Rainbow Children's Hospital

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 5 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th floor NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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Name: GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

UHID No: .....

Date of Admission: .....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29. Jun. 2023	2:10 PM.	ER	603.	01/6/24.

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29.06.2026	CBC, CRP, Dengue Ns, Respiratory biofire		
1/7/26	LFT	26020641	
		20237	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29.06.26	Duplalement	①	1719178.	
29/6/26	Neb ē O2	①	1719278	
29/6/26	Neb ē O2	①	1719344	
30/6/26	Neb ē O2	②	719465	
30/6/26	Neb ē O2	③	19887	
1/7/26	Neb ē O2	①	9485	

Total Neb ⑧ Neb ⑦

ANY OTHER INFORMATION:

Date: 1/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-(2-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

DOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	11.40 Am	11.45 Am	Sanjay		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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BED SIDE CHECK LIST FOR NURSES

Date:	29/6	30/6							
Doctor's Orders	Dr. Giridhar	Dr. Giridhar							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	✓	✓							
IV Site	✓	✓							
Central Lines	X	X							
Arterial Lines	X	X							
Feeding Catheter	X	X							
Urinary Catheter	X	X							
Skin Care	✓	✓							
Eye Care	✓	✓							
Mouth Care	✓	✓							
Sterillum Bottle, Stethoscope	✓	✓							
Suction Bottle (Should be clean & empty)	✓	✓							
Intubation Tray	X	X							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X							
Ventilator Tubing,(Any Water, Blood)	X	X							
Humidification	✓	✓							
Check all Infusion (Labelling,Correct Preparation)	X	X							
Chest Physio & Neb	✓	✓							
Handed Over By Name :	Jeevitha	Jeevitha							
Signature :	Jeevitha	Jeevitha							
Date & Time:	29/6/26 4pm	30/6/26 8am							
Hand Over Taken By Name :	Divya	Divya							
Signature :	Divya	Divya							
Date & Time:	29/6/26 8pm	30/6/26 8pm							

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 : IP18-00036246 **Admit Date** : 29-Jun-2026 **Admit Time** : 01:04 PM **UHID** : GUC-00079777

Patient Details :

Patient Name	: Baby ATREYA BALAJI	**Age**	: 3 Y 4 M 3 D
Guardian	: Mr BALAJI JANARDHANAN	**DOB**	: 26-02-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B 403 ISHA GAYATHRI Chennai. Chennai Tamil Nadu INDIA 600001	**Phone No**	: 8939691227
		E-mail	: NOM@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 103 **Ward Name** : 0F-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : Mr BALAJI JANARDHANAN **Relationship** : Father

Contact Address : B 403 ISHA GAYATHRI Chennai. Chennai Tamil Nadu INDIA 600001 **Phone No** : 8939691227

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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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:	**Baby ATREYA BALAJI**	**Age :**	**3 Y 4 M 3 D**
IP No:	**IP18-00036246**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**0F-EMERGENCY/ER 103**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Balaji Janardharan

Relationship: Father.

Date: 29/06/2026 Time: 01.05 pm

Witness Name:

Witness Signature:

Patient Address:

B 403 ISHA GAYATHRI Chennai.
Chennai Tamil Nadu INDIA 600001

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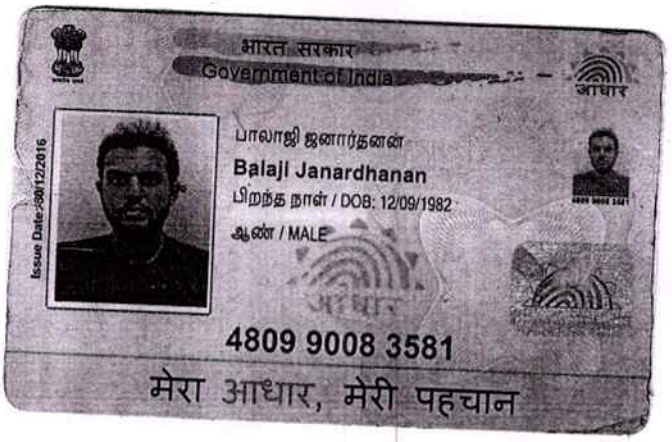
BILLING POLICY

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

DECLARATION

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

Patient Name : Baby. Atreya Balaji	UHID Number : GUC-00079777
Self/Attendant Name : × BALAJI / ANURADHA SHARMA	Relation : Father.
Self/ Attendant Signature : × Phone Number : 8937691227	Name & Signature of Financial Counselor


भारत सरकार
Government of India
आधार
பாலாஜி ஜனார்தனன்
Balaji Janardhanan
பிறந்த நாள் / DOB: 12/09/1982
ஆண் / MALE
Issue Date: 30/12/2016
4809 9008 3581
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
முகவரி: பீ ஜனார்தானன், ஈஷா
காயத்ரி ஃப்ல்யாட் பீ 402, என் 56
பொன்னம்பலம் சாலை கொலப்பாக்கம்
பிரதான ரோடு, கார்பொரேஸன் ஆஃபீஸ்
அருகில், கொளப்பாக்கம், காஞ்சிபுரம்,
தமிழ் நாடு, 600122
Address: S/O B Janardhanan, Isha
Gayathri Flat B 402, No 56 Ponnambalam
Salai Kolapakam Mainroad, Near
Corporation Office, Kolapakkam,
Kancheepuram, Tamil Nadu, 600122
Print Date: 09/04/2021
4809 9008 3581
1947
help@uidai.gov.in
www.uidai.gov.in

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o fever x 1 day
C/o cough/cold x 2 days
C/o Runny nose/nasal block
C/o fast breathing since today morning.

History of present illness :

Child was apparently normal two days back after which he developed

H/O Cough/cold x 2 days
H/o fever x 1 day
(high grade, max temp - 101°F)
H/o fast breathing since today morning
H/o Runny nose/nasal block.

Patient Sticker

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

H/o Nebulization done for wheezing on OPD Basis.

Birth & Neonatal History:

Full term i/v/o Preterm 32 weeks. B.Wt - 2kg H/o NICU Admission

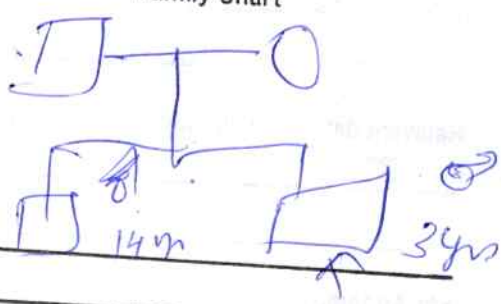
Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Family Chart



Developmental History :

Attained appropriate for age.

Immunization History :

Immunized till date

Anthropometry :

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

Weight (kgs) 18 Kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate : _____ B.P. _____ SPO2 92% on RA

Resp.rate and type of breathing :

Rash No

Lymphadenopathy No

Oedema : No

Allergies (if any): Nil

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : Yes

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

Any addes sounds : B/L wheeze

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

Cardiovascular System :

Inspection of procordium : NO precordial bulge

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection : Soft

Palpation : NO organomegaly

Ausculation : BS (+)

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : N

Bladder / Bowel : N

Clinical Summary & Diagnostic:

LRTI ? wheeze.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC ✓
CRP ✓
Dengue NS1 ✓
Throat Swab for Respiratory Panel

Planned Management

1) NEB ASTHALIN 1.5ml QGH.
2) NEB BUDECORT 1.5ml QGH
3) Syp Pcm 6ml PGH if Temp > 100.5°F.
4) Syp. MZAL 0-0-5ml.

Signature of the Doctor:

Name of the Doctor:

Date & Time:

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 Facility 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: .....

Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 4.30pm	S/B Dr. Kavitha	
	Distress settling O/E - playful PPWR, CRT < 2secs Vitals - mild tachypnoea (+) SpO2 - 97% ↓RA HR - 120/min. RS - minimal SCR (+) Bl AE (+) End expi. wheeze (+). Other systems - WNL.	
		Advice T/c as charted. Monitor vitals.
30/6/26 9.15pm	S/B Dr. Kavitha	
	S - WALRI	
	Low grade fever spike @ 8.20pm Afebrile x 13hrs No distress / tachypnoea.	

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
	o/E - Playful	
	PPWF, CRT < 3sec.	
	Vitals - No tachypnoea	
	SpO2 - 98% in RA	
	HR - 125/min	
	RS - WOB (N)	
	BAE NVBS (+), AE - equal	
	No added sounds	
	CVS - S1 S2 (+)	
	P/A - Soft, non-tender	
	CNS - NFND	
		Advice
		1) Tab Neb. ASTHALIN q6h ↓ q8h
		2) Neb. Budecort q12h
		3) Syp XYZAL
		W/f distress
		Monitor vitals.
	Plan - discharge today after	
		Dr's rounds.
		Ref

GUC:-00079777 IP18-00036246
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Dr. SRIDHAR S

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 7pm	S/B Dr. Kavitha	
	Child reviewed No fever / distress O/E - Playful RWF Vitals - stable Chest - clear.	Advice T/c as charted. Monitor vitals.

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
1/7/20 9:15 AM	S/B Dr. DEEPAK	
	Adm:- WALRS	
	Child reviewed	
	Child has no respiratory distress	
	child has no fever spiky	
	O/E:	
	Child is alert, active	
	CVS: S1S2 (+)	
	R/S:	
	VBS (+)	
	RR 32/mm	
	No Retraction	
	P/A: soft	
	CNS: NFND	
		R/S
		-> TO continue expectant
		-> TO Plan D/C tmrw after Dr. Giridhar sir rounds
		Consultant

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RESULT SHEET

Date	29/6/26					
Time						
Hb	10.7					
PCV	31					
RBC	4.29					
WBC	16,110					
N/L	11/5					
Platelets	3.75					
CRP	12					
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						

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

Culture and Sensitivities : Resp. biofire - HRE (+)
Dengue NS1 - Eve

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: PARACETAMOL				Date/Time 29/6/26															
Dose	Route	Frequency	Start Date	8:30 PM	PS MM														
250mg	6th	SOS	29/6/26																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions: If temp >100.5°F Q6H																			

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

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

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

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

REGULAR PRESCRIPTIONS

Weight. 18.7 kg Ward: G03

DRUG : ASTHALIN NEB

Dose	Route	Frequency	Start Date
1.5 ml	P/N	Q6H	29/6/23

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
2 Am	PS MM	
8 Am	PS MM	
2 Pm	PS	
8 Pm	PS	

Charged

DRUG : NEB BUDECORTAS

Dose	Route	Frequency	Start Date
1.5 ml	P/N	1.5 ml Q8H (BD)	29/6/23

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6	1/7
8 Am	PS MM	SG MM	
8 Pm	8PM JB PP	SP PP	

DRUG : PARACETAMOL P250

Dose	Route	Frequency	Start Date
5 ml	P/O	Q4H	29/6/23

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

STOP

DRUG : XYZAL SP

Dose	Route	Frequency	Start Date
5 ml	P/O	0-0-1	29/6/23

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6	1/7
8 Pm	PS MM	8PM PP SP	

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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REGULAR PRESCRIPTIONS

Weight 18.7kg Ward G03

Sheet No: .....

DRUG : NEB. ASTHALIN

Dose	Route	Frequency	Start Dt.
1.5ml	Neb	9/8h	30/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : SYP. ASTHALIN

Dose	Route	Frequency	Start Dt.
4.5ml	P/O	9/8h	30/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

2mg/5ml

Daily Doctor's Endorsement by a Sign

Date / Time

2.7.26 | 1/7
8 AM | JB SS
2 PM | SP AA
10 PM | CU HM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI (M)
26-02-2023 3 Y 4 M 3 D
Dr. GIRIDHAR S

Weight. 18.7kg Ward. 603

VARIABLE DOSE

DRUG :		Date ▸ Time											
Route	Start Date		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.				
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.				
			Dose		Dose		Dose		Dose				
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.				

VARIABLE DOSE

DRUG :		Date ▸ Time											
Route	Start Date		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.				
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.				
			Dose		Dose		Dose		Dose				
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.				

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED By Name .....

Patient Sticker

I.V. FLUIDS CHART

Weight. 18.7kg Ward. b23

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

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

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Ref. No. F/INPR/12

GUC-00079777 IPTS-00035240
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

Patient Name :

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
29/6	~~3~~ 00.00 pm	Neb Asthalin + Budecort $\bar{C}O_2$ → ①	Jeet Suvas	
	~~7~~ 1.00 pm	Neb Asthalin $\bar{C}O_2$ → ①	Jeet Suvas	
30/6	~~2~~ 2.00 am	Neb Asthalin $\bar{C}O_2$ → ①	Mythili Bothra	
	~~3~~ 3.00 am	Neb. Budecort $\bar{C}O_2$ — ①	Mythili Bothra	
	~~4~~ 4.00 am	Neb Asthalin $\bar{C}O_2$ → ①	Jeet Suvas	
1/7	~~5~~ 5.00 am	Neb - Budecort — ①	Vinay OBT	Anuradha
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

GUC-00079777
Baby ATREYA BALAJI IP18-00036246
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 603

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 12.7.23 (Dr. Dinesh)

Date & Time :

Nurse Name & Signature: Godwin Savio 8/6/23

Date & Time : 09. Jun. 2023 @ 8.00pm

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

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(1)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/6/26 Time: 3pm 4pm 8:00PM 10:30pm 12am 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 99.1°F, 98.4°F, 100.9°F, 99.2°F, 98.6°F, 98.4°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140/m 148/m 137 H/m 135 H/m 132 H/m

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

Resp Rate (Number): 34/m 30/m 36 H/m 34 H/m 32 H/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min)		RA	RA	RA	RA
O_2 Saturations (%)		99%	99%	98%	98%	98%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		[illegible]	[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.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(2)

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/6/26 Time: 8am 2pm 4pm 8pm 12am 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 97.8f | 98f | 97.6f | 98.2°F | 97.9°F | 98°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 112bt | 110bt | 107bm | 106b/m | 110b/m | 112b/m

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

Resp Rate (Number): 34bt | 32bt | 30bm | 32b/m | 34b/m | 32b/m

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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.

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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-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (1)

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

29/6/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea (motion)	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	→ On admission from EP										
Total Intake :						Total Output :						
	02:00 pm	H_2O	30ml								0	Baeu
	03:00 pm											
	04:00 pm	H_2O	50ml			-				✓	0	Baeu
	05:00 pm											
	06:00 pm	H_2O	50ml								0	Baeu
	07:00 pm											
Total Intake :		130ml				Total Output :						0 time
	08:00 pm										0	Nyhil
	09:00 pm	H_2O	30ml									
	10:00 pm					-					0	Nyhil
	11:00 pm									✓		
	12:00 am	H_2O	20ml								0	Nyhil
	01:00 am											
Total Intake :		= 40ml				Total Output :						U 1-time
	02:00 am		40								0	Nyhil
	03:00 am									✓		
	04:00 am										0	Nyhil
	05:00 am											
	06:00 am										0	Nyhil
	07:00 am	+										
Total Intake :		Nil-170ml				Total Output :						U 1-time

Total 24 hrs. Intake	170ml

Total 24 hrs. Output	U - 3 time, M-Nil

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (2)

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

30/6/23		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea ~~Motion~~	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					✓		
	08:00 am										0	
	09:00 am	Milk	50ml								0	
	10:00 am											
	11:00 am	H2O	30ml								No	
	12:00 pm									✓	IV	
	01:00 pm	H2O	30ml								line	
Total Intake :			110ml			Total Output : U-2 times						
	02:00 pm	H2O	100ml									
	03:00 pm									✓	NO	
	04:00 pm	Milk	50ml									
	05:00 pm	soup	30ml							✓	IV	
	06:00 pm										line	
	07:00 pm	H2O	80ml									
Total Intake :			260ml			Total Output :		2 time				
	08:00 pm											
	09:00 pm	H2O	20ml								NO	
	10:00 pm									✓	IV	
	11:00 pm	H2O	30ml				✓				line	
	12:00 am									✓		
	01:00 am	H2O	10ml									
Total Intake :			60 ml			Total Output :		U-2 ; M-1				
	02:00 am											
	03:00 am	H2O	10ml								NO	
	04:00 am									✓		
	05:00 am	H2O	20ml								IV	
	06:00 am						✓					
	07:00 am	H2O	10ml								line	
Total Intake :			40 ml			Total Output :		U-1 ; M-1				

Total 24 hrs. Intake	310 ml

Total 24 hrs. Output	U-7 ; M-2

GUC-0007977 IP18-00036246
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NURSING CARE RECORD

Date: 29/6/26

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				→ On admission from ER			
Afternoon	3pm	Ensure patient airway and adequate oxygen Saturation	4 pm	⇒ Assess respiratory rate, rhythm, break sounds and SPO2 ⇒ position patient in Semi-fowler's position	⇒ Nebulization given ⇒ Monitored vital signs	child Reassessment done	Jay BUCHA
Night	8 pm	Promote Adequate Nutrition Status	10 pm	→ Assess Nutritional Status and appetite → provide balanced diet rich in protein foods.	Provided balanced rich in Protein foods.	Child Nutritional Status was Improved	Jyothi GOPISH

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(2)

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

Goals

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

Date: 30/6/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	1:30 am	Maintain fluid Balance.		~~Assess~~ child condition Maintain vital sign's and Stockart. Encourage oral intake	Improved fluid volume	Treatment was done vital are Stable.	Dy 01:30
Afternoon	2pm	Easly detection and prevention of complication	3pm	monitor vital signs	monitored vital signs	child was stable	Anu Ocean
Night	8pm	Promote adequate Nutrition.	10pm	→ Assess the child Nutritional status → Provide balance rich in Protein diet	→ patient intake and output is Good.	→ patient clinically stable	Lucy 01:11:30

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission from ER	
27/02/23	2:30pm	child details handed over taken from ER staff child admitted for cough, cold, fever for x1day fast breathing present child while receiving active and alert vitals are Monitored Resp RA SpO2 → 90% RA vitals checked and recorded	Jeg olvals
	3pm	Due drugs given as per order (PP CP CRT Tr RR) child had lunch & tolerate better	Jeg olvals
	4pm	Reassessment done RA SpO2 99% PR → 30bpm RR → 158bpm	
	7pm	neb Asthalin given as per order Vs chart maintained and recorded Dr. Giridhar sir seen the child advised to continue same if cough present can give extra Nebulization as per doctor order	Jeg olvals
	7:30pm	Hand over given to night duty staff.	
		Night Duty Notes	
	7:30pm	child details are handing over taken from evening duty staff. child received from ER @ 2:30pm He had c/o Fever, cough & runny nose	Jeg olvals

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8:30pm	Child vitals was checked and recorded. Temperature was checked. T - 100.3°F. Syrup. Pcm. 6 ml given stat as per doctor's order →	
	10:30pm	Again Temperature checked for the child. T - 99.2°F →	
30/6/26	12:00am	Child vitals was checked and recorded. Vitals are stabled.	
		CP ++ / PP ++ / CRT <3sec →	
	2:00am	child has comfortable sleep. No other complaints from child →	
	4:00am	Child vitals are checked & recorded vitals are stabled.	
		CP ++ / PP ++ / CRT <3sec →	
	5:30am	Due medication was given to the child as per doctor's order (Neb. Asthalin & Neb. Budecort) →	
	6:00am	Maintained I/O chart.	
	7:30am	patient details are handing over given to morning duty staff → morning duty On: 30/6/26	
	1:30pm	child details hand Over taken from night duty staff Child is conscious & oriented	Dy 018950.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(2)

NURSES NOTES

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 30/6/26 ←	
30/6/26	8am	Child R canula patten —	
		Vital Sign's checked and	
		Recorded vital are Stable	Dy
		CP tt | PP tt | CRT <3sec	01895
		Due to medication was	
		given as per doctor's Order	
		Rx Fluid DNS @ 5x Child	
		intake was good —	Dy
		Ilo chart Maintained —	01895
	12pm	Dr. Giridhar Sir Seen the	
		Child Sir advise Stop	
		Asthalin Pom plan discharge.	
		child R canula removed —	Dy
		Vital Sign's checked and	01895
		Recorded vital are Stable	
		CP tt | PP tt | CRT <3sec	
		Ilo chart Maintained —	
		Ilo any complaint's —	
	1.30pm	Child details hand Over	Dy
		given to evening duty Staff.	01895
		Evening duty notes	
30/6/26	1.30pm	→ child detail hand over taken	
		from morning duty S/N child	
		ensure & Orders NO IV line	Dy

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☐ ~~No~~ Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	2pm	→ child due medication given as per order chart	Due soon
	4pm	→ child vital signs checked and record. Vitals are stable PP CP CRT ++ ++ <2sec	Due soon
	6pm	→ child due medication intake and output chart maintained & record	Due soon
	7pm	→ child detail hand over given to night duty S/N	Due soon
		Night duty 30/6/26	
30/6/26	7.30pm	→ patient handover taken by evening duty S/N → patient clinically stable	Leuy 017189
	8pm	→ checked vital signs → Patient vitals is stable CRT 2sec | CP ++ | PP ++ →	Leuy 017189
	10pm	→ administered oral medicine as per drug chart order → provide health education → provide comfortable bed position →	Leuy 017189
1/7/26	12am	→ again checked vitals signs → patient vital signs	Leuy 017189

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:..

MRD No: GUC-00079777 IP18-00036246 O.:....................
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

Age :.... Sex: ☐ M ☐ F

Consult... ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29. 06. 2026 Time: 1:50pm

Location : left Metha Carpal

Size : 22G

Cannula inserted by : S/N Subhadip

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/6/26	2.00pm	☐Yes ☑No	☐Yes ☑No	pallen	[illegible]
	2.30pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
30/6	2 am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	6 am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	Removed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☑Yes ☐No, if yes date and time : 30/6/26 @ 12pm
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :
Time:
Location :
Size :
Cannula inserted by :

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

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

CANNULA 4

Date :
Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

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

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6	DATE 29/6	DATE 30/6	DATE 30/6	DATE 30/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

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

Intervention:						
	Bed in low position	✓	✓	✓	✓	✓
	Call device within reach	✓	✓	✓	✓	✓
	Wheels Locked	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	—	—	X
	Wheel chair support	X	X	—	—	X
	Other Intervention(s) Specify	X	X	—	—	X
	Nurse's Name:	Jessita	[illegible] Anje	Divya	[illegible]	
	Signature:	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	29/6	29/6	30/6	30/6	30/6
	Time:	@ 8pm	@ 8pm	8am	@ 2pm	@ 8pm

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M) G/04
Dr. GIRIDHAR S

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F

					E	N	M	E
				Date :	29/6	29/6	30/6	30/6
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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	26	26	26	26
				Evaluator's Name	Deep			

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

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26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: LRTI with wheeze

Arrival Time: 2.30pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NIL

Body Weight: 12.8 Kg

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: NIL

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

If yes please list, ...

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

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

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

Observations: Weight: 12.8 kgs Length: — Head Circumference (< 2 years): —

Temp.: 99.1F HR: 140/min RR: 34/min BP: —

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 125 (Document in the Humpty Dumpty Sheet)

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

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

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

FUNCTIONAL SCREENING:

☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ No Abnormalities Detected

☐ Underweight
☐ Feeding Problem
☐ Overweight
☐ Special diet
☐ Special Feeding Method
☐ No Abnormality Detected

Inform consultant for positive criteria

(P.T.O)

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

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 ..... Father .....

Nurse's Name: ..... Jeintha ..... Date: ..... 29/6/26 ..... Time: ..... 3pm ..... Signature ..... Jey

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
29/6	3pm	Med	Explained about nebulization	Father	yes	Oral	NC	Yes	good	Jeri
		ication	frequency							Dhanus
30/6	8am	treatment and care	Explain about treatment	mother	yes	Oral	None	yes	good	Dhanu 0186900

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

P2504 5M 11:30AM

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

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wt. 18.7kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. atreya Balaji Age : 3y 4m. Gender: ☑ Male ☐ Female

Date : 29/6/26 Time of Arrival : 1:25PM

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: 99.6F PR: 150bpm BP: 104/66mm RR: 36bpm SpO2: 96% RA

Chief Complaints: C/o vomiting, Cough & fever.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2hrs

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)

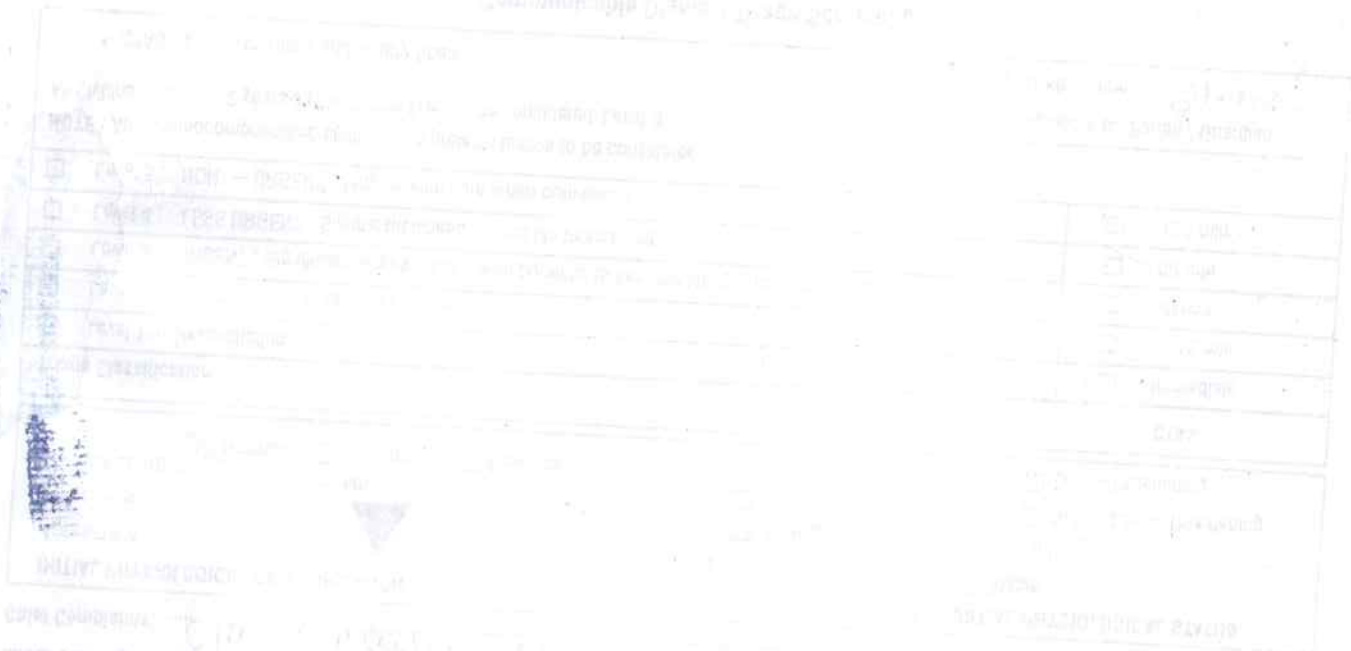
- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should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

Name of Triage Nurse : Suganthi

Signature of Triage Nurse : Suganthi D 0182475

Date & Time : 29/6/26 @ 1:25pm

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



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29.06.2026 Time of arrival : 1.05pm

Chief Complaints: Cold & Cough. Fever. RBS: –

Height : ..... Weight : 18.7 kg BMI : – Head Circumference (<2 years) –

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

If yes , identify –

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

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

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

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

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

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

Inform consultant for positive criteria

–

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 29.06.2026

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 1.35pm

(P.T.O.)

Time	Nursing Notes
1:25pm	Child care for cough child conscious & oriented. Child vitals checked & Recorded vitals stable. Dr. Dhanam SIR see the to advice to child attender to admitted for further mayement. IV Placement done. Sample send to lab. Child shifted to ward.

Samples collected by: S/N Subhadip Time: 2:00pm.

Samples sent by: S/N Gayantheo. Time: 2:05pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 150bpt BP: 140/80 CFT: <2s

RR: 20pt SPO_2: 96% RA

GCS: 15/15 Temperature : 99.6F

Pain Score: 0

Repeat RBS (if applicable): NIL

Details of Shift - out

Shift - out from ER to: GO3

Time of Shift - out: 2:15pm

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

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement done. O2 @ 4L/min Metaxopal 2ml IV

Name of the Nurse : Gayantheo

Signature of the Nurse : Gayan

Date & Time : 24/2/24 @ 2pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Date : 29/6/2026

Admitting Doctor : Dr. Giridhar. S.

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

Start Time of Assessment: 11:30AM Weight: 18.7kgs

Allergic History: NIL

Chief Complaints: c/o fever x 1 day
c/o cough / cold x 2 days
c/o Running nose / headache
c/o fast breathing since today morning

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

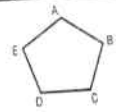
C Circulation
- ☐ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

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

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

Significant Past History: K/C/O wheezer, NEB on OPD Basis
Medication History: -
Relevant Investigations: -

Primary Assessment



Airway
- ☐ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 40 cycles/min SpO_2 on FiO_2 98% on RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☑ Wheezing ☐ Grunting
Air Entry: B/L AEE
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation HR: 105 CFT [Central ..... Peripheral .....]

BP: 89/52 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

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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

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

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

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure Temp.: 101°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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

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

Labs Planned:

IV d0 CBC

CRP

Dengue NS 1

Throat Swab for Respiratory panel (Biofire)

Treatment Planned:

1) NEB ASTHALIN 1.5ml QID 6H

2) NEB BUDECORT 1.5ml QID 12H

3) Syp P250 6ml QEH if temp > 100.5°F.

4) Syp XYZAL 0-0-5ml x 7 days

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

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

Assessment done by

Name of the Doctor: .....

Signature: .....

Date & Time: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Docu No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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PATIENT TRANSFER FORM

GUC-00079777 IP18-00036246
Baby ATREYA BALAJI
26-02-2023 3 Y 4 M 3 D (M)
Dr. GIRIDHAR S

	Date & Time of Admission: 29.06.2026 @ 1.04 pm	Date & Time of Transfer Order: 29.06.2026 @ 2.30pm
Treating Consultant Name: Dr. giridhar	Transfer Ordered by: Dr. Yuvaraj	Reason for Transfer: further Management
From Unit: ER.	To Unit: 603	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Total 9 Sheet. 14.	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	NIL	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring: 01/61/34	Name of Person Ordered Transfer: 12732 Dr. Imran
Patient & Clinical Records Received by: 01/06/13	
Date & Time of Patient Received : 29/06/26 @ 2.30pm	

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