5th floor

Rainbow Children's Hospital

GUC-00075914 IP18-00036238
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		30/6/26 @ 10:30AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00075914 IP18-00036238
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

UHID No: .....

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

Date of Admission: .....

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

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

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6	2.35AM	ER	517	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Nandhini	30/6/2026		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/20	CBC, CRP, RPG	26020564	
	RBS	26020566	
29/6	Electrolyte	26020572	
29/6/20	Urine RE, PCR	26020577	
29/6/20	C3, CD4	20619	Poly.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/20	Infusion pump	29/6/20 8.30AM	29/6/20 5PM	71917 3	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV placed	(1)	1718902	
29/6/26	USG Abdomen	(1)	08640	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 30/6/26 Time: 10:30AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
01:30PM			

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5th floor

GUC:-00075914 IP18-00036238
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

DISCHARGE TRACKING SHEET

DR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/6/26 10.30 AM		Paly 10830		
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/6 1030 AM	Paly 10830		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

LISTER METROPOLIS

260121520035863

Name	: Baby. KRISHAV AADVIK 75914	VID No.	: 260121520035863
Age / Gender	: 6 Year(s)/ Male	PID No.	: P16826572664926
Contact No.	:	Referred by	: SELF
Address	: Chennai	Registered On	: 29/06/2026 5:49 PM
Pin code	: 600043	Collected On	: 29/06/2026 5:46PM
		Reported On	: 29/06/2026 7:21 PM

Investigation	Observed Value	Unit	Biological Reference Interval
C3 (Complement-3)	**173.79**	mg/dL	80-156
(Serum,Immunoturbidimetry)			

-- End of Report --

MC-2518

Test Marked with NABL symbol are in the scope of accrediation

Dr. LAKSHMI KANTH.R.M.
MD (Pathology)
Doctor in Charge Histopathology
Reg No.89421

MEDICAL LABORATORY REPORT

Sample Collected At:
RAINBOW CHILDERNS HOSPITALS P L, No 157 Saidapet Cheenai, Near Little Mount Station

Processing Location :
Processing Location Metropolis Healthcare Ltd. #3, Jagannathan Road, Nungambakkam, Chennai - 600 034

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Patient Name	Baby KRISHAV AADVIK K	Patient Ph.No	9488727756
Age	6 Y 2 M 26 D	Requisition No	R2618-008640
Gender	Male	Collected on	29-06-2026 11:34 AM
IP / Bill No.	IP18-00036238	Received On	29-06-2026 12:24 PM
UHID No.	GUC-00075914	Reported On	29-06-2026 12:24 PM
Ref. Doctor	PRAHLAD N	Ward / Bed No	

ULTRASOUND ABDOMEN

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

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

SPLEEN : Normal in size and echotexture.

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

KIDNEYS : Right kidney : 85 x 46 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 64 x 35 mm. **Small in size and show mildly increased echotexture with multiple lobulations. No hydronephrosis or calculi.**

Mild - moderate dilatation of bilateral distal ureters ~ measuring around 8 mm on right side and 10 mm on left side.

URINARY BLADDER : Distended well and appears normal.

No ascites / Lymphadenopathy.

No e/o bowel wall thickening / edema.

Print Date/Time : 29-06-2026 12:24 PM Printed By : ARUN

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited

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

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

For Appointments call: 1800 2122

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in

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Your Right to a Safe Delivery

Patient Name	Baby KRISHAV AADVIK K	Patient Ph.No	9488727756
Age	6 Y 2 M 26 D	Requisition No	R2618-008640
Gender	Male	Collected on	29-06-2026 11:34 AM
IP / Bill No.	IP18-00036238	Received On	29-06-2026 12:24 PM
UHID No.	GUC-00075914	Reported On	29-06-2026 12:24 PM
Ref. Doctor	PRAHLAD N	Ward / Bed No	

Impression

Ultrasound features suggestive of

Small sized left kidney with mild increased echotexture and multiple lobulations.

Mild - moderate dilatation of bilateral distal ureters.

Suggested clinical correlation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 29-06-2026 12:24 PM Printed By : ARUN

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited

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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 : IP18-00036238 **Admit Date** : 29-Jun-2026 **Admit Time** : 01:30 AM **UHID** : GUC-00075914

Patient Details :

Patient Name : Baby KRISHAV AADVIK K
Guardian : KARTHICKRAJAA
Gender : Male
Occupation :
Address (H) : 3/8 , Dharmaraja Nagar , 5th street, Karambakkam , Porur , Chennai Porur Chennai Tamil Nadu INDIA 600116

Age : 6 Y 2 M 26 D
DOB : 03-04-2020
Religion :
Martial Status :
Phone No : 9488727756/ 9488727756
E-mail : karthickrajaa.mariappan@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 : KARTHICKRAJAA **Relationship** : Father
Contact Address : **Phone No** : 9488727756

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N **Specialisation** : PEDIATRIC NEPHROLOGY
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 KRISHAV AADVIK K**	**Age :**	**6 Y 2 M 26 D**
IP No:	**IP18-00036238**	**Sex:**	**Male**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: KARTHICK RAJA
Relationship: FATHER
Date: 29/06/26 Time: 01:30 AM
Witness Name: P Dharma Sekar
Witness Signature:

Patient Address:
3/8 , Dharmaraja Nagar , 5th street,
Karambakkam , Porur , Chennai Porur
Chennai Tamil Nadu INDIA 600116

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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 KRISHNA ADDULA	UHID Number : 15914
Self/Attendant Name : KARTHICK RAJA	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00075914 IP18-00036238 _____

Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

Department: _____ _____

Consultant: _____

GUC:-0007 5914 IP18-00
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
Dr. PRAHLAD N

Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O: Loose stools - 4 episodes/day ×10d
↓
non-bloody
watery in nature

Abd pain generalized ×10d
more over umbilical

NO C/V. fever

4/3/2020 MCV - B/L Double moiety Complete ureters duplication on either side
Grade IV reflux into (L) moiety ureter
Grade II reflux in Upper pole ureter

Patient Sticker

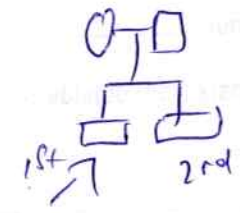
Past History : (Including details of any previous investigation or treatment)

Adenotonsillectomy : Feb 2025

Birth & Neonatal History:

LSCS | Term | 3.02kg | CIAB | NO NICU Stay

Family Chart



Birth & Socio Economic History:

About Father : N

About Mother : N

Any additional Information :

Developmental History :

N

Immunization History :

Uptodate IAP Schedule

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 120cm (Centile 99TH)

Weight (kgs) 29.5kg (Centile _____)

On Examination :

UL - 120/80 mmHg
LL - 102/86 mmHg

Temperature : 97°F Pulse Rate : 122/min B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : N

Rash : -

Lymphadenopathy : -

Oedema : -

Allergies (if any): -

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBS(+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2(+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : Soft INT

Ausculation : BS(+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power (N)

Co-ordinator :

Posture : (N)

Involuntary Movements :

Patient Sticker

Reflexes :

DTR (+) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic: Aw. AGE / Hypertension

Pediatric Multiorgan History & Physical Examination

	Systolic	Diastolic
50th	98	55
90th	112	70
95th	116	74
99th	123	82

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
RP-2
Urine R/E
PCR

Planned Management

Enterogermina respules 1-1-1

Inj Pan 30mg IV Q24H

Inj Emeset 3mg Q8H

Strict I/O Chart
Ag

Signature of the Doctor: [signature]

Name of the Doctor: C. DEEPAK

Date & Time: 29/6/... 2:00AM

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: .....

GUC-00075914 IP18-00036238
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20		
3:30AM	S/B Dr. DEEPAN	
	Adv:- AGE	
	? Hypertension	
	Child reviewed	
	Child has no fever spikes	
	no loose stools	
	O/E:	
	Child is consious, alert, afebrile	
	CVS: S1S2 ⊕	BP: 126/84 mm hg
	RS: VBS ⊕	PR: 100/min
	P/A: soft	SpO2: 98% RA
	CNS: NFND	
		Rx
		To monitor I/O chart
		To Monitor BP every 2nd hrly
		To do urine RME & PCR
		To continue input chart
		C. [signature]
		10]415

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
29/6/20 9AM	S/B Dr. chandiralege	
	A - AGE c̄ some dehydration / Hypertension	
	child reviewed	
	sleeping	
	c/o loose stools ⊕	
	no fever spikes, vomiting	
	Hydration - peripheries warm	
	peripheral pulses felt	
	CRT < 3 sec	
	O/E	BP - 116 / 74 mmHg
	Afebrile	PR - 108 /min
	CVS - S1S2 ⊕	
	RS - B/L AE ⊕	
	P/A - soft, non tender	
	no organomegaly	
		Adv
		- continue septran prophylaxis
		- enterogermina, pro: biotics
		- monitor vitals
	Sd/- 19/2/24	

GUC-00075914 IP18-
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26
Dr. PRAHLAD N

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20 5pm	S/b Dr. Chandiralega.	
	Δ - AGE c̄ some dehydration / Hypertension	
	Child remained	
	loose stools - resolved	
	no c/o abd pain, vomiting	
	Tolerating oral feeds well	Bp - 134/84 mmHg
	Hydration - Adequate	PR - 102/min
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - soft, non tender	
		Adv:
		- monitor vitals
		- continue ... pain, emesis
		- Anti HTN as per chart
	[signature] 19	- Stop Nicardia if BP < 100/60 mmHg

Docu. No. : RCH /FRM / CLINICAL / 086

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/26. 7.00 PM	S/B Dr. S Naveenkumar.	28.5kg
	A: AGE with dehydration	
	• New onset Hypertension (? Reflux Dysplasia).	
LK: 18%	• B/L double moiety with ureteric duplication.	
RK: 82%	• B/L Lower moiety: Grade IV VUR; B/L upper moiety: Grade II VUR	
	• (L) Reflux Dysplasia	• Active, alert
		• Afebrile
90th: 112/70		• No further episodes of loose stools
95th: 116/74		• No vomiting
	Plan:	
	Add. T. Prolomet XL (25mg) 0-1-0 (12PM)	
	(↑)	Cont. T. Nicardia 15mg TID.
		To W/H Nicardia if BP < 100/60.

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

GUC:-00075914 IP18-00036238
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/20 9.30am	S/B Dr. Gayathri	
	A: AGE c dehydration c New onset hypertension • B/L double moiety c ureteric duplication • B/L Lower moiety c G IV VUR B/L upper moiety c G II VUR. • (L) Reflux dysplasia	
	DMSA : LK - 18% RK - 82%.	
	USG: LK - 64 x 35mm. Small in size ↑ echotexture B/L mild to moderate dilatation of distal ureters ↳ 8mm (R) / ↳ 10mm (L) UB - (N).	RK - 85 x 46cm
	(3 - 173.79 (80-156)	
	Child is alert & active Afebrile NO fresh complaints NO loose stools / vomiting / hematuria / abdominal pain / skin rash / joint pain.	
	Concerns: Hypertension	> 95th centile (over last 24 hrs)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	on Anti HTN drugs	
	* T. NICARDIA 15mg 1—1—1	
	* T. PROLOMET XL 25mg 0—1—0 (12pm)	
	on IV XONE (D2)	
	Syp. SEPTRAN	
	OD	
	I / 1680 ml	
	O / 1080 ml	
	~ U/O – 1.5 ml/kg/hr.	
	Plan	
	(1) stop IVF	
	(2) Cont XONE / syp septran / pan / emeset / ~~[illegible]~~ Economy	
	(3) Cont Anti HTN drugs	
	(4) BP charting	
	(5) strict I/O charting	
	(6) Monitor vitals	
	(7) pediatric surgeon opinion	
	(8) 2D echo (cyst) ? awaited	
	[signature] 16586	
	(9) plan for D/C today after opinion	

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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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Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

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RESULT SHEET

Date	29/6/20					
Time						
Hb	13.0					
PCV	38					
RBC	4.52					
WBC	13,920					
N/L	65/25					
Platelets	4,58,000					
CRP	<5					
ESR						
PCT						
RBS	112					
Na	139					
K	4.6					
Cl	102					
Ca/Mg	1.25					
Phosphate / HCO_3^-	24					
Urea	29					
Creatinine	0.64					
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	2					
Time						
CUE - Alb	Trace					
CUE - Sugar	—					
CUE - Ketones	-					
CUE - PUS Cells	1–3					
CUE - RBC Cells	1–2					
CUE Leukocyte, nitrate	negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
S Protein	11					
Creatinin	44					
SPCR	0.25					
CON	325	(150–550)				
C3	173.79	(80–159)				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 28/6 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P 350mg				Date / Time: 29/6 4:30 PM PRT
Dose: 4.5ml	Route: PO	Frequency: SOS	Start Date:	
Doctor's Signature:	Valid Period:	Pharm.:		
Additional Instructions: SOS if pain once in 6hrs				

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 .....

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. 29.5 Ward. 5th Floor

Resply

DRUG : Enterogermina

Dose	Route	Frequency	Start Date
1	PO	1-1-1	29/6

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
29/6	6am
	2pm
	10pm

PST KS

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
80mg	IV	Q24H	29/6

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
29/6	2.15pm
30/6	6am

IKD PST

DRUG : Inj GTESET

Dose	Route	Frequency	Start Date
3mg	IV	Q8H	29/6

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
29/6	2.15pm
30/6	6am
	2pm
	10pm

IKD PST KS PST

DRUG : Syrup SEPTRAN

Dose	Route	Frequency	Start Date
6ml	PO	0-0-1	29/6

Name & Signature of the Doctor Starting the Drugs: G

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
29/6	8pm
30/6	

PST

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 29.5 Ward 5th floor

DRUG: T. NICARDIA

Dose	Route	Frequency	Start Dt.
10mg	Po	Q8H	29/6

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

Additional Instructions: 20337

Date/Time: 29/6 — 7 AM: 8.30 am TP; 3 PM: [initials]; 11 PM

changed

Daily Doctor's Endorsement by a Sign

DRUG: Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1.5g	IV	Q12H	29/6

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

Additional Instructions: 20337.

Date/Time: 29/6, 30/6 — 6 AM: 4.15 am Rst, RST; 6 PM: [initials]; D1, D2

Daily Doctor's Endorsement by a Sign

DRUG: ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 Sachet	PO	Q12H	29/6

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

Additional Instructions: 20337

Date/Time: 29/6, 30/6 — 8 AM: 10H TP; 8 PM: RST

Daily Doctor's Endorsement by a Sign

DRUG: T. NICARDIA

Dose	Route	Frequency	Start Dt.
15mg	PO	Q8H	29/6

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

Additional Instructions:

Date/Time: 29/6, 30/6 — 7 AM: /, RST; 3 PM: /; 11 PM: RST

Daily Doctor's Endorsement by a Sign

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T·PROLOMET XL				Date/Time
Dose	Route	Frequency	Start Dt.	
25mg	P/O	Q24H	30/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 165559				
Additional Instructions: 0 – 12pm – 0.				
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. 29.5 Ward. 5th Floor

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
29/6/20	9.30pm	INJ. PANTOPRAZOLE	30mg	IV	19/12/4	RST
29/6/20		SYP MUCAINE GEL	5ml	PO	19/12/4	

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I.V. FLUIDS CHART

Weight. 28.5 kg Ward. 5th Floor

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
29/6/26	8.30 AM	IVF 0.9 NS	IV	65 ml/hr		TP			

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

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Baby KRISHAV AADVIK K (M)
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Dr. PRAHLAD N

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....—........ ☒ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 517

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	Syp. SEPTRAN	6ml	P/O	0-0-1	27/6	☒ 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 : [signature]

Date & Time : 29/6/20 @ 2:00AM

Nurse Name & Signature: [signature] 178894 Aman

Date & Time : 29/6 @ 2.Am.

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

BP

126/84

141/85 (108) | 145/77 (95)

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Baby KRISHAV AADVIK K
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Dr. PRAHLAD N

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 : 29/6/20 Time:	2:40 PM	4PM	7AM
Doctor / Nurse / Family Concern?			
Temperature (°F)	98.4°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	126 / (93) / 84	123 / (91) / 70	134 / (95) / 84
Note: BP does not score in early warning scoring			
Heart Rate (Number)	100 bpm	100 bpm	
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	20 rpm	22 bpm	
Resp Distress: Mod/ Severe / None / Mild	✓	✓	
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	
Conscious Level: Normal / Altered	✓	✓	
GCS *	15	15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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(2)

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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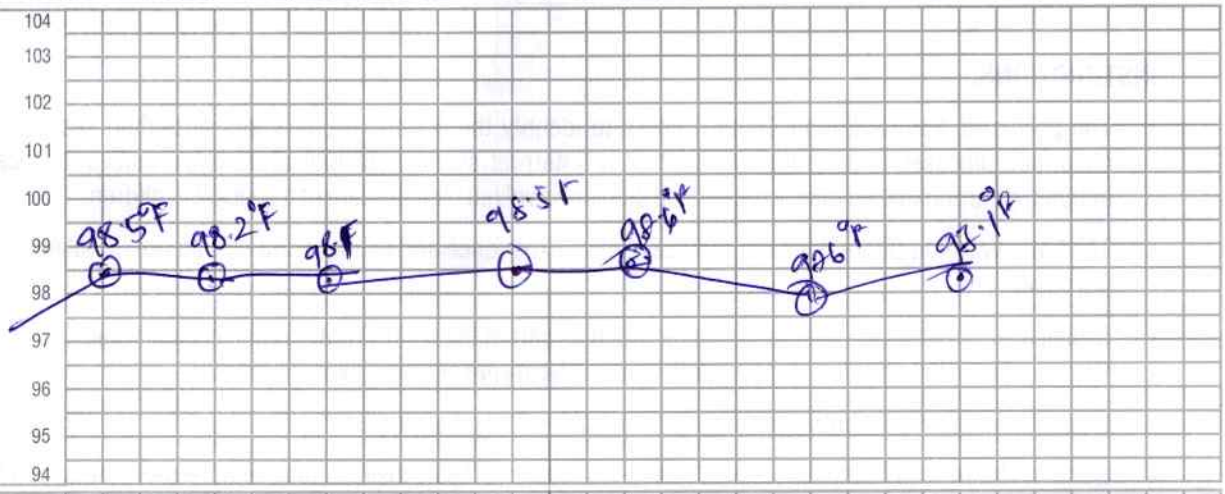
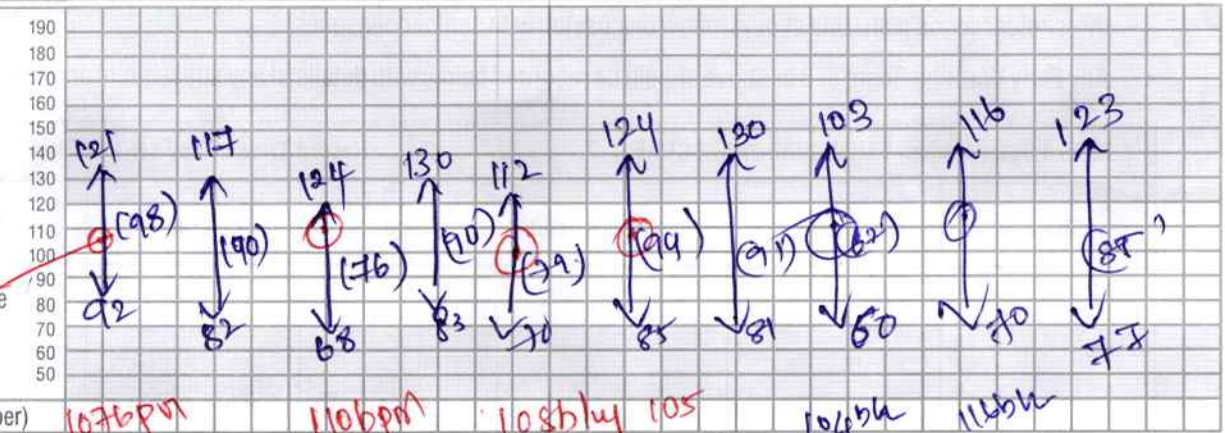
EARLY WARNING SCORE: CHILDREN'S UNIT

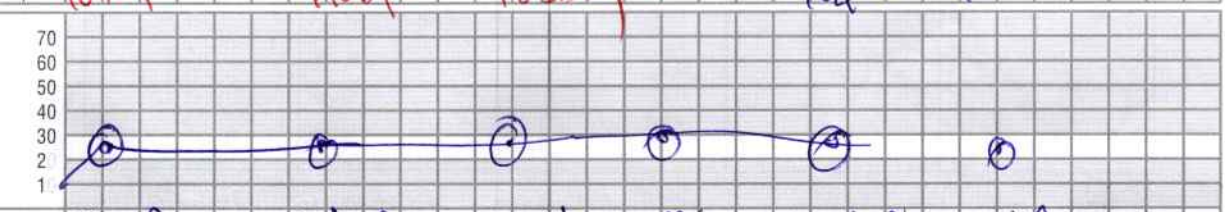
Date : 29/8/20 Time: 8AM | 10pm | 8pm | 2pm | 4pm | 8pm | 11pm | 1AM | 4AM | 7AM

Doctor / Nurse / Family Concern?





Heart Rate (Number)	107bpm	110bpm	108bpm	105	104bpm	116bpm		



Resp Rate (Number)	26bpm	24bpm	22bpm	20bpm	20bpm	20bpm		
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓		
Receiving O_2 (l/min)			RA	RA	RA	RA		
O_2 Saturations (%)	99%	98%	98%	98%	97%	97%		
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
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* 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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Dr. PRAHLAD N

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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.

29/8/20

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am	H2O	20ml								0	
	03:00 am										0	
	04:00 am										0	
	05:00 am									V	0	
	06:00 am	H2O	10ml								0	
	07:00 am									V	0	
Total Intake :		30ml				Total Output :				2 times		

Receiving Not

Total 24 hrs. Intake	30ml	Total 24 hrs. Output	2 times

BP

R	L
124/88 (96)	Dr line
129/87 (94)	123/70 (89)

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FLUID CHART

Sheet No. : 2

T. wt - 28.6
DB grath - 65

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.

24/6/20		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			60							0	
	09:00 am	H20	40ml	60						350ml	0	
	10:00 am	TC	120ml	65							0	
	11:00 am			65							0	
	12:00 pm			65							0	
	01:00 pm			DC							0	
Total Intake :		240ml + 315ml				Total Output :				350ml		
	02:00 pm	H20	10ml	65ml							0	
	03:00 pm	H20	15ml	65ml						100ml	0	
	04:00 pm	Rice		65ml							0	
	05:00 pm	Orange	150ml	65ml							0	
	06:00 pm	H20	10ml	DC			✓			✓	0	
	07:00 pm											
Total Intake :		185ml + 260ml				Total Output :				100ml + 1 time motion		
	08:00 pm	Juice	120ml								0	
	09:00 pm	H20	50ml							250ml	0	
	10:00 pm	Tea	120ml								0	
	11:00 pm										0	
	12:00 am	Juice	120ml								0	
	01:00 am										0	
Total Intake :		410ml				Total Output :				250ml		
	02:00 am										0	
	03:00 am										0	
	04:00 am	Juice	120ml							✓	0	
	05:00 am										0	
	06:00 am	H20	50ml								0	
	07:00 am	TCW	120ml							380ml	0	
Total Intake :		290ml				Total Output :				380ml + 1 time		

Total 24 hrs. Intake	1,650ml	Total 24 hrs. Output	1,080ml + 2 times

1.5ml / kg / hr

GUC-00075914 IP
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26
Dr. PRAHLAD N

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: 29/6/26

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							
Afternoon							
Night	2:30 pm	Maintain the Good Nutrition Status	3pm	> Assess the condition > Check vital sign > monitor Flach. > Administer med.	Child was stable	Child was Active	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00075914 IP18-0
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
Dr. PRAHLAD N

NURSING CARE RECORD

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

Date: 24/6/26

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	1.30	To improve Nutritional Status	1.30	Improve by encourage oral intake & diet	Evaluate by Input & output Chart	Nutritionally Baby well & Normal	
Afternoon	1.30 pm	Maintain fluid Balance	2 pm	→ provided IVF → Encouraged to take fluid / food → Look for Edema and fluid overloaded	Maintain hydration	Re-assement done	
Night	8pm	To Maintain the good Nutritional status	8 pm	> Assess the condition > Check vital sign > monitor the chan	Child was Stable	Child was active	

GUC-00075914 IP18-00
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
Dr. PRAHLAD N

(1)

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 .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Note.	
29/10	2:30AM	child details handover taken from the ER staff child was conscious & oriented. IV line patton. Check the vital sign, monitor Bp - 126/84 (93) Inform to the Dr Deepak sir.	[signature]
	3AM	child was complain for the one episode of vomiting Inform to the Dr. Deepak sir.	[signature]
	4AM	Check the vital sign, vital are the stable. Bp-123/70(81) Inform to the Dr Deepak sir sir Advised monitor Bp.	[signature]
	4:30AM	child was complain for the abdomen pain. Inform to the syp - Para 500mg As per the doctor Advised	[signature]
	5:30AM	Reassess the continue child was stable. collect the urine sample send to the Lab. CP # / RP # / CRT Lab	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6Am	child was stable. no other complaint. Dr line patter.	[signature]
29/6/26	6.45Pm	Dr. prahlad sir phone call Advised start Ivf maintain Add Inj. zone & Econam Sauct.	[signature]
	7Am	Check the Bp - 134/84 Inform to the Dr prahlad sir.	[signature]
	7.15Am	Doctor phone call Advice Inj. zone 1.5g as per the order. followed.	[signature]
	7.30Am	Child details handover given to the morning duty staff	[signature]
29/6		Morning duty (29/6/26)	
	7.30 AM	Child Handover taken from night duty Staff Nurse. child was concious & oriented and child was under room air and IV line present	[signature]
	8AM	Vitals are monitored and recorded and vitals are stable	

	CP	PP	CRT
8AM	++	++	<3sec

[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00075914 IP18-
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
Dr. PRAHLAD N

(8)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight
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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
26/6	8.30pm	T. Nicardia given as per doctor chart order & documented	Pdiy 017387
	11AM.	As per Dr. prahlad sir advice C3, LDH sended to lab and documented.	
	11.30 AM	Dr. prahlad sir advice to take USG Abdomen and take and report sended to sir	Pdiy 017387
	12pm	Vitals are monitored & recorded and vitals are stable	
		(12pm) CP ++ PP ++ CRT <3sec	
	1pm	Monitored Input & output chart & documented	Pdiy 017384
	1.30 PM	Patient Handed over to evening duty staff	Pdiy 017384
		← Evening duty →	
	1:30 pm	-) patient detail Handing over taken by Morning duty s/n	Sidy 019346
		-) patient was conscious and oriented patient was active & alert IV line patten	
	2pm	-) due medication are given as per drug chart order	019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/21		Bp Checked 130/83(90) informed to Dr. Chandralega mam through message. Doctor advice to Tab Nicardia	019346
	2pm	→ Nicardia as given as per doctor advice order	019346
	3pm	Inf - 0.9% DNS 65ml/hr on flow	
	3.45 pm	→ Dr. Jerry Vignesh sir saw the patient and Explained all the reports to attenders	019346
	4pm	→ vitals are checked and Recorded vitals are stable. Re-assess the Bp, reduced 110/70(83). TUNE / CRT <3sec / CP +/ / PP + +	019345
	6pm	Due medication as given as per drug chart order	019346
	7pm	Monitoring Records & reports	
	7.30 pm	→ Dr. Naresh sir saw the child and gave advice to attenders. Doctor advice to T. prolomet(XL) 25mg -at OD and T. Nicardia dose was change to T. Nicardia 10mg, and with hold T. Nicardia if Bp is 100/60	019346
		→ No complaints, child stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00075914 IP18-0
Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
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(8)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6	7-30 pm	- Child detail Handing over taken to Night duty S/N	[signature] 019346
		Night duty	
	7-30pm	child details handover taken from the Evening duty staff. child was consious & oriended Dr line patter.	[signature] 0201
	8pm	Check the vital sign vitals are the stable Bp- 124/85 CP ++ PP ++ CRT <2s	
		Inform to the Dr chandiralega mam. mam Adviced monitor Bp.	[signature] 0201
	9.30pm	Child have complaint for the Abdomen pain. Inform to the Dr chandralega mam mam Advig start Inj. Pan 30mg. follow this order. given the Inj. Pan 30mg.	[signature] 0201
	10:30pm	Reassess the child condition. child was stable. reduced the Abdomenal pain. Due medication as given for the order.	[signature] 0201

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	11pm	check the vital sign,	
		monitor BP → 130/81 (90)	
		Inform to the Doctor.	[signature]
		Tab. Nicardia 10 mg given	
		as per the Dr Naresh sir	
20/3		order. child have abdominal	
		pain.	
	12AM	check the vital sign	
		vitals are the stable	[signature]
		BP - 103/60 mmhg | CP ++ | PP ++ | CRT <3sec	
		map - (67)	
		Dr. Chandralega mam Advi'd	
		syp. mucaine gel 5ml for Abdo	
		pain. given the medicine	[signature]
		as per the order but not	
		given.	
	2AM	child was stable no	
		Abdomen pain. IV line	
		patten. child was	[signature]
		well sleeping.	
	4AM	check the vital sign	
		vitals are the stable	
		BP - 116/70 mmhg. | CP ++ | PP ++ | CRT <2"	[signature]
		IV line patten	
	6AM	Due medication as	
		given for the drug	
		chart order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:.......................................
MRD NO:....... GUC-00075914 Baby KRISHAV AADVIK K IP18-00036238 03-04-2020 6 Y 2 M 26 D Dr. PRAHLAD N (M) ....
Age :............ ☐ M ☐ F
Consultant :.......................................

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29/6 Time: 2.10Am
Location : (L) Anasthetic
Size : 22G.
Cannula inserted by : S/N-Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/6	2.30 Am	☐Yes ☑No	☐Yes ☑No	Pattern	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observ	[illegible]
	6Am	☐Yes ☑No	☐Yes ☑No	Obsen	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Obsou	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Obsou	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Obsou	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obsmd	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obswd	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obsd	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obsw	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Obsul	[illegible]
30/6	12Am	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
	2Am	☐Yes ☑No	☐Yes ☑No	obsul	[illegible]
	4Am	☐Yes ☑No	☐Yes ☑No	obsul	[illegible]
	6Am	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Obsou	[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		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00075914 IP18-
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6	DATE 29/6	DATE 29/6	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					
	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
	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		10	6	6	10	10

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:						
	Signature:						
	Date:		29/6	29/6	29/6	30/6	30/6
	Time:		3PM	8PM	1pm	8m	8AM

GUC:-00075914 IP18-
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BRADEN 'Q' SCALE

(1)

					Date :	29/6	29/6	29/6	30/6
					Time :	M	M	E	N
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.		4	4	4	4
					TOTAL SCORE	27	27	27	27
					Evaluator's Name	HP			

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

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	ⓜ Regular Turning Schedule ⓜ Enable as much activity as possible ⓜ Protect the heels ⓜ Use pressure redistribution surfaces ⓜ Manage moisture, friction and shear ⓜ 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	ⓜ Use the Same Protocol as for **"At Risk"** Patients ⓜ 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	ⓜ Follow the same protocol as for **"Moderate Risk"** Patients ⓜ In addition to regular turning schedule ⓜ 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	ⓜ Use same protocol as for **"High Risk"** Patients ⓜ 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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Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D
Dr. PRAHLAD N

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE

Arrival Time: 2.30 AM Mode of Arrival: walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: nil Body Weight: 29.5 Kg

Height: .... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
k/c Double majestic compl.	-	-

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: LSCS

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

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

Observations: Weight: 29.5 Length: — Head Circumference (< 2 years): —

Temp.: 98.1°F HR: 100 m RR: 20 m BP: 120/80

Pain Score: 0/N Specify Site: o/w (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 N 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: Dr. Prachi (Date/Time): .....

Social History: Lives With Parent

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 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 Mother & Father.

Nurse's Name: Thulasi Date: 29/6/4 Time: 2:45 Signature

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
29/6	2:30 PM	2	Explain the Treatment & Care.	Mother	NO	Oral	none	Verbl	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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BED SIDE CHECK LIST FOR NURSES

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/6/20 Time of arrival : 1:05AM Pain

Chief Complaints: c/o loose stool x 4 Episodes, stomach RBS: 112 mg/dl

Height : — Weight : 29.5kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

—

—

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 1:52

Time	Nursing Notes
1:10 AM	child Brought to ER c/o loose stools x 4 epi. & Abdominal pain
	- All vitals Checked & recorded.
	- ER Dr. assessed & Admitted the Child & ↓ Dr. Prahlad.
	- IV line done & Bld Sample collected
	- Pt shifted to ward for further mgt.

Samples collected by: / Iman — Time: / 2.15 AM

Samples sent by : — Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 122 BP: 102/86 CFT: <3sec	Shift - out from ER to: 5/7
RR: 22 SPO$_2$: 100	Time of Shift - out: @ 2.25 AM
GCS: 15/15 Temperature : 96.2°F	Handover given to: S/N-Tulshi. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Iman — Signature of the Nurse :

Date & Time : 29/6 @ 2.AM

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ..... Date : .....

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

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

Allergic History: .....

Chief Complaints: .....

Loose stools - 4episode
Abd pain 1x1d

Pediatric Assessment Triangle

A Appearance - TICLS ..... Alert

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: ..... SpO_2 on FiO_2 ..... 98% RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE

Palpation Findings (If necessary) .....

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

Circulation

HR: .....

CFT — Central ..... A — Peripheral ..... A

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central ..... A — Peripheral ..... A

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: Alert

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.: 97.9°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: .....

.....

.....

.....

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

.....

.....

.....

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: C. DEEPAK

Signature: C. Deepak

Date & Time: 29/6/20 01:45 PM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

PATIENT TRANSFER FORM

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Dr. PRAHLAD N

	Date & Time of Admission	Date & Time of Transfer Order
	29/6 @ 1.30 Am	29/6 @ 2.25 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Prahlad	Dr. Deepak	treatment
From Unit	**To Unit**	**Information to Attendant**
ER	517	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(11)	—	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 ☐

Dr. AHE

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	C. DEEPAK

Patient & Clinical Records Received by : Pdlvy 01830 29/6 @ 2.25 AM

Date & Time of Patient Received : Pdlvy 01830 29/6 @ 2.25 AM

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

Baby. Krishaar Adavik

Patient Sticker

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EMERGENCY ROOM TRIAGE FORM

Wt: 29.5 kg

Patient's Name : Krishaar Adavik. Age : 5yrs. Gender: ☑ Male ☐ Female

Date : 29/06/26. Time of Arrival : 1:05 am

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 96.2°F PR: 132/min BP: 102/86 (93) RR: 22/min. SpO_2: 100%.

Chief Complaints: Loose stool x 4 episodes, Stomach pain x 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION				INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing		☑ Stable
☑ Normal		☑ Normal	☐ Increased	☐ Unstable :
☐ Sick Looking	Circulation / Colour	☐ Decreased	☐ Gasping / Apnea	☐ Not – Life - Threatening
	☑ Normal ☐ Abnormal ☐ Bleeding			☐ 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 : J. Jyothi

Signature of Triage Nurse : J. Jyothi

Date & Time : 29/6/26 @ 1:07 am

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/6	2.15AM	112	—	[illegible] 12804
29/6	[illegible]	[illegible]		