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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

Name of the Patien

Date: .....

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 04/8/26

Time: 9am

Pharmacy Sign

Date: 4.8.26

Time: 10.00 Am

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

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin > .		
Activity Sheet update by Nursing		4/8/26 @ 9am	4/8/2026				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

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

Date of Admission: .....

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

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/8/26	12.25 Am	ER	A02	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr J. RAJKumar	03/08 04/30		
2.	[illegible]			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
03.03.2026	Blood c/s. SGOT, SGPT	860847824	
3/03/26	Urine R/E	4760	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/8/26	Infusion pump	1¹⁰ AM	4/8/26 4 AM	~~363~~ 70	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/8/26	Duplacement	(1)	1736310	
3/08/26.	chest xRay	(1)	10412	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 4/8/26 Time: 7AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

QUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

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DISCHARGE TRACKING SHEET

DATE : _____

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses		4/8/26 @ 9.30 am.	Ashu 01/5/26	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036726 **Admit Date** : 02-Aug-2026 **Admit Time** : 11:27 PM **UHID** : GUC-00094614

Patient Details :

Patient Name	: Baby SHARMIKA SRI	**Age**	: 2 Y 9 M 19 D
Guardian	: BALAJI	**DOB**	: 14-10-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:37,ANNAMALAI NAGAR,1ST STREET, METTUPALAYAM MARKET West Mambalam Chennai Tamil Nadu INDIA 600033	**Phone No**	: 9941696898
		E-mail	: NO@GAMIL.COM

Admission Details :

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

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

Contact Details :

Name : BALAJI **Relationship** : Father

Contact Address : NO:37,ANNAMALAI NAGAR,1ST STREET,METTUPALAYAM MARKET West Mambalam Chennai Tamil Nadu INDIA 600033 **Phone No** : 9941696898

Signature

Doctor Details :

Doctor Name : Dr. RAJKUMAR J **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SHARMIKA SRI**	**Age :**	**2 Y 9 M 19 D**
IP No:	**IP18-00036726**	**Sex:**	**Female**
Consultant:	**Dr. RAJKUMAR J**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: BALAJI

Relationship: FATHER

Date: 02/08/26 Time: 11:24 AM

Witness Name: A Thamarai Selvan

Witness Signature:

Patient Address:

NO:37,ANNAMALAI NAGAR,1ST STREET,METTUPALAYAM MARKET
West Mambalam Chennai Tamil Nadu
INDIA 600033

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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 SHARMILA SRI	UHID Number : 94614
Self/Attendant Name : RAGAVI.	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

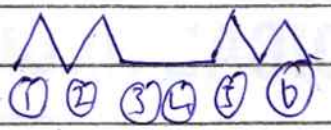
Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O: Fever for past 6days
on & off high grade
intermittent
not settled c
para



C/O: Cough x 6days

. NO C/O: Loose stools
Crying during micturition
Abd pain

Child initially treated at OPD & Evaluated
Still symptoms persisted

TC - 19,950
CRP - 87

Patient Sticker

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

NAD

Birth & Neonatal History:

NVD | TERM | 2.950kg | CIAB | NINICU

Family Chart

Birth & Socio Economic History:

About Father : (N)

About Mother :

Any additional Information :

Developmental History :

(N)

Immunization History :

Upto date NIS Schedule

Anthropometry :

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

Weight (kgs) 11.3kg (Centile _____)

On Examination :

Temperature : 103.5°F Pulse Rate : 135/m B.P. 99/72 (N) SPO2 98% RA

Resp.rate and type of breathing : (N)

BAE

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : BAE (+), VBS (+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : SOFT/NT

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power (N)

Co-ordinator :

Posture :

Involuntary Movements : (-)

Patient Sticker

Reflexes :

DTR (P)

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Dx: · Fever with rash with ? Enteric

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC, CRP } OPD
SGOT
SGPT
BIOOCIS
CXR

Planned Management

Tab. XONE 100mg BD x 4d
Syp. Cetzine 0-0-2ml
Syp. Mucolite 2ml-2ml-2ml

0.9% NS - 40ml/hr

Signature of the Doctor:

Name of the Doctor: (D) EGPTK

Date & Time: 2/8/26 @ 11:30PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

Sharmika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/10/23 3:15 AM	SIB Dr. DEEPAK	
	Av. Fever ↓ Evaluation	? Enteric
	Child reviewed Child had one fever spike	
	DIF: Child is alert, active	
	CVS: SS(+) RS: VB(+) P/A: S/NT CNS: NFND	
		Rx TO trace Blood C/S TO monitor vitals / nursing TO continue IVF C. Deepak 10 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26		
	S/B Dr. Manorma	
9:00 am		
	A - AFI / ? UTI.	
	LRTI	
	Reviewed.	
	pt is well child	
	fever spike (P)	
	No pres h/o UTI	
	cough & cold (P)	
	No vomit / loose stool	
	intake - fair	
	u/o - adequate	
	O/E	
	Alert	
	PP - WF	
	RS → (E) fine crept (P)	
	P/A - soft, Non tender	
	Other systems - NAD	
	R	
	- 0.9% DNS @ 40ml/hr	
	D1 - Inj. Xone 500mg IV BD	
	- Syp. Cefixime 2ml tt	
	- Syp. Mucolite 2ml TDS	
	to send urine r/e	
	W/F fever spike	

GUC-00094614 IP16-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/25 9.45am	S/B Dr. Rajkumar sir	
	PROBABLE LRI c (R) AOM	
		TO continue MX ABX
3/8/25 4pm	S/B Dr. Manoni	
	Afebrile since MOJ.	
	cough better	
	Intake good	
	No other complaint	cmi for (N)
	O/E	
	Asleep	
	PP→F	
	RS – NVBS (B)	
	P/A soft, Non tender	
	Other systems – NM	
	R	
	→ ↓ IVF @ 20ml/hr	
	→ Contin IV Abx	
	→ NF for pch	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/08/24 5:30	S/B DR J. RAJKUMAR	
	+ Rhinitis	
	+ no Fever	
	+ Coughing	
	+ Ocu. ...	
		No ...
04/08/24 9A	S/B DR J. RAJKUMAR	
	+ URI (R) AOM	
	Improving	
DC today		+ Amoxylin
		+ ...
Review ...		+ ...

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

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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

3UC-00094614 IP18-00036726 Sharmika
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

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RESULT SHEET

Date	21812					
Time						
Hb	11.7					
PCV	34					
RBC	4.61					
WBC	19,950 ↑					
N/L						
Platelets	2,57,000					
CRP	87 ↑					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT	12					
SGOT	27					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	3/8/24					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones.	(2)					
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood C/S -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 402

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

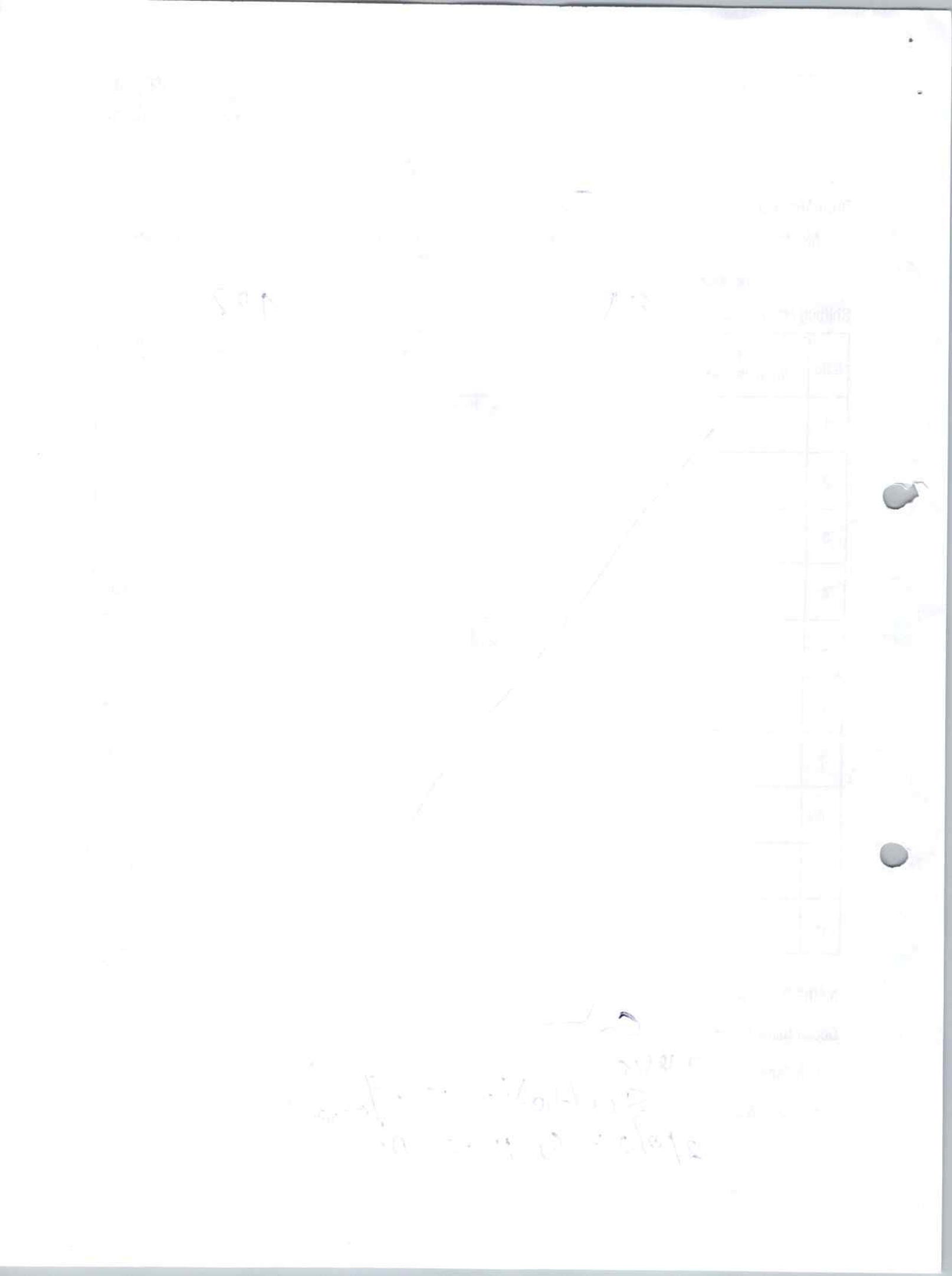
Doctor Name & Signature : .....

Date & Time : 2/8/26

Nurse Name & Signature: Subhadip & 01726

Date & Time : 3/8/26 & 12.25 Am

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



GUC-00094614 IP18-00036726
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DRUG CHART

Date of Admission: 2/8/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P250mg				Date/Time 2/8/26
Dose	Route	Frequency	Start Date	2.15 AM DSR PS
3.5ml	P.V	SOS		
Doctor's Signature		Valid Period	Pharm.	
Gan				
Additional Instructions: if T>100°F orally 6hrly				

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

REGULAR PRESCRIPTIONS Weight. 11.3kg Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	12 H	2/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/8	4/8
4AM	12.15AM DSA/DS	DSA/DS
	10.30am VB/VR	
4PM	CS/SA	
	DT	D

DRUG : Syp CETRIZINE

Dose	Route	Frequency	Start Date
2ml	P/O	0-0-2ml	2/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/8
2.30PM	DSA/DS

stop

1.5ml

DRUG : Syp. MUCOLITE

Dose	Route	Frequency	Start Date
2ml	P/O	BD	2/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/8	4/8
8AM	2.30AM DSA/DS	CS/SA
2PM	SA/CS	
10PM	DSA/DS	

DRUG : Syp PHENARGAN

Dose	Route	Frequency	Start Date
2.5ml	P/O	HS	3/8/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/8	4/8
9PM	DSA/DS	

Patient Sticker

Weight. 11.3 kg 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 ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

I.V. FLUIDS CHART

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

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2.6 kg	10 AM	0.9.1.DNS	IV	4 ml/hr ↓		PSA	3/8/26		
3/8/26	4 pm	0.9% DNS		20 ml/hr					

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

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI (F)
14-10-2023 2 Y 9 M 19 D
Dr. RAJKUMAR J

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/8/26 Time:	12 PM	2 AM	3 PM	4 AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	100.4 F	103.1 F	100.8 F	98 F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	112 / 70 / 58		109 / 74 / 66	
Heart Rate (Number)	124 b/m		104 b/m	
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	28 b/mt		28 b/m	
Resp Distress: Mod/ Severe / None / Mild	✓		✓	
Receiving O_2 (l/min) O_2 Saturations (%)	98%		98%	
Conscious Level: Normal / Altered	✓		✓	
GCS *	15/15		15/15	
TOTAL SCORE Number of shaded boxes	0		0	
Pain Score	0		0	
Observer's Initials	PG		PRW	

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094614 IP18-00036726
Baby SHARNIKA S/O
14-10-2018 [illegible] (F)
Dr. RAJKUMAR J

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21.8.18 Time:	8am	12pm	4PM	6PM	8PM	10PM	12AM
Doctor / Nurse / Family Concern?							
Temperature (°F)	97.1F	98°F	97.2F	98F	98.4F	98F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 (71) 62	100 (65) 61	105 (71) 61	112 72 81	97 65 54	105 67 56	
Note: BP does not score in early warning scoring							
Heart Rate (Number)	106bpm	114bpm	110bpm	124bpm	96bpm	100bpm	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	26bpm	28bpm	24bpm	24bpm	22bpm	20bpm	
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	
Receiving O_2 (l/min) O_2 Saturations (%)	99%	97%	98%	98%	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	VB	RAL	[illegible]	KJ	RS	KJ	

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.
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Date	Time	Early Warning Score	Date	Time	Name

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

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 20 D (F)
Dr. RAJKUMAR J

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FLUID CHART

Sheet No. : 1

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

Date	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
3/8/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	Child Received Jevan ER to AR floor									402	RF
	01:00 am	H2O	20ml	40ml								
Total Intake :		20ml + 40ml				Total Output : Nil						
	02:00 am			40ml						✓	0	RF
	03:00 am	H2O	20ml	40ml							0	RF
	04:00 am			40ml							0	RF
	05:00 am			40ml							0	RF
	06:00 am			40ml							0	RF
	07:00 am			40ml						✓	0	RF
Total Intake :		20ml + 240ml				Total Output :				2 times urine passed		

Total 24 hrs. intake	320ml	Total 24 hrs. Output	2 times urine passed

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Dr. RAJKUMAR J

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FLUID CHART

Sheet No. : 02

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
31/8/26												
	08:00 am	water	200ml	IVF drug 40ml						✓	0	Baby
	09:00 am	TC	150ml	40ml						✓	0	Baby
	10:00 am	water	200ml	40ml						✓	0	Baby
	11:00 am	water	200ml	40ml							0	Baby
	12:00 pm									✓	0	Baby
	01:00 pm	water	200ml									
Total Intake : 950ml + 120ml						Total Output : 4 times						
	02:00 pm			40ml						✓	0	
	03:00 pm	water	100ml	40ml						✓	0	
	04:00 pm	TC water	200ml	40ml						✓	0	
	05:00 pm	water	150ml	20ml							0	
	06:00 pm	water	100ml	20ml						✓	0	
	07:00 pm			20ml								
Total Intake : 550ml + 160ml						Total Output : 4 times						
	08:00 pm	H2O	100ml	DC						✓	0	PSP
	09:00 pm			DC							0	PSP
	10:00 pm	H2O	50ml	DC							0	PSP
	11:00 pm			20ml						✓	0	PSP
	12:00 am			20ml							0	PSP
	01:00 am			20ml						✓	0	PSP
Total Intake : 150ml + 60ml						Total Output : 3 times urine passed						
	02:00 am			20ml						✓	0	PSP
	03:00 am			20ml							0	PSP
	04:00 am			20ml							0	PSP
	05:00 am			20ml							0	PSP
	06:00 am			DC							0	PSP
	07:00 am	H2O	50ml							✓	0	PSP
Total Intake : 50ml + 80ml						Total Output : 2 times						

Total 24 hrs. Intake	2120ml

Total 24 hrs. Output	13 times urine passed

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

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NURSING CARE RECORD

Date: 21/8/26

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							
Night	12 AM	→ To maintain adequate fluid balance	5 AM	→ Assessed the fluid balance of the child → monitored vital sign → maintained IV fluid → Administered per doctors order	Improving & maintaining adequate fluid balance	Child was stable Reassessment was done	23749

GUC-00094614
Baby SHARMIKA SRI IP18-00036726
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 3/2/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain personal hygiene	10 am	=> Maintain the personal hygiene like (oral hygiene)	Maintained Personal hygiene done.	Reassessment	Baby 020825
Afternoon	2pm	maintain good emotional status	4pm	Assess child condition monitor vitals Administer medication as per orders	Encouraged to take more oral intake	Reassessment done	01/5/25
Night	8pm	Prevent infection	9pm	Assess the child condition monitor vitals Administer medication Maintain Hygiene	Prevented infection	Reassessment Done Child cry stage	02/5/25

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Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
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NURSES NOTES

☐ Drug Allergies ..... NOT KNOWN .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/8/23	12.20 AM	Receiving notes	
		Child Received from AR to 4th floor 402 via with mother while receiving, child is conscious oriented and afebrile. GCS - 15/15 Skin Assessment done, IV line is present and patent, NO Pain or rash, on IVF NS @ 60ml/hr or flow	RFan 02749
	12.40 AM	vital checked and recorded all are hemodynamically Stable	RFan 02749
		CP ++ PP ++ CRT <2sec	
	1 AM	Due medication given as per the drug chart	RFan 02749
	2 AM	child kept comfy, no specific complaints	
	3.30 AM	Dr - Deepak sir Round seen advised to follow as per the progress note	RFan 02749
	4 AM	vital checked and recorded, all are hemodynamically Stable	RFan 02749
		CP ++ PP ++ CRT <2sec	
	7 AM	Strict Input output maintained	RFan 02749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/3/26	7:30 AM	Child details handed over to Morning duty Staff nurse using IPSAR method.	020749
		Morning duty 3/3/26.	
3/3/26	7:30am	Child details handing taken from the Night duty Staff Nurse. Child was conscious & oriented. Child was stable child was under Room air in line pattern	
	8 am	Vitals Signs are recorded & checked. Vital signs are stable	
		8 am | RR: ↓↓ | CP: ↓↓ | CRT: <3sec	
	9am.	IVF 0.9% NS 50ml @ 10ml/hr on flow.	Balaji/020688
	10am	Dr. Rajkumar Sir seen the child, Advised to change Syp. cetirizine to Syp. phenergan - HS	Balaji/020688
	12pm	Vital Signs Checked & Recorded. Vitals are stable	
		CP: ↑↑ | PP: ↑↑ | CRT: <3sec	Balaji/020688

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Rainbow® Children's Hospital
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... NIL .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
3/8/26	1.00pm	No chart maintained. No other complaints →	Balaji/Ward687
	1.30pm	Child details handed over to Evening duty staff Nurse using SBAR Method →	
		Evening duty Notes on 3/8/26	
	1.30pm	The child details handover taken from the morning duty staffs The child is consious and active	
	2pm	Administes the medications as per doctors orders	
		Rt line pattern and good	
	4pm	vitals are checked and recorded temp is normal	

PP	++
CP	++
CRT	<2s

	5pm	No chart is maintained No any other complaints
	6pm.	Administes the medication as per doctor's orders
	7.30pm	The child details handover given to night duty staffs

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
		→ Night Duty 3/8/26 ←	
	7.30pm	Child details handing over taken from every duty s/n. Child was consciously oriented & leave present & pattern. Child under the room air. Child taken soft diet.	P.S.Anj? 93354
	8pm.	Vitals are checked & rcdd. vitals are stable [PR # / CP # / CRT C3s] No fever.	
	9pm.	Syp- phergan 2.5ml p/o given as per drug chart order.	
	10pm.	Syp- [illegible] 2ml given as per order	
	11pm.	child sleeping well. No any fresh complaints.	P.S.Anj? 93354
4/8/26	12Am	vitals checked and recorded all are hemodynamically stable [G ++ / PP ++ / CRT <3sec]	
	2am	child slept well, no specific complaints	R.[illegible] 020148
	4AM	vitals checked and recorded all are hemodynamically stable [GP ++ / PP ++ / CRT <3sec]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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...IE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 2/8	DATE 3/8	DATE 3/8	DATE 3/8	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	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	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	
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	
	Total		14	14	14	14	

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

Intervention:					
Bed in low position		✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓
Wheel chair support		X	X	X	—
Other Intervention(s) Specify		X	X	X	—
Nurse's Name:		Jeeva	S. Nisha	Asha	AEss
Signature:					
Date:		2/8/23	3/8/23	3/8	3/8
Time:		12pm	1-34pm	2pm	8pm

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI 2Y 9 M 19 D (F)
14-10-2023
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BRADEN 'Q' SCALE

					Date : 2/8	3/8	3/8	3/8
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	28
				Evaluator's Name				

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

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

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

GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI 2 Evaluation

Arrival Time: 12.20 am - 3/8/26 Mode of Arrival: via wife Mother Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil

Body Weight: 11.3 kg Kg

Height: ..... cm

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

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

Family History: 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: 11.3kg Length: – Head Circumference (< 2 years): –

Temp.: 100.4F HR: ..... RR: 28/mt BP: .....

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 14 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 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 ..... I .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Family .....

Nurse's Name: ..... R. Seeru ..... Date: ..... 31/8/26 ..... Time: ..... 12 Pm ..... Signature R Seeru 02749

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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

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

PATIENT TRANSFER FORM

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GUC-00094614 IP18-00036726
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
Dr. RAJKUMAR J

Date & Time of Admission	Date & Time of Transfer Order
2/8/26 @ 11.27 pm	3/8/26 @ 12.25 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Rajkumar	DR. Deepak	further manag/f
From Unit	**To Unit**	**Information to Attendant**
ER	402	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
13	1 CHEST X RY	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Dr. ? Typhoid

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Subhadip Ep	C-DCFM

Patient & Clinical Records Received by : SN Jeeva 020749

Date & Time of Patient Received : 3/8/26 @ 12:20 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

GUC-00094614 2608-000864
Baby SHARMIKA SRI
14-10-2023 2 Y 9 M 19 D (F)
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P250 - 3.5 ml 5.30 PM

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Wt - 11.3 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : SHARMIKA Age : 2Y8M Gender: ☐ Male ☒ Female

Date : 2/8/26 Time of Arrival : 9 pm

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

Source of Information : ☐ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 103.9°F PR: 135 /m BP: 99/72(82) RR: 28 /m SpO_2: 99% RA

Chief Complaints: c/o fever x 3 days, cold & cough, running nose.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 min

Communicable Disease Triage Screening

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

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

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

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Signature of Triage Nurse : .....

Name of Triage Nurse : Subhadip

Date & Time : 2/8/26 @ 9.02 pm

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

* Neomol Supp 170 mg @ 9.10 pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/8/26 Time of arrival : 9 pm

Chief Complaints: c/o fever x 3 days, cold & cough RBS: —

Height : — Weight : 11.3kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

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

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

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

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

Inform consultant for positive criteria

.....

.....

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 9.10 am's

(P.T.O.)

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

Time	Nursing Notes
9pm	* Patient came in ER, C/O fever ×3 days, cold & cough (+)
	* vital signs Check & recorded.
	* patient Scened by DR. Deepak sir & Advised Admission under DR. Rajkumar sir.
	* IV placement done, Blood sample send to lab, Shift to the ward.

Samples collected by: S/N Sugandhra — Time: 11.50 pm

Samples sent by: S/N Subhadip — Time: 11.55 pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 135 b/m BP: 99/72 (82) CFT: 2 sec

RR: 28 b/m SPO_2 : 97% R/A

GCS: 15/15 Temperature : 99°F

Pain Score: 0/10

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 402

Time of Shift - out: 12.25 Am

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

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

① Metaconpal 2 gm

Name of the Nurse : Subhadip Signature of the Nurse : Sasur 01/7263

Date & Time : 2/8/26 @ 12.25 Am

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DEEPAK Date : .....

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

Start Time of Assessment: ..... Weight: 11.9 kg

Allergic History: -

Chief Complaints: C/O. fever, cough, vomiting now

Pediatric Assessment Triangle

A Appearance - TICLS ..... Alert

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

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

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

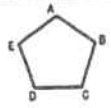
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: -

Medication History: -

Relevant Investigations: -

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

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

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: RAE

Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 135 CFT Central (+) Peripheral (+)

BP: ..... mmHg

Pulse Volume: Central ..... Peripheral .....

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability

GCS: 13/15 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.: 103.9°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

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

Labs Planned: .....

L

AMC

Treatment Planned: .....

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

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

Assessment done by

Name of the Doctor: C. DEEPAK

Signature: C.D

Date & Time: 21/12/16

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu,
INDIA ,600015.
044-40122444, info@rainbowhospitals.in

PatientName	: Baby SHARMIKA SRI	**Outpatient No.**	: 2608-000864
Age/Gender	: 2 Y 9 M 19 D/ Female	**Admit Date**	: 02-08-2026
Ward/Bed	:	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :02-08-2026 21:22
HEMOGLOBIN (Colorimetry)	11.7	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.61	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	34	VOL%		34 - 40
MCV (Calculated)	**74**	**fL**	L	75 - 87
MCH (Calculated)	26	pg/cells		24 - 30
MCHC (Calculated)	34	g/dL		32 - 36
RDW-CV (Calculated)	12.4	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	257	10^9/L		150 - 450
MPV (Calculated)	8.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**19.95**	**10^9/L**	H	5.5 - 15.5

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			**TEST RESULT STATUS : REPORT ENTERED** Order Date :02-08-2026 21:22
CRP (Immunoturbidimetry)	87	mg/L	<10

This is an interim report. The final report will be released after 24 hours

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital

Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy,
Guindy Chennai Tamil Nadu INDIA
600015
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GSTIN : 33AABCR4014M1ZK

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,
Banjara Hills, Hyderabad 500034,Telangana.
CIN : L85110TG1998PLC029914

Outpatient(OP) Bill Of Supply (Original)

Bill Number : OCS18-00564573 | **Bill Date :** 02-08-2026 21:23 | **UHID :** GUC-00094614

Medical Service Provided to : Baby SHARMIKA SRI | Age/Sex : 2Y 9M 19D/ Female

Address : NO:37,ANNAMALAI NAGAR,1ST STREET,METTUPALAYAM MARKET West Mambalam Chennai,Tamil Nadu | PAN :

Phone : 9941696898 | Payor : SELFPAY | Payor GST ID : | AADHAR :

Doctor : Dr. RAJKUMAR J (Reg :79152) | Speciality :

S.No	Services	SAC Code	Internal Code	Qty	Price	Discount	Amount(RS)
1	C REACTIVE PROTEIN		NINV00244	1	790.00	0.00	790.00
2	COMPLETE BLOOD PICTURE		NINV00264	1	600.00	0.00	600.00
3	REGISTRATION CHARGES	999312	REG01	1	290.00	0.00	290.00

Received with thanks the sum of Rs : 1680.00(Rupees One Thousand Six Hundred Eighty Only) from Baby SHARMIKA SRI

B[illegible]/CC Card 1,680.00 Card No : 165165165165

Total Amount :	**1,680.00**
Discount Amount :	**0.00**
Deposit :	**0.00**
Paid Amount :	**1,680.00**

Lab No : GU26024722

Remarks :

RAINBOW CHILDREN'S MEDICARE LIMITED

Printed on : 02/08/2026 09:23 PM By Mr THAMARAI SELVAN P

Mr THAMARAI SELVAN P

Note : You can access your reports @ "https://www.rainbowhospitals.in/patient-portal/login --> India(+91) / Registered Mobile Number