Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 29 D (F)
Dr. PRAHLAD N

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6 AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: JC-00094377 IP18-00036645
iby AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
. 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
27/1/26	11.05PM	ER	~~ICU~~ 704	

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
27/7/26	CBC, LFT, RPR, LDH	26024105	[illegible]
	PT, APTT, INR.	26024233	[illegible]
29/7/26	CBC		
30/7/26	CBC	26024876	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/26	Infusion pump	27/7/26 @ 11.15 pm	29/7/26 @ 10 Am	1733914	P.V 60726

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/20	IV Line placement	(1)	~~9600211105~~	[signature]
	~~USG Abdomen~~	(1)	1733867 ✓	
28/7/20	USG Abdomen	(1)	010168 ✓	[signature]

ANY OTHER INFORMATION:

Date: 30/7/20 Time: 6 Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 07201			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 29 D (F)
Dr. PRAHLAD N

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at 10 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26 10 am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

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BED SIDE CHECK LIST FOR NURSES

Date:	27/7/26	28/7	29/7	30/7					
Doctor's Orders	yes	Yes	yes	yes					
Carried out or not	yes	Yes	yes	yes					
Bed Side									
Structured Handover done	yes	Yes	yes	yes					
IV Site	yes	Yes	yes	yes					
Central Lines	NA	NA	NA	NA					
Arterial Lines	NA	NA	NA	NA					
Feeding Catheter	NA	NA	NA	NA					
Urinary Catheter	NA	NA	NA	NA					
Skin Care	NA	NA	NA	NA					
Eye Care	NA	NA	NA	NA					
Mouth Care	NA	NA	NA	NA					
Sterillum Bottle, Stethoscope	yes	Yes	yes	yes					
Suction Bottle (Should be clean & empty)	NA	NA	NA	NA					
Intubation Tray	NA	NA	NA	NA					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA					
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA	NA					
Humidification	NA	NA	NA	NA					
Check all Infusion (Labelling,Correct Preparation)	yes	Yes	yes	yes					
Chest Physio & Neb	NA	NA	NA	NA					
Handed Over By Name :	[illegible]	Hari	Steffi	Srin					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	27/7/26 11.25	28/7 1:00pm	29/7 8PM	30/7/26					
Hand Over Taken By Name :	Hari	Steffi	Srin						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	28/7 8AM	29/7 8PM	29/7/26						

Doc. No. : RCH/ FRM / GENERAL / 088

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Patient Name	Ms AVANTHIKA LOSHY	Patient Ph.No	9940011783
Age	14 Y 7 M 27 D	Requisition No	R2618-010168
Gender	Female	Collected on	28-07-2026 11:10 AM
IP / Bill No.	IP18-00036645	Received On	28-07-2026 11:19 AM
UHID No.	GUC-00094377	Reported On	28-07-2026 11:19 AM
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 : 98 x 37 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 97 x 47 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites / Lymphadenopathy.

No e/o bowel wall thickening / edema.

Uterus is retroverted and appears normal in size (57 x 46 x 29) and echotexture. No focal lesion. Endoechocomplex appears normal and measures 6 mm

Right ovary measures : 38 x 27 mm. Normal in size and echotexture. No focal lesion
Left ovary - Obscured by gas shadows.

Print Date/Time : 28-07-2026 11:19 AM 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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Patient Name	Ms AVANTHIKA LOSHY	Patient Ph.No	9940011783
Age	14 Y 7 M 27 D	Requisition No	R2618-010168
Gender	Female	Collected on	28-07-2026 11:10 AM
IP / Bill No.	IP18-00036645	Received On	28-07-2026 11:19 AM
UHID No.	GUC-00094377	Reported On	28-07-2026 11:19 AM
Ref. Doctor	PRAHLAD N	Ward / Bed No	

Impression

Ultrasound features suggestive of Normal Study.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 28-07-2026 11:19 AM 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 : IP18-00036645 **Admit Date** : 27-Jul-2026 **Admit Time** : 10:05 PM **UHID** : GUC-00094377

Patient Details :

Patient Name	: Ms AVANTHIKA LOSHY	**Age**	: 14 Y 7 M 27 D
Guardian	: LOSHY P CHANDRAN	**DOB**	: 01-12-2011
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: S1-PRIMES MITHILA,194,7TH CROSS STREET, KAMKOTI NAGAR,PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 9940011783/ 9940598277
		E-mail	: NO@GMIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 704 **Ward Name** : 7F-PVT/SUITE

Room No : PVT 704 **Admission Type** : First Visit

Contact Details :

Name	: LOSHY P CHANDRAN	**Relationship**	: Father
Contact Address	: S1-PRIMES MITHILA,194,7TH CROSS STREET,KAMKOTI NAGAR,PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 9940011783

Signature

Doctor Details :

Doctor Name	: Dr. PRAHLAD N	**Specialisation**	: PEDIATRIC NEPHROLOGY
Referral Doctor	: DR JEYAVASANTH	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 5000.00
		Payor Name	: SELFPAY

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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:	**Ms AVANTHIKA LOSHY**	**Age :**	**14 Y 7 M 27 D**
IP No:	**IP18-00036645**	**Sex:**	**Female**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**7F-PVT/SUITE/PVT 704**

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: Loshy p chandran

Relationship:

Date: 27/07/2026 Time: 8.45 Pm

Witness Name:

Witness Signature:

Patient Address:

S1-PRIMES MITHILA,194,7TH CROSS STREET,KAMKOTI NAGAR, PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100

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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 : IP18-00036645 **Admit Date** : 27-Jul-2026 **Admit Time** : 10:05 PM **UHID** : GUC-00094377

Patient Details :

Patient Name	: Baby AVANTHIKA LOSHY	**Age**	: 14 Y 7 M 26 D
Guardian	: LOSHY P CHANDRAN	**DOB**	: 01-12-2011
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: S1-PRIMES MITHILA,194,7TH CROSS STREET, KAMKOTI NAGAR,PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 9940011783/ 9940598277
		E-mail	: NO@GMIL.COM

Admission Details :

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

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

Contact Details :

Name : LOSHY P CHANDRAN **Relationship** : Father

Contact Address : S1-PRIMES MITHILA,194,7TH CROSS STREET,KAMKOTI NAGAR,PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100 **Phone No** : 9940011783

Signature

Doctor Details :

Doctor Name	: Dr. PRAHLAD N	**Specialisation**	: PEDIATRIC NEPHROLOGY
Referral Doctor	: DR JEYAVASANTH	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AVANTHIKA LOSHY**	**Age :**	**14 Y 7 M 26 D**
IP No:	**IP18-00036645**	**Sex:**	**Female**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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(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: LOSHY P CHANDRAN

Relationship: FATHER

Date: 27/07/26 Time: 10:05 PM

Witness Name: P Thangaraj Selvan

Witness Signature:

Patient Address:

S1-PRIMES MITHILA,194,7TH CROSS STREET,KAMKOTI NAGAR, PALLIKARANAI Pallikaranai Kanchipuram Tamil Nadu INDIA 600100

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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 AMANTHICA LOSHY	UHID Number : 94377
Self/Attendant Name : LOSHY P CHANDRAN.	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

JC-00094377 IP18-00036645
aby AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
. PRAHLAD N

(P.T.O.)

JC-00094377 IP18-00036645
by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
: PRAHLAD N

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 4 days
c/o loose stools x 1 episode/day x 3 days
c/o Abdominal pain for 1 day

History of present illness :

c/o fever x 4 days (Max temp 103.5 F)
reduced & paracetamol

c/o loose stools (1 episode/day) x 3 days
c/o Abdominal pain over the epigastrium
for 1 day

No H/o reduced oral intake
No H/o reduced urine output

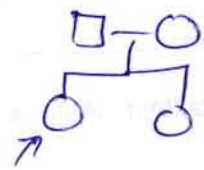
GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

Pas ny previous investigation or treatment)

Birth & Neonatal History:

Full term / NVD / Bwt: 3.24kgs / No NICU stay

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally app for age

Immunization History :

Immunized upto age

Anthropometry :

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

Weight (kgs) 49kgs (Centile ________)

On Examination :

Temperature : 99.8°F Pulse Rate : 93/min B.P. 98/45mmHg SPO2 97%@RA

Resp.rate and type of breathing :

Dull looking

Rash

CRT < 3sec

Lymphadenopathy (P)

Warm peripheries

Oedema :

PP well felt

Allergies (if any): No Allergy

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : NVBS / No added sounds

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 @ No murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft/NT, no organomegaly

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

JC-00094377 IP18-00036645
by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
PRAHLAD N

Patient S

Reflexes :

DTR 2+ **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Dengue fever (Dengue NS1 +ve)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs: CBC, LFT, RFT, LDH, PT/APTT/INR

USG Abdomen Tomogram.

Planned Management

IV line

IV fluids

1) RL 500ml over 1hr (@1).
1000ml over 5hrs.
(at 200 ml/hr).

2) IV fluids - 0.9DNS - 85ml/hr.

3) Inj Ceftriaxone 2g @12H.

4) Inj PCM 40mg @24H

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: 27/7/16 10:00 PM

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Luckyvignesh	
27/7/26		
11:40PM	Δ: Dengue fever	
	child seen	
	RL - 500ml/hr	- going on
	vitals: Stable	
	HR - 84 bpm	
	BP - 108/68 (71) mmHg	
	RS: clear	CVS: S1S2⊕ No murmur
	PA: soft NT	CNS: Ⓐ Tone/Ly/Activity
		Adv
		1) continue RL (200ml/hr) over 5hrs
		2) continue others as charted
		3) Strict I/O monitoring
		4) monitor vitals
	Luckyvig 203377	

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
28/7/21 9.30am	S/B Dr. Gayathri	
	A: Dengue Fever c warning signs	
	D5 of illness	
	NO fever since admission	
	NO abd pain / vomiting / rash / loose stools	
	peripheris - warm	
	pulse vol - good	
	No rash. →	10ml/kg (Bolus)
	Received → dehydration correction	in 20ml/kg
	Now on maintenance	IVF @5/ml/hr.
	U/O - good (1.7ml/kg/hr.	I/160s O/1000ml (over 12hrs).
	Vitals	O/E: CVS / NAD
	BP - 108/64 (77)	RS /
	HR → 87/min	Abd - soft, not tender
	RR → 23/min	no OM
	SpO_2 → 98%	CNS: GCS: 15/15
	Labs	
Hb	12.7 → 11.9	Plan
TC	9160 → 2240 (1)	Cont IVF
Plt	1.26 → 1.44.	XDN(D2)
	135/3.7	pan.
	102/23.	Bifilac
OT/P	T - 15/35. (2)	Monitor BP
		NO chalting

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

(D)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
USG Abd - (N)	(3)	USG Abdomen Today
	(Dr. Gayathri) 16558	
28/9/26 4:40pm	S/B Dr. Gayathri	
	A - Dengue Fever c̄ warning signs.	
	✓ Child reviewed	
	✓ No fever since admission.	
	✓ No warning signs.	
	✓ oral intake]	BP-100/64 (74)
	✓ u/o -] good.	
	✓ hemodynamically stable	
	✓ sys examination (N).	
	✓ peripheries - warm	
	✓ PPWF (P).	
	Plan	
	• Monitor vitals	16557
	• I/O chart	
	• cont drugs as per chart	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 10:30pm	S/B Dr. Manomai	
	Reviewed	
	Afebrile	
	No vomiting / abd pain.	
	Intake fair	u/o - 3.8ml/kg/hr
	Appetite improved	
	PPAF, perfusion warm	
	P/A soft, Non tender	
	[illegible]	
	R	
	→ [illegible], strict I/O	
	→ N/F [illegible]	
	→ to do CRC tomorrow - 29/7/26	
[illegible signature]		

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

GUC-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 28 D (F)
Dr. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 9.30 AM	S/B Dr. Gayathri	
	Δ - Dengue Fever c warning sign	
	D5 - D6 of illness	(Afebrile phase).
	Afebrile since last 36 hours	
	No warning signs	
	Peripheries - warm	
	U/O - good (2.3 ml/kg/hr)	
	Not passed stools since last 2 days	
	I/ 2670 ml	BP - 100/64 mmHg
	O/ 2810 ml	
	IV line out	
	but tolerating well orally	
	USG Abd - (N) study	
	Plan	Platelet 1.44 → 1.17 lakhs
	(1) Encourage orally.	PCV - 35 (Stable).
	(2) I/O charting	
	(3) Monitor vitals	
	(bsm)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26		
1.30	· Tolerating orally	· Oral: Libero
	· Sts wnl	· (N) diet, (N) salt
		(CBC): Tomorrow
	(Discharge tomorrow)	
		[signature]
30/7/26 8am	S/B Dr. Gayathri	
	Δ - Dengue Fever c̄ warning signs	
	D7 of illness.	
	Child afebrile > 48hrs	
	No warning sign.	
	hemodynamically stable	
	oral intake - tolerating well	
	peripheries - warm	
	~~I / 2670ml~~	
	~~O / 2810ml~~ U/O - [illegible]	
	I / 1495ml U/O → 1ml/kg/hr	
	O / 1220ml	

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Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 29 D (F)
Dr. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E: Child active & alert	
	CVS: S1 S2 (+)	
	RS: B/L AE (+)	
	ABD: soft, not tender	
	CNS: NO FND	
		Labs: Plt 1.17 → 1.44 ↑
	Plan	
	① (D) Today	D/c med
		- Tab JUNIOR LAMZOL
		- Tab. NEXPRO (OD) 1-0-0 x 3 days.
	Ibsm	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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l-12-2011 14 Y 7 M 26 D (F)
:. PRAHLAD N

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AVANTHIKA 4yrs

RESULT SHEET

Date	27/7/26	27/7/26	29/7/26	30/7		
Time	outside	9:00PM				
Hb	12.7	11.9	11.9.	12.2.		
PCV	37	35	35	36.		
RBC	4.43	4.30	4.25	4.40.		
WBC	1960	2240	2730	3640.		
N/L	47/43	35/57	34/58.			
Platelets	1.26	1.44	1.17.	1.44.		
CRP	<5					
ESR	4.					
PCT						
RBS		103.				
Na		135				
K		3.7				
Cl		102				
Ca/Mg		1.07				
Phosphate / HCO_3		/ 23.				
Urea		14				
Creatinine		0.63.				
ALP						
SGPT		15				
SGOT		35				
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		13.9/0.99				
APTT		44.4				
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1	Positive					
LDH	235 (120-330)					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: (705)

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: [signature] 203377

Date & Time: Lucky [illegible] 27/7/26 9:45pm

Nurse Name & Signature: M. Arthi [signature]

Date & Time: 27/7/26 9:10 pm

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

Patie

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by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
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DRUG CHART

Date of Admission: 27/6 Drug Allergies: — ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : T-DOLO 650mg				Date / Time
Dose: 1Tab	Route: PO	Frequency: SOS	Start Date: 27/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

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 .....

JC-00094377 IP18-00036645
by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
. PRAHLAD N

REGULAR PRESCRIPTIONS

Weight. 49 kg Ward. ....

DRUG: Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
2g	IV	Q12H	27/7

Name & Signature of the Doctor Starting the Drugs: Luckyrajh

Additional Instructions: 2031 A

Date/Time: 27/7 11AM; 28/7 SS/SM; 29/7 — 11PM (11.30pm) P.K/EP; P.K/V.A

Stop 11.53 PM 29/7/26 at 10AM

Daily Doctor's Endorsement by a Sign D1 D2 D3

DRUG: Inj PAN 40mg

Dose	Route	Frequency	Start Date
40mg	IV	Q24H	27/7

Name & Signature of the Doctor Starting the Drugs: Luckyrajh

Additional Instructions: 2031 A

Date/Time: 27/7/26 10:20 PM; 28/7 9AM P.K/E.P; 29/7 P.K/V.A

Stop 11.57 PM 29/7/26 at 10AM

Daily Doctor's Endorsement by a Sign

DRUG: Bifilac GG Sachet

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Stop. 29/7/26 at 10AM

Daily Doctor's Endorsement by a Sign

DRUG: Cap-Bifilac

Dose	Route	Frequency	Start Date
1 tab	Po	Q12H	

Name & Signature of the Doctor Starting the Drugs: Luckyrajh 2033 A

Additional Instructions:

Date/Time: 27/7 9AM; 28/7 SN/SS; 29/7 — 9PM P.K/E.P (11PM); P.K/V.A

Stop 11.55 29/7/26 at 10AM

Daily Doctor's Endorsement by a Sign

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

Weight. .... Ward. ....

VARIABLE DOSE

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

VARIABLE DOSE

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

JC-00094377 IP18-00036645
iby AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
. PRAHLAD N

I.V. FLUIDS CHART

Weight. 49 kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/7	10.30 PM	RL 500ml over 1hr ↓	IV	500ml	Lucky 20/3/26		27/7/26 @ 11.50 PM		P.L E.P
28/7	12.00 AM	RL (1000ml over 8hrs)	IV	200ml/hr	P.L Lucky E.P 20/3/26		28/7/26 @ 5.00 AM		P.L E.P
28/7	5.10 AM	INF 0.9 NS		85ml/hr	Lucky 20/3/26 E.P	P.L			

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

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VITAL SIGNS RECORD

(1)

Date :

Name :

GUC No

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
11.15pm	98.5°F	84b/m	28b/m	108/68 (71)	100%	—	P. Kaumoz
28/7/26 2.00Am	98.2°F	82b/m	24b/m	106/70 (72)	98%	—	P. K 607261
4.00Am	98.0°F	74b/m	20b/m	100/64	99%	—	P. [illegible]
6.00Am	98.4°F	70b/m	20b/m	100/68 (71)	99%	—	P. [illegible]

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VITAL SIGNS RECORD

Name :

Date :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

(1)

c. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/7/26 Time:	11.45 pm	4 Am
Doctor / Nurse / Family Concern?		
Temperature (°F) (104–94)	98.6°F (ON ADMISSION)	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	108/68 (71); 84 b/m	100/64; 70 b/m
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) (70–10)	28 b/m	20 b/m
Resp Rate (Number)		
Resp Distress: Mod/ Severe / None / Mild	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	RA 100%	RA 100%
Conscious Level: Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	PN	P6

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

(2)

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/7/26 Time:

Time	8am	12pm	4pm	8pm	12pm	4Am
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.8F	98.0F	97.7F	98.6F	98.6F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	108/62 (82)	100/64 (72)	100/60 (68)	105/57 (68)	93/80 (66)	100/58
Heart Rate (Number)	89 b/m	90 bpm	92 bpm		106 bpm	80 b/m
Resp Rate (Number)	22 b/m	26 b/m	22 b/m	28 bpm	28 bpm	28 bpm
Resp Distress (Mod/ Severe; None / Mild)	RA	RA	RA	RA	RA	RA
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	99%	98%	99%	99%	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						

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of the 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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- 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

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- 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-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 28 D (F)
Dr. PRAHLAD N

(3)

...: RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/1/26 Time:	8am	12PM	4PM	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.8F	98.8F	97.5F	98.5F	98.6F	97.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)	100/64 (82)	102/64 (74)	110/70	107/58 (69)	108/58 (69)	110/86 (86)
Heart Rate (Number)	110bpm	110bpm	66bPM	77bpm	77bpm	78bpm
Resp. Rate (bpm) (Over 1 Minute)						
Resp Rate (Number)	28b/m	28b/m	22bM	32bpm	32bpm	32bpm
Resp Distress Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99% RA	99% RA	99% RA	99% RA	99% RA	99% RA
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:

- 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)
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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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Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
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.

27/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	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											Bowel open at home.
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm				ON	ADMISSION					0	P.O
	11:00 pm	Child is sleeping		RL 200ml						soiled	0	P.O
	12:00 am			200ml							0	P.O
	01:00 am			200ml							0	P.O
Total Intake :				+ 600ml		Total Output :						
	02:00 am			200ml						370ml	0	P.O
	03:00 am			200ml							0	P.O
	04:00 am	Sleeping		200ml							0	P.O
	05:00 am			85ml							0	P.O
	06:00 am	150		55ml							0	P.O
	07:00 am			8ml							0	P.O
Total Intake :		150 + 885ml				Total Output :					370 mL	

Total 24 hrs. Intake	1605ml

Total 24 hrs. Output	370ml

U/o - 0.7ml/hour/kg

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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.

28/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			85ml						410	0	
	09:00 am	H2O	100	85ml							0	
	10:00 am	H2O	50	85ml						240	0	
	11:00 am			DC						150	0	
	12:00 pm	H2O	100	85							0	
	01:00 pm	H2O	100	85						200	0	
Total Intake : 350+425=775ml										Total Output : 1000ml		
	02:00 pm	H2O	100ml	85						270ml		
	03:00 pm			85						270ml	0	
	04:00 pm	Tea	125ml	85						280ml		
	05:00 pm	Tea+at	80ml	85ml							0	
	06:00 pm			85ml						280ml		
	07:00 pm	H2O	100ml	DC						230ml	0	
Total Intake : 100ml + 425ml = 825ml										Total Output : 1270ml		
	08:00 pm			85						110ml	0	P.O
	09:00 pm	H2O	50ml	85							0	P.O
	10:00 pm			85						170ml	0	P.O
	11:00 pm			85							0	P.O
	12:00 am			85							0	P.O
	01:00 am			85							0	P.O
Total Intake : 50ml + 510 - 560ml										Total Output : 280 ml		
	02:00 am			85							0	P.O
	03:00 am			85						260ml	0	P.O
	04:00 am	sleeping		85							0	P.O
	05:00 am			85							0	P.O
	06:00 am			85							0	P.O
	07:00 am			85							0	P.O
Total Intake : 510 ml										Total Output : 260 ml		

Total 24 hrs. Intake	2,670 ml	Total 24 hrs. Output	2180 ml

urine output > 2.3ml/hr/kg

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FLUID CHART

Sheet No. : 3

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

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	:								260	0/5	SD
	09:00 am	TCW	100								Nafo	SD
	10:00 am	H20	100							240	Nil	SD
	11:00 am	H20	100								NO	SD
	12:00 pm	Soup	200								IV	SD
	01:00 pm	H20	100								Clear	SD
Total Intake :		600ml.				Total Output :				470ml		
	02:00 pm	H20	100									
	03:00 pm	H20	100ml							100	NO	SD
	04:00 pm	TC	220ml							100		SD
	05:00 pm	H20	150ml							200	IV	SD
	06:00 pm	H20	100							100	Nil	SD
	07:00 pm											SD
Total Intake :		670 ml.				Total Output :				500ml.		
	08:00 pm	H20	100									
	09:00 pm									150ml	NO	SD
	10:00 pm	H20	125ml									SD
	11:00 pm										IV	SD
	12:00 am									100ml	Nil	SD
	01:00 am											SD
Total Intake :		225ml				Total Output :				250ml		
	02:00 am										NO	SD
	03:00 am											SD
	04:00 am	Sleeping									IV	SD
	05:00 am											SD
	06:00 am										Nil	SD
	07:00 am											SD
Total Intake :		NIL				Total Output :				NIL		

Total 24 hrs. Intake	1495ml	Total 24 hrs. Output	1220ml

Urine output → 1.0ml/hr/kg

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Dengue Fever (NS1 positive)

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: NIL

Post OP Day: –

Surgery / Procedure: NIL

BACKGROUND Date / Shift	27/7/26 N	28/7 M+E	28/7 N	29/7 M	29/7 E	29/7 N
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
Diet:	Normal	Normal	Normal	Normal	Normal	normal
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.5F	97.8F	97.8°F	98.8F	97.9F	98.6F
Res:	28b/m	28 b/m	20b/m	26b/min	26b/m	28b/m
SpO_2:	100%	99%	98%	99%	98%	99%
Pulse:	84b/m	82b/m	80b/m	90b/min	91b/m	97b/m
BP:	108/68	108/68	93/80	100/64	100/65	109/65 (69)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:			–	–	–	–
Pain Score:	0	0	0/10	0/10	0/10	0/10
Skin Integrity	Normal	Normal	Normal	Normal	(N)	(N)
Recommendations Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	NA	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Normal	Normal	Normal	Normal	Normal.	normal
Critical Lab Test / Values:	–	–	–			–
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	
Handed Over By Name :	P. Karima	Harini	Stephin	Simeof	Soumya	V. Abirami
Signature / ID :	[signature]	[signature]	[signature]	snf	01939	60778
Date:	28/7/26	28/7/26	28/7/26	29/7/26	29/7/26	29/7/26
Time:	8Am	2pm.	8AM	2pm	8pm.	7:30pm
Taken Over By Name :	Soumya	Stephin	Simeof	Soumya	V. Abirami	
Signature / ID :	01939	[signature]	snf	01939	60774	
Date:	28/7/26	28/7/26	29/7/26	29/7/26	29/7/26	
Time:	8Am.	8pm	8Am	2pm.	8pm	

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

GUC-00094377
Baby AVANTHIKA LOSHY IP18-00036645
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

NURSING CARE RECORD

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Date: 27/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				ON ADMISSION			
Night	11.15pm	Assess the child condition Monitor vitals Maintain IO Administer medication	4pm	Assessed the child condition Monitored vitals Maintain IO Administered medication	child vitals stable	child feel better	Plw 607261

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NURSING CARE RECORD

Date: 28/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assess the child general condition Electrolytes Balanced.		Improve the child condition. Balanced to the electrolytes.	Evaluate the child condition.	Re-assessment is done.	Hai 6049
Afternoon	2pm	Maintained good nutrition status.	2:30 pm	Maintained good nutritional status.	Encourage oral intake strict I/O chart	Reassessment done	[signature]
Night	8pm	Assess the child condition monitor vitals Electrolytes balanced.	8:30 pm	Assessed the child condition monitored vitals balanced to the electrolytes	Child was stable	Reassessment done.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
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(1)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies ..... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
27/8/26	11.15PM	Child details handovers taken from ER staff Child is complian of loose stools 4Epidy, Abdomain pain, IV line ⊕, CBC, LFT, RP2, LDH, PT/APTT/INR done, IVF -500ml Over 1 hour correction, Next 1000ml Over 5 hours, DNS-85ml/hour maintanie, Antibiotic Start Now, tommorow USG Abdomen plan, Strict I/O Chart	→ P. Kaur 607261
	11.30PM	Child due Medication Inj. xone 2gm given and c.Bifilac given and Recorded.	→ P. Kaur 607261
28/7/26	12.00AM	Child vitals Checked and Recorded. Dr. Lucky saw the baby maintain Strict I/O Chart, Blood Report seen PLT 1.44 lakhs, advised continue IV Fluids.	→ P. Kaur 607261
	2.00AM	Child vitals checked and Recorded. Child is sleeping well, NO Other complians	→ P. Kaur 607261

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
28/7/26	4.00Am	Child vitals checked and recorded.	
		4Am / CP ++ / PP ++ / CFT <2sec	P. [illegible]
	5.00Am	Child correction (fluid) done 0.9% DNS 85ml/hour given and recorded.	P. [illegible] 0729
	7.00Am	child due medication given and recorded.	P. [illegible] 07281
		Morning duty	
28/7/26	7.30am	child details carefile handing over taken from the night duty staff. Child is active and alert. IV site present. Today USG - abdomen. IVF 0.9% DNS - 85ml/hr on flow.	[illegible] ON
	8am	checked vital sign and Recorded. PP ++ / CP ++ / CRT <2sec	[illegible]
	9am.	Administered due medication. C. Bifilac 1 tab given as per chart and Recorded.	
	10am	IVF - 0.9% DNS - 85ml/hr on flow.	[illegible]
	11AM	Dr. Karthick sir came and seen assessed the pt's condition,	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	11AM	followed by Dr. prahlad sir order	
		maintained flochart →	Sal 607353.
	11:30AM	child to day USG Abdomen shifted	
		Ultrasound room. USG Abdomen Done,	
		reshifted to ward. →	Sal 607357-
	12pm	child vitals are stable	
		maintained flochart, IVF 85ml/hr →	Sal 607353.
	1:30pm	child details Hand over given	
		to Evening Duty staff. →	Sal 607353
		Evening Duty Notes	
	1:50pm	Handover Received from	
		Morning duty staff. Child is	
		alone oriented. IV line	[illegible]
		Present: IVF 0.9% DNS-80ml/hr	
	4PM	Checked vital sign and	
		Recorded. PP ++ / CP ++ / CRT [illegible]	
	6pm	monitored input and output	[illegible]
		chart and Recorded	
	7:30pm	Child details handing over to	
		Night duty staff →	[illegible]
		NIGHT Duty	
	7:30pm	Child details Hand from	
		evening duty staff. Child is	
		active and conscious. Tv/[illegible]	
		pattern, IVF-85ml/hr on flow.	
		vitals are stable →	[illegible]

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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
28/7	10PM	child vitals are stable checked and recording. I/O chart monitored. no other new complaints →	[signature]
	11PM.	due medication given As per order vitals are stable →	[signature]
29/7	12AM.	child sleeping well no other complaints. vitals are checked →	[signature]
	4AM	Child vitals are checked I/O chart monitoring. oral Fluids encouraged. IV Fluids administered as order. I/O monitored →	[signature]
	6AM.	Family educated regarding Hydration	
	7:00am	maintain I/O chart and recorded	[signature]
	7:30am	Child details handing over given by morning duty staff	[signature]
		← Morning duty on 29/7/[illegible]	
	7:30 am	Child	
		Morning Duty	
	7:30AM	child details Hand over taken from Night Duty staff. child vitals are stable. child IVF running on flow, Anti biotics continue. today CBC send to lab, plt - 1,17000 lakh. →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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01-12-2011 14 Y 7 M 28 D (F)
Dr. PRAHLAD N

(3-)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/20	8.30AM	child vital signs checked and recorded. vitals are stable. maintained I/o chart. child IV line out, c/o swelling, leaking Inform to Dr. Gayathri mam not Attender phone call. →	Sml 607353
	10AM	Dr. Gayathri mam come and seen assessed the child condition A/B No need for IVline, Antibiotics oral changed, Dulcolax suppositories	Sml 607353,
	12	long, Stat given as per order →	
	12pm	child vitals are stable, maintained I/o chart. child N/passed. →	Sml 607353
	1.30pm	child details Hand over given to Evening Duty staff. →	Sml 607353.
		Evening Duty Notes.	
	1.30pm	Handover Received from morning Duty staff. child is active and oriented. No IV line.	
	2.30pm	Dr. prahlad sir. came and seen the Baby advice to plan discharge Tomorrow. CBC Tomorrow 6am.	Soumya 019[illegible]
	4pm	checked vital signs and Recorded [PP ++ | CP ++ | CRT <2sec]	Soumya 019089.
	6pm.	monitored input and output chart and Recorded.	

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
29/7/26	7:30pm	Handover given to Night Duty Staff	[signature]
		NIGHT DUTY	
29/7/26	7:30pm	Child details handing over taken from evening duty staff baby was stable remain IV line tomorrow plan for discharge	[signature]
	8:00pm	Vitals were checked and recorded maintain I/O Chart no other Complaints	[signature]
	10:00pm	Child was stable no fever spike no complaints of pain	[signature]
30/7/26	12:00am	Vitals were checked and recorded maintain I/O Chart no other complaints	[signature]
	2:00am	Dm / Cp ++ / pp ++ / CRT <3sec	
	4:00am	Vitals were checked and recorded maintain I/O Chart no other Complaints	[signature]
	6:00am	CBC was taken and send to lab	[signature]
	8:00am	Child details handing over giving to morning duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Your Right to a Safe Delivery

PHLEBITIS ASSESSMENT

Patient's Name: JC-00094377 IP18-00036645
by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
. PRAHLAD N
MRD NO:.........
Age :.................. M ☐ F
Consultant :..

CANNULA 1

Date: 27/7/26 Time: 10.15PM
Location: (L) Matacarpal
Size: 20G venflon
Cannula inserted by: S/N: Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7/26	10.15pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	11.15PM	☐Yes ☐No	☐Yes ☐No	obsee	P.G
28/7/26	2.00AM	☐Yes ☐No	☐Yes ☐No	Obsee	P.G
	4.00AM	☐Yes ☐No	☐Yes ☐No	Obee	P.G
	6.00AM	☐Yes ☐No	☐Yes ☐No	Ohee	P.G
	8 am	☐Yes ☐No	☐Yes ☐No	obe	KH
	10 am	☐Yes ☐No	☐Yes ☐No	obe	KB
28/7/26	12 pm	☐Yes ☐No	☐Yes ☐No	obsor	[illegible]
	2 pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	pattern	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	obee	P.G
29/7	12AM	☐Yes ☐No	☐Yes ☐No	Ohee	P.G
	2AM	☐Yes ☐No	☐Yes ☐No	Ohee	P.G
	4AM	☐Yes ☐No	☐Yes ☐No	ohee	P.G
	6AM	☐Yes ☐No	☐Yes ☐No	ohee	P.G
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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: 29/7/26 at 8AM
RX any initiated: ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1/5

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-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			N	N	N	M	E
			28/7	28/7	28/7	29/7	29/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	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		8	8	8	8	8

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		X	X	X	X	NA
	Other Intervention(s) Specify		X	X	X	X	NA
	Nurse's Name:						
	Signature:						
	Date:		28/7	28/7	28/7	29/7	29/7
	Time:		9.15pm	8pm	8pm	8am	8pm

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

GUC-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 28 D (F)
Dr. PRAHLAD N

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE N M

PARAMETER	CRITERIA	SCORE	DATE 29/7	DATE 30/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1			
Gender	Male	2					
	Female	1	1	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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	1/8	1/8			
	Total						

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		X	X			
Other Intervention(s) Specify		X	X			
Nurse's Name:		[illegible]	[illegible]			
Signature:		[illegible]	[illegible]			
Date:		29/7	30/7			
Time:		8 pm	8 pm			

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name

GUC-00094377 IP18-00036645
Baby AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 27 D (F)
Dr. PRAHLAD N

Age.....

					N 27/7	MEN 28/7	28/7	M 29/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent 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.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	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	26	26	26	26
				Evaluator's Name				

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094377 IP18-00036645
Ms AVANTHIKA LOSHY
01-12-2011 14 Y 7 M 28 D (F)
Dr. PRAHLAD N

IP No. : F

					E 2/12/17	N 29/12/17	M 30/12/17	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	
"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	
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	
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	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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Dr. PRAHLAD N

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PAIN ASSESSMENT FORM

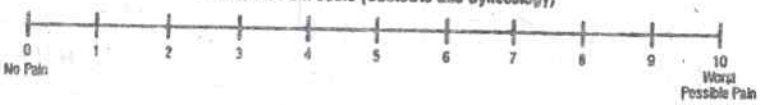
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	11.15pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. Kamoz 607261
28/7/26	6am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. Kamoz 607261
28/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607261
28/7/26	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
29/7	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607261
29/7/26	6am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
29/7	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607261
29/7	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
29/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607278
29/7	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607278

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

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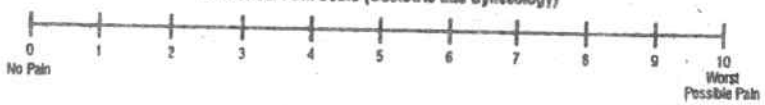

Wong - Baker (Pediatrics) Above 7 Years

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: ..... 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		
28/7	8pm	Yes	explain about the medication	mother	no learning barrier	oral	none	yes	Good	
29/7	8AM	Yes	Explain about the Medication	Mother	oral	None	Verbal	Yes	Good	
30/7	8AM	Yes	Explain about the medication	mother	Oral	None	Verbal	A/Os	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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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:
Arrival Time: 11.15 PM Mode of Arrival: Wheel Chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NIL

Body Weight: 49 Kg
Height: 6 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

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: 49 kg Length: – Head Circumference (< 2 years): .....

Temp.: 98.5° F HR: 88/1m RR: 28/1m BP: 108/68 (71)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 8 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 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 .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to Mother

Nurse's Name: P. Kavimozhi Date: 24/7/26 Time: 11:15 pm Signature

PATIENT TRANSFER FORM

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Date & Time of Admission	Date & Time of Transfer Order
27/7/26 @ 9:05 pm	27/7/26 @ 11.05PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Prahlad	Dr. Vignesh	fluid management

From Unit	To Unit	Information to Attendant
ER	(705)	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	1
2.	Intraflow	1
3.		
4.		
5.		

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

Relative informed (Relative NS1@)

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
188934 / Iman.	203377

Patient & Clinical Records Received by : P. Kaumo & 609261

Date & Time of Patient Received : 27/7/26 @ 11.15 PM

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

Unavailable Bed Nurse not Available Available Bed not ready

JC-00094377 IP18-00036645
by AVANTHIKA LOSHY
-12-2011 14 Y 7 M 26 D (F)
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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
27/7	10:15PM	109	–	Das 17894.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Prahlad   Date: 27/7/26

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

Start Time of Assessment: ....   Weight: 49kgs

Allergic History: No Allergies

Chief Complaints:
C/o fever × 4 days
C/o loose stools × (1 episode)/day

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: 32/min SpO_2 on FiO_2: 97%@RA
Rhythm: ....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BLAEB No added sounds
Palpation Findings (If necessary) ....

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

Circulation

HR: 92/min CFT Central <3 Peripheral <3

BP: 124/95 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: 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.: 99.8°F

Any Rash: ☐ Yes ☑ No

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned: As charted

Treatment Planned: As charted

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: Lucky Vignesh

Signature: [signature] 10337

Date & Time: 27/1/2026 9:45 PM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/7/26 Time of arrival : 9:30pm

Chief Complaints: C/O fever x 4 days. Loose stool x4 episods. RBS: 109

Height : — Weight : 19.5kg 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): 27/7/26 09:32pm

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 9:45pm

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

Time	Nursing Notes
10:00 pm	Baby Came to ER c̄ C/O of fever x 1 day
	Dengue NS1 (+) & loose stool x 4 episode.
	Checked vital signs everorder.
	S/b Dr. Vignesh Advised for Admission.
	under Dr. Prahlad. IV line placement done.
	Blood sample collected sent to lab. Baby
	shift to ward. Pt was stable.
	OP Basic Blood Test done. Out side. OP Files given to Parent

Samples collected by: Iman Time: 10:20pm.

Samples sent by : Arthi 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: 92b/m BP: 92/45(57) CFT: < 3sec	Shift - out from ER to: 704
RR: 26b/m SPO$_2$: 97%	Time of Shift - out: @ 11.05PM
GCS: 15/15 Temperature : 99.8°F	Handover given to: (Nurse's Name) S/N - Kanimozhi
Pain Score: 0/10	
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. (R) Metacarpal 22G venflon. 27/7/26 @ 10:20pm

Name of the Nurse : N. Arthi Signature of the Nurse : [signature]

Date & Time : 27/7/26 @ 10:20pm

UC-00094377 IP18-00036645
aby AVANTHIKA LOSHY
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Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Wt: 49. kg

Patient's Name: Ms. Avanthika Loshy Age: 14 yrs Gender: ☐ Male ☑ Female

Date: 27/7/26 Time of Arrival: 9:30PM

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: 99.8°F PR: 92b/m BP: 92/45 RR: 26b/m SpO2: 97%

Chief Complaints: c/o fever x 4 days, loose stools x 4 episodes - n/s, ?)

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: [signature]

Triage Completion Time: 2mints.

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: M. Sathi

Signature of Triage Nurse: [signature]

Date & Time: 27/7/26 @ 9:32pm.

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

xxx 2/3 BD.
(RL) 500ml over 1hr.
↓
BP
1000 over 3hrs.
USG Abdomen
CBC
LFT
RFT
LDH
PT/APTT INR
Pan 600 OD.