District: Kancheepuram,

State: Tamil Nadu,

PIN Code: 600069,

Mobile: 9940678266

Signature valid

Digitally signed by Unique Identification Authority of India

Date: 2021

உங்கள் ஆதார் எண் / Your Aadhaar No. :

4641 4980 1851

VID : 9103 5000 2511 1856

எனது ஆதார், எனது அடையாளம்

Government of India

காரத்திக்

Karthik

பிறந்த நாள்/DOB: 05/03/2019

ஆண்/ MALE

Aadhaar no. Issued: 08/03/2022

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4641 4980 1851

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

குழந்தைகள் 15 வயதை எட்டும்போது பயோமெட்ரிக் தகவல்களை புதுப்பிக்க வேண்டும்

Children on attaining 15 years of age need to update Biometric information.

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி:
கே/ ஆப: மு வெங்கடேசன், எண் 10,
ஆளவந்தார் தெரு, செகிழர் நகர்,
குன்றத்தூர், குன்னத்தூர், காஞ்சிபுரம்,
தமிழ் நாடு - 600069

Address:
C/O: M Venkatesan, No 10, Alalasundarar Street,
Sekizhar Nagar, KUNDRATHUR, PO: Kunnathur,
DIST: Kancheepuram,
Tamil Nadu - 600069

Details as on: 05/01/2025

4641 4980 1851

VID : 9103 5000 2511 1856

1947 | help@uidai.gov.in | www.uidai.gov.in

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00093770 IP18-00036437 _____
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
UHID ID: _____ Dr. NATARAJ PALANIAPPAN _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

⇒ c/o burning micturation & dribbling of urine since yesterday afternoon.

⇒ c/o ↑sed frequency of micturation since yesterday afternoon.

History of present illness :

Inv. done as OP basis :

Urine R/E:

Blood 2+
leukocyte esterase 4+ve
Pus cells - plenty
Bacteria - Many
RBC - 6 to 8
Mucus ⊕

Hence admitted for further evaluation.

No H/o fever / vomiting / abdominal pain / constipation
Oral Intake } Good.
Activity }

Patient Sticker

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

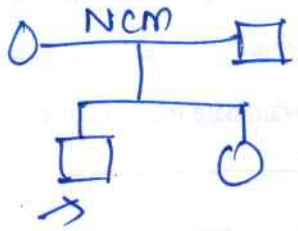
No H/o previous admission.

H/o OP basis treatment taken for UTI, 1yr ago

Birth & Neonatal History:

Term / NVD / 2.9 kg / cIAB / No NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : NCM

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

upto date as per NIS.

Anthropometry :

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

Weight (kgs) 18.5kg (Centile _____)

On Examination :

Temperature : 98.6F Pulse Rate : 130/min B.P. 110/70 (86) SPO2 100% @ RA.

Resp.rate and type of breathing : 24/min (crying), regular

Rash

Lymphadenopathy NO B/L chemosis ⊕

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection :

Palpation : Soft, No distension, Non tender, No organomegaly

Ausculation : BS (+)

Spine : External Genitelia : (N), N/o phimosis

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

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Dr. NATARAJ PALANIAPPAN

Pa

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Urinary tract infection

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
RP2
Urine culture
USG abdomen.

Planned Management

=> To catheterise & monitor U.O.
=> IVF maintenance
=> Syp. P250 SOS.
=> INJ. PIPTAZ Q8H.

Syp Cliftine 3.5 - 0 - 3.5ml
Stg bath & Betadine ointment.
To do USG Abd.

Signature of the Doctor:
Name of the Doctor: Dr. S. Mahalakshmi
Date & Time: 12-07-2026, 1 PM

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

(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: .....

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Docu

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 10:00 AM	S/B - Dr. Lucky Vignesh	
	Δ: Probable UTI	
	Child seemed.	
	preputial edema (reducing)	
	Intake - Adequate / good	
	U/o - Adequate	
	No other complaints	
	Afebrile / Active / Alert	
	O/E: P/A: soft / NT, no organomegaly	
	other systems - (N)	
	12.6 > 22150 / 73/18 < 4.42	Advice
	CRP - 23	1) Continue as charted.
	RFT - (N)	2) Plan to do USG Abdomen.
	Electrolytes - (N)	3) W/F Fever spikes.
	Lucky (signature) 20337	

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
13/1/26 9 AM	S/B - Dr Yuvaraj	
	Child reviewed.	
	- 7y 4 month old male child.	
	Previously well child.	
	C/o - Burning micturation & Dribbling of urine & pain while passing urine }	since 11/1/26
	No fever, trauma.	
	No h/o constipation.	
	H/o - holds urine at school.	
	~~Spine~~ No h/o Antenatal hydronephrosis.	
	H/o ? UTI @ 2-3 yrs of age was present.	
	~~urine R/E (OPD)~~ - H/o Diarrhoea present last week	
	urine R/E (OPD) - leukocyte 4+ plenty of pus cells	
	O/E alert, active, normal sensorium, vitals stable	
	RS - Clear	
	PA - Soft, non tender,	no organomegaly
	genital - N	

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

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(D2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CNS - S_1S_2 (+)	
	CVS - NFND, Spine - no sacral dimple.	
	Labs: CBC - 12.6 > 22150 < 4.42 L (73/18)	
	CRP - 23	
	RFT - (N).	
	Urine c/s - awaited.	
	Impression: Probable UTI to rule out anatomical cause.	
	Adv:	
	- Continue IVF - DNS - 56 cc/hr	
	- (D2) IV Pyptaz 1.8g q8h	
	- Syp Cetirizine 3.5ml BD	
	Plan to do USG Abdomen today.	
		T. Z

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/1/26 4PM	S/B - Dr Pavan / Dr Yuvaraj	
	Child reviewed	
	O/E alert, active	USG - Cystitis
	afebrile	
	C/o - pain while insertion of micturation.	
	swelling settled	
	urine - clear	
	PA - soft, non tender	
	other system - WNL	
	Plan	
	- Deescalate -	Piptaz to Xone
	- Stop IVF	
	- Monitor vitals	
	- Trace ~~[illegible]~~ urine c/s	
		Sign

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(8)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 10AM	S/B - Dr Yuvaraj	
	Δ - UTI	
	Child reviewed.	
	o/E afebrile.	
	c/o - pain / burning micturation - ↓.	
	passed stools today.	
	intake - good.	
	alert, active.	
	RS - Clear	
	PA - Soft, non tender, no organomegaly	
	Penis - no phimosis, mild tenderness	
	CVS - S1S2	
	CNS - NFND	
		Urine c/s - GNB (+)
	Plan: Continue	
	- (D2) IV Ceftriaxone 900 mg BD	
	- Syp Cobrizu 3.5 ml BD	
	• Trace urine c/s.	
	• Sitz bath	
		T.Y

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/11/26 11 AM	s/b D. Nalini	
	ESBL E. Coli	× 5 days
	~~Paracetamol~~ Syp. Augmentin	DDS (458/5ml) 5 — 0 — 5 ml
	liquid	
	plenty of	
	Tab piptaz	85083
	change	
14/11/26 4 PM	S/B – Dr Yuvaraj	
	Δ - ESBL E.coli UTI	
	Child reviewed	
	mild burning micturition (+)	
	vitals stable	
	System examination - (N)	
	PA - soft, genitals - (N).	
	Advice = Continue IV piptaz.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/11/26	S/B. Dr Yuvaraj	
9.30 AM	Δ - ESBL - E.Coli UTI	
	Child reviewed	
	alert, active, afebrile	
	c/o - burning micturition ⊕	~~better~~ When is the
	↑ frequency of urination ⊕	sensitivity report
	RS - Clear	
	PA - Soft, non tender	
	CVS - S1 S2 ⊕	
	CNS - NFND	
	Plan:	
	- ① Syp Augmentin DDS (457mg/5ml)	5ml - 0 - 5ml
	plan for discharge today after rounds	
	→ Plan to add ~~urine~~ oral urine alkalinization if burning micturition persist	
		J.Y
15/11/26	S/b Dr. Natraj ① Augment x ⑦ days	
	discharge today	and schedule
		Review on / Date
		8580

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

(2). Syp. Citralka 7.5ml + 20ml water
morning and Night x (5) day

(3). Plenty of liquids.

School certificate

Date from to

ESRL UTI

Kindly permit kid to use restroom as and when needed to prevent further urinary infection

[illegible]

85381

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KARTHIK VENKATESAN 7y 4m A: Probable UTI

RESULT SHEET

Date	12/7/26.					
Time						
Hb	12.6					
PCV	37					
RBC	4.98					
WBC	22150					
N/L	73/18					
Platelets	4.42					
CRP	23					
ESR						
PCT						
RBS	87					
Na	138					
K	4.2					
Cl	102					
Ca/Mg ical / Bicarb	1.20 / 20					
Phosphate						
Urea	12					
Creatinine	0.49					
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						

Date	12/7/26					
Time						
CUE - Alb	-					
CUE - Sugar	-					
CUE - Ketones.						
CUE - PUS Cells.	plenty					
CUE - RBC Cells	6 – 8					
CUE – Blood	2+					
leucocyte esterase	4+					
Nitrate	-ve					
Bacteria	many					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : urine c/s GNB growth ⊕ ESBL + [illegible]

Radiology : USG : Abd - Cystitis ±

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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RESULT SHEET

Date	12/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	12/7/26					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	PLENTY					
CUE - RBC Cells	6-8					
CUE - BLOOD	2+					
Leucocyte estrase	4+					
Nitrite	-ve					
Bacteria	Many					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

✓Urine C/S – .....

.....

.....

Radiology : ✓USG : abdomen: .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ 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: 509

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	NIL					☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

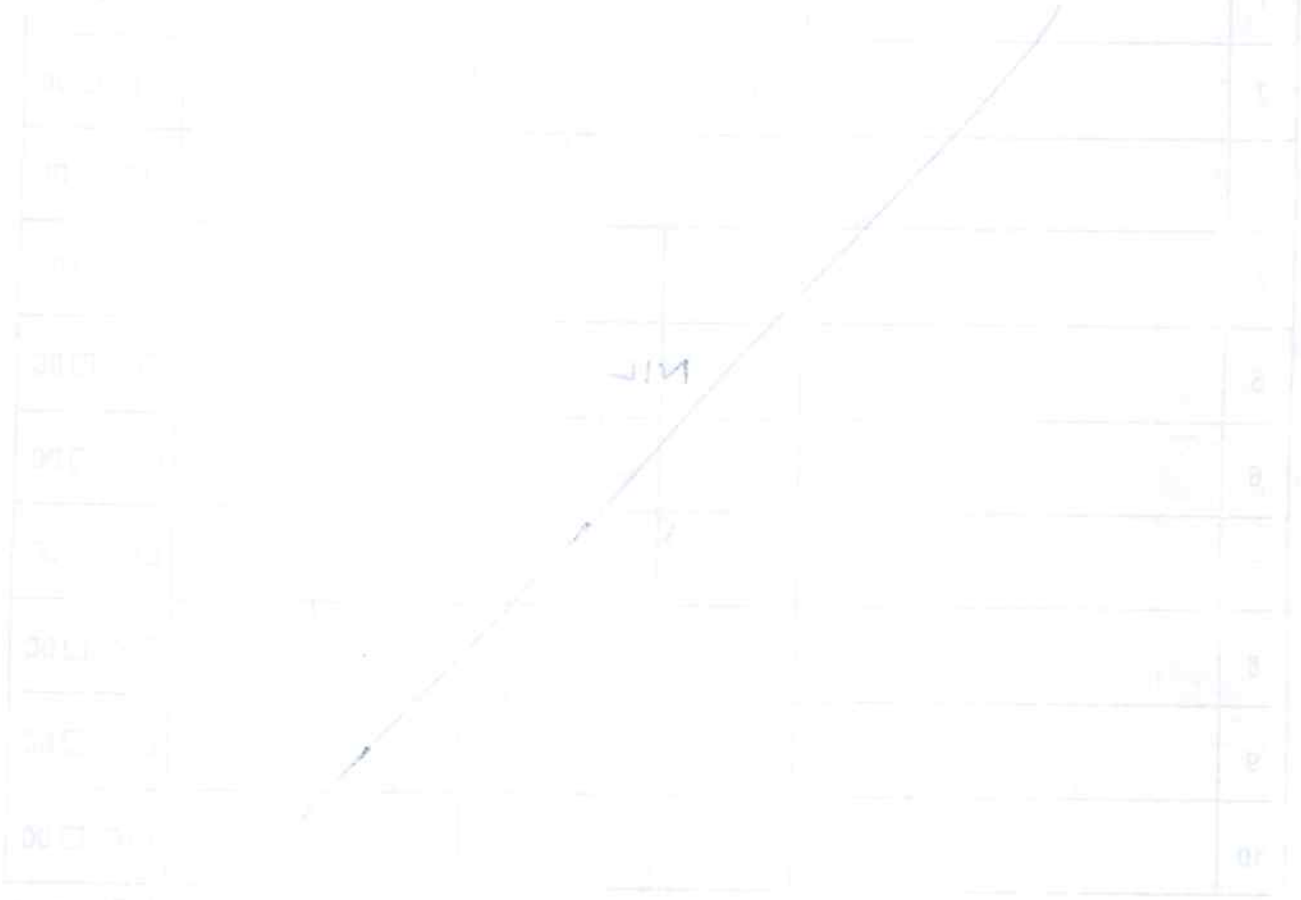
Doctor Name & Signature : Dr. S. MAHALAKSHMI

Date & Time : 12-07-26, 1pm

Nurse Name & Signature: Shibu

Date & Time : 12/07/26 2pm

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



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DRUG CHART

Date of Admission: 12/07 Drug Allergies: NKA ☐ 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. P250				Date / Time
Dose	Route	Frequency	Start Date	
5.5ml	P/O	SOS	12/7/26	
Doctor's Signature		Valid Period	Pharm.	
Sneha				
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:				

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

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Dr. NATARAJ PALANIAPPAN

REGULAR PRESCRIPTIONS

Weight. 18.5 kg Ward. .....

DRUG : INJ. PIPTAZ

Dose	Route	Frequency	Start Date
1.8 gm	IV	Q8H	12/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7
6AM	KS	
2PM	RV / TD	SA
10PM	KS	
	D1	D2

Stop

DRUG : Syp CETRIZINE

Dose	Route	Frequency	Start Date
3.5ml	PO	d12H	12/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7	15/7
8AM		TP / N	SN	PSP
8PM	KS	KS		

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
900mg	IV	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7
6 AM	KS	
6 PM	KS	
	D1	D2

DRUG : Inj. Piptaz.

Dose	Route	Frequency	Start Date
1.8g	IV	Q8H	14/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7
6AM	KS	
2PM	RV / PST	
10PM	KS	
	D3	D4

Stop

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Syp AUGMENTIN DDS

Date/Time: 15/7 — 10am, 11pm; 10pm

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	15/7

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

Additional Instructions: (457mg/5ml)

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Sticker

Weight. ..... 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

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I.V. FLUIDS CHART

Weight. 18.5 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/7/26.	2:30 pm	DNS	IV	56	[signature]	TP / RV	14/7/26 10 pm	[signature]	[signature]

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

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Master KARTHIK VENKATESAN
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Dr. NATARAJ PALANIAPPAN

12/7 to. 12/7 to 13/7 (00) to.

DRUG NAME	MEDICATION CHART AUDIT CHECKLIST - IP						
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
FREQUENCY	I.V. PIPTAZ	Sup. cetrizine	I.V. XONS2				
DOCTORS	TDS.	BD.	BD				
2 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES	✓	✓	✓				
12. DRUG-DRUG INTERACTION	✓	✓	✓				
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

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

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

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

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

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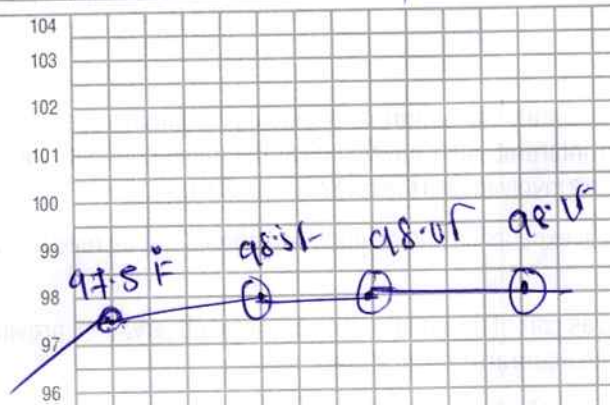
EARLY WARNING SCORE: CHILDREN'S UNIT

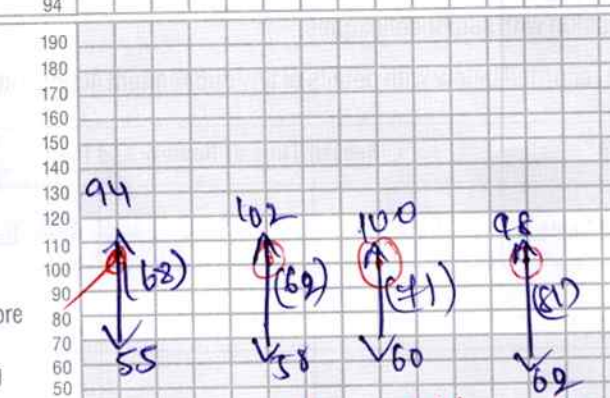
Date : 12/7/26. Time:	3 pm	8 pm	12 am	4 am
Doctor / Nurse / Family Concern?				

Temperature (°F)



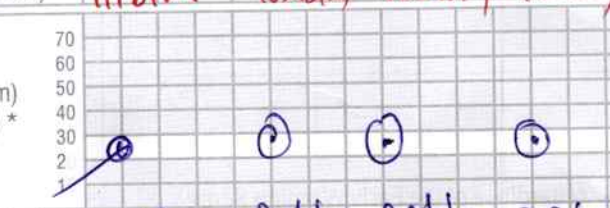
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	111 bpm	102 bpm	105 bpm	100 bpm

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



Resp Rate (Number)	28 bpm	28 bpm	28 bpm	30 bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
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- 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!
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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-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

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: 13/7 Time:	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F) (104–94)	96.7F	98.2	98.2F	97.5F	97.0F	98.0F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	98/68	100/67	102/62 (70)	91/55 (68)	98/58 (71)	100/60 (75)
Heart Rate (Number)	93b/m	96bpm	102b/m	95b/m	93b/m	98b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–1)						
Resp Rate (Number)	30b/m	32bpm	30bm	30b/m	30b/m	30b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)			RA			
O_2 Saturations (%)	98%	99%	98%	99%	98%	99%
Conscious Level — Normal	✓	✓	✓	✓	✓	✓
Conscious Level — Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 8 D (M)
Dr. NATARAJ PALANIAPPAN

(3)

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/7

Time:	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98°F	97.8	98°F	97.5F	98.5F	97.4F
Heart Rate (bpm) and Blood Pressure (mmHg) *	90/76	98/64 (85)	109/62 (70)	95/65 ([illegible])	95/58 (68)	100/60 (91)
Heart Rate (Number)	80b/m	92bpm	83b/m	100b/m	98b/m	102b/m
Resp Rate (Number)	30b/m	28bpm	26b/m	26b/m	26b/m	26b/m
Resp Distress None / Mild	✓	✓	✓	✓	✓	✓
O_2 Saturations (%)	100%	99%	100%	98%	99%	98%
Conscious Level Normal	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes		0	0	0		
Pain Score	0		0			
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) * scale: 70, 60, 50, 40, 30, 20, 10

Resp Distress: Mod/ Severe; None / Mild

Receiving O_2 (l/min)

Conscious Level: Normal; Altered

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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.
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GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7Y 4M 7D (M)
Dr. NATARAJ PALANIAPPAN

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 6

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.

12/7/24		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	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	←		Received						→		
	04:00 pm	H20	50ml	5ml						10ml	0	
	05:00 pm			5ml							0	
	06:00 pm	H20	50ml	DC						100ml	0	
	07:00 pm			DC						150ml	0	
Total Intake :		100ml + 10ml				Total Output :				260ml		
	08:00 pm	Iddly		5G						150 ml	0	
	09:00 pm	H20	100	5ml						100 ml	0	
	10:00 pm	H20	50ml	DC						120 ml	0	
	11:00 pm	H20	100ml								0	
	12:00 am									160 ml	0	
	01:00 am											
Total Intake :		250ml + 10G				Total Output :				530ml		
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H20	100ml	5ml						150ml	0	
	07:00 am	H20	ml	5ml							0	
Total Intake :		150ml + 160ml				Total Output :				150ml		

Total 24 hrs. Intake	500ml + 312ml	Total 24 hrs. Output	940ml

3.7 ml/kg/hr

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

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05-03-2019 7Y4M7D (M)
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

18/7		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	50ml	56ml							0	
	09:00 am	H20	100 ml	56ml							0	
	10:00 am			56ml						150ml	0	
	11:00 am	Juice	25ml	DC							0	
	12:00 pm			DC							0	
	01:00 pm	H20	50ml	56ml						100ml	0	
Total Intake : 225ml + 224ml						Total Output : 260 ml						
	02:00 pm	H20	50ml							150ml	0	
	03:00 pm										0	
	04:00 pm											
	05:00 pm	H20	50ml							60ml	0	
	06:00 pm	H20	50ml							100ml	0	
	07:00 pm										0	
Total Intake : 100ml.						Total Output : 320ml.						
	08:00 pm	Thoppi		56ml							0	
	09:00 pm	H20	50ml	56ml						140ml	0	
	10:00 pm	H20	50 ml	DC							0	
	11:00 pm	H20	30 ml	DC							0	
	12:00 am	H20	50 ml								0	
	01:00 am	H20	50ml								0	
Total Intake : 230ml + 112 ml						Total Output : 140ml						
	02:00 am	H20	20ml								0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	TC	70								0	
	07:00 am	H20	50ml							180ml	0	
Total Intake : 120 ml						Total Output : 180ml						

Total 24 hrs. Intake	745ml + 336ml	Total 24 hrs. Output	720ml + 180ml = 900 ml

2.0 ml/kg/hr

GUC:-00093770 IP18-00036437
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05-03-2019 (M)
Dr. NATARAJ PALANIAPPAN

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

14/7

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	Tea	100ml							150ml	0	
	09:00 am										0	
	10:00 am									250ml	0	
	11:00 am	Buttermilk	80ml								0	
	12:00 pm	H20	160ml							160ml	0	
	01:00 pm	H20	250ml								0	
Total Intake :		560ml				Total Output :				560 ml		
	02:00 pm	H20	50ml							140	0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	H20	100ml							80ml	0	
	06:00 pm										0	
	07:00 pm	Juice	120ml							120ml	0	
Total Intake :		270ml				Total Output :				200 ml.		
	08:00 pm	Bday								200ml	0	
	09:00 pm	H20	50ml								0	
	10:00 pm										0	
	11:00 pm	H20	150ml								0	
	12:00 am										0	
	01:00 am										0	
Total Intake :		200ml.				Total Output :				200ml		
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		—				Total Output :				—		

Total 24 hrs. Intake	1,030ml	Total 24 hrs. Output	960ml

GUC-00093770 IP18-00036437
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: UTI	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil
	Surgery / Procedure: —	Post OP Day: —

	Date / Shift	12/7 E	12/7 N	13/7 M	13/7 E	13/7 N	14/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Noted	noted	Noted	Noted	noted	Noted
	Diet:	N diet	N diet	N diet	N diet	N diet	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.5 F	98.0 F	96.8 F	97.2 F	97.0 F	98 F
	Res:	28 b/m	28 b/m	30 b/m	28 b/m	30 b/m	30 b/m
	SpO_2:	98%	98%	96%	97%	97%	100%
	Pulse:	114 b/m	102 b/m	93 b/m	108 b/m	95 b/m	80 b/m
	BP:	94/55	100/58	98/60	100/62	91/60	90/60
	LOC:	Conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	—	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	dependent	dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	[illegible]	[illegible]	S. Nisha	S. [illegible]	[illegible]	S. Nisha
	Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
	Time:	@ 7:30PM	8AM	8PM	7:30pm	8PM	8pm
	Taken Over By Name :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	12/7/26	12/7/26	13/7	13/7	14/7	14/7
	Time:	7:30PM	7:30AM	1:30pm	8pm	7:30AM	1:[illegible]

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

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		←				→	
Afternoon	2.30 PM	To maintain good Nutritional Status	2pm	Assess the child condition. Monitor vital Sigus Maintained the chart	The child was Stable	The child vital Sigus are Stable	07111'3
Night	9.30 PM	Maintain personal hygiene	8 pm	→ Maintain Strict hand hygiene	To prevent infection	child Stable	01934

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN (M)
05-03-2019 7 Y 4 M 8 D
Dr. NATARAJ PALANIAPPAN

NURSING CARE RECORD

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

Date: 13/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	prevent Infection		=> Assess the Baby condition => strictly hand hygiene practice	=> prevented Infection	=> Reassessment done	[signature]
Afternoon	2pm	=> To maintain Nutritional status.		=> To encourage high rich protein diet	=> To improve Nutritional status	The child blood sign stable	[signature]
Night	7.30 pm	Maintain fluid Balance.	8 pm	provided IVF watch for over loaded -) encouraged to take oral	Maintain hydration	child stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

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..........

(1)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26		Receiving Notes on (12/7/26)	
	2.30pm	The child receiving from ER to 5th Floor the Child Handing over taken from ER staff the child was concious & Oriented, IV line present & Pattern IV fluid 0.9% DNS 50 ml/hr on flow →	[signature]
	3PM	Vital signs are checked & Recorded vital signs are stable [3pm | CP1 ++ | PP ++ | CRT <3sec]	[signature] 5/11/3
		The child came complaints of burning micturation & dribbling of urine, the child diagnosis of UTI →	[signature] 5/11/3
	4.20pm	urine Culture was sending to Lab →	[signature]
	4.30pm	inj. piptaz was given as per drug chart order.	5/11/3
	6pm	Monitored input & output chart and documented	
	6.15 pm	Sitz bath given in the tub and no other complaints	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	7.30 pm	child Handed over to night duty staff Nurse	[signature] 07739
		← Night duty →	
	7.30 pm	Child detail Handing over taken by Evening duty S/N	
		- Child was conscious and Oriented Child was active, alert IV line patent	[signature]
	8pm	→ vitals are checked and Recorded vitals are stable	01934
		Time / CRT <3sec / CP 1+ / PP 1+	
	10pm	→ Due medication as per drug chart 8 day	[signature] 019345
13/7	12am	→ vitals are checked and Recorded vitals are stable	[signature] 019345
		Time / CRT <3sec / CP 1+ / PP 1+	
		→ Child sleeping well no complaints of sleeping disturbance	[signature]
	4am	→ vitals are checked and Recorded vitals are stable	019[illegible]
		Time / CRT <3sec / CP 1+ / PP 1+	
	6am	→ Due medication as per drug chart daily	[signature] 019[illegible]
	7am	→ Maintaining records & reports	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 8 D (M)
Dr. NATARAJ PALANIAPPAN

Rainbow Children's Hospital
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NURSES NOTES

(V)

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7	7:30 am	Verbal detail handing over given to morning duty s/n	[signature]
13/7/26	7:30am	Morning duty 13/07/26. child handing over Taken by Night duty Staff Nurse. child was conscious & oriented child was active & alert IV line pattern DNS 56ml/hr IV pattern	[signature]
	8 pm	Vitals are checked and recorded vitals are stable PP ++ / CP ++ / CRT <3 sec	[signature]
	8.10Am	child was active and clinically child was stable	[signature]
	11 Am	Dr. Pavan sir seen the child and advice to continue the same and to do USG Abdomen and to inform	[signature]
	12pm	vitals are monitored & recorded and vitals are stable 12PM: CP ++ / PP ++ / CRT <3sec	[signature]
	1pm	Monitored Input & output	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Chart & documented	
	1.30 pm	child Handed over to evening duty Staff Nurse.	Poly OD 304
18/7	1.30pm	Evening duty.	
		→ The child hand over from morning duty Staff.	
		child is conscious & oriented.	
		→ line is present	
	2.00pm	→ Due medication is given as per drug chart maintained & documented	[signature] 18/7
	3.00pm	child is shifted to ultrasound Radiology.	
	4.00pm	→ The child visit Dr. Pavan Sir advice to stop. IV. fluid, Inj. ceftriaxone 900mg. The child vital sign check record. PR ++ / CP ++ / CRT <3	[signature] 18/7
	6.30pm	→ The child I/O check maintained documented	
	7.30pm	→ The child hand over from morning night duty staff	[signature] 18/7

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 8 D (M)
Dr. NATARAJ PALANIAPPAN

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☐ No Known Drug Allergies ✓

☐ Drug Allergies .... NIL

(8)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Night duty →	
13/7	7.30 pm	-) Child detail handing over taken by evening duty staff nurse ambita to Slw Sree	Sig 019346
		-) Child was conscious and oriented child was active & alert Iv line pattern	
	8pm	-) Vitals are checked and recorded vitals are stable	
		Time / CRT <3sec / CP +/+ / PP +/+	Sig 019346
		-) Ivf - 0.9% DNS 30ml/hr connected it's on flow	
	8pm	-) Due medication are given as per day chart order	Sig 019346
	10pm	Inj- none being as given as per day chart order	Sig 019346
14/7	12am	-) vitals are checked and recorded vitals are stable	
		Time / CRT <3sec / CP +/+ / PP +/+	Sig 019346
	2am	-) Child was sleeping well no complaints of sleeping disturbances	Sig 019346
	6am	-) vitals are checked and recorded vitals are stable	Sig 019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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
14/7		Time / CRT <3s / CP / PP	
	6am	→ Due medication as given as per drug chart order	Sig 019340
	7am	Maintaining records & reports.	
	7.30 am	→ Child detail handing over given to Morning duty s/n	Sig 019346
		Morning duty	
14/7/26	7.30am	The child handing over from night duty staff. child is conscious & oriented. IV line is present child was active and with the room air	Sig
	8.00am	vital are checked and recorded vital are stable	
		Time / PP xx / CP xx / CRT <3	Sig
	8.00am	Due to medication as per drug chart orders given cetirizine in 3.5ml in oral.	Sig
	10AM	Dr. yuvaraj sir seen the child and asked about culture report CNS growth present	Sig 013364
	11AM	Dr. Nataraj sir seen the child and advice to do	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 8 D (M)
Dr. NATARAJ PALANIAPPAN

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
14/7		continue Inj. piptaz and planned Discharge Tommorrow	Signed 01837
	12pm	vitals are monitored and recorded and vitals are stable	
		12pm: CP ++, PP ++, CRT <3sec	Signed 01837
	1pm	Monitored Input & output chart & documented	
	1.30pm	child Handed over to morning duty to evening duty Staff Nurse	Signed 01837
14/7/26		Morning Duty on (14/7/26)	
	1.30pm	The child Handing over taken from morning duty Staff the child was concious & oriented IV line Present & pattern IV fluid of stop	Signed 02113
	2pm	Due to medication as per drug chart order	Signed 02113
	4pm	vital Signs are checked & Recorded vital signs are stable: 4pm CP ++, PP ++, CRT <3sec	Signed 02113
	4.30pm	Dr. Yuvaraj sir seen the child advice to continue same	Signed 02113

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
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☑ No Known Drug Allergies

☐ Drug Allergies ...Nil...

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7		continue:	
	6pm	The child was comfortable position no any fresh complaints..	
	7pm	Maintained I/O chart & Recorded	
	7.30pm	The child handling over given to night duty staff	[illegible] 02443
		← Night duty →	
	7.30 pm	→ Child detail Handling over taken by Evening duty S/N. -child was conscious and oriented child was active & alert IV line patent	[signature] 015346
	8pm	Due medication as given as per day. Chart Daily. -Vitals are checked and recorded vitals are stable. Time / CRT <3sec / CP +ve / PP +ve	[signature] 015346
	10pm	→ Due medication as per day chart daily	[signature] 015346
15/7	12am	→ Vitals are checked and recorded vitals are stable. Time / CRT <3sec / CP +ve / PP +ve	[signature] 015346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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BirthRight™ BY RAINBOW HOSPITALS
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PHLEBITIS ASSESSMENT

Patient's Name: GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
MRD NO:......... 05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN
Age :................ M ☐ F
Consultant :..

CANNULA 1

Date : 12/07/24 Time: 1:30 pm
Location : (L) metacarpals
Size : 22G.
Cannula inserted by : O/N subhadi P.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
12/07	1:30pm	☐Yes ☐No	☐Yes ☐No	pall	[signature]
	2pm	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	6pm	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	8pm	☐Yes ☐No	☐Yes ☐No	obsd	[signature]
	10pm	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
13/07	12am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	2am	☐Yes ☐No	☐Yes ☐No	obsered	[signature]
	4am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	6am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	8am	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	12pm	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	2pm	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	4pm	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	6pm	☐Yes ☐No	☐Yes ☐No	obsd	[signature]
	8pm	☐Yes ☐No	☐Yes ☐No	obsd	[signature]
	10pm	☐Yes ☐No	☐Yes ☐No	obsd	[signature]
14/07	12am	☐Yes ☐No	☐Yes ☐No	Observed	[signature]
	2am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	4am	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	6am	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	8am	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	10am	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	12pm	☐Yes ☐No	☐Yes ☐No	observe	[signature]
	2pm	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	4pm	☐Yes ☐No	☐Yes ☐No	observed	[signature]
	6pm	☐Yes ☐No	☐Yes ☐No	obsn	[signature]
	8pm	☐Yes ☐No	☐Yes ☐No	obsed	[signature]

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
	10pm	☐Yes ☐No	☐Yes ☐No	Obsd	[signature]
15/7	12am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	2am	☐Yes ☐No	☐Yes ☐No	obs	[signature]
	4am	☐Yes ☐No	☐Yes ☐No	obsed	[signature]
	6am	☐Yes ☐No	☐Yes ☐No	obsd	[signature]
	8am	☐Yes ☐No	☐Yes ☐No	obser	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			E	D	M	E	D
Age	Less than 3 years old	4	12/7	12/7	13/7	13/7	13/7
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total		9	9	9	9	9

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	—	—	—	—
Nurse's Name:		R.Vidhya		S.Nithya		
Signature:						
Date:		12/7	12/7	13/7	13/7	13/7
Time:		3pm	8pm	8am	8pm	8pm

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	R. UK. 02113
12/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	01924
13/7	12am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	019346
13/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
13/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	S. Amal 01924
13/7	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	019346
14/7	12am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	019346
14/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02113
14/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	R. UK. 02113
14/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

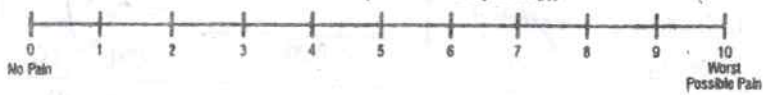
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

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				Date :	12/7	12/7	13/7	13/7
				Time :	E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**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.	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.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible] 52113	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

					Date : 13/7	14/7	14/7	14/7
					Time : 10	11	6	10
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	24	28	28	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Urinary tract infection

Arrival Time: 2:30PM Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 18.5 Kg

No allergic reaction Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: —

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: 18.5kg. Length: ..... Head Circumference (< 2 years): .....

Temp.: 97.5°F HR: 111 b/m RR: 22 b/m BP: 94/55 (65).

Pain Score: — Specify Site: 0/10 (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (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 ..... Parents .....

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

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: R. Vaishnavi Date: 12/7/26 Time: 3pm Signature

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
12/7	3pm	7	Health Education about the hand hygeine	Mother	nil	oral	none	verbal	good	R.S.L. 02113
13/7	8am	7	Health education about the infection control program(CP1)	mother	Nil	oral	none	understood	good	
14/7	3pm	7	Health education about the personal hygiene	mother	Nil	Oral	none	understood	good	

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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Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

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BED SIDE CHECK LIST FOR NURSES

Date:	12/7	13/7	14/7						
Doctor's Orders	followed	followed	followed						
Carried out or not	carried	carried	carried						
Bed Side									
Structured Handover done	✓	✓	✓						
IV Site	✓	✓	✓						
Central Lines	✗	✗	✗						
Arterial Lines	✗	✗	✗						
Feeding Catheter	✗	✗	✗						
Urinary Catheter	✗	✗	✗						
Skin Care	✗	✗	✗						
Eye Care	✗	✗	✗						
Mouth Care	✗	✗	✗						
Sterillum Bottle, Stethoscope	✓	✓	✓						
Suction Bottle (Should be clean & empty)	✗	✗	✗						
Intubation Tray	✗	✗	✗						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗	✗						
Ventilator Tubing,(Any Water, Blood)	✗	✗	✗						
Humidification	✗	✗	✗						
Check all Infusion (Labelling,Correct Preparation)	✓	✓	✓						
Chest Physio & Neb	✗	✗	✗						
Handed Over By Name :	R.US	S.Nisha	S.Nisha						
Signature :	R.US	[signature]	[signature]						
Date & Time:	12/7 @8pm	13/7 8pm.	14/7 8pm						
Hand Over Taken By Name :	Siy	Sry	Sry						
Signature :	[signature] 0154	[signature] 0154	[signature] 01546						
Date & Time:	12/7 8pm	13/7 8pm	14/7 8pm						

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/07/20 Time of arrival : 12:55 pm

Chief Complaints: H/O Frequency urination × 1 day RBS: –

Height : 115 cm Weight : 18.5 kg BMI : – Head Circumference (<2 years) .....

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

If yes , identify ..... NKA

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

☐ Character – ☐ Location Periumbilical ☐ Frequency once off ☐ Duration 1 day

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With parents

Siblings in household ☐ Yes ☐ No (if yes How Many?) 01

Time of Initial assessment completed by ER Nurse : 1:10 pm

Time	Nursing Notes
2:00 pm	patient come ~~[illegible]~~ to the ER with
	the c/o frequently urination x 1 day -
	monitored the vital signs, Recorded
	Dr. mahalakshmi mg/m. IV line placement
	done. Blood sample collected and
	pt shifted to the ward.

Samples collected by: / S/N [illegible] Time:

Samples sent by : Time: / 2:30 pm

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: 120/m BP: 110/78 (86) CFT: < 3 sec	Shift - out from ER to: 509
RR: 24/m SPO₂ : 97%/RA	Time of Shift - out: 2:30 pm
GCS: 15/15 Temperature : 97.6 °F	Handover given to: S/N [illegible] (Nurse's Name)
Pain Score: 02/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Situ Debnath.

Signature of the Nurse : [signature] 17890

Date & Time : 12/07/26 c 2pm.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. S. Mahalakshmi Date : 12/07/26

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

Start Time of Assessment: ..... Weight: 18.5kg

Allergic History: No

Chief Complaints:
c/o burning micturation & dribbling of urine since last afternoon.
Urine R/E - S/O UTI
Admitted for further Rx.

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: No

Medication History: No

Relevant Investigations: ~~No~~ Urine R/E - S/O UTI

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 26/min SpO_2 on FiO_2 100% in RA
Rhythm: regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE (+), No added sounds.
Palpation Findings (If necessary).....

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

Circulation

HR: 130/min CFT — Central <3S, Peripheral <3S

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: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right ....., Left .....

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

Signs of Neurological compromise NEND

.....

Exposure

Temp.: 97.6F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: (WNL) B/L chemosis (+)

Labs Planned: As per drug chart

Treatment Planned: As per drug chart

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: Dr. S. Mahalakshmi

Signature: [signature] 154645

Date & Time: 12/7/26, 1PM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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wt - 18.5 kg
Ht - 115cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : KARTHIK Age : 7Y Gender: ☑ Male ☐ Female

Date : 12/7/26 Time of Arrival : 12.55 pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.6°F PR: 130 /m BP: 110/70(86) RR: 24 /m SpO_2: 97 % R/A

Chief Complaints: C/O frequent loose motion

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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 : Subhadip

Signature of Triage Nurse : 01726

Date & Time : 12/7/26 @ 12.57 pm

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

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PATIENT TRANSFER FORM

GUC-00093770 IP18-00036437
Master KARTHIK VENKATESAN
05-03-2019 7 Y 4 M 7 D (M)
Dr. NATARAJ PALANIAPPAN

Date & Time of Admission	Date & Time of Transfer Order
12/07 @ 12:54pm	12/07 @ 2:30pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Nataraj	Dr. Mahalakshmi	[illegible]
From Unit	**To Unit**	**Information to Attendant**
ER	509	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(12)	Nil	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Piptaz 2.25 mg	1
2.	DNS 0.9% - 50 ml	1
3.	Intrafix	1
4.		
5.		

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

UTI

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shibu 12/7/2026.	Mahe - 154645

Patient & Clinical Records Received by : Preethi 09354 12/7/26 @ 2:30 pm

Date & Time of Patient Received : 12/7/26 @ 2:30 pm

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

PATIENT TRANSFER FORM