GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 03/08/2026

Patient Name: Baby. Mohammed Neehal. Date of Birth: 12/06/2015 Age: 11Y.

Gender: Male. Ward : 7th Floor UHID No.: 94526/36696

Date of Surgery: 03/08/2026 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Endoscopy & Colonoscopy

Time in : 12.0 pm Time Out : 12.40 pm.

	NAME	AMOUNT
1. Surgeon	: Dr. Keerthivasan.	
2. Anaesthetist	: Dr. Mohanmurali	
3. Assistant Surgeon	:	
4. OT Technician	: Mr. Thangadurai	
5. Circulating Nurse	: Pradeepa veerayan	
6. Assistant Nurse	: Mrs. Bharathi	

Endoscopy - 12.10 - 12.25 pm.
Colonoscopy (12.30 pm - 12.40 pm) (173616)

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: ..... Order by: .....

Docu. No. : RCH /FRM / GENERAL / 114

Record finalized done. by

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036696	**Ward**	4F-FOUR SHARING
Patient Name	Baby M.MOHAMMED NEEHAL	**Bed Name**	FSW 407
Age/Sex	11 Y 1 M 22 D / Male	**Order No**	18-0001736618
Date	03/08/2026 14:24	**Prescription No**	PRIP18-0630667
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	03/08/2026 14:24
UHID	GUC-00094526		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	3	28.13	84.39
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
3	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	3	11.25	33.75
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	3	2.58	7.74
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
6	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	2	69.10	138.20
7	OXYGEN NASEL CANNULA (PEAD)	Polymed	GENERAL	G25FO40115	05/30	1	255.00	255.00
8	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26E010512	04/31	1	460.00	460.00
						Total :	**879.96**	**1,140.78**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036696	**Ward**	4F-FOUR SHARING
Patient Name	Baby M.MOHAMMED NEEHAL	**Bed Name**	FSW 407
Age/Sex	11 Y 1 M 22 D / Male	**Order No**	18-0001736619
Date	03/08/2026 14:24	**Prescription No**	PRIP18-0630668
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	03/08/2026 14:25
UHID	GUC-00094526		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
2	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	011	12/28	10	18.75	187.50
3	UNDERPADS CARE 60 X 90 (FRIENDS)			18072026	12/30	1	205.00	205.00
						Total :	**323.75**	**592.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 03-08-2026 14:28

Patient Sticker

endoscopy

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		3				Vaccum Suction Set		
05 cc		3	Gloves			Surgical Gloves		
02 cc		3				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil			Nasal Cannula (P)		(1)
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			D. Water low		2
			Ointments			10 cm Ex -		(1)
			Suction Catheter					
Fentanyl		1	Cap, Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack	02				
Propofol		2	Steristrip					
Rocuronium			Underpad	1				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves	SP				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : ..... Ordered by : .....

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PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
UHID No: ..... Dr. KARTHIK NARAYANAN R

Ward: .....

.....

ider: .....

om No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 4/8/26	Date: 4.8.26
Time:	Time: 9am	Time: 10.4 Am

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

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	4/8/15						
Activity Sheet update by Pharmacy		9.30 am 01/5/15					

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/7/26.	4PM	ER	407	
3/8/26	10.30PM	407	7th Floor	Baleed/Doctor
3/8/26	2. pm.	OT (7th floor)	4th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Kaarthivasan	1/8/26	36844	
2.	PAC	3/8/26.	6450.	Baleed 020687.
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/07/26	CBC, CRP, Blood c/s	26024533	
	VBG, RP-2	26024534	
31/07/26	LFT	26024536	
1/8/26	Stool occult blood, Calprotectin	4684	
3/8/26	Hb, Platelet	4759	
8/8/26	Histopathology	26024803	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/26	infusion pump	31/7/26 @ 4pm	4/8/26 12.30pm	173562	[illegible]
3/8/26	Endoscopy	12.05 pm	12.25 pm	173661	[illegible]
	Colonoscopy	12.30 pm	12.40 pm		[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	IV placement	1	1735471	[signature]
3/8/26	IV Placement	1	36389	[signature]

ANY OTHER INFORMATION:

Patient Name. Baby Mohammed Neeraj.
Surgeon Name: Dr. Keerthivasan.
Anaesthetist Name. Dr. Mohan
Procedure: Endoscopy & colonoscopy
In 12.0pm
out 12.40pm
Sai Prasad.

Date: 4/8/26 Time: 7Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 019334			

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

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DISCHARGE TRACKING SHEET

DATE : 4/8/26

Floor : UHID :

Name of Consultant :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses		4/8/26 9:30AM	021873	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

Rainbow Children's Hospital

No: 157, Anna Salai, Guindy, Chennai - 600015

Endoscopy

Patient ID	: GUC-00094526	**Visit Date**	: 03/08/2026
Patient Name	: Baby M.MOHAMMED NEEHAL	**Referred by**	: DR KARTHIK NARAYANAN MD DM
Age/Gender	: 11Yrs, Male	**Consulted by**	: DR.KEERTHIVASAN MD, DM

UPPER GI ENDOSCOPY Report

Premedication : IV SEDATION

Esophagus : Normal

OG Junction : 32 cms

Stomach :

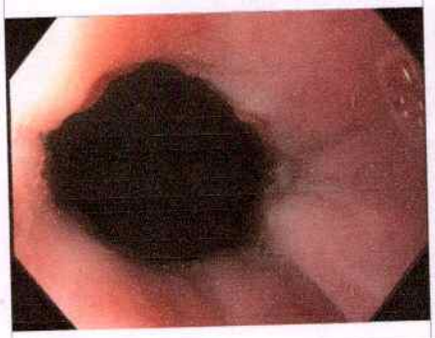
- **Fundus** : Normal
- **Body** : Normal
- **Antrum** : Hyperemia
- **Pylorus** : Normal

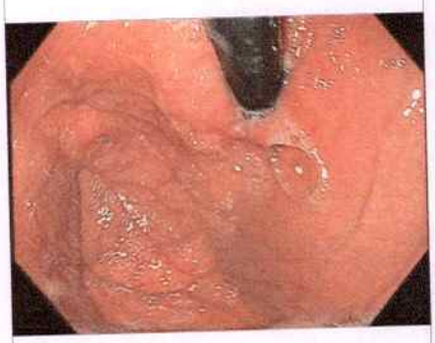
Duodenum :

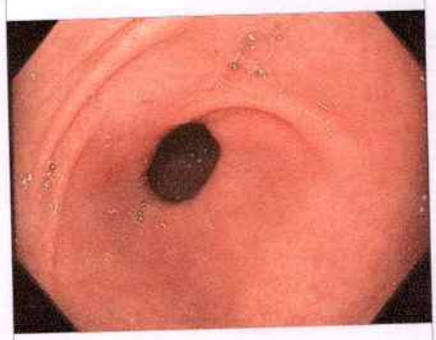
- **D1** : Normal
- **D2** : Normal

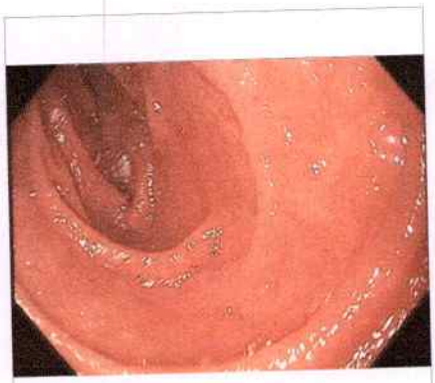
Biopsy : 1- Duodenum, B- Antrum

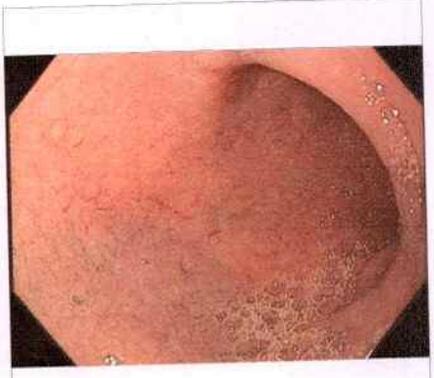
Impression : Antral gastritis- Await HPE











DR.KEERTHIVASAN MD, DM

Rainbow Children's Hospital

No: 157, Anna Salai, Guindy, Chennai - 600015

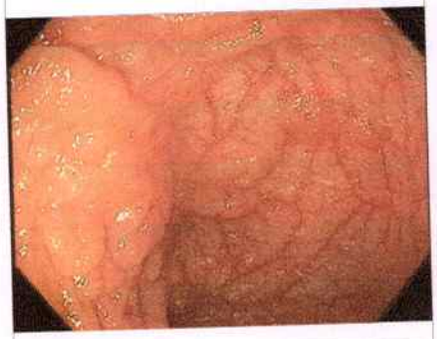
Endoscopy

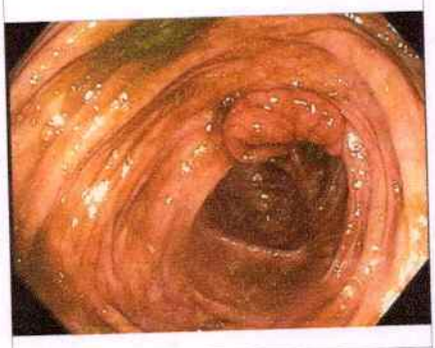
Patient ID : GUC- 00094526
Patient Name : Baby M.MOHAMMED NEEHAL
Age/Gender : 11Yrs, Male

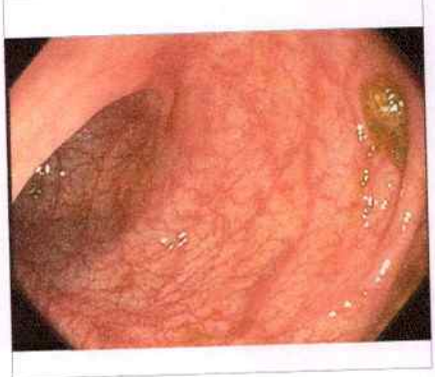
Visit Date : 03/08/2026
Referred by : DR KARTHIK NARAYANAN MD DM
Consulted by : DR.KEERTHIVASAN MD, DM

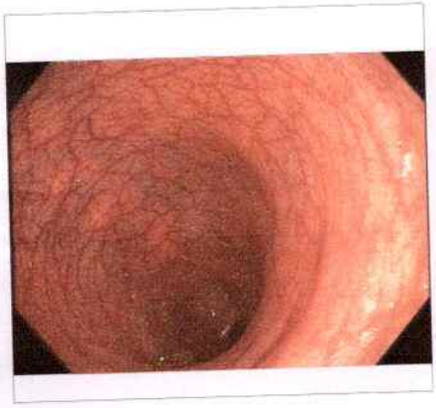
Colonoscopy Report

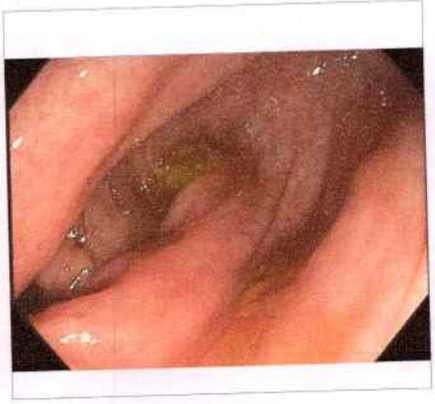
Premedication	:	**IV SEDATION**
P/R	:	Nil
Preparation	:	BBPS-6/9
Anal Canal	:	Normal
Rectum	:	Normal
Sigmoid Colon	:	Normal
Descending Colon	:	Normal
Splenic Flexure	:	Normal
Transverse Colon	:	Normal
Hepatic Flexure	:	Normal
Ascending Colon	:	Normal
IC Valve	:	Normal
ceacum	:	Normal
Biopsy	:	A- Terminal ileum, B- Random colonic biopsies
Impression	:	Normal mucosal study- Await HPE

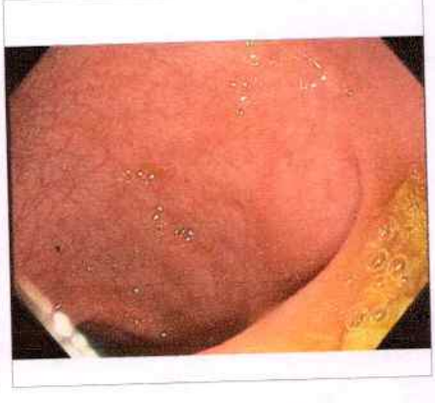












DR.KEERTHIVASAN MD, DM

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 : IP18-00036696 **Admit Date** : 31-Jul-2026 **Admit Time** : 02:08 PM **UHID** : GUC-00094526

Patient Details :

Patient Name	: Baby M.MOHAMMED NEEHAL	**Age**	: 11 Y 1 M 19 D
Guardian	: Mr MOHAMED TAUSEE	**DOB**	: 12-06-2015
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FCI NAGAR,GOODWILL NAGAR,OLD PERUNGALTHUR Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063	**Phone No**	: 7400143533
		E-mail	: NO@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 MOHAMED TAUSEE **Relationship** : Father

Contact Address : FCI NAGAR,GOODWILL NAGAR,OLD PERUNGALTHUR Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063 **Phone No** : / 7400143533

M. Sumaiya
Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Dr. Karthik Narayanan R **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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 : M. Sumaiya	UHID Number : GVC-0009452b
Self/Attendant Name :	Relation : Mother
Self/ Attendant Signature : M. Sumaiya Phone Number : 7400143533	Name & Signature of Financial Counselor A. S

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby M.MOHAMMED NEEHAL**	**Age :**	**11 Y 1 M 19 D**
IP No:	**IP18-00036696**	**Sex:**	**Male**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**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:.....) M. Sumaiya

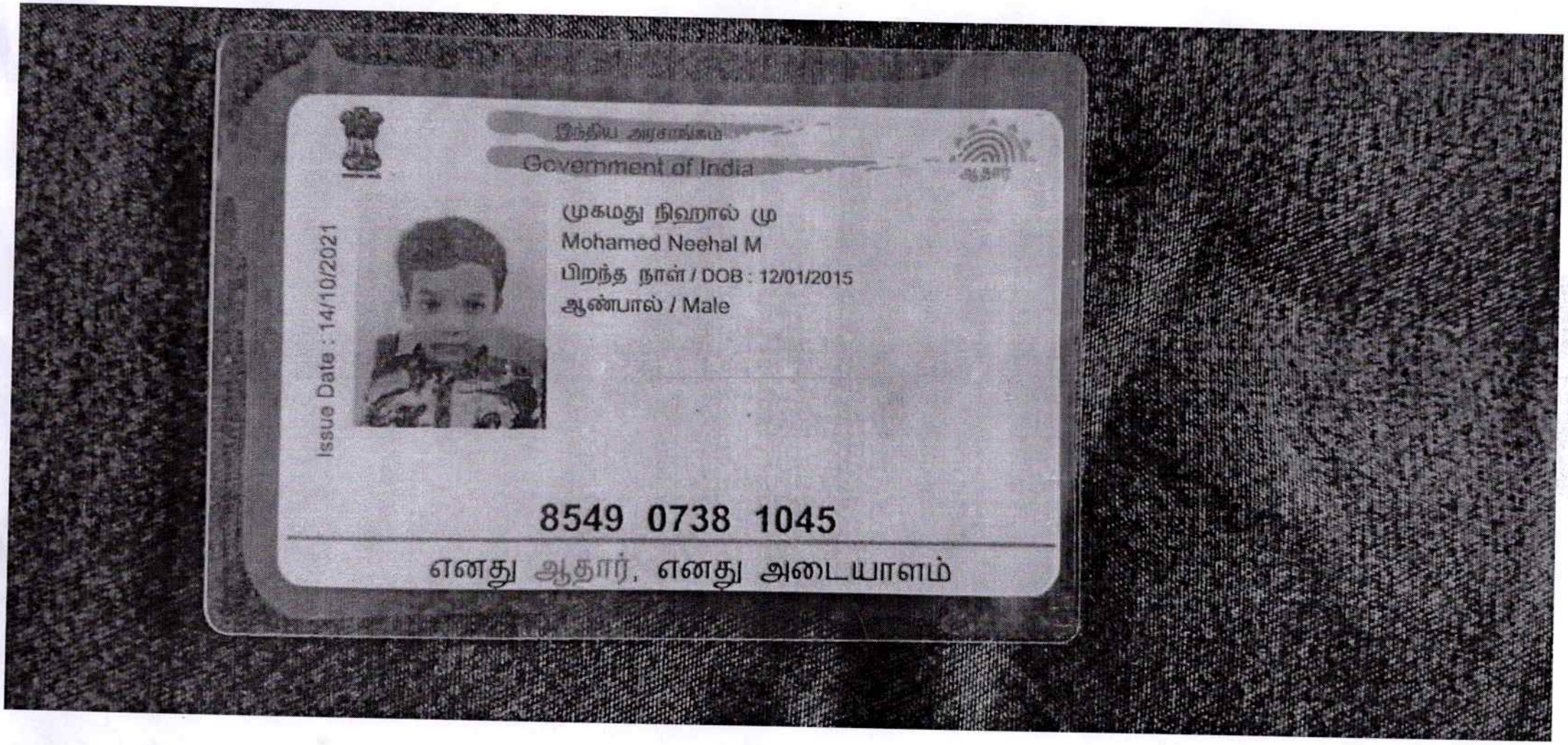
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: M. Sumaiya

Name: Mr. Mohammed Neehal
Relationship: Father
Date: 31/07/2026 Time: 02:06 Pm
Witness Name: A. Sivasankari
Witness Signature: A.

Patient Address:

FCI NAGAR,GOODWILL NAGAR,OLD PERUNGALTHUR Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063


இந்திய அரசாங்கம்
Government of India
ஆதார்
முகமது நிஹால் மு
Mohamed Neehal M
பிறந்த நாள் / DOB : 12/01/2015
ஆண்பால் / Male
Issue Date : 14/10/2021
8549 0738 1045
எனது ஆதார், எனது அடையாளம்

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

(P.T.O.)

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

Pediatric multiorgan history & Physical Examination

Name: MOHAMMED NEEHAL Age/Sex 11yrs

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o vomiting for 1 month
c/o loose stools for 1 day (6-7 episodes/day)
c/o fever (2 weeks) back.

History of present illness :

C/V: Vomiting for past 1 month
↓ (1 episode/day)
non projectile
non bilious / non blood stained
post prandial in nature

C/O: loose stools 6-7 episodes x 1 days
non-bloody
watery

F/H/O: fever 2 weeks back settled now
- c/o Abdominal pain (on & off) for past 1 month
- Passes stools immediately after eating foods

No c/o fever / Blood in stools
- child passes urine regularly
- Reduced oral intake.

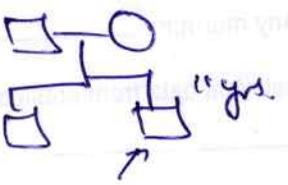
Patient Sticker

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

No prev surgeries /
1yr of age : Anemia / viral fever for 2days.

Birth & Neonatal History: No
Preterm / LSCS / NICU stay / 2.1kgs / CIABS

Family Chart



Birth & Socio Economic History:

About Father : N
About Mother :
Any additional Information :

Developmental History :
Developmentaly app. for age

Immunization History :
Immunized upto age

Anthropometry :
Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)
Weight (kgs) 30.2kgs (Centile _____)

On Examination :
Temperature : 99.4°F Pulse Rate : 115/min B.P. 101/63 SPO2 97% @RA
Resp.rate and type of breathing : RBS - 99mg/dl
Dull / Pale looking
CRT < 3sec
Rash N
Lymphadenopathy
Oedema :
Allergies (if any):
Alert
warm pulses
PP well felt

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE⊕ /NO added sends

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2⊕ /NO murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : SOFT/NT

Ausculation :

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL (M)
12-06-2015 11 Y 1 M 19 D
Dr. KARTHIK NARAYANAN R

Patient S

Reflexes : 2

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

chronic diarrhoea under evaluation / (? Acute ...) (? ~~Partially Treated Typhoid~~ / ~~Enteric fever~~) ? Amoebiasis.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:	**Planned Management**
CBC ✓	IVF RL – 180ml/hr x 5hrs
CRP ✓	IVF – 0.9%NS – 70ml/hr.
RP-2 ✓	Inj. xxxx
VBG ✓	Pan
Blood C/S ✓	Emeset
	ECONORM
	Zinc

Signature of the Doctor: [signature] 203377

Name of the Doctor: Lovely Vignesh

Date & Time: 31/7/16, 3:30PM.

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

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

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Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name: Dr. Karthivasan Date: 1/8/27 Time: 1:20 p.m.

Diagnosis: ....

Hospital: ....

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

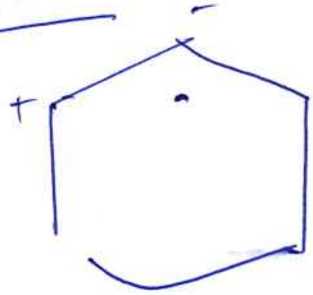
Findings and Recommendations:

c/s/b Dr. Karthivan

- Recurrent vomiting
loose stools } x 1 month

rather abdominal pain (?)

No clr ... flo



- NT
Soft, non tender
No organomegaly

Consultant:

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

CITRONNE // KRAFTER

–?

↓ all

Ix

1) Bld + colour a Mocky

2) P/b/t ~~R=S7~~ T/c same technique

3) Fuel Calypso

4) plenty for (N)

Stros

GUC:-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

ed Neehal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 4.20 PM	S/B - Dr Karthik	
	Advice:	
	1) Stool for occult blood, Calprotectin (stool)	
	2) Gastroenterologist (Dr Keerthivasan) opinion	
		T.M.J
31/7/26 8.30 PM	S/B - Dr Yuvaraj	
	Child received	
	No further vomiting / loose stools	
	Hydration improving	
	RS - Clear	
	PA - Soft, non tender,	no organomegaly
	CVS - NAD	
	CNS - NAD	
	Plan:	
	- To do Stool for occult blood & Stool for Calprotectin	
	- Gastro opinion	
	- IVF. Hydration & antibiotics	
		T.M.J

GUC-00094526 IP18-000
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/26 10:AM	S/B D.. Manoma	
	A - chronic diarrhea & evaluation,	
	2nd born / Late preterm / NICU stay x 1 day	
	No past admission.	
	Hpe - vomit x 1 month 1-2 Episode/day Non bilious, Non projectile Immediately after food intake Settle with attention	
	Hpe → Loose stools x > 4 weeks. 5-6 Episode of day. Semi solid No blood & stool / mucus No greasy stool	

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

(2)

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→ H/o - Weight loss x a few in 1 month	
	- No h/o Recent infection / allergy history.	
	- No h/o contact with TB.	
	- No h/o fever.	
	- No h/o Recent resp tract infection / skin abrasion.	
	- treated with oral netoconazole x 1 week	
	O/E	
	Alert	
	Hydration fair.	
	Heart burn ⊕	
	No loose stools / vomiting since admission	
	u/o adequate,	
	O/E :	
	Anti, ache	No sign of vit deficiency
	PP-+F	
	mild pallor ⊕	
	No clubbing	
	No Lymphadenopathy	
	P/A - soft, Non tender	
	No perianal tag / anal fissure	
	Other system - nm	

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
	Inv	
	Hb - 14	Albumin - 5.6
	TC - 14790	HCO3 - 13
	CRP - <5	OT/PT - (N)
	Calcitonin - 6 ↑	
	Plan	
	→ Gastroenterology Dr. [illegible] (s)	
	Rx - Inj Xone 1.5g IV BD	
	- Inj Pan 80mg IV OD	
	Inj Emset 8mg IV Q8H	
	- Economy sachet TDS	
	- Syp. Zinconc OD	
	- Send sample for stool occult blood, stool calprotectin	

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Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Manonmani	
1/8/20 4:30pm		
	Reviewed	
	Afebrile.	
	passed stools once - No blood in stools	
	No vomiting	
	Rising abd pain ⊕	
	Epigastric region,	
	P/A	
	soft, Non tender	
	PP.HF, papil wear	
	Hydrate fan	
	R	
	→ Cont IVF - ↓ 50ml/h	
	- trace fecal calprotectin, occult blood	
	- planned UGIE & colonoscopy on Monday	
	→ monitor n/hr	
	- Syp. Mucaine gel 5ml stat	
[signature] 1502		

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

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Baby M.MOHAMMED NEEHAL
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Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/21 10:15PM	S/B Dr. Deepak	
	Dx: Chronic diarrhoea ↓ Evaluation	
	Reviewed	
	C/o: Retrosternal pain chest pain ↓ settled now	on & off
	→ passed stools - thrice - normal consistency	
	→ No fever spikes	
	O/E: Alert, active	
	CVS: S1S2 ⊕	
	RS: NVBS ⊕	
	P/A: Soft	
	CNS: NFND	Fecal occult blood -ve
	Tx plan: Endo/colonoscopy tomorrow morning ↓ to discuss bowel prep c̄ Dr. Keerthivasan Sir	→ Continue Rx as per chart → To monitor vitals/ saturations
		[signature] 10:12 hrs

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/8/20		—
	To preparation for Endoscopy & colonoscopy	
	Clear liquid diet - afternoon	Wt - 30.2kg
	↓ Inj Emeset 3mg QPH	
	↓ 1st bottle Coloprep 450ml - on 5-6pm	
	↓ 2nd bottle Coloprep 450ml 10-11pm	
	↓ T. Dulcoflex 5mg oral - 2 tablets at 8:00PM	
	↓ NPO from morning 4:00 AM	
		→ To monitor for Stools - watery clear 10-12 times
		[signature]

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Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 21 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26 9.45a	S/B Dr. Manomani	
	A – Chronic diarrhea under evaluation.	
	Afebrile.	
	On & off Referral pain (+)	
	After food intake & lying down.	
	On NPO.	
	bowel prep done.	
	passed 16 times stools.	RBS - 102mg/dl
	Hydrated for	
	c/o – cont	
	O/E	
	Alert, active	
	DP-NF	
	P/A – soft, Non tender	fecal calprotectin
	RS – clear	69 (borderline)
	other systems – nn	
	Rx	
	– NPO	
	– 0.9% DNS @ 70ml/hr	
	– planned UGIE & colonoscopy at 11am	
	– Continue other medication.	

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

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26		
4pm		S/B Dr. Maromai
	Reviewed	UGIE, Colony (IN)
	Afebrile	
	tol. ant orals	
	No vomy / abd pain	
	Nausea (+)	BP-100/55 mmHg
	O/E On & off headache (+)	
	Asleep	
	PP-LF	
	periph war.	
	P/A - soft, Non tender	
	Other syst - nm	
	Rx	
	→ Nexpro (o) [illegible]	
	- plan (D) [illegible]	
	- Cont IVF, taper IVF if intake good	
	- Monitor vitals, F/U	
[signature] 1530		

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC:-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
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Rel

RESULT SHEET

Date	31/7/26	3/8/26				
Time						
Hb	14					
PCV	40					
RBC	5.17					
WBC	14790					
N/L	91/6/3					
Platelets	3.6 L					
CRP	<5					
ESR						
PCT						
RBS	73					
Na	145					
K	4.2					
Cl / Bicarb.	105 / 13					
i Ca/Mg	1.25					
Phosphate /						
Urea	33					
Creatinine	0.77					
ALP	190					
SGPT	17					
SGOT	30					
T.Bil/Conj	0.6 / <0.1 0.5					
T.Protein	9.6					
S.Albumin	5.6					
S.Globulin	4					
A/G Ratio / GGT	1.4 / 13					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood	Negative					
fecal calprotectin	69 (50-120) borderline					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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: AR. Shifted to: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 31/7/26, 3.30pm 203372

Nurse Name & Signature: .....

Date & Time : 31/7/26 @ 2:00pm

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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DRUG CHART

Date of Admission: 21/7/20 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-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight. 30.2 Ward. 401.

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.5g	IV	OIOH	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2033h

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8	3/8	4/8
6 Am					
4pm	SA CS				
6 pm	10pm PSP RJ	MA SA	VB SA	CS SA	
	D1	D2	D3	D4	D5

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
30mg	IV	Q24H	31/7

Name & Signature of the Doctor Starting the Drugs: CR(F)

Additional Instructions: 2033h

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8	3/8	4/8
5:30 PM	SS AP				
8AM					
6AM	AP BJ	DSP P-7	PSA RJ	PSP RJ	

DRUG : Inj. EMEPET

Dose	Route	Frequency	Start Date
3mg	IV	Q8H	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2033h

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8	3/8	4/8
5:30 PM	SS AP				
7 Am					
1 pm					
6 pm	RP BJ				
7 pm					
10 pm					

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Date
1 Sachet	PO	Q8H	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2033h

Daily Doctor's Endorsement by a Sign

Date	31/7	1/8	2/8	3/8
8 Am		BJ	MA BL	WH
2 pm	CS SA	BJ VB	VB SA	4pm SA CS
10 pm	RP BJ	PSP RJ	WH	

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Baby M.MOHAMMED NEEHAL
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Dr. KARTHIK NARAYANAN R

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 30 kg Ward 407

DRUG: Syp ZINCONIA				Date/Time	31/7	1/8	2/8	3/8	4/8
Dose	Route	Frequency	Start Dt.	9 pm	CS SA	CS SA	CS SA	CS
5ml	Po	Q24H	31/7					
Name & Signature of the Doctor Starting the Drugs: Lucky 20337								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG: T. RIFAGUT				Date/Time	3/8	4/8
Dose	Route	Frequency	Start Dt.	8 Am		
200 mg	P/o	BD	3/8/26	8 pm	5.20 pm SA	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: PREPROKID-L SACHET				Date/Time	4/8
Dose	Route	Frequency	Start Dt.	8AM	WH
1 sachet	P/o	BD	3/8/26	8PM	
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 ....

Patient Sticker

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight 30.2 Ward. ....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/8/26	6.pm	Syp. Mucomyst	5ml	P/o	[signature]	dy 018905
1/8/26	4.30pm	Inj pan	30mg	IV	[signature]	dy 018905

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight 30.2 ...... Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention mL/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/7/26	2:30PM	Inf RL 900ml 5 hrs	IV	180ml/hr		[illegible] 20337	31/7/26 @ 2		[illegible]
31/7/26	8:45 Pm	Inf 0.9DNS	IV	70ml/hr ↓ 50 ml/hr		[illegible] 20337	1/8/26 @ 5pm		[illegible]
1/8/26	5pm	0.9% DNS				[illegible] 015780	3/8/26 @ 8am		[illegible]
3/8/26	8:30am	0.9% DNS		70 ml/hr	✓	[illegible] 20068			
3/8/26	12:30	1 RL	iv		✓	[illegible]		✓	[illegible]

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

GUC:-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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 : 31/7/26 Time:		4PM	8PM	12AM	4AM
Doctor / Nurse / Family Concern?					
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94	97.5F	98.2F	98F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	95 (62) 52	100 70 60	106 62 54	110 70 60
Heart Rate (Number)		88b/mt	96b/mt	88b/mt	84b/mt
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 2 1				
Resp Rate (Number)		22b/m	20b/mt	22b/mt	20b/mt
Resp Distress: Mod/ Severe / None / Mild		✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		on RA 98%	98%	99%	99%
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			RJ	AJ	AJ

ON ADMISSION From ER to AOR

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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

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

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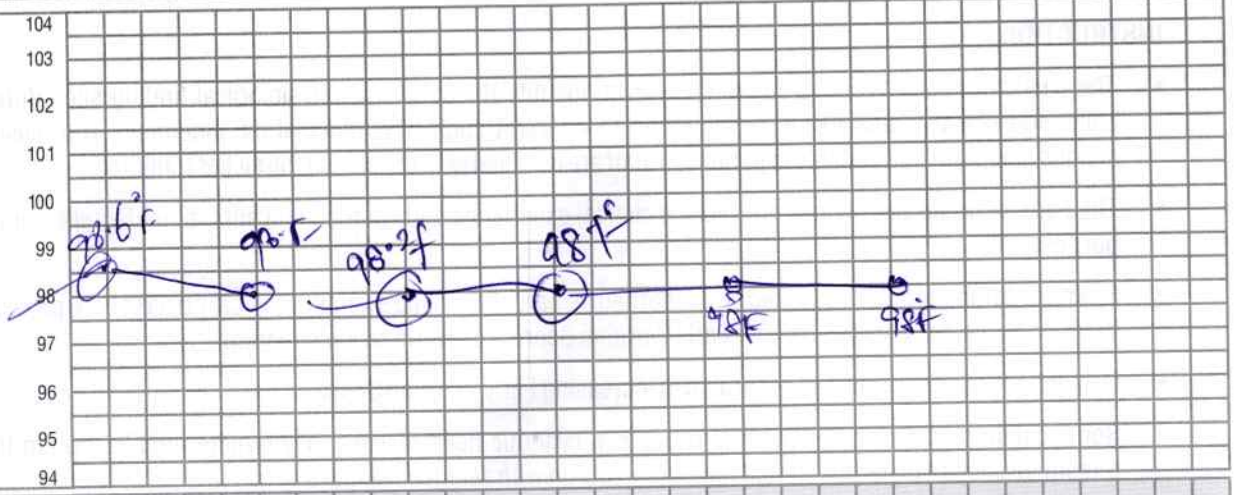
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/8/26 Time: 8am 12pm 4pm 8pm 12/1am 4am

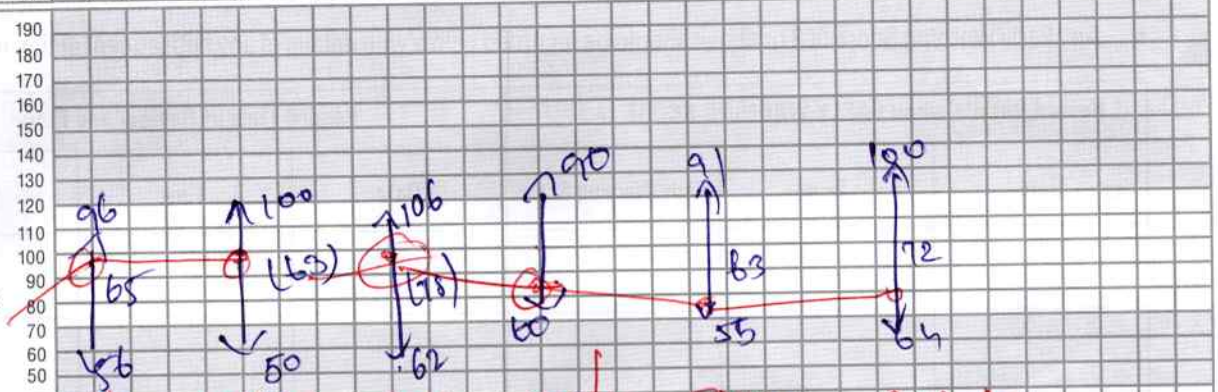
Doctor / Nurse / Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	96b/m	92b/m	100b/m	89b/m	76b/mt	82b/mt

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

Resp Rate (Number)	26b/m	24b/m	24b/m	23b/m	20b/mt	22b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	99%	99%	98%
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	PK	PK	PK	PK	PK	PK

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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: 2/8/15 Time:	8am	12pm	4pm	8pm	12am	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.4F	98F	97.6F	98F	97.F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *	99 (79) 62	110 (29) 70	104 (76) 67	102 (71) 61	100 (72) 68	104 (75) 60
Heart Rate (Number)	92bpt	90bpm	96bpm	99bpt	100bpm	86bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	22bpt	20bpm	20bpm	20bpm	20bpm	20bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	99%	98%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials			VB			

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

: 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 : 3.12.26 ..... Time:	8am	12	4pm	8pm.	12AM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	97.3F	97.3F	97.5F	98F	97F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *	110 (83) 72	100 88 72	91 (62) 54	103 74 76	100 70 62	90 69 50
Heart Rate (Number)	92b/mt	92	88b/mt	98b/mt	80b/mt	92b/mt
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	20b/mt	20	20b/mt	20b/mt	22b/mt	20b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99	98%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	VB	N	J	RJ	RJ	RJ

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-08-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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			ON Admission From ER to 407								
	05:00 pm			180ml						✓	0	
	06:00 pm	H2O	100ml	180ml							0	
	07:00 pm			180ml						✓	0	
Total Intake :		100ml + 540 ml				Total Output : 2 times						
	08:00 pm			180ml							0	
	09:00 pm	water	50ml	NS 70ml						✓	0	
	10:00 pm	water	50ml	70ml						✓	0	
	11:00 pm			70ml							0	
	12:00 am			70ml							0	
	01:00 am			70ml							0	
Total Intake :		200ml + 530ml				Total Output :					2 times vomited	
	02:00 am			70ml							0	
	03:00 am			70ml							0	
	04:00 am			70ml							0	
	05:00 am			70ml							0	
	06:00 am	water	50ml	DC						✓	0	
	07:00 am			DC							0	
Total Intake :		50ml + 280ml				Total Output :					1 times vein passed	

Total 24 hrs. Intake	1,700ml	Total 24 hrs. Output	5 times vein passed

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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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.

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
9/12/26												
	08:00 am			50ml						✓	0	Jay
	09:00 am	TC water	200ml	70ml							0	Jay
	10:00 am			70ml						✓	0	Jay
	11:00 am	water	100ml	70ml							0	Jay
	12:00 pm			DC						✓	0	Jay
	01:00 pm			70							0	Jay
Total Intake : 300 ml. + 350ml						Total Output : 8 tiny urine passed						
	02:00 pm			70ml						✓	0	Jay
	03:00 pm	water	50ml	70ml			motion Passed			✓	0	Jay
	04:00 pm			70ml						✓	0	Jay
	05:00 pm	TC water	200ml	50ml						✓	0	Jay
	06:00 pm	water	50ml	50ml			motion Passed			✓	0	Jay
	07:00 pm			50ml								
Total Intake : 300ml + 370ml						Total Output : 5 tiny urine Passed						
	08:00 pm	H2O	50ml	DC						✓	0	PSP
	09:00 pm	H2O	50ml	DC							0	PSP
	10:00 pm	H2O	100ml	50ml							0	PSP
	11:00 pm			50ml						✓	0	PSP
	12:00 am			50ml							0	PSP
	01:00 am			50ml								
Total Intake : 200ml + 200ml						Total Output : 2 times urine passed						
	02:00 am			50ml							0	PSP
	03:00 am			50ml							0	PSP
	04:00 am			50ml							0	PSP
	05:00 am			50ml							0	PSP
	06:00 am			50ml			motion passed			✓	0	PSP
	07:00 am	TCH2O	200ml	DC							0	PSP
Total Intake : 200ml + 250ml						Total Output : 1 time urine passed						

Total 24 hrs. Intake	2170ml	Total 24 hrs. Output	14 times urine passed

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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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.

3/8/26

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Water	150ml				motion passed			✓	0	Dy
	09:00 am	water	100ml								0	Dy
	10:00 am	Water	150ml				motion passed			✓	0	Dy
	11:00 am	Water	150ml								0	Dy
	12:00 pm	water	50ml				motion passed			✓	0	Dy
	01:00 pm									✓	0	Dy
Total Intake :		600ml				Total Output :					4 times urine passed	
	02:00 pm	water	100ml								0	Baby
	03:00 pm									✓	0	Baby
	04:00 pm									✓	0	Baby
	05:00 pm	cdoprep	45ml				2 times motion passed ✓			✓	0	Baby
	06:00 pm	water	10ml								0	Baby
	07:00 pm											Baby
Total Intake :		560ml				Total Output :					3 times urine passed	
	08:00 pm	Tablet	200ml	-			1 time motion passed			✓	0	RF
	09:00 pm			-							0	RF
	10:00 pm	Cdoprep	450ml	-			3 time loose stool			✓	0	RF
	11:00 pm	Cdoprep		—			2 time loose stool				0	RF
	12:00 am			DNS			2 time loose stool			✓	0	RF
	01:00 am	H2o	100ml	50ml						✓	0	RF
Total Intake :		750ml + 50ml				Total Output :					4 times urine Passed	
	02:00 am	Tablet	100ml	50ml			2 times loose stool				0	RF
	03:00 am	H2o	100ml	50ml			3 times watery loose stool			✓	0	RF
	04:00 am			NAM						✓	0	RF
	05:00 am	N		50ml							0	RF
	06:00 am	P		50ml							NO	RF
	07:00 am	O		50ml						✓	Detune	RF
Total Intake :		200ml + 300ml				Total Output :					3 times urine passed	

Total 24 hrs. Intake	2460ml	Total 24 hrs. Output	14 times urine passed.

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 21 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital
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FLUID CHART

Sheet No. : 4

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
3/8/16												
	08:00 am	N		IVFDNS 70ml						✓	0	Bala
	09:00 am										0	Bala
	10:00 am	P		70ml							0	Bala
	11:00 am	O		70ml			loose stool ✓			✓	0	Bala
	12:00 pm	RL		500ml							0	M
	01:00 pm											
Total Intake :				710ml		**Total Output :**				2 time urine passed		
	02:00 pm	N									0	
	03:00 pm	P									0	
	04:00 pm	O									0	
	05:00 pm	water	200ml	70ml						180ml	0	
	06:00 pm	TC	200ml	70ml							0	
	07:00 pm	water	100ml	70ml							0	
Total Intake :			500ml + 210ml			**Total Output :**				180ml		
	08:00 pm	H2O	100ml	70ml						200ml	0	
	09:00 pm	H2O	50ml	70ml							0	
	10:00 pm			70ml							0	
	11:00 pm			70ml						200ml	0	
	12:00 am			70ml							0	
	01:00 am			DC						200ml	0	
Total Intake :			150ml + 350ml			**Total Output :**				600ml		
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am	TClear	200ml							300ml	0	
Total Intake :			200ml			**Total Output :**				300ml		

Total 24 hrs. Intake	2120ml	Total 24 hrs. Output	1080ml + 2 time urine passed

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL (M)
12-06-2015 11 Y 1 M 19 D
Dr. KARTHIK NARAYANAN R

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NURSING SHIFT HAND OVER FORM

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

SITUATION

Diagnosis: chronic diarrhoea

Post OP Day:

Surgery / Procedure:

Date / Shift	31/7/26 E	31/7 N	1/8 M	1/8 E	9/8 N	2/8/26 M
BACKGROUND Medical Condition (Any special condition to be noted):	noted	noted	Noted	Noted	Noted	noted
Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98F	97.8F	98°F	98°F	98.12	98.1F
Res:	20b/m	20b/mt	24b/m	24b/m	26b/m	24b/m
SpO₂:	99%	98%	97%	99%	99%	98%
Pulse:	88b/m	86b/mt	92b/m	92b/m	80b/m	92b/m
BP:	95/52	100/60(70)	100/50	100/50(73)	90/60(70)	99/62(79)
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	10	10	10	10	10	10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity:	28	28	29	28	28	29
Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Recommendations Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	—	—	—
Critical Lab Test / Values:	—	—	—	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
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	—	Dependent	Dependent
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Sasi	Jeeva	Jathagya	Aiswarya	[illegible]	Angel
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	31/7/26	01/8	1/8/26	1/8/26	2/8/26	2/8/26
Time:	@7.30pm	@7.30	@1.30pm	@1.30pm	7.30Am	1.30pm
Taken Over By Name :	Aiswarya	NISHA	Aiswarya	[illegible]	Angel	[illegible]
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	31/7/26	1/8/26	1/8/26	1/8/26	2/8/26	2/8/26
Time:	7.30pm	@7.30am	@1.30pm	7.30pm	7.30am	@1.30pm

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital
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NURSING CARE RECORD

Date: 31/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4PM	maintain fluid volume	7PM	Assessed child condition monitored vitals. Administered IV fluids Encourage oral fluids	maintained fluid Balance	Reassessment Done	[signature] 02189
Night	7³⁰PM	→ To maintain good nutritional status of the child		→ Assessed the nutritional status of the child → monitored vital signs → maintained product → Administered IVFDNS 20ml/h	Improving & maintaining nutritional status	→ child was stable Requirement was done	[signature] 02149

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
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NURSING CARE RECORD

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Goals

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

Date: 01/8/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	TO prevent infection.		→ Assessed child condition → Vitals monitoring → encourg oral & Hand Hygiene	Infection should be prevented	Reassessment done	Jay Dcby
Afternoon	2pm	maintain Good nutritional status		Asses child condition monitor vitals Administer medication as per order	Oral Intake Improving	Reassessment done	
Night	8pm	Maintain Fluid Balance	9pm	Assess the child condition Monitor vitals Administered medication Maintain Focus	Maintain IV Fluids	Assessed done	

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NURSING CARE RECORD

Date: 2/3/26

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	2pm	To promote Health Hygiene		=>Assessed child condition. =>maintain vital Sign's and flowchart =>maintain hand hygiene	Improved hand hygiene	Reassessment was done Vital are Stable	0189020
Afternoon	2pm	To maintain fluid Balance.	3pm	→Assessed the child's condition →IO Chart maintained → IV fluids administered → Encourage oral liquids	Maintained fluid balance.	Reassessment done.	Balaji 020887
Night	30 7pm	→To meet the elimination needs of the child	11PM	→ Assessed the elimination needs of the → monitored vital signs → maintained strict IO chart → Administered IV fluids as per ordered.	→ Maintaining normal elimination needs	Reassessment was done	020149

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 3/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To maintain fluid - Balance.	9am.	→Assess the child's condition →Flochart maintained -IV fluids administered	Maintained fluid Balance	Reassessment done.	Balaji 07/06/26
Afternoon	2pm	maintain Good nutritional status		Assess child condition monitor vitals. Administer medication as per orders	Encouraged to take more oral intake	Reassessment done	07/6/26
Night	8pm	→To Relieve from pain and discomfort		→Assessed the pain level of the child → monitored vital sign → recorded Ito chart → administered fluids as per ordered	Reduced from pain and discomfort	child was stable Reassessment was done	07/6/26

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		Recieving Notes	
	4Pm	The child received from ER to 407. The child details handing over taken from ER staff. The child is conscious and oriented. child is on room air. IV line present. IV line pattern	Bai' 021893
	4.10pm	vital signs are checked and recorded. vital signs are stable [CP ++, PP ++, CRT <3sec]	Bai' 021893
		IV fluid NS 700ml 180ml/hr on flow.	
	5pm	The child condition seen by Dr. Karthik sir advised to continue IV fluids	Bai' 021893
	6pm	Due medications are given as per Doctor's order. I/O chart maintained	Bai' 021893
	7.30pm	The child details handover given to Night duty staffs.	
		Night duty note on 31/7/2026	
31/7	7.30 pm	Child details taken over from evening duty staff nurse using ISBAR	[illegible] 020149

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

Rainbow Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies
☐ Drug Allergies .... NOT KNOWN ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		← continue note →	
		received on assessment child	
		is conscious, oriented and afebrile	
		[illegible] skin assessment done, IV	
		line is present and patent on IVF	
		DNS @ 70ml/hr on flow	
	8PM	vitals checked and recorded	[signature]
		all are hemodynamically stable	02049
		CP ++ / PP ++ / CRT <3sec	
	10PM	due medication given as per	[signature]
		the drug chart	02049
1/8/26	12AM	vitals checked and recorded	
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3sec	
	2AM	child slept well, no specific	
		complaints	
	4AM	vitals checked and recorded all	[signature]
		are hemodynamically stable	02014C
		CP ++ / PP ++ / CRT <3sec	
	6AM	Due medication given as per drug chart	[signature]
	9AM	Due medication given as per the	02049
		drug chart	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Combined notes →	
1/8/26	7 AM	Strict I/O chart maintained	
	7:30 AM	child details handed over to	Rajes
		morning duty staff nurse using ISBAR	020799
		method.	
		← 1/8/26 ON Morning Duty →	
1/8/26	7:30am	The child details handing over	
		taken from night duty to morning	
		Duty. The child is conscious and	[illegible]
		oriented. Dr line present. no pain,	014851
		no swelling. Dr line pattern	
	8am	vital signs are checked and	
		recorded. vital are stable.	
		CP 41 / PP 41 / CRT <3sec	[illegible] 014851
		Due medication are given as	
		per drug chart order.	
	12pm	vital signs checked & recorded	
		vitals are stable now	
		CP ++ / PP ++ / CRT <3s.	Jey
		I/O chart maintained	
	1:30pm	The child details handing over	
		given to evening duty staff	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes on 1/8/26	
1/8/26	1.30pm	The child details handover taken	
		from the morning duty staffs	[signature]
		The child is conscious and active	
	2pm	Administer the medications as	
		per doctor's orders	
		IV fluid 0.9% NS @ 10ml/hr on flow	
	4pm	vitals are checked and recorded	
		temp is normal — PR ++, CP ++, CRT <2s	
	5pm	I/O chart is maintained	[signature]
		No any other complaints	
		Dr. Manoramani mam adv!	
		to ↓ IVF - 5ml/hr	
	6pm	Administer the medications as	
		per doctor's orders	
		IV fluid 0.9% NS @ 5ml/hr on flow	
	7.30pm	The child details handover given	[signature]
		to night duty staffs.	
		Night Duty 1/8/26	
	7:30pm	child details taken over from	
1/8/26		evening duty staff nursing	[signature]
		ISBAR method. On Assessment	02174
		child is conscious, oriented and	
		afebrile, CRT-1sec. Scar dressing	
		done, wound is present and patent	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow® Children's Hospital
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← continue notes →	
11/7/26			
		No pain or oedema	
	8pm	vital checked and recorded all are	R [signature] 020149
		hemodynamically stable	
		GP ++ / PP ++ / CRT <3sec	
	10PM	Due medication given as per the	R [signature] 020149
		drug chart	
	10.20PM	Dr. Manonmani mam came	
		and seen advised to follow as	
		per progress notes	
	12AM	vitals checked and recorded. all are	R [signature] 020149
		stable GP ++ / PP ++ / CRT <3sec	
	2AM	child slept well, no specific	R [signature] 020149
		complaints	
	4AM	vitals checked and recorded	R [signature] 020149
		all are hemodynamically stable	
		GP ++ / PP ++ / CRT <3sec	
	6AM	Due medication given as per the	
		drug chart	R [signature]
	7AM	Stick Reo chart maintained	020149
	7.30AM	child details handed over to	
		morning duty staff nurse	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/1/26	7.30 am	Morning Duty Notes :-	
		child details handing over taken from night duty S/N. child consious & oriented. child activity are good. Rt lhs (H) No swelling & pain. AIF - Propperd.	Jeel
	8.00 am	Vital sign checked & Recorded vital are stable now	
		CP ++ | PP ++ | CRT <3s	
		Due medication are given as per drug chart order	
	10am	I/O chart maintainted. No any complaint's. Dr. Deepak sir advised by Clear liquid diet from tomarrow morning 4am.	Jeel
	12pm	Vital sign checked & Recorded vitals are stable now	
		CP ++ | PP ++ | CRT <3s	
		I/O chart maintained	
	1:30pm	Handing over given to evening duty S/N.	Jeel

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

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
		Evening duty Notes.	
21/8/26	1.30pm	The child details handing over taken from morning duty staff. Child is conscious. IV line present and pattency →	Balaji/020685
	2pm.	Child is on clear liquid diet →	Balaji/020685
		Due to medications are given as per drug Chart	Balaji/020685
	4pm.	Vital signs checked & Recorded. Vitals are stable	
		CP ++ / PP ++ / CRT <3sec →	Balaji/020685
	4.15pm.	Syp. Zinconia-5ml, Inj. emeset 3mg given to child as per drug chart	Balaji/020685
	5pm	I/O chart is maintained	
		No any other complaints	
	6pm.	Colopeg 177ml + 273ml water total 450ml given @ 5pm-6pm. Administer the medication as per doctors order	
	7.30pm	The child details handover given to night duty staffs.	[illegible]
		Night duty notes on 21/8/2026	
21/8/26	7.30PM	child details taken over from evening duty staff nurse [illegible]	[illegible] 02749
		[illegible] noted on Assessment, child	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8/26		← Continue notes ←	
		is Conscious, oriented and afebrile	
		GCS-15/15, skin assessment done, IV line	
		is present and patent no pain or	
		redness. on INF DNS @ 50ml/hr on	
		flow	
	8PM	Vitals checked and recorded, all	
		are hemodynamically stable	[signature] 020749
		CP ++ / PP ++ / CRT <3 sec	
	8PM	due medication given as per the	
		drug chart	[signature]
	10PM	due medication given as per the	020749
		drug chart	
	10-11PM	Colonoscopy preparation 170ml + 277ml	
		given as per doctor's ordered	[signature]
3/8/26	12AM	Vitals checked and recorded	020749
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3 sec	
	2AM	child slept well, no specific	[signature]
		complaints	020749
	4AM	vitals checked and recorded	
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3 sec	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/8/26			
		← Continue notes →	
	6am	Pre medication given as per the	
		drug chart	[signature]
	7am	strict I/O chart maintained	020749
		Morning duty Notes.	
3/8/26	7:30am	under aseptic technique, 22G	
		New IV line was inserted and	[signature]
		secured	020749
	7⁴⁵am	Dr - priyadharshini mam (Anesthetist)	[signature]
		came and seen adviced to	020749
		sent Hb, platelet now, That order	
		followed and informed to Dr. Karthik	
	7⁵⁰am	child details handed over to	
		morning duty staff nurse very	[signature]
		ISBAR method.	020749
		Morning duty Notes.	
3/8/26	7.50am	Child details handing over taken	
		from night duty staff. child is	
		Conscious. IV line present & patency	Balaji/020685
	8.15am	Vital Signs checked & Recorded.	
		Vitals are Stable	
		| CP | PP | CRT |	
		| ++ | ++ | ⁄3sec | →	Balaji/020685
	8:30am	New line inserted. Hb, platelet	
		sended. Due to medications are →	Balaji/020685
		given.	
	9am	child is on NPO. IVF DNS - 70ml/hr	

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue Notes ←	
3/8/26		on floor. Child is stable.	→ Balu 020685
	11am.	Dr. Karthik Sir seen the child	
		Adviced to shift for procedure	Balu
	11.30am	Child shifted to 7th floor.	Balu 020685
3/8/26	12:01pm	OT Notes	Balu 020685
		patient received from	
		4th floor, patient conscious	
		and oriented, patient vitals	
		are stable BP - 120/40 mmHg	
		HR 72 b/mt, SPO2 - 100	
		patient shifted to 7th	
		floor, Endoscopy room.	
		and under aseptic technique	
		General anaesthesia is	
		given, under General	
		anaesthesia procedure	
		Endoscopy done,	
		patient shifted to 4th	
		floor, Patient file	
	2pm.	handed over the 4th	
		floor staff	Sr. Bhoomi
		Receiving Notes on 3/8/26	
	2pm	The child details handover taken	
		from the OT staffs	[signature]
		The child is conscious and active	015280

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Baby M.MOHAMMED NEEHAL
12-08-2015 11 Y 1 M 22 D (M)
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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/8/2026		continue (3/8/26)	
	2.30pm	The child is in NPO till 2.40pm	
	4pm	vitals are checked and recorded	[signature] 015250
		temp is normal — PP ++ ; CP ++ ; CRT < 3s	
		In line pattern and good	
		Dr. Manmomani adv! to start ivf	
		@ 70ml/hr.	
	5pm	I/O chart is maintained	
		No any other complaints	
		IV fluid 0.9% 4NS @ 70ml/hr on flow	
	6pm	Administered the medication as	
		per doctor's order	
	7.30pm	The child details handover given	[signature] 015250
		to night duty staffs	
		Night duty notes on 3/8/2026	
3/8	7.30 pm	child details taken over from	[signature]
		evening duty staff nurse using	050RUS
		ISBAR method. On assessment	
		Child is conscious, oriented and	
		afebrile. GCS 15/15, skin assessment	
		done, IV line is present and patent,	
		no pain or redness, on IVF DNS	
		@ 70ml/hr on flow	
	8pm	vitals checked and recorded	

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/8/22		continue notes →	
		all are hemodynamically stable	
		GP: ++, PP: ++, CRT: < 3 sec	
	10PM	due medication given as per the drug chart	[signature]
4/8/22	12AM	vitals checked and recorded all are hemodynamically stable	[signature]
		GP: ++, PP: ++, CRT: < 3 sec	
	2AM	child slept well, no specific complaints	
	4AM	vitals checked and recorded all are hemodynamically stable.	[signature]
		GP: ++, PP: ++, CRT: < 3 sec	
	6AM	due medication given as per the drug chart.	[signature]
	7AM	Strict I/O chart maintained	
	7:30AM	child details handed over to morning duty staff nurse using [illegible] method	[signature]

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	E DATE 31/7	AN DATE 31/7	M DATE 1/8	E DATE 1/8	N DATE 1/8
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	NA	NA	–
Other Intervention(s) Specify		X	X	NA	NA	–
Nurse's Name:		Sasi	Jeen	Nisha	Kavitha	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		31/7/18	31/7	1/8	1/8	1/8
Time:		4PM	8PM	@8am	@2PM	8PM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE (M) 2/7	DATE (E) 2/8	DATE (N) 2/8	DATE (M) 3/8	DATE (E) 3/8
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
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		10	10	10	10	10

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

Intervention:					
Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	–	–			NA
Other Intervention(s) Specify	–	–	–	–	NA
Nurse's Name:	Jathiga	Baby	Jeeva	Bali	Anitha
Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	2/7	2/8	2/8	3/8	3/8
Time:	9am	2pm	8pm	8am	@ 4pm

GUC:-00094526 IP18-00036696
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12-08-2015 11 Y 1 M 19 D (M)
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BRADEN 'Q' SCALE

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

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

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

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

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

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BRADEN 'Q' SCALE

				Date : / Time :	1/8 N	2/8 M	2/8 E	2/8 N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible] 0[illegible]	[illegible]	Balu[illegible] 00[illegible]5	R[illegible] 00[illegible]

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓭ Regular Turning Schedule ⓮ Enable as much activity as possible ⓯ Protect the heels ⓰ Use pressure redistribution surfaces ⓱ Manage moisture, friction and shear ⓲ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓬ Use the Same Protocol as for **"At Risk"** Patients ⓳ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓪ Use same protocol as for **"High Risk"** Patients ㉒ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby M.MOHAMMED NEEHAL
12-08-2015 11 Y 1 M 21 D (M)
Dr. KARTHIK NARAYANAN R

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BRADEN 'Q' SCALE

					Date : 3/8	3/8	3/8	
					Time : M	E	N	
Mobility	**1. Completely:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"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	
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	
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	
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

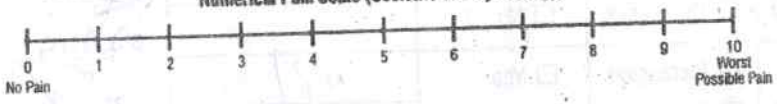
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
31/7/26	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	021897
31/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
1/8/26	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
1/8/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
1/8/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
1/8/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
2/8/26	4pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
2/8/26	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
2/8/26	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249
2/8/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	030249

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.

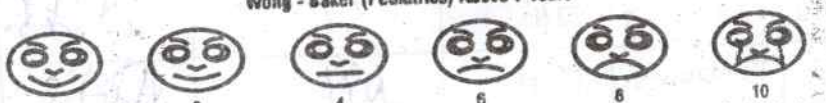
(P.T.O)

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
31/7/26	4pm	treatment & Care	Explained about treatment and Care	mother	NO	oral	none	verbalized understood	Good	[signature] 02/8/26
1/8	8am	medication	explain about medication	mother	no	oral	none	Verbally understood	good	Jay 02/8/26
2/8	8am	diet	explain about diet pattern	mother	no	oral	none	Verbal. understood	good	Jay
3/8/26	8 am	personal hygiene	Explain about infection control programme.	Mother.	No	oral	None	Verbal	Good	[signature] Trainee

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Chronic Diarrhea & Evaluation

Arrival Time: 4pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction —

Body Weight: 20.2 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	1yr of age :- Anemia viral fever for 2 days

Family History: —

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

If yes please list, —

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

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

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

Observations: Weight: 20.2kg Length: — Head Circumference (< 2 years): —

Temp.: 97.6°F HR: 88b/m RR: 22b/m BP: 95/52 (62)

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

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

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING:

☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No

Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No

Hand hygiene Explained: ☑ Yes ☐ No

☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: C. Sasikala ..... Date: 21/7/25 Time: 4PM

Signature 02693

CONSENT FOR UPPER GI ENDOSCOPY

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Patient Name: **Age:** **Sex:** M / F
Consultant: **Ward & Bed No.:** **UHID:**

Description of the Procedure

Upper GI endoscopy or oesophago gastroduodenoscopy (OGD) is a visual examination of the lining of the oesophagus, stomach and the first part of the intestine (duodenum). This is performed by passing a long flexible tube through the mouth. The doctor will be able to look for any abnormalities which may be present. If necessary small tissue samples (biopsies) can be taken during the examination for detailed laboratory analysis.

Treatment can also be done through the endoscope. This includes dilatation and/or stenting of narrowed areas, removal of polyps and swallowed objects and treatment of bleeding vessels and ulcers by injection or the application of heat, and procedures such as banding. You / Your child will have to lie on your left side and a guard will be placed to protect your teeth and the scope. A local anaesthetic may be sprayed on your throat to make it numb and occasionally you /your child may be given a sedative injection. The doctor will then pass the scope through your mouth and down the throat while you make a swallowing movement. The instrument will not affect you / your child breathing or cause pain. The examination takes about five minutes on an average.

Precautions

1. You / Your childs stomach must be empty so do not eat or drink anything after midnight.
2. If you / your child are undergoing the procedure in the afternoon, you / your child can have a light breakfast before 8 AM and clear liquids till 11 AM and nil after that.
3. You must inform the doctor or nurse if you / your child have any allergies or have had previous endoscopic procedures or surgeries. Please bring all previous reports.
4. You / Your child must remove your eyeglasses and dentures.

Risks

Endoscopy can result in complications, such as reactions to medications, perforation (tear) of the food passage and bleeding. These are very rare (less than 1 in 1000 examinations), but may require urgent treatment including, rarely, surgery. The possibility of complications is increased when the scope is used for treatment.

CONSENT FOR THE PROCEDURE

1. My questions and concerns about my / my child's condition, the procedure, cost, risks, and treatment options have been discussed with the doctor and answered to my satisfaction.
2. I have been advised of my / my child's medical condition, the benefits and reason for the procedure as indicated by the clinical observations and/or diagnostics performed, the risks of not having the procedure, alternative tests I could have and their risks.
3. I recognize that no guarantees have been made regarding likelihood of success or outcomes and also whether the procedure will give the doctor any further information and that further tests may be needed. I also give consent for treatment through the scope if the situation warrants it.
4. I authorize Dr. _____ and such assistants and associates as may be selected by him/her to perform any part of the above procedure upon myself / mychild.
5. As with any procedure, I am aware that risks such as blood loss, infection, change in blood pressure, heart failure, anesthetic/ allergic reactions, etc., may arise necessitating attention. Therefore, besides consenting to the performance of the procedure, I also consent and authorize the rendering of such other care and treatment as my Doctor or his designee reasonably believes necessary.
6. I understand that biopsy tissues taken during this procedure will be kept for tests for a period of time.
7. I consent and agree to the administration of sedation by Dr._____ for the performance of this procedure. I am aware of the risks of the sedation and also consent to supplementation with any other mode of anaesthesia if necessary.

CONSENT FOR UPPER GI ENDOSCOPY

8. I have informed the Doctor of all my / mychild's previous illnesses, allergies, drug reactions, surgical procedures and all other facts relevant to my treatment. I shall not hold the Hospital or the Doctor responsible for the consequences which may arise from the non-disclosure of the same.

9. I give my consent for the administration of blood product transfusion during this procedure if required. I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of life-threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to rash and shortness of breath, shock and in rare occasions death.

10. I consent to the photography or television of the procedure to be performed for the purpose of advancing medical education, or its publication in scientific journals provided my / mychild's identity is not revealed by the pictures or descriptions in the accompanying texts. I also consent to and authorize the presence and observation of this procedure by qualified observers, as may be authorized by the Rainbow childrens Hospitals Chennai and its regulatory laws and agencies.

11. The investigation samples (blood or tissue) obtained for diagnostic tests from you may be used by research scientists or scientists affiliated with Rainbows research for the advancement of medical sciences to serve humanity for better preventive or therapeutic purpose. This will happen only if there is any sample left over after its intended medical use. Similarly, data associated with your treatment can be shared with research scientists without disclosing your identity. This research will not benefit you financially but may help in better understanding of diseases and better treatment for future patients.

You have the option to disallow us from such research use of your sample and data.

I confirm that I have read and understood the information and I consent to participate.

.....

12. CONSENT OF PARENT / PARENT REPRESENTATIVE / SURROGATE

Having understood the above I give my consent for me / mychild's undergoing the above said procedure at Rainbow childrens Hospitals, Chennai and absolve the said Hospital, its doctors and the staff in the event of any complication. I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with the doctor or doctor's designee, and thereby consent to this procedure.

I ,----------(name / relationship to the patient)therefore, consent for the procedure to performed on me / my child.

	Signature	Name	Date	Time
Patient Representative with relationship		TAUSEEF	3/Aug/26	11:30 AM
Witness				
Doctor				
Interpreter				

(Authorization of patient/patient representative surrogate)

	Signature	Name	Date	Time
Patient				
Witness				
Doctor				
Interpreter				

CONSENT FOR LOWER GI ENDOSCOPY

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Patient Name: **Age:** **Sex:** M / F

Consultant: **Ward & Bed No.:** **UHID:**

Description of the Procedure

Lower GI Endoscopy is a visual examination of the lining of the colon or large intestine. A long, flexible tube (Colonoscope) is passed through the rectum and into the colon. Colonoscopy refers to examination of the entire length of the colon while in Sigmoidoscopy the distal part of the large intestine is visualized. Through the tube, the doctor will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsies) can be taken for laboratory analysis. Polyps (abnormal growths of tissues) can also be removed using an electric snare wire and areas of bleeding can be treated by internal injection or the application of heat.

You / Your child will be made to lie on the left side and sometimes an intravenous sedative may be given. The doctor will pass the colonoscope through the anus into the rectum and advance it through the colon. You / Your child may experience some abdominal cramping and pressure from the air which is introduced into your colon. This is normal and will pass quickly. You may be asked to change position during the examination and you / your child will be assisted by a nurse. The examination takes on an average, 15 to 30 minutes.

Precautions

- To allow a clear view, the colon must be completely free of waste material. You / Your child must follow the instructions given by the doctor to ensure adequate bowel preparation
- You must inform the doctor or nurse if you/ your child have any allergies or have had previous endoscopic procedures or surgeries and bring all previous reports.
- You / Your child must remove your eyeglasses.

Risks

Colonoscopy can result in complications, such as reactions to medications, perforation (tear) of the intestine and bleeding. These are very rare (less than 1 in 1000 examinations), but may require urgent treatment including, rarely, surgery. The possibility of complications is increased when the scope is used for treatment, such as the removal of polyps.

CONSENT FOR THE PROCEDURE

1. My questions and concerns about my /my child's conditions, the procedure, cost, risks, and treatment options have been discussed with the doctor and answered to my satisfaction.
2. I have been advised of my / my child's medical conditions, the benefits and reason for the procedure as indicated by the clinical observations and/or diagnostics performed, the risks of not having the procedure, alternative tests I could have and their risks.
3. I recognize that no guarantees have been made regarding likelihood of success or outcomes and also whether the procedure will give the doctor any further information and that further tests may be needed. I also give consent for treatment through the scope if the situation warrants it.
4. I authorize Dr. _____ and such assistants and associates as may be selected by him/her to perform any part of the above procedure upon my self / my child.
5. As with any procedure, I am aware that risks such as blood loss, infection, change in blood pressure, heart failure, anesthetic/allergic reactions, etc. may arise necessitating attention. Therefore, besides consenting to the performance of the procedure, I also consent and authorise the rendering of such other care and treatment as my Doctor or his designee reasonably believes necessary.
6. I understand that biopsy tissue taken during this procedure will be kept for tests for a period of time.

7. I consent and agree to the administration of sedation by Dr. _____ or the performance of this procedure. I am aware of the risks of the sedation and also consent to supplementation with any other mode of anaesthesia if necessary.

8. I have informed the Doctor of all my / my child's previous illnesses, allergies, drug reactions, surgical procedures and all other facts relevant to my treatment. I shall not hold the Hospital or the Doctor responsible for the consequences which may arise from the non-disclosure of the same.

9. I give my consent for the administration of blood product transfusion during this procedure if required. I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to rash and shortness of breath, shock and in rare occasions death.

10. I consent to the photography or television of the procedure to be performed for the purpose of advancing medical education; or its publication in scientific journals provided my /my child's identity is not revealed by the pictures or descriptions in the accompanying texts. I also consent to and authorize the presence of and observation of this procedure by qualified observers, as may be authorized by the Rainbow childrens Hospitals Chennai and its regulatory laws and agencies.

11. I have been explained biological sample (Blood, Body Fluids, tissue) collected from my body for diagnostics tests or surgical resection along with the data may be given without disclosing my identity by Rainbow Doctor to research scientists affiliated with Rainbow childrens hospital for diagnostic or therapeutic research purpose. This will happen only if there is any sample leftover after its intended medical use. There will be no additional sample collected. This research use may not benefit me but will help in better understanding of disease and better treatment for other patients in future. I understand that I will not benefit from any potential commercial value that may result from this research and development activity. I have the option to disallow the research use of the left-over sample.

Please put a tick in the box below, if you do not agree to allow research use of the left-over sample:

☐ I do not agree to allow research use of the left-over samples ----------

12.CONSENT OF PATIENT/ PARENT REPRESENTATIVE / SURROGATE

Having understood the above I give my consent for me/ my child undergoing the above said procedure at Rainbow childrens Hospitals, Chennai and absolve the said Hospital, its doctors and the staff in the event of any complication.I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with the doctor or doctor's designee, and thereby consent to this procedure.I, _____ (name/relationship to the patient), therefore, consent for the procedure to performed on me/ my child

	Signature	Name	Date	Time
Patient Representative with relationship		TAUSEEF	3/Aug/26	11:30 AM
Witness				
Doctor				
Interpreter				

(Authorization of patient/patient representative / surrogate)

	Signature	Name	Date	Time
Patient				
Witness				
Doctor				
Interpreter				

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

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OPERATION NOTES

Surgeon : Dr. Keerthivasan	Asst. Surgeon :
Anesthetist : Dr. Mohan	OT Nurse : Sis Pradeepa
Pre-Operative Diagnosis:	
Surgical Procedure : OGD + Colon & IV SEDATION	

Weight :	Date : 8/08/26	Start Time : 12.0 pm	End Time : 12.40 pm

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: OGDscopy

Colono

Findings:

E - (N)

OGJ - 32 cm

Stm - Antral hyperaemia

D1, D2 - (N)

Biopsy for

Antrum / D2 Biopsy

Sm bd TI

(N) throughout

Biopsy taken

(1) - Ileum

(2) - Colon

Procedure Notes:

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:	Adv 1) NPO x 2h 2) Pact Neum opder
Wound Care:	3) Tab. RIFAXIMIN 200g 1 — 0 — 1
Drain /Special Lines/Catheters:	4) PREPROHIL SACHET 1 — 0 — 1
Special Patient Positioning and Requirements:	
Nutritional Instructions:	
When to Start Mobilization:	
Special Referrals:	
The new order for all required medications documented in the doctor order/medication sheet: ☐ Yes ☐ No	
Any Other Post-Operative Care Needed including Required Follow Up	

Name of the Surgeon: ....

Signature of the Surgeon: ....

Date & Time: ....

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Karthivasan
Asst. Surgeon: -
Anaesthetist: Dr. Mohan.
Scrub Nurse: Sis Pradeepa

Pati GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
UHI Dr. KARTHIK NARAYANAN R
Date

Age: 11Y Gender: M
le: Endo colon.
... Out-time: 12.40pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:07pm

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑Yes ☐No ☐NA
- Blood Units Reserved ☑Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☑No ☐NA

Signature: .....

Name: Dr. Mohammunali

Before Skin Incision ➤➤

TIME OUT Time: 12:08pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☑No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☑No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☐No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature: .....

Name: Dr - Karthivasan

Before Patient Leaves Operating Room

SIGN OUT Time: 12.40pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☑No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☑No

Signature: .....

Name: Sis Pradeepa.

Doc. No. : RCH / FRM / CLINICAL / 111

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

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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: ..... OT (4th Floor) ..... Shifted to: ..... 4th Floor .....

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr AM 18/3/16 .....

Date & Time : ..... 31/3/16 at. 12.30pm .....

Nurse Name & Signature: ..... Dudayaveerayan / Nurse .....

Date & Time : ..... 31/3/16 at 12.40pm .....

PATIENT TRANSFER FORM

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GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

	Date & Time of Admission	Date & Time of Transfer Order
	31-8-2020	31/8/2020 at. 2.10 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Keerthivasan.	Dr. Mohan	Further management
From Unit	**To Unit**	**Information to Attendant**
7th floor	4th floor.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
one file	–	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sn Pradeepa / [signature] 020214	Dr. Mohan.

Patient & Clinical Records Received by : Anitha 015700

Date & Time of Patient Received : 31/8/20 @ 2pm.

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

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

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

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-08-2015 11 Y 1 M 22 D (M)
Dr. KARTHIK NARAYANAN R

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 4th floor **TRANSFERRED TO :** 4th floor

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	X	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	X	
	e.Dressing Intact	X	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	✓	
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	✓	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	X	
	d.Splints/casts/traction devices stabilized	X	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	✓	
	b.Bed/side rails up and brakes applied	X	
	c.Special positioning maintained as per surgery	X	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	X	
	b.Epidural catheter secure, infusion checked	X	
	c.Pressure areas protected (heels/elbows)	X	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	X	
10	**REPORTS AND LABS HANDED OVER**	X	
11	**BIOPSY/HPE SENT**	✓	
12	**Documentation**		
	a.Documentation completeness	✓	
	Transferring Nurse: _____		
	Receiving Nurse : _____		
	Signature of Incharge:		

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 21 D (M)
Dr. KARTHIK NARAYANAN R

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PRE - OPERATIVE CHECK LIST

Date: 03/8/2026

Patient's Name: Baby Mohammed Neehal Age: 11yrs Gender: ☑ M ☐ F

Blood Group: O+ve UHID: 94526

Planned Surgery: Endoscopy + Colonoscopy Surgeon: Dr. Keerthivasan

Anesthetist: Dr. Preeya dharshini Date & Time of Operation: 03/8/26 @ 11Am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name: Dellibabu. C

Billing Executive Signature: [signature]

Date & Time: 03/08/26 @ 8-3-2AM

Nurse In-Charge Name: Anees

Signature of Nurse In-Charge: [signature] RC [illegible]

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

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

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 21 D (M)
Dr. KARTHIK NARAYANAN R

Rajalakshmi Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 3/8/16@ 4o7 TRANSFERRED TO : O.

		YES/NO	REMARKS
1	Patient Identification		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes.	
	b.Surgical procedure & correct site verified	Yes.	
2	Airway & Breathing		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range	Yes.	
	c.If ETT: position confirmed, ties secure, cuff inflated	No	
3	Circulation & Hemodynamic Stability		
	a.IV lines secured & infusion running correctly	Yes.	
	b.No active uncontrolled bleeding	No	
	c.Last vitals recorded before transfer	Yes.	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	NO	
4	Pain Assessment		
	a.Pain score assessed & analgesia given	NO	
	b.Reassessment done	NO	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	NO	
	d.Splints/casts/traction devices stabilized	NO	
6	Medications Pre & Post-Op Orders		
	a.Medications due time noted	Yes.	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes.	
	c.Emergency meds given in OT (time & dose documented)	NO.	
7	Equipment Safety & Transport Preparedness		
	a.Oxygen cylinder full & ambu bag at bedside	NO	
	b.Bed/side rails up and brakes applied	NO	
	c.Special positioning maintained as per surgery	NO	
8	High-Risk Patient Safety (if applicable)		
	a.Chest tube: underwater seal below chest level	NO	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	NO.	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10	REPORTS AND LABS HANDED OVER	Yes.	
11	BIOPSY/HPE SENT	NO	
12	Documentation		
	a.Documentation completeness	Yes.	
	Transferring Nurse: Balavi/020685		
	Receiving Nurse :	Yes.	
	Signature of Incharge:		

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

Date: 3/8/26 Time: 8 am Proposed Operation: ENDOSCOPY + COLONOSCOPY

Diagnosis: VOMITING / DIARRHOEA EVALUATION

B.P / CRT: ..... H.R: ..... Weight: 30 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray: .....
PCV:	Urea:	Alb:	HBS Ag:	ECG: .....
WBC:	Creat:	Total Bill:	HCV:	2D Echo: .....
Plate:	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo: .....
PT:	K:	LDH:	T3	Other: .....
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : H/O vomiting & diarrhea × 1 month.

RESP : Diabetes :

CNS : Nil comorbids

Renal :

Hepatic / GE : Physical Activity: active child

Others : DSS, B.W - 2.1 kg - preterm (late)

Past Anaesthetic History: nil prev ss vaccinated.

Physical Exam: (-) developmental milestones

Airway: MP 1 (2) 3 4 Mouth Opening: Adeq Mentohyoid Distance: N Neck: N Teeth: N

Lungs : B/L AE (+)

Heart: S1 S2 (+)

CNS: NFND

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

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA IV sedation

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: ..... Name: Dr. Renjith Mantri

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No — Fasting Status:

Physical Status: Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: 80-90 | B.P / CRT: 100/70 | SpO_2: RA | R.R: | Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date: 03/01/24

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR/O_2 LPM

HALO /SO /SEVO

Drugs:

Inj PARACETAMOL 500mg + 40

Inj PROPOFOL 100mg + 80

FIO_2 / SaO_2 — RA

$ETCO_2$

ECG — NSR

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack in
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: R Arm
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine Elevated

☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: R UL 22G
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: .....
Signature of the Doctor: .....

Patient Sticker

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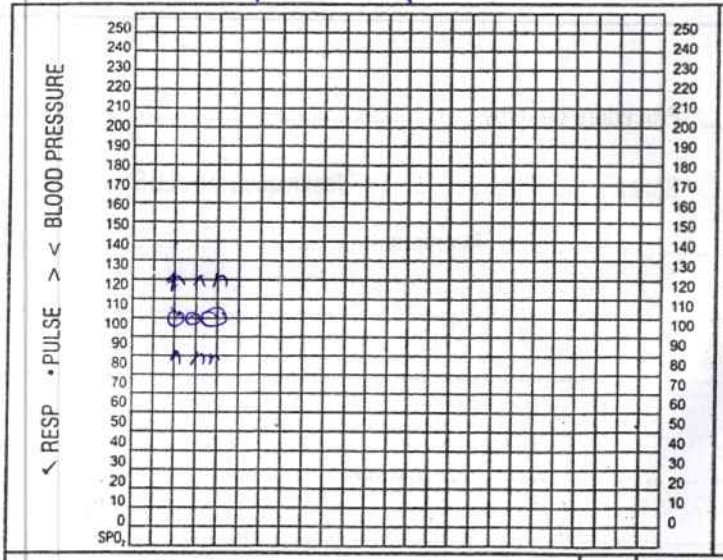
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeepa Time Received : 12.40 pm Time Discharged : 2.40 pm



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	MINUTES 60	MINUTES 90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	2					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2					
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2					
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2					
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2					
		TOTAL	10/10					

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NPO × 2hrs.	
			Monitor vitals.	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: 3/3/26.

PACU Nurse Name : Pradeepa

PACU Nurse Signature: .....

*Date & Time: 3/3/26 at 12.40 pm

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): .....

Date & Time: 3/3/26 at 2.40 pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Baby Mohammed Neehal.
Gender : M ☐ F ☐ IP No.: 86696
Age : 11.Y.... Department : OT
Date : 3/8/26

I................................S/DW/O................................

hereby consent for the procedure of................................

....

For my patient / myself named................................UHID NO................................

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure: ....

....

The doctors have explained to me about the alternative to the procedure as : ....

....

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : Propofol, fentanyl

....

I have been explained about possible complication of sedation such as: fall in blood pressure ☑ Fall in heart rate ☑, suppression of spontaneous breathing ☑, others................................

I have been explained about the alternative to the sedatives as : ....

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure : ....

Name of the Doctor administering the sedation:................................

Patient Attendant :

Signature : [signature]

Name : TAUSEEF

Relationship with Patient: FATHER

Date & Time : 3/Aug/26 11:30 AM

Witness :

Signature : ....

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : [signature]

Name : [signature] 82116

Date & Time : 3/8/26

GUC-00094526 IP18-00036696
Baby M.MOHAMMED NEEHAL
12-06-2015 11 Y 1 M 19 D (M)
Dr. KARTHIK NARAYANAN R

SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED	REMARKS
	PREOPERATIVE		
1	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes.	
2	Decolonize surgical patients with skin antiseptic(Chlorhexidine bath /wipes)	Yes	
3	Antibiotic prophalaxis given within 60mts prior to skin incision	Yes.	
4	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes	
	INTRAOPERATIVE		
5	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	yes	
6	Maintain normothermia during the surgical procedure (>36 deg C)	Yes	
	POSTOPERATIVE		
7	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl		
8	Application of incisional negative pressure wound dressing		

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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: 407 Shifted to: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: Balapriyanga.1020685

Date & Time : 31/8/26 @ 9am

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

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	31/7/26 @ 2.08pm	3/8/26 @ 11.30am
Treating Consultant Name: Dr. Karthik.	Transfer Ordered by: Dr. Manonmani	Reason for Transfer: For procedure
From Unit: 407.	To Unit: 7th floor	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Balaraj/ord085	D

Patient & Clinical Records Received by : Pradeepa | RN0202

Date & Time of Patient Received : 3/8/2026 at. 11.40AM

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

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Baby M.MOHAMMED NEEHAL
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Dr. KARTHIK NARAYANAN R

	Date & Time of Admission	Date & Time of Transfer Order
	31/7/26 @ 2:08pm	31/7/26 @ 4pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Karthik	Dr. Deepak	further mangemnt
From Unit	**To Unit**	**Information to Attendant**
ER	905	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	—	Yes ☐ ~~No~~ ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	1
2.	Inj: Xone 1gm	1
3.	IV Set 20g	1
4.		
5.		

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

chronic diarrhoea under evaluation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 018208	[signature] 203397

Patient & Clinical Records Received by : [signature] 015700 31/7/26

Date & Time of Patient Received : @ 4pm.

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

Unavailable Bed Nurse not Available Available Bed not ready

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

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

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

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

Start Time of Assessment: ..... Weight: 30.2 kg

Allergic History: Ø

Chief Complaints:
C/O: vomiting x 1 month
loose stools x 1 days
And pain On Abd

Pediatric Assessment Triangle

A Appearance - TICLS Alert

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

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

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

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

Significant Past History: Ø

Medication History: Rx Ondansetron & Oral antibiotics

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

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

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE

Palpation Findings (If necessary).....

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

Circulation

HR: 115/min

BP: 101/63(72)1 mmHg

CFT – Central ⊕ – Peripheral ⊕

Pulse Volume: – Central ⊕ – Peripheral ⊕

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: 15/15 AVPU: AWA

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

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 97.4°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest
☐ Shock - Compensated ☐ Hypotensive ☐
☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned: ....

Treatment Planned: ....

AS Advised

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

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

Assessment done by
Name of the Doctor: C. DEEPAK
Signature: [signature]
Date & Time: 3/7/08

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: ....
Signature: ....
Date & Time: ....

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Wt. 30.2 Kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name: MOHAMMED NEEHAL Age: 11 y Gender: ☐ Male ☐ Female

Date: 31/07/26 Time of Arrival: 1:40 pm

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

Source of Information: ☑ Parents ☐ Others (Specify)

Mode of Arrival: ☑ Ambulatory ☐ Wheelchair ☐ Ambulance RBS - 99mg/dl.

Initial Vital Signs: Temp: 99.4°F PR: 115 b/m. BP: 101/63 (72) RR: 22 b/m SpO₂: 97%

Chief Complaints: c/o vomiting × 9 episodes abdomen pain.

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

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

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

Signature of Parent / Guardian: Siya

Triage Completion Time: 2 mins

* CTAS - Canadian Triage and Acuity Scale

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: Shanthree

Date & Time: 31/7/26 @ 1:40pm

Signature of Triage Nurse: Shanthi 01875

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
31/7/20.	~~[illegible]~~ 1:40pm	99mg/dl	–	[signature]

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31/1/26 Time of arrival : 1:40 PM

Chief Complaints: c/o vomiting x 9 episodes. Abdominal Pain RBS: 99 mg/dl

Height : - Weight : 30.2 BMI : - Head Circumference (<2 years) -

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

If yes , identify -

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

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

Time of Initial assessment completed by ER Nurse : 2 PM

(P.T.O.)

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

Time	Nursing Notes
1:40pm	child come for vomiting x 9 epsiods. abdomen
	Pain. child vitals checked & recorded.
	vitals stable. Dr. Deepak sir see the child
	to discuss about Dr. Karthik sir to advice
	to admited for further mangement. IV
	Placement done. Sample send to lab. Due
	to medication given as per drug chart order.
	Child shifted to ward.

Samples collected by: S/N Jayanthra. Time: 2pm.

Samples sent by: S/N Saryu Time: 2:02PM

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: 115b/m BP: 101/62(71) CFT: <3sec	Shift - out from ER to: 407
RR: 22b/m. SPO_2: 97% RA	Time of Shift - out: 4Pm.
GCS: 15/15 Temperature: 99.4°F	Handover given to: S/N abithalakshmi (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): Nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement done (L) metacarpal 22G

Name of the Nurse: Jayanthra. Signature of the Nurse: [signature] 0K.20

Date & Time: 31/7/26 @ 2pm.