Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 15 D (F)
Dr. GEETHA JAYAPATHY

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	14/7/26						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

UHID No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	8:30pm.	ED	604.	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. Keerthivasan	12/7/26 at 5.30pm	to be raise	
2.	DR. Vinesh	13/7/26 at 11 AM	to be raise	
3.	Dr. Keerthivasan	13/7/26 at 12pm	to be raise	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/7/26	CBC, DPL, ETH, TSH	26022341	
	Ca, ph, 25(OH) vit D		
	B12		
12/7/26	RBS (POCT)	22361	
17/7/26	Blood FOR Ketone (Coast Add ord)	26022347	
12/7/26	Urine R/E	26022358	
11/7/26	SGOT, SGPT	26022352	
11/7/26	RBS	26022348	
14/7/26	Amonia, Lactate,		
	pyruvate, WHS.	26022587	
14/7/26	urine ketones	22595	
14/7/26	WES	26022487	
14/7/26	cost addl on fee	26022397	
	Special test		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7/26	Infusion pump	8.30pm	12/7/26 8am	1725881	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7/26	IV cannulation	(1)	1725738	

ANY OTHER INFORMATION:

Date: 14/7/26 Time: 10 Am Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 15 D (F)
Dr. GEETHA JAYAPATHY

LOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	14/11/26 10.30 a				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

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CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

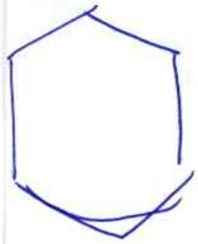
Findings and Recommendations :

13/7/26

C/S/B Dr. Keerthivasan — Tha for input.

- ✓ Recurrent abd. pain (Ammonley area) — Probably mild + moderate, not clear fore pain assnt.
- ✓ Ketonuria / ↓ HCO_3 — Dominance 2
- ✓ Nausea c̄ ✓ vomiting
  ⇓
  ✓ Pain abdomen →
  ✓ ↓ food intake

O/E — Child active, alert,
PICCLE



S/1 no tender
no organomegaly

Consultant :

Name : .... Signature : .... Date & Time : ....

AAV

1) Send GALAX as advised

2) WES

3) ~~Bor~~ VBG if possible

4) AAV c̄ repts

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29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

REQUISITION FORM FOR THE IMAGING STUDIES

scans, contrast studies etc.)

UHID NO: Dept.: Age: Sex: M/F

Consultant: Dr. Geetha

Diagnosis: Dr: Abd pain Evaluation Date: 13/7/18

USG Abdomen

Doctor's Name & Sign: ---

Name of the Test: ---

Is the Investigation requested appropriate for the clinical situation

(to be filled by Radiologist) Yes / No,

If No, then suggested Investigation ---

Radiologist Name & Sign: ---

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 14 D (F)
Dr. GEETHA JAYAPATHY

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CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Thx for the referral.

9yr g NC parents Term good Birth.

Wt faltering : 2yr 8 yrs

Series of abd Pain warranty adm

This admn diff ... (ac) + Appendicitis

... wt < 3rd centile

To R/o ISM

To do fasting NH3 / lactate / Pyruvate / amino ...
@ 6Am 14.7.2026

... wont ...
WES,

Consultant : ... health.

Name : .... Signature : .... Date & Time : 13/7/...

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

1

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BED SIDE CHECK LIST FOR NURSES

Date:	11/7/26	12/7	13/7						
Doctor's Orders	Dr. Geetha	Dr. Geetha	Dr. Yoothra						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	✓						
Central Lines	NO	NO	✗						
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	NO	NO							
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 :	Sul	Jeevitha							
Signature :	Sul	Jeev							
Date & Time:	12/7/26 8am	12/7/26 @ 8 am							
Hand Over Taken By Name :	Jeevitha	Geetha							
Signature :	Jeev	[illegible]							
Date & Time:	12/7/26 @ 9am	12/7/26 2PM							

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

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 : IP18-00036430 **Admit Date** : 11-Jul-2026 **Admit Time** : 07:18 PM **UHID** : GUC-00028447

Patient Details :

Patient Name	: Baby PRAHARSITA G R	**Age**	: 9 Y 1 M 12 D
Guardian	: Mr RAGUL RAGHAVENDHIRA	**DOB**	: 29-05-2017
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 4 ANNA NAGAR Kalinga Colony Chennai Tamil Nadu INDIA 600078	**Phone No**	: 9994319145
		E-mail	: no@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 RAGUL RAGHAVENDHIRA **Relationship** : Father

Contact Address : NO 4 ANNA NAGAR Kalinga Colony Chennai Tamil Nadu INDIA 600078 **Phone No** :

S. Ragul

Signature

Doctor Details :

Doctor Name : Dr. GEETHA JAYAPATHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Geetha Jayapathy **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby PRAHARSITA G R**	**Age :**	**9 Y 1 M 12 D**
IP No:	**IP18-00036430**	**Sex:**	**Female**
Consultant:	**Dr. GEETHA JAYAPATHY**	**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 [illegible]rance 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.
(R[illegible]ivers Signature: S.Raguf

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: S. Raguf.

Name: Raguf Raghavachia

Relationship: Father

Date: 11/07/2026 Time: 7.15

Wittness Name: Jeavith

Wittness Signature:

Patient Address:
NO 4 ANNA NAGAR Kalinga Colony
Chennai Tamil Nadu INDIA 600078

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BILLING POLICY

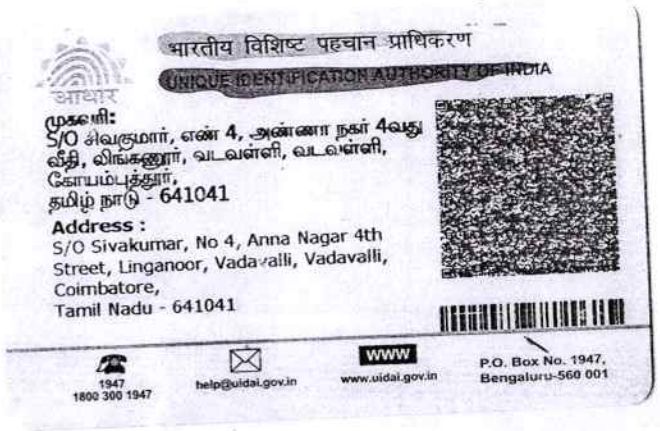
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation 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 : Pushanta	UHID Number : Gur-0002847
Self/Attendant Name : Rahul Raghavendra	Relation : Father
Self/ Attendant Signature : S. Rahul Phone Number :	Name & Signature of Financial Counselor


भारत सरकार
GOVERNMENT OF INDIA
ராகுல் ராகவேந்திரா எஸ்
Ragul Raghavendhira S
பிறந்த நாள்/DOB: 03/09/1987
ஆண்/ MALE
Mobile No: 9994319145
2512 3557 0412
VID : 9164 5394 0195 6151
எனது ஆதார், எனது அடையாளம்


आधार
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
முகவரி:
S/O சிவகுமார், என் 4, அன்னா நகர் 4வது
வீதி, லிங்கனூர், வடவள்ளி, வடவள்ளி,
கோயம்புத்தூர்,
தமிழ் நாடு - 641041
Address :
S/O Sivakumar, No 4, Anna Nagar 4th
Street, Linganoor, Vadavalli, Vadavalli,
Coimbatore,
Tamil Nadu - 641041
1947
1800 300 1947
help@uidai.gov.in
WWW
www.uidai.gov.in
P.O. Box No. 1947,
Bengaluru-560 001

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o Abdominal pain × 4 days.
on & off. - periumbilical
Yes ↓ food intake.
not settle, ↓ PP 5x.

c/o vomit × 1 episode
4 days back.

H/o oral intake ↓.
H/o constipation (+).
Urine output - good / high colored
Activity ↓.

No H/o fever / eating outside / rain.

Pain not settling ↓ OPD medication,
Hence admitted.

Patient Sticker

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

H/o admission 2yrs back & 1yr back for abdominal pain

Birth & Neonatal History:

Term / NVD - forceps applied Bt wt - 3.7kgs

CIAB / No NICU stay

Family Chart

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Dev. (N)

Immunization History :

Vaccinated upto date acc. to IAP schedule

Anthropometry :

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

Weight (kgs) 19 kgs (Centile _____)

On Examination :

Temperature : 97.6°F Pulse Rate : 116/min B.P. 100/70 mHg SPO2 100%.

CBG - 63 mg/dl.

Resp.rate and type of breathing :

Dull looking

PPWF

Pulse volume - good.

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft, paiumbilical tenderness (+). - mild, liver just palpable.

Ausculation : no guarding / rigidity

Spine : (N) External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power >3/5

Co-ordinator :

Posture :

Involuntary Movements :

Patie

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Dr. GEETHA JAYAPATHY

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Abdominal pain evaluation

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
RP2
FT4, TSH
Ca, PO_4^{3-}
25(OH) Vit D
Vitamin B12

USG Abdomen
Ped Gastro opinion / Monday

Planned Management

INF 0.9% GNS
IV Pan
Syp Mucaine gel

Signature of the Doctor:

Name of the Doctor: Dr. Geetha

Date & Time: 11/7/26 7.50pm

Signature of the Consultant:

Name of the Consultant:

Date & Time: 11/7/26 @ 9.30pm

(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: .....

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26	S/B Dr. Kavitha	
3pm		
	Child reviewed	
	IVF NS on flow	
	No abd. pain / vomit -	
	Not voided since	
	O/E - Asleep	
	PPNF -	Hydration - better
	Vitals - Stable	
	P/A - Soft	
	non-tender	
	Other systems - WNL.	
	Voided ~ 25ml urine.	
		Advice
		Cont. IVF 0.9% NS @ 8 ml/hr
		Monitor I/O / vitals / sensorium.

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
7/7/26	S/B [illegible]	
7.50 am		
	Recurrent episodes of ~~vomits~~	
	(1) abd pain	
	(2) occasional vomiting.	
	(3) Admission with poor oral intake - 3rd time.	
	(4) HCO_3 low 13, in absence of losses.	
	(5) Urn ketone high.	
	(6) Recovers c̄ fluids.	
	NC child.	
	Wt - 10th centile -	
	Ht - 50th centile	
	(N) thyroid.	
	Amylase / lipase	done twice.
	USG abd	
	Family H/O hypothyroidism / gastritis.	
	Abd pain better today	
	appetite fair.	
	BP - (N). Afeb PP-WF.	
Imp	~~? [illegible]~~	✓ IVF to taper of intake better
	? organic acidemias	✓ pan / mucaine gel
	?? severe ketotic hypoglycemia c̄ acidosis	

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

History (2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
OP	Sept 2021 - (abd pain)	(N) electrolytes USG abd - (N). HCO_3 - 20 FT4, TSH - (N)
Admission	Nov 2022 (abd pain, NB Vomtg)	- 137 / 5.5 / 98 (12) Hb/Hct 36 / 0.40 amylase / lipase (N) USG abd (N) Urine Keton 4+ fecal calprotectin 59.3
OP	Apr 2023 fever 5d / abd -	(N) CBC RP_2 - not done Ketone 3+.
Admission	Jan 2024 fever c LRI. vomtg / abd.	Dx 52 ~~Ketone 4+~~ Ketom ? HCO_3 - 13 (N) Urea.
OP	Jan 2025 - abd pain / vomtg)	- WBC (N).
Admission	July 2026 -	abd pain / ↓ intake 1 episode vomtg.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan	
	✓ Dr Ganesh sir opinion -	
	✓ Investigations tomorrow	
	VBG for lactate, Urin GCS, TMS.	
	(after rounds)	
	✓ Blood Ketone awaited.	
	S/B Dr. Chandiradoss.	
13/7/22 9.30AM -		
	Recurrent episodes of Abd pain ↓ evaluation	
	Admitted for 3 times.	
	USG Abdomen 2022 - (N)	
	(N) electrolytes, FT_4 TSH (N)	
	Ketones ↑, HCO_3 ↓↓	
	Abd pain associated with vomiting	
	settled by medications	
	Oral intake - fair.	
		Blood ketones - 4.4

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/24 9:20 AM	S/O Dr. DEEPAK	
	Dsis: Recurrent Episodes of Abd pain ↓ Evaluation	
	Child reviewed Child has no abd pain at present	
	H/O: Abdominal pain in the past Sep 2021 →	USG - (N) Electrolytes - (N) HCO_3 - (N) FT_4, TSH - (N)
	Nov 2022 ↳ Bicarb - (12)	
	April 2023 → fever + Abd pain	(N) CBC Ketones 3(+)
	Jan 2024 Fever + LRI + Abd pain + vomiting	CBG - 5a HCO_3 - 13 (N) - urea
	Jan 2025 Abd pain / vomiting	→ CBC (N)
	July 2025 -	Abd pain / ↓ intake 1 episode vomiting

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Current Admission	
	Child had a episode of vomiting on tuesday (7/7/26)	
	↓ non-bilious non-projectile	
	↓ F/b cough occasionally treated as OPD c Twice lanzol Antacids	
	↓ had c/o: Abdominal pain on & off periumbilical region	× 4d
	NOC/O: fever loose stools NO burning micturation	
	LABS: SGVT - 40 PT - 27	(n)
	Ca^{++} - 10.2 Vit B_{12} - 306 Vit - D - 12 TSH - 1.80 RBS - 65	(n)

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 14 D (F)
Dr. GEETHA JAYAPATHY

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Bicarb - 13 ↓	
	Urine ketone - 3 (+)	
	blood ketones - 4.4 ↑	
	Ht - 129cm	
	Wt 19kg	Wt trend over the years
	Oct 2019 2yr 5m → 10.6 kg	
	Sep 2021 4yr 5m) 13.3 kg	
	Aug 2022 5yr - 13.8 kg	
	May 2023 15.4 kg	
	Sep 2024 7yrs → 17.3 kg	
	Feb 2025 → 7yr 8m → 18.4 kg	
	2026 19.6 kg	
	Adm ? Organic acidemia	
	? Idiopathic	ketotic hypoglycemia
	TO consider:	
	WES	Rx
		→ Continue aspen Chart
		→ TO Monitor vitals / Seizures
		TV DO
		Fasting NH4 (+)
	At 6 AM tomorrow	Lactate
		Pyruvate
		Urine ketones

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

Cdm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 11.30pm	S/B [illegible]	
	Recurrent abd pain	
	acidosis	
	Ketonemia	
	borderline weight gain.	
	Sys - WNL.	
	abd pain] better -	
	intake]	
		Send Inv tomorrow morning fasting @ planned
	[signature]	

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 14 D (F)
Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/18. 4:00PM	S/B Dr. DEEPAK	
	Δ: Recurrent	Abdominal pain ↓ Evaluation
	Child reviewed	
	child has no new concerns Borderline	weight gain
	O/E:	
	Child is consious, alert, afebrile	
	CVS: S1S2 ⊕	
	RS: NVBS ⊕	Vitals
	P/A: soft	stable
	CNS: NFND	
	On investigation → Acidosis	/Ketonuria
		D
	tmrw 6:00 AM	To send Early morning fasting sample of Ammonia - NH4+ Lactate Pyruvate urine ketones
	To follow up c counselling regarding WES	
	To monitor vitals / GCS / sensorium	

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 Hr. 9:45AM	S/B Dr. Deepak	
	Asr: Recurrent Abdominal pain ↓ Evaluation	
	Child reviewed Child has no new concerns	
	O/E: Alert, afebrile	
	CVS: S1S2 (+) RS: VBS (+) P/A: Soft CNS: NFND	
		Rx → To monitor vitals / sensorium → To trace the GALAK Reports → To trace WES Sample [signature]

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
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Dr. GEETHA JAYAPATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 10.30am	S/B Dr. Geetha	
	Recurrent acidosis under evaluation	
	- ? IEM (organic acidemia).	
	vit D deficiency	
	clinically well	
	No further abd pain / vomiting -	
	off fluids 24 hours	
	Rpt. Inv lactate 1.3	
	NH4 - 12.	
	pyruvate 0.37.	
	Urine ketone - neg.	
	WES sample sent for genetic workup.	
	(D) today Adv	
	✓	Calcirol sachets (60,000 IU).
		Once a week (Sun) x 8 weeks
	✓	Syp. Calcimax +
	R after 1 month	~~SMH~~ 0 - 0 - 7.5 ml x 1 month
	✓	Neopro junior sachet.
	[signature]	

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

GUC-00028447 IP18-00036430
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RESULT SHEET

Date	11/7/26					
Time						
Hb	13.6					
PCV	40					
RBC						
WBC	7850					
N/L	N68 L27 M5					
Platelets	3.46					
CRP						
ESR						
PCT						
RBS	62					
Na	137					
K	4.6					
Cl	101					
Ca/Mg iCal	10.2 / 1.15					
Phosphate	5.0					
Urea / HCO_3	26 / 13					
Creatinine	0.52					
ALP						
SGPT	27					
SGOT	40					
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						

B12 306

Date						
Time						
CUE - Alb	1+					
CUE - Sugar	Nil					
CUE - Ketones	3+					
CUE - PUS Cells	2-4					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : TSH - 1.80

FT4 - 1.22

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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DRUG CHART

Date of Admission: 1/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

REGULAR PRESCRIPTIONS

Weight. 19kg Ward. 609

DRUG : Inj-PAN

Dose	Route	Frequency	Start Date
20mg	iv	q12h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7	12/7	13/7	14/7
8pm	SS/AR			
6 Am		SS/SP	SS/SP	SS/SP
6 pm		QS/PS	QS/NM	

DRUG : SYP. MUCAINE GEL

Dose	Route	Frequency	Start Date
5ml	P/O	q8h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7	12/7	13/7	14/7
7 Am		SS/SP	SS/SP	SS/SP
1 pm		3pm SU/PS	PS/PS	
7 pm	11.30 pm SS/SP	10pm QS/SP	QS/NM	

DRUG : CALCIROL SACHET

Dose	Route	Frequency	Start Date
60,000 IU	PO	Once a week	13/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	20/7
2 pm	QS/NM	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Patient Sticker

Weight. 19/9 Ward. 604.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		~~0.9NS~~				

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

GUC-00028447 IP18-00036450
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

I.V. FLUIDS CHART

Weight. 19 Ward. 604

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
11/7/26	8pm	IVF 0.9% DNS	P/V	50ml/hr		SS	12/7/26 8am		
12/7/26	11pm	IVF 0.9% NS 600ml over 4hrs	IV			AJ	12/7/26 5pm		

Signature .....

VERIFIED BY : Name .....

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R (F)
29-05-2017 9 Y 1 M 12 D
Dr. GEETHA JAYAPATHY

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: (604)

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Geetha

Date & Time : 11/7/26 8pm

Nurse Name & Signature: N. Jyothi

Date & Time : 11/07/26 @ 8:00pm

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

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

(1)

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/9/26.... Time:	8.30pm	12 Am	4 am.
Doctor / Nurse / Family Concern?			
Temperature (°F)	96.7°F	96.9°F	97°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	147 / (73) / 65	100 / (71) / 62	102 / (67) / 59
Heart Rate (Number)	101 b/m	92 b/m	89 b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	26 b/m	26 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	98%
Conscious Level: Normal / Altered	✓	✓	✓
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	SK	SK

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby PRAHARSITA G R
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Dr. GEETHA JAYAPATHY

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/7/26

Time:	8Am	12pm	4PM	8pm	12Am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	96.6F	97°F	97.4°F	97.8°F	97.2°F	97°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	103/70 (75)	100/66 (80)	99/68 (79)	100/62 (68)	98/58	99/57 (63)
Heart Rate (Number)	103 b/m	98 b/m	109 b/m	103 b/m	89 b/m	88 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	26 b/m	28 b/m	28 b/m	26 b/m	26 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA			
O_2 Saturations (%)	96%	97%	99%	100%	100%	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	m	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

(3)

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/7/26 Time:	8 am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	97°F	97.8°F	97.6°F	98°F	97.2°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	197 (68) 61	162 (59) 60	100 (62) 68	99 (68) 62	100 (63) 58	96 (64) 56
Heart Rate (Number)	100b/m	107b/m	110b/m	102b/m	98b/m	89b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28 b/m	26b/m	26b/m	28b/m	26b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	RA 98%	RA 99%	RA 98%	RA 100%	99%	100%
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		Dey		Dey		

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

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

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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.

11/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm		Admission on ER.									
	09:00 pm			50ml							0	S/our
	10:00 pm	H2O	100ml	50ml								
	11:00 pm			50 ml							0	S/our
	12:00 am			100ml								
	01:00 am			100ml							0	S/our
Total Intake :		100 ml	+ 350 ml			Total Output :				Nil		
	02:00 am			100ml								
	03:00 am			100ml						✓	0	S/our
	04:00 am	H2O	100ml	100ml								
	05:00 am			100ml							0	S/our
	06:00 am			50ml								
	07:00 am			50ml							0	S/our
Total Intake :		100 ml	+ 500 ml			Total Output :						

Total 24 hrs. Intake	200ml + 850ml = 1050	Total 24 hrs. Output	1 times

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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.

12/7/20		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	10ml									
	09:00 am									200ml	0	
	10:00 am	milk	50ml									
	11:00 am											
	12:00 pm	H20	10ml							300ml	0	
	01:00 pm											
Total Intake :		250ml				Total Output :				500ml		
	02:00 pm	H20	50ml								0	
	03:00 pm											
	04:00 pm	H20	50ml							150ml	0	
	05:00 pm											
	06:00 pm	H20	50ml								0	
	07:00 pm											
Total Intake :		150ml				Total Output :				150ml		
	08:00 pm									300ml		
	09:00 pm	H20	200ml								0	SS/01cm
	10:00 pm											
	11:00 pm	H20	200ml							150ml	0	SS/01cm
	12:00 am											
	01:00 am	H20	100ml								0	SS/01cm
Total Intake :		500ml.				Total Output :				450ml.		
	02:00 am											
	03:00 am										0	SS/01cm
	04:00 am											
	05:00 am										0	SS/01cm
	06:00 am											
	07:00 am	H20	50ml								0	SS/01cm
Total Intake :		50ml				Total Output :				Nil		

Total 24 hrs. Intake	920 ml.	Total 24 hrs. Output	1100 ml.

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FLUID CHART

Sheet No. : 3

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

13/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea (motion)	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	200ml								0	
	09:00 am									150ml		
	10:00 am	Soup	100ml								0	
	11:00 am						✓			270ml		
	12:00 pm	H2O	100ml							270ml	0	
	01:00 pm											
Total Intake :		400ml				Total Output :				690ml	+ H - 1	
	02:00 pm											
	03:00 pm	H2O	100ml								0	
	04:00 pm	H2O	100ml							120ml		
	05:00 pm										0	
	06:00 pm	H2O	100ml							320ml		
	07:00 pm										0	
Total Intake :			300 ml			Total Output :				440 ml		
	08:00 pm	H2O	50ml									
	09:00 pm										0	SS/OW
	10:00 pm	H2O	100ml							220ml		
	11:00 pm									100ml	0	SS/OW
	12:00 am	Nil										
	01:00 am										0	SS/OW
Total Intake :			150ml -			Total Output :				320ml.		
	02:00 am	P										
	03:00 am										0	SS/OW
	04:00 am											
	05:00 am	O									0	SS/OW
	06:00 am											
	07:00 am									200ml	0	SS/OW
Total Intake :		Nil.				Total Output :				200ml.		

Total 24 hrs. Intake	850ml.	Total 24 hrs. Output	1,650ml

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Baby PRAHARSITA G R (F)
29-05-2017 9 Y 1 M 12 D
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Abdomenal pain ↓ Evaute	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure: —	Post OP Day:

	Date / Shift	11/7/26 N	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Noted.	Noted	noted	Noted	noted.	Noted
	Diet:	Soft diet	soft diet	Soft diet	soft diet	soft diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	96.7°F	96.6F	97F	97.8°F	97°F	97.4°F
	Res:	26b/m	26b/m	22b/m	26b/m	28b/m	26b/m
	SpO_2:	99%	97%	97%	99%	98%	98%
	Pulse:	101 b/m	103b/m	100b/m	100/62(68)	97/61(68)	110 b/min
	BP:	97/65(73)	103/70(71)	98 b/m	102 b/m	100 b/m	100/68(64)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	9	9	9	9	9	9
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	intact	intact	intact	intact	No risk	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		Sent	—	—	—	—	—
Handed Over By Name :		Sentour	Jeintha	Aathiya	Sent	Anupriya	Nikhil
Signature / ID :		Sent 018492	017913	[illegible]	Sentour	Anupriya	6077
Date:		12/7/26	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26
Time:		8am	@2pm	8PM	8pm	2pm	@ 2PM
Taken Over By Name :		Jeintha	Aathiya	Serajil	Anupriya	Nikhil	Serajil
Signature / ID :		017913	[illegible]	Sent	[illegible]	6077	Sentour
Date:		12/7/26	12/7/26	12/7/26	13/7/26	13/7/26	14/7/26
Time:		@ 8am	8PM	8pm	8Am	@ 2pm	8pm

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
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NURSING CARE RECORD

Date: 11/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9pm	Encsure atequte hydration & Electroyte	10pm	Maintain intake & output → Encourge oral feed. → Encrage hydration	Fluid intake is better.	Child clinically better. & well.	Serajul 01SS72

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29-05-2017 9 Y 1 M 12 D (F)
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NURSING CARE RECORD

Date: 12/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	Ensure adequate hydration and Electrolyte Balance	9 am	→ Encouraged to take More liquids orally water	→ Intake better → output Monitored	Re-assessment done	Jey
Afternoon	2 PM	ensure adequate hydration and electrolyte balance.	4 PM	monitor intake and output chart. encourage oral fluids if not contraindicated.	the Baby had more oral liquids.	the Baby intake is good	[illegible]
Night	8pm	Ensure adequate hydration and electrolyte Balan	10pm	Encouraged to take more liquids Orally water	intake is Better	child clinically better & well.	Sey

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Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission on ER.	
11/7/26	8.30pm	child details hand over taken form ER staff. child consious & active. →	Sen/ OUSP
		child compiaints of Abdomen pain, child IV line (+) IV line observed a heay.	
	9pm	child IVF DNS 50 ml/h conected.	
		child CBG checked CBG is 109 mg/dl is there. →	Sen/ OUSP
	10pm.	Dr. Geetha mam called a advaid to do OT, PT, VBG, Blood for ketone, urine R/E, and start IVF ~~DNS~~ NS 600 ml over 6hours 100 ml/hr →	Sen/ OUSP
	10.30pm	child old sample OT, PT done. VBG not taken inform Dr. Geetha mam advad to tommorw morning we will See.	
	11pm.	child IV fluids NS 600ml over 6hours 100 ml/h contd	
	11.30pm	child medication mucine gel 5ml given. →	Sen/ OUSP
12/7/26	12am	child vitals clubed a ren	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		temp is normal.	
		CP | PP | CRT / ++ | ++ | <3sec	
		Io chart maintaind →	
12/7/26	3.30am	Child urine passed clue	
		Sample urine R/E send	
		to the lab. →	Sew 0482
	4am.	child vitals checked & temp is normal. CP | PP | CRT / ++ | ++ | <3sec	
		Io chat maintaind →	
	6am	Administer medication given	
		as per drug chart →	Sew 0482
	7.30am	Dr. Geetha mam saw the	
		child Dr. Geetha mam	
		advaid to tommorw taken	
		Metabolic opinion. →	
		investigation tommorw VBG for	
		Lactate urine GCHS/TMS. after	
		rounds. →	Sew 0482
	8Am	Hand over given to the	
		morning duty staff. →	Sew 0482
		Morning Duty note	
12/7/26	8Am	child details hand over taken	
		from Night duty staff child	
		active and alert. In line	
		healthy child had breakfast	

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GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

(2)

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/18	8Am	Intake better IVF stopped. Vitals Checked and recorded	Jeya Oliva
	9am	I/O chart maintained and recorded [PP CP CRT / ++ ++ <2s]	
	10Am	→ child due medication given as per order chart	Anu Reon
	12pm	→ child vital signs checked and record. vitals are stable [PP CP CRT / ++ ++ <2sec]	Anu Reon
	1pm	→ child I/O chart maintained	Anu Reon
	1:30pm	→ child detail hand over given to evening duty S/N	Anu Reon
12/7/18		evening duty notes	
	1.30PM	the child details handing over taken from morning duty S/N. Ivcine ⊕, IVF. stop, Dr. Yanesh, Dr. Koorthivasan sir opinion due, tomorrow to do USG abdomen.	Joy
	2PM	Baby had food. due medication given. as for drug chart orderly.	
	4PM	vitals checked and recorded. [PP CP CRT / ++ ++ <2]	Joy
	6pm	maintained I/O chart. marked recorded and administered IV medicine as per drug chart orders.	Leny Sibin

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	7.30 pm	→ Patient handovers given to night duty S/N →	Gayu 017189
		Night duty Notes.	
12/7/26	7.30pm	child details hand over taken form evening duty staff. child conscious & active. →	Sen 018592
	8pm.	child vitals checked & recon temp is normal. CP ++ PP ++ CRT <2sec	
		child iv line ✓ iv line observed & heay. →	
	10pm	Due medication given as per drug chart.	
		Syp- Mucain gel 5ml given	Sen 018592
13/7/26	12am	child vitals checked a recond temp is normal. CP ++ PP ++ CRT <2sec	
		No chart maintain →	
	2 am.	child sleepig well. no outh complaints. →	Sen 018592
	4am	child vitals checked & recon temp is normal. CP ++ PP ++ CRT <2sec	
		No chart monitored	
	6am	Administr medication given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00028447
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY
IP18-00036430

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		as per drug chart. →	Seroja Durga
	7.30am	Hand over given to the morning duty staff. →	Seroja Durga
		Morning duty Notes	
	7.30AM	→ child detail hand over taken from Night duty staff child conscious & oriented IV wire (R). kept in RA	Durga
	8AM	→ child vital signs checked and record. vitals are stable	
		PP ++ CP ++ CRT <2SEC	Durga
	10AM	→ child due medication given as per order chart	Durga
	11.30AM	≥ Dr. Dinesh sir seen the patient. Sir advised tomorrow to do FASTING NH4 (R), lactate, PYRUVATE, urine ketones. at 6AM.	Durga
	12PM	⇒ vitals checked and recorded.	PP ++ CP ++ CRT <2SEC Durga
	1pm	→ child Intake and output chart maintained and record.	Durga
	1.30pm	→ child detail hand over given to morning duty SIN	Durga
		Evening Duty Notes.	
	1:30pm	child details are handing over taken from Morning duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26		VSG - plan was cancelled.	
		Tommorow - plan to take sample	
		at 6am - whole exam sequence	
		WES. No IV fluids. IV line (+)	
		Tommorow plan D/S →	Mythili 607784
	2pm	Due medications was given	
		as per doctor's order →	Mythili 607784
	4pm	Child vitals are checked &	
		recorded. Vitals are stabled.	
		CP ++ / PP ++ / CRT <3sec	
		→	Mythili 607784
	5:30pm	No other complaints from	
		child side. Child was stabled. →	Mythili 607784
	6:30pm	Maintained I/O chart for the child	
	7:30pm	Child details are handing over	
		given to night duty staff →	Mythili 607784
		Night duty Notes.	
13/7/26	7.30pm	child details hand over	
		taken from evening duty	
		staff, child conscious & active	Sai
	8pm	child vitals checked & record	
		temp is normal. CP ++ / PP ++ / CRT <3sec	
	10pm	child IV line (+) IV line	
		observed & healthy no other	
		complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:. GUC-00028447 Baby PRAHARSITA G R IP18-00036430
MRD NO:......... 29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY
Age :............... M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 11/07/26 Time: 7:40pm.
Location : (L) Metacarpal
Size : 22G
Cannula inserted by : S/N: Godwin

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
11/7/26	7:40	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	9pm	☐Yes ☐No	☐Yes ☐No	Observ	SS/own
	11pm	☐Yes ☐No	☐Yes ☐No	Observe	SS/own
12/7	1Am	☐Yes ☐No	☐Yes ☐No	Observe	SS/own
	3Am	☐Yes ☐No	☐Yes ☐No	Observe	SS/own
	5am	☐Yes ☐No	☐Yes ☐No	Obse	SS/ow
	7am	☐Yes ☐No	☐Yes ☐No	Obse	SS/own
12/7	9am	☐Yes ☐No	☐Yes ☐No	Observe	[illegible]
	1PM	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	5PM	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	9PM	☐Yes ☐No	☐Yes ☐No	observe	SS/o-
13/7	1AM	☐Yes ☐No	☐Yes ☐No	observ	SS/own
	5Am	☐Yes ☐No	☐Yes ☐No	observ	SS/own
	8Am	☐Yes ☐No	☐Yes ☐No	observ	SS/own
	12pm	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Observ	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observe	SS/own
14/7	12Am	☐Yes ☐No	☐Yes ☐No	Observe	SS/own
	4Am	☐Yes ☐No	☐Yes ☐No	observe	SS/own
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE	M DATE	E DATE	N DATE	M DATE
			11/7	12/7	12/7	12/7	13/7
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					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		8	8	8	8	8

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		X	X	X	X	X
	Nurse's Name:		Sul	Jeeta	Keerthy	Sul	Anupriya
	Signature:		Sul	Jeeta	Keerthy	Sul	Anupriya
	Date:		11/7	12/7	12/7	12/7	13/7
	Time:		9pm	8am	4PM	8pm	8AM

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

I/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

(1)

Patient Name : .....

Age..... Gender : .....

					N	M	E	N
				Date :	11/7	12/7	12/7	12/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	Suj	Suj	[illegible]	Suj

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

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R (F)
29-05-2017 9 Y 1 M 13 D
Dr. GEETHA JAYAPATHY

(1)

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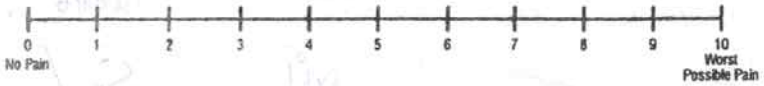
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 015592
12/7/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	NIL	[signature] [illegible]
12/7/26	3PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 020046
12/7/26	11pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 015592
13/7/26	7Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 015592
13/7/26	8 Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 020089
13/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	Nil	[signature] 607784
14/7/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ✓ ☐ No	NIL	[signature] 01496
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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.

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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29-05-2017 9 Y 1 M 13 D (F)
Dr. GEETHA JAYAPATHY

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Abdominal pain ↓ Evaute

Arrival Time: 8.30PM Mode of Arrival: Walkin Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 19 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	2yes back abdominal pain

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

Observations: Weight: 19kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 92.6/m HR: 2626/m RR: ~~100/62 (71)~~ BP: 100/62 (71)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 7 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

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

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: ..... Serojul ..... Date: ..... 11/7/26 ..... Time: ..... 7pm ..... Signature Seroj

GUC-00028447 IP18-00036430
Baby PRAHARSITA G R
29-05-2017 9 Y 1 M 12 D (F)
Dr. GEETHA JAYAPATHY

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
11/7/26	8pm	62 mg/dl	0.9% DNS 500ml/hr	
11/7/26	9pm	109 mg/dl	DNS 0.9%	

Docu. No. : RCH /FRM / CLINICAL / 185

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/07/26 Time of arrival : 7:15PM

Chief Complaints: c/o abdominal pain x 4 days. RBS: 62mg/dl

Height : ..... Weight : 19.7kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

—

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parent

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

Time of Initial assessment completed by ER Nurse : 7:28pm

Time	Nursing Notes
7:15pm	child come for abdominal pain x udays
	child conscious & oriented. Vitals checked
	& Records vitals stable. Dr. Preetha mam
	See the child to admitted for further
	management. IV placement done. Sample
	send to lab. Child shifted to ward.

Samples collected by: S/r. Godwin Time: 7:30pm.

Samples sent by : S/r. Shibu Time: 7:32pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 116b/m BP: 100/70 & CFT: <3sec	Shift - out from ER to: 604
RR: 28b/m SPO$_2$: 100% RA	Time of Shift - out: 8:30pm.
GCS: 15/15 Temperature : 97.6°F	Handover given to: (Nurse's Name) S/r. Serajul.
Pain Score: 0	
Repeat RBS (if applicable): Nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done 22 G. (R) metacarpal.

Name of the Nurse : Sayanto Signature of the Nurse : [signature] 0180r

Date & Time : 11/4/2026 7:30pm.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Geetha Date : 11/7/26

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

Start Time of Assessment: 7:15pm Weight: 19 kgs

Allergic History: .....

Chief Complaints: Abd pain

Pediatric Assessment Triangle

A Appearance - TICLS Dull looking, interacting c mum

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☐ Open
- ☑ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 28/min SpO2 on FiO2 RA 100%
Rhythm: regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: equal
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation

HR: 116/min

BP: 150/70 mmHg

Pulse Volume: Central / Peripheral: good

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

CFT Central / Peripheral: <2 sec

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: 15/15 AVPU: ....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right / Left: 3mm

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 97.6°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

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

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned: ....

Treatment Planned: ....

Mentioned Friedl

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

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

Assessment done by

Name of the Doctor: Dr. kanthi

Signature: [signature]

Date & Time: 11/7/26 7:30pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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EMERGENCY ROOM TRIAGE FORM

Wt: 19.1 kgs

Patient's Name : Baby. Praharsita G.R. Age : 9Y1M Gender: ☐ Male ☐ Female

Date : 11/07/26 Time of Arrival : 2.15pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.6°F PR: 116 b/m BP: 100/70 RR: 28/m SpO_2: 100%

Chief Complaints: c/o abdominal pain x 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

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

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

* CTAS - Canadian Triage and Acuity Scale

R. Gayeri
Signature of Parent / Guardian

Triage Completion Time : 2 mins

Communicable Disease Triage Screening

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

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

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

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

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

Signature of Triage Nurse : .....

Name of Triage Nurse : M. Jyothi

Date & Time : 4/07/26 07:40pm.

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	11/07/26 @ 7:15pm	11/07/26 @ 8:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Geetha	Dr. Kavitha	Further management
From Unit	**To Unit**	**Information to Attendant**
ER	609	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	Nil	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NS 500ml	1
2.	IV set	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Abd. pain ↓ evaluation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Surya Prior 018275	GL NS

Patient & Clinical Records Received by : Serojini 018892

Date & Time of Patient Received : 11/7/26 @ 8.30pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready