Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 17/7/26

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 11 D (M)
Dr. V V VIVEKANAND

Name of t .....

UHID No: ..... Gender: .....

Ward: ..... Room No: 604

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 17/7/26

Time: 8 AM

Pharmacy Sign

Date: .....

Time: .....

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 11 D (M)
Dr. V V VIVEKANAND

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

UHID- FLOOR-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
	17/7/26 @ 8am		Jeej / Jomali				
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: ..... nt: ..... Dept: .....

UHID No: GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

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

Room / Bed No: ..... sted Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/26	8:30 pm	ER	HDU	
15/7/26	7pm.	HDU	6th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
14/7/26	CBC, CRP, VBG, PS, S. electrolyte, AEC	26022664 / 26022665	01:34
15/7/26	RBS	26022717	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/07/26	Infusion Pump	6.40 PM	15/7/26 @4pm	27174	Oxygen
14/7/26	Oxygen	6.40 pm	15/7/26 @11am	27175	Oxygen

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/7/26	IV placement	(1)	1727082	015451
14/7/26	CXR AP view	(1)	9484	Shri 14890
14/07	Neb O2	(5)	1727098	Shri 14890
14/07	~~Neb O2~~			Shri 14890
14/7	Nebulization	(2)	27176	015451
15/7	Nebulization	(8)	27310	16600
15/7	Nebulization	(2)	27757, 27750	02158 3
15/7	Nebulization c O2	(2)	27758, 27749	02158 3
15/7	Nebulization c O2	3	1727950	

ANY OTHER INFORMATION:

Date: 15/7/26 Time: 6.30 pm. Prepared By: Sayak Mondal.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sayak 015451			

6th floor

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ACTIVITY RECORD FOR BILLING

Name: GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

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

UHID No: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	Neb c O2	5	8120	
16/7/26	Neb c O2	1	08349	
16/7/26	Neb c O2	1	08350	
16/7/26	Neb c O2	3	28497	Priyal
16/7/26	Neb c O2	3	28539	Jeya

ANY OTHER INFORMATION:

Date: 17/7/26 Time: 8 Am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Jeya			

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DISCHARGE TRACKING SHEET

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 11 D (M)
Dr. V V VIVEKANAND

OR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	17/7/26 @ 8am				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036471 **Admit Date** : 14-Jul-2026 **Admit Time** : 04:22 PM **UHID** : GUC-00042615

Patient Details :

Patient Name	: Master VIHAAN KRISHNA	**Age**	: 5 Y 0 M 9 D
Guardian	: Mr UTHAYAN	**DOB**	: 05-07-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: S1.SAVITRIKASI APARTMENT,KRISHNAVENI NAGAR,MUGALIVAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Phone No**	: 9677909596
		E-mail	: uthaynice@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 UTHAYAN **Relationship** : S/O

Contact Address : S1.SAVITRIKASI APARTMENT,KRISHNAVENI NAGAR,MUGALIVAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125 **Phone No** :

B. Uthaya

Signature

Doctor Details :

Doctor Name : Dr. V V VIVEKANAND **Specialisation** : PULMONOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master VIHAAN KRISHNA**	**Age :**	**5 Y 0 M 9 D**
IP No:	**IP18-00036471**	**Sex:**	**Male**
Consultant:	**Dr. V V VIVEKANAND**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 I[illegible]uide 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: B Uthayan

Name: B. UTHAYAN
Relationship: FATHER
Date: 14/7/26 Time: 4:26 pm
Witness Name: V. Naveen Antony
Witness Signature:

Patient Address:
S1.SAVITRIKASI APARTMENT,
KRISHNAVENI NAGAR,MUGALIVAKKAM
Mugalivakkam Kanchipuram Tamil
Nadu INDIA 600125

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Master. Vihaan Krishna	UHID Number : A2615
Self/Attendant Name : B. UTHAYAN	Relation : FATHER
Self/ Attendant Signature : B. Uthayan.	Name & Signature of Financial Counselor
Phone Number : 9677909596	

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

Department: _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o Runny nose x 10days back
for 5 days
Cough - dry for 10 days
- occasional
more at night

↓

Symptoms improved c Fexofenadine

↓

But, Dry Cough - persisted occasionally

↓

Nose block x 2days
c/o Cough x 1/7 yesterday night
more at night / lying down

Fast breathing
Chest indrawing
} noticed around 1pm at school

↓

Neb. Levolin + Budecort
Omnacortil frte
} given - symptoms persisted

↓

Hence, admitted

H/o travel to Tentaki - 1 week back (+)

H/o sick contact (+)

Patient Sticker

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

H/o admission - @ 1½ yrs Dec - 22 - Wheeze exacerbation
@ 1½ yrs April 23 - Adenoviral illness

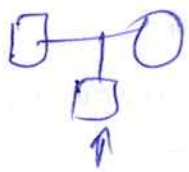
H/o Nebulization since 2022.
Budecort → Seroflo → Esiflo.

H/o Atopic eczema (+)

Birth & Neonatal History:

36 wks / LSCS / BA wt - 3.8kgs
CAB / NICU stay
NSL vigorous baby ventilated for 1 day.

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Dev (N)

Immunization History :

Vaccinated uptodate acc. to NIS schedule.
Yearly flu vaccine received - last in 2025 June.

Anthropometry :

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

Weight (kgs) 17.7kg (Centile _____)

On Examination :

Temperature : 98.2F Pulse Rate : 132/min B.P. _____ SPO2 88% ↓ RA.

Resp.rate and type of breathing : 80/min with SSR (+), ICR (+) & SCR (+).
Pre-Neb PRAM score - 9

Rash

Lymphadenopathy — No

Oedema :

Allergies (if any):

Alert
Speech (N).

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : SSR, ICR, SCR (+)

Air entry & breath sounds : B/L AE (+) (R) infraclavicular AO vbp

Any addes sounds : B/L Wheeze (+) - inspi- & expiratory phase (+)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection :

Palpation : Soft, No distension / tenderness / organomegaly

Ausculation : BS (+)

Spine : External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) B/L Power >3/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Post Neb
PRAM Score - 6

Reflexes :

Superficials:

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acute exacerbation of wheeze.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC/
CRP/
VBG/
Peripheral smear/
Absolute Eosinophil count.
electrolytes.
Chest x ray/

Planned Management

1. To admit in HDU
2. Secure IV line
3. INJ. HYDROCORT 70mg IV Stat → F/B 70mg QGH
4. Inj. $MgSO_4$ 750mg in 30ml NS over 1 hour
5. INJ. PAN 20mg OD
6. NEB. ASTHALIN 2.5mg + 2ml NS QIH → F/B Q2H
7. IVF-DNS @ 60ml/hr
8. NEB. IPRAVENT 250mcg + NS (Stat F/B Q4H)
9. To maintain PRAM score.

Signature of the Doctor: Shalu

Name of the Doctor: Dr. S. Mahalakshmi

Date & Time: 14/07/26, 4:20pm

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilfty Notified (Person Contacted)

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

   ☐ Needs Assistance In:

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 5.30pm	S/B Dr Kavitha	
	Child reviewed.	
	Distress settling	
	SpO_2 - 97+ c̄ 4l/min O_2.	
	RR - 60/min	
	HR - 140/min	
	O/E - Alert, active	
	Playful, Speaks in sentences (N).	
	RS - SSR(+)	
	PRAM score 6 - 7	ICR(+), SCR(+)
		B/L NVBS(+)
		(R) infraclavicular AE red,
		B/L Wheeze - expi / inspi.
	Other systems - WNL.	
		Advice
		1) T/C Nebs as charted
		2) IV MgSO4 stat → Neb. Asthalin q1h
		3) Monitor vitals
		4) W/f distress / hypoxia
		5) PRAM score monitoring
		Inform SOS.
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan -	
	1. continue IVF.	
	2. Drugs as per chart.	
	3. Neb. Asthalin q2h	× 3 times
	↓	
	Neb. Asthalin q3h	
	4. Reassess at 6am & decide on IV MgSO4	2nd dose
	5. HDU for 24hrs	
	6. PRAM score >8	→ shift to PICU
	7. Add Nasoclear nasal drops.	
15/7/26	s/B Dr. Kavitha	
4.30am	Child reviewed.	
	Received Neb. Asthalin q2h × 3 times	
	On O2 - 6l/min via FACEmask	
	↓	
	Distress ↓ing	
	O/E - Asleep	
	PPWG	
	Vitals - RR - 36-38/min	

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(3)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HR - 100/min	
	SpO_2 - 100% c̄ 6l/min O_2	
	RS - SSR (+), minimal ICR, SCR (+)	
	B/L NVBS (+)	
	B/L AE (+)	
	B/L wheeze - expi. (+)	
	B/L Crepts - inspi. (+).	
	PRAM score -	
	3 c̄ O_2 6l/min	Advice
		T/c Nebs as charted.
		Monitor vitals / PRAM score.
		W/f resp distress /
		hypoxia
		[signature]
		nay.

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 10AM	S/B - Dr Yuvaraj	
	A - Acute Exacerbation of wheeze	
	Child reviewed.	
F	on oral feeds, IVF - 6oml/hr DNS. u/o good.	
R-	RR - 35-40/min, SCR + sternal indrawing ⊕	
	SpO2 - 100% @ 5l O2 Face mask.	
	B/L AE ⊕, Cough ⊕ PRAM - ②	
	Expiratory wheeze ⊕ ~~on both~~	
T-	No fever	
C-	HR - 118/min, BP - 97/60 mmHg	
	S1S2 ⊕, No murmur	
H- LM	Hb - 10.1, TC - 10150, CRP - 7 | 138 | 3.9 / 104	
A-	Soft, BS ⊕.	
N-	NFND	

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

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Dr. V V VIVEKANAND

(A)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan:	
	- Neb Asthalin 2.5mg + 2cc NS	Q2H
	- Neb Ipravent 250mcg	Q4H
	- IV Hydrocort	70mg Q6H
	- IV Pan 20mg OD.	
	- ↓ IVF - 30cc/hr	
		T.Y.
15/7/26 11AM	D/w - Dr Ravi	
	Adv:	
	- Monitor vitals	
PRAM - 2-3.	- Stop O2 & see -	target SpO2 - >94% on RA
	Start on Nasal prongs if hypoxia present.	
	- Neb ~~[struck]~~ Asthalin	Q3H x 3 times & to take decision on frequency
	- taper IVF & stop.	
		T.Y.
15/7/26 4PM	S/B - Dr Yuvaraj	
	Child reviewed.	
	alert, active, afebrile.	
	RR - 30-35/min	
	Mild SCR (+) & sternal indrawing (+)	
	RS - B/L AE (+) expiratory wheeze (+), basal crepts (+)	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Maintaining SpO2 - 95-96 % on RA	
	adm, intake - good	
	Plan	
	- Neb Asthalin (2.5mg) - stat	
	↓	
	plan to switch to Q4H of nebulisation	
	- Stop IVF	
	- IV Hydrocort	70mg Q6H
	Neb Ipravent	250µg Q4H
		T.N
15/7/20		
5.45pm	S/B Dr. Vivek sir.	
	- child reviewed	
	- stable	
	- PEAM 3-4	
	- In Room air.	
	- Afeb, off IVF	

30

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	plan	
	1) After Next Astdda Neb → Q4H	
	2) Neb Ipravent Q6H	
	3) continue IV Hydrocortisone	
	4) shift to Ward	
	Vvivek (signature)	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 10.30pm.	S/B Dr. Chandiralega.	
	Child reviewed	
	Comfortable in room air	
	no Tachypnoea/distress.	
	Sleeping.	
	Oral intake - good.	
	O/E	
	Afebrile	
	RS - B/L AE ⊕	
	expiratory wheeze ⊕.	
	minimal crepts ⊕	
	RR - 30/min	
	SpO_2 - 96% RA.	
	mild subcostal retractions ⊕	
		Adv
		- monitor vitals
		- W/F Tachypnoea, distress, desaturation
		- Nebulizations as per chart
		- Inform (SOS)
	[signature] 1AR24	

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

GUC-00042615
Master VIHAAN KRISHNA 5 Y 0 M 10 D (M)
05-07-2021
Dr. V V VIVEKANAND

(6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/24	S/B Dr. DEEPAK	
9:20AM	Asci: Acute Exacerbation of wheeze	
	Child reviewed	
	Child has no new concerns	
	O/E:	
	Alert, afebrile	
	CVS: S1S2 (+)	
	RS:	
	BAE (+)	
	B/L Expiratory wheeze	
	minimal Crepts (+)	
	RR - 30/min	
	SpO2 - 96% ↓RA	
	Suprasternal retraction (+)	
	P/A: Soft	
	CNS: NFND	
		Rx
		→ To monitor vitals / RR / Hencs
		→ Neb Asthalin Q4H - 2.5
		→ Neb Ipravent Q6H 250
		Inj. Hydrocort 70mg Q6H
		[signature]

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. [illegible]	
17/		
16/7	— reviewed	
7.00 pm	PRAN [illegible]	
	stable	
	L — clear	
	Plan	
	(1) Stop NUBS [illegible]	
	(2) [illegible] [illegible]	[illegible]
	Levolin SO [illegible]	
	4/P [illegible]	[illegible] ONL x 2day
	6 [illegible]	ON[illegible] x 2-3d 2 stop

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Master VIHAAN KRISHNA
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Dr. V V VIVEKANAND

(7)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(3) fovalort 200 mg (8:00 am)	
	1 — 0 — 1 × 12 wk	
	(4) plan als tom	
	after mtpn	
	(5) zerostat spacer ē Dat mask	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/1 11.30 am	S/B - [illegible]	
	- reviewed	
	WLL	
	PRAM - 0-1	
	fit for d/s	
	A: recurrent viral wheeze	
	c mod Exacerbation	
	adv	
	1) review after 3 d as OPD	
	2) Foracort 200 mdi	
	1 - 0 - 1 x 12 wks	

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05-07-2021 5 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(3) Levolin SD MDI	
	4 puffs 4 hrly PRN x 2 day	
	↓	
	6 hrly PRN x 2 · 3 day	
	(4) Syp Montelukast forte 5ml=1sy	
	6ml — HS x 2 day 2	
		Stop
	(5) Cold	
	Allegra Syp 5ml — D — ~~5ml~~ x 3 day	
		d/c

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. V V VIVEKANAND

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Vihaan Krishna

RESULT SHEET

Date	14/7/26					
Time						
Hb	10.1					
PCV	31					
RBC	4.65					
WBC	10,150					
N/L						
Platelets	4.01					
CRP	7					
ESR						
PCT						
RBS						
Na	138					
K	3.9					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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05-07-2021 5 Y 0 M 9 D (M)
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DRUG CHART

Date of Admission: 14/07/21 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

REGULAR PRESCRIPTIONS

Weight. 17.7 kg Ward. HDU

DRUG : INJ. HYDROCORT

Dose	Route	Frequency	Start Date
70mg	IV	Q6H	14/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
12 am	P.B	SL	SL
	NS	JB	JB
6 am	P.B	SL	SL
	NS	JB	JB
12 pm	MG	PS	
	HR	MM	
6 pm	GM	SP	
	JL	AP	

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
20mg	IV	OD	14/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1/2 hr B/F

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7	16/7	17/7
6 pm	SD			
6 am		P.B	SL	SL
		NS	JB	JB

DRUG : NEB. ASTHALIN

Dose	Route	Frequency	Start Date
2.5mg + 2ml NS	P/N	Q1H	14/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	14/7
3pm	R.B	
	S.D	
7.30 pm		SM
		HB
5:30 pm	SD	
	BB	
6.30 pm	SD	
	SM	

Frequency changed

DRUG : NEB. IPRAVENT

Dose	Route	Frequency	Start Date
250mcg + 2ml NS	P/N	Q4H	14/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7	
5:45 pm	SD		
9 pm	PB		
1am		P.B	
5am		P.B	
9am		MG	
		MR	
1pm		MG	
		MR	
5pm		SM	
		SL	
9pm	P.B		

Changes.

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Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 17.7kg Ward HDU

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

DRUG : NEB-ASTHALIN

Dose	Route	Frequency	Start Dt.
2.5mg + 2ml NS	Neb	q2h	14/7/26

Name & Signature of the Doctor Starting the Drugs: KAL 1980

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/7		15/7
	10PM	P.B	12am P.B
			2am P.B
	12pm		4am P.B
			6am
			8am

Frequency changed 1 hrly

DRUG : NEB-ASTHALIN

Dose	Route	Frequency	Start Dt.
2.5mg + 2ml NS	Neb	q3h	14/7/26

Name & Signature of the Doctor Starting the Drugs: 1980 NB.

Additional Instructions: x4 doses

Daily Doctor's Endorsement by a Sign

Date / Time	15/7		15/7
	7 am	P.B HM	7 PM PM SL
	10 am	HM HR	
	1 PM	HM HR	
	4 PM	/	

Dose change Frequency change

DRUG : NEB ASTHALIN

Dose	Route	Frequency	Start Dt.
2.5mg + 2cc	Neb	Q4H	15/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
	8 AM /	SL	5am
	7 AM /	SL JB	2B SL
	11 AM /	B. HM	
	3 PM /	SP AA	
	7 PM /	SP AA	
	11 PM SL JB	SL JB	

DRUG : NEB IPRAVENT

Dose	Route	Frequency	Start Dt.
250 mg + 2 ml NS	Neb	Q6H	15/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7
	5 AM /	SL JB
	11 AM /	B. HM
	5 PM /	SP AA
	11 PM SL JB	SL JB

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Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 12.7 kg Ward 6M

DRUG: LEVOLIN MDI 50mcg				Date/Time	17/7
Dose	Route	Frequency	Start Dt.	5 Am	SL / SB
4 puff	P/N	Q4h	16/7		
Name & Signature of the Doctor Starting the Drugs: Ludyit				9 Am	
				1 pm	
Additional Instructions: 2073A				5 pm	
				9 pm	
				1 Am	
Daily Doctor's Endorsement by a Sign					

DRUG: FORACORT 200mcg MDI				Date/Time	17/7
Dose	Route	Frequency	Start Dt.	8 Am	SB / SL
1 puff	P/N	Q12h	16/7		
Name & Signature of the Doctor Starting the Drugs: Ludyit					
Additional Instructions: 2073A				8 pm	
Daily Doctor's Endorsement by a Sign					

DRUG:				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG:				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

Weight. 17.7kg Ward. .....

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

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

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/7/26	5pm	INJ. HYDROCORT	70mg	IV	Sonali	R.B
						S.D
14/7/26	2:25 pm	NEB. LEVOLIN + BUDECORT	0.63	P/N	Sonali	R.B
						S.D
14/7/26	3:45 pm	SYP. OMNOCORTIL FORTE	6ml	P/O	Sonali	R.B
						S.D
14/7/26	5:15 pm	INJ. MgSO4	750mg in 30ml NS overthour	IV	Sonali	R.B
						S.D
14/7/26	2:45 pm	Neb. LEVOLIN	0.63mg	Neb		S.D
15/7/26	6.30 AM	MgSO4	750 mg in 30ml NS overthour	IV	T.Y	
15/7/26	4pm	NEB ASTHALIN	2.5mg + 2cc NS	Neb	T.Y	

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

I.V. FLUIDS CHART

Weight. 17.7 kg Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14/7/26	6.40 pm	Dextr. DNS	IV	60 ml/hr					
15/7/26	12pm			↓ 30ml/hr			15/7/26 at 4pm		

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

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(2)

Ref. No. F/INPR/12

Patient Name : GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
15/7/21	10.00pm	Neb c̄ O_2 Asthalin + Ipra (2)	[illegible]	
16/7	3Am	Neb c̄ O_2 Asthalin		
	5Am	Neb c̄ O_2 Asthalin (1)		
	7Am	Neb c̄ O_2 Ipravent (1)	[illegible]	B. [illegible]
	4pm	Neb c̄ O_2 Asthalin (1)		
	5.00pm.	Neb c̄ O_2 Ipravent.		
	6.00pm.	Neb c̄ O_2 Asthalin.		
	7.00	Neb c̄ O_2 Ipravent.	[illegible]	
	8.00	Neb c̄ O_2 Asthalin		
	9.00pm	Neb c̄ O_2 Asthalin.		
	10.00	Neb c̄ O_2 Asthalin + Ipra	[illegible]	
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Dr. V V VIVEKANAND

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: HDU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	ESIFLO MDI		P/N	0-0-1	13/7/26	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6			~~NTG~~			☐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. S. Mahalakshmi 154645

Date & Time : 14/7/26, 4:35pm.

Nurse Name & Signature: Ribi (12096)

Date & Time : 14/7/26 @ 4:38 pm.

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

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Master VIHAAN KRISHNA 5 Y 0 M 10 D (M)
04-07-2021
Dr. V V VIVEKANAND

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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: HDU Shifted to: 6th floor (604)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ HYDROCORTISAT	70mg	IV	Q6H		☐C ☐DC
2	INJ PANTOPRAZOLE	40mg	IV	OD		☐C ☐DC
3	NEB IPRAVENT	250 MG	P/N	Q6H		☐C ☐DC
4	NEB ASTHALIN	2.5mg	P/N	Q4H		☐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. Manoj

Date & Time : 15/7/26, 6pm

Nurse Name & Signature: BAYAK MONDAL (Bayak 101545)

Date & Time : 15/7/26 at 6pm.

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

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Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

(1)

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

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

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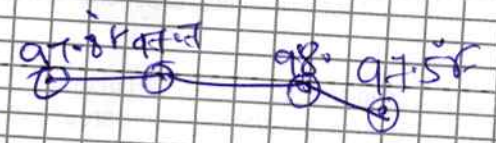
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7/21 Time: 7·10pm 8pm 12AM 4AM

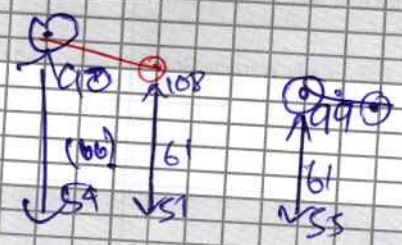
Doctor / Nurse / Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94



Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring



Heart Rate (Number): 118bpm 120bpm 118bpm 109bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 2 1

Resp Rate (Number): 30bpm 30bpm 30bpm 32bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓ ✓
Receiving O_2 (l/min) O_2 Saturations (%)		97%	96%	95-96% 94-95%
Conscious Level	Normal / Altered	✓	✓	✓ ✓
GCS *		15/15	15/15	15/15 15/15
TOTAL SCORE Number of shaded boxes		0	0	0 0
Pain Score		0	0	0 0
Observer's Initials				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/11/22 Time: 8pm 12pm 4PM 8pm 12AM 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 97.7°F, 98.5°F, 97.5F, 98.2°F, 98.1°, 97.6F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring

Heart Rate (Number): 107/m, 120b/m, 112b/m, 112b/m, 110b/m, 100b/m

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

Resp Rate (Number): 30b/m, 34b/m, 32b/m, 30b/m, 30b/m, 28b/m

Resp Distress	Mod/ Severe / None / Mild	-	-	-	✓	✓	✓
Receiving O_2 (l/min)		RA	RA	RA	RA		RA
O_2 Saturations (%)		98%	99%	96%	97%	98%	97%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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)
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

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

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

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FLUID CHART

Sheet No. : 1

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

15/4/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	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		→		On	Receiving						
	07:00 pm	H2O	50ml								0	Rali
Total Intake :		50ml.				**Total Output :**				Nil.		
	08:00 pm										0	Sm
	09:00 pm	H20	50 ml							✓		
	10:00 pm										0	Sm
	11:00 pm	H20	100 ml									
	12:00 am										0	Sm
	01:00 am											
Total Intake :		150ml.				**Total Output :**				1Aml.		
	02:00 am										0	Sm
	03:00 am											
	04:00 am	H20	20							✓	0	Sm
	05:00 am											
	06:00 am											
	07:00 am	H20	50m							✓	0	Sm
Total Intake :		70ml				**Total Output :**				2Aml		

Total 24 hrs. Intake	220ml

Total 24 hrs. Output	3Aml

GUC-00042615 IP18-00036471
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05-07-2021 5 Y 0 M 10 D (M)
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FLUID CHART

Sheet No. : (2)

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

16/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	H_2O	100ml								0	
	10:00 am	coffee	50ml							✓		
	11:00 am	H_2O	100ml								0	
	12:00 pm									✓		
	01:00 pm	H_2O	50ml								0	
Total Intake :			300ml			**Total Output :**				✓		
	02:00 pm	H_2O	50ml									
	03:00 pm										0	
	04:00 pm	H_2O	30ml							✓		
	05:00 pm	Milk	150ml									
	06:00 pm	H_2O	50ml								0	
	07:00 pm									✓		
Total Intake :		280ml				**Total Output :**					0	
	08:00 pm	H2O	50									
	09:00 pm										0	
	10:00 pm	H2O	100							✓		
	11:00 pm										0	
	12:00 am											
	01:00 am									✓	0	
Total Intake :		150ml				**Total Output :**						
	02:00 am										0	
	03:00 am											
	04:00 am											
	05:00 am										0	
	06:00 am	H2O	50							✓		
	07:00 am										0	
Total Intake :		50ml				**Total Output :**						

Total 24 hrs. Intake	780ml	Total 24 hrs. Output	877ml

GUC-0004261[illegible] IP18-00036471
Master VIHAAN KRISHNA (M)
05-07-2021 5 Y 0 M 9 D
Dr. V V VIVEKANAND

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ACUTE AXHIBITION OF WHEEZING

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: ......—......

Surgery / Procedure:

Post OP Day:

Section	Date / Shift	14/7/26 E	14/7/26 N	15/7/26 M	15/7/26 E	15/7/12 N	16/7/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Wheezing (LRTI)	Acute wheeze	wheeze	✓	—	—
	Diet:	(N) diet	(N) diet	(N) diet	(N) Diet	(N) diet	(N) - Diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	O_2 - 4L	O_2 - 6L	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98.1F	98.7 F	98°F	98.2	97.8°F
	Res:	38 b/m	44 b/m	25 b/m	26 b/m	28 b/m	34 b/m
	SpO2:	99%	99%	96%	96%	98%	97%
	Pulse:	140 bpm	132 b/m	130 b/m	126 bpm	130 b/m	120 b/m
	BP:	98/62 (74)	108/52 (70)	84/59 (67)	92/60 (70) mtg	108/65 (71)	105/53
	LOC:	15/15	15/15	15/15	15/15	15/15	15/15
	Fall Risk Score:	04	14	14	14	14	14
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NIL	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	(N) diet	(N) diet	(N) diet	(N) Diet	(N) diet	(N) Diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Depen	Non Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	SAYAK	Baskar.P	Cuahon	logeshwari	Sneha	Nishi
	Signature / ID :	(signature) 01545	(signature)	(signature)	(signature)	(signature)	(signature)
	Date:	14/07/26	15/7/26	15/7/26	15/7/26	16/7/26	16/7/26
	Time:	8pm	8am	@2pm	@8pm	@8am	@2pm
	Taken Over By Name :	Baskar.P	Cuahon	logeshwari	Sneha	Sathya	S. Nisha
	Signature / ID :	(signature)	(signature)	(signature)	(signature)	(signature)	(signature)
	Date:	14/7/26	15/7/26	15/7/26	15/7/12	16/7/26	16/7/26
	Time:	8pm	@8am	2pm	@8pm	8AM.	2pm

IP18-00036471
GUC-00042615
Master VIHAAN KRISHNA (M)
05-07-2021 5 Y 0 M 9 D
Dr. V V VIVEKANAND

(1)

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Goals
- [x] Maintain Airway and Oxygenation
- [x] 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: 18/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Asses the child Maintain I/o chart Monitor the vitals Administer the medication	2pm	Assessed the child. Maintained I/o chart Monitored the vitals Administered the medication	Child was stable	Re-assessment was done	[signature]
Afternoon	2 pm	* Assess the child condition * Monitor vital sign. * Monitor I/O chart * Administer medication as per drug chart order	2pm	* Assessed the child condition * Monitored vital sign * Monitored I/O chart * Administered medication as per drug chart order	* child vital sign are stable.	Reassessment on done	[signature]
Night	8 pm	Promote Cleanliness and comforts	10 pm	Assess daily bath and maintain hygiene Cleaning daily	child vitals Signs are stable	Reassessment on done.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5Y0M9D (M)
Dr. V V VIVEKANAND

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

NURSING CARE RECORD

Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	8pm	Assess Baby gen condition Monitor vital sign Administer medicat Maintain I/O Chart		Assessed Baby gen condition Monitored vital sign Administered medicat Maintained I/O Chart	Provided medication and care.	Re-assessment done.	Sayak 0145
Night	8pm to 8am	⊙ Assess the baby condition ⊙ Monitor vital signs ⊙ Maintain Flowchart ⊙ Administer medication		⊙ Assessed the baby condition ⊙ Monitored vital signs ⊙ Maintained Flowchart ⊙ Administered Medication	Baby is Stable.	Re-assessment done	Asha

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	6:40 pm	Receiving Notes on 14/7/26 Baby's handing over details taken from ER staff at 6:40pm. Baby is on O2 - 4 liter on face mask all medication given as per physician order. Baby is lahut active and conscious. wheezing present Normal diet.	Sayan 015451
	7pm.	S/IVF 0.9% DNS 60ml/hr. IV line is on pathen. 6:40 Neb asthalin given. again 7:30pm nebu asthalin need to give. Inj. MgSO4 + Nebu budecort Nebu Ipravent	Sayan 015451
	7:30 pm.	+ Inj. Pan. ER they given. Chest xray & VBG done. 3 dose of Asthalin given. as per Dr. Kavitha mam none no need to give now she will come and reass.	Sayan 015451
	7:50 pm.	Baby's handing over the given to night duty staff nurse.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies NKA

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty - 14/7/26	
14/7	8PM	Handover: Taken from Consent Staff along with proper documentation. Child is in O_2 - 6L/min (Face mask) and Nasal prongs to be used only while eating. IV Line (+) in (R) Metacarpal vein and IVF @ 60ml/hr and Normal diet to be followed. →	P. Bas/Kar (Colbas)
	10PM	Dr. Vivek came and seen the Child and assessed. Plan to continue Nebulization & space out gradually the duration. O_2 to be continued @ 6L/min. Child is asleep after dinner. →	P. Bas/Kar (Colbas)
15/7	12am	Child is asleep and NO desaturation. Nasoclear drops applied frequently and Nebulization continued as per doctors order. →	P. Bas/Kar (Colbas)
	2am	Child is in left lateral position. Sensorium of child is good with presence of spontaneous cry and activity. →	P. Bas/Kar (Colbas)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(2)

NURSES NOTES

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

☑ No Known Drug Allergies
☐ Drug Allergies N1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4am	Morning care done and sheets changed - Dr. Kavitha	
		Came and seen the baby. →	P. Baskar (Abbas)
		IVF continued @ 60ml/hr of DNS	
	6am	Nebulization done and medication administered as per doctors order. Child vital Signs Stable and Plan to taper O_2 →	P. Baskar (Abbas)
	8am	Handover given to Staff nurse along with proper documentation →	P. Baskar (Abbas)
		Morning duty 15/4/26	
15/4/26	7.30am	child details are handing over taken from night duty S/N	021550
	8am	child is on O_2 6lit via face mask, Vitals are stable, Conscious and oriented, GCS - 15/15, PR - 24, SpO_2 100% CFT - <3sec, Pupils are equally reacting to light, TV line Pattern, IVF 0.9% DNS 60 ml/hr on flow, (N) did, watch for PRAM score	021552
	9am	Neb. Ipravent is given as per drug chart, IVF 0.9% DNS 60 ml/hr on flow, vital are stable, child takes orally, to taper the fluids	021552

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies
☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	10am	Neb. Asthalin is given as per doctors order, IVF 0.9% DNS 30ml/h onflow, Child was stable	[signature]
	11am	Dr Yuvaraj sir come to stop O_2, IVF 0.9% DNS 20ml/hr onflow, Oral intake are good	[signature]
	12pm.	Neb. Ipravent is given as per drug chart, vitals are stable, Inj. Hydrocort is given	[signature]
	1.30pm	Neb. Asthalin is given, child detail are handing over given to evening S/N	[signature]
		Evening Duty (15/7/26)	
15/7/26	1.30pm	child details handing over taken from morning duty S/N Guhan child is on RA, PR-84, GCS 15/15 Pupil B/L equal reacting 2mm, CFT <3sec IV line (R) , ... (R), IVF 0.9% DNS 20 ml/hr onflow, child vital signs are recorded, I/O chart monitored	[signature]
	2.00pm	child on had. Rice & chapati, no vomiting	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/07/26	3pm.	Baby's IVF Stoped. 3 dose of Asthalin Nebu every 3 hrs over infromed dr. Yuvaraj Sir after that Sir told he will come and re-assess then he will decide. all medication given as per as physician	Sayan 015451
	4pm	order. Baby eat good and Urine also passed.	
		Dr. Vivek Sir came his advice after 5pm I put but than 6 hrly 11AM, 5AM, 11pm, 5pm lik that need to given. after 7pm Asthalin Nebu change it to 4 hrly.	Sayan 015451
	6pm.	today none ward shifting vital weise Baby is stable alert and active. Baby's all medication given. IVF stoped. Shifted out to ward. for furthermanagement. Shifted out to 6th Floor (604)	Sayan 015451
	7pm.	for further management at 7pm. transfer out done.	Sayan 015451

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

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Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
15/7/26	7pm	Child received from HDU	
		to 6th floor child details	
		Hand over taken from HDU	
		staff. child was Active	
		and Oriented →	Praveen Ozq
	7:10pm	Child IV line pattern is	
		healthy and observed. →	Praveen Ozr.
		maintained Intake and	
		output chart. →	Praveen Oz
	7:50pm	Hand over given from	
		Night duty staff →	Praveen Oz
		Night Duty	
15/7/26	7:30 pm	Baby details handover	
		taken from evening	
		duty Staff IV line	
		healthy ⊕	
		Child Conscious &	
		oriented	[signature]
		Child vital Signs	
	8pm	Checked & Recorded	
		SpO2 - 95-96%. others	
		no Complaints	
		Nebulization given	
		as per Charts	[signature]
16/7/26	12AM	Due to medication	
		given as per Chart	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

(4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	12am	Child vital signs checked & Recorded. Spo2-95-96% child sleeping other no complaints.	[signature]
	3am	Nebulization given as per charts doctor order	[signature]
	4am	Child vitals checked and recorded. drugs given as per order I/O chart maintained & recorded	Jey
	5Am	Nebulization given as per order spo2- 94-95%, Nase block is there. Nasoclear given, PR-118b/m, RR-32b/m	[signature]
	6Am	Due to medication given as per charts.	[signature]
		Nebulization given as per charts maintain I/o charts	
16/7/26	7.30 Am	Child details handover given to morning duty staff	[signature]
16/7/26		Morning duty notes.	
	7.30AM	Child details handing over taken from night duty S/N. Baby on RA, SPO2 -94-95%, Normal diet, continue nebulization.	[signature]

NTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	8AM	Vitals checked and recorded. PP ++ CP ++ CRT 1/2	[signature]
		SPO2 - 98% RA	
	9AM	Baby had food. Due medication given as per drug chart orderly.	
	10AM	DR. Deepak sir seen the baby. continue the same, Monitor SPO2	[signature]
	11AM	nebulization given. no complaints	
	12PM	Vitals checked and recorded. PP ++ CP + CRT 1/2	
		SPO2 -	
	1PM	maintained the chart.	
	1.30PM	Handing over given to evening duty S/N	[signature]
		Evening Duty 16/7/26	
16/7/26	1.30pm	child handing over from Taking from morning duty Staff Nurse, Baby on RA, normal diet, continue nebulization	[signature]
	2pm.	Child was Active and oriented - CHILD I.v line (+)	[signature]
	3pm	Due medication given as per doctor order	[signature]
	4pm	Child vitals checked and Recorded vitals Normal	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGI

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

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Patient's Name:...

MRD NO: GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

Age :........ Sex: ☐ M ☐ F

Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 14/7/26 Time: @ 5.05pm

Location : Metacarpal (R)

Size : 22G.

Cannula inserted by : S/N Shibu.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
14.7.26	5.30pm	☐Yes ☑No	☐Yes ☑No	Patter	[signature]
	7pm	☐Yes ☑No	☐Yes ☑No	path	[signature]
	9PM	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
	11PM	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
15/7	1am	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
	3am	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
	5am	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
	7am	☐Yes ☑No	☐Yes ☑No	Patted	[signature]
	9am	☐Yes ☑No	☑Yes ☐No	PaH	[signature]
	11am	☐Yes ☑No	☐Yes ☑No	PaH	[signature]
	1pm	☐Yes ☑No	☐Yes ☑No	Patent	[signature]
	3pm	☐Yes ☑No	☐Yes ☑No	patten	[signature]
	5pm	☐Yes ☑No	☐Yes ☑No	Path	[signature]
	7pm	☐Yes ☑No	☐Yes ☑No	Path	[signature]
	11Pm	☐Yes ☑No	☐Yes ☑No	obso	[signature]
16/7	3AM	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	7Am	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	11AM	☐Yes ☑No	☐Yes ☑No	[illegible]	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	obsen	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	Obsen	[signature]
	6PM	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	2Am	☐Yes ☑No	☐Yes ☑No	obseo	[signature]
17/7	6Am	☐Yes ☑No	☐Yes ☑No	obse	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes-date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 14/7 (E)	DATE 14/7 (N)	DATE 14/7 (M)	DATE 14/7 (E)	DATE 15/7 (N)
Age	Less than 3 years old	4					
	3 to less than 7 years old	(3)	3	3	3	3	3
	7 to less than 13 years old	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)	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	(1)	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	(2)	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	(1)	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	(1)	1	1	1	1	1
	Total		13	13	13	13	13

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

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✓	✓	✓	✓	✓
Other Intervention(s) Specify	x	x	x	x	x
	x	x	x	x	x
Nurse's Name:	SAYAK	Baskar	[illegible]	Jogeshwari	Sneh
Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	14/7/26	14/7	15/7	16/8	15/8
Time:	7pm	8PM	@8am	2pm	@ 8pm

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

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

(1)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/7/21	6pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sayak 07545
15/7	12am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7	6am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7	9AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7	2AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

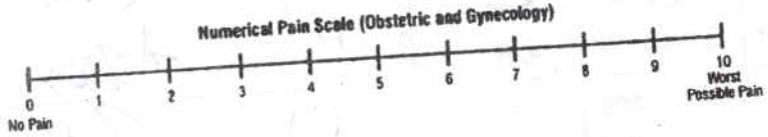
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

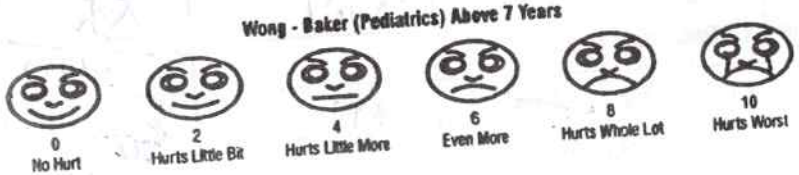
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

(for Paediatric use)

(1)

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

F/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

					E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	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 waking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.*	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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.	3	3	3	3
				TOTAL SCORE	26	26	26	26
				Evaluator's Name				

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

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GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

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

BRADEN 'Q' SCALE

(for Paediatric use)

(29)

Gender : ☐ M ☐ F IP No. :

				Date :	N 15/7	M 16/7	F 16/7	N 16/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	4	4
				TOTAL SCORE	26	28	28	28
				Evaluator's Name				

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

C-D 0042615 IP18-00036471
ster VIHAAN KRISHNA
D 7-2021 5 Y O M 11 D (M)
V V VIVEKANAND

PATIENT / FAMILY EDUCATION RECORD

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 Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care

Plan

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

Part - II

Date	Time	Need identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
16/7/21	8pm	medi cation	Explained about medication administration action	Mother	Nil	oral	Nil	yes	good	

Part - III: CODES

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

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

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

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

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

PATIENT TRANSFER FORM

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Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

Treating Consultant Name: DR. Vivek	Date & Time of Admission: 14/7/26 @ 4.02pm	Date & Time of Transfer Order: 14/7/26 @ 6:30pm
From Unit: ER	Transfer Ordered by: DR. Mahalakshmi	Reason for Transfer: further Management
Number of Sheets in Clinical File: 10	To Unit: HDU	Information to Attendant: Yes ☒ No ☐
	Number of Imaging Films: CXR - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☒ If yes, what ?

Sl.No.	Medications / Consumables / Surgicals / Hand over	
	Item Name	Quantity
1.	0.9% NS 500ml.	01
2.	Intra flow	01
3.	50cc Syringe	01
4.	High pressure extention	01
5.		

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

Acute exacerbation of wheeze

Name & Signature of Person who is Transferring: Rishi 020936	Name of Person Ordered Transfer: 154645
Patient & Clinical Records Received by: Sayana 015451 at 6:40pm	
Date & Time of Patient Received : 14/7/26	

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

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

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Master VIHAAN KRISHNA (M)
5 Y 0 M 9 D
05-07-2021
Dr. V V VIVEKANAND

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. S. Mahalakshmi

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

Date : 14/07/26

Start Time of Assessment: .....

Allergic History: No

Weight: 17.6kg

Chief Complaints:
C/o Cough
Fast breathing
Chest indrawing
× 1 day.

Pediatric Assessment Triangle

A Appearance - TICLS (N)

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

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

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

Any urgent interventions needed: ☑ Yes ☐ No
If Yes O2 via face mask @ 5L/min.

Significant Past History: known wheezer.

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 80/min
SpO_2 on FiO_2 88% ↓ RA
Rhythm: regular
Retractions: ☑ Suprasternal ☑ ICR ☑ SCR ☑ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☑ Wheezing ☐ Grunting
Air Entry: B/L AE (+), B/L wheeze (+)
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation

HR: 132/min

CFT — Central <3S — Peripheral <3S

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: .... mmHg

Pulse Volume: — Central +++ — Peripheral ++

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15

AVPU: ....

Pupils: — Responsive ☑ Non-Responsive ☐ — Size — Right .... — Left ....

Active Seizures: ☐ Yes ☑ No

Sugars: ....

Signs of Neurological compromise NFND

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 98.6F

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 ☐ ☐ Hemodynamically Stable ☐ Cardiopulmonary Arrest

Secondary Assessment: Head to toe examination with positive findings: SCR, ICR, SSR(+).

Labs Planned: As per drug chart

Treatment Planned: As per drug chart

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute exacerbation of wheeze

Assessment done by

Name of the Doctor: Dr. S. Mahalakshmi 6. 154645

Signature: [signature]

Date & Time: 14/7/26, 4:30pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/07/25 Time of arrival : 2:10 pm

Chief Complaints: H/O cold cough (+), Fast breathing (+). RBS: —

Height : — Weight : 17.7 kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify ..... Nil .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

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

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

Time of Initial assessment completed by ER Nurse : ..... 2:20 pm .....

Time	Nursing Notes
4:30 pm	patient came to the ER with the
	H/O cold cough (+), fast breathing (+).
	monitored the vital signs. Recorded
	Dr. Mahalakshmi ma'm. IV line placement
	done. Blood sample collected and pt
	shifted to the ward.

Samples collected by: S/N Shibu. Time: 5:40pm

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 112/m BP: 100/60 (89) CFT: <3 sec	Shift - out from ER to: HDU
RR: 70/m SPO$_2$: 100% c 4 Lit O$_2$	Time of Shift - out: 6:30pm
GCS: 15/15 Temperature : 97.5F	Handover given to: S/N Sayak (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Shibu Debnath. Signature of the Nurse : [signature] 12890

Date & Time : 14/07/16 @ 4:40pm

GUC-00042615 IP18-00036471
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05-07-2021 5 Y 0 M 9 D (M)
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EMERGENCY ROOM TRIAGE FORM

Wt-17.7Kg

Patient's Name : Master. Vihaan Krishna Age : 5yrs Gender: ☐ Male ☐ Female

Date : 14/01/26 Time of Arrival : @ 2:10pm

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: 98.2°F PR: 112 BP: 100/80 (89) RR: 30 SpO2: 88 @ RA

Chief Complaints: c/o wheeze, cold x 1 day, fast breathing started today afternoon

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☑ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

G. Vijayaragavi
Signature of Parent / Guardian

Triage Completion Time : 2 mins

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Pinky

Signature of Triage Nurse : Pinky

Date & Time : 14/01/26 @ 2:12pm

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

14.07.2086 / Tuesday.

2.25pm ⇒ levolin. 0.63 + Budecort. stat

2.40pm ⇒ levolin. 0.63

3.00 Asthalin. Neb. stat

~~Asthalin 2.5mg + 2cc. → 3pm~~

Omna forte 6ml stat → 2:45 pm.

PRAM SCORE -

TCW

Iv line
✓ Hydrocort 75mg IV stat
↓
75mg Q6H

stat
250mcg + NS
↓
Q4H

CBC VBG
CRP
PS
AEC
e-
CXR

IVF DNS 60ml/hr
PAN 20 OD

Inj MgSO4 750mg in 30ml NS
ASTHAL IN over 1hr
2.5mg + 2ml NS
Q4H

Iprovent

PRAMscore

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05-07-2021 5 Y 0 M 9 D (M)
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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 14/7/26

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

Reason for Admission: Cold x 1 day, Cough, Fast breathing 1 days.

Admission Diagnosis: Acute Exacerbation of wheezing.

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Other Specify Tamil

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify

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

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
Wheezing, Atopic eczema	Nil	April 2023 (wheezing)

Family History: Nil

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

If yes please list,

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

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

CURRENT MEDICATIONS

Taking Medications? ☑ Yes ☐ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☑ Yes ☐ No

Observations: Weight: 17.7kg Length: Head Circumference (< 2 years):

Temp.: 98°F HR: 140bpm. RR: 38 bpm. BP: 98/62 (79) mmHg

Pain Score: 0/10 Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 0 0 0 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

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

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

Orientation has been given regarding the following aspects:

☐ ID Band in situ

☐ Bedside safety explained

☐ PICU Routine: Doctor's rounds/Medication time

☐ Visiting policy explained

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

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

Orientation not given Reason: .....

Nurse Name: ..... SAYAK MONDAL .....

Nurse Signature : ..... Sayak 015451 .....

Date & Time: ..... 14/7/26 at 6pm .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

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

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: .....

Nurse Signature : .....

Date & Time: .....

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 9 D (M)
Dr. V V VIVEKANAND

Ref. No. : F / PICU / CON / ADM / 15

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I ..... S/o Mr./ Ms .....
hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on ..... with UHID No. : .....

The doctors have explained to me in a language understood by me that my child has following health related issues : .....

.....

.....

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms : ..... in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00042615 IP18-00036471
Master VIHAAN KRISHNA
05-07-2021 5 Y 0 M 10 D (M)
Dr. V V VIVEKANAND

Date & Time of Admission	Date & Time of Transfer Order
14/7/26 at 6pm.	15/7/26 at 6.40pm.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Vivekanda	DR. Manonmoni.	Further Management.

From Unit	To Unit	Information to Attendant
HDU	6th Floor (boy)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Ip Sheet.	X. ray - (1) YBk - (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Oxygen mask (Ped) →	(1)
2.	Nebu mask (Ped) →	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SAYAK MONDAL 15/7/26 Sayak 01545 7pm.	DR. Manomoni

Patient & Clinical Records Received by : Praveen Doctor.

Date & Time of Patient Received : 15/7/26 8.7pm.

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