GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 9 D (F)
Dr. PRAHLAD N

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		11.20 AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

PLW

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Name: ....

UHID No: ....

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Dr. PRAHLAD N

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

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

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

(1)

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6	11.30am	ICMC	RCCL	[illegible]
			Gundery	
27/6	12pm	PLW	HDU	[illegible]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. prahlad	26/6	1717659	[illegible]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6/26	RP2 Calcium.	26020286	
@ 12 pm	Magnesium,		
	2D Echo, D3 level.		
26/6/26	RBS (POCT)	26020292	
27/6/26.	RBS (POCT)	26020381	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6/26	INFUSION pump.	12pm.	27/6/26 @ 10am	1717619	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6	IV placement	1	(OT)	
26/6	Catheterisation	1	1717623	[illegible]
26/6	IV placement	1	1717620	
26/6	CT head	1	~~1717654~~ R2618 0085325	[illegible]
	conscious sedation	1	1717654	
26/6	MRI c Brain with MRA, MRV	1	008531	[illegible] 023584.

out into

ANY OTHER INFORMATION:

Date: 27/6/26 Time: 12pm. Prepared By: [illegible]

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

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18-10-2016 9 Y 8 M 10 D (F)
Dr. PRAHLAD N

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.20 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					

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 : IP18-00036202 **Admit Date** : 26-Jun-2026 **Admit Time** : 11:17 AM **UHID** : GUC-00001877

Patient Details :

Patient Name	: Baby HARSHINI .J	**Age**	: 9 Y 8 M 8 D
Guardian	: Mr M.JANARTHANAN	**DOB**	: 18-10-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO : 101,LOCKMA NAGAR, Kilpauk Chennai Tamil Nadu INDIA	**Phone No**	: 9841978857
		E-mail	: na123@gmail.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 : Mr M.JANARTHANAN **Relationship** : Father

Contact Address : NO : 101,LOCKMA NAGAR, Kilpauk Chennai Tamil Nadu INDIA **Phone No** : 9841978857 / 7092197104

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 2.39

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby HARSHINI .J**	**Age :**	**9 Y 8 M 8 D**
IP No:	**IP18-00036202**	**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.

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:

Relationship:

Date:

Time:

Patient Address:
NO : 101,LOCKMA NAGAR, Kilpauk
Chennai Tamil Nadu INDIA

Witness Name:

Witness Signature:

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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 :	UHID Number :
Self/Attendant Name : Vaishnavi - S	Relation :
Self/ Attendant Signature : Phone Number : 7092197104	Name & Signature of Financial Counselor

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BED SIDE CHECK LIST FOR NURSES

Date:	26/6/20	26/6 E	26/6 N	27/6 M						
Doctor's Orders	✓	yes	yes	✓						
Carried out or not	✓	carried	carried	✓						
Bed Side										
Structured Handover done	✓	yes	yes	✓						
IV Site	✓	yes	yes	✓						
Central Lines	✗	NA	NA	✗						
Arterial Lines	✗	NO	NO	✗						
Feeding Catheter	✗	NO	NO	✗						
Urinary Catheter	✗	NO	NO	✓						
Skin Care	✓	yes	yes	✓						
Eye Care	✓	yes	yes	✓						
Mouth Care	✓	yes	yes	✓						
Sterillum Bottle, Stethoscope	✓	yes	yes	✓						
Suction Bottle (Should be clean & empty)	✓	yes	yes	✓						
Intubation Tray	✗	NO	NO	✗						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	yes	yes	✗						
Ventilator Tubing,(Any Water, Blood)	✗	NO	NO	✗						
Humidification	✓	yes	yes	✓						
Check all Infusion (Labelling,Correct Preparation)	✓	yes	yes	✓						
Chest Physio & Neb	✗	NO	NO	✗						
Handed Over By Name :	Saras	Pavithra	Dharani	Saras						
Signature :	[illegible]	[illegible]	[illegible]	[illegible]						
Date & Time:	26/6 8pm	26/6 8pm	27/6 8am	27/6 2pm						
Hand Over Taken By Name :	Pavithra	Dharani	Saras							
Signature :	[illegible]	[illegible]	[illegible]							
Date & Time:	26/6/20 2pm	26/6 8pm	27/6 8am							

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 26/6/26 at 1pm 12FR Date of Removal: 27/6/26 9-30 am

Parameters / Date / Shift Time	26/6/26 M	26/6/26 E	26/6/26 N	27/6/26 M			
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No Removed	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No 27/6/26	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No 9-30 am	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	SAYOK	Pavithra	Dhanalakshmi	Sreeswetha			
Signature of the Nurse	[illegible]	[illegible]	[illegible]	[illegible]			

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
  - ☐ Upper airway obstruction;
  - ☐ Lower airway obstruction;
  - ☐ Alveolar disease; and
  - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
  - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
  - ☐ Septic shock;
  - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
  - ☐ Requiring ventilation;
  - ☐ Unstable patients; and
  - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall time > 4seconds.
- ☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- ☐ O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ..... Name of the Doctor: ..... Date & Time: .....

Patient Sticker

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DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00001877 IP18-00036202 _____

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Dr. PRAHLAD N

Department: _____ _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

- K/c/o - Steroid dependant nephrotic syndrome (Bx - minimal change disease)
- Now headache / seizures

History of present illness :

- H/o headache @ 4am today morning (26/6)
  - severe, frontal headache
  - no vomiting / diplopia
  - not ass. c fever
- H/o seizure activity - 1st episode - 8am - in sleep
  - GTCs, c uprolling eye balls
  - Impaired awareness
  - lasted for 10 minutes
  - Taken to KMC, chennai - Given Inj Midazolam
  - subsided;
  - 2nd episode - around 9:30am
    - In KMC
    - given 2nd dose Inj MIDAZ
    - Loaded c Inj Levipil -
- Referred to RCH for further management
- no cough / cold / vomitings / diarrhea / fever
- child was transported to RCH, after taking Informed Consent from attender.

Patient Sticker

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

Birth & Neonatal History:

Family Chart

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) ~~[illegible]~~ - all (4) domains attained normally

Immunization History :

Anthropometry :

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

Weight (kgs) 49 kg (Centile ______)

On Examination : at Referred hospital,

Temperature : ______ Pulse Rate : 112/min B.P. 130/100 (116) SPO2 99.1 ̄c NRM (15 l/min)

Resp.rate and type of breathing :

26/min

Rash (NO)

Lymphadenopathy (NO)

Oedema : (NO)

Allergies (if any):

(P.T.O.)

Patient Sticker

(BF) referral hospital,

Respiratory System :

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

Air entry & breath sounds : BAE (E) NVBS (+) No added sounds

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection : (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Sn per vital parameters, Localising pain ; GCS - 12/15

Cranial Nerves : INTACT pupils - 2+/RR/ equal

Motor System :

Nutriton :

Tone: (N) Power (5/5)

Co-ordinator :

Posture : (N)

Involuntary Movements : (NO)

Patient Sticker

Reflexes : ++ | ++ / ++ | ++

DTR

Superficials:

Plantars — Flexor

Sensory System : WNL

Bladder / Bowel : NAD

Clinical Summary & Diagnostic:

- K/c/o SDNS f/u on steroids
- Now Headache seizures - ? PRES / CSVT / meningitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- RFT
- Calcium
- Magnesium
- PT APTT / INR
- 25 OH Vit-D

Planned Management

Signature of the Doctor: Dr. A. Gokul

Name of the Doctor: Dr. A. Gokul Nath

Date & Time: 26/06/25 / 12 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 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: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.21 11.30am	S/b Dr. Prahlad in PICU	
	Child c SRNS. — Rx c MMF x 3yrs	
	Remission: —	
	In b/w Also relapse: — SRNS	
	+ plus infection	
	Admitted last week: —	for ? peritonitis
		low s.Ig : 98.
	+	Rx c IVIG: 30gm
		+ Relapse Rx c steroid
	Apparently (N) till last night.	
	Noticed to	have headache.
		+ GTCS: @ 8am — Rx at KMC
		Rpt GTCS while shifting - 8.30-9am
		loaded c Levipil.
	@ Rainbow	
	· Responds to call	
	· localised pain.	✓ GNS @ 30ml/hr.
	· Responds to talking	✓ Levipil :✓
	Vitals : 162/70	· IV calcium 25u equal dilution stat.
	Mild odema.	
		MRI/MRA/MRV
	(signature)	

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

30

Patient Sticker

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
26/6/26	c/o/w Dr. Prahlad	
3:30pm		
	MRI - SLO PRES	
	PLAN	
	1. Add ENVAS 5mg PO BD	
	SBP DBP centile	
	103 63 50th	
	114 74 90th	
	118 77 95th	
	130 89 95+12	193607
27/6/26. 9am	S/B Dr. Gayathri	
	Δ - SDNS - PRES.	Relapse (Last week).
A F -	on oral feeds & breastfeeding.	
R -	B/L AE (+) SpO_2 →	98.1.
	On room air	
	No distress	

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
I	No signs of infection	ON IV XONE
	No fever :	T. LINEZOLID
C	S1S2 ⊕ HR → 60/min	BP → 50th to 90th centile
	PPWF ⊕ CRT < 2 sec	
	on. T. NICAR DIA & T. PROLOMET XL, T. ENVAS.	
H	No hematological abnormalities	
6/4/12	Hb – 14.7.	
	RBC → 5.39	
	WBC → 20360	
	Tchol → 434 .	
M.	Na⁺ → 137	
	K⁺ → 3.2	
	Cl/HCO₃ → 97 / 33	
A →	soft, not tender.	
	U/O → 1.8 ml/kg/hr (24 hrs)	
	Stools – not passed.	
N →	awake & alert.	
	GCS – 15/15.	
	Tone – Ⓝ	power 5/5 in all 4 limbs
	EOM – Ⓝ	
	B/L pupils RTL	
	No blurring of vision	

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
	Plan	
	(1) cont Encouraging orally	
	(2) cont ABx / anti HTN drugs / Leripil / omnacortil	
	~~[illegible]~~ & other supplements	
	(3) shift to ward.	
	[signature]	
27-6-26 11am	v/s : Good	
	123/90	T. Nicardia - R
	No further seizure.	20m — 30 — 30m
	GCS : 15/15	(6am 2pm 10pm)
		T - Enram (5)
		1 — 1 (8am 8pm)
		T - Prolomet XL (50)
		x — 1 —
		(11am)
		To cont
		MgSO4
		Calcium
		Vit D
		K - Rocaltrol
	[signature]	Leripil

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

UC-00001877 IP18-00036202
aby HARSHINI .J
8-10-2016 9 Y 8 M 9 D (F)
r. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 11:30PM	Shifting notes	
	- K/c/o - SDNS	
	- Now c Headache c seizures - PRES.	
	Plan	
	① Oral feeds	
	② Continue Abx - Ceftriaxone / Linezolid	
	③ Continue Anti hypertensives	
	Nicardia - R	NIBP hourly
	Enaas	↓
	Prolomet - XL	skip if < 50th centile
	BP centile	
	SBP	DBP
	50th 103	63 → Target
	90th 114	74
	95th 118	77
	95+12 mmHg 130	89
	④ W/f seizures / focal neurological deficits	
	⑤ Continue [illegible] Levipil	
		Dr Gopal 27/6

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

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/24 5pm	S/B Dr. Chandrasekar	
	child seen/reviewed	
	Alert, Active	
	no c/o headache, vomiting, seizures	
	sensorium (N).	
	UO – 1.1ml/kg/hr.	
	BP – maintaining at 95th centile.	
	O/E	
	Afebrile	
	CVS – S1S2 (+)	BP – 130/73 mmHg
	RS – B/L AE (+)	PR – 100/min
	P/A – soft, mild distension	
	CNS – B/L Pupil RTL	
	Plantar – Flexor	
		Adv.
		- monitor vitals
		- W/F Headache, vomiting seizures
		- continue ceftriaxone & linezolid
		- maintain Anti HTN as per chart skip if below 103/63 mmHg
	[signature] 19/12/24	

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

30

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9Y8M9D (F)
Dr. PRAHLAD N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/20 9.15am	S/B Dr. chandiralegi	
	Δ – NS | SDNS | PRES.	
	child received	
	Alert, Active	
	no c/o headache, fever spike	
	no further episodes of seizure	
	Tolerating oral feeds well	
	UO – 2ml/kg/hr	
	AG – 83cm.	
	O/E	BP – 123/68 mmHg
	Afebrile	PR – 28/min
	CVS – S1S2 (+)	
	RS – B/L AE (+)	
	P/A – soft	
	CNS – (N) sensorium	
	Tone N/N, N/N	
	DTR – 2+	
	plantar – Flexor	
		Adv.
		– monitor vitals
		– Inj. ceftriaxone 2gm IV BD
		– T. Levizolide ½–0–1 BD
		– Nicardia, Arkamin, Prolomet XL as per chart
	(signature) 19/2/21.	– W/F Headache, vomiting
		– Skip ATHN: BP < 103/68 mmHg

30

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10 AM	S/B Dr. Chandiraclogs.	
	NS | SDNS | PRES	
	Child reviewed Alert, Active no c/o headache, seizures, vomiting Tolerating oral feeds well UO - 3588ml | 3.2ml/kg/hr.	
	O/E Afebrile CVS - S1S2 (+) RS - B/L AE (+) P/A - Soft CNS - (N) Sensorium DTR 2+ 2+ Plantar Flexor	
	AG - 78cm ↓ 83 cm Twt - 44.5 kg ↓ 45.5	Adv - Inj. Ceftriaxone 2gm IVB - T. Levetiracetam ½ - 0 - 1 - Ensures, Nicardia, Prolomet XL - monitor vitals - Skip if BP < 103/68 mm Hg

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

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Ref. No. : F / HW / INVS / INPR / 02

DAILY INVESTIGATION SHEET

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

Patient Name : ...

Age : ....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature
26/6	RP2, Calcium, Magnesium	PICU	Saeep	GU28020	
	PT aPTT, INR		9K63	986	
	25OH(Vit D3) levels				

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

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RESULT SHEET

Date	26/6					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na	137					
K	3.2					
Cl / HCO_3^-	97/35					
Ca/Mg	1.13/1.3					
Phosphate / T. ca	/8.3					
Urea	34					
Creatinine	0.64					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : ..... GUC-00001877 IP18-00036202 ..... Age : .....
Baby HARSHINI .J
Gender ☐ M ☐ F - I 18-10-2016 9 Y 8 M 8 D (F) .....
Consultant : ..... Dr. PRAHLAD N .....
Date of Admission : .....

DRUG ALLERGIES : Nil

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

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

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

GUC-00001877 IP18-00036202
Baby HARSHINI .J (F)
18-10-2016 9 Y 8 M 8 D
Dr. PRAHLAD N

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
			1	PW	29

REGULAR PRESCRIPTIONS

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
2g	IV	Q12H	26/6

Name & Signature of the Doctor starting the Drugs: Dr Golu

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	26/6	27/6	28/6	29/6
1 pm		SP / J.V	SA / RJ	8 AM SA / RJ
1 pm	ND / B.V	NR / SS	6 pm MA / PM	6 pm
	D	B	B	D

DRUG : INJ PANTOP

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	26/6

Name & Signature of the Doctor starting the Drugs: Dr Golu

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	26/6	27/6	28/6	29/6
1 pm	N.D / B.V	6 AM / S.P / J.V	SA / RS	RS

DRUG : INJ COVIPIL

Dose	Route	Frequency	Start Dt.
500mg	IV	BD	26/6

Name & Signature of the Doctor starting the Drugs: Dr Golu

Additional Instructions: 20mg/kg/day

Daily Doctor's Endorsement by a Sign.

Date	26/6	27/6
8 pm		ND / B.V
8 pm		SD / J.V

STOP Dr. Gayathri 18527

DRUG : T SHELCAL

Dose	Route	Frequency	Start Dt.
500mg	PO	Q8H	26/6

Name & Signature of the Doctor starting the Drugs: Dr Golu

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	26/6	27/6	28/6	28/6	29/6
12 AM		SD	8 Am	VB / PS	VB / VF
			8 pm	PM	
8 AM		MS / BV	10 pm	MA / RJ	
4 PM	MV / N.P	BL / MA			

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 4.9 kg Ward PICU

DRUG : D-RIDE SACHET

Dose	Route	Frequency	Start Dt.
60K IU	PO	Weekly once	26/6

Name & Signature of the Doctor Starting the Drugs: A. Golwa

Additional Instructions: x 10 weeks

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	30/6
	10	
	AM	

DRUG : Zn D drops

Dose	Route	Frequency	Start Dt.
1ml	PO	OD	26/6

Name & Signature of the Doctor Starting the Drugs: A. Golwa

Additional Instructions: 14 days total

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6	30/6
	6 PM	M.Y NP	2pm	MA BL	PN MA

DRUG : C. ROCALTROL

Dose	Route	Frequency	Start Dt.
0.25 mcg	PO	OD	26/6

Name & Signature of the Doctor Starting the Drugs: A. Golwa

Additional Instructions: 1 week

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6	30/6
	4 PM	NP KS	BL MA	PN MA	

DRUG : T. ENVAS

Dose	Route	Frequency	Start Dt.
5mg	PO	q12h	26/6

Name & Signature of the Doctor Starting the Drugs: 19807

Additional Instructions: 10AM 10PM

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6		28/6	29/6	30/6
	4 PM	S.D JL	2PM	VR RSA	VB VR	
			8PM	10PM	10PM PN	
	4 PM	NP KS	BL MA		MA	

Signature .....

VERIFIED BY : Name .....

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

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Sheet No: 3

REGULAR PRESCRIPTIONS

Weight: 49kg Ward: 4916 PLW

DRUG: T. LINEZOLID

Dose	Route	Frequency	Start Dt.
½-0-1	PO	BD	24/6

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions: 1 tab = 600mg; ½ — 0 — 1

Daily Doctor's Endorsement by a Sign

Date / Time	24/6		27/6		28/6	29/6
5 PM	M.V N.P	10 AM	NS	ML PSP	VB VR
11 PM	S.D J.L	10 PM	RS	RS	
	(D2)		(D3)	(D4)	(D5)

DRUG: T. OMNACORTIL

Dose	Route	Frequency	Start Dt.
60mg	PO	OD	26/6

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions: after food in the morning.

Daily Doctor's Endorsement by a Sign

Date / Time	24/6		27/6		28/6	29/6
5 PM	M.V N.P	9 am	NS	ML PSP	VB VR

DRUG: T. BIFILAC

Dose	Route	Frequency	Start Dt.
1 tab	PO	BD	26/6

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions: × 3 days

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6		28/6	28/6	29/6
5 AM	/	S.D J.L	8 Am	ML PSP	VB VR
5 PM	M.V N.P	BL MT	8 pm	RS	

DRUG: T. NICARDIA-R

Dose	Route	Frequency	Start Dt.
20mg	PO	Q8H	26/6

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions: 20mg - 30mg - 30mg (10am, 2pm, 10pm)

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6
6 am	X	S.D J.L	SA RS	SA RS
2 pm	X	1PM VP BL	DA MA	
10 pm	S.D J.L	SA RS	SA RS	

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

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

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levi
nerp
bomg
cal
mt D
mg
Levi 5day
monday
urea
creat
electr

Sheet No: ...(1)...

REGULAR PRESCRIPTIONS

11am

Weight ...28.5kg... Ward ...PICU...

DRUG: T. PROLOMET-XL

Dose	Route	Frequency	Start Dt.
50mg	PO	OD	27/6

Date / Time: 27/6, 28/6, 29/6
9 AM — AIS BV; VB VR; VB VR
9 PM

Name & Signature of the Doctor Starting the Drugs: 128607

Additional Instructions: 1mg/kg/day

Daily Doctor's Endorsement by a Sign

DRUG: Syp LEVIPIL .

Dose	Route	Frequency	Start Dt.
5ml	P/O	Q12H	27/6

Date / Time: 27/6, 28/6, 29/6
8 AM — VR PJB; VB VR
8 PM — SA PJ; SA PJ

Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 115557

Additional Instructions: 1ml/100mg
20mg/kg/day

Daily Doctor's Endorsement by a Sign

DRUG: T. MAGUION

Dose	Route	Frequency	Start Dt.
(1)	po	BD	27/6

Date / Time: 27/6, 28/6, 29/6
9 AM — VR PJB; VB VR
9 PM — SA PJ; SA PJ

Name & Signature of the Doctor Starting the Drugs: Dr Golup

Additional Instructions: 1 tab = 400mg MgOxide

Daily Doctor's Endorsement by a Sign

DRUG:

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a 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.	

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.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
26/6	12:30 pm	INJ - CALCIUM GLUCONATE 10%	25ml + 50ml NS SLD.	IV	Agn	[signature] 26/6
26/6	11am	INJ PROPOFOL	20mg	IV	Agn	[signature] 26/6
26/6	11am	INJ MIDAZOLAM	2mg	IV	Agn	[signature] 26/6
26/6	1pm	INJ PARACETAMOL	500mg	IV	Agn	[signature] 26/6
26/6	2:20pm	Inj Glyco	200mcg	IV	[signature]	[signature]
26/6	2:20pm	Inj KETA	25mg	IV	[signature]	[signature] 26/6
26/6/26	6:30pm	T. NICARDIA	10mg	P/O	[signature]	[signature] 26/6
26/6	9:30 am	INJ. MgSO4	2+20ml over 2hr	IV	Bgs	[signature]

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg)
			2	PW	21/9/16

I.V. FLUIDS CHART

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.
26/9	12pm	DNS -	IV	50 ml/hr	Sign	Sign	27/9 @ 10am	Sign	Sign

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

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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: PMC Shifted to: RCH

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	Inj LEVIPIL	1gm	IV	BD	10am	☐ 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 : PAVAN [signature] 148607

Date & Time : 26/6/2020 @11am

Nurse Name & Signature: Saraswathi

Date & Time : 26/6/2020 11AM.

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

UC-00001877 IP18-00036202
aby HARSHINI .J
3-10-2016 9 Y 8 M 9 D (F)
r. PRAHLAD N

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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: PICU Shifted to: 404.

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	Zinc drops	1ml	po	OD	27/6	☑C ☐DC
2	C- Rocaltrol	0.25 mcg	po	OD	27/6	☑C ☐DC
3	T. BIFILAC	①	po	BD	27/6	☑C ☐DC
4	T. MAGLION 400mg	①	po	BD	27/6	☑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 : Dr. A Gokul [signature]

Date & Time : 27/6/16 11 AM

Nurse Name & Signature: Saraswathi [signature]

Date & Time : 27/6/2016 12pm.

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

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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: PICU Shifted to: HDU

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	INJ - CEFTRIAXONE	2g	IV	Q12H	27/6	☑C ☐DC
2	INJ. PANTOP	40mg	IV	OD	27/6	☑C ☐DC
3	Syp. Levipil	5ml	po	Q12H	27/6	☑C ☐DC
4	T - LINEZOLID 600mg	½-0-½	po	Q12H	27/6	☑C ☐DC
5	T - NICARDIA - R	20 mg	po	Q8H	27/6	☑C ☐DC
6	T - PROLOMET - XL	50mg	po	OD	27/6	☑C ☐DC
7	T. ENVAS	5 mg	po	Q12H	27/6	☑C ☐DC
8	T. OMNACORTIL	60mg	po	OD	27/6	☑C ☐DC
9	D - RISE SACHET	60K IU	po	Weekly Once	26/6	☑C ☐DC
10	T - SEVELAR	500mg	po	Q8H	27/6	☑C ☐DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature : Dr. A. Gokul [signature]

Date & Time : 27/6/26 / 11 pm

Nurse Name & Signature: Saraswathy [signature]

Date & Time : 27/6/26 12pm

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

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D. : RCH/ FRM / CLINICAL / 125

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

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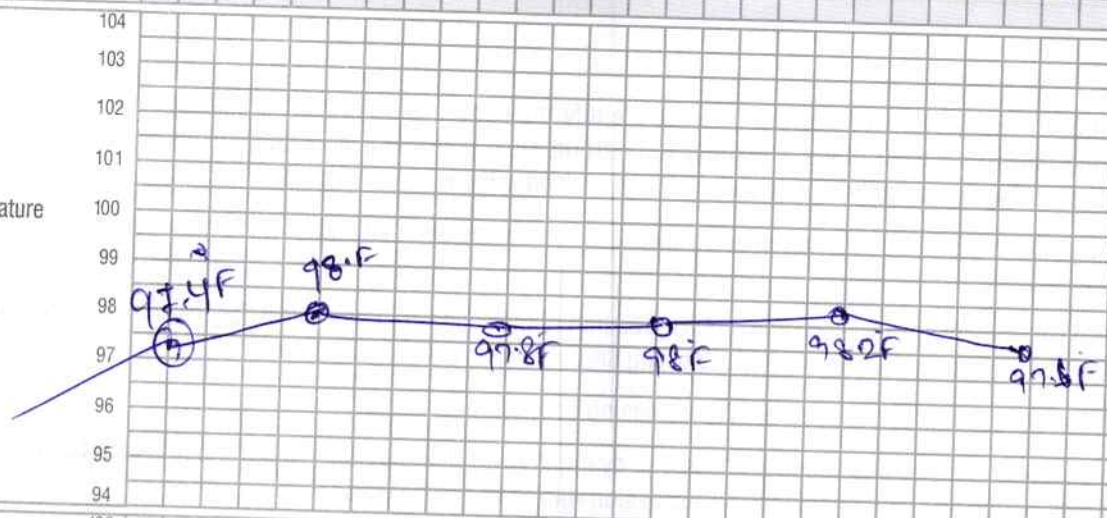
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/26 Time: 12pm 4pm 8pm 12am 4am 8am

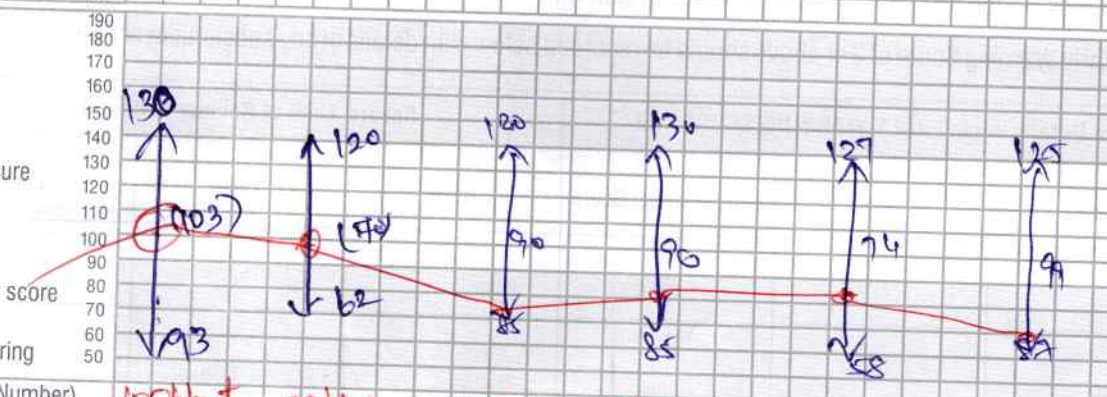
Doctor / Nurse / Family Concern?

Temperature (°F)



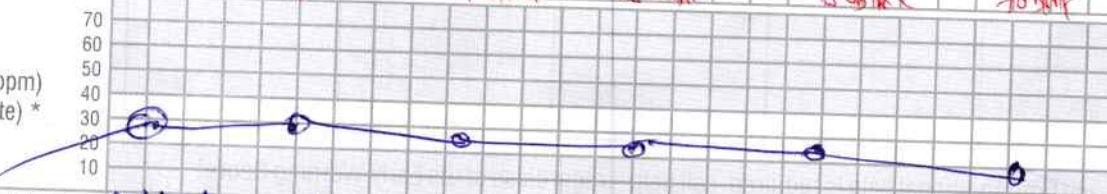
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	100b/mt	98b/mt	70b/mt	80b/mt	80b/mt	70b/mt

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



Resp Rate (Number)	28b/mt	26b/mt	24b/mt	22b/mt	24b/mt	26b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	VB	JK	RS	RS	RS	RS

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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5-12 years

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

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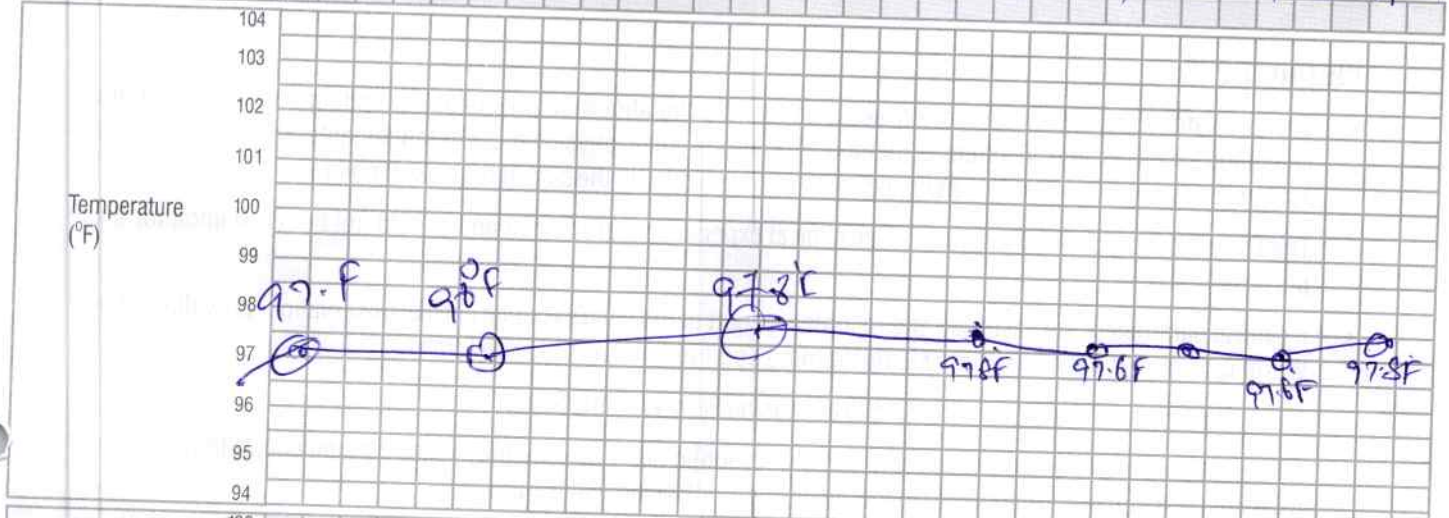
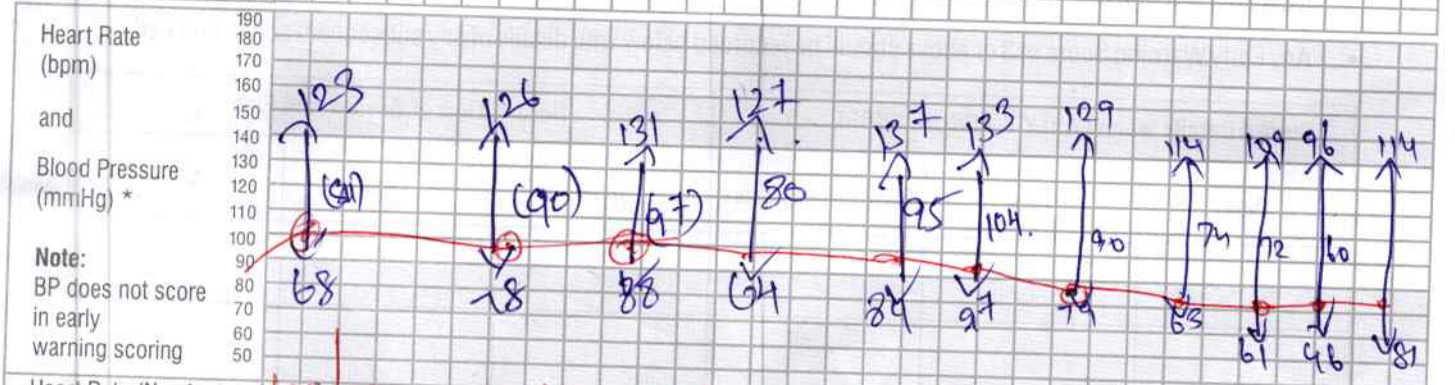
EARLY WARNING SCORE: CHILDREN'S UNIT

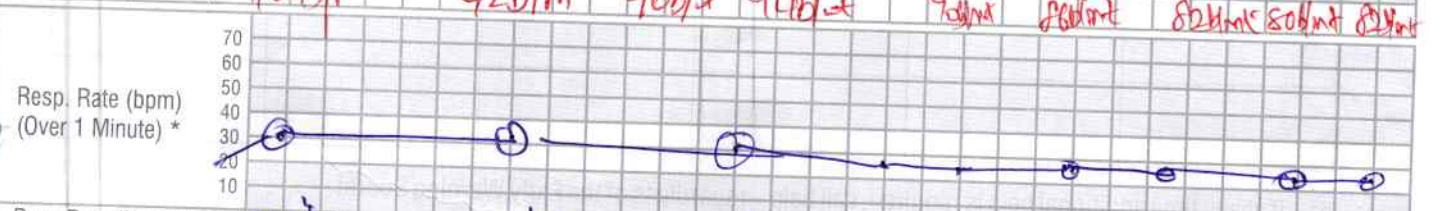
Date 28/6/26 Time: 8AM 12PM 2PM 4PM 6PM 7PM 8PM 10PM 11PM 12AM 1AM

Doctor / Nurse / Family Concern?





Heart Rate (Number) 100b/m 92b/m 96b/m 94b/m 96b/m 86b/m 82b/m 80b/m 82b/m



Resp Rate (Number)	20b/m	23b/m	26b/m	24b/m	22b/m	24b/m	22b/m	24b/m
Resp Distress (Mod/ Severe / None / Mild)	✓	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA							
O_2 Saturations (%)	98%	98% RA	98%	97%	98%	97%	98%	98%
Conscious Level (Normal / Altered)	✓	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	PR	R	PR	PR	PR	PR	PR	PR

ACTIONS

NB: Scores 3 should be recorded overleaf

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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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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
27/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	child received from PICU to 4th floor										
	12:00 pm	water	10ml							200ml	0	[illegible]
	01:00 pm	water	10ml								0	[illegible]
Total Intake :		20ml				Total Output :				200ml		
	02:00 pm	water	100ml								0	[illegible]
	03:00 pm	water	100ml								0	[illegible]
	04:00 pm											
	05:00 pm	Juice	200ml							300ml	0	[illegible]
	06:00 pm	water	100ml								0	[illegible]
	07:00 pm	water	50ml							200ml	0	[illegible]
Total Intake :		550ml				Total Output :				500ml		
	08:00 pm	H_2O	100ml				feeding paused				0	[illegible]
	09:00 pm	H_2O	50ml								0	[illegible]
	10:00 pm	H_2O	50ml								0	[illegible]
	11:00 pm										0	[illegible]
	12:00 am									300ml	0	[illegible]
	01:00 am	H_2O	50ml								0	[illegible]
Total Intake :		250ml				Total Output :				300ml		
	02:00 am									500ml	0	[illegible]
	03:00 am	H_2O	100ml								0	[illegible]
	04:00 am										0	[illegible]
	05:00 am										0	[illegible]
	06:00 am	H_2O	50ml							600ml	0	[illegible]
	07:00 am										0	[illegible]
Total Intake :		150ml				Total Output :				1100ml		

Total 24 hrs. Intake	970ml	Total 24 hrs. Output	2100ml

2.ml/kg/hr

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

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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.

28/6/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	water	100ml							250ml	0	NE
	10:00 am	Juice	200ml							350ml	0	NE
	11:00 am	water	50ml								0	NE
	12:00 pm									280ml	0	NE
	01:00 pm	Cows	100ml								0	NE
Total Intake :			480ml			Total Output :				1,280ml		
	02:00 pm	water	50ml							280ml	0	Sk
	03:00 pm									350ml	0	Sk
	04:00 pm	Juice	200ml							100ml	0	Sk
	05:00 pm									250ml	0	Sk
	06:00 pm	water	50ml							250ml	0	Sk
	07:00 pm	water	50ml							200ml	0	Sk
Total Intake :			350ml			Total Output :				1,430ml		
	08:00 pm	H2O	100ml							500ml	0	RKm
	09:00 pm	H2O	100ml							500ml	0	RKm
	10:00 pm									100ml	0	RKm
	11:00 pm	H2O	50ml								0	RKm
	12:00 am										0	RKm
	01:00 am	H2O	50ml							480ml	0	RKm
Total Intake :			300ml			Total Output :				1580ml		
	02:00 am										0	RKm
	03:00 am										0	RKm
	04:00 am									450ml	0	RKm
	05:00 am										0	RKm
	06:00 am	H2O	50ml								0	RKm
	07:00 am										0	RKm
Total Intake :			50ml			Total Output :				450ml		

Total 24 hrs. Intake	1180ml

Total 24 hrs. Output	3288ml

3.2 ml/kg/hr.

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D
Dr. PRAHLAD N (F)

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NURSING CARE RECORD

Date: 26/6/26.

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm	=> To Assess the patient general condition => vital signs Check & record	2pm	=> To Assessed patient condition => vital signs checked and recorded.	breathing pattern is maintained	Reassessment done.	[signature]
Afternoon	2p	* Assess the baby condition * monitor the vitals * Follow the doctors orders * Administer the medical	8 h	* Assessed the baby condition * monitor the vitals * Followed the doctors order. * Administered the medication.	* baby alert * vitals stable	* Reassessment done	[signature]
Night	8pm 8am	Assess the child condition monitor vital sign. Administer medication as per chart provide comfortable position	8pm 8am	Assessed the child condition monitored vital sign. Administered medications as per chart provided comfortable position	The child breathing pattern was maintained	Reassessment done.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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Baby HARSHINI .J
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NURSING CARE RECORD

Date: 27/8/26

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	8 am to 2pm.	=> To Assess the patient condition => vital signs check and record	10 am.	=> To Assessed patient condition => vital signs checked and recorded.	=> fluid volume is maintained	reassessment done.	
Afternoon	pm	→ promote Health Hygiene.		→ Assess the child condition → Encourage hand Hygiene → change dress & bed cover	maintained personal Hygiene	Re assessment done child stable	
Night	8pm	→ To maintain good nutritional status of the child	11pm	→ Assessed the nutritional Status of the child → monitored vital sign → maintained Bed rest → Administered medication as per doctor's ordered	Improving and maintaining good nutritional Status	child was stable Reassessment was done	

Patient Sticker

NURSING CARE RECORD

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Date: .....

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							

Patient Sticker

NURSING CARE RECORD

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Date: .....

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							

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		RECEIVING NOTES 26/6/26.	
26/6	11.30 am	=> child admission from ICMC hospital, while receiving child disoriented PR 2B, GCS 13/15, B/L pupil 2+ equal sight reacting child is on NRM 10 lit/h airflow, peripheral line patent in Rt cephalic, 22G, Lt brachial 20G. IVF 0.9% NS 50ml/hr. airflow started, vital signs monitored and recorded →	Sapna SN.
	12-30 pm	=> Dr. Prahlad sir seen this child & advised to do MRI Brain & contrast →	Sapna SN.
		=> Dr. Prahlad sir advised INJ. calcium 25ml + 75ml 5% D over 30 min IV given →	Sapna SN.
		=> Dr. Pavan sir advised blood sample send to lab (R) due →	Sapna SN.
	1pm	=> child have complaint of headache. informed to Dr. Pavan sir. pain score 5/10, sir advised INJ. PCM	

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
20/6	contd	500mg Rx given ⟶	Scrnel SDP
	1.30pm	=> Reassessment done, pain score 2/10 ~~to~~ provide comfortable position ⟶	Scrnel SDP
	1.30pm	=> patient care details handed over to evening duty s/n vishva. ⟶	Scrnel SDP
		=> child shift to MRI nungambakkam ⟶	Scrnel SDP
		Evening Duty. 20/6/26	
20/6	1:30pm	Child details handing over gi taken from, child looks drowsy and responds very drowsy, PV = (2+), GCS = 13/15, B/L pupils reacting to light Lt = 2++, Rt = 2++, child is on room air, child has two peripheral line patent (+) - (Lt) Brachial 26 G and Rt cephalic 22G, IVF DNS 0.9% 50 ml/hr, Vitals monitored and recorded. Child shifted to MRI mungambakkam ⟶	M. V...S 021584.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00001877 IP18-00036202
Baby HARSHINI .J
18-10-2016 9 Y 8 M 8 D (F)
Dr. PRAHLAD N

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6	3:30pm	child came after from MRI. Vitals monitored and recorded →	M. Vishnu 021584.
	4:00pm	Due Medication given as per drug chart. Vitals monitored and recorded →	M. Vishnu 021584.
	6pm	Due Medication given as per drug chart. Vital monitored and recorded →	M. Vishnu 021582.
	6:30pm	T. Nicardia 10mg given as per order →	M. Vishnu 021582.
	7:30pm	child detail handing over given to Night duty Staff Nurse →	M. Vishnu 021584
		Night Duty on 26/6/26	
26/6/26	7.30pm	child details and handing over taken from the evening duty staff. child is on RA: GCS-10/15, CRT <3s, pulse volume good. IV line port patent. IVF 0.9 NS 50ml/hr on flow. pv+2++, afebrile, BP in situ child is on normal diet →	[illegible] 016260.
	8pm	due medication given as per chart	
	9pm	child taken oral. no vomiting. feeding tolerated →	[illegible] 016260
	10pm	child had hypertension. informed to Dr. prahlad sir adv to give T nicardia 20mg	

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies
☑ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6	10pm.	Stat dose given as per order	[signature] 26/6/26
	11pm.	due medication given as	
		per drug chart	
	1am	due medication given	
		as per drug chart →	[signature] 26/6/26
	4am.	due medication given	
		as per chart	
	5am.	child morning care given	
		IV line dressing done	
		RBS checked. and recorded →	[signature] 26/6/26
	6am.	due medication given as per	
		drug chart →	[signature] 26/6/26
	7.30 am.	child details and handing	
		over given to the morning duty	
		Staff sis Saraswathy →	[signature] 26/6/26
		morning duty 27/6	
27/6	7.30am.	⇒ Patient care details handing	
		over taken from night duty	
		S/N dharam, child is on RA	
		PR 120, RR 18/15, BLPUPIL 2++	
		Equal to light reacting,	
		Peripheral line Ⓡ Rt cephalic 22G,	
		Lt Brachial 20G IVF 09+CINS	
		50ml/hr. artiow, CBD Ⓡ lat	
		Ex position continous drained	
		well. Vital signs monitored and	
		recorded →	[signature] 27/6

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Baby HARSHINI .J
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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
27/6	8am	=> INJ. Seftril 900mg IV given	
		as per drug chart ——>	Sonif. SDH
	9am	=> child had 1 idly 1 pus NO	
		vomiting tolerated ——>	Sonif. SDH
	10am	=> Dr. Pavan Sir advised	
		CBD removed ——>	Sonif. SDH
	11.30 am	=> Dr. prahlad Sir seen this	
		child he advised to add	
		Tab. magnesium and ——>	Sonif. SDH
	12pm	=> Dr. prahlad advised patient	
		shift to 4th floor 404, patient	
		care details handed over to	
		SIN VAISHU ——>	Sonif. SDH
		—> Receiving notes <—	
27/6	12pm	Child taken over from	
		PICU to 4th floor 404	
		conscious & awake.	
		P.C line ⊕ present &	
		patten. CBD removed	Kav...
		not passed urine.	
		Vital signs checked &	
		recorded. No other	
		complaints.	
		I/O chart maintained	
		PR / HR / CRT ++ / ++ / <3sec	
	1.30pm	child handing over given to evening duty staff	

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

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
27/6/26	1.30 pm	Evening Duty notes:- child details handing over taken from morning duty staff. Child conscious & oriented. Child activity are good. IV line present. no swelling pain.	[signature] 02005
	4pm	vital signs checked & Recorded vitals are stable now. CP ++ / PP ++ / CRT 2sec	
	6pm	Due medication are given as per drug chart order. I/O chart maintained. No any complaint's	[signature] 01890
	7.30pm	Child details hand over given to night duty staff.	[signature] 01890
27/6/26	7.30 pm	Night Duty notes on 27/6/2026. child details taken over from evening duty staff nurse using ISBAR method. on assessment, patient is conscious, oriented and afebrile. all vitals, skin assessment done. IV line is present and patent no pain or redness	[signature] 00145
	8pm	vitals checked and recorded. all	

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UC-00001877 IP18-00036202
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8-10-2016 9 Y 8 M 9 D (F)
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NURSES NOTES

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☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continue notes →	
		are hemodynamically stable	
		CP ++ / PP ++ / CRT <3sec	
	8pm	Drug medication given as per the drug chart	R.fai 020149
	10pm	vitals checked and recorded, all are hemodynamically stable.	R.fai 020149
	12pm	vitals drug medication given as per the drug chart	
	12Am	vitals checked and recorded. all are hemodynamically stable	R.fai 020149
		PP ++ / CP ++ / CRT <2s	
	2am	I/O chart is maintained. No any other complaints	
	4am	vitals are checked and recorded, temp is normal	[signature] 015
		PP ++ / CP ++ / CRT <2s	
	6am	Administer the medication as per doctor's order	
	7.30am	The child details handover given to morning duty staffs.	[signature] 015

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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
28/6/26		→ morning duty ←	
	7:30AM	child taken over from night duty staff conscious & awake.	no complaints
	8AM	vital signs checked & recorded. No other complaints.	
		PP: ++ / UP: ++ / CRT: 2sec.	
	9AM	due medications are given as per doctor's order.	no complaints
	10AM	IV: line ⊕ present & patent. NO other complaints.	
	11AM	BP - checked & recorded. BP - 126/76 (90) mm Hg	no complaints.
	12PM	vital signs checked & recorded. NO other complaints.	
		PP: ++ / UP: ++ / CRT: 2sec.	
		I/O chart maintained.	
	1:30PM	child handing over given to evening duty staff	no complaints

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UC-00001877 IP18-00036202
aby HARSHINI .J
8-10-2016 9 Y 8 M 9 D (F)
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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
		→ Evening duty On:-28/6/26.	
28/6/26	1.30pm	Child details hand Over taken from morning duty Staff Child is conscious oriented Child Iv cannula patten —	Dy 018900.
	2pm	Due to medication was given as per doctor's Oedoe — Child intake was good — Child mobilisation was done —	Dy 018900.
	4pm	vital Sign's checked and Recorded vital are Stable	

CP	PP	CRT
++	++	<3sec

	6pm	Dee to medication was given as per doctor's Oedee Ilo chart Maintained No any complaint's — Bp checked 133/97 (104) informed to Dr. Deepak Sir advise Tab. Envas given as per doctor's Order.	Dy 018900.
	1.30pm	child details hand Over given to night duty Staff —	Dy 018900.
28/6/25	7.30 PM	Night duty notes on 28/6/2026 child details taken over from evening duty Staff Nurse using SBAR method	628149

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....Not Known..........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26		← continue note →	
		On Assessment, child is conscious,	
		oriented and afebrile, CRT - 1 sec	
		Skin Assessment done - IV line is	
		present and patent, no pain or	
		redness.	
	8pm	Vitals checked and recorded, all	RF
		are hemodynamically stable.	020749
		GP ++ / PP ++ / CRT <3 sec	
	8pm	Due medication given as per the	
		drug chart	
	10pm	Bp- checked and recorded, all	RF
		are hemodynamically stable	020749
	10pm	Due medication given as per the	
		drug chart	
	11pm	BP- checked and recorded, all are	RF
		hemodynamically stable	020749
29/6/26	12AM	vitals checked and recorded, all are	
		hemodynamically stable.	RF 020749
		GP ++ / PP ++ / CRT <3 sec	
	2am	child slept well, no specific	
		complaints.	RF 020749

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GUC-00001877 IP18-00036202
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THE HUMPTY DUMPTY SCALE

26/6 26/6 26/6 27/6 27/6

PARAMETER	CRITERIA	SCORE	DATE m	DATE E	DATE N	DATE m	DATE E
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	(2)	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	(1)	1	1	1	1	1
Diagnosis	Neurological Diagnosis	(4)	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	(3)	3	3	3		
	Forget Limitations	2				2	2
	Oriented to own ability	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	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		14	14	12	13	13

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	
	Wheel chair support		✓	✓	✓	✓	—
	Other Intervention(s) Specify		✓	✓	✓	✓	—
	Nurse's Name:		Savey	Pavithra	Shanthini	Savey	Jathya
	Signature:						
	Date:		26/6	26/6	26/6	27/6	27/6
	Time:		12pm	2pm	2pm	8a	2pm

UC-00001877 IP18-00036202
aby HARSHINI .J
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r. PRAHLAD N

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27/6	DATE 27/6	DATE 28/6	DATE 28/6	DATE 29/6
			N	M	E	N	M
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	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		1/13	1/13	1/13	1/13	1/13

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		NA	NA	—	—	—
	Other Intervention(s) Specify		NA	NA	—	—	—
	Nurse's Name:		Jeeva	Vaidya	Angel	Jeeva	Baby
	Signature:						
	Date:		27/6	28/6	28/6	28/6	29/6
	Time:		8pm	8AM.	2pm	8pm	8am

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00001877 IP18-00036202 Ref. No.: F/HW/BRD-Q/NSG/04

Patient Name : Baby HARSHINI .J

18-10-2016 9 Y 8 M 8 D (F)

Dr. PRAHLAD N

Age.....

					Date : 26/6	26/6	26/6	27/6
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"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 waking hours.	1	1	1	1
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.	2	2	2	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.	3	3	3	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."	3	3	3	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.	1	1	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.	3	3	3	4.
				TOTAL SCORE	16	16	18	24
				Evaluator's Name				

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

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BRADEN 'Q' SCALE

(for Paediatric use)

UC-00001877 IP18-00036202
aby HARSHINI .J
)-10-2016 9 Y 8 M 9 D (F)
. PRAHLAD N

IW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gender :

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.	Date :	E 27/6	N 27/6	M 27/6	E 28/6
"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.		1	1	1	1
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 lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	24	24	24	24
					Evaluator's Name				

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	intervention	Sign
26/6	9 pm	5/10	head ache	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Inj. PCM 300mg IV	[illegible]
	11:30 pm	2/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Provide comfortable position	[illegible]
26/6	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	—	[illegible] 018844
26/6	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	—	[illegible] 021582
27/6	2am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	—	[illegible] 016266
27/6	9am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No		[illegible]
27/6	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[illegible]
27/6/21	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 020749
28/6/21	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 020419
28/6/20	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 014060

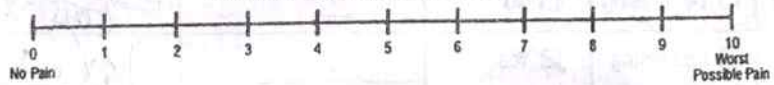
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

1. Diagnosis
2. ~~Treatment and Care~~
3. 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		
27/8/2	12pm	ongoing care	Explained about the importance of ongoing care	mother	No Learning Barrier	oral	Repeat values	Verbalizes understand	Good	Priya 020249
28/8/16	8pm	treatment & care	Health education given about treatment & care.	mother	NO	oral	None	verbalizes	good	[illegible]
29/8.	9am.	medications	Explained about medications Its uses.	Mother.	No.	oral	None.	Verbalizes understanding - drug	good	Balaji.

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ..... Nil .....

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 ..... Nil .....

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 ..... Nil .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 20/6/21

Source of Admission: ☐ OPD ☐ Ward ☑ Other: .....

Reason for Admission: SEIZURE

Admission Diagnosis: SRNS / SEIZURE

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: .....

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Other Specify .....

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify .....

Source of Information : ☑ Family ☐ Patient ☐ Others, Specify .....

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	SRNS PERITONITIS	-	20/6/21

Family History: .....

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

If yes please list, ...

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

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

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☐ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☑ Yes ☐ No

Observations: Weight: 11.9 Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.4° HR: 100 RR: 18 BP: 102/62 (95)

Pain Score: 5/10 Specify Site: Headache (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 18) (Document in the Braden Q Assessment Sheet)

(P.T.O)

Patient Sticker

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Consolate ☑ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☑ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☑ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Name: Saraswathy Nurse Signature : .....

Date & Time: 26/6/22 12pm.

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: ..... Nurse Signature : .....

Date & Time: .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
26/6	~~tox~~ 12pm	105 mg/dl	DNS [illegible]	[illegible]
27/6	6am.	121 mg/dl	ORS [illegible] ml/hr	[illegible] 27/6/26

Ref. No. : F / ER / TRAN / 01

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TRANSPORT SHEET

☑ PICU KIT ☐ NICU KIT ☐ ER KIT

Patie t Name : Harshini Age : 9yr 8mon

Gender : ☐ M ☑ F - Weight : 9 kg Date : 26/6/26 Time : 11 AM

Diagnosis : K/C/o Steroid dependant Nephritic syndrome

Referring Hospital : Kilpauk Medical College, Chennai

Place : Chennai Kilometers of Transport : hospital

Call received by : Dr. Karthick Narayanan Time of Call : 10 AM Timeleft: 10.07 AM

Time of Confirmaaon Call : 10 AM

Patie t condditn discussed with referring Doctor : ☑ Yes ☐ No

Name of the consultant with whom patie ts ccondition as discussed: Dr. Karthick Narayanan

Special Instructons to iniiate during Transit / Transport :

EQUIPMENT CHECKING

- ☐ Transport Ventil tor
- ☑ Transport Monitor
- ☑ Sucton Machine
- ☐ Ventil tor
- ☐ Antibio cs Vial
- ☐ Defibrillator (for PICU & Long Transport)
- ☐ iSTAT : ☐ Yes ☑ No
- ☐ Transport Incubator
- ☑ Oxygen
- ☑ Glucometer
- ☐ Chest Drain (for Long Transport)
- ☐ Surfactant Vial (NICU)
- ☑ Syringe Pumps
- ☑ Emergency Kit
- ☑ Stethoscope
- ☐ Ambu Bag, Mask
- ☑ VenesectionTray
- ☑ Cardiac Monitor with Arterial Pressure Module (PICU & Long Transport)

DOCTOR

Name : Dr. A. Gokul MBBS

Signature : A. Gokul 502959

Time : 11 AM

NURSE : (Sister / Brother)

Name : Jayah Mandal

Signature :

Time : 11 AM

Time the referring hospital was reached : 10:20 AM

Time the referring hospital was lef : 10:48 AM

History & Assessment by Doctor : Dr. A. Gopi Nath 502959

HOPI : H/o headache c seizure - (2) episodes

Maternal History :

Examinatio :

NIBP : 150/100 (116) Temperature : (N)

Respiratory Rate : 26/min Heart Rate : 112/min

CVS : S1S2 (+) RS : BAE (+) SPO2 : 100% - 15L NRM

CNS (Responsiveness) : ☐ None ☐ Lethargic ☐ Vigorous Cry RBS : 106 mg/dl Drowsy GCS - 12/15

Medicatio s : ☐ Antenatal steroids ☐ Inj. Vit. K ☐ IV anti biotics

Pre – transport Stabilizati n :

1. Procedure done : ☐ IV Cannulation ☐ Intubation ☐ Ventil ation ☐ Umbilical line placement ☐ I.C.D Placement ☐ Others
2. Medicatons :
3. Discussed the conditon of paati t with concerned RCH consultant? ☑ Yes ☐ No
4. Investi aationst the referral hospital:

Nursing Observati n :

Time	Temp.	RBS	HR	RR	NIBP	SpO2	RSPV	Respiratory Support None / H. Box / Vent.sett gs	IV Fluid	IV Meds
10:30 AM	98.9°F	106	112	26	150/100 (116)	98%		NRM (15 L/min)	DNS	

Medicatio s Given

Time	Medicaton	Dose	Route	Nurse Sign	Doctor Sign

TRANSPORT CONSENT

I ..... Aged ..... S/o .....

..... hereby given my consent for my ☐ Son ☑ Daughter

..... for the transportation from .....

..... hospital to ..... hospital.

I give consent for any procedure or interventons needed for the treatment of my child.

I am fully aware that the transport of my child in the ambulance is risky and the associated risk have to be fully explained to me by the transport team. I also state that the hospital authoritie, including referring hospital, transport team and the hospital to which the transport is being carried o ut, will not be held liable for the consequences arising out of the transportation.

A fully descripton of the transportaaon, including risk, complicacatioand consequenc es including possibility of fatality like death, has been discussed with me in a language known to me to my satsfactory understanding.

Expected cost of the treatment has been explained to me in my own language.

Name : ..... Sign: .....

Date : ..... Time : ..... ☑ AM ☐ PM

PATIENT / GUARDIAN :

Name : .....

Signature : .....

If Guardian, Relaton : .....

Address : .....

.....

Contact No : .....

WITNESS :

Name : .....

Signature : .....

If Guardian, Relaton : .....

Address : .....

.....

Contact No : .....

NURSE :

Name : .....

Signature : .....

DOCTOR :

Name : .....

Signature : .....

AMBULANCE DRIVER :

Name : .....

Signature : .....

OFFICE BOY :

Name : .....

Signature : .....

CLINICAL STATUS AT ARRIVAL TO RAINBOW CHILDREN'S HOSPITAL

ime of reaching RCH (Rainbow Children's Hospital) : 11:10AM

RCH I.P. No. :

xamination

Temperature : 98.5°F

Heart Rate : 101/min

NIBP : 150/100 mmHg

Respiratory Rate : 18/min

SPO2 : 100% ↑ NNOVS

: S1S2 Ⓝ

RS : BAE Ⓝ

RBS : 100 mg/dl

NS (Responsiveness) : ☐ None ☐ Lethargic ☐ Vigorous Cry — Drowsy

SNAPPE - II SCORE

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

Final diagnosis : K/c/o SDPES / Headache ē seizures / ? PRES / ? CSVT ? meningitis

Duration of ventilation : —

Morbidity : —

☐ Discharge ☐ Death :

PROBLEMS DURING TRANSPORT

Equipment :

Medical : NIL

Patient :

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : ..... Day of Admission : ..... Today's Date & Time : .....

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis :

Current Issues :

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :

.....

CXR : .....

SPO_2 : ..... O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☐ No - If Yes, details : .....

.....

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : .....

ABG : ..... $EtCO_2$: ..... P/F ratio : ..... O.I. : .....

Chest Physiotherapy Plan : ..... Suctioning Needs : .....

Any Nebs : ..... **ICD ?** ☐ Yes ☐ No, if Yes, details : .....

Plan of care : .....

.....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : .....

Quality of Pulses : ..... cap refill Time : ..... Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : ..... IBP : ..... CVP : .....

Infusion of : ☐ Dopamine ..... mcg / kg / min - ☐ Dobutamine ..... mcg / kg / min

☐ Epinephrine ..... mcg / kg / min - ☐ Nor Epinephrine ..... mcg / kg / min

☐ Milrinone ..... mcg / kg / min

Any Other Infusions : .....

Last 2D Echo Findings : .....

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☐ Yes ☐ No Place of art, line & its condition : .....

Central line in situ : ☐ Yes ☐ No Place of central line & its condition : .....

Day of arterial line : ..... Day of Central line : .....

Plan of Care : .....

.....

CNS

Neuro Exam : .....

.....

Pupils : ..... **Sedation Used ?** ☐ Yes ☐ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : ..... Types of Paralysis : .....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....

Plan of Care : ..... Ramsay Sedation Score : .....

.....

(P.T.O.)

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : ..... NG output : ..... PO intake : ..... Feed Formula : ..... Feed Schedule : ..... **IV Fluids** - Type of IVF : ..... @ ..... ml / hr (..... times maintenance) **TPN :** ☐ Yes ☐ No - If yes, details : .... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day) ..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI **Labs :** Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : ..... Latest LFT : ..... Abd Exam : ..... **Any organomegaly ?** ☐ Yes ☐ No - If yes, describe : ..... Plan (G.I. & Liver) : .....
INFECTION	☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : ..... **Cultures Sent ?** ☐ Yes ☐ No - If yes, details : ..... Describe c/s Reports : ..... Other Labs (Latex, Serology, etc) : ..... Ongoing Antibiotics : .....
NEPHROLOGY ISSUES	Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : ..... **P.D.** ☐ Yes ☐ No - If yes, details : ..... **Diuretics :** ☐ Yes ☐ No - If yes, details : ..... **Catheterized :** ☐ Yes ☐ No - If yes, then day of Catheter : ..... Ralevant Radiology (USC, MCUG radioisotope scan etc) : ..... Plan of Care : .....
HEMATOLOGY	Relevant Labs (CBP etc) : ..... Any Coagulopathy : ..... Relevant Transfusion History : ..... Plan of Care : .....
CARE PROTOCOLS	VAP Bundle Used ? : ☐ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : ..... Pending Lab Results : ☐ Yes ☐ No If yes, then details : ..... Pending Consultations : ☐ Yes ☐ No If yes, then details : .....
FINAL COMMENTS	

Doctor's Name (Handover given) : .....

Signature : .....

Date & Time : .....

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : .....

Rainbow® Children's Hospital
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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BABY. Harshini / 8620	26/6/26 @ 11am	27/6/26 @ 12pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. prahlad.	Dr. prahlad.	unpaired.
From Unit	**To Unit**	**Information to Attendant**
DICU	HDU	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
—	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	INJ. XONE 1gm	2
2.	INJ. pan 40mg	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Saraswathy [signature]	Dr. Gokul.

Patient & Clinical Records Received by : Vaishu [signature] @ 2pm.

Date & Time of Patient Received :

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

Docu. No. : RCH /FRM / CLINICAL / 102