



BirthRight

Rainbow
Children's
Hospital

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00094065

IP18-00036533

Master E JAYANTH RAJU

15-06-2018

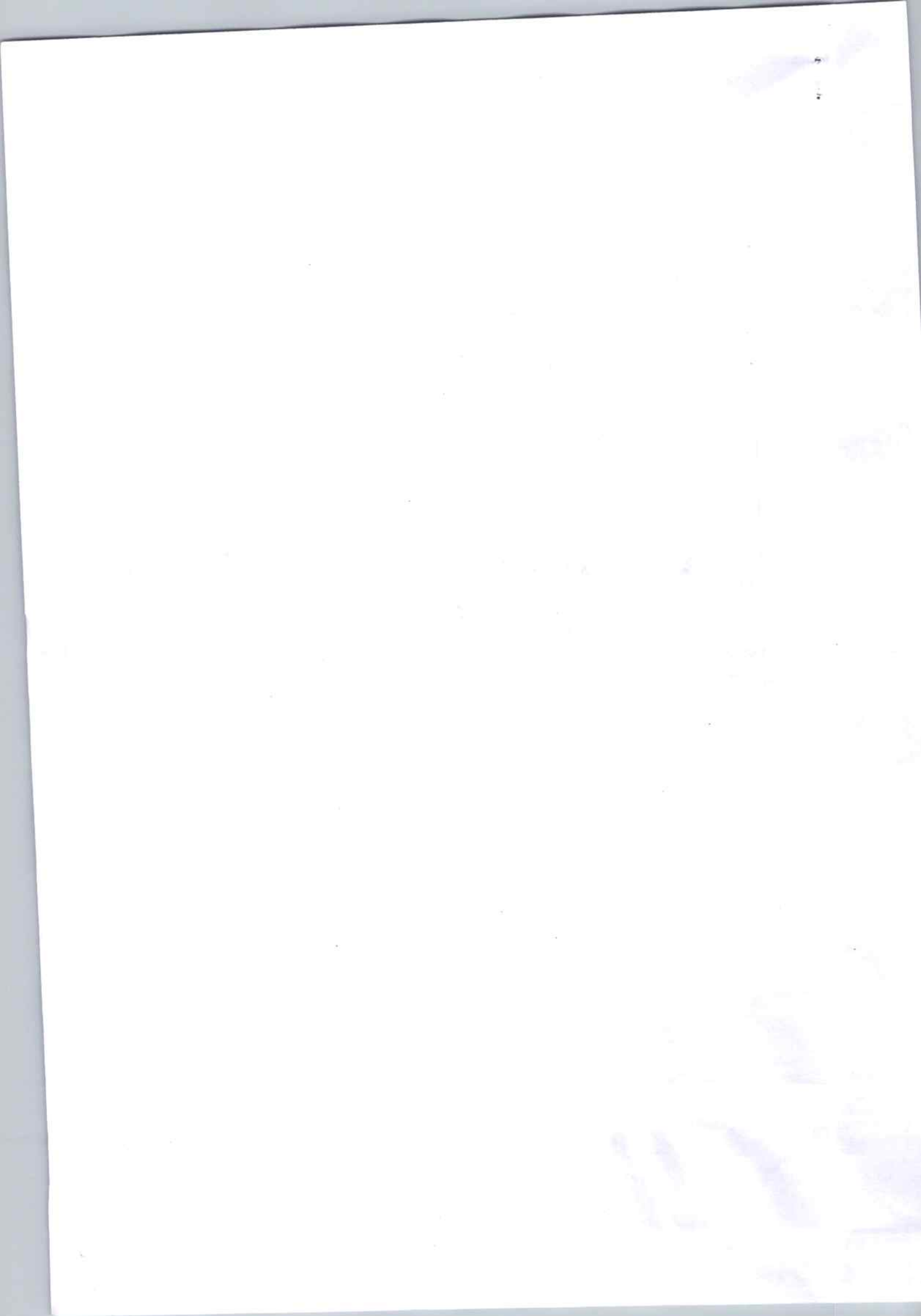
8 Y 1 M 8 D

(M)

Dr. VAISHNAVI CHANDRAMOHAN



ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	24/06/18		Dr. Jayanth Raju				
Activity Sheet update by Pharmacy	24/06/18	9 AM					



ACTIVITY RECORD FOR BILLING

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name:
UHID No: IP No:
Date of Admission: Time:
Room / Bed No: Ward:
GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 4 D (M)
Dr. VAISHNAVI CHANDRAMOHAN
Suggested Billable bed type:
Dept:
Time:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/07/26	11:20pm	EL	403	Baluji/020685
22/7	1.30pm	403	OT	Baluji/020685
22/7/26		OT		Baluji/020685

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. NITHYA	20/7/26	80483	Baluji/020685
2.	DR. Nandhini	21/7/26	80949	Baluji/020685
3.	PAC	22/7/26	1474	Baluji/020685
4.	DR. NITHYA	23/7/26	1732148	Baluji/020685
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS		Order No.	Signature
Date	Investigations		
19/07/26	LFT, RP2, LDH, FERRITIN, BLOOD	26023263	Dr. 17890
	els.		
19/07	URINE P/E	26023266	Dr. 17890
21/7/26	CBC, CRP	23433	R. 17890
22/7/26	Blood group, PT, APTT	23564	Dr. 17890
22/7/26	Biopsy for histopathology, Cron xpert MTB/RIF, others c/s	26023616	Dr. 17890

Date _____

Investigations

Order No.

Signature _____

19/07/20

LFT, RP2, LDH,

26023263

82
17000

FERRITIN BLOOD

els.

19107

URINE P/E

20023266

$$\frac{17890}{100}$$

21/7/26

~~BC, RP~~

23433

R. J. J. J. J.

22/12/24

Blog group is

23564

June

~~PT / APTS / INM~~

22	1	26
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Biopsy for Histopath Study

26023616

21950

Crab 2 per ft

part of

01759

BRAC 0344

[illegible]

[illegible]

ANY OTHER INFORMATION:

OT 22/7/26

IN TIME: 2.30pm OUT TIME: 4.15pm

procedure (+) peritonsillar parapharyngeal Abscess m.

Surgeon - Dr. Nithya

dentist: Dr. Ashwini

No professional fees for Dr. Vaishnavi

S/Syath
15509

Date: Time:

Prepared By:

Date:

Time:

Prepared By:

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

SURGERY DETAILS

Date : 22/7/26
Patient Name: Master: Jayanth Raju Date of Birth: 15/6/2018 Age: 8y
Gender: M Ward: OT UHID No: 94066
Date of Surgery: 22/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Lt. peritonsillar parapharyngeal abscess.

Time In : 2:30 pm

Time Out : 4:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Nithya	Adenward 1st
2. Anaesthetist	Dr. Ashwini	mail sent for charges
3. Assistant Surgeon	-	
4. OT Technician	Mr. Thangan	
5. Circulating Nurse	S/n Sugath	
6. Assistant Nurse	S/n Agalya	

(3.0 pm) (1731566)
Special Equipment: ☒ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

844 : 2.45P

IN. P1 PTH2 2.25^{pm} & 2.30^{pm}

Patient Sticker

CONSUMABLES OF OT

Circulating staff : C/N Suganthi Technician : Mr. Thangan Date : 22/7/26 Time :

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube <u>F.M S.S Cuffed</u>		①	Major Pack <u>Paediatric minor</u>		1	10 Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>A/P/N</u>		3+3	3.0 vicryl R.B		1	Suction Catheter		
HME filter : A/P/N						Feeding Tube <u>5 Fr 9F</u>		24
Syringes : 10 cc		24				Vacuum Suction Set		
05 cc		4	Gloves <u>6.5 P+</u>		2	Surgical Gloves		
02 cc		4	<u>S.C 6</u>		2	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade <u>11/15</u>		1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery pencil			16 wa needle		1
NS : 10ml / 100ml / 500ml / 1000ml		1/2	Koochies			18 wa needle		2
			Ointments			Artacil		2
Fentanyl		1	Suction Catheter			Revotaz 2.25g		①
Morphine			Cap, Mask			Amnepara 100mg		①
Ketamine			Gauze Pack <u>✓ plain</u>		5	metronida 200 100mg		①
Propofol		2	Mop Pack			D. water 10m		2
Rocuronium			Steristrip			web mass		2
Glycopyrolate			Underpad <u>✓</u>			1 N95		2
Myopyrolate		1	Draw sheet			Durbin		1
Ondansetron			Abgel <u>otivon</u>			metronida 200 100mg		
Pencan 25g/ Spinal Needle 22			Foleys catheter			metronida 200 100mg		
Bupivacaine 0.25%			Urebag <u>pat 100 (m)</u>		1	metronida 200 100mg		
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter			protogown		2
Antibiotics			Romodrain bag					
			Bandage <u>pattees (m)</u>		2			
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set <u>✓</u>		2			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <u>✓</u>					
<u>20ml Syringe</u>		1	Microshield					
			Cotton Balls					
			Latex Gloves <u>✓</u>		SP			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036533	Ward	8F-OT COMPLEX
Patient Name	Master E JAYANTH RAJU	Bed Name	PRE OP 808
Age/Sex	8 Y 1 M 7 D / Male	Order No	18-0001731582
Date	22/07/2026 17:45	Prescription No	PRIP18-0628670
Payor	SELF PAY	Dispensed Date	22/07/2026 17:46
UHID	GUC-00094065		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NEURO SURGICAL PATTIES (L)	Surgiwere		2312CA0	11/28	1	58.13	58.13
2	NEURO SURGICAL PATTIES (M)	Surgiwere		2409CA0	08/29	1	60.94	60.94
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
4	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
Total :							1,180.07	1,430.07

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036533
Patient Name Master E JAYANTH RAJU
Age/Sex 8 Y 1 M 7 D / Male
Date 22/07/2026 17:39
Payor SELF PAY
UHID GUC-00094065

Ward 4F-FOUR SHARING
Bed Name FSW 403
Order No 18-0001731580
Prescription No PRIP18-0628671
Dispensed Date 22/07/2026 17:48

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Endore Microptic gloves-6.5		H	2603019005	03/29	2	128.00	256.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	5	100.00	500.00
3	MINOR OT PEDIATRIC DRAPE			20260604	06/29	1	1,800.00	1,800.00
4	N95 MASK KARE-ROMSONS	ROMSONS		G26B036120	12/30	2	57.00	114.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	10	25.00	250.00
6	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirliif	H	2C260729	02/30	2	105.22	210.44
7	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
8	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	1	103.00	103.00
9	SURGICAL BLADE 11	Surgeon	GENERAL	O030925	08/30	1	7.10	7.10
10	SURGICAL BLADE 15	Surgeon	GENERAL	031225	11/30	1	7.67	7.67
11	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
12	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
13	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5050	08/30	1	663.00	663.00
Total :							4,106.54	5,021.76

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy



Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036533	Ward	4F-FOUR SHARING
Patient Name	Master E JAYANTH RAJU	Bed Name	FSW 403
Age/Sex	8 Y 1 M 7 D / Male	Order No	18-0001731579
Date	22/07/2026 17:39	Prescription No	PRIP18-0628672
Payor	SELF PAY	Dispensed Date	22/07/2026 17:49
UHID	GUC-00094065		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ACUGYL 500MG INJ		H1	1A250011	10/27	1	22.03	22.03
2	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
3	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	2	45.30	90.60
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	1	28.13	28.13
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	5	28.13	140.65
6	DSYRINGE 20ML(NIPRO)	NIPRO	GENERAL	026B11K32	01/31	1	61.00	61.00
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
9	DUOLIN RESPULES 3 ML	CIPLA LIMITED	H	4D10145	07/27	1	23.38	23.381
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254216	10/28	5	2.58	12.90
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
12	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	07160326	02/28	3	40.00	120.00
13	FLEXOMETALIC TUBE 5.5 CUFFED	Intrasurgical		40E25E3335	04/30	1	1,849.68	1,849.68
14	INFANT FEEDING TUBE-5	ROMSONS	GENERAL	G25K01O189	10/30	2	63.00	126.00
15	INFANT FEEDING TUBE-9	ROMSONS	GENERAL	G25J010599	09/30	1	63.00	63.00
16	INTRAFLW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
17	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
18	NEBULIZATION CHAMBER (PEAD) AEROTEK		GENERAL	K26C04O081	02/31	1	711.50	711.50
19	NEEDLE 16 G 1.5INC	Dispovan		52524C	11/30	1	5.32	5.32
20	NEEDLE 18 * 1 1 2	Dispovan	GENERAL	08634D	01/31	2	3.38	6.76
21	OTRIVIN PAEDIATRIC OXY-0.025	Gsk Consumer Healthcare	H	PJ26012	02/28	1	91.78	91.78
22	REVOTAZ INJ 2.25 GM 20ML	Alkem Laboratories Ltd.	H	25444732	11/27	1	204.61	204.61
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	1	69.84	69.84
Total :							4,758.91	5,305.64

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036533	Ward	8F-OT COMPLEX
Patient Name	Master E JAYANTH RAJU	Bed Name	PRE OP 808
Age/Sex	8 Y 1 M 7 D / Male	Order No	18-0001731585
Date	22/07/2026 17:52	Prescription No	PRIP18-0628675
Payor	SELPAY	Dispensed Date	22/07/2026 17:53
UHID	GUC-00094065		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NEURO SURGICAL PATTIES (M)	Surgiwere		2409CAO	08/29	1	60.94	60.94
Total :							60.94	60.94

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



DISCHARGE TRACKING SHEET

DATE : 24/7/26

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	27/7/26 9 AM		P.S. Dey 27/7/26	
2	Arrangement of File by Nurses				
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				



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Patient Name	Master E JAYANTH RAJU	Patient Ph.No	9502910926
Age	8 Y 1 M 6 D	Requisition No	R2618-009865
Gender	Male	Collected on	21-07-2026 06:15 PM
IP / Bill No.	IP18-00036533	Received On	21-07-2026 11:15 PM
UHID No.	GUC-00094065	Reported On	21-07-2026 11:15 PM
Ref. Doctor	VAISHNAVI CHANDRAMOHAN	Ward / Bed No	

CT NECK (PLAIN & CONTRAST)**CLINICAL HISTORY****Left tonsillar/parapharyngeal swelling.****FINDINGS**

Well-defined mixed-density peripherally enhancing collection with mild wall thickening is seen centered in the left tonsillar fossa, extending into the left parapharyngeal region, measuring approximately 40 x 38 x 32 mm, in keeping with a left peritonsillar/parapharyngeal abscess.

There is associated marked inflammatory change with significant stranding in the adjacent intermuscular planes and subcutaneous soft tissues of the left neck. Significant indentation and narrowing of the left pharyngeal airway is present. Mild extrinsic compression of the left internal jugular vein is noted.

No calcification or radiodense foreign body is identified within the lesion. No adjacent bony erosion is seen.

Multiple enlarged enhancing bilateral jugulodigastric and posterior cervical lymph nodes are present, largest measuring approximately 21 x 20 mm on the left and 15 x 13 mm on the right, likely reactive lymphadenopathy.

Palate, epiglottis, glossoepiglottic folds, aryepiglottic folds, pyriform fossae, true vocal cords, subglottic region, thyroid gland, and major salivary glands are otherwise unremarkable.

Print Date/Time : 21-07-2026 11:15 PM

Printed By : SURIYA N

Page: 1 of 2

Note: Clinically correlate, Kindly discuss if necessary

Rainbow Children's Medicare Limited**CHENNAI** : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015**SHOLINGANALLUR** : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

For Appointments call: 1800 2122

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in



Patient Name	Master E JAYANTH RAJU	Patient Ph.No	9502910926
Age	8 Y 1 M 6 D	Requisition No	R2618-009865
Gender	Male	Collected on	21-07-2026 06:15 PM
IP / Bill No.	IP18-00036533	Received On	21-07-2026 11:15 PM
UHID No.	GUC-00094065	Reported On	21-07-2026 11:15 PM
Ref. Doctor	VAISHNAVI CHANDRAMOHAN	Ward / Bed No	

Visualized paranasal sinuses show mucosal disease involving the left ethmoid sinus and both maxillary sinuses.

Impression

CECT study of Neck shows:

- Left tonsillar fossa/peritonsillar abscess with extension into the left parapharyngeal space.
- Associated significant surrounding inflammatory soft tissue stranding with marked left-sided pharyngeal airway indentation and mild compression of the left internal jugular vein.
- Bilateral enlarged enhancing jugulodigastric and posterior cervical lymph nodes, likely reactive.
- No calcification, radiodense foreign body, or bony erosion.

Suggested clinical correlation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Rainbow Children's Medicare Limited

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

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

For Appointments call: 1800 2122



ADMISSION SHEET

Registration Details :



Admission No : IP18-00036533

Admit Date : 19-Jul-2026

Admit Time : 09:46 PM UHID : GUC-00094065

Patient Details :

Patient Name : Master E JAYANTH RAJU

Age : 8 Y 1 M 4 D

Guardian : Mr E BABU RAO

DOB : 15-06-2018

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : IPPILI JAYANTH RAJU C/O T BABU RAO
SUJATHA RAO COLONY KOTHURU Andhra
Kesari Nagar Nellore Andhra Pradesh INDIA
524004

Phone No : 9502910926/ 8125366173

E-mail : KIRANGOWDAANNAM@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : ER 101

Ward Name : 0F-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr E BABU RAO

Relationship : Father

Contact Address : IPPILI JAYANTH RAJU C/O T BABU RAO
SUJATHA RAO COLONY KOTHURU Andhra
Kesari Nagar Nellore Andhra Pradesh INDIA
524004

Phone No : 9502910926

Signature

Doctor Details :

Doctor Name : Dr. VAISHNAVI CHANDRAMOHAN

Specialisation : GENERAL PEDIATRICS

Referral Doctor : self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Master E JAYANTH RAJU Age : 8 Y 1 M 4 D
IP No: IP18-00036533 Sex: Male
Consultant: Dr. VAISHNAVI CHANDRAMOHAN Ward/Bed No: 0F-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

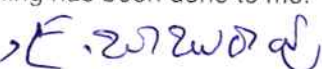
1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Patient's Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: 

Name: 

Relationship: Father

Date: 19-07-2026

Time: 9:46

Witness Name: 

Witness Signature: 

Patient Address:

IPPILI JAYANTH RAJU C/O T BABU RAO
SUJATHA RAO COLONY KOTHURU
Andhra Kesari Nagar Nellore Andhra
Pradesh INDIA 524004

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 be applicable.
- ▶ 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 be 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 and 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 : **E. Jayanth Raju**

UHID Number : **94065**

Self Attendant Name : **E. Babu Rao**

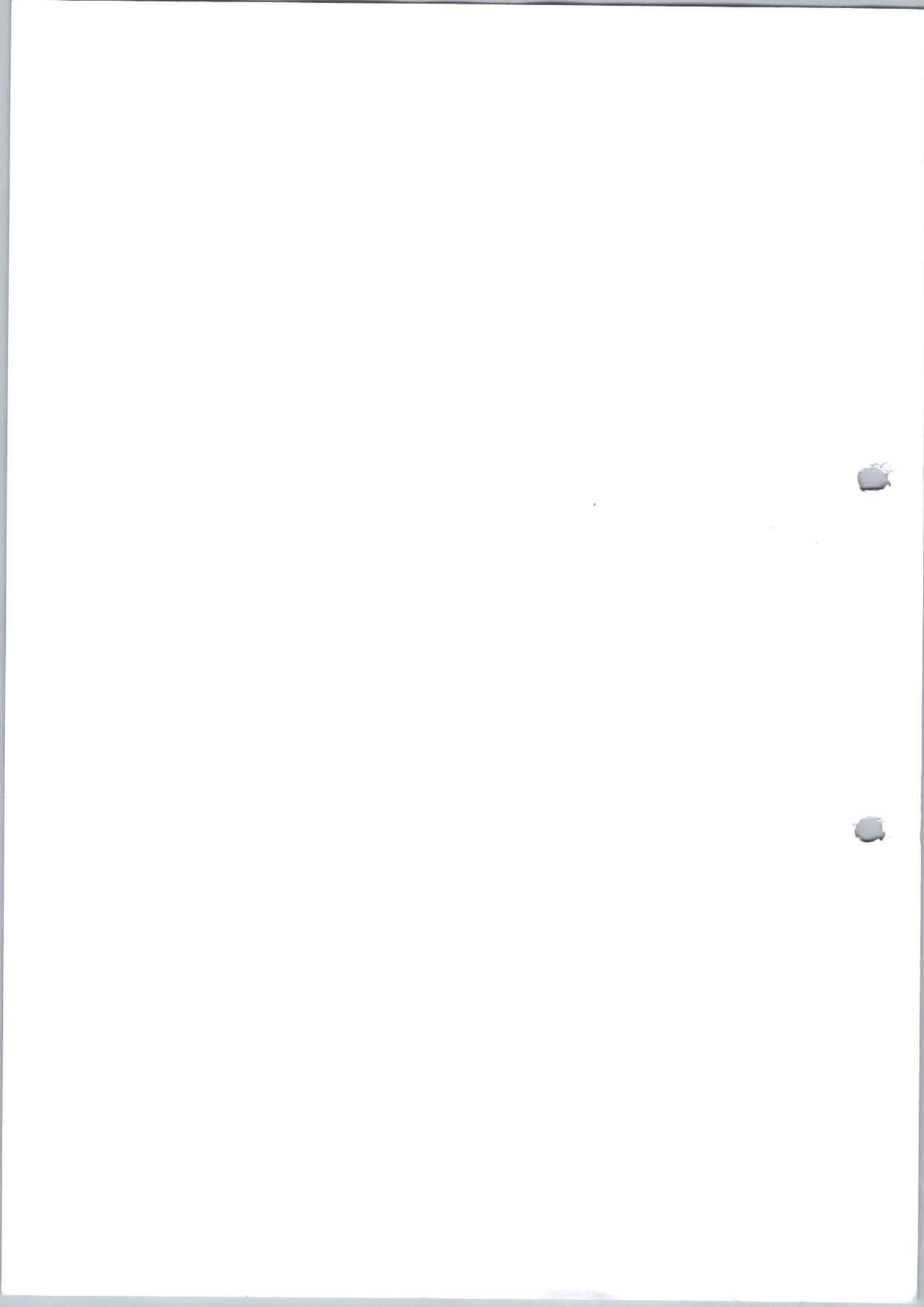
Relation : **Father**

Self Attendant Signature : **E. Babu Rao**

Name & Signature of Financial Counselor

Phone Number : **9502910926**

[Signature]





Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 4 D
Dr. VAISHNAVI CHANDRAMOHAN (M)



Pediatric Multiorgan History & Physical Examination

Name: Jayanth Raju Age/Sex 9y/M

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o - Fever x 3 days
 ⊕ neck swelling x 4 days

History of present illness :

- Apparently well 1 week back
 - H/o neck pain over ⊕ side of neck.
 - Noticed swelling over the left side x 4 days
 - swelling ↑ in size gradually
 - Not able to turn his neck to opposite side due to pain.
 - ? H/o trauma 1 week back before onset of this symptom
- H/o fever x 3 days
 - High grade intermittent fever, associated w/ chills
- Cough x cold x 4 days
 (wet cough)
- ↓ intake, neck pain & difficulty pain on swallowing
- oral antibiotics - 1 box given
- ? H/o - weight loss ⊕ (29 kg to 25 kg)
- H/o - contact w/ uncle, died of pulm TB on 2023 ⊕
- Recurrent cough & cold ⊕

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

No H/o previous admission.

Lab. (19/7)

CBC - 14 $\times$ $\frac{27800}{87/21}$ 5.2 l

10 Mantoux - awaited

ESR - 22 CRP - 95.

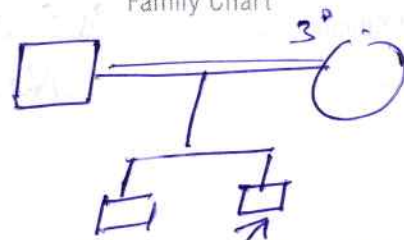
P/S - Neutrophilic Leucocytes, monocytes & toxic change, thrombocytosis

ASO titr. $\oplus$ = 200 - 400

Birth & Neonatal History:

FT / LSCS / BW - 3 kg / C / AB /

No NICU stay

Family Chart**Birth & Socio Economic History:**

About Father : } 3 CM • H/o ^{pulm} TB in family member - uncle on 2023.

About Mother : } 3 CM Died off TB

Any additional Information :

Developmental History :

Staying - 3rd

Immunization History : Records not available

Anthropometry :

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

Weight (kgs) 25 kg (Centile _____)

On Examination :

Temperature : 100.5°F Pulse Rate : 119/min B.P. 100/74 mm Hg SPO2 100% @ RA

Resp. rate and type of breathing : 30/min

• Swelling - over $\odot$ side of neck. 4 x 5 cm

Rash _____

? lymph node

Lymphadenopathy _____

• Throat - grade 2 tonsill.

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : ble AE equalAny added sounds : No added sounds

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1 S2 @Any murmur : No murmur

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

Per Abdomen :

Inspection : _____

Palpation : Soft, ~~no~~ tenderness @ over periumbilical regionAuscultation : No hepatosplenomegaly

Spine : _____ External Genitalia : _____

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

Central Nervous System :Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Left
 Ⓢ neck swelling → ? Cervical lymphadenopathy
 ? ¹ star Streptococcal infection

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- USG Neck - Tomorrow.
- Blood C/S, RP-Z, LFT/
LDH, Ferritin
- urine routine
- some sample for EBV VCA IgM

Planned Management

- IV Ceftriaxone & IV Clindamycin
- IV Paracetamol stat &
q/6 hrs
- Isoniazid SOS
- IV Pam
- IV fluids DWS maintenance.

Signature of the Doctor: T. Y. Wang

Name of the Doctor: T. Y. Wang

Date & Time: 19/7/26 * 10 PM

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

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:



CROSS CONSULTATION FORM

Doctor Name: NITHIN R Date: 23/5/26 Time:
Diagnosis: left parotitis / parotidular abscess Drainage & up

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 :

Follow up

Better

OK

- Neck. ~~Examination~~ - not full - better

Th. mind slight left parotidular Regn.

Adv

→ (u) diet

→ xctdne. 18hr (in in 1/2 hr juice)
c/o Ray / kids.

Consultant :

Name : Signature : Date & Time :

→ ant Sept / methoxy

Ibuprofen / cymel / Li / Pa

$\frac{h}{h_{\text{GSC}}}$



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:

S/13 J.L. Narayanan

Signature:

Findings and Recommendations :

24/7/26
10am

child named
Hemant
most capably described
- ① sun most capably described
- ① check / ① sm. it / Tenderth.
- ① ID made feet
indicative / edema of L
- ad cavity - with L for b'con
of person
- on dental caries

Consultant :

Name: Signature: Date & Time:

the first m other at 9 nodes.

— CE CT neck

x 1/2 parapet /
return parapet
ablen

— 7 chymal feb

(RH) (~)

— IV Ant

— (th) water
founded

PT
APR
—
BLA 8m 1/2

GUC-00094085 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 5 D (M)
Dr. VAISHNAVI CHANDRAMOHAN



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: NITHYA R Date: 20/7/26 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 :

- Cl. touchable.

liver - 2dg

Abno. transverse - 1 week back

gr. Nre. MA,

ppw - small bulge left physiological

Bar - (R) FG - normal

(L) Sm. cystic

(P70)

Consultant :

Name: Signature: Date & Time:

Adie

→ continue antibiotics

→ Syt Brufen. 10ml TID

→ Syt Immune 2ml - o - 2ml

→ ~~continue antibiotics~~

Plan CT NECK. If not

better tomorrow to do CT Neck

VLS → diffuse bulge
1st rib cage joint well

document.

Patient Sticker

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 :

Consultant :

Name : Signature : Date & Time :



EXHIBIT 2203

Related to: [illegible]

Received by: [illegible]

Received by: [illegible]

Page 11

Page 12



OPERATION NOTES

Surgeon : <u>Dr. Nithya</u>		Asst. Surgeon : <u>-</u>	
Anesthetist : <u>Dr. Ashwini</u>		OT Nurse : <u>SN Agalya</u>	
Pre-Operative Diagnosis:			
Surgical Procedure : <u>left Peritonillar - parapharyngeal abscess</u> <u>more 1 u r</u>			
Weight : <u>25 kg</u>	Date : <u>22/7/26</u>	Start Time : <u>2:45 pm</u>	End Time : <u>4:10 pm</u>
Post Operative Diagnosis:			
<u>parapharyngeal abscess</u>			
Peri-Operative Complications:			
Operation Notes:			
Findings: <u>Aspirated over the swelling in left</u> <u>pleural space - 1ml of pus drawn</u> <u>newer material drained</u> <u>- cavity widened - roof of</u>			
Procedure Notes:			
<u>Cavity whitened</u>			
<u>hemostasis achieved</u>			
Amount of Blood Loss: <u>-</u>		Blood Transfused (in ML) <u>-</u>	
Name and Number of Surgical Specimen sent for examination:			
<u>Yes.</u> (1) <u>pus clots</u> (2) <u>npn</u> (3) <u>gene report</u>			

POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

vital / hr 4 hours

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Prone position

Nutritional Instructions:

NPO until fully awake - water
syringe

When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

① Sy morphine 2 mg IV
PRN

Name of the Surgeon:

N. H. T. R.

② Sy morphine 300 mg IV PRN

Signature of the Surgeon:

N

③ Sy paracetamol 1 gram

Date & Time:

22/01/20

16:15

④ Sy Ithycin to inhale
⑤ 1 Chymoral Int. 2-0-2 x 2



Date & Time	Progress Notes	Doctor's Order			
20/7/26 3PM	S/B - Dr Yungarej Child reviewed Sleeping comfortably Snoring (+) vitals stable Apnoea - WOB (+)				
	RS - clear, Conducted sounds (+) RA - soft CRS - S/L (+), no murmur CRF - NAD NAD				
<u>Labs</u>	<table border="1"> <tr> <td> RE-L LFT (+) </td> <td> Na - 131 LDH 265 Ferritin 92 </td> <td> urine routine - protein 2+ ketones 4+ </td> </tr> </table>	RE-L LFT (+)	Na - 131 LDH 265 Ferritin 92	urine routine - protein 2+ ketones 4+	
RE-L LFT (+)	Na - 131 LDH 265 Ferritin 92	urine routine - protein 2+ ketones 4+			
	Blood c/s analysed				
<u>Adv</u>	Continue IVF, X-ray & Clindamycin				
	- Trace blood c/s				
	- To do V&C Neck today & inform reports				
		T.Y.			

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/26	slb Dr. Kantha / Dr. Vairamuni	
8:30am		
	Δ - Fever $\bar{c}$	① neck swelling ↓ evaluation
		- ? EBV infection
		- ? Neck abscess - (trauma induced)
		- ? Strep. infection - ASO (+ve)
		- ? Mastoiditis
	No fever since admission - On Wxone / W Clindamycin,	
	① Neck pain (+) - not allowing to touch	
		even during sleep
	① Neck movement - restricted.	
	Oral intake - better.	
	O/G - Alert. PPWF, Pulse volume - good, CRT < 3 sec	
	Head & neck tilted to	
	Head & neck tilted to	
	Head & neck tilted to ① - d/t pain	
	B/L cervical LN - (+) - multiple - 1x1cm to	
		2x3cm
		- tender
		- non-matted.
	① neck swelling - over & below mastoid	
		extending anteriorly & posteriorly
		4x5cm
	No generalized lymphadenopathy.	
	slb Axillary - no LN	
	slb Inguinal - 2-3 LN (+) - insignificant	
	slb Epitrochlear - no LN.	

Wounds
Tender
No
effusion.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Oral cavity - B/L tonsillar enlargement - grade I.	
	Post-pharyngeal wall (N).	
	Ears (R) - TM - intact / no tragal tenderness.	
		Dead mosquito (+) in ear - (erythema + hyperaemia) local reaction (+)
	(L) - tragal tenderness (+)	
		erythema (+) on sup / Ant / inf / post. wall.
		TM - intact
		pearly white ♂
		? cart wheel - evolving.
		wax (+) on anterior wall of AAC.
	CUS - S1 S2 (+)	
	RS - B/L NVBS (+)	
	No added sounds	
	WOB (N)	
	PIA - soft	
	non-tender,	
	no organomegaly	
	CNS - GCS 15/15	
	NFND.	
	Ext. genitalia - (N)	
	Hb - 14 CRP - 95 131 TC - 27.80 ESR - 22 4.6	N/L/H/E - 87/21/10 urea / creat - 16 / 0.54.
		PH - 5.2 late

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
		1) @ diet
		2) Je NF to 70% if intake better
		3) Continue IV rxn IV Clindamycin / (DI)
		4) IV Pan / IV Para q6h
		5) To do - <u>USG Neck</u> today
	Resecting USG abdomen	c) Trace blood c/s
		ENT v/p in AM
		<u>GH</u> NRS
		<u>Vaishnavi</u>
20/7/16 9:00 PM	SIB. Dr. Lucy Vignem Child reined few spots @ clo Neck pain reduced. (Left side) compared to yesterday. (NOT trying medicine) vitals - stable Bk multiple cervical nodes @ (L > R). PS: Bk @ / no added seeds. Other systems - @	clo cough @. oral intake - good Adv : 1. IVF reduced to 30ml/hr 2. Continue as charted 3. plan to do CT Neck if pain aggravates/ minors
	Lodgish 2037m	



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 10AM	S/B - Dr. Yimoray / Dr. Vaishnavi	
	Δ - Cervical lymphadenopathy	
	Child reviewed.	
	⊕/⊖ alert, active	
	Afebrile ~ 14 hrs	
	intake - improving	
	- Pain ⊕ over ⊙ side of neck.	
	not moving his neck to right due to pain.	
	⊖ Cervical LN palpable ⊙ & ⊕	
	tenderness ⊕	
	vitals stable.	
	RS - Clear	
	PA - Soft, non tender	
	CVS / NAD	
	CNO	
	Plan: - DNS - 30cc/hr	
	- ⊙ Xone 1.25gm BD	
	- ⊙ Clindamycin 280mg q8h	
	Pan, Ibuprofen, T-muni.	
	- Monitor vitals.	
	Plan for CT CT neck after round,	
	Trace CBC, CRP report → uniform	
	VBG	
	Dr. Nandhini Red surgeon opinion	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 4.30pm	S/B Dr. Kanitha	
	No fever x 2 hrs	
	(L) neck swelling ⊕	
	Pain ⊕	
	(L) Torticollis ⊕	
	Trismus ⊕	
	<u>O/E</u> - Alert	
	on NPO	
	PPWF	
	Vitals - stable	
	(L) neck - swelling	
		tenderness / ⊕
		Warmth
	RS RS - clear	
	CVS - S2 ⊕	
	PIA - soft	
	CNS - normal	
		<u>Advice</u>
		• To do cECT Neck
		↳ inform Dr. Nandhu, nurse
		& Dr. Vaishnavan.
		• Start IV Kone / IV clindamycin /
		Monitor vitals.
		clonidine / forte
		<i>[Signature]</i>



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/20 12 AM	S/B - Dr Yuvaraj Child reviewed.	
	CECT : • Tonsillar fossa / peritonsillar abscess extending into parapharyngeal space • Associated significant surrounding inflammatory soft tissue swelling & marked tonsillar enlargement secondary to mild compression of internal jugular vein. • Bilateral enlarged enhancing jugulodigastri + post. cervical lymph nodes, likely reaction.	
	Sleeping comfortably No drooling of saliva No stridor occasional sneezing	
	Vitals stable RS - Clear	
	Plan - Keep NPO from 7.30 AM - Plan for surgical management.	
	In case of } willing patient for } → surgery } Plan to do PT / IJR. Blood grouping APTT. + stopping Cromoglycate / Ciprofloxacin	

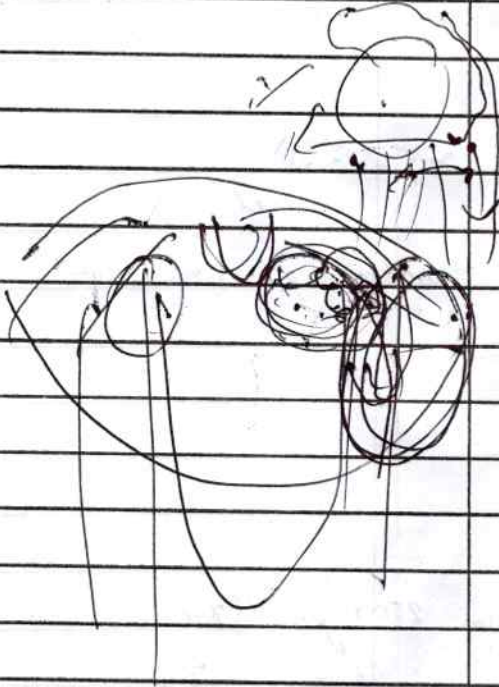
Try

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10AM	S/B - Dr. Yuvraj / Dr. Varshmani Δ - (L) Parotid gland abscess extending into parapharyngeal space & cervical lymphadenopathy	
	Child reviewed P/E alert, active, afebrile 7 24 days intake on NPO from 7:30 AM Neck pain (L) Swelling (L) jugulodigastric node & b/c cervical lymphadenopathy (L) (L) Torticollis (L)	
	RS - Clear RA - Soft, non-tender	CVS / NAD CNS
	Adv - (L) Xone 1.25 gm PRN - P4 Clindamycin 250 mg PRN - Pan 25 mg OP - NPO - DRS - 65 ml/hr	
	- Shift to OT by 2 PM	
	True Labs Proceed for surgery & Dr. Varshmani	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		
23/7/26 10AM	S/B - Dr. Yuvraj's A - (L) Peritonsillar & parapharyngeal abscess Cervical lymphadenopathy POD - (L) Drainage under GA	
	Child recovered Started on oral - tolerating well o/f Hydration - good pain ↓ able to move the neck better. (L) side multiple Cervical LN palpable	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cough ⊕	
	Throat - Suture ⊕ in bleeding	
	RS - normal minimal crackles ⊕	
	PA - Soft	
	CNS / NAD	
	CMD	
	<u>Plan</u>	
	④ IV Clindamycin 250mg Q8H → Stop (since ruptured e. coli)	
	④ IV Piptan 2.5gm Q8H	
	④ IV Metronidazole 250mg Q8H	
	Pan 25mg QID	
	W Paracetamol PRN → make SOS	
	T. Chymoral forte PRN	
	Symptomatic Tink BP	
	Trace biopsy & c/s reports	
	Plan dic tomorrow	TR
	keep summary ready,	
	Chandram	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 5 PM	S/B - Dr. Yumary Child reviewed alert, active afebrile intake - good WOB- (+) oral cavity - slough (+) No stridor /.	
	S/E - WNL	Plan - continue IV antibiotics - plan D/S tomorrow
		T.M. ↓
23/9/26 8.30 AM	S/Lr. Dr. Lukyanovskaya Child revised Alert Active / afebrile WOB- (+) No complaints oral cavity - (+) / slough (+) NO stridor	
	S/E-	As per BLADE @ no added mch. Muc regulars - (+)
		Solu 1) Antibi checked

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 9.30AM	S/B - Dr Yuvaraj, Δ - (L) Peritonsillar & Parapharyngeal abscess	
	POD - (2) Drainage under GA on 24/7/26	
	Child remained o/e undertake good mild throat pain ⊕ o/e alert, active, No fever WOB - (N) No intubation, dysphagia.	
	Throat - Slough ⊕, intact ⊕	
	RS - b/l AE ⊕, Clear RA - Soft, non-tender	CVS / NAD CNS
	Plan: (DS) IV Piptaz 2.25gm q8h (DS) IV Meloxicam 250mg q8h IV Pan 25mg qid Sym T - minic 7ml BD T - Chymoral forte 1-1-1 Followup spec C/S & biopsy plan discharge today	

Patient Sticker



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

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Patient Sticker



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[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



403

(Neulberg)

RESULT SHEET

0+

Date	19/7/26	19/7	21/7	22/7		
Time						
Hb	14		11.8			
PCV	42		34			
RBC	5.3		4.32			
WBC	27800		21210			
N/L / N/E	87/2/1/10		83/8/6			
Platelets	5.2		3.880			
CRP	95		266 ↑			
ESR	22					
PCT						
RBS						
Na		95				
K		131				
Cl		4.6				
Ca/Mg		98/19				
Phosphate		1.17				
Urea						
Creatinine		16				
ALP		0.54				
SGPT		262				
SGOT		17				
T.Bill/Conj		20				
T.Protein		0.9 < 0.5				
S.Albumin		8.1				
S.Globulin		4.1				
A/G Ratio		4				
Uric Acid		1/16				
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT			14.9/107			
CSF Protein / Sugar			34.7			
Cells						
N/L						

Date	19/7/26					
Time						
CUE - Alb	++					
CUE - Sugar	-					
CUE - Ketones	4+					
CUE - PUS Cells	3-5					
CUE - RBC Cells	-					
CUE <i>Bacteria</i>	+					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
LDH	265					
Ferritin	92					

outside

° P/S - Gross neutrophilic leucocytosis & macrocytosis showing toxic change.
 Culture and Sensitivities : *Reaction thrombocytopenia*

° ASO - (+) 200 to 400

Rev Blood c/s - NG

Pus → *Gene expert* - (+)ve

(22/7) Biopsy -
 c/s -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :



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: ICU

Shifted to: Ward

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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: T. Y. Unany KT-21

Date & Time: 19/07/26 @ 4pm

Nurse Name & Signature: Shibu. Ar 18890

Date & Time: 19/07/26 @ 10pm

MEDICATION

Drug Allergies
 Medication Administration

Medication Administration will be completed by the nursing staff in the room of the patient. The medication will be given at the time of the medication round. The medication will be given at the time of the medication round.

10-10-10

Giving From

S.No	Medication Name	Strength	Frequency	Time	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

MEDICATION HISTORY: 10-10-10

Doctor Name & Signature
 Date & Time
 Nurse Name & Signature
 Date & Time

DRUG CHART

Date of Admission: 11/07/18 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 : <u>Syp IBUGESIC</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>10ml</u>	<u>P/O</u>	<u>Q8H</u>	<u>19/7</u>	
Doctor's Signature <u>T.Y.</u>		Valid Period	Pharm.	
Additional Instructions: <u>IB fever Temp 100°F / pain ⊕</u>				

DRUG : <u>IV PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>200 mg</u>	<u>IV</u>	<u>Q8H</u>	<u>23/7</u>	
Doctor's Signature <u>V. Kumar</u>		Valid Period	Pharm.	
Additional Instructions:				

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 25kg Ward.

DRUG: <u>Jy CEFTRIAXONE</u>				Date: <u>19/7</u> Time: <u>6AM</u>
Dose: <u>1.25gm</u>	Route: <u>IV</u>	Frequency: <u>Q12H</u>	Start Date: <u>19/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>T.Y.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: <u>Jy CLINDAMYCIN</u>				Date: <u>20/7</u> Time: <u>11:30 PM</u>
Dose: <u>250mg</u>	Route: <u>IV</u>	Frequency: <u>Q8H</u>	Start Date: <u>19/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>T.Y.</u>				
Additional Instructions: <u>10mg/kg/dose</u>				
Daily Doctor's Endorsement by a Sign				

DRUG: <u>Jy PANTOPRAZOLE</u>				Date: <u>20/7</u> Time: <u>6AM</u>
Dose: <u>25mg</u>	Route: <u>IV</u>	Frequency: <u>Q24H</u>	Start Date: <u>19/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>T.Y.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: <u>Jy PARACETAMOL</u>				Date: <u>20/7</u> Time: <u>4PM</u>
Dose: <u>250mg</u>	Route: <u>IV</u>	Frequency: <u>Q6H</u>	Start Date: <u>19/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>T.Y.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Weight 25 Kg. Ward

[illegible]

DRUG : <i>Syp- T.M. nic</i>				Date
Dose	Route	Frequency	Start Dt.	Time
<i>7ml</i>	<i>PO</i>	<i>q2h</i>	<i>20/7</i>	<i>8pm</i>
Name & Signature of the Doctor Starting the Drugs: <i>Leahy</i> <i>20/7/22</i>				<i>20/7</i>
				<i>21/7</i>
Additional Instructions:				<i>22/7</i>
				<i>23/7</i>
Daily Doctor's Endorsement by a Sign				<i>24/7</i>
				<i>25/7</i>

[illegible]

DRUG : <u>Inj PIPTAZ</u>				Date <u>22/7</u> <u>23/7</u> <u>24/7</u>	
Dose <u>2.25gm</u>	Route <u>IV</u>	Frequency <u>Q8H</u>	Start Dt. <u>23/7</u>	Time <u>6am</u> / <u>SA</u> / <u>CS</u> / <u>SA</u>	
Name & Signature of the Doctor Starting the Drugs: 				<u>2pm</u> / <u>SA</u> / <u>CS</u> / <u>SA</u>	
				<u>10pm</u> / <u>SA</u> / <u>CS</u> / <u>SA</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Weight Ward

Patient Sticker

Weight Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/7/20	2:30 PM	INTJ. PIPERICILLIN TAZOBACTAM	2.25g	iv	S. Ashi 101348	AN PS
22/7/20	2:30 PM	INTJ. METRONIDAZOLE	375mg	iv	S. Ashi 101348	AN PS
22/7/20	3 PM	INTJ. PARALIP	375mg	iv	S. Ashi 101348	AN PS
22/7	8:30 AM	INTJ. DEXAMETHASONE	4mg	IV	T. Ashi 101348	VB PS
23/7	2 PM	DULCOLAX	PED SUPPOSITORY	P/R	V. Ashi 101348	PS BL

15-06-2018
Dr. VAISHNAVI CHANDRAMOHAN

Weight. 25kg Ward.

VERIFIED BY: Name



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/1/26 Time: 11:30 pm 40m					
Doctor / Nurse / Family Concern?					
Temperature (°F)					
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Note: BP does not score in early warning scoring					
Heart Rate (Number)	106bpm 102bpm				
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	26bpm 26bpm				
Resp Distress	<table border="1"> <tr> <th>Mod/ Severe</th> <th>None / Mild</th> </tr> <tr> <td>✓</td> <td>✓</td> </tr> </table>	Mod/ Severe	None / Mild	✓	✓
Mod/ Severe	None / Mild				
✓	✓				
Receiving O ₂ (l/min)	0.5 l/min 0.5 l/min				
O ₂ Saturations (%)	98% 98%				
Conscious Level	<table border="1"> <tr> <th>Normal</th> <th>Altered</th> </tr> <tr> <td>✓</td> <td>✓</td> </tr> </table>	Normal	Altered	✓	✓
Normal	Altered				
✓	✓				
GCS *	15/5 15/5				
TOTAL SCORE					
Number of shaded boxes	0 0				
Pain Score	0 0				
Observer's Initials	EL EL				
ACTIONS	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.

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

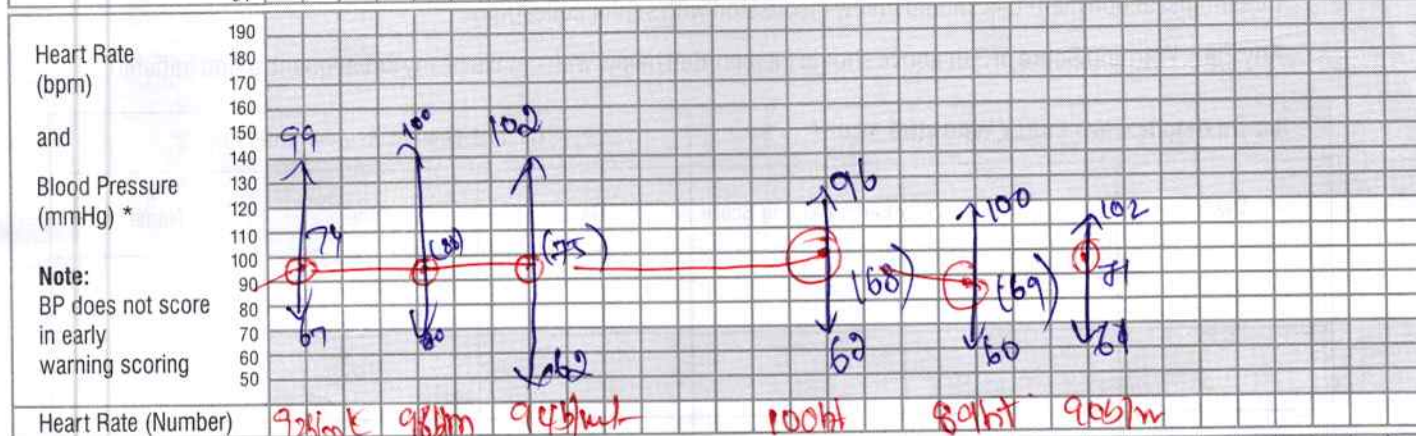
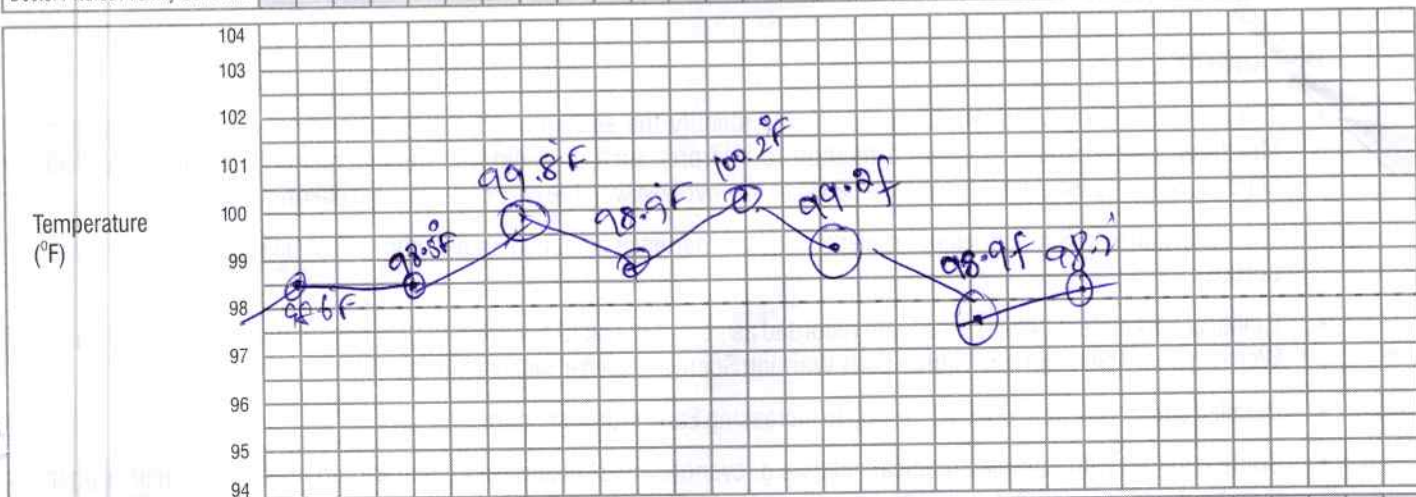
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2017 Time: 8am 12pm 4pm 6pm 8pm 10pm 12am 4am
Doctor / Nurse / Family Concern?



Resp. Rate (bpm) (Over 1 Minute) *	24	26	24	24	24	24
Resp Rate (Number)	24b/m	26b/m	24b/m	24b/m	24b/m	24b/m
Resp Distress	✓	✓	✓	✓	✓	✓
Mod/ Severe None / Mild	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)	99%	99%	98%	98%	98%	98%
O ₂ Saturations (%)	99%	99%	98%	98%	98%	98%
Conscious Level	✓	✓	✓	✓	✓	✓
Normal Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	RS	RS	VB	Q	Q	Q

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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	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)

EARLY WARNING SCORE: CHILDREN'S UNIT

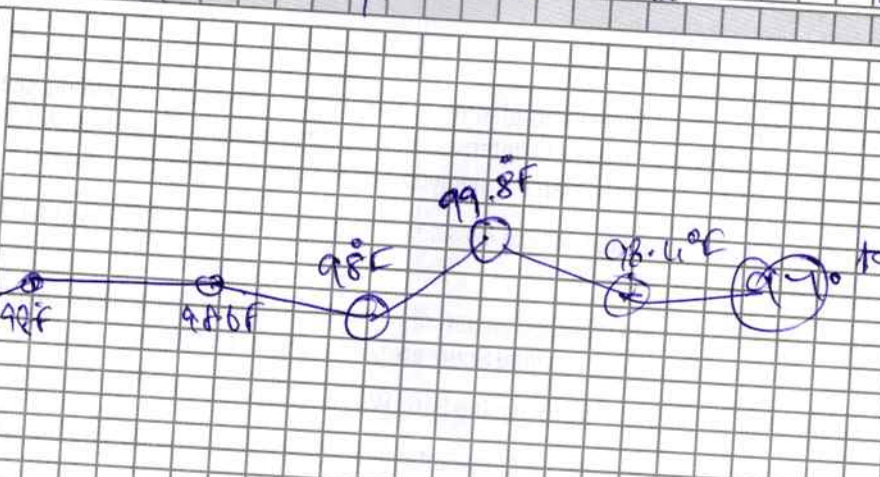
Date : 21/7 Time: 8am

Doctor / Nurse / Family Concern?

12pm 4pm 8pm 12am 4am

Temperature (°F)

104
103
102
101
100
99
98
97
96
95
94



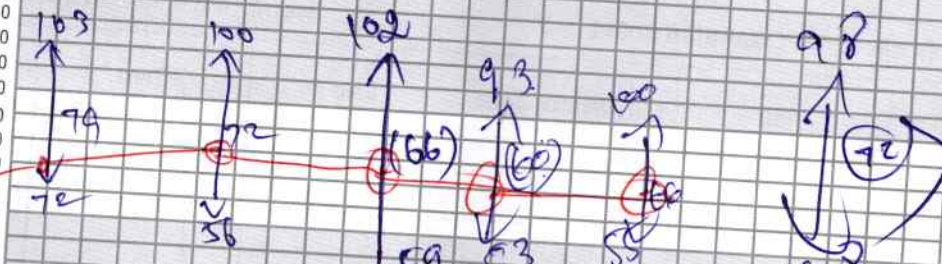
Heart Rate (bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring



Heart Rate (Number)

90b/min 100b/min 96b/min 86b/min 96b/min 102b/min

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

70
60
50
40
30
20
10
1



Resp Rate (Number)

26b/min 28b/min 28b/min 26b/min 28b/min 26b/min

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal / Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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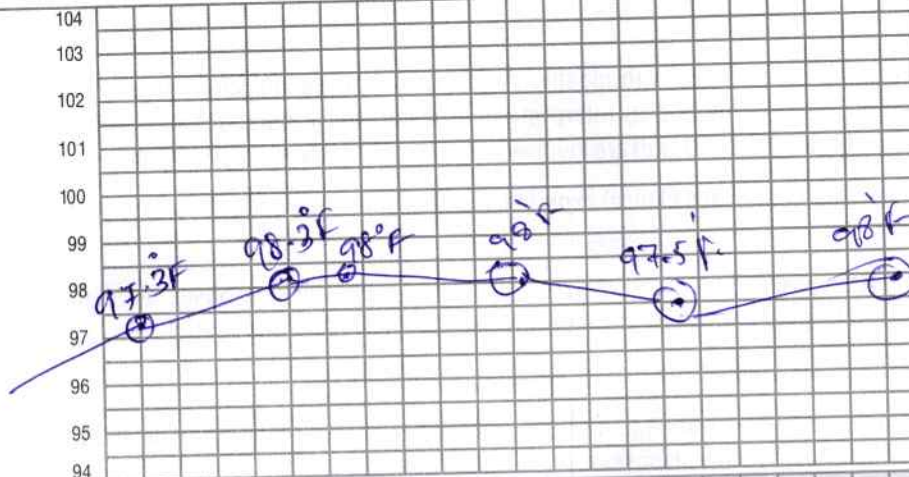
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/2018 Time: 8am 12pm 2pm 6pm 8pm 12am 4am
Doctor / Nurse / Family Concern?

Temperature
(°F)



Heart Rate
(bpm)

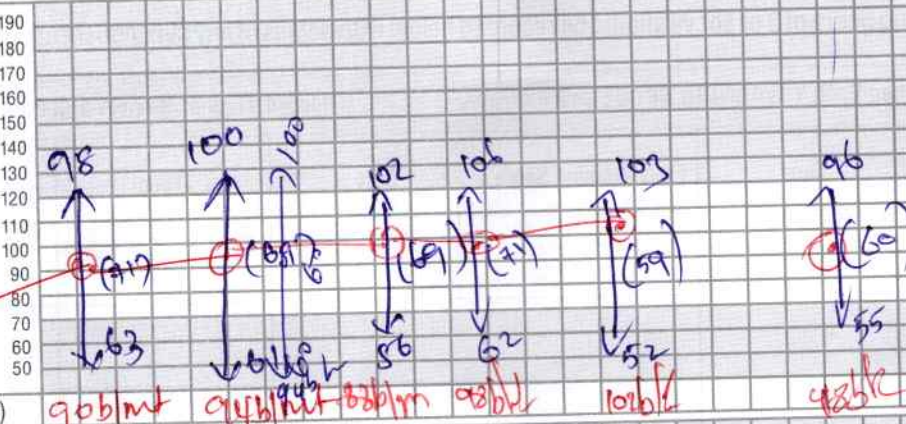
and

Blood Pressure
(mmHg) *

Note:

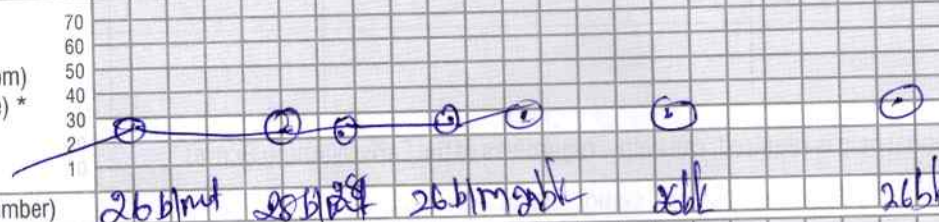
BP does not score
in early
warning scoring

Heart Rate (Number)



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

Resp Rate (Number)



Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

Conscious Level
Normal / Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/2018	Time: 8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.2°F	97.1°F	97.2°F	98.4°F	98.6°F	98.1°F
Heart Rate (bpm)	102	79	95	90	105	95
Blood Pressure (mmHg) *	102/62	79/63	95/55	90/51	105/67	95/53
Note: BP does not score in early warning scoring						
Heart Rate (Number)	92 bpm	88 bpm	26 bpm	88 bpm	90 bpm	100 bpm
Resp. Rate (bpm) (Over 1 Minute) *	28	28	26	26	26	26
Resp Rate (Number)	28 bpm	28 bpm	26 bpm	26 bpm	26 bpm	26 bpm
Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)	99%	98%	99%	98%	99%	98%
O ₂ Saturations (%)	99%	98%	99%	98%	99%	98%
Conscious Level Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	VB	VB	VB	VB	VB	VB

ACTIONS

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- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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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)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/11/2018	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake			590ml			Total 24 hrs. Output							

Handwritten notes:
 → child received from 1st floor to 4th floor @ 11:30 pm
 20ml + 130ml
 50ml + 390ml
 1st floor

DATE

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FLUID CHART

Sheet No. : 2

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

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/7/26		08:00 am	H ₂ O 50ml		65ml						✓	0	Raj
		09:00 am	H ₂ O 30ml		65ml							0	Raj
		10:00 am			DL							0	Raj
		11:00 am	H ₂ O 50ml		DL						✓	0	Raj
		12:00 pm			DL							0	Raj
		01:00 pm	Milk 100ml		65ml							0	Raj
Total Intake :				230ml + 195ml			Total Output :				25mls urine passed		
		02:00 pm	water 50ml		65ml						✓	0	Raj
		03:00 pm			65ml							0	Raj
		04:00 pm			DL							0	Raj
		05:00 pm	Milk 50ml		DL						✓	0	Raj
		06:00 pm										0	Raj
		07:00 pm										0	Raj
Total Intake :				100 + 130ml			Total Output :				2 times		
		08:00 pm	H ₂ O 50ml		65ml							0	Chy
		09:00 pm			65ml							0	Chy
		10:00 pm	H ₂ O 100ml		65ml						✓	0	Chy
		11:00 pm			65ml							0	Chy
		12:00 am			65ml							0	Chy
		01:00 am			65ml							0	Chy
Total Intake :				150ml + 455ml			Total Output :				14ml		
		02:00 am			65ml							0	Chy
		03:00 am			65ml							0	Chy
		04:00 am			65ml							0	Chy
		05:00 am			65ml						✓	0	Chy
		06:00 am	H ₂ O 20ml		DL							0	Chy
		07:00 am			DL							0	Chy
Total Intake :				20 + 240 ml			Total Output :				14ml		
Total 24 hrs. Intake				1520 ml			Total 24 hrs. Output				64ml		

Item	Quantity	Unit Price	Total Price
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1	100	1.00	100.00
2	200	2.00	400.00
3	300	3.00	900.00
4	400	4.00	1600.00
5	500	5.00	2500.00
6	600	6.00	3600.00
7	700	7.00	4900.00
8	800	8.00	6400.00
9	900	9.00	8100.00
10	1000	10.00	10000.00

11	1100	11.00	12100.00
12	1200	12.00	14400.00
13	1300	13.00	16900.00
14	1400	14.00	19600.00
15	1500	15.00	22500.00
16	1600	16.00	25600.00
17	1700	17.00	28900.00
18	1800	18.00	32400.00
19	1900	19.00	36100.00
20	2000	20.00	40000.00

21	2100	21.00	44100.00
22	2200	22.00	48400.00
23	2300	23.00	52900.00
24	2400	24.00	57600.00
25	2500	25.00	62500.00

26	2600	26.00	67600.00
27	2700	27.00	72900.00
28	2800	28.00	78400.00
29	2900	29.00	84100.00
30	3000	30.00	90000.00

31	3100	31.00	96100.00
32	3200	32.00	102400.00
33	3300	33.00	108900.00
34	3400	34.00	115600.00
35	3500	35.00	122500.00

36	3600	36.00	129600.00
37	3700	37.00	136900.00
38	3800	38.00	144400.00
39	3900	39.00	152100.00
40	4000	40.00	160000.00

41	4100	41.00	168100.00
42	4200	42.00	176400.00
43	4300	43.00	184900.00
44	4400	44.00	193600.00
45	4500	45.00	202500.00

46	4600	46.00	211600.00
47	4700	47.00	220900.00
48	4800	48.00	230400.00
49	4900	49.00	240100.00
50	5000	50.00	250000.00



FLUID CHART

Sheet No. : 3

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

Intake						Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
21/7/26	08:00 am	Asa	30ml	-							NO	RF	
	09:00 am		-	-							0	RF	
	10:00 am	Asa	30ml	-						✓	0	RF	
	11:00 am	Asa	100ml	30ml							0	RF	
	12:00 pm			30ml							0	RF	
	01:00 pm			30ml							0	RF	
Total Intake : 180ml + 90ml						Total Output : 1 times urine passed							
	02:00 pm	N		30ml							0	Bali	
	03:00 pm			30ml							0	Bali	
	04:00 pm	P		30ml							0	Bali	
	05:00 pm			30ml							0	Bali	
	06:00 pm	water	30ml	DL						✓	0	Bali	
	07:00 pm	Water	150ml	DL							0	Bali	
Total Intake : 180ml + 120ml						Total Output : 1 times urine passed							
	08:00 pm			30ml							0	NR	
	09:00 pm	Wat	50ml	30ml							0	NR	
	10:00 pm			30ml						✓	0	NR	
	11:00 pm			30ml							0	NR	
	12:00 am			DL							0	NR	
	01:00 am			DL							0	NR	
Total Intake : 50ml + 90ml						Total Output : 1 time ur							
	02:00 am										0	NR	
	03:00 am										0	NR	
	04:00 am										0	NR	
	05:00 am										0	NR	
	06:00 am										0	NR	
	07:00 am	Water	100ml							✓	0	NR	
Total Intake : 100ml						Total Output : 1 time ur							
Total 24 hrs. Intake			810ml			Total 24 hrs. Output			4 time ur passed				

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Dr. VAISHNAVI CHANDRAMOHAN



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No.: 21

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

Intake				Output				IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route	NG	Diarrhoea	Vomit	Urine		
22/8/26	08:00 am	N	Mouth I.V. 30ml						
	09:00 am	P	30ml						
	10:00 am		DC				✓		0 Baby
	11:00 am	O	65ml						0 Baby
	12:00 pm		65ml						0 Baby
	01:00 pm		65ml				✓		0 Baby
	Total Intake:			255ml				Total Output: 2 times urine passed	
	02:00 pm	N							
	03:00 pm								
	04:00 pm	P	400ml						
	05:00 pm								
	06:00 pm	longer 20ml							
	07:00 pm	water 50ml							
	Total Intake:			400ml + 400ml				Total Output: 1 time urine passed	
	08:00 pm								
	09:00 pm	Tea 100ml							
	10:00 pm								
	11:00 pm	water 10ml							
	12:00 am								
	01:00 am	water 20ml							
	Total Intake:			130ml				Total Output: 2 times urine passed	
	02:00 am								
	03:00 am	water 20ml							
	04:00 am								
	05:00 am								
	06:00 am								
	07:00 am	water 50ml					✓		
	Total Intake:			70ml				Total Output: 1 time Passed	
Total 24 hrs. Intake				875 ml				Total 24 hrs. Output	
								6 times urine passed	

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FLUID CHART

Sheet No. : 5

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

Date	Time	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
23/7/20	08:00 am	Milk	100ml									0	SP
	09:00 am	water	50ml									0	SP
	10:00 am											0	SP
	11:00 am											0	SP
	12:00 pm	Juice	180ml									0	SP
	01:00 pm	water	50ml									0	SP
Total Intake :		380ml.			Total Output : 2 times								
	02:00 pm	Milk	50ml									0	MS
	03:00 pm	Juice	100ml									0	MS
	04:00 pm											0	MS
	05:00 pm	Milk	100ml									0	MS
	06:00 pm											0	MS
	07:00 pm	Milk	50ml									0	MS
Total Intake :		250ml.			Total Output : 2 times urine passed								
	08:00 pm											0	MS
	09:00 pm	water	50ml									0	MS
	10:00 pm	Milk	200ml									0	MS
	11:00 pm	water	50ml									0	MS
	12:00 am											0	MS
	01:00 am	water	50ml									0	MS
Total Intake :		350ml			Total Output : 2 times urine passed								
	02:00 am	water	50ml									0	MS
	03:00 am											0	MS
	04:00 am	water	50ml									0	MS
	05:00 am											0	MS
	06:00 am											0	MS
	07:00 am	water	50ml									0	MS
Total Intake :		150ml			Total Output : 1 time urine passed								
Total 24 hrs. Intake		1,130ml.			Total 24 hrs. Output						7 times urine passed		



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NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
Diagnosis: ① neck Swelling ? Cervical lymphadenopathy ? Streptococcal lymphadenitis		Post OP Day:					
Surgery / Procedure:							
BACKGROUND	Date	19/7/26	20/7/26	20/7/26	20/7/26	21/7/26	21/7/26
	Shift	Night	N	E	Night	N+H	N
ASSESSMENT	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted	Noted
	Diet:	① diet	① diet	① diet	① diet	① diet	NPO
	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: 99.8f	96.6f	99.8f	99.2	98.2	98.7
	Res: 8bmt	20bmt	20bmt	20bmt	26bmt	24bmt	
	SpO ₂ : 98%	98%	98%	98%	99%	98%	
	Pulse: 106bmt	92bmt	94bmt	100bmt	110bmt	104bmt	
	BP: 98/56(66)	99/61(70)	102/64	96/62(66)	103/66	98/58(60)	
LOC: conscious	conscious	conscious	conscious	conscious	conscious		
Fall Risk Score:	10	10	10	10	10	10	
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10	
Skin Integrity	27	27	27	27	27	27	
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:	① diet	①	① diet	① diet	① diet	NPO
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	-	-	-	-	-	-
Handed Over By Name :		Angel	Seenu R	Balraj	Angel	Seenu R	Divya S
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		20/7/26	20/7/26	20/7/26	21/7/26	21/7/26	21/7/26
Time:		7:30am	8pm	8pm	7:30am	1pm	7:30pm
Taken Over By Name :		Angel	Seenu R	Balraj	Angel	Seenu R	Divya S
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		20/7/26	20/7/26	20/7/26	21/7/26	21/7/26	21/7/26
Time:		7:30am	2pm	7:30pm	2pm	2pm	2:30pm

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NURSING CARE RECORD

Date: 19/7/2018

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 11:30 pm	Maintain fluid Balance.		Assessed child condition => Maintain vital signs and Glucostat => Administer IV Medication	Improved fluid volume	Reassessment was done Vital are stable	dy 018900

GUC-00094085 IP18-00036533
 Master E JAYANTH RAJU 8 Y 1 M 5 D (M)
 15-06-2018
 Dr. VAISHNAVI CHANDRAMOHAN



NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 20/7/26

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	Implementation	Evaluation	Re-Assessment	Nurse Name & signature
Morning	10 AM	→ To Relieve from Pain and Discomfort	→ Assessed the pain level of the child → monitored vital signs → maintained I/O chart → Administered morphine as per order	Reduced from pain and discomfort	Reassessment was done	R. S. 02149
Afternoon	3pm	To maintain good nutritional status	→ Assess the child's condition → I/O chart maintained → IV fluids administered	Maintained good nutritional status	Reassessment done.	Balaji 020684
Night	8pm	maintain fluid Balance.	Assessed child condition → Maintain vital signs and I/O chart → Administered IV medication	Improved fluid volume	Reassessment was done vitals are stable	0218900

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IP18-00036533

Master E JAYANTH RAJU

15-06-2018

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(M)

Dr. VAISHNAVI CHANDRAMOHAN



NURSING CARE RECORD

Rainbow
Children's
Hospital

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Date: 21/7/26

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	7:30 AM	→ To maintain fluid balance of the child	1 PM	→ Assessed the fluid balance of the child → monitored vital signs → maintained the child → Administered oral fluids as per order	Improved maintaining fluid balance	Child was stable Reassessment was done	Rajin 02/08/26
Afternoon	2 PM	Prevent infection in baby	4 PM	Assess the child's condition Monitor vitals Administered medication Maintain Hydration	To give antibiotics	Reassessment done	Rajin an
Night	8 PM	Assess the child's condition Monitor vital signs Maintain Hydration Administer medication		Assessed the child's condition Monitored vitals Maintained Hydration Administered medication	Child's condition is stable	Reassessment done	Rajin 02/08/26

Master. Jayanth Raju

Patient Sticker

8y 1M

NURSING CARE RECORD

Rainbow Children's Hospital
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Your Right to a Safe Delivery

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

Date: 22/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain fluid Balance.	9am	Assess child's condition No chart maintained IV fluids administered.	Maintained fluid balance	Reassessment done.	Bakery
Afternoon	2pm	Prevent infection		→ Assess child condition → maintain vital signs and I/O chart → Maintain hand hygiene	Improved infection.	Reassessment was done Vital all stable	Shy 018900.
Night	8pm	Assess Baby genl condition Monitor vital sign Administer medicine Maintain I/O chart		Assessed Baby genl condition Monitored vital sign Administered medicine Maintain I/O Chart	provided medication and care. Baby improved.	Reassessment done.	Jayanth 018900



NURSES NOTES

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
19/7/26	11:30pm	Receiving Notes On: 19/7/26. Child Received from ER to 4th floor child is conscious and oriented Child Iv cannula pattern — Vital Signs checked and Recorded vital are Stable <table><tr><td>CP</td><td>PP</td><td>CRT</td></tr><tr><td>++</td><td>++</td><td><3sec</td></tr></table>	CP	PP	CRT	++	++	<3sec	Dy 018950
CP	PP	CRT							
++	++	<3sec							
	12am	Due to medication was given as per doctor's Order — Iv fluid DNS 65ml per on flow child Sleeping pattern was good Ilo chart Maintained	Dy 018950						
	4am	vital signs checked and Recorded vital are Stable <table><tr><td>CP</td><td>PP</td><td>CRT</td></tr><tr><td>++</td><td>++</td><td><3sec</td></tr></table>	CP	PP	CRT	++	++	<3sec	Dy 018950
CP	PP	CRT							
++	++	<3sec							
	6am	Continue Iv fluid DNS 65ml per on flow — Due to medication was given as per doctor's order Child today morning usg Neck plan — Ilo chart Maintained	Dy 018950						
	12:00am	Child details hand Over given to morning duty staff —	Dy 018950						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	7 ³⁰ AM	Resting duty note on 20/7/2026 child details taken over from night duty staff nurse using IBAR method on Assessment, child is conscious oriented and alert, Cere-15/15 Skin Assessment done. IV line present and patent, no pain or tenderness on IUF and @ 6x10/10 no flow vitals checked and recorded all are hemodynamically stable.	Rfer 020149
	8 AM	G PP CRT H H CSec	Rfer 020149
	9 AM	Due Medication given as per the drug chart	
	10 AM	Due Medication given as per the drug chart	Rfer 020149
	10 ³⁰ AM	Dr. Vaidyanathan seen and seen informed about the child condition, advised to follow as per progress notes and advice Dr. Nitya seen prior, informed to team	Rfer 020149
	10 ³⁰ AM	Due medication given as per the drug chart	Rfer 020149
	11 ³⁰ AM	USG Neck & USG Abdominal Screening done.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/20		Continue note	
	12.00pm	vitals checked & recorded and vitals signs are stable	
		12pm CP PP CRT ++ ++ 23sec	→ <u>Balaji/020685</u>
	1.00pm	child intake and output chart recorded and maintained	→ <u>Balaji/020685</u>
	1.30pm	child details hand over given to evening duty staff	→ <u>Balaji/020685</u>
		<u>Evening duty notes</u>	
20/7	1.30pm	The child details handing over taken from morning duty staff child is conscious. A line present & patency	→ <u>Balaji/020685</u>
	2pm	IVF 0.9% NaCl 50ml 65ml/hr on flow.	→ <u>Balaji/020685</u>
	3.00pm	The child shifted to ENT OPD.	→ <u>Balaji/020685</u>
	4pm	Vital signs checked & Recorded. Vitals are stable	
		CP PP CRT ++ ++ 23sec	
		Temp: 99.8°F	
	5pm	Tab. Paracetamol given to child	→ <u>Balaji/020685</u>
		Tab. clindamycin 300mg given to child	→ <u>Balaji/020685</u>
	6pm	Tab. Xone 1.25mg given to child & I/O chart maintained.	
		No other complaints	→ <u>Balaji/020685</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
		→ Continue notes ←							
20/7	7.30pm	The child details handing over goes to night duty staff	Bakir 1020683						
		→ Night duty On: 20/7/26 ←							
	12.30pm	Child details hand Over taken from evening duty stays. Child is conscious & oriented. Child IV cannula pattern —	dy 018900						
	8pm	Vital Sign's checked and Recorded vital are stable. <table><tr><td>CP</td><td>PP</td><td>CRT</td></tr><tr><td>++</td><td>++</td><td><2sec</td></tr></table>	CP	PP	CRT	++	++	<2sec	dy 018900
CP	PP	CRT							
++	++	<2sec							
		Due to medication was given as per doctor's order — IV fluid DMS 65ml per Anflow. Child intake was good — Continue same medication —							
	12am	Vital Sign's checked and Recorded vital are stable. <table><tr><td>CP</td><td>PP</td><td>CRT</td></tr><tr><td>++</td><td>++</td><td><2sec</td></tr></table>	CP	PP	CRT	++	++	<2sec	dy 018900
CP	PP	CRT							
++	++	<2sec							
		Child IV cannula pattern — Child continue IV fluid On flow sleeping Pattern was good —							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/20		← Continue note →	
	9am	Under ASPIC technique. New IV line put and CBC, CRP - sendd to the lab. Due medication given as per drug chart order.	Dr. Durg 21/7/20
	9am	Dr. Yashraj sir seen the child advised to stop inj. parv and continue IV antibiotics.	
	12pm.	Vitals are checked sendd Vitals are stable / PP / CP / CRT	Dr. Durg 21/7/20
	12.30pm.	Dr. Vaishnavi Team came & seen the child advice to get P Dr. Nandhini team opened and continue IV Antibiotics	
	1pm	Dr. Nandhini team came & seen the child advice to CECT - Neck & added T-chymosforce very peice PT, APTT, Blood grouping & typing & continue IV Antibiotics NPO from 1pm.	Dr. Durg 21/7/20
	1.30pm	Child details handing over given to the duty s/n.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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IP18-00036533

Master E JAYANTH RAJU

15-06-2018

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Dr. VAISHNAVI CHANDRAMOHAN

(M)



NURSES NOTES

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☐ No known allergies

☐ Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
21/6/20	2pm	continue ivp 30ml/hr. Mainpains t/o chart.	
	3pm	vitals are checked, second vitals are stable. /pp/cp/cr NO fever. /tt/tt/c34	P.S. Durg 09/06/24
	5:30pm	child shifted to CT scan. IV contrast given. No any interference. No side pattern. CT- Done.	
	6pm	Oral started. water given NO vomiting. Due Medication as per drug chart order. Main t/o chart.	
	7:30pm	child details Handing over given to the night duty staff.	P.S. Durg 09/06/24
21/6/20		→ Night duty 21/6/20 ←	
	8pm	Child details taken over from Emergency duty staff as, Child is active and alert, afebrile IV line ⊕ gives 10/10, vital signs checked and recorded.	
	9pm	IVF 0.9% NS 0.9% 60ml @ 30ml/hr	
	10pm	Due medication given	
	10pm	Oral medication given as per doctor's order	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/1/16	12am	Vital signs checked and recorded, Child IV line patent, WF @ 30ml/hy	<i>[Signature]</i>
	2am	Child sleeping well in other complaints.	<i>[Signature]</i>
	4am	Vital signs checked and recorded	<i>[Signature]</i>
	6am	The medication given as per drug chart, No chart maintained	<i>[Signature]</i>
	7.30am	The mid details handover given to morning duty staff.	
		Morning duty Notes	
22/1	7.30am	The child details handover taken from night duty staff. Child is conscious. IV line present and patency →	<i>Bakir/020685</i>
	8am	Vital signs checked and recorded Vitals are stable CP PP CRT ++ ++ C3sec →	<i>Bakir/020685</i>
		Due to medications are given as per drug chart.	
	8.10am	Child is on NPO. Today plan Peritonsillar abscess drainage @ 2pm →	<i>Bakir/020685</i>
	9am	Inj. clindamycin 200mg given →	<i>Bakir/020685</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094065

IP18-00036533

Master E JAYANTH RAJU

15-05-2018

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(M)

Dr. VAISHNAVI CHANDRAMOHAN



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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7	11am	→ Continue notes IVF 0.9% DNs 500ml-65ml/hr on flow.	Balaji/020685
	12pm	Vital Signs checked & Recorded Vitals are Stable CP PP CRT ++ ++ 23sec	Balaji/020685
	12.30pm	Dr. Prigadharshini mam seen the child. Pre-anesthetic done	Balaji/020685
	1pm	T/O chart maintained. No other complaints.	Balaji/020685
	1.30pm	The child shifted to OT →	Balaji/020685
22/7/26	1.30pm	OT Notes ON 22/7/26 Child details handed over taken from 4th floor S/W while receiving child conscious & oriented v/s are monitored Iv line pattern. consent obtained Billing cleared. OT room changed child shifted to OT-2 at 2.30pm. On the OT table to connect the cardiac monitor position. the patient. Iv set are connected JCA was given Antibiotic was given procedure started at during the procedure Iv on the flow.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES



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- ☐ No Known Drug Allergies
☐ Drug Allergies

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NURSES NOTES

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☐ Drug Allergies

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

DATE	TIME		SIGNATURE
		V/S are monitored PR-1056/hr	
		Spo ₂ - 100%, Bp-110/80 mm Hg.	
		after the procedure was	
		done. Child Extubated after	
		Child shifted to post op	
		are. V/S are monitored after	
		child shifted to 4th Floor Ld	
		over to 4th Floor S/W S/L	
22/7/18	6:30 PM	→ Receiving notes	
		child taken over from	
		evening duty staff	
		concerns	
		Dr. Vaishnavi aware	
		Advised to follow	
		post-op order	
		oral started NO	
		complaints vomiting	
		Vital signs checked &	
		recorded. No other	
		complaints	
		PP UP CRT AT ST CSO	
		No chart maintained	
		child handing over given	
		to evening night duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

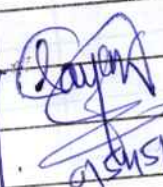
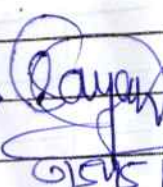
Patient Sticker

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

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		(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	8pm	Night Duty on 22/7/26 Baby's handing over details taken from evening duty staff nurse using by ISBAR technique. Baby is on Room air Baby is well active and alert. PR present. Baby's pain present because of surgery. Baby is on Normal diet. pain management done. Baby is active and alert all medication given as per physician order. Baby's sleeping pattern is normal. Baby's IV line is on patent. There are no fevers. Baby's all medicines administered as per physician order.	
	10pm		
	12am	vitals are checked and recorded temp is normal	
	2am	No chest is maintained No any other complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (23/8/20)	
	4am	vitals are checked and recorded temp is normal PP ++ CP ++ CRT C2S	
	6am	Administer the medication as per doctor's order	Dr. 21/8/20
	7.30am	The child details handed over to morning duty staff.	
		Morning duty 23/8/20	
	7am	Handing Over taken from Night duty staff nurse. Child continues improved.	Dr. 21/8/20
	8pm	vitals checked and recorded vitals are stable now. IV line @ CP PP CRT 2 medications ++ ++ 13er Continue.	Dr. 21/8/20
	9am	Dr. Clindamycin Stop order by Dr. Gururaj.	Dr. 21/8/20
	11am	Dr. Vaishnavi's mom phone call through asked about child's condition. →	Balaji/Dr. 21/8/20
	12pm	Vital Signs checked and recorded vitals are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7	1	Continue notes	
		CP PP CRT + + Lsec	
	1pm.	No chart maintained. No other complaints	Balaji/0208/21
	1.30pm.	The child details handing over given to evening duty staff	Balaji/0208/21
	1.30pm.	23/7/21 on Evening duty The child details handing over taken from morning duty to evening duty. The child is conscious & oriented. Dr. is present. no pain, no swelling, In line pattern	MS/0208/21
	2pm.	Dr. medication was given. As per doctor's order.	MS/0208/21
	2pm.	Dr. Vaidya was seen by child & advised stop Syb Physio. tips tomorrow. Labeled	MS/0208/21
	4pm.	Vital signs are checked & recorded. Vital signs are stable	MS/0208/21
		CP PP CRT + + Lsec	MS/0208/21
	6pm.	No chart maintained. No other complaint of pain, vomit	MS/0208/21
	7.30pm.	The child details handing over given to night duty staff	MS/0208/21

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient's Name:

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 4 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

MRD NO

Age :



ex: ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 19/07/16 Time: 10:40pm
Location: @ meta camp
Size: 22G
Cannula inserted by: SIN SHIRU

CANNULA 2

Date: 19/07/16 Time: 10:40pm
Location: @ Metacamp
Size: 22G
Cannula inserted by: SIN SHIRU

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
19/7	10:40pm	☒ Yes ☐ No	☒ Yes ☐ No	10:40	Shir
20/7	12am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	4am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	8am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	10am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	12pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
20/7	12am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	4am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	8am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	10am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	12pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
20/7	12am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
20/7	12am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Shir

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7	4am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Red
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Red
	8am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Bali
	10am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Bali
	12pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	Bali
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	ve
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	ve
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	ve
23/7	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	12am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	4am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	8am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	10am	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	12pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Observed	lv
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
24/7	12am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	4am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Revised	lv
		☒ Yes ☐ No	☒ Yes ☐ No		
		☒ Yes ☐ No	☒ Yes ☐ No		

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Location :

Size :

Cannula inserted by :

Time:

CANNULA 4

Date :

Location :

Size :

Cannula inserted by:

Time:

[illegible]

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

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.

[illegible]

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

Phlebitis score: ☐ Yes ☐ No ☐ NA If Yes specify:

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)		
	2	

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



THE HUMPTY DUMPTY SCALE

19/7 2017 20/7 20/7 21/7
 N R E N NTE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old						
	3 to less than 7 years old	4					
	7 to less than 13 years old	3					
	13 years old and above	2					
Gender	Male	1	2	2	2	2	2
	Female	2	2	2	2	2	2
Diagnosis	Neurological Diagnosis	1		2	2	2	2
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	4					
	Psych / Behavioral Disorders	3					
	Other Diagnosis	2					
Cognitive Impairments	Not aware of Limitations	1	1	1	1	1	1
	Forget Limitations	3					
	Oriented to own ability	2					
	History of Falls or Infant-Toddler Placed in Bed	1	1	1	1	1	1
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	4					
	Patient Placed in Bed	3					
	Outpatient Area	2	2	2	2	2	2
Response to Surgery / Sedation Anesthesia	Within 24 hours	1					
	Within 48 hours	3					
	More than 48 hours / None	2					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	1	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	3					
	Other Medications / None	2					
		1					
Total			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		-	-	-	-	-
Nurse's Name:	Angel Eero	Balay	Angel Eero			
Signature:	[Signature]	[Signature]	[Signature]			
Date:	19/7 2017	20/7	20/7	20/7	21/7	
Time:	11:30 pm	8 am	2 pm	5 pm	8 am	

Right

Left

Top

Bottom

Front

Back

Side

Other

None

Unknown

Other

None

Unknown

Other

None

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None

Unknown

Other

None

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Other

None

Unknown

Other

None

Unknown

Other

None

Right

Left

Top

Bottom

Front

Back

Side

Other

None

Unknown

Other

None

Unknown

Other

None

Unknown

Other

None

Unknown

Other

None

Unknown

Other

None

Unknown

Other

None

Unknown

Other



THE HUMPTY DUMPTY SCALE

21/7/21 22/7/21 23/7/21

PARAMETER	CRITERIA	SCORE	DATE N	DATE M	DATE E	DATE N	DATE M
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
Total			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		x	-	NA	x	x
Other Intervention(s) Specify		x	-	NA	x	x
Nurse's Name:		Ashu	Bali	Vani	Soyak	Soyak
Signature:		Ashu	Bali	Vani	Soyak	Soyak
Date:		21/7	22/7	22/7	22/7	22/7
Time:		8pm	8pm	11pm	8pm	8pm



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GUC-00094085

IP18-00036533

Master E JAYANTH RAJU

15-08-2018

8 Y 1 M 5 D

(M)

Dr. VAISHNAVI CHANDRAMOHAN



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

BirthRight[®]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/11/26	11:30 pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 018950
20/11/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 018950
20/11/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 020149
20/11	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Balaji/020689
20/11	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 018950
21/11	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 018950
21/11	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 020149
21/11	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 020149
21/11	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 020149
22/11/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Dr. 02388

Re-assessment Frequency:

- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

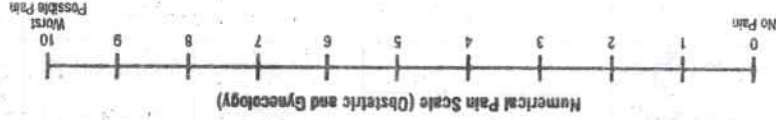
PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING			
	0	1	2	
Face	No Particular expression or smile	Occasional Grimace or Frown, withdrawn, 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, rigid, 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				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	Arouses minimally to little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Archng, kicking constantly awake (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	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			



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	8am	4/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Babel 02/08/18
22/7	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	nd 02/08/18
22/7	6pm	2/10	Surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Position	Sayani 015/15/18
22/7	8pm	2/10	Surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Position change	Sayani 015/15/18
22/7	10pm	3/10	Surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Provided analgesic	Sayani 015/15/18
23/7	12am	2/10	Surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Ty-pasa gm.	Sayani 015/15/18
23/7	4am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide diclofenac therapy	SP 02/08/18
23/7	10am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	SP 02/08/18
23/7	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	nd 02/08/18
23/7/20	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	nd 02/08/18

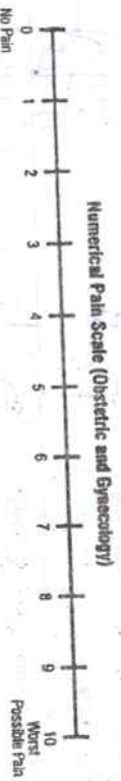
Re-assessment Frequency:

- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

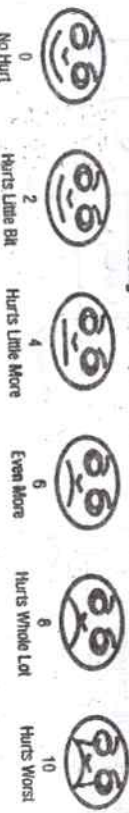
CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdrawn, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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 (up to 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		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 Hyperventilation 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

Wong - Baker (Pediatrics) Above 7 Years



BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094085

IP18-00036533

Master E JAYANTH RAJU

8 Y 1 M 5 D

(M)

15-08-2018

Dr. VAISHNAVI CHANDRAMOHAN



JF IP No.

19/8/2018 20/8/2018 20/8/2018

	N	A	E	N
Mobility 1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	4	4	4	4
'Activity The degree of physical activity' 1. Bedfast: Confined to bed	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.	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.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	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.	4	4	4	4
TOTAL SCORE				
Evaluator's Name				

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

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BRADEN 'Q' SCALE (for Paediatric use)

QUC-00084065
Master E JAYANTH RAJU
15-06-2018
Dr. VAISHNAN CHANDRAMOHAN

IP18-00036533

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

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. All patients too young to ambulate: OR walks frequently: OR walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.
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. 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.
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.
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.
FRICTION-SHEAR Friction Occurs when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problems: 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 lie up completely during move. Maintains good position in bed or chair at all times.
Nutritional Usual food intake pattern	1. Very Poor: NPO or maintained on clear liquids, or Ns 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 (meal, 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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.

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

TOTAL SCORE	27	27	25	28
Evaluator's Name	Dr. Jayanth Raju	Dr. Jayanth Raju	Dr. Jayanth Raju	Dr. Jayanth Raju

03/11/2018

1. $\frac{1}{x^2} = x^{-2}$
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

2. $\frac{1}{x^3} = x^{-3}$
 $\frac{d}{dx} x^{-3} = -3x^{-4} = -\frac{3}{x^4}$

3. $\frac{1}{x^4} = x^{-4}$
 $\frac{d}{dx} x^{-4} = -4x^{-5} = -\frac{4}{x^5}$

4. $\frac{1}{x^5} = x^{-5}$
 $\frac{d}{dx} x^{-5} = -5x^{-6} = -\frac{5}{x^6}$

5. $\frac{1}{x^6} = x^{-6}$
 $\frac{d}{dx} x^{-6} = -6x^{-7} = -\frac{6}{x^7}$

6. $\frac{1}{x^7} = x^{-7}$
 $\frac{d}{dx} x^{-7} = -7x^{-8} = -\frac{7}{x^8}$

7. $\frac{1}{x^8} = x^{-8}$
 $\frac{d}{dx} x^{-8} = -8x^{-9} = -\frac{8}{x^9}$

8. $\frac{1}{x^9} = x^{-9}$
 $\frac{d}{dx} x^{-9} = -9x^{-10} = -\frac{9}{x^{10}}$

9. $\frac{1}{x^{10}} = x^{-10}$
 $\frac{d}{dx} x^{-10} = -10x^{-11} = -\frac{10}{x^{11}}$

10. $\frac{1}{x^{11}} = x^{-11}$
 $\frac{d}{dx} x^{-11} = -11x^{-12} = -\frac{11}{x^{12}}$

11. $\frac{1}{x^{12}} = x^{-12}$
 $\frac{d}{dx} x^{-12} = -12x^{-13} = -\frac{12}{x^{13}}$

BRADEN 'Q' SCALE

					Date:	22/7/23	23/7/23	23/7/23	23/7/23
					Time:	N	M	E	N
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICITION-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.	3	3	3	3	
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 meat 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	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23									
Docu. No. : RCH /FRM / CLINICAL / 119									
TOTAL SCORE					24	25	25	25	
Evaluator's Name					Dr. Vaishnavi	Dr. Vaishnavi	Dr. Vaishnavi	Dr. Vaishnavi	

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

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
13-06-2018 8 Y 1 M 5 D (M)
Dr. VAISHNAVI CHANDRAMOHAN



General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11:30pm Mode of Arrival: walking Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 25 Kg
Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u> </u>	<u> </u>	<u> </u>

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: 25kg Length: Head Circumference (< 2 years):
Temp.: 99.8f HR: 106b/t RR: 26b/t BP: 98/56/66

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 29) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 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

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 Father

Nurse's Name: SW Angel Date: 10/1/26 Time: 11:30pm

Signature [Signature] 01895

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 5 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: English, Tamil

Patient / Learner Literacy: ☐ Read ☐ Write ☒ Illiterate

Willingness to Learn: Yes ☒ No ☐

Healthcare Literacy: Yes ☒ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19/7	11.45 pm	treatment case	Explain about treatment case	Father	No learning barrier	oral	None	verbalize understanding	good	[Signature]
20/7	am	ongoing case	Explained about the importance of ongoing case	Father	no	oral	none	verbalize understanding	Good	[Signature]
21/7	8 AM	Fluid Management	Explained about the importance of fluid management	Father	no	oral	none	verbalize understanding	Good	[Signature]
22/7	9 am	medications	Explained about medications & its uses.	Father	No	oral	None.	Verbalize understanding	good	[Signature]

Part - III: CODES

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

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify

Understanding:

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

10. Financial Difficulties

11. Beliefs and Values

12. Impaired Vision/ or Hearing

13. Cultural/Religion Practice

14. Others (Specify)

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Willingness to Learn: Yes ☐ No ☐ Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
23/7	8Am	Fluid Manage ment	To encourage orally	father	No	verbal	verbalized under	verbalized under standing	good	[Signature]

Part - III: CODES

Who was taught:		PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:									
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice					
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)					
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed									
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									



EMERGENCY ROOM TRIAGE FORM

Patient's Name: E. JAYANTH RAJU Age: 9y Gender: ☒ Male ☐ Female
Date: 19/07/20 Time of Arrival: 9:15pm
Allergies: ☒ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): nil ☐ Not known
Source of Information: ☒ Parents ☐ Others (Specify): nil
Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance
Initial Vital Signs: Temp: 100.5 F PR: 119 BP: 100/74 (82) RR: 30 SpO₂: 100%
Chief Complaints: H/O Fever x 2 days, swelling the neck (4) side

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [Signature]
Triage Completion Time: 2min 8s

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks? ☐ Yes ☒ No
- 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

- 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:
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

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

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

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

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

Name of Triage Nurse: Rishi

Date & Time: 19/7/20 @ 9:17pm

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

Signature of Triage Nurse: [Signature]

1981-82

Handwritten notes in the top left corner, possibly a date or reference.

110

Handwritten notes in the top right corner.

Project		Status	
1	Project A	Completed	100%
2	Project B	In Progress	75%
3	Project C	Not Started	0%
4	Project D	Completed	100%
5	Project E	In Progress	50%
6	Project F	Not Started	0%
7	Project G	Completed	100%
8	Project H	In Progress	25%
9	Project I	Not Started	0%
10	Project J	Completed	100%

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Handwritten notes in the bottom left corner.

Handwritten notes in the bottom right corner.



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 19/02/26 Time of arrival: 9:25pm
Chief Complaints: W/O swelling over the @ side of neck 84mg 1d. RBS: 84mg 1d.

Height: - Weight: 25 kg BMI: - Head Circumference (<2 years) -

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: -

If yes, identify -

Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 3/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

☐ Character common hit ☐ Location @ side neck ☐ Frequency 3 days ☐ Duration on & off

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
- Uses furniture for support

☐ Yes ☒ No

☐ Yes ☒ No

Gait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

Mental Status: Forgets limitations

☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With parents

Siblings in household ☒ Yes ☐ No (if yes How Many?) 01

Time of Initial assessment completed by ER Nurse: 9:25pm

Time	Nursing Notes
10:40 pm	patient come to the ER with the H/O pain 2 days, swelling over the ① site neck. monitored the vital signs. Recorded P. manual arm. in line placement on. Blood sample collected and PT shifted to the ward.

Samples collected by:

Samples sent by:

Time:

Time:

10:40 pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110/m BP: 100/60 mmHg RR: 24/m SPO ₂ : 98% RA GCS: 15/15 Temperature: 99.6°F Pain Score: 0/10 Repeat RBS (if applicable): 24 mg/kg	Shift - out from ER to: 403 Time of Shift - out: 11:20 pm Handover given to: S/N Angel. (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

By line placement done.
① metacarpal 22h.

Name of the Nurse:

Signature of the Nurse:

Date & Time:

Shibu Debnath
11/07/20 c 10:50 pm

Shibu
11/07/20

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Vaishnavi

Date : 19/7/26

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

Start Time of Assessment:

Weight: 25 kg

Allergic History:

Chief Complaints:

do Neck pain x 1 week
Neck swelling x 4 days
Fever x 3 days

Pediatric Assessment Triangle

A Appearance - TICLS (M)

B Breathing

C Circulation

☒ Normal

☐ Abnormal

☐ Pallor ☐

☐ Cyanosis ☐

☐ Mottling ☐

☐ Bleeding ☐

☐ ↑ WOB

☐ ↓ WOB

☒ Normal

☐ Gasping / Apnea

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: 20/min SpO₂ on FiO₂ 98%

Rhythm:

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



Circulation

HR: 110/mm

CFT ☐ Central ☒ PeripheralAny urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: mmHg

Pulse Volume: ☐ Central ☐ PeripheralIf in Shock: ☐ Compensated ☐ HypotensiveMuffled Heart Sound: ☐ Yes ☐ NoEngorged Neck Veins: ☐ Yes ☐ NoMurmurs: ☐ Yes ☒ No

Liver Span:

ECG:

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU:

Pupils: ☒ Responsive ☐ Non-Responsive
Size ☐ Right ☐ LeftActive Seizures: ☐ Yes ☐ No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Exposure



Temp.: 102°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: Cervical Lymphadenitis
node swelling
4x5cm

Labs Planned:

as charted inside

Treatment Planned:

as charted insideNeed for Oxygen: ☐ Yes ☒ No if yes Low Flow ☐High Flow ☐ PPV ☐Final Diagnosis with possible Differential Diagnosis (If necessary): Cervical Lymphadenitis

Assessment done by

Name of the Doctor: T. YuvaraySignature: T. YuvarayDate & Time: 19/7/2021 10 PM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:

PATIENT TRANSFER FORM

GUC-00094065 IP18-00036533

Master E JAYANTH RAJU

15-06-2018 8 Y 1 M 4 D (M)

Dr. VAISHNAVI CHANDRAMOHAN



Date & Time of Admission 19/03/26 ~ 9:46 pm		Date & Time of Transfer Order 19/03/26 ~ 11:20 pm
Treating Consultant Name Dr. Vaishnavi	Transfer Ordered by Dr. Yuvraj	Reason for Transfer mucor
From Unit ER	To Unit 403	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 121	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	Anty. none 1g, 500mg	(E1)
2.	Anty. 500mg 0.9m	(1)
3.	antifolate	(1)
4.	anti-pain	(1)
5.	20 cc E PMO	(1)
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ ① Cervical lymphadenopathy		
Name & Signature of Person who is Transferring Shuber Sh 18890		Name of Person Ordered Transfer T. Yuvraj
Patient & Clinical Records Received by : S/N. Angel 01890 19/4/26 @ 11:30 pm		
Date & Time of Patient Received :		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

DATE: 10/10/2023 TIME: 10:30 AM

1. $\frac{1}{x^2} = x^{-2}$
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4. $\frac{1}{x^5} = x^{-5}$
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5. $\frac{1}{x^6} = x^{-6}$
 $\frac{d}{dx} x^{-6} = -6x^{-7} = -\frac{6}{x^7}$

6. $\frac{1}{x^7} = x^{-7}$
 $\frac{d}{dx} x^{-7} = -7x^{-8} = -\frac{7}{x^8}$

7. $\frac{1}{x^8} = x^{-8}$
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[illegible]

10/11/75

8

Date		Time		Location		Remarks	

GUC-00094065 IP18-00036533
 Master E JAYANTH RAJU
 15-06-2018 8 Y 1 M 4 D (M)
 Dr. VAISHNAVI CHANDRAMOHAN



Docu. No.

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date:

Department:

Shift:

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

CONSENT FOR SPECIAL PROCEDURES



GUC-00094085 IP18-00036533
Pa Master E JAYANTH RAJU
15-08-2018 8 Y 1 M 5 D (M)
UH Dr. VAISHNAVI CHANDRAMOHAN



Gender: ☐ Male ☐ Female

Department : Date :

I E. Babu S/D ~~W~~/O E. Rajaram

Here by give consent for procedure of :

For my patient, Named : Jayanth Raju

The doctors have clearly explained to me that the procedure has following possible complications:

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: CECT Neck

Patient Attendant :

Signature : E. Babu

Name : E. Babu

Relationship with Patient: Father

Date & Time : 21/7/2018 & 5.30 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : T. Yuvraj

Name : T. Yuvraj

Date & Time : 21/7/2018 & 5.30 PM

CONSENT FOR SPECIAL SEDATION

Patient Name: Gender: ☐ Male ☐ Female

UHID No: Department: Date:

I S/D/W/O

Here by give consent for procedure for my patient:

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation :
- Possible complications from the procedure of sedation:

.....
.....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature :

Name :

Relationship with Patient:

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

CONFIDENTIAL

100

100

100

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PRE - OPERATIVE CHECK LIST

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

Patient's Name: Master Jayanth Raju Age: 8 years Gender: ☒ M ☐ F
Blood Group: _____ UHID: 94065
Planned Surgery: Tonsillar Abscess Drainage Surgeon: Dr. Nandhini
Anesthetist: Dr. Anandhi Date & Time of Operation: 22/7/26

Tick Appropriate Boxes

filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	YES	NO	NA
1.	Weight checked and recorded?	☒	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☒	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☒	☐	☐
4.	Enema given / Bowel Preparation	☒	☐	☐
5.	Remove all ornaments, etc and sterile gown given	☒	☐	☐
6.	Is Blood arranged as required?	☒	☐	☐
7.	If Blood has been ordered - is Blood bag ready?	☐	☒	☐
8.	IV Cannula to be placed / IV fluids if indicated	☐	☒	☐
9.	Pre Anesthetic consultation with anesthesiologist	☒	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☒	☐	☐
11.	Skin Preparation	☒	☐	☐
12.	Site is marked	☒	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☒	☐	☐
14.	Implants are available	☒	☐	☐
15.	Equipment is available	☐	☒	☐
16.	Other (if any)	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance taken
Billing Executive Name: Delliben C Nurse In-Charge Name: Dr. Nandhini
Billing Executive Signature: [Signature] Signature of Nurse In-Charge: [Signature]
Date & Time: 22/07/26 @ 10:03am Date & Time: 22/7/26 @ 7:40pm

Doc. No. : RCH / FRM / CLINICAL / 107

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: OT

Shifted to: 4th Floor

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	INT. METRONIDAZOLE	375mg	iv	stat	22/7/26 2:30 PM	☐ C ☒ DC
2	INT. PIPERACILLIN TAZOBACTAM	2.25g	iv	stat	22/7/26 2:30 PM	☐ C ☒ DC
3	INT. PARACIP	375mg	slow iv	stat	22/7/26 3:00 PM	☐ 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. ALTHANIL S. S. [Signature]

Date & Time : 22/7/26 2:30 PM

Nurse Name & Signature : S/w Suganthi [Signature]

Date & Time : 22/7/26 @ 2:30 PM

DATE	TIME	LOCATION	WIND	WAVE	SEA	WATER	TEMP	WIND	WAVE	SEA	WATER
1	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
2	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
3	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
4	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
5	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
6	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
7	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
8	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
9	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10
10	10:00	100° 00' 00"	10	10	10	10	10	10	10	10	10

Date: 10/1/50
 Time: 10:00
 Location: 100° 00' 00"
 Wind: 10
 Wave: 10
 Sea: 10
 Water: 10

SURGICAL SAFETY CHECKLIST

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 7 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Surgeon : Dr. Nithya
Asst. Surgeon :
Anaesthetist : Dr. Ashwini
Scrub Nurse : S/N Agalya



Age : 8 yr. Gender : M

Surgery Name : L.T. Peritonostomy

Date : 22/7/26 In-time : 2:45 pm Out-time : 4:15 pm

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Before Induction of Anaesthesia >>

SIGN IN

Time: 2:46 pm

Patient Has Confirmed

Identity ☒ Yes ☐ No

Site ☒ Yes ☐ No

Procedure ☒ Yes ☐ No

Consent ☒ Yes ☐ No

Site Marked ☒ Yes ☐ No ☒ NA

Anaesthesia Safety Check Completed ☒ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☒ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☒ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☐ Yes ☒ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☒ No ☐ NA

Blood Units Reserved ☐ Yes ☐ No ☒ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

☒ Yes ☐ No ☐ NA

Signature : Dr. Ashwini

Name : Dr. Ashwini S

Before Skin Incision >>

TIME OUT

Time: 2:48 pm

Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band) ☒ Yes ☐ No

Correct Site ☒ Yes ☐ No

Correct Procedure ☒ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☒ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No

Signature : Nithya

Name : Nithya

Before Patient Leaves Operating Room

SIGN OUT

Time: 4:10 pm

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☒ Yes ☐ No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☒ Yes ☐ No ☐ NA

The Specimen is Labelled (including patient name) ☒ Yes ☐ No ☐ NA

Whether there are any Equipment Problems to be addressed ☐ Yes ☒ No ☐ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No

Signature : S. 1957

Name : S. 1957

DATE

RECEIVED

10/10/2010

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PATIENT TRANSFER FORM

GUC-00094065 IP18-00036533

Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 7 D (M)
Dr. VAISHNAVI CHANDRAMOHAN



Date & Time of Admission 19/7/26 @ 9:46am		Date & Time of Transfer Order 22/7/26 @ 6:30p
Treating Consultant Name Dr. Vaishnavi Chandramohan	Transfer Ordered by Dr. Ashwin	Reason for Transfer For further management
From Unit OT	To Unit 4th floor	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 1 Ip file	Number of Imaging Films CECT film - 4	Personal belongings including clinical documents. If any handed over to attendant. Yes ☒ No ☐ If yes, what?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring S Jayanth 01/7/26		Name of Person Ordered Transfer Dr. Ashwin
Patient & Clinical Records Received by : Vaishnavi Chandramohan @ 6:30pm		
Date & Time of Patient Received :		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/7/20

OT TRANSFERRED TO: pph floor

	YES/NO	REMARKS
1 Patient Identification		
a. Patient Identification Patient name, age, UHID/hospital number confirmed	YES	
b. Surgical procedure & correct site verified	YES	
2 Airway & Breathing		
a. Oxygen delivery (mask/cannula/ventilator) secured	NO	
b. SpO ₂ within safe range	YES	
c. If ETT: position confirmed, ties secure, cuff inflated	NO	
3 Circulation & Hemodynamic Stability		
a. IV lines secured & infusion running correctly	YES	
b. No active uncontrolled bleeding	NO	
c. Last vitals recorded before transfer	YES	
d. Central line hubs are closed	NO	
e. Dressing Intact	YES	
4 Pain Assessment		
a. Pain score assessed & analgesia given	YES	
b. Reassessment done	YES	
5 Wound, Dressings & Drains		
a. Surgical dressing intact	NO	
b. All drains fixed, output noted	NO	
c. Catheter secure & urine output recorded	NO	
d. Splints/casts/traction devices stabilized	NO	
6 Medications Pre & Post-Op Orders		
a. Medications due time noted	YES	
b. Pre & Post-op instructions (NPO, position, mobilization) communicated	YES	
c. Emergency meds given in OT (time & dose documented)	YES	
7 Equipment Safety & Transport Preparedness		
a. Oxygen cylinder full & ambu bag at bedside	NO	
b. Bed/side rails up and brakes applied	NO	
c. Special positioning maintained as per surgery	YES	
8 High-Risk Patient Safety (if applicable)		
a. Chest tube: underwater seal below chest level	NO	
b. Epidural catheter secure, infusion checked	NO	
c. Pressure areas protected (heels/elbows)	YES	
9 BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10 REPORTS AND LABS HANDED OVER	NO	
11 BIOPSY/HPE SENT	YES	
12 Documentation		
a. Documentation completeness	YES	
Transferring Nurse: Sri Sushama	YES	
Receiving Nurse:		
Signature of Incharge:		

Department of Anaesthesiology

PRE-A GUC-00094065 IP18-00036533

Master E JAYANTH RAJU
15-06-2018 8 Y 1 M 6 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Name:  Age: _____ Sex: _____ UHID.No: _____

Date: _____ Proposed Operation: I.P.D.

Diagnosis: Peritonsillar abscess

B.P / CRT: 100/60 mmHg H.R: 94/min Weight: 25 kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>11.8</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: <u>16</u>	Alb: _____	HBS Ag: _____	ECG: _____
WBC: <u>21210</u>	Creat: <u>0.54</u>	Total Bill: _____	HCV: _____	2D Echo: _____
Plate: <u>2.66</u>	Na: <u>131</u>	Dir. Bill: _____	Blood group: <u>O+ve</u>	Stress/Angio: _____
PT: <u>14.9</u>	K: <u>4.6</u>	LDR: _____	T3: _____	Other: _____
PTT: <u>34.7</u>	Ca++: _____	Alk phos: _____	T4: _____	
INR: <u>1.07</u>	Mg++: _____	Amylase: _____	TSH: _____	
	Cl-: _____	SGOT/SGPT: _____		

Allergies: Nil

Medical History: CVS: 2nd child, LSCS, full term, B.W - 3 kg
RESP: No NICU admissions, Diabetes (N) developmental milestones, vaccinated till date
CNS: _____
Renal: _____

Hepatic / GE: _____ Physical Activity: active child
Others: nil comorbidities not cough (+)

Past Anaesthetic History: nil fever sx no fever spikes since today morning
Physical Exam: afebrile now

Airway: MP 1 2 3 4 Mouth Opening: Restricted Neck: Severely (N)
Lungs: B/L AE (+) clear admitted < 1 finger restricted
Heart: 912 (+)
CNS: arnd

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: 22 G (+) Spine Exam for regional: _____

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☒ GA-ETT ☐ LMA (R) VL

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
-	-

Pre-Operative Instructions:

1. DVT Prophylaxis: _____
2. NIL ORAL Water / ORS 2 Hours
Others 6 Hours
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions: _____

- To continue NPO

Signature:  Name: Dr. Pooja Shankar

Patient Sticker

ANAESTHESIA CHART

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

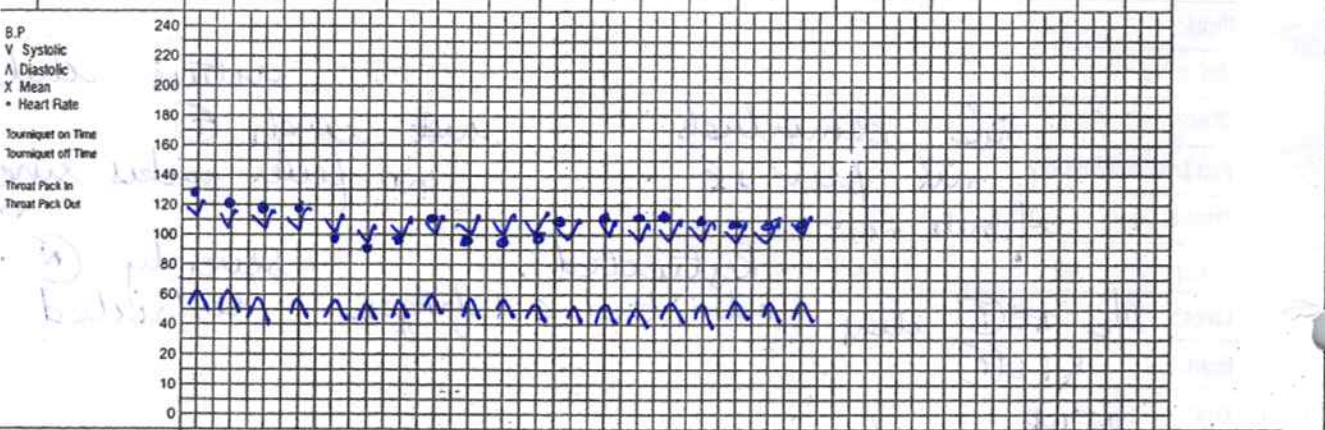
BirthRight
BY RAINBOW HOSPITALS
Your Right to Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No	Fasting Status: <u>26 hrs</u>
Physical Status: <u>II E</u> Patient Identified ☒	Consent Present ☒ Chart Reviewed ☒

H.R: 113/min B.P / CRT: 101 / 64 mmHg SpO₂: 99-100% R.R: 20/min Last Feed: 7 AM
Pre-OP Diagnosis: Peritonsillar abscess Operation: I & D Date: 22/7/26
Surgeon: Dr. Nithya Anaesthesiologist: Dr. Ashwini Technician: Mrs. Surai

TIME	2:30 PM	3:30 PM	4:30 PM
NO. AIR / O ₂ LPM	1-1	2-1	2-1
HALO / SO / SEVO	1-1	2-1	2-1
Drugs:	<u>2mg fentanyl 30 pg iv</u> + <u>20 pg iv</u> <u>2mg propofol 60 mg iv</u> <u>2mg atropine 12 mg iv</u> + <u>2.5 mg iv after 40 min</u> <u>2mg paracip 375 mg iv</u> <u>Reversal: 2mg neostigmine 12 mg + 2mg glycopyrrlate 0.2 mg iv</u>		
Antibiotic:	<u>2mg piptaz 2-25g</u>		
Stressor:	<u>2mg melonidazole 375 mg iv</u>		
Blood Loss			
NOTES			
FI _{O2} / SaO ₂	<u>100% / 100%</u>		
ETCO ₂	<u>25-45 mmHg</u>		
ECG	<u>NSR, sinus tachycardia</u>		
Temperature			
Urine Output			
Fluids	<u>RL iv 400ml</u>		

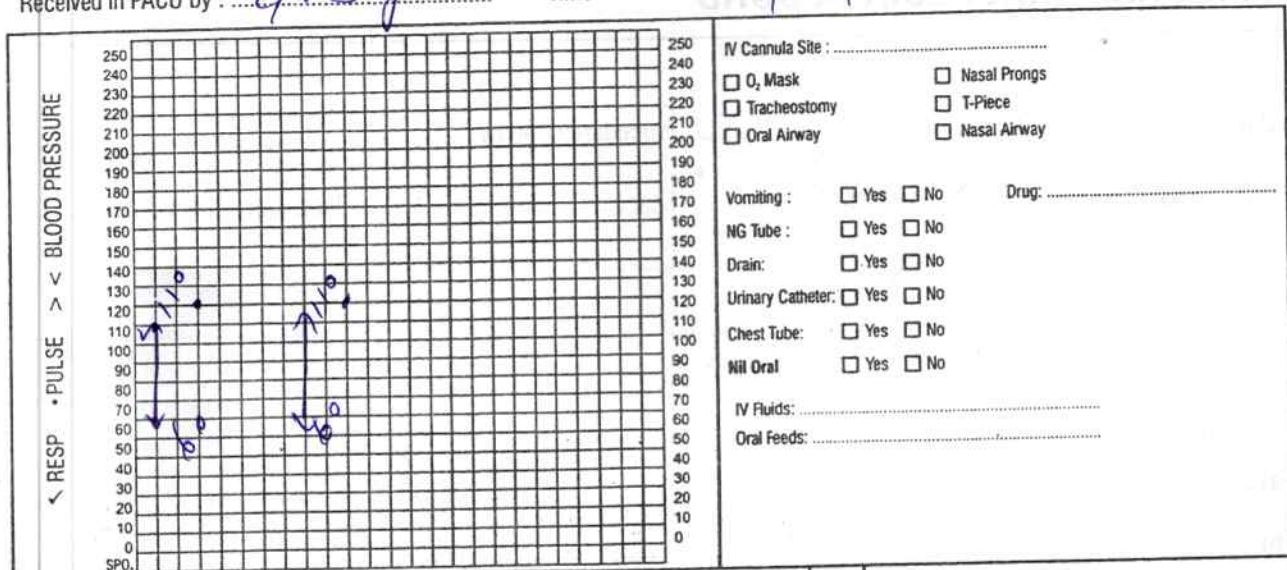


LAB Values

☒ Equipment Checked and Functional ☒ BP ☒ Cuff Site: <u>Arm</u> ☒ A/P Site: ☒ EKG Lead ☒ Temp Site ☒ FIO ₂ Monitor ☒ Agent Monitor ☒ Pulse Oximeter ☒ Capnograph ☒ Ventilator ☐ Nerve Stimulator Position: <u>Roll</u> ☒ Pressure Points Checked	Temp: ☐ HME ☐ Fluid Warmer ☐ Ching Film ☐ OH Warmer ☒ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: <u>2:30 PM</u> OP Start: OP End: Leave OR: <u>4 PM</u> Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP ☒ ART: <u>22G @ Hard</u> ☐ IV ☐ IV	Induction: ☒ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☒ Mask ☐ SGA <u>flexometallic</u> ☐ Airway ☐ Oral ☐ Nasal ☒ ATT# <u>5.5</u> at <u>18</u> cm ☒ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☒ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why?	Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Paresthesia ☐ Yes ☐ No Catheter at skin: cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to: ☒ PACU ☒ ICU ☐ Other Relaxant Reversed ☒ Yes ☐ No ☐ NA Name of the Doctor: <u>DR. ASHWINI</u> Signature of the Doctor: <u>Dr. Ashwini</u> <u>10/248</u>
---	--	--	---

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: CPA SugathTime Received: 4:15 PMTime Discharged: 6:0 PM

IV Cannula Site: _____
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☐ No

Drug: _____

NG Tube: ☐ Yes ☐ NoDrain: ☐ Yes ☐ NoUrinary Catheter: ☐ Yes ☐ NoChest Tube: ☐ Yes ☐ NoNil Oral ☐ Yes ☐ No

IV Fluids: _____

Oral Feeds: _____

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PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7/26	4:30 PM	0/10	NPO x 2hrs iv antibiotics as advised Dys P250 5ml tds	S. Shini 10/3/26

Pain Tool Used: ☐ N PASS ☒ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: DR. AlthamirAnaesthesiologist Signature: S. ShiniDate & Time: 22/7/26 4:30 PMPACU Nurse Name: S/w SugathPACU Nurse Signature: [Signature]Date & Time: 22/7/26 4:15 PM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - Within 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): S/w SugathDate & Time: 22/7/26 6:0 PM

Date and Time :

CONSENT FORM FOR ANAESTHESIA

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-08-2018 8 Y 1 M 6 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

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

BirthRight®
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Age : Gender : Male ☐ Female ☐

UHID NO: Surgeon Name: Dr. Nithya

Anaesthesiologist : DR. SATHISH / DR. PRIYA Operative procedure planned : INCISION + DRAINAGE

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : HYPOTENSION / BRADYCARDIA / PONV
- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☒ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : E. Babu Rao

Name : E. Babu Rao

Relationship with Patient :

Date & Time :

Witness :

Signature : A. Madhukiran

Name : A. Madhukiran

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Priya

Date & Time : 22/7/20

Docu. No. : RCH / FRM / CLINICAL / 021

INC(2004) + DISCOUNT

$\text{C}_2\text{H}_5\text{NO}_2 \cdot \text{A}$
 $\text{C}_2\text{H}_5\text{NO}_2 \cdot \text{A}$

Er. Bob Poo
Er. Anand

2/17/22

2. 2. 9 10

W. A.



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: 403 Shifted to: OT

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature: Balajeyangs / 020685

Date & Time : 22/7/26 @ 12pm

Group Number

Topic

Introduction

Statement of the Problem

Objectives

Methodology

Results and Discussion

Conclusion

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Appendix

PATIENT TRANSFER FORM

GUC-00094065 IP18-00036533

Master E JAYANTH RAJU

15-06-2018 8 Y 1 M 7 D (M)

Dr. VAISHNAVI CHANDRAMOHAN



Date & Time of Admission 19/7/2020 9.46pm.		Date & Time of Transfer Order 22/7/2020 1.30pm
Treating Consultant Name Dr. Vaishnavi	Transfer Ordered by Dr. Yuvaraj	Reason for Transfer For procedure
From Unit 403.	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring Balasubramanian / 020685 22/7/2020 1.30pm		Name of Person Ordered Transfer
Patient & Clinical Records Received by : S /w Suresh		
Date & Time of Patient Received : 22/7/2020 @ 1.30pm		

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

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 02/12/2016 1:30 PM

TRANSFERRED TO: OT

1	Patient Identification	YES/NO	REMARKS
	a. Patient Identification (Patient name, age, UHID/hospital number confirmed)	YES	
	b. Surgical procedure & correct site verified	YES	
2	Airway & Breathing		
	a. Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b. SpO ₂ within safe range	YES	
	c. IET: position confirmed, ties secure, cuff inflated	NO	
3	Circulation & Hemodynamic Stability		
	a. IV lines secured & infusion running correctly	YES	
	b. No active uncontrolled bleeding	NO	
	c. Last vitals recorded before transfer	YES	
	d. Central line hubs are closed	NO	
	e. Dressing intact	NO	
4	Pain Assessment		
	a. Pain score assessed & analgesia given	NO	
	b. Reassessment done	NO	
5	Wound, Dressings & Drains		
	a. Surgical dressing intact	NO	
	b. All drains fixed, output noted	NO	
	c. Catheter secure & urine output recorded		
	d. Splints/casts/traction devices stabilized		
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	YES	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	YES	
	c. Emergency meds given in OT (time & dose documented)	NO	
7	Equipment Safety & Transport Preparedness		
	a. Oxygen cylinder full & ambu bag at bedside	NO	
	b. Bed/side rails up and brakes applied	NO	
	c. Special positioning maintained as per surgery	NO	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube, underwater seal below chest level	NO	
	b. Epidural catheter secure, infusion checked	NO	
	c. Pressure areas protected (heels/elbows)	NO	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10	REPORTS AND LABS HANDED OVER	YES	
11	BIOPSY/PIPE SENT	NO	
12	Documentation		
	a. Documentation completeness	YES	
	Transferring Nurse: Patricia Ortiz		
	Receiving Nurse: Jm Sotelo		
	Signature of Instructor:		

INFORMED CONSENT FOR SURGERY OR SPECIAL

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094065 IP18-00036533
Master E JAYANTH RAJU
15-08-2018 8 Y 1 M 6 D (M)
Dr. VAISHNAVI CHANDRAMOHAN

Patient Name :

Gender: ☐ Male ☐ Female

Age :

Date :

UHID No :

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Excision and drainage (Internal) of left parotid gland / parotidectomy upon skin
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained about the reuse of single use device after appropriate reprocessing. If required during the surgery or procedure in consonance with good clinical practices.

I have been explained the risks of this surgery / procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure:

Consentee :

Signature :

Name :

Date & Time :

Witness :

Signature : *A. Madhukiran*

Name : *A. Madhukiran*

Patient Attendant : *E. Arjun Reddy*

Signature : *E. Arjun Reddy*

Name : *E. Arjun Reddy*

Relationship with Patient : *FATHER*

Date & Time : *22/12/2018 @ 11am*

Doctor (who is taking the consent) :

Signature : *Dr. N. N. A. K.*

Name : *Dr. N. N. A. K.*

Date & Time : *22/12/2018 10.30am*

**அறுவை சிகிச்சை அல்லது சிறப்பு
சிகிச்சைக்கு தகவலறிந்த ஒப்புதல் படிவம்**

நோயாளியின் பெயர் : வயது : பாலினம் : ஆண் ☐ பெண் ☐

UHID எண் : தேதி :

நிபந்தனையின்:

இந்த ஒப்புதல் படிவத்தில் நோயாளி (அல்லது நோயாளி மைனார் இயந்தரால்) அல்லது நோயாளி மைனார் இயந்தரால் (Minor) அல்லது தகவலறிந்து தகவலின் அடிப்படையில் முடிவு எடுக்கும் திறன் இல்லாதவராக இருந்தால், பெற்றோர் / பாதுகாவலர் கையொப்பமிடவேண்டும். இந்த தகவலை நீங்கள் பெற்றுள்ளீர்களா என்பதையும், உங்களுக்கு பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை அல்லது சிறப்பு சிகிச்சை நடைமுறைக்கு உட்பட உட்கொள்ளுமா, அளித்துள்ளீர்களா என்பதை சரிபார்ப்பதே இந்தப் படிவத்தின் நோக்கமாகும்.

பின்வரும் செயல்பாடுகள் அல்லது சிகிச்சை நடைமுறைகளை செயல்படுத்துவதற்கு இதன்மூலம் நான் முழுஒப்புதல் அளிக்கிறேன் (மருத்துவ கருக்காய்களைப் பயன்படுத்தவேண்டாம் / தொழில்நுட்ப சொற்களைத் தவிர்க்கவும்).

.....மேற்கொள்ளவுள்ள மருத்துவசெயல் முறைகளில் உள்ள நன்மைகள் மற்றும் இதன் தேவை காரணம் குறித்தும் எனக்கு அறிவுறுத்தப்பட்டுள்ளது. மருத்துவப்பயிற்சி என்பது ஒரு அறிவியல் மட்டுமன்றி ஒரு கலை என்பதை நான் அறிவேன், எனவே மருத்துவ சிகிச்சையின் வெற்றி அல்லது சிகிச்சையினால் சூனமாகும் சாத்தியக்கூறு குறித்து எந்த உத்தரவாதமும் இல்லை. அல்லது செயல்முறையானது என்பதை ஒப்புக்கொள்கிறேன். நோயாளியின் (அல்லது நிறை, பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை மற்றும் அதன் விளைவு குறித்த என்னுடைய கேள்விகளுக்கு இந்துப்படிவத்தில் அறுவை சிகிச்சை நிபுணர் கையொப்பமிடுவதற்கு முன்பே, நான் திருப்தி அடைபடும் வகையில் பதிலளிக்கப்பட்டுள்ளேன்.

அறுவை சிகிச்சை அல்லது மருத்துவ நடவடிக்கையின் போது தேவையானால், நல்ல மருத்துவ நடைமுறைகளுக்கு ஏற்ப, ஒருமுறை பயன்படுத்தக்கூடிய சிறிய அல்லது மறுசெயலாக்கி மீண்டும் பயன்படுத்தலாம் என்பதை எனக்கு விளக்கியுள்ளனர்.

இந்த அறுவை சிகிச்சை செயல்முறையில் உள்ள அபாயங்கள் மற்றும் இதற்கு உள்ள நியாயமான மாற்று சிகிச்சைகள் மற்றும் மாற்று சிகிச்சையில் தொடர்புடைய அபாயங்கள், பக்கவிளைவுகள் மற்றும் சிகிச்சையை தொடராமல் இருப்பதால் ஏற்படக்கூடிய விளைவுகள் குறித்து எனக்கு விளக்கப்பட்டது.

.....அதனால்.....

.....நோயாளியின் பெயர்.....

பின்வரும் சிக்கல்கள் அறிதானவை என்றாலும் சாத்தியமுள்ளது என்று எனக்கு விளக்கப்பட்டது. எனவே எந்தவொரு அசம்பாவித்திற்கும் அறுவை சிகிச்சை நிபுணர், மயக்கமருத்து நிபுணர் அல்லது மருத்துவமனை உறுதியளிக்காத நான் பொறுப்பாக்கமாட்டேன்.

இந்துப்படிவத்தில் என்னுடைய கையொப்பம் தீர்மானம் வற்றை குறிக்கிறது:

1. இந்தப் படிவத்தில் கொடுக்கப்பட்டுள்ள தகவல்களை நான் படித்துப் புரிந்துகொண்டேன்.
2. மேலே குறிப்பிட்ட அறுவை சிகிச்சை அல்லது சிகிச்சை செயல்முறையில் உள்ள மேற்குறிப்பிட்ட சிக்கல்கள் ஆகியவற்றோடு இதிலுள்ள அபாயங்கள் நன்மைகள் மற்றும் பிறதகவல்களை என்னுடைய மருத்துவர் எனக்குப் போதுமான அளவு விளக்கினார்.
3. என்னுடைய அறுவை சிகிச்சை நிபுணரிடம் கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு அளிக்கப்பட்டது. அறுவை சிகிச்சை அல்லது மருத்துவசெயல்முறை குறித்து நான் விருமடும் அனைத்து தகவல்களையும் பெற்றுள்ளேன்.
4. அறுவை சிகிச்சை அல்லது மருத்துவ நடைமுறையைச் செயல்படுத்துவதற்கான ஒப்புதலை நான் வழங்குகிறேன்.

ஒப்புதல் அளிப்பவர்:

கையொப்பம்:

பெயர்:

தேதி / நேரம்:

சாட்சி:

கையொப்பம்:

பெயர்:

தேதி மற்றும் நேரம்:

நோயாளியின் பாதுகாவலர்:

கையொப்பம்:

பெயர்:

நோயாளியுடனான உறவு :

தேதி / நேரம்:

மருத்துவர் (ஒப்புதல் பெறுபவர்):

கையொப்பம்:

பெயர்:

தேதி / நேரம்: